City of La Crosse, Wisconsin
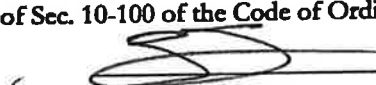## APPLICATION FOR INDOOR CABARET LICENSE

Check One: ☐ New ☐ Renewal   For the license period 9/10/21 to 6/30/22   Fee: $ 135

BUSINESS INFORMATION*			
Legal/Real Name:			
S & S RENTALS INC.	LANSING	IA	52151
	City	State	Zip Code
Address of Above: Street			
990 S FRONT ST			

PREMISES INFORMATION

Trade Name of Business:
GLORY DAYS

Address of premises to be Licensed:	**Business Phone Number:**
324 4TH ST LaCrosse WI 54601	608-782-4005

Premises are Owned By:
S+S RENTALS INC.

Address of Owner: Street	City	State	Zip Code
990 S. FRONT ST	LANSING	IA	52151

CABARET INFORMATION

Detailed description of cabaret area to be licensed:
BAR + STANDING AREA INSIDE ABOVE ADDRESS

Nature of Entertainment:
LIVE MUSIC

Other Business Conducted upon the premises:
BAR + TAVERN

MANAGER INFORMATION*

Cabaret Manager Name: First	Middle	Last
BLAKE	R	SCHOH

Cabaret Manager Home Address: Street	City	State	Zip Code
1792 HALVERSON Rd	LANSING	IA	52151

Home Phone Number of Cabaret Manager:	**Daytime Phone Number of Cabaret Manager:**
563.419.7546	SAME

Was the above person listed as manager on last year's application?
☐ Yes ☒ 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.

_____   8/24/21
Signature of Applicant   Date

OFFICE USE ONLY			
For original application: Are there lands zoned conservancy, residential or multiple dwelling within 100 feet of premises? ☐ Yes *(if yes, attach a list of those lands)* ☒ No			
Signature:	Date:	Granted:	License #: