



# City of La Crosse, Wisconsin

## ORIGINAL ALCOHOL LICENSE APPLICANTS INFORMATION SUBMITTAL

(Ch. 4, secs. 4-72 & 4-142)

*All new applicants for an alcohol license pursuant to Chapter 4 of the La Crosse Municipal Code shall submit the following information with the original alcohol applications. Any false statement contained in such application shall automatically nullify any license issued pursuant thereto.*

Class A: ☐ Beer, ☐ Liquor

Class B: ☒ Beer, ☒ Liquor

Class C: ☐ Wine

### APPLICANT

Legal/Real Name of Business:

Hacienda Mexican Bar & Cuisine

Trade Name:

Hacienda Mexican Bar & cuisine

Address:

Street

City

State

Zip Code

333 Main St

Lacrosse

WI

54601

Telephone Number:

920 821 7608

Website:

N/A

### ACTIVE USE OF LICENSE

☒ I understand that if a license is granted, said license must be activated within 90 days of being granted pursuant to Municipal Code secs. 4-43 and 4-108. This means open for business with stock and equipment.

Anticipated Date of Opening:

9-12-25

☒ I understand that if a license is granted, said license shall be actively utilized pursuant to Municipal Code sec. 4-12. Actively utilized shall mean open for business with regular and consistent operating hours. If a license is not actively used throughout any 90-day period, the license shall be subject to revocation or suspension pursuant to sec. 4-82.

☒ I understand that if there is any change to the license or licensee information, including but not limited to change in officers/members/directors or agent or their address/phone number, change in hours of operation, etc., the City Clerk will be notified within 15 days.

### BUSINESS PLAN

Type of Establishment:

- ☐ Tavern ☐ Nightclub ☒ Restaurant ☐ Liquor Store ☐ Grocery Store  
☐ Convenience Store with gas pumps ☐ Convenience Store without gas pumps  
☐ Other \_\_\_\_\_

Hours of Operation:

Sun-Thurs : 11am - 9pm  
Fri & Sat : 11am - 12am

Anticipated Number of Employees:

Up to 10 max

Other Business to Be Conducted on Premise:

N/A

**Estimated gross receipts for food and alcohol beverage sales by percentage.**

(Note: Non-alcoholic drinks are classified as "Food.")

25 % Alcohol 75 % Food N/A % Other

If applicable, describe "Other":

**Estimated capacity (Class B and Class C licenses only):**

Indoor 80 Outdoor, if applicable N/A

**Will there be any outdoor sales/service or consumption of alcohol? If yes, explain.**

If yes, a beer garden license or outdoor dining permit may be required.

N/A

**Will there be live entertainment (music or dancing) on premise? If yes, explain.**

If yes, a cabaret license will be required.

N/A

**Do you have off-street parking?** ☐ Yes ☒ No

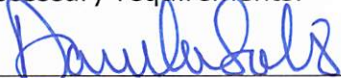
If yes, how many parking spaces? \_\_\_\_\_

If no, how will parking be accommodated.

**Provide a sketch of the floor plan showing overall dimensions, sales, service and consumption and storage areas, seating arrangements, location of coolers, and location where records are kept (invoices for purchase of alcohol).**

**Provide a site plan showing building location, any outside areas where alcohol beverages may be sold or consumed, off-street parking, ingress and egress, and existing or proposed screening.**

In addition to supplying the above information which is true and correct to the best of my knowledge, I have reviewed the Alcohol Beverage Submittal Requirements and Information page and will comply with necessary requirements.



Signature

8-11-25

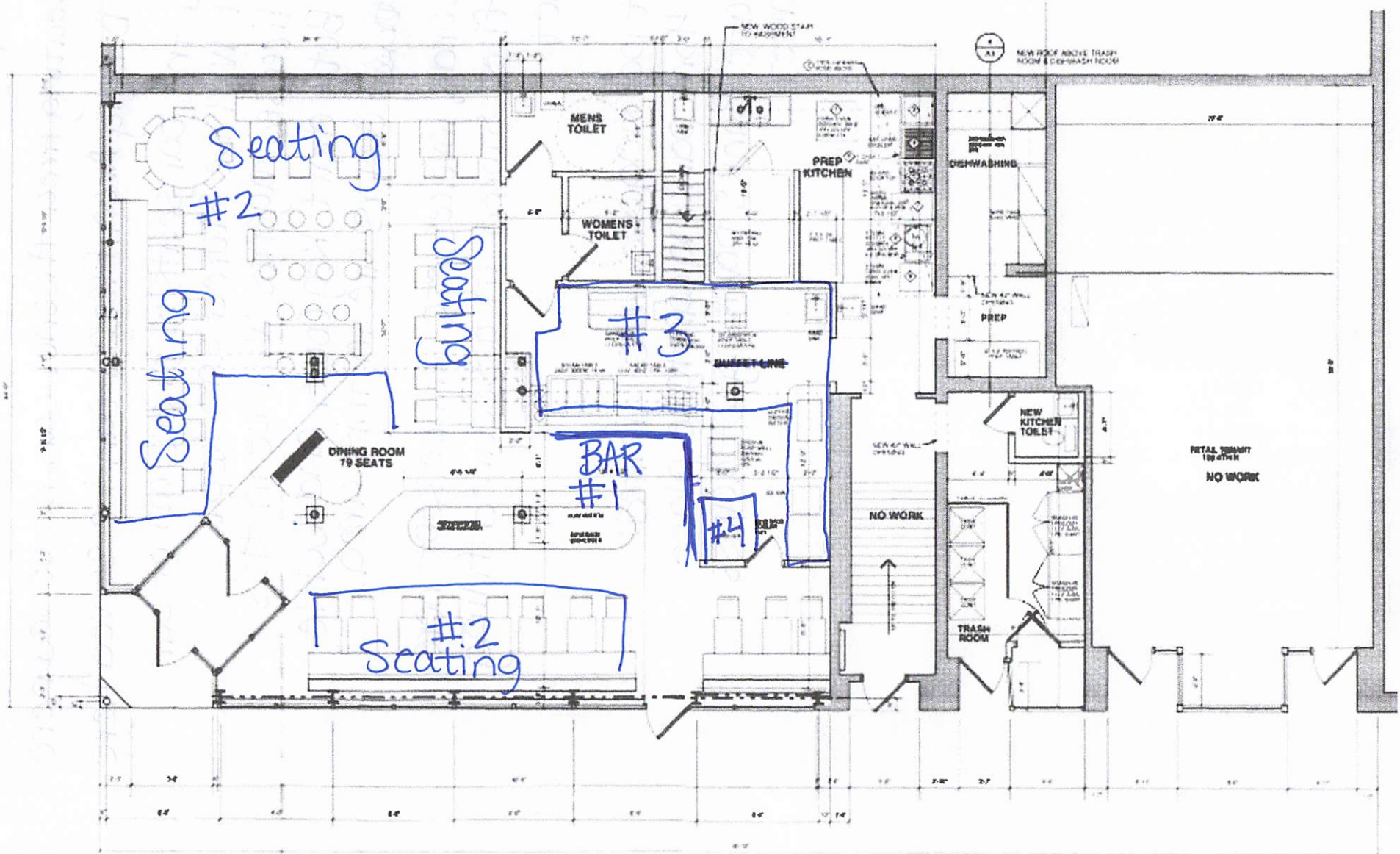
Date

**FOR OFFICE USE – City Clerk's Office checklist for complete applications**

- ☐ Completed applications and fee
- ☐ Surrender of previous license, if applicable
- ☐ Lease, purchase agreement or other proof of control of premise
- ☐ Contact Information Sheet
- ☐ Articles of Incorporation
- ☐ WI Seller's Permit Certificate
- ☐ FEIN
- ☐ Floor Plan
- ☐ Site Plan
- ☐ Proof of course completion or valid operator license or on other license within last two years.
- ☐ Confirm proximity to school, church or hospital
- ☐ Confirm proximity to land zoned residential or multiple dwelling



# BUILDING FLOOR PLAN



#5



## Area Description:

- #1 : Bar Seating Area Alcohol can be served here
- #2: "Main" Dining Area Alcohol can be served here
- #3: Behind the bar seats is where all of our alcohol will be stored and kept.  
ONLY licensed agents will be in this area. Both draft Keg Cooler and bottle beer ~~cooler~~ Coolers are in this area.
- #4: All records, invoices, etc will be kept here in our files stored in a secured filing cabinet
- #5: Street parking available 'limited':  
After 4pm parking can take place in State Bank's parking lot across the street.



Form  
AB-200

## Alcohol Beverage License Application

For Municipal Use Only
Municipality
License Period

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer ..... \$ \_\_\_\_\_ ☐ Class "B" Beer ..... \$ \_\_\_\_\_
- ☐ "Class A" Liquor ..... \$ \_\_\_\_\_ ☐ "Class B" Liquor ..... \$ \_\_\_\_\_
- ☐ "Class A" Liquor (cider only) \$ \_\_\_\_\_ ☐ Reserve "Class B" Liquor \$ \_\_\_\_\_
- ☐ "Class C" Liquor (wine only) \$ \_\_\_\_\_

Fees	
License Fees	\$ _____
Background Check Fee	\$ _____
Publication Fee	\$ _____
<b>Total Fees</b>	\$ _____

### Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)

Hacienda Mexican Bar & Cuisine LLC

2. Business Trade Name or DBA

Hacienda Mexican Bar & Cuisine LLC

3. FEIN

39-265 3567

4. Wisconsin Seller's Permit Number

456103214480604

5. Entity Type (check one)

☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

6. State of Organization

Wisconsin

7. Date of Organization

6/12/25

8. Wisconsin DFI Registration Number

H081650

9. Premises Address

333 Main St

10. City

Lacrosse

11. State

WI

12. Zip Code

54601

13. County

Lacrosse

14. Governing Municipality: ☒ City ☐ Town ☐ Village  
of: Lacrosse

15. Aldermanic District

16. Premises Phone

920 821 7608

17. Premises Email

dsolis0828@gmail.com

18. Website

N/A

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

Alcohol will be kept only behind bar where drinks will be made served by licensed agents. Records like invoices will be kept in filing cabinet in office.

20. Mailing Address (if different from premises address)

21. City

22. State

23. Zip Code

### Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No	



2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . ☐ Yes ☒ No  
beverages.

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . ☐ Yes ☒ No  
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? . . . . . ☐ Yes ☒ No  
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. . . . . ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? . . . . . ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? . . . . . ☐ Yes ☒ No

### Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Solis	Daniela	President	9208217608
Leon Porras	Antonio	Vice President	9208216548

### Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Solis		First Name Daniela		M.I.
Title Owner		Email dsolis0828@gmail.com		Phone 9208217608
Signature Daniela Solis			Date 8-11-2025	

### Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	



## Agent Type (check one)

☒ Original (no fee) ☐ Successor (\$10 fee for municipal licensees only)

## Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

Hacienda Mexican Bar &amp; Cuisine LLC

2. Business Trade Name or DBA

Hacienda Mexican Bar &amp; Cuisine

3. Entity Type (check one)

☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

☐ Municipal Retail License ☐ State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

6. Describe the reason for appointing a successor agent, if successor is checked above.

## Part B: Agent Information

1. Last Name

Solis

2. First Name

Daniela

3. M.I.

4. Email

dsolis0828@gmail.com

5. Phone

9208217608

6. Home Address

805 Angel Ct. #18

7. City

Holmen

8. State

WI

9. Zip Code

54636

10. Date of Birth

[REDACTED]

11. Drivers License/State ID Number

[REDACTED]

12. Drivers License/State ID State of Issuance

Wisconsin

## Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ..... ☒ Yes ☐ No  
Submit proof of completion.2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (licensee) or  
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? ..... ☒ Yes ☐ No3. Have you been a Wisconsin resident for at least 90 continuous days? ..... ☒ Yes ☐ No  
See instructions for exceptions.

Continued →

**Part D: Business Attestation**

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name <b>Solis</b>		First Name <b>Daniela</b>		M.I.
Title <b>Owner</b>	Email <b>dsolis0828@gmail.com</b>		Phone <b>9208217608</b>	
Signature <b>Daniel Solis</b>			Date <b>8-11-25</b>	

**Part E: Agent Attestation**

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name <b>Solis</b>		First Name <b>Daniela</b>		M.I.
Signature <b>Daniel Solis</b>			Date <b>8-11-25</b>	



Alcohol Beverage  
Individual QuestionnaireDate  
8-11-25

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

## Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)	
Hacienda Mexican Bar & Cuisine LLC	
2. Business Trade Name or DBA	
Hacienda Mexican Bar & Cuisine LLC	
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership
<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation
<input type="checkbox"/> Nonprofit Organization	

## Part B: Individual Information

1. Last Name		2. First Name		3. M.I.	
Solis		Daniela			
4. Relationship to Business (Title)		5. Email		6. Phone	
Owner		dsolis0828@gmail.com		9208217608	
7. Home Address					
805 Angel Ct Unit 18					
8. City		9. State		10. Zip Code	
Holmen		WI		54636	
11. Date of Birth					
12. Drivers License/State ID Number		13. Drivers License/State ID State of Issuance			
		Wisconsin			

## Part C: Address History

1. Do you currently live in Wisconsin? .....				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the month and year when you permanently moved to Wisconsin .....				(MM/YYYY)	
				03/2020	
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.					
Previous Address 1		City		State	
580 River Rd Apt 1		Columbus		WI	
Previous Address 2		City		State	
805 Angel Ct # 18 CURRENT		Holmen		WI	
Previous Address 3		City		State	
Previous Address 4		City		State	
Previous Address 5		City		State	
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.					
State		County		State	
WI		Columbia		WI	
State		County		State	
WI		Lacrosse		WI	

Continued →

**Part D: Criminal History**

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? . . . . . ☐ Yes ☒ No
- If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? . . . . . ☐ Yes ☒ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

**Part E: Attestation**

**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature 	Date 8-11-25
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Alcohol Beverage  
Individual QuestionnaireDate  
8-11-25

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

## Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)	Hacienda Mexican Bar & Cuisine LLC			
2. Business Trade Name or DBA	Hacienda Mexican Bar & Cuisine			
3. Entity Type (check one)				
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation	<input type="checkbox"/> Nonprofit Organization

## Part B: Individual Information

1. Last Name	Leon Porras	2. First Name	Antonio	3. M.I.	
4. Relationship to Business (Title)	Owner	5. Email	antonioleonporras978@gmail	6. Phone	9208216548
7. Home Address	805 Angel Ct Unit 18				
8. City	Holmen	9. State	WI	10. Zip Code	54636
11. Date of Birth					
12. Drivers License/State ID Number			13. Drivers License/State ID State of Issuance	Wisconsin	

## Part C: Address History

1. Do you currently live in Wisconsin? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
If yes, provide the month and year when you permanently moved to Wisconsin .....	(MM/YYYY) 2/2020						
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1	City	State	Zip Code				
580 River Rd Apt 1	Columbus	WI	53925				
Previous Address 2	City	State	Zip Code				
805 Angel Ct Unit 18	Holmen	WI	54636				
Previous Address 3	City	State	Zip Code				
Previous Address 4	City	State	Zip Code				
Previous Address 5	City	State	Zip Code				
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.							
State	County	State	County	State	County	State	County
WI	Columbia						
WI	Lacrosse						

Continued →

**Part D: Criminal History**

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? . . . . . ☐ Yes ☒ No
- If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? . . . . . ☐ Yes ☒ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

**Part E: Attestation**

**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature 	Date 8-11-25
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# Congratulations!

You have successfully completed the ServSafe Alcohol® Responsible Alcohol Service Training and Certificate Program. This is your official ServSafe Alcohol Certification Card and provides confirmation that you have studied, and are knowledgeable about, how to serve alcohol responsibly.

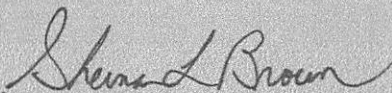
Thank you for participating in the ServSafe Alcohol program. Responsible alcohol service begins with the choices you make, and ServSafe Alcohol training will help you make the right decision when the moment arises.

By completing the ServSafe Alcohol program, you show your dedication to safe and responsible alcohol service. The ServSafe Alcohol program and the National Restaurant Association are dedicated to helping you continue to raise the bar on alcohol safety.

To learn more about our full suite of responsible alcohol service training products, contact your State Restaurant Association, your distributor or visit us at [ServSafe.com](http://ServSafe.com).

We value your dedication to responsible alcohol service and applaud you for making the commitment to keep your operation, your customers and your community safe.

Sincerely,



Sherman Brown

Senior Vice President, National Restaurant Association Solutions



ID # 27399365  
CARD # 27705663

## ServSafe Alcohol® CERTIFICATE



DANIELA SOLIS

NAME

7/21/2025

DATE OF EXAMINATION

Card expires two years from the date of examination. Local laws apply.  
Complies with WI State Stats. s.125.04(5)(a)5 & s.125.17(6) & s.134.66

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Sherman Brown  
Senior Vice President, National Restaurant Association Solutions

This certificate confirms completion of the ServSafe Alcohol® responsible alcohol service program.

In Alaska you must laminate your card for it to be valid.



233 S. Wacker Drive,  
Suite 3600  
Chicago, IL 60604-6383  
1.800.SERVSAFE

**NOTE:** You can access your score and certification information anytime at [ServSafe.com](http://ServSafe.com) with the class number provided on this form.

If you have any questions regarding your certification please contact the National Restaurant Association Service Center at [ServiceCenter@restaurant.org](mailto:ServiceCenter@restaurant.org) or 800.765.2122, ext. 6703.

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# SURRENDER OF LICENSE

## Part I

Legal/Real Name of Current Licensee: Alejandro A Flores

Premises Address: 333 Main Street La Crosse WI 54601

Trade Name: The Mexcal, LLC

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: Hacienda Mexican Bar & Cuisine

(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**

[Signature]  
President, Member, Partner, Individual

Secretary, Member, Partner

**Current Licensee**

[Signature]  
Alejandro A Flores  
President, Member, Partner, Individual

Secretary, Member, Partner

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

On the 13 day of August, 2025, personally came before me Alejandro A Flores, 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

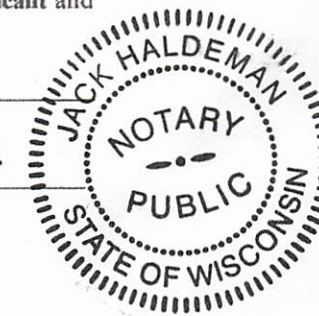
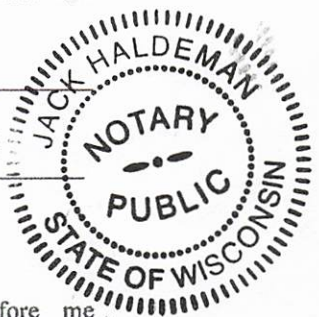
La Crosse County, Wisconsin  
My Commission expires: 9/1/2028

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

On the 13 day of August, 2025, personally came before me [Signature], 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

La Crosse County, Wisconsin  
My Commission expires: 9/1/2028





**SURRENDER OF LICENSE**  
**Part II**

August 18, 2025  
Date

City Clerk  
400 La Crosse St.  
La Crosse, WI 54601

This is to notify you that I am the owner of the building located at  
333 Main Street La Crosse WI 54601, La Crosse, Wisconsin.

I have entered into a lease for the above property effective August 18, 2025 with  
Hacienda Mexican Bar & Cuisine, LLC, Antonio Leon Porras and Daniela Solis, (Strike sentence if not applicable.)  
Jointly and Severally  
Further, this letter is to document that said owner or tenant has control of the premises,  
and may apply for the necessary beer and/or liquor licenses for said location.

Sincerely,



Signature of owner of building  
MARVIN W. Wanders  
MANAGING MEMBER

Printed name of owner: Alejandro A Flores

Home address of owner: La Crosse WI 54601

Daytime phone number of owner: 909-644-8517