

New:

x July 1, 2025

License Fee:

\$110.00 pd cash

Renewal:

Invoice #:

APPLICATION FOR ROLLER RINK LICENSE

To the Common Council of the City of La Crosse:

Legal/Real Name: Johnny B. Foster Loyalty Boys LLC

Address of above: 1515 George St. La Crosse, WI 54603

Trade name of business: Roller City Disco

Address of premise to be licensed: 205 5th Avenue S - 508 Jay St. La Crosse, WI 54601

Name of manager (FIRST, MIDDLE & LAST): Jordan M. Larson

Home address (STREET ADDRESS, CITY, STATE & ZIP): 1515 George St. La Crosse, WI 54603

Home phone number: Johnny (608) 304-8785 Jordan (608) 386-6673

Daytime phone number: Same as above

Date of Birth: 06/13/1975

License Period: July 1, 2025 - June 30, 2026

The above hereby makes application for a license to operate a Roller Rink at the above address within the City of La Crosse pursuant to provisions of Chapter 10, Article VII of the Code of Ordinances for the City of La Crosse and subject to all laws of the State of Wisconsin.

jmlarson58915@gmail.com

Johnny Foster
(Signature of Applicant)

06/16/25
(Date)

OFFICE USE ONLY:

Customer # _____

Granted: _____

License #: _____

PERSONAL DATA SHEET
(PLEASE PRINT ALL INFORMATION)

Each Officer AND Manager/Person in Charge must complete all the information and must indicate if they have been convicted of any of the following within the last ten (10) years: a felony, a misdemeanor, a statutory violation punishable by forfeiture or a county or municipal ordinance violation. If none, write "none".

Name of Manager/Person in Charge: Foster, Johnny Richard
(LAST, FIRST & FULL MIDDLE NAME)
Home Address: 1515 George St. LaCrosse, WI 54603
(STREET ADDRESS, CITY, STATE & ZIP)
Date of Birth: [REDACTED] Home Phone: (608) 304-8785 Daytime Phone: Same
Violations: OWI 2002

Name of Officer: Larson, Jordan Michael
(LAST, FIRST & FULL MIDDLE NAME)
Home Address: 1515 George St. La Crosse, WI
(STREET ADDRESS, CITY, STATE & ZIP)
Date of Birth: [REDACTED] Home Phone: 608 386 6673 Daytime Phone: _____
Violations: Owi x3

Name of Officer: _____
(LAST, FIRST & FULL MIDDLE NAME)
Home Address: _____
(STREET ADDRESS, CITY, STATE & ZIP)
Date of Birth: _____ Home Phone: _____ Daytime Phone: _____
Violations: _____

Name of Officer: _____
(LAST, FIRST & FULL MIDDLE NAME)
Home Address: _____
(STREET ADDRESS, CITY, STATE & ZIP)
Date of Birth: _____ Home Phone: _____ Daytime Phone: _____
Violations: _____

Name of Officer: _____
(LAST, FIRST & FULL MIDDLE NAME)
Home Address: _____
(STREET ADDRESS, CITY, STATE & ZIP)
Date of Birth: _____ Home Phone: _____ Daytime Phone: _____
Violations: _____