		CITY OF LA CROSS	E. WI
RENEWAL ALCOHOL BEVERAGE R		General Bil Type of	License: KSCH
For the license period: الويام 2014 to June 30, 20	015	000871-002 0[198	s & Beer 06/30/201\$, 63-245M
Applicant Wisconsin Setters Permit: 456-102819	5919-02 46 4453430	163401 - TOLXICIA	
Federal Employee Identification Number (FEIN):	10-4 152429	[] Class	A lieune
CHECK ONE [] Individual [] PARTNERSHIP	[X] LIMITED LIABILITY COMPANY	Payment Amort Cla	ss B liquor \$ 500/51.00
[] CORPORATION/NONPROFIT		Publicati	on Fee \$ 20
Complete A or B. All Must Complete C.		Total Fe	e \$620.00
A. Individual or Partnership			
Full Name(s): Last, First, and Middle	Home Address	Post office	& ZIP Code
B. Corporation/Nonprofit Organization/Limited Lia	bility Company (Full Name): ► TOLZMA	NN INVESTMENTS LLC	
Address of Corporation/Limited Liability Company			
• • •	•	ata a di ta Estita.	
All Officer(s), Director(s) and Agent of Corporation	· · · · · ·	• • •	
Title Name President/Member: ALAN WAYNE TOLZMANN	Home Address	Post Office & ZIP Code	
Vice President/Member: RODNEY EARL TOLZMAN			
	· · · · · · · · · · · · · · · · · · ·	•	
Secretary/Member: TRAVIS JOHN TOLZMANN			
Treasurer/Member: SANDRA CAROL TOLZMANN Agent: BRENT ALAN RORAFF 3019 33RD ST S		6098-4000	
Directors/Managers: NONE	LA CROSSE WI, 34601		
C. 1. Trade Name: ► PEARL STREET LOUNGE			
		one Number: 608-406-2384	
2. Address of Premises: ➤ 326 PEARL ST		ZIP Code: ► LA CROSSE, WI 5460	
3. Does the applicant understand that they must pure			
 Premises description: Describe building or building living quarters, if used, for the sales, service, and/ premises described.) Description of Sales/Servi Description of Storage Area: Basement and clo- Description of Beer Garden (If Applicable): 	or storage of alcohol beverages and reco	rds. (Alcohol beverages may be sold	de all rooms including and stored only on the
5. (a) Since filing of the last application, has the name	ad licenses, any member of a partnershi	licenses as say member allices	مراء مراء
director, manager or agent for either a limited liab	lity company licensee, corporation licens	ee, or nonprofit organization	[]YES [VNO
licensee been convicted of any offenses (excluding	g traffic offenses not related to alcohol) for	or violation of any federal	
laws, any Wisconsin laws, any laws of other state:			
(b) Are charges for any offenses presently pending licensee or any other persons affiliated with this licensee.	ense? If yes, explain fully on reverse :	side.	[]YES ILLINO
6. Except for questions 5a and 5b, have there been a	any changes in the answers to the questi	ons as submitted by you on your	(]YES HINO
last application for this license? If yes, explain.		•	
Was the profit or loss from the sale of alcohol be Franchise Tax return of the licensee? If not, exp	verages for the previous year reported of	n the Wisconsin Income or	[]YES-KINO
Does the applicant understand a Wisconsin Seller			TIYES []NO
under Section A or B above? [phone (608) 266-2	is a remit most be applied for and issue [776]	ed in the same frame as that shown	· Miss []uo
	·	annaine for O for a bloom	~ \ \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Does the applicant understand that alcohol bevera date of invoice and made available for inspection l		premises for 2 years from the	- 4 TAER [INC
10. Is the applicant indebted to any wholesaler beyon	•		LYES INO
	• •		3
READ CAREFULLY BEFORE SIGNING: Under penalty signers. Signers agree to operate this business according and each member of a partnership applicant must sign; pu	to law and that the rights and responsibilities	conferred by the license(s), if granted, will	ally answered to the best of the knowledge of the not be assigned to another. (Individual applicant
SUBSCRIBED AND SWORN TO BEFORE ME	Mes		
	,	Corporation Member or Manager of Limite	d Liability Company/Partner/Individual)
this 30 day of Jane, 20 1	fa.		
Total Marian Dates	(Secreta	ry of Corporation/Member or Manager of L	imited Liability Company/Partner)
(Clerk/Notary Public)	F.A. J. 184	innal Dadage/a/Marchan - March	
My commission expires: 3/13/2016	(Addit	ional Partner(s)/Members or Manager of L	mited Liability Company if Any)
Date received and filed with Municipal Clerk 6-30-14	Date reported to council/board	License number issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	139	

Original: _

Renewal: X

CITY OF LA CROSSE, WI General Billing Liverse Fee: \$100.00 000871-0020 Tara F. 06/30/2014 03:24PM 163401 - TOLZMAINYOICE ME: 200036

751,00

APPLICATION FOR INDOOR CABARET LICENSE

Legal/Real Name: TOLZMANN INVESTMENTS LLC

Address of above: 326 PEARL ST LA CROSSE, WI 54601

Trade name of business: PEARL STREET LOUNGE

Address of premises to be licensed: 326 PEARL ST

Wisconsin Seller's Permit #: 456-1028195919-02

Business phone number: 608-406-2384

Detailed description of cabaret area to be licensed:

Front west corner of bar on first (1st) floor.

Premises are owned by: STEVE HARM

Address of owner: 330 PEARL STREET

Name of Cabaret Manager: BRENT ALAN RORAFF

(FIRST, FULL MIDDLE & LAST)

Home address of Cabaret Manager: 3019 33RD ST S, LA CROSSE, WI 54601

Home/Daytime phone number of Cabaret Manager: 608-769-4046 OR 608-769-0400

Date of Birth of Cabaret Manager:

Was the above person listed as manager on last year's application? Yes \underline{X} No PREMN

Other business to be conducted upon the premises: BAR AND RESTAURANT

Nature of entertainment: DJ, KARAOKE

License Period: 449.15., 2014 to June 30, 2015

The above hereby makes application for a license to operate an Indoor Cabaret at the above address within the City of La Crosse pursuant to provisions of Chapter 20 of the Code of Ordinances for the City of La Crosse.

(Signature of applicant & date)

OFFICE USE ONLY:

For original applications: Are there lands zoned conservancy, residential or multiple dwelling within 100 feet of premises? Y / N If yes, attach a list of those lands.

Signature & date

Granted: Munis Customer #:127642 License#: 75

License Check-Off Sheet

Original / Renewal

Name: TOLZMANN INVESTMENTS LLC			
Trade Name: PEARL STREET LOUNGE			
Address: 326 PEARL ST			
Council Meeting: Hug 147 2014			
Type(s) of License: Class B Combo, Indoor Cabaret			
Fire: (HOLD / OK			
Health: (HOLD) OK			
Inspection: (HOLD)/ OK			
Water: HOLD (9K) \$272.28 (7/25/14)			
Municipal Court: HOLD / OK			
Police: HOLD / OK			
Attorney: HOLD /OK Reer and/or Liquor Bills: 40/ 0 - \$302.05			
beet anayor Engage Bills.			
HOLD / OK Taxes - Personal Property ONLY and/or Room Tax - Check for current amount			
HOLD /OK Training Course Completed (Individual/Partnership/Agent) Date:			
HOLD / OK WI Seller's Permit Number: 456-1028195919-02 Mailed from City Clerk's Office on:			
Comments:			
FRANK'S			
Hold- need to Show control of overnise			
Hold-need to Show control of premise			