

# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 03/03/2021 ending: 03-30-2021  
(mm dd yyyy) (mm dd yyyy)

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)

Check one:  Individual  Limited Liability Company  
 Partnership  Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number	
FEIN Number <u>86-1900488</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
<b>TOTAL FEE</b>	\$

Name (Individual / partners give last name, first, middle; corporations / limited liability companies give registered name)  
HESSSE, TIM, SEAN 5th Instinct LLC LIZZIES LOUNGE 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 full name and place of residence of each person.

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>HESSSE</u>	<u>TIM</u>	<u>SEAN</u>	<u>N2740 garbes Rd LA CROSSE WI 54601</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name WHO'S ON THIRD Business Phone Number \_\_\_\_\_  
 2. Address of Premises 122-126 3rd St N Post Office & Zip Code 54601

3. 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.)  
2 buildings split into 3rds for business  
who's on 3rd operates at 126 3rd St N.  
Apartments above will not be utilized to store/sell alcohol. Common basement will be utilized to store alcohol

4. Legal description (omit if street address is given above): \_\_\_\_\_  
 5. (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? \_\_\_\_\_

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** .....  Yes  No
7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? .....  Yes  No  
**If yes, explain.**
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** .....  Yes  No
9. (a) **Corporate/limited liability company applicants only:** Insert state \_\_\_\_\_ and date \_\_\_\_\_ of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** .....  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? **If yes, explain.**  Yes  No  
*EAGLES NEST SPORTS BAR & GRILL  
LA CROSSE, WI 54601*
10. 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
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] .....  Yes  No
12. 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.

Contact Person's Name (Last, First, M.I.) <i>HESSER, JIM, S</i>	Title/Member <i>owner</i>	Date <i>2/21/2021</i>
Signature <i>[Signature]</i>	Phone Number <i>608 317 4204</i>	Email Address <i>jim@5dinsight.com</i>

**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
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 an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

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

The undersigned duly authorized officer/member/manager of ~~5d insight LLC~~ LIZZIES LOUNGE 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 WHO'S ON 3rd  
(Trade Name)

located at 126 3rd ST N LA CROSSE WI 54601

appoints TIM HESSE  
(Name of Appointed Agent)

N2740 GARBERS RD LA CROSSE, WI 54601  
(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).  
5d insight, eagles nest, La Crosse WI

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

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 49 years

Place of residence last year N2740 garbers Rd

For: ~~5d insight LLC~~ LIZZIES LOUNGE LLC  
(Name of Corporation / Organization / Limited Liability Company)

By: [Signature]  
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

## ACCEPTANCE BY AGENT

I, TIM HESSE, 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.

[Signature] 2/21/2021 Agent's age 49  
(Signature of Agent) (Date)

N2740 garbers Rd, La Crosse, WI 54601 Date of birth [Redacted]  
(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)



# City of La Crosse, Wisconsin

## APPLICATION FOR INDOOR CABARET LICENSE

Check One:  New  Renewal For the license period \_\_\_\_\_ to \_\_\_\_\_ Fee: \$ \_\_\_\_\_

BUSINESS INFORMATION*			
Legal/Real Name: <b>Lizzies LOUNGE LLC</b>			
Address of Above: Street <b>126 3rd St N</b>	City <b>LACROSSE</b>	State <b>WI</b>	Zip Code <b>54601</b>
PREMISES INFORMATION			
Trade Name of Business: <b>Who's on Third</b>			
Address of premises to be Licensed:		Business Phone Number:	
Premises are Owned By: <b>TIM HESSE</b>			
Address of Owner: Street <b>N2740 GARBERS RD</b>	City <b>LACROSSE</b>	State <b>WI</b>	Zip Code <b>54601</b>
CABARET INFORMATION			
Detailed description of cabaret area to be licensed: <b>first floor of building on East end of building approximately 14' x 14'</b>			
Nature of Entertainment: <b>live bands</b>			
Other Business Conducted upon the premises:			
MANAGER INFORMATION*			
Cabaret Manager Name: First <b>TIM</b>	Middle <b>Sean</b>	Last <b>Hesse</b>	
Cabaret Manager Home Address: Street <b>N2740 Garbers Rd</b>	City <b>LACROSSE</b>	State <b>WI</b>	Zip Code <b>54601</b>
Home Phone Number of Cabaret Manager: <b>608 317 4204</b>	Daytime Phone Number of Cabaret Manager: →		
Was the above person listed as manager on last year's application? <input type="checkbox"/> Yes <input type="checkbox"/> No			

\*Personal Data Sheet must be completed for each Officer/Member of the Business and the Manager.

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 Sec. 10-100 of the Code of Ordinances for the City of La Crosse.

*Tim Hesse*  
Signature of Applicant

2/23/2021  
Date

OFFICE USE ONLY			
For original application: Are there lands zoned conservancy, residential or multiple dwelling within 100 feet of premises? <input type="checkbox"/> Yes (if yes, attach a list of those lands) <input type="checkbox"/> No			
Signature:	Date:	Granted:	License #: