



# City of La Crosse, Wisconsin

## APPLICATION FOR EXPANSION OF ALCOHOL BEVERAGE LICENSE INTO OUTDOOR DINING AREA

Fee: \$ 150.00

The undersigned licensee requests permission to expand the following alcohol beverage license(s) into outdoor dining area pursuant to Sec. 4-45(b) and/or 4-109(b) of the Municipal Code. Check all license that apply.

- Combination "Class B" Beer & Liquor
- Class "B" Beer
- "Class C" Wine

|   |  |                       |  |                 |
|---|--|-----------------------|--|-----------------|
| <b>BUSINESS INFORMATION</b>   |  |                       |  |                 |
| Legal/Real Name of Business:<br><b>FTW INC.</b>   |  |                       |  |                 |
| Business Address:<br><b>135 4th St S. La Crosse, WI 54601</b>   |  |                       |  |                 |
| Business Phone Number:<br><b>608 7849548</b>  |  |                       | Business Email:<br><b>fayzesrestaurant@gmail.com</b> |                 |
| <b>PREMISES INFORMATION</b>   |  |                       |  |                 |
| Trade Name of Business:<br><b>Fayze's Restaurant</b>  |  |                       |  |                 |
| Address of Premise:<br><b>135 4th St S. La Crosse, WI 54601</b>   |  |                       |  |                 |
| <b>EXPANSION INFORMATION</b>  |  |                       |  |                 |
| Dates of Expansion - must be between April 1 and October 31 (unless otherwise permitted by the Board of Public Works)<br><b>4-1 through 10-31, weather permitting</b> |  |                       |  |                 |
| Description of Proposed Expansion - Where Alcohol Will be Present (square feet, physical location, etc.):<br><b>Sidewalk Cafe tables</b>                              |  |                       |  |                 |
| <b>AGENT INFORMATION</b>  |  |                       |  |                 |
| Agent Name:   |  | First                 | Middle   | Last            |
|   |  | <b>Kelsey</b>         | <b>C</b>   | <b>Williams</b> |
| Agent Home Address:   |  | Street                | City   | State Zip Code  |
|   |  | <b>915 Orchid Pl.</b> | <b>Onalaska</b>                                      | <b>WI 54650</b> |
| Phone Number:<br><b>608 385 7911</b>  |  |                       | Email:<br><b>fayzesrestaurant@gmail.com</b>          |                 |

The above hereby makes application to expand its alcohol beverage license into outdoor dining area pursuant to Sec. 4-45(b) and/or 4-109(b) and the provisions of Sec. 40-106(3) of the Municipal Code. I agree to abide by all applicable state and local regulations including, but not limited, to the sale and service of alcoholic beverages and adherence to noise levels.

Kelsey Williams  
Signature of Applicant

3-23-23  
Date

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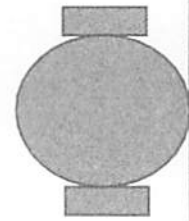
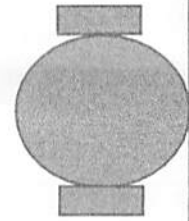
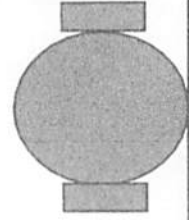
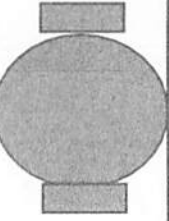
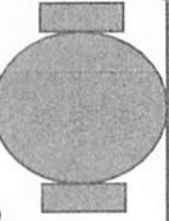
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4<sup>th</sup> Street

Tree &  
grate

13ft

10.5ft



Restaurant  
Entry  
6ft

~2.5ft

Fayze's Building Front 52ft