

**EXPANSION OF ALCOHOL BEVERAGE LICENSE FOR SPECIAL EVENT**  
**(MUST HAVE LICENSE POSTED ON PREMISE BEFORE BEGINNING SPECIAL EVENT)**

License Fee: \$ 50.00 (\*additional \$50.00 tent fee, if applicable)

Receipt #: 108101

TYPE OF LICENSE (Check all that apply):

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

- Class "A" Beer
- Class "A" Beer & "Class A" Liquor

DUPLICATE RECEIPT

**\*\*NOTE\*\*** *If applicant wants live music in this expanded area, they may need to apply for an Outdoor Cabaret or Special Event Outdoor Cabaret license.*

405 CITY CLERK / LICENSES  
MP104103114 001 130724  
7/24/13 2:58PM PAID 50.00

CHECK ONE:  Individual  Partnership  Corporation  LLC

LEGAL/REAL NAME (Individual/Partnership/Corporation/LLC): CHRISTOPHER EDWARD OLSON

TRADE NAME: THE SPORTS MIT

NAME OF AGENT (If Corporation/LLC): CHRISTOPHER EDWARD OLSON  
(Full Name - First, FULL Middle & Last)

BUSINESS ADDRESS/ADDRESS OF EXPANSION: 801 ROSE ST / SAME (TO INCLUDE PARKING LOT)

BUSINESS PHONE NUMBER: 608 784-1811

DATE OF EXPANSION: 9-28-13

TIME OF EXPANSION (beginning & ending times): 10:00 A.M. - MIDNIGHT

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

**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 entrance(s) and exit(s) will be and size of each, dimensions of tent (if a tent is used), and placement of port-a-potties.

CONTACT PERSON: CHRISTOPHER EDWARD OLSON  
(Full Name - First, FULL Middle & Last)

ADDRESS OF CONTACT PERSON: 803 ROSE ST LA CROSSE WI 54603

DAYTIME PHONE NUMBER OF CONTACT PERSON: 608 386-6540

REASON FOR EXPANSION REQUEST: OCTOBER FEST WEEKEND

NUMBER OF PEOPLE ATTENDING THIS EVENT: 100

I agree to abide by all applicable State and local regulations to include, but not limited to, the sale and service of alcoholic beverages, fencing, and adherence to noise levels.

[Signature] 7-24-13  
Signature of PRESIDENT of Corporation/Partner/Individual/Member Date

\_\_\_\_\_  
Signature of SECRETARY of Corporation/Partner/Member Date

**For Office Use Only:**

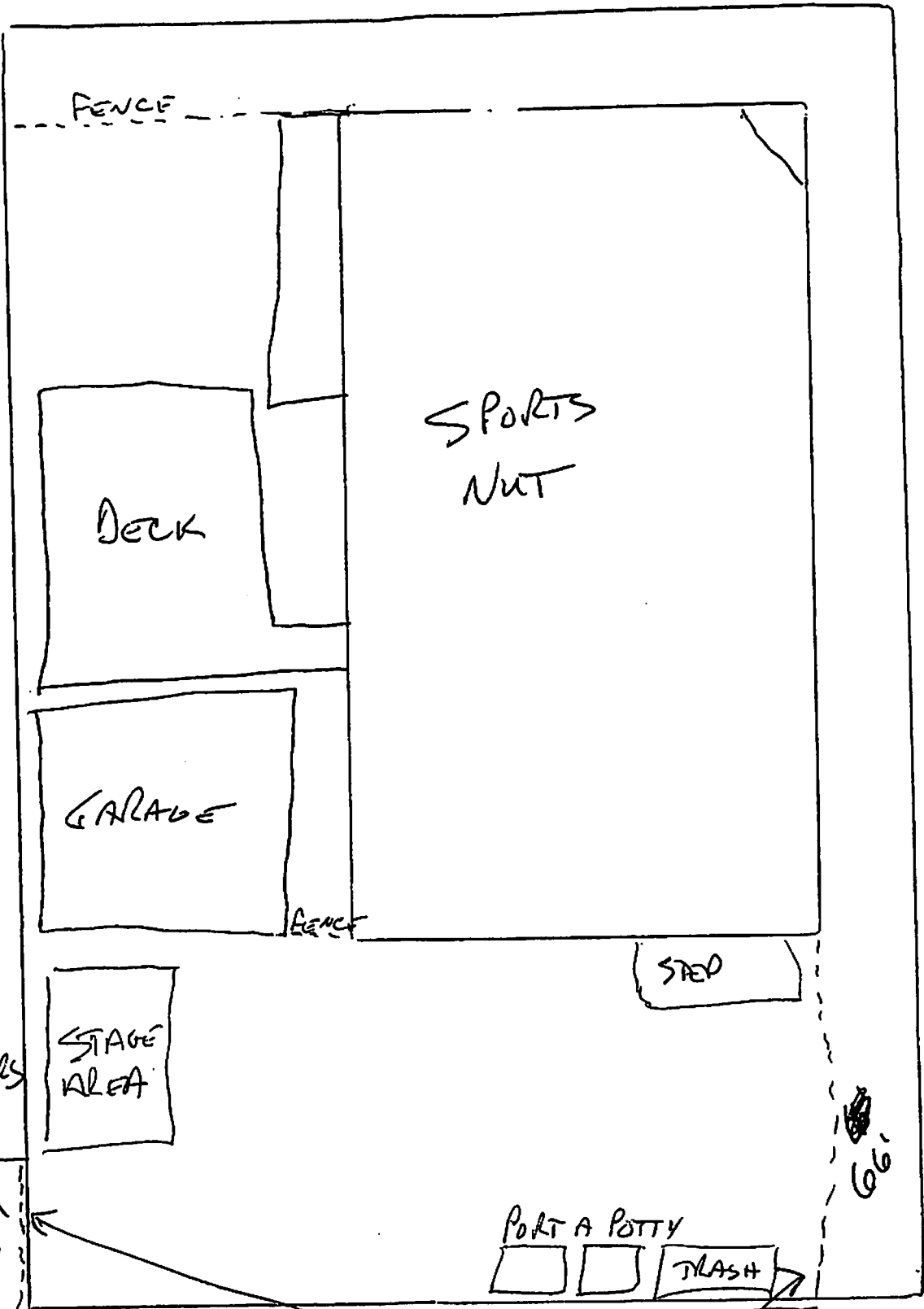
Introduced - Council Meeting: \_\_\_\_\_ (Applicant does not need to attend this meeting)

Applicant should attend the following meetings:

J & A Meeting: \_\_\_\_\_ Committee of the Whole: \_\_\_\_\_ Council Meeting: \_\_\_\_\_

Original - Council Copy Copy - Applicant Copy - Licensing Clerk

Rose St



St. Cloud

CLASS  
INTERIALS

25'

Expanded area  
is parking lot  
on the west  
side of premise

TEMPORARY FENCE

GARAGE NOT MY PROPERTY