

City of La Crosse, Wisconsin APPLICATION FOR OUTDOOR CABARET LICENSE

Check One: New Renewal For the licen	se period July	to June 202	Fee: \$ _	140
BUSINESS INFORMATION*		THE STATE OF THE		
Legal/Real Name:				The second secon
Rays Adam St. Pub	LIC	City	State	Zip Code
	1 - 1	0.800	1941	S
71 Hinkley Rd. E. PREMISES INFORMATION	Lai	Risse,	WL	54603
Trade Name of Business:				
Adams St. Puß Address of premises to be Licensed:				• 3000
Address of premises to be Licensed:	1		iness Phone Nun	0.00.00
1200 11th St. S Lac	ROSSE WI	54601 41	08.519-	04//
Premises are Owned By:				
Rachel Rausa				
Address of Owner: Street		City	State	Zip Code
71 Hinkley Rd. E.	1-00	ROSSE	WI	54603
CABARET INFORMATION		,		
Detailed description of cabaret area to be licensed:	^ 1	1 .		
enclosed Beer Gar	den I Das	Ho .		
Seg Sine	resi. pro			
Nature of Enterpainment:				
Other Business Conducted upon the premises:	10 000	lich-il		
Other Business Conducted upon the premises:	US Easo	IISTEMY	ام	
1 1			9	
taveen				
MANAGER INFORMATION*				
Cabaret Manager Name: First	Middle	Last		
Kachel Rausa				
Cabaret Manager Home Address: Street		City	State	Zip Code

Home Phone Number of Cabaret Manager:	I Design	Dhana Number of C.		
Home Phone Number of Cabaret Manager:		Phone Number of Cabar		
		18,792.3	156	
Was the above person listed as manager on last year's a	pplication?			
□ Yes ∇No				
11/0				
*Personal Data Sheet must be completed for e	ach Officer/Mem!	or of the Business a	nd the Manae	
reisonal Data Sheet must be completed for e	ach Officer/Menn	ber of the business at	nd the Manag	er.
The shows have been larger than 15 of Co. 15	0 1	61		1 6: 6
The above hereby makes application for a license t				
La Crosse pursuant to provisions of Chapter 10, A	rticle IV of the Cod	e of Ordinances for th	e City of La Cr	osse.
A.	achel Kn.	esa	41	18/25
Signatur	e of Applicant	0	Date	0/
Signatur	of Applicant		Date	
OFFICE USE ONLY				
For original application:	WASHIN SOMEONE BOX IN PART	The same of the sa	9,00	
Attach a list of all property owners wit	hin 200 feet of	the proposed lice	ensed prem	ises.
Signature:	Date:	Granted:	Lie	cense #: