

City of La Crosse, Wisconsin APPLICATION FOR OUTDOOR CABARET LICENSE

CONST	7/1/2	6/20/22	\$ 160.00
Check One: New Renewal For the license per	to	013916C Fee:	\$ 109,00
There had been an orthor license that had lapsed BUSINESS INFORMATION*			
Loral/Post Name:			
Overtime Entertainment	LLC		
Address of Above: Street	City	State	Zip Code
324 Jay St	Lac	wre mi	54601
PREMISES INFORMATION			
Trade Name of Business:			
Fathead Steve's			
Address of premises to be Licensed:		Business Phone N	
324 Jay St		608-881-6	56-16
Reuin Keilogg Keilogg Investments LLC			
Keuln Kellogg Rellogg Inve		21.1	7.04
Address of Owner: Street	City	State	Zip Code
CABARET INFORMATION			
Detailed description of cabaret area to be licensed: 40'x56' Beer Garden Area adjacent to bar. 8' wood and chainlink			
90 x 36 beef barren Area ab Jassin .			
fenced,			
Nature of Entertainment:			
Nature of Entertainment: Live Music. Ideally not too often. We aren't trying to be a music venue.			
Other Business Conducted upon the premises:			
Bar and Grill			
MANAGER INFORMATION*			
Cabaret Manager Name: First	Middle	Last	
	aul	Vogt	7.01
Cabaret Manager Home Address: Street	Cit	y O Sia	te Zip Code 54601
921 14th St 5		المحادث المحادث	3 1001
Home Phone Number of Cabaret Manager:		lumber of Cabaret Manager: 06-9497	1901/19
608-4 08 -9497		06-7177	(9)
Was the above person listed as manager on last year's application? ☑ Yes □ No			
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*Personal Data Sheet must be completed for each Officer/Member of the Business and the Manager.			
The land of the state of the state of the state of the shows address within the City of			
The above hereby makes application for a license to operate an Outdoor Cabaret at the above address within the City of La Crosse pursuant to provisions of Chapter 10. Article IV of the Code of Ordinances for the City of La Crosse.			
La Crosse pursuant to provisions of Chapter to And	2)	4	11/21
Tail Dauleire IIII			
Signature of Applicant Date			
OFFICE USE ONLY			
For original application:			
Attach a list of all property owners within 200 feet of the proposed licensed premises.			
Signature:	Date:	Granted:	License #: