



City of La Crosse, Wisconsin

APPLICATION FOR INDOOR CABARET LICENSE

Check One: ☒ New ☐ Renewal For the license period _____ to _____ Fee: \$ 135

BUSINESS INFORMATION*			
Legal/Real Name: Meraki Design Co LLC			
Address of Above: Street 325 Pearl Street	City La Crosse	State WI	Zip Code 54601
PREMISES INFORMATION			
Trade Name of Business: Meraki Design Co LLC			
Address of premises to be Licensed: 325 Pearl Street		Business Phone Number: 6087697475	
Premises are Owned By: Meraki Properties LLC			
Address of Owner: Street 325 Pearl Street	City La Crosse	State WI	Zip Code 54601
CABARET INFORMATION			
Detailed description of cabaret area to be licensed: Second Floor of Premise in Venue Space - Not AirBnB			
Nature of Entertainment: Venue			
Other Business Conducted upon the premises: Venue Rental - Commercial/Event			
MANAGER INFORMATION*			
Cabaret Manager Name: First Tiffany <u>ERICA</u>	Middle A	Last Schwanke-Cockriel	
Cabaret Manager Home Address: Street N1683 Boulder Court	City La Crosse	State WI	Zip Code 54601
Home Phone Number of Cabaret Manager: 6087697475		Daytime Phone Number of Cabaret Manager: 6087697475	
Was the above person listed as manager on last year's application? <input type="checkbox"/> Yes <input type="checkbox"/> No			

*Personal Data Sheet must be completed for each Officer/Member of the Business and the Manager.

The above hereby makes application for a license to operate an Indoor Cabaret at the above address within the City of La Crosse pursuant to provisions of Sec. 10-100 of the Code of Ordinances for the City of La Crosse.

Signature of Applicant

06252025

Date

OFFICE USE ONLY			
For original application: Are there lands zoned conservancy, residential or multiple dwelling within 100 feet of premises? <input type="checkbox"/> Yes (if yes, attach a list of those lands) <input type="checkbox"/> No			
Signature:	Date:	Granted:	License #:

Personal Data Sheet

(Please PRINT All Information)

Each Officer/Member AND Manager/Person in Charge must complete all the information and must indicate if they have been convicted of any of the following within the last ten (10) years: a felony, a misdemeanor, a statutory violation punishable by forfeiture or a county or municipal ordinance violation. If none, write "none".

MANAGER/PERSON IN CHARGE				
Name: First		Middle	Last	
Erica		A	Schwanke-Cockriel	
Home Address: Street		City	State	Zip Code
W5912 Valley Pkwy		La Crosse	WI	54601
Phone Number:	Email:	Date of Birth: (mm/dd/yyyy)		
6087906511	office@hatcheryriverside.com	[REDACTED]		
Violations: NA-				
OFFICER/MEMBER				
Name: First		Middle	Last	
Tiffany		L	Smith	
Home Address: Street		City	State	Zip Code
N1683 Boulder Ct		La Crosse	WI	54601
Phone Number:	Email:	Date of Birth: (mm/dd/yyyy)		
6087697475	merakilax@outlook.com	[REDACTED]		
Violations: NA-				
OFFICER/MEMBER				
Name: First		Middle	Last	
Home Address: Street		City	State	Zip Code
		La Crosse	WI	54601
Phone Number:	Email:	Date of Birth: (mm/dd/yyyy)		
Violations:				
OFFICER/MEMBER				
Name: First		Middle	Last	
Home Address: Street		City	State	Zip Code
Phone Number:	Email:	Date of Birth: (mm/dd/yyyy)		
Violations:				
OFFICER/MEMBER				
Name: First		Middle	Last	
Home Address: Street		City	State	Zip Code
Phone Number:	Email:	Date of Birth: (mm/dd/yyyy)		
Violations:				