

Original Alcohol Beverage Retail License Application

Submit to municipal clerk.

For the license period beginning April 15th 20 19 ;
ending June 30th 20 19

TO THE GOVERNING BODY of the: Town of } La Crosse
 Village of }
 City of }

County of La Crosse Aldermanic Dist. No. _____ (if required by ordinance)

1. The named Individual Partnership Limited Liability Company
 Corporation / Nonprofit Organization

hereby makes application for the alcohol beverage license(s) checked above.

2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): Backwaters Pub & Grill LLC

An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the name, title, and place of residence of each person.

Title	Name (Last, First, M.I.)	Home Address	Post Office & Zip Code
President/Member	Owner Troy Nels Wing	1718 La Fond Ave Lacrosse, WI 54603	
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	Troy Nels Wing	1718 La Fond Ave La Crosse WI 54603	
Directors/Managers			

3. Trade Name Backwaters Pub & Grill Business Phone Number N/A
4. Address of Premises 324 Jay St La Crosse WI Post Office & Zip Code 54601

5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? Yes No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? Yes No
8. (a) Corporate/limited liability company applicants only: Insert state WI and date 2/23/2019 of registration. Yes No
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? Yes No
(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? Yes No

(NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)

9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Sales & Service: First floor of two-story brick building.
10. Legal description (omit if street address is given above): Storage: Kitchen area, walk-in cooler & basement.
11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No
(b) If yes, under what name was license issued? Stein Haus LLC db/a Stepa Stein Haus
12. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277]. Yes No
13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]. Yes No
14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants, or one member of a partnership applicant must sign; one corporate officer, one member/manager of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

[Signature]
(Owner of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

TO BE COMPLETED BY CLERK			
Date received and filed with municipal clerk	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
<u>2/27/19</u>			
Date license granted	Date license issued	License number issued	

SCHEDULE FOR APPOINTMENT OF AGENT BY CORPORATION/NONPROFIT ORGANIZATION OR LIMITED LIABILITY COMPANY

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by the officer(s) of the corporation/organization or members/managers of a limited liability company and the recommendation made by the proper local official.

To the governing body of: Town
 Village of LA CROSSE County of LA CROSSE
 City

The undersigned duly authorized officer(s)/members/managers of BACKWATERS PUB & GRILL LLC
(registered name of corporation/organization or limited liability company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as BACKWATERS PUB & GRILL
(trade name)

located at 324 JAY ST, LA CROSSE WI 54601

appoints TROY NELS WING
(name of appointed agent)

1718 LA FOND AVE, LA CROSSE WI 54603
(home address of appointed agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

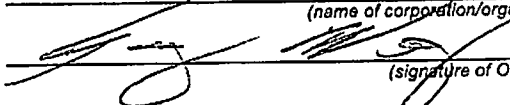
Yes No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course? Yes No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 6

Place of residence last year 1718 LA FOND AVE, LA CROSSE WI 54603

For: BACKWATERS PUB & GRILL LLC
(name of corporation/organization/limited liability company)

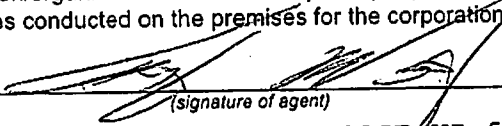
By: 
(signature of Officer/Member/Manager)

And: 
(signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

I, TROY NELS WING, hereby accept this appointment as agent for the
(print/type agent's name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

 2/27/19 Agent's age _____
(signature of agent) (date)
1718 LA FOND AVE, LA CROSSE WI 54603 Date of birth _____
(home address of agent)

**APPROVAL OF AGENT BY MUNICIPAL AUTHORITY
(Clerk cannot sign on behalf of Municipal Official)**

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on _____ by _____ Title _____
(date) (signature of proper local official) (town chair, village president, police chief)

SURRENDER OF LICENSE
Part II

2-28-19
Date

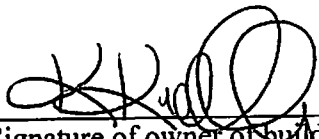
City Clerk
400 La Crosse St.
La Crosse, WI 54601

This is to notify you that I am the owner of the building located at 324 JAY STREET, La Crosse, Wisconsin.

I have entered into a lease for the above property effective 3-1-19 with BACKWATERS PUB + GRILL LLC. (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

KEVIN KELLOGG 'AS'

Printed name of owner: KELLOGG INVESTMENTS LLC

Home address of owner: 126 5TH AVE S

Daytime phone number of owner: 608 792 9333