

Form  
AB-100

Alcohol Beverage  
Individual Questionnaire

**PAID**

Permit card  
Date  
6-12-25

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)	
Concordia Aid Society Inc.	
2. Business Trade Name or DBA	
Concordia Ballroom	
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership
<input type="checkbox"/> Limited Liability Company	<input checked="" type="checkbox"/> Corporation
<input type="checkbox"/> Nonprofit Organization	

**Part B: Individual Information**

1. Last Name	2. First Name	3. M.I.
Benbenek	Janice	M.
4. Relationship to Business (Title)	5. Email	6. Phone
Bar Manager	melcher_janice@yahoo.com	608 606 3651
7. Home Address		
2624 Leonard Street		
8. City	9. State	10. Zip Code
La Crosse	WI	54601
11. Date of Birth	12. Drivers License/State ID Number	
13. Drivers License/State ID State of Issuance		

**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	Months
		30	
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
222 5th Ave	Viroqua	WI	54665
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
WI	Vernon	WI	La Crosse
State	County	State	County
		IL	Cook
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

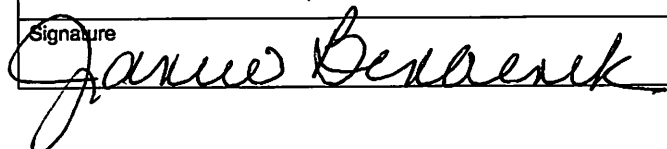
If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

**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



6/12/24.

Form  
AB-101

Alcohol Beverage  
Appointment of Agent

Date

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)

Concordia Aid Society Inc.

2. Business Trade Name or DBA

Concordia Ballroom

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.

Past agent, age 85, retired.

Part B: Agent Information

1. Last Name

Benbenek

2. First Name

Jarvis

3. M.I.

M.

4. Email

melcher\_jarvis@yahoo.com

5. Phone

608 606 3651

6. Home Address

2624 Leonard St

7. City

La Crosse

8. State

WI

9. Zip Code

54601

10. Age

64

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? .....  
Submit proof of completion.

☒ Yes ☐ No

2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire (licensee) or  
Form AB-300, Alcohol Beverage Personal Questionnaire (permittee)? .....

☒ Yes ☐ No

3. Have you been a Wisconsin resident for at least 90 continuous days? .....  
See instructions for exceptions.

☒ Yes ☐ No

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 <i>Heth</i>		First Name <i>Jennifer</i>		M.I. <i>A</i>
Title <i>President</i>	Email <i>jheth@acegroup.cc</i>		Phone <i>507313-9430</i>	
Signature <i>J Heth</i>			Date <i>5-12-25</i>	

**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 <i>Benbenek</i>		First Name <i>Janece</i>		M.I. <i>M.</i>
Signature <i>Janece Benbenek</i>			Date <i>6/12/25</i>	





**City of La Crosse, Wisconsin:  
BEVERAGE OPERATORS LICENSE:**

- Remove your card and always have it in your possession when serving/selling beer and/or alcohol beverages.
- Licenses should not be duplicated. If you need a replacement, please contact the City Clerk's Office. The original license should be retained by you as the licensee.
- Pursuant to Resolution 17-1333, the Common Council recognizes that sexual violence prevention is a relevant local concern and offers information provided by the National Sexual Violence Resource Center titled Engaging Bystanders to Prevent Sexual Violence. A link to the handout can be found on the City's website at this URL:  
<https://www.cityoflacrosse.org/beverage-operator>

JANICE M BENBENEK  
2624 LEONARD ST  
LA CROSSE WI 54601

**City of La Crosse, Wisconsin  
BEVERAGE OPERATORS LICENSE**

Class  
**2-Year**

Name  
**JANICE M BENBENEK**

Number  
**003928-2025**

Issued  
**7/1/2025**

Expires  
**6/30/2027**

Nikki Elsen, City Clerk

Renew on or before  
**6/1/2027**