

EXPANSION OF ALCOHOL BEVERAGE LICENSE FOR SPECIAL EVENT

License Fee: \$ 100 (*additional \$50.00 tent fee, if applicable)

Receipt #: 165300

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

- Combination "Class B" Beer & Liquor (checked), Class "A" Beer, Class "B" Beer, "Class C" Wine, Class "A" Beer & "Class A" Liquor

NOTE: If there will be live music in this expanded area, also apply for a Special Event Outdoor Cabaret license.

CHECK ONE: Individual, Partnership, Corporation (checked), LLC

LEGAL/REAL NAME (Individual/Partnership/Corporation/LLC): Our Corner Bar Inc.

TRADE NAME: Our Corner Bar

NAME OF AGENT (If Corporation/LLC): Chad Todd Longway (Full Name - First, FULL Middle & Last) DOB: 1/9/74

BUSINESS ADDRESS/ADDRESS OF EXPANSION: 2104 George St. Calcrossie, WI 54603

BUSINESS PHONE NUMBER: 608-783-9847

DATE OF EXPANSION: Saturday, August 17th

TIME OF EXPANSION (beginning & ending times): 11am - 9pm

WILL THERE BE A TENT IN EXCESS OF 400 SQ. FT. (20' x 20')? Yes No (checked) 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 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: Chad T. Longway (Full Name - First, FULL Middle & Last)

ADDRESS OF CONTACT PERSON: 2104 George St. Calcrossie, WI 54603

DAYTIME PHONE NUMBER OF CONTACT PERSON: 608-792-0671 / 608-783-9847

REASON FOR EXPANSION REQUEST: County Event

NUMBER OF PEOPLE ATTENDING THIS EVENT: 100-150

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 of PRESIDENT of Corporation/Partner/Individual/Member: Chad T. Longway Date: 5/14/19
Signature of SECRETARY of Corporation/Partner/Member: Chad T. Longway Date: 5/14/19

For Office Use Only: Introduced - Council Meeting: NA (Applicant does not need to attend this meeting.) J & A Meeting: 6/4/19 (Public hearing, recommend attendance.) Council Meeting: 6/13/19 (Final Action)

CITY OF LA CROSSE, WI
General Billing - 165300 - 2019
006539-0192 Courtney... 05/14/2019 12:11PM
114382 - OUR CORNER BAR INC

Payment Amount: 100.00

11/11

payment (unpaid)

amount required

100.00

The amount required

is \$100.00

payment amount

amount required

100.00

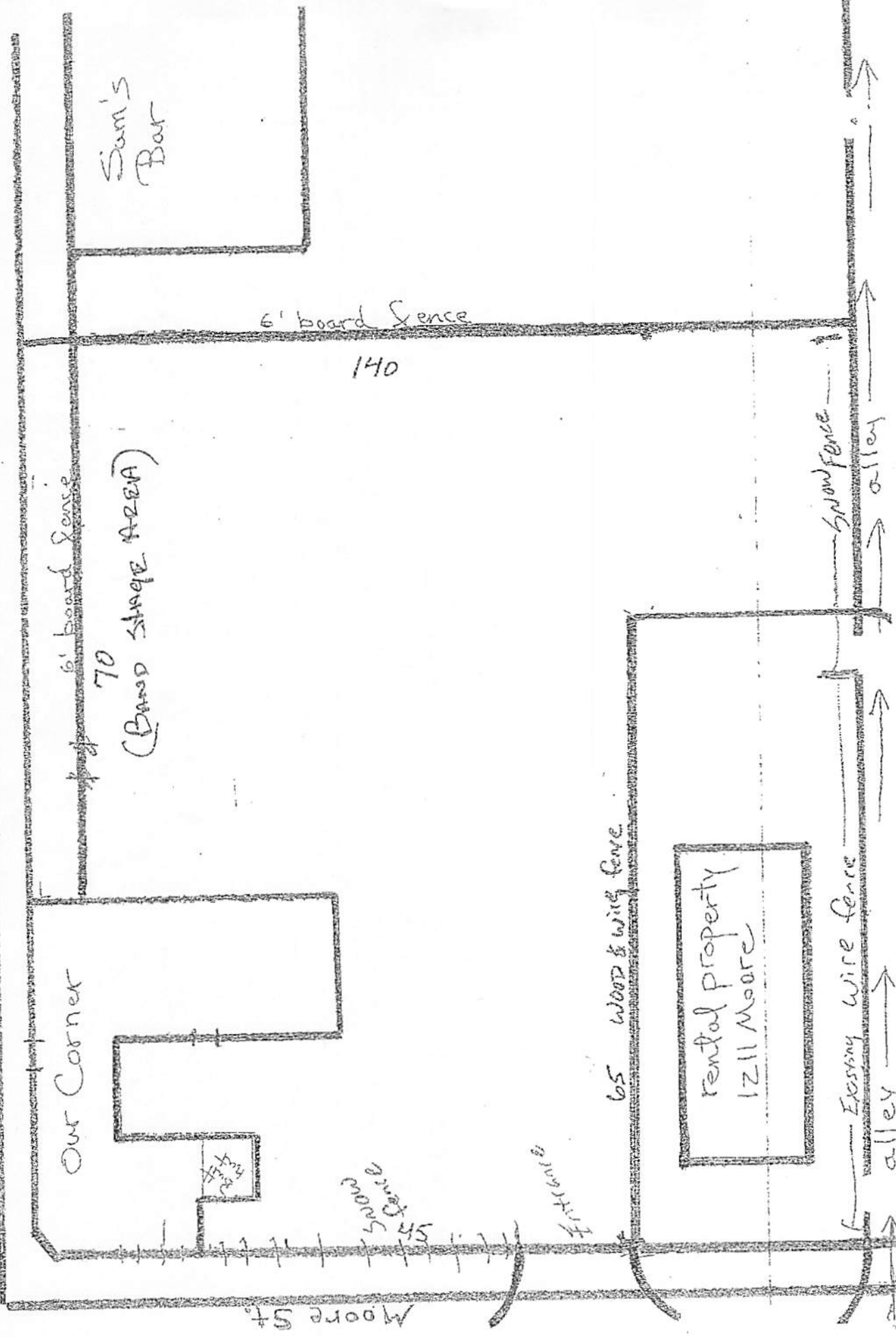
total amount

100.00

Handwritten signature or scribble

George St.

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