

REQUEST FOR EXPANSION OF ALCOHOL BEVERAGE LICENSE & STREET PRIVILEGE PERMIT
(MUST HAVE LICENSE POSTED ON PREMISE BEFORE BEGINNING EVENT)

License Fee: \$ 250 (*additional \$50.00 tent fee, if applicable) Receipt #: _____

\$100.00 Cash Deposit at City Treasurer on: _____ NA _____

The undersigned licensee requests permission to expand the following licenses onto public property for the purpose set forth below (check all that apply):

Combination "Class B" Beer & Liquor _____ Class "A" Beer
 Class "B" Beer _____ Class "A" Beer & "Class A" Liquor
 "Class C" Wine

CHECK ONE: _____ Individual _____ Partnership _____ Corporation LLC

LEGAL/REAL NAME (Individual/Partnership/Corporation/LLC): A+S Foster, LLC

TRADE NAME: Bottoms Up

NAME OF AGENT (If Corporation/LLC): Shannan Gail Foster
(Full Name - First, FULL Middle & Last)

BUSINESS ADDRESS/ADDRESS OF EXPANSION: 500 Copeland Ave.

BUSINESS PHONE NUMBER: 608.782.6008

DATE OF EXPANSION: Sat. May 30 TIME OF EXPANSION (start & end times): 11AM-10pm

August 8 (rescheduled from May 30; postponed due to COVID-19)

*WILL THERE BE A TENT IN EXCESS OF 400 SQ. FT. (20' x 20')? Yes _____ No If yes, add \$50.

ATTACH DETAILED DESCRIPTION OF EVENT AREA AND ATTACH A DIMENSIONAL DRAWING. Detailed description and dimensional drawing MUST include dimensions of area, where the fencing will be placed, where entrances (s) and exit(s) will be and size of each, dimensions of tent (if a tent is used), and placement of port-a-potties.

DESCRIBE ENTERTAINMENT TO BE PROVIDED, if any. Bands
(NOTE: If there will be live music in the expanded area, also apply for a Special Event Outdoor Cabaret license.)

CONTACT PERSON: Shannan Gail Foster
(Full Name - First, FULL Middle & Last)

ADDRESS OF CONTACT PERSON: 817 Liberty St.

DAYTIME PHONE NUMBER OF CONTACT PERSON: 608.317.0495

REASON FOR EXPANSION REQUEST: Block Party

NUMBER OF PEOPLE ATTENDING THIS EVENT: 700

AT THE TIME OF APPLICATION, applicant shall provide to the City Clerk a certificate of insurance describing the event and providing liability insurance in the amount of \$1,000,000.00 per occurrence and endorsed naming the City of La Crosse as an additional insured.

I further state that I have received a copy of the Ordinance, Resolution and Conditions for permitting the sale, possession and consumption of alcohol on streets, and agree to abide by the same, and with all applicable state and local regulations including, but not limited to, the sale and service of alcoholic beverages, fencing, and adherence to noise levels.

[Signature]
Signature of **PRESIDENT** of Corporation/Partner/Individual/Member Date _____

Signature of **SECRETARY** of Corporation/Partner/Member Date _____

For Office Use Only:

Introduced - Council Meeting: _____ (applicant does not need to attend this meeting)
J & A Meeting: 3/3/2020 (public hearing, attendance recommended) Council Meeting: 3/12/2020 (final action)
Original - Council Copy Copy - Applicant Copy - Licensing Clerk

We, the undersigned, represent at least two-thirds (2/3) of the abutting and adjacent property owners who are affected by the attached **Application for Expansion of Alcohol Beverage License and Street Privilege Permit** requested by Bottoms Up. We further state that we support the attached application for the event to be held on Sat. May 30, 2020.

NAME (Print) Matt Johnson ADDRESS 416 Island St
SIGNATURE [Signature] DATE 1/21/20

NAME (Print) Gary Meiniking ADDRESS 415 Island St
SIGNATURE [Signature] DATE 1/22/20

NAME (Print) RANDY GUZMAN ADDRESS 510 COPELAND
SIGNATURE [Signature] DATE 1/22/20

NAME (Print) MILES WILKINS ADDRESS 524 COPELAND
SIGNATURE [Signature] DATE 1/29/2020

NAME (Print) _____ ADDRESS _____
SIGNATURE _____ DATE _____

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