



City of La Crosse, Wisconsin

ORIGINAL ALCOHOL LICENSE APPLICANTS INFORMATION SUBMITTAL

(Ch. 4, secs. 4-72 & 4-142)

All new applicants for an alcohol license pursuant to Chapter 4 of the La Crosse Municipal Code shall submit the following information with the original alcohol applications. Any false statement contained in such application shall automatically nullify any license issued pursuant thereto.

Class A: ☐ Beer, ☐ Liquor

Class B: ☒ Beer, ☒ Liquor

Class C: ☐ Wine

APPLICANT

Legal/Real Name of Business:

SAGRA Food & Wine LLC

Trade Name:

Italico Catering/Picnics/Osteria Emilia

Address:

Street

City

State

Zip Code

501 Front St. S.

La Crosse

WI

54601

Telephone Number:

608.799.4763

Website:

www.sagrafoodandwine.com

ACTIVE USE OF LICENSE

☒ I understand that if a license is granted, said license must be activated within 90 days of being granted pursuant to Municipal Code secs. 4-43 and 4-108. This means open for business with stock and equipment.

Anticipated Date of Opening: 7/1/25

☒ I understand that if a license is granted, said license shall be actively utilized pursuant to Municipal Code sec. 4-12. Actively utilized shall mean open for business with regular and consistent operating hours. If a license is not actively used throughout any 90-day period, the license shall be subject to revocation or suspension pursuant to sec. 4-82.

☒ I understand that if there is any change to the license or licensee information, including but not limited to change in officers/members/directors or agent or their address/phone number, change in hours of operation, etc., the City Clerk will be notified within 15 days.

BUSINESS PLAN

Type of Establishment:

- ☐ Tavern ☐ Nightclub ☒ Restaurant ☐ Liquor Store ☐ Grocery Store
☐ Convenience Store with gas pumps ☐ Convenience Store without gas pumps
☐ Other _____

Hours of Operation:

Wednesday thru Monday 11:00 a.m. - 12:00 a.m.

Anticipated Number of Employees:

45

Other Business to Be Conducted on Premise:

Estimated gross receipts for food and alcohol beverage sales by percentage.

(Note: Non-alcoholic drinks are classified as "Food.")

25 % Alcohol 75 % Food _____ % Other

If applicable, describe "Other":

Estimated capacity (Class B and Class C licenses only):

Indoor 360

Outdoor, if applicable _____

Will there be any outdoor sales/service or consumption of alcohol? If yes, explain.

If yes, a beer garden license or outdoor dining permit may be required.

No.

Will there be live entertainment (music or dancing) on premise? If yes, explain.

If yes, a cabaret license will be required.

No.

Do you have off-street parking? ☒ Yes ☐ No

If yes, how many parking spaces? 36

If no, how will parking be accommodated.

Provide a sketch of the floor plan showing overall dimensions, sales, service and consumption and storage areas, seating arrangements, location of coolers, and location where records are kept (invoices for purchase of alcohol).

Provide a site plan showing building location, any outside areas where alcohol beverages may be sold or consumed, off-street parking, ingress and egress, and existing or proposed screening.

In addition to supplying the above information which is true and correct to the best of my knowledge, I have reviewed the Alcohol Beverage Submittal Requirements and Information page and will comply with necessary requirements.

Signature

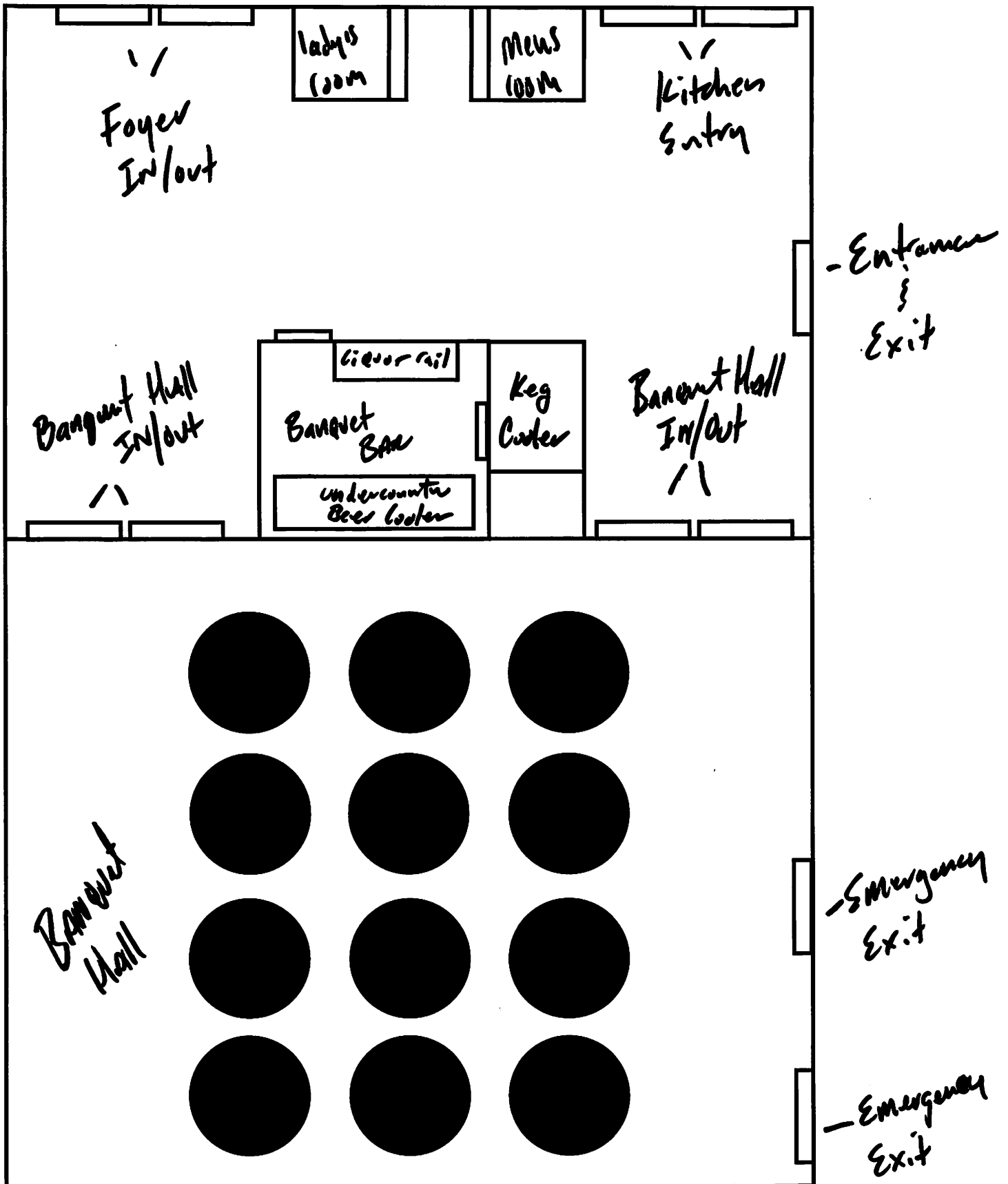
Date

5/5/25

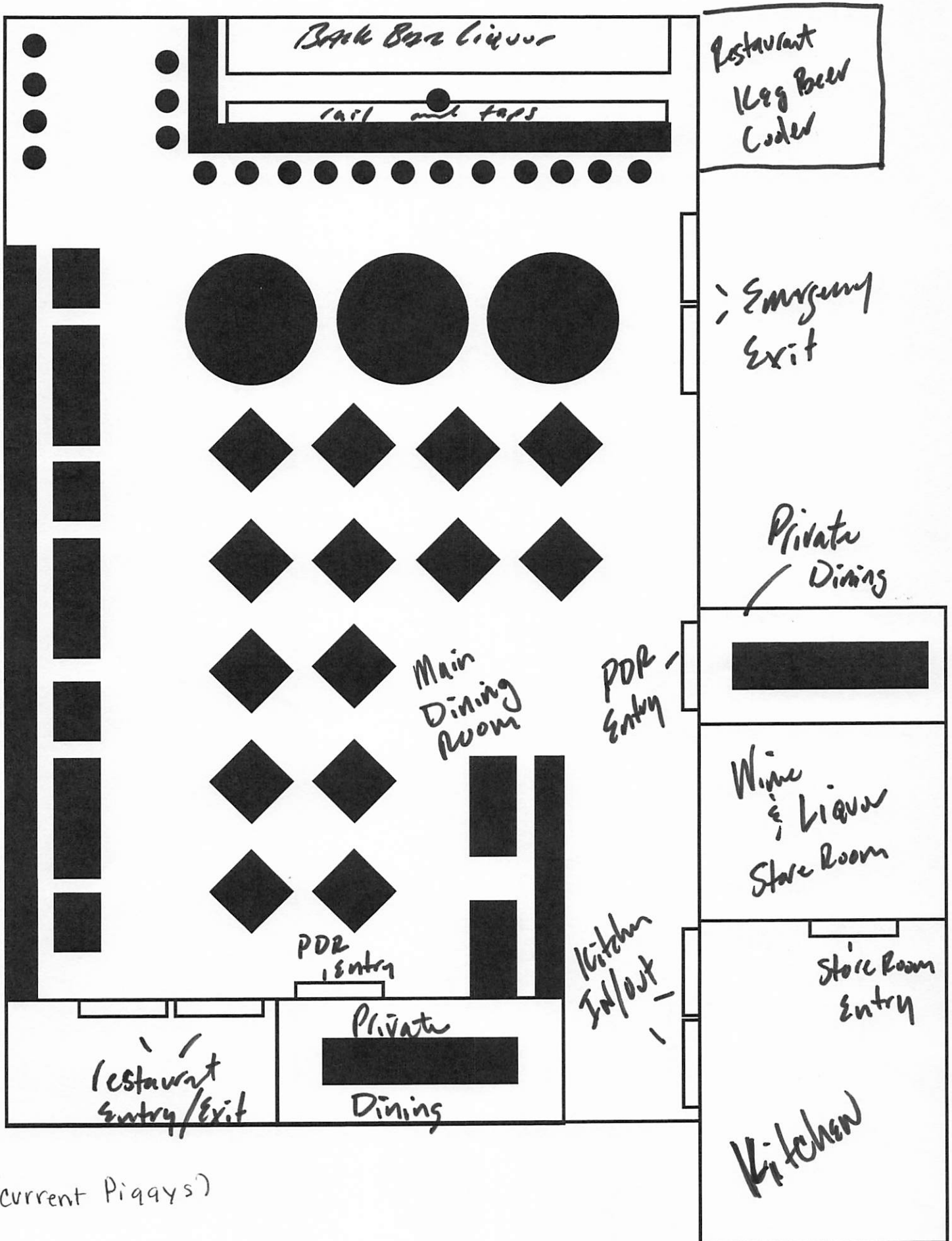
FOR OFFICE USE – City Clerk's Office checklist for complete applications

- ☐ Completed applications and fee
- ☐ Surrender of previous license, if applicable
- ☐ Lease, purchase agreement or other proof of control of premise
- ☐ Contact Information Sheet
- ☐ Articles of Incorporation
- ☐ WI Seller's Permit Certificate
- ☐ FEIN
- ☐ Floor Plan
- ☐ Site Plan
- ☐ Proof of course completion or valid operator license or on other license within last two years.
- ☐ Confirm proximity to school, church or hospital
- ☐ Confirm proximity to land zoned residential or multiple dwelling

501 Front Street S, West End Lower



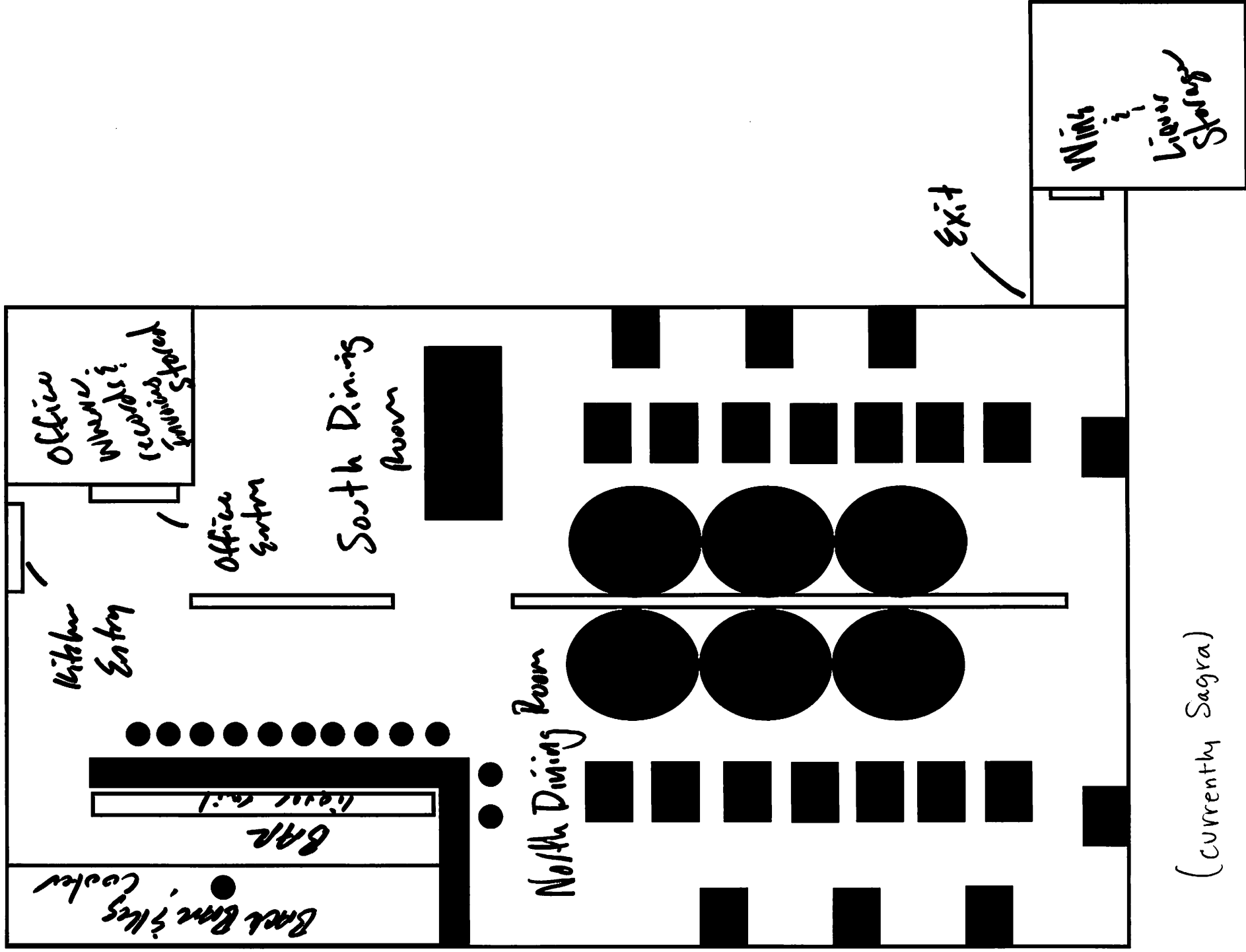
(1st Floor Banquet)



(Current Piquays)

In/out

501 Front St S. West End Upper



SURRENDER OF LICENSE

Part I

Legal/Real Name of Current Licensee: R&R Restaurants Inc
Premises Address: 501 Front St. South
Trade Name: Piggie Restaurants

This is to advise that the undersigned is surrendering the following license(s)

- ☒ Combination "Class B" Beer & Liquor
Class "B" Beer
Class "A" Beer and/or "Class A" Liquor (circle which apply)
Wholesale Beer
"Class C" Wine

to: Sagra Food + Wine LLC
(Insert Legal/Real Name of Proposed Licensee and Trade Name)

and understand that said license(s) will be cancelled upon the Common Council's granting of a license to the applicant named herein.

New Applicant

[Signature]
President, Member, Partner, Individual

[Signature]
Secretary, Member, Partner

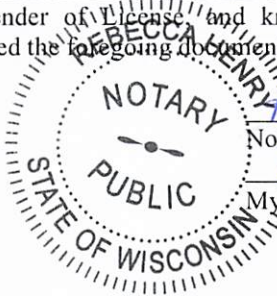
Current Licensee

[Signature]
President, Member, Partner, Individual

[Signature]
Secretary, Member, Partner

State of Wisconsin)
) ss.
County of La Crosse)

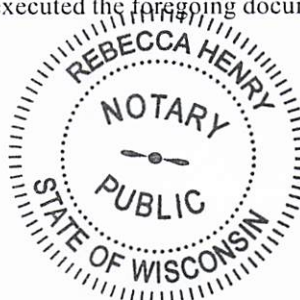
On the 22 day of May, 2025, personally came before me
Chris Rodenque, known to me to be the person(s) who
executed the foregoing Surrender of License and known to me to be the **Current Licensee** and
acknowledged that s/he executed the foregoing document.



Rebecca Henry
Notary Public
Lacrosse County, Wisconsin
My Commission expires: 8-10-26

State of Wisconsin)
) ss.
County of La Crosse)

On the 22 day of May, 2025, personally came before me
Mitchel Weber, known to me to be the person(s) who
executed the foregoing Surrender of License, and known to me to be the **Proposed New Applicant** and
acknowledged that s/he executed the foregoing document.



Rebecca Henry
Notary Public
Lacrosse County, Wisconsin
My Commission expires: 8-10-26

SURRENDER OF LICENSE
Part II

5-7-25

Date

City Clerk
400 La Crosse St.
La Crosse, WI 54601

This is to notify you that I am the owner of the building located at
501 Front St. South, La Crosse, Wisconsin.

~~I have entered into a lease for the above property effective _____ with~~
~~_____.~~ (Strike sentence if not applicable.)

Further, this letter is to document that said owner or tenant has control of the premises,
and may apply for the necessary beer and/or liquor licenses for said location.

Sincerely,



Signature of owner of building

Printed name of owner:

Chris Roderique

Home address of owner:

710 Grove St. Onalaska WI 54650

Daytime phone number of owner:

608-792-9999

Save

Print

Clear

Form
AB-200Alcohol Beverage License
Application

For Municipal Use Only

Municipality

License Period

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ _____
- ☐ "Class A" Liquor \$ _____ ☒ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees

License Fees	\$ 600 ⁰⁰
Background Check Fee	\$
Publication Fee	\$ 20 ⁰⁰
Total Fees	\$ 620⁰⁰

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) SAGRA Food & Wine LLC		
2. Business Trade Name or DBA SAGRA Food and Wine / Italiano Catering / Pizzeria / Osteria Emilia		
3. FEIN 39-2083181	4. Wisconsin Seller's Permit Number will provide	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization		
6. State of Organization Wisconsin	7. Date of Organization 5/9/25	8. Wisconsin DFI Registration Number 5160741
9. Premises Address 501 Front St. S.		
10. City La Crosse	11. State W:	12. Zip Code 54601
13. County La Crosse	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: La Crosse	
15. Aldermanic District 6	16. Premises Phone 608.799.4763	
17. Premises Email mitsuhito.sagrafoodandwine.com		18. Website sagrafoodandwine.com
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. two story restaurant with upper and lower restaurants. plus lower banquet hall. entire first and second floor of both restaurants. records kept in first floor office as well as storage above alarm locker room.		
20. Mailing Address (if different from premises address)		
21. City	22. State	23. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No
- If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . ☐ Yes ☒ No
 beverages.
 If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . ☐ Yes ☒ No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
 If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
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5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

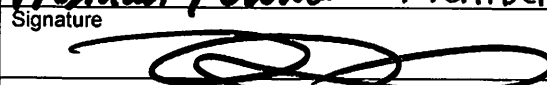
Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Weber	Mitchel	President / owner	608.769.7346

Part D: Attestation

One of the following must sign and attest to this application:
 • sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Weber	First Name Mitchel	M.I. A.
Title President / owner	Member	Phone 608.769.7346
Signature 		Date 5/15/25
Email mitche@sagrafoodandwine.com		

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Form
AB-101

Alcohol Beverage Appointment of Agent

Date
5/5/25

Agent Type (check one)

- ☒ Original (no fee) ☐ Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

SAGAA Food & Wine LLC

2. Business Trade Name or DBA

SAGAA Food and Wine

3. Entity Type (check one)

- ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

- ☒ Municipal Retail License ☐ State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name

Weber

2. First Name

Mitchel

3. M.I.

A.

4. Email

mitchel@SAGAAFoodandWine.com

5. Phone

608.799.4763

6. Home Address

2526 Edgewood Pl

7. City

La Crosse

8. State

WI

9. Zip Code

54601

10. Date of Birth

[REDACTED]

11. Drivers License/State ID Number

[REDACTED]

12. Drivers License/State ID State of Issuance

Wisconsin


Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ☒ Yes ☐ No
Submit proof of completion.
2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (licensee) or Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? ☒ Yes ☐ No
3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.

Continued →


Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name <i>Weber</i>		First Name <i>Mitchell</i>		M.I. <i>A.</i>
Title <i>President / owner</i>	Email <i>mtchell@spwaxfundandwin.com</i>		Phone <i>603.799.4763</i>	
Signature 			Date <i>5/5/25</i>	

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name <i>Weber</i>		First Name <i>Mitchell</i>		M.I. <i>A.</i>
Signature 			Date <i>5/5/25</i>	

Form
AB-100Alcohol Beverage
Individual QuestionnaireDate
5/5/25

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

SAGRA Food & Wine LLC

2. Business Trade Name or DBA

SAGRA Food and Wine

3. Entity Type (check one)

☐ Sole Proprietor
 ☐ Partnership
 ☒ Limited Liability Company
 ☐ Corporation
 ☐ Nonprofit Organization

Part B: Individual Information

1. Last Name

Weber

2. First Name

Mitchell

3. M.I.

A.

4. Relationship to Business (Title)

President/owner

5. Email

mitchell@sagratfoodandwine.com

6. Phone

608.799.4763

7. Home Address

2526 Edgewood Pl.

8. City

La Crosse

9. State

WI

10. Zip Code

54601

11. Date of Birth

[REDACTED]

12. Drivers License/State ID Number

[REDACTED]

13. Drivers License/State ID State of Issuance

Wisconsin

Part C: Address History

1. Do you currently live in Wisconsin? ☒ Yes ☐ NoIf yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY)
05/2020

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address 1

2526 Edgewood Pl

City

La Crosse

State

WI

Zip Code

54601

Previous Address 2

City

State

Zip Code

Previous Address 3

City

State

Zip Code

Previous Address 4

City

State

Zip Code

Previous Address 5

City

State

Zip Code

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State

County

WI

La Crosse

State

County

IA

Story

State

County

OR

Multnomah

State

County

WI

Monroe

State

County

State

County

State


County

State

County

Continued →

Part D: Criminal History		
1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.		
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.		

Part E: Attestation	
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.	
Signature 	Date <u>5/5/25</u>

City of La Crosse, County of La Crosse, State of Wisconsin
400 La Crosse Street, La Crosse, WI 54601

LICENSE

WHEREAS, the City of La Crosse, County of La Crosse, Wisconsin, has upon application duly made, granted and authorized the issuance of the license(s) indicated below to **R & R RESTAURANTS INC d/b/a PIGGY'S ON FRONT** as defined by law, pursuant to Wisconsin State Statutes and/or local Ordinances; and

WHEREAS, the said applicant has paid the Treasurer the appropriate fee for the license(s) indicated as required by Wisconsin State Statutes and/or local Ordinances, and has complied with all the requirements necessary for obtaining such license(s);

The following license(s) for the period shown are hereby issued to said applicant for the premise located at:

501 FRONT ST S

for the period and description below:

Combination "Class B" Beer & Liquor (ALC006984-04-2024)

July 1, 2024 to June 30, 2025

Agent: *CHRIS RODERIQUE*

Sales and Service Description: *Entire first floor and west half of second floor of 501 Front St. S.*

Storage Description: *In coolers and storerooms within described area above.*

} Kitchen

records office

Outdoor Dining Temporary Expansion of Combination "Class B" Beer & Liquor

July 1, 2024 to October 31, 2024

Approximately 465 sq ft, 31' x 15' fenced area in the Northwest back parking lot with access to restrooms.

Business Number: 002001-2019
Company Number: ID-000007911
License Year: 2024
Date Issued: 7/1/2024



A handwritten signature in black ink, appearing to read "Nikki M. Elsen".

Nikki M. Elsen, WCMC, City Clerk

SAGRA / Piggy's 501 Front St S

