

# ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning August 15 20 14 ;  
ending June 30 20 15

TO THE GOVERNING BODY of the: ☐ Town of  
☐ Village of  
☒ City of

County of \_\_\_\_\_ 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): Deweys 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 Home Address Post Office & Zip Code  
President/Member Julie Lynn Connelly 607 Hillcrest Dr Holmen 54603  
Vice President/Member \_\_\_\_\_  
Secretary/Member \_\_\_\_\_  
Treasurer/Member \_\_\_\_\_  
Agent Jeffrey James Connelly 607 Hillcrest Dr Holmen 54603  
Directors/Managers \_\_\_\_\_

3. Trade Name Dewey's Side Street Saloon Business Phone Number 608-782-9416  
4. Address of Premises 621 St Paul St Post Office & Zip Code Lacrosse WI 54603

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 employee 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 4/2014 of registration.  
(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, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Sales/service: one-story frame bldg w/ one-story cement block addn in rear  
10. Legal description (omit if street address is given above): Storage: in basement. Indoor cabaret: one-story cement block  
11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? ☒ Yes ☐ No addn w/ small stage and wood floor  
(b) If yes, under what name was license issued? Slam of Lacrosse LLC  
12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864] ☒ Yes ☐ No  
13. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in Section 2, above? [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 signers. Signers agree 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 and each member of a partnership applicant must sign; corporate officer(s), members/managers 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.

SUBSCRIBED AND SWORN TO BEFORE ME

this 11th day of July, 20 14

[Signature]  
(Clerk/Notary Public)

Julie R. Connelly  
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)

My commission expires 6/23/17

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

## TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>7/11/14</u>	Date reported to council/board <u>8-5-14</u>	Date provisional license issued _____	Signature of Clerk / Deputy Clerk _____
Date license granted <u>8-14-14</u>	Date license issued _____	License number issued <u>110</u>	

**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 ☒ City of Lacrosse County of Lacrosse

The undersigned duly authorized officer(s)/members/managers of Deweys 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  
Deweys Side Street Saloon  
(trade name)

located at 621 St Paul St

appoints Jeffrey James Connelly  
(name of appointed agent)

607 Hillcrest Dr Holmen WI 54636  
(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? 42

Place of residence last year Holmen

For: Julie R. Connelly Deweys LLC  
(name of corporation/organization/limited liability company)

By: \_\_\_\_\_  
(signature of Officer/Member/Manager)

And: \_\_\_\_\_  
(signature of Officer/Member/Manager)

**ACCEPTANCE BY AGENT**

I, Jeffrey James Connelly, 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.

Jeffrey Connelly 7-11-17 Agent's age \_\_\_\_\_  
(signature of agent) (date)  
607 Hillcrest Dr Holmen WI 54636 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 7/15/17 by AK Title Police Chief  
(date) (signature of proper local official) (town chair, village president, police chief)

Original: X

License Fee: \$100.00

Renewal:

Invoice #: 200053

## APPLICATION FOR INDOOR CABARET LICENSE

Legal/Real Name: Deweys LLC  
Address of above: 607 Hillcrest Dr Holmen WI 54636  
Trade name of business: Deweys Side Street Saloon  
Address of premises to be licensed: 621 St Paul Street  
Business phone number: 608-782-9416  
Detailed description of cabaret area to be licensed: \_\_\_\_\_  
One-story cement block addition with small stage and wood  
Premises are owned by: Deweys Properties LLC floor  
Address of owner: 607 Hillcrest Dr Holmen WI 54636  
Name of Cabaret Manager (FIRST, MIDDLE & LAST): Julie Lynn Connelly  
Home address of Cabaret Manager: 607 Hillcrest Dr Holmen  
Home phone number of Cabaret Manager: 608 386-1431  
Daytime phone number of Cabaret Manager: Same  
Date of Birth of Cabaret Manager: \_\_\_\_\_  
Was the above person listed as manager on last year's application? Yes    No X  
Other business to be conducted upon the premises: tavern  
Nature of entertainment: Karaoke live bands  
License Period: Aug 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.

Julie L. Connelly  
(Signature of applicant & date)

OFFICE USE ONLY:

Munis Customer #: 164942

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 and date \_\_\_\_\_

Granted: 8-14-14

License #: 74



**TERI LEHRKE, WCPC, City Clerk**

**400 LA CROSSE STREET  
LA CROSSE, WISCONSIN 54601  
PHONE (608) 789-7510  
FAX (608) 789-7552  
[www.cityoflacrosse.org](http://www.cityoflacrosse.org)**

**NOTICE OF APPLICATION FOR INDOOR CABARET LICENSE  
IN THE CITY OF LA CROSSE**

**TO WHOM IT MAY CONCERN:**

This is to notify you that the following business has applied for an Indoor Cabaret license under sec. 20.04 of the Code of Ordinances of the City of La Crosse to provide live entertainment in a designated indoor area.

**Dewey's LLC d/b/a Dewey's Side Street Saloon  
at 621 Saint Paul St., La Crosse, WI 54603**

This application will be considered at the following meetings:

**Judiciary and Administration Committee – Tuesday, August 5<sup>th</sup>, 2014 at 7:30 p.m.  
Common Council Meeting – Thursday, August 14<sup>th</sup>, 2014 at 7:30 p.m.**

All the above meetings are held in the Council Chambers in the City Hall at 400 La Crosse Street, La Crosse, WI.

You are further notified that any person affected may be heard, and may appear in person or by attorney, or may file a letter of objection in the office of the City Clerk.

This notice is given pursuant to the order of the Common Council of the City of La Crosse.

Dated this 16<sup>th</sup> day of July, 2014.

A handwritten signature in cursive script that reads "Teri Lehrke".

Teri Lehrke, WCPC, City Clerk  
City of La Crosse

Deweys Indoor Cabaret - Aug 14, 2014 CM Original 1/3+

TaxParcelIN	FullName	PROPADDR	PROPADDRCI	PROPADDRZI	BILLADDR	BILLADDRCI	BILLADDRST	BILLADDRZI
17-10002-40	DOUGLAS G BUCHNER	611 ST PAUL ST	LA CROSSE	54603 2704 7TH ST S		LA CROSSE	WI	54601
17-10002-40	DOUGLAS G BUCHNER	613 ST PAUL ST	LA CROSSE	54603 2704 7TH ST S		LA CROSSE	WI	54601
17-10002-40	DOUGLAS G BUCHNER	607 ST PAUL ST	LA CROSSE	54603 2704 7TH ST S		LA CROSSE	WI	54601
17-10002-40	DOUGLAS G BUCHNER	609 ST PAUL ST	LA CROSSE	54603 2704 7TH ST S		LA CROSSE	WI	54601
17-10002-41	DOUGLAS G BUCHNER	611 ST PAUL ST	LA CROSSE	54603 2704 7TH ST S		LA CROSSE	WI	54601
17-10002-41	DOUGLAS G BUCHNER	613 ST PAUL ST	LA CROSSE	54603 2704 7TH ST S		LA CROSSE	WI	54601
17-10002-41	DOUGLAS G BUCHNER	607 ST PAUL ST	LA CROSSE	54603 2704 7TH ST S		LA CROSSE	WI	54601
17-10002-41	DOUGLAS G BUCHNER	609 ST PAUL ST	LA CROSSE	54603 2704 7TH ST S		LA CROSSE	WI	54601
17-10001-130	DUANE C & SARA S SCANLON	1214 ROSE ST	LA CROSSE	54603 1214 ROSE ST		LA CROSSE	WI	54603
17-10001-130	DUANE C & SARA S SCANLON	1212 ROSE ST	LA CROSSE	54603 1214 ROSE ST		LA CROSSE	WI	54603
17-10001-140	DUANE C & SARA S SCANLON	1208 ROSE ST	LA CROSSE	54603 1214 ROSE ST		LA CROSSE	WI	54603
17-10002-130	JEFFREY M GRANT & SUSAN E FERRIES	1131 CALEDONIA ST	LA CROSSE	54603 1131 CALEDONIA ST		LA CROSSE	WI	54603
17-10002-10	MARCUS C JR, JUDITH C, KARLA K & NED E DOOLITTLE	1205 CALEDONIA ST	LA CROSSE	54603 1205 CALEDONIA ST		LA CROSSE	WI	54603
17-10002-20	OPTIONS IN REPRODUCTIVE CARE INC	1201 CALEDONIA ST	LA CROSSE	54603 1201 CALEDONIA ST		LA CROSSE	WI	54603
17-10002-140	TRAVIS J TIPPERY & AMY M MADER	1132 ROSE ST	LA CROSSE	54603 1132 ROSE ST		LA CROSSE	WI	54603
17-10001-120	TWO BEARS LLC	1213 CALEDONIA ST	LA CROSSE	54603 2935 FISH HATCHERY RD S STE 113		MADISON	WI	53711
17-10001-120	TWO BEARS LLC	1215 CALEDONIA ST	LA CROSSE	54603 2935 FISH HATCHERY RD S STE 113		MADISON	WI	53711

Properties Within 100ft of  
621-Saint Paul St

621  
St Paul St

SAINT PAUL ST

CALEDONIA ST

ROSE ST



0 15 30 60 90 120 Feet