

# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 5/25/23 ending: 6/30/23  
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the:  Town of } La Crosse  
 Village of }  
 City of }

County of La Crosse Aldermanic Dist. No. \_\_\_\_\_  
(if required by ordinance)

Check one:  Individual  Limited Liability Company  
 Partnership  Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
TYPE OF LICENSE REQUESTED	FEE
<input checked="" type="checkbox"/> Class A beer	\$ 100.00
<input checked="" type="checkbox"/> Class B beer	\$
<input checked="" type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ 500.00
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 40.00
<b>TOTAL FEE</b>	\$ <u>640.00</u>

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)  
Shikotar Maa LLC

An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the full name and place of residence of each person.

President / Member Last Name <u>PATEL</u>	(First) <u>BHAVESHKUMAR</u>	(Middle Name) <u>D</u>	Home Address (Street, City or Post Office, & Zip Code) <u>952 Mankato Ave, Winona MN 55987</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name <u>7</u>	(First)	(Middle Name) <u>7</u>	Home Address (Street, City or Post Office, & Zip Code) <u>420 5th Ave S, La Crosse, WI 54602</u>
Directors / Managers Last Name <u>DANKHARA</u>	(First) <u>ASHWIN</u>	(Middle Name) <u>H</u>	Home Address (Street, City or Post Office, & Zip Code) <u>952 Mankato Ave Winona MN 55987</u>

1. Trade Name: Mileage Business Phone Number 608-782-3231

2. Address of Premises 603 CASS ST, LA CROSSE Post Office & Zip Code 54601

3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)  
Storage of alcohol is in the store  
(Small storage in the Back of the  
Building) & records of purchase will  
be stored at the store.

4. Legal description (omit if street address is given above): \_\_\_\_\_

5. (a) Was this premises licensed for the sale of liquor or beer during the past license year? ..... NE .....  Yes  No

(b) If yes, under what name was license issued? Virk LLC

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** .....  Yes  No
7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? .....  Yes  No  
**If yes, explain.**
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** .....  Yes  No
9. (a) **Corporate/limited liability company applicants only:** Insert state \_\_\_\_\_ and date \_\_\_\_\_ of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** .....  Yes  No
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? **If yes, explain.**  Yes  No
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] .....  Yes  No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] .....  Yes  No
12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? .....  Yes  No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants, or one member of a partnership applicant must sign; one corporate officer, one member/manager of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

Contact Person's Name (Last, First, M.I.) <b>Bhavesh Patel</b>	Title/Member <b>President</b>	Date <b>25<sup>th</sup> April 2023</b>
Signature <b>B Patel</b>	Phone Number <b>352-615-6499</b>	Email Address <b>BHAVESHACTECH@gmail.com</b>

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

## Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of  Town  Village  City of La Crosse County of La Crosse

The undersigned duly authorized officer/member/manager of SHIKOTAR MAA LLC  
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as MILEAGE

located at 603 CASS ST, La Crosse, WI 54601  
(Trade Name)

appoints Ashwin Dankhara  
(Name of Appointed Agent)

420 5th St, La Crosse 54601  
(Home Address of Appointed Agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

Yes  No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course?  Yes  No  
How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 6<sup>th</sup> month

Place of residence last year 236 S Concord St, Greenville AL 36032

For: Shikotar Maa LLC  
(Name of Corporation / Organization / Limited Liability Company)

B Patel  
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

### ACCEPTANCE BY AGENT

I, Ashwin Dankhara, hereby accept this appointment as agent for the  
(Print / Type Agent's Name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

Ashwin 26<sup>th</sup> April 2023 Agent's age 27  
(Signature of Agent) (Date)

420 5th Ave S, La Crosse, WI 54601 Date of birth [REDACTED]  
(Home Address of Agent)

### APPROVAL OF AGENT BY MUNICIPAL AUTHORITY (Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on \_\_\_\_\_ by \_\_\_\_\_ Title \_\_\_\_\_  
(Date) (Signature of Proper Local Official) (Town Clerk / Village President / Police Chief)

# Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

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To the governing body of:  Town  Village  City of La Crosse County of La Crosse

The undersigned duly authorized officer/member/manager of SHIKOTAR MAA LLC.  
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as \_\_\_\_\_  
(Trade Name)

located at 603 CASS ST, La Crosse, WI 54601

appoints Ashwin Dankhara  
(Name of Appointed Agent)

420 5th St, La Crosse WI 54601  
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How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 6<sup>th</sup> month

Place of residence last year 236 S Concash St, Greenville AL 36032

For: Shikotar Maa LLC  
(Name of Corporation / Organization / Limited Liability Company)

By: [Signature]  
(Signature of Officer / Member / Manager)

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## ACCEPTANCE BY AGENT

I, Ashwin Dankhara, hereby accept this appointment as agent for the  
(Print / Type Agent's Name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

[Signature] 26<sup>th</sup> April 2023 Agent's age 27  
(Signature of Agent) (Date)

420 5th Ave S, La Crosse, WI 54601 Date of birth 11/06/1995  
(Home Address of Agent)

## APPROVAL OF AGENT BY MUNICIPAL AUTHORITY (Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on \_\_\_\_\_ by \_\_\_\_\_ Title \_\_\_\_\_  
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

SURRENDER OF LICENSE

Part I

Legal/Real Name of Current Licensee: VIRK LLC
Premises Address: 603 CASS ST. LACROSSE WI 54601
Trade Name: MILEAGE

This is to advise that the undersigned is surrendering the following license(s)
Combination "Class B" Beer & Liquor
Class "B" Beer
Class "A" Beer and/or "Class A" Liquor (circle which apply)
Wholesale Beer
"Class C" Wine

to: SHIKOTAR MAA LLC
(Insert Legal/Real Name of Proposed Licensee and Trade Name)

and understand that said license(s) will be cancelled upon the Common Council's granting of a license to the applicant named herein.

New Applicant

President, Member, Partner, Individual

Secretary, Member, Partner

Current Licensee

President, Member, Partner, Individual

Secretary, Member, Partner

State of Wisconsin )
) ss.
County of La Crosse )

On the 24 day of April, 2023, personally came before me
Randhir Virk, known to me to be the person(s) who
executed the foregoing Surrender of License, and known to me to be the Current Licensee and
acknowledged that s/he executed the foregoing document



Notary Public
Lacrosse County, Wisconsin
My Commission expires: 2-10-25

State of Wisconsin )
) ss.
County of La Crosse )

On the \_\_\_ day of \_\_\_, 20\_\_\_, personally came before me
\_\_\_, known to me to be the person(s) who
executed the foregoing Surrender of License, and known to me to be the Proposed New Applicant and
acknowledged that s/he executed the foregoing document.

Notary Public
\_\_\_ County, Wisconsin
My Commission expires: \_\_\_

**SURRENDER OF LICENSE**  
Part I

Legal/Real Name of Current Licensee: VIRK LLC  
 Premises Address: 603 CASS ST. JACROSE WI 54601  
 Trade Name: MILEAGE

This is to advise that the undersigned is surrendering the following license(s)  
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 Class "B" Beer ✓  
 Class "A" Beer and/or "Class A" Liquor (circle which apply)  
 Wholesale Beer  
 "Class C" Wine

to: SHIKOTAR MAA LLC  
(Insert Legal Real Name of Proposed Licensee and Trade Name)

and understand that said license(s) will be cancelled upon the Common Council's granting of a license to the applicant named herein.

**New Applicant**

Bhaveghkumar Patel  
President, Member, Partner, Individual

president  
Secretary, Member, Partner

**Current Licensee**

RANDHIR SVIRK  
President, Member, Partner, Individual

MEMBER / OWNER  
Secretary, Member, Partner

State of Wisconsin )  
 ) ss.  
 County of La Crosse )

On the 20 day of April, 2023, personally came before me  
Randhir Svirk, known to me to be the person(s) who  
 executed the foregoing Surrender of License, and known to me to be the Current Licensee and  
 acknowledged that s/he executed the foregoing document.



[Signature]  
 Notary Public  
La Crosse County, Wisconsin  
 My Commission expires: 2-10-25

State of Wisconsin )  
 ) ss.  
 County of La Crosse )

On the 26<sup>th</sup> day of April, 2023, personally came before me  
Bhaveghkumar Patel, known to me to be the person(s) who  
 executed the foregoing Surrender of License, and known to me to be the Proposed New Applicant and  
 acknowledged that s/he executed the foregoing document.

[Signature]  
 Notary Public  
Hennepin County, Wisconsin Minnesota  
 My Commission expires: 01-31-2027

