

33-1581923



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, ☐ LiquorClass B: ☒ Beer, ☒ LiquorClass C: ☐ Wine**APPLICANT**

Legal/Real Name of Business:

Riverstone Hospitality LLC

Trade Name:

The Pearl Street Hotel & Suites

Address:

200 Pearl St

Street

City

La Crosse

State

WI

Zip Code

54601

Telephone Number:

608-784-4444

Website:

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:

☒ 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:

6PM to 10PM

Anticipated Number of Employees:

5

Other Business to Be Conducted on Premise:

Hotel attached

Estimated gross receipts for food and alcohol beverage sales by percentage.
(Note: Non-alcoholic drinks are classified as "Food.")

90 % Alcohol 10 % Food 0 % Other

If applicable, describe "Other":

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

Indoor X

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? _____

parking Ramp

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

[Signature]

Date

2/27/25

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

Dated 12/19/2024

Pearl Street Hotel and Suites/Riverstone Hospitality

RE: Combined Beer and Liquor

Cover Letter

To Whom It May Concern;

Pearl Street Hotel & Suites (Formerly Holiday Inn) has been taken over by new ownership who are ecstatic to renovate and turn around business as well as the reputation of the hotel location established in 1998. As new ownership, the plan is to renovate to a renowned brand with upscale and contemporary presentation. However, as a part of the brand requirements, a bar and full service restaurant is a requirement. Riverstone Hospitality is aiming for a three meal restaurant with evening socials and bar for the guests to enjoy as an amenity to the 114 guest room property.

The following address the application cover letter requirements as provided by La Crosse County:

- a) The estimated percent of gross receipts of beer, wine, and liquor sales in relation to the total goods and services sold by the property is less than 2.5% with an estimated total gross sales of less than \$40,000 annually.**
- b) Please see the attached sketch of the floor plan showing the location of coolers and storage as well as bar square footage. Total bar square footage with seating is 744 Sq Ft, and the bar itself with tap is roughly 210 Sq. Ft.**
- c) Alcohol will be sold by the bartender in the 210 Sq Ft area. Bartender will ID and sale mixed drinks, tap beer, and bottled beer, and wine.**
- d) All alcohol will be purchased from a licensed distributor, and we will only purchase enough to stock the bar. Beer and liquor will be stored in locked refrigerators, and cabinets.**
- e) Distributer and Guest Receipts will be stored and kept for inspection digitally and accessible for inspection.**
- f) Our business proposal of sales are as follows pertaining to operations:**
 - a. We will ONLY serve from Noon to 9PM daily.**
 - b. All of the staff will need to get correct licenses as mandated by La Crosse County.**
 - c. All sales will be recorded utilizing our PMS system.**
 - d. Staff will be the ONLY individuals able to serve or have access to storage upon guest requests.**
 - e. Liquor may or may not be sold to patrons not staying at the hotel, but will primarily be for patrons of the hotel.**
 - f. Guests will be able to purchase and consume their alcohol in the bar area only.**
 - g. Our staff will be trained and all guests who purchase alcohol will be required to show proper identification showing they are at least 21 years of age.**

For any further questions, comments, or clarification, please do not hesitate to reach out directly.

Yours,

← Pearl Street →

BAR 17.5 foot x 12 foot

CEILING HUNG
STORAGE

BAR WITH
CUPBOARD +
REFRIDGERATED
STORAGE

REFRIGERATOR

BEER TAPS

Total SQ FT w/SEATING 31' x 24'

HOTEL BREAKFAST AREA

KITCHEN

HOTEL LOBBY

NO STREET PARKING / 2nd Street

Form
AB-200

Alcohol 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	\$
Background Check Fee	\$
Publication Fee	\$
Total Fees	\$

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) RIVERSTONE HOSPITALITY LLC			
2. Business Trade Name or DBA The Pearl Street Hotel & Suites			
3. FEIN 33-1581903		4. Wisconsin Seller's Permit Number	
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 WI		7. Date of Organization 10/1/24	
8. Wisconsin DFI Registration Number			
9. Premises Address 200 Pearl St			
10. City Lacrosse		11. State WI	12. Zip Code 54601
13. County Lacrosse		14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: _____	
15. Aldermanic District		16. Premises Phone 608-784-4444	
17. Premises Email Maheshchicago@gmail.com		18. Website	
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. Alcohol will be served at the bar & will be stored in the cooler & guest are allowed to drink in the Room.			
20. Mailing Address (if different from premises address) Same			
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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

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
Rupesh Patel	RUPESH	President	608 343 8199
Patel	MAHESH	VP	608 385 9245
Patel	JAYMIN	Treasurer	608 343 0565
Patel	LAL	Secretary	608 385 0908

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 PATEL		First Name MAHESH		M.I.
Title VP	Email Maheshchicago@gmail.com	Phone 608 385 9245		
Signature Mahesh Patel		Date 2/27/25		

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)	

Alcohol Beverage
Individual Questionnaire

Date

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) Riverstone Hospitality LLC				
2. Business Trade Name or DBA Pearl Street Hotel & Suites				
3. 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

Part B: Individual Information				
1. Last Name Patel		2. First Name Lal		3. M.I. N
4. Relationship to Business (Title) Member		5. Email N/A		6. Phone (608) 385-0908
7. Home Address 479 Driftwood St.				
8. City West Salem		9. State WI	10. Zip Code 54669	11. Date of Birth [REDACTED]
12. Drivers License/State ID Number [REDACTED]			13. Drivers License/State ID State of Issuance WI	

Part C: Address History								
1. Do you currently reside in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No								
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?				<table><tr><td>Years</td><td>Months</td></tr><tr><td>16</td><td>8</td></tr></table>	Years	Months	16	8
Years	Months							
16	8							
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.								
Previous Address 1		City	State	Zip Code				
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	State	County	State	County	State	County	
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? ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

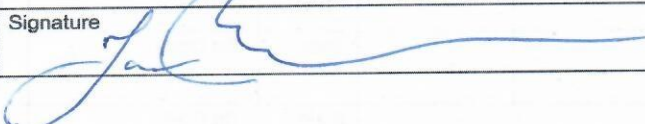
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input checked="" 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? ☐ Yes ☒ 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 03/03/2025
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Alcohol Beverage
Individual Questionnaire

Date

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

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- 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)

Riverstone Hospitality

2. Business Trade Name or DBA

Pearlstreet hotel

3. Entity Type (check one)

☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization**Part B: Individual Information**

1. Last Name

Patel

2. First Name

Jaymin

3. M.I.

4. Relationship to Business (Title)

CEO

5. Email

jaypack007@gmail.com

6. Phone

(608) 343-0565

7. Home Address

335 Driftwood st

8. City

WestSalem

9. State

WI

10. Zip Code

54669

11. Date of Birth

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

WI

Part C: Address History1. Do you currently reside in Wisconsin? ☒ Yes ☐ No

If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?

Years

7

Months

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

Previous Address 1	City	State	Zip Code
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	State	County	State	County	State	County
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? ☐ Yes ☒ 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 checked="" type="checkbox"/> No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

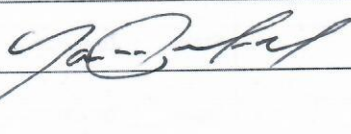
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

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

03/01/2025

**Alcohol Beverage
Individual Questionnaire**Date
03/03.2025

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

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- 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) RIVERSTONE HOSPITALITY LLC	
2. Business Trade Name or DBA THE PEARL STREET HOTEL AND SUITES	
3. 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	

Part B: Individual Information

1. Last Name PATEL		2. First Name RUPESH		3. M.I. H
4. Relationship to Business (Title) PREISIDENT		5. Email RUPESH6178@GMAIL.COM		6. Phone (608) 343-8199
7. Home Address 335 DRIFTWOOD ST				
8. City WEST SALEM		9. State WI	10. Zip Code 54669	11. Date of Birth [REDACTED]
12. Drivers License/State ID Number [REDACTED]			13. Drivers License/State ID State of Issuance WI	

Part C: Address History

1. Do you currently reside in Wisconsin?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?				Years 12	Months
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.					
Previous Address 1		City	State	Zip Code	
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	State	County	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? ☐ Yes ☒ 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 checked="" type="checkbox"/> No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input checked="" 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? ☐ Yes ☒ 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 03/03/2025
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Alcohol Beverage
Individual Questionnaire

Date

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- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- 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)

Riverstone Hospitality LLC

2. Business Trade Name or DBA

Pearl Street Hotel & Suites

3. Entity Type (check one)

☐ Sole Proprietor☒ Partnership☐ Limited Liability Company☐ Corporation☐ Nonprofit Organization**Part B: Individual Information**

1. Last Name

Patel

2. First Name

Mahesh

3. M.I.

4. Relationship to Business (Title)

Member

5. Email

Maheshchicago@gmail.com

6. Phone

(608) 385-9245

7. Home Address

9834 Elkhorn Road

8. City

Tomah

9. State

WI

10. Zip Code

54660

11. Date of Birth

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

WI

Part C: Address History1. Do you currently reside in Wisconsin? ☒ Yes ☐ No

If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?

Years
15Months
2

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

Previous Address	City	State	Zip Code
Previous Address 1			
Previous Address 2			
Previous Address 3			
Previous Address 4			
Previous Address 5			

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

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? ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

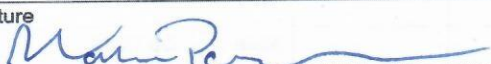
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance 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? ☐ Yes ☒ 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 03/03/2025
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Alcohol Beverage
Appointment of AgentDate
5/21/25

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)

Riverstone hospitality LLC

2. Business Trade Name or DBA

Pearl street Hotel & Suites

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

Patel

2. First Name

Rupesh

3. M.I.

H

4. Email

rupesh6178@gmail.com

5. Phone

608-343-8199

6. Home Address

335 Duftwood st

7. City

West Salem

8. State

WI

9. Zip Code

54669

10. Age

44

11. Drivers License/State ID Number

12. Drivers License/State ID State of Issuance


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? ☒ Yes ☐ No
Submit a completed Form AB-100 with this form.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 PATEL		First Name RUPESH	M.I. H
Title OWNER	Email rupesh6178@gmail.com		Phone 608-343-8199
Signature 			Date 5/21/25

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 Patel		First Name Rupesh	M.I. H
Signature 			Date 5/21/25



LEARN 2 SERVE™

CERTIFICATE OF COMPLETION

This certifies that

rupesh patel

is awarded this certificate for

Wisconsin Responsible Beverage Server Training



Completion Date
04/14/2025



Expiration Date
04/14/2027



Certificate #

A handwritten signature in black ink, appearing to read 'Sue H. McLeod', written over a horizontal line.

Official Signature

This certificate is non-transferable and represents the successful completion of an approved Wisconsin Department of Revenue Responsible Beverage Server Course in compliance with secs. 125.04(5)(a)5., 125.17(6), and 134.66(2m), Wis. Stats.