

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning December 12 20 14 ;
ending June 30 20 15

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)

| Applicant's WI Seller's Permit No.: | | FEIN Number: | |
|---|--|--------------|---------------|
| LICENSE REQUESTED ▶ | | | |
| TYPE | | FEE | |
| <input type="checkbox"/> Class A beer | | \$ | |
| <input checked="" type="checkbox"/> Class B beer | | \$ | 58,38 |
| <input type="checkbox"/> Class C wine | | \$ | |
| <input type="checkbox"/> Class A liquor | | \$ | |
| <input checked="" type="checkbox"/> Class B liquor | | \$ | 292,69 |
| <input type="checkbox"/> Reserve Class B liquor | | \$ | |
| <input type="checkbox"/> Class B (wine only) winery | | \$ | |
| Publication fee | | \$ | 20 |
| TOTAL FEE | | \$ | 370,07 |

1. The named INDIVIDUAL PARTNERSHIP LIMITED LIABILITY COMPANY
 CORPORATION/NONPROFIT ORGANIZATION

hereby makes application for the alcohol beverage license(s) checked above.

2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): ▶ _____

GENZIE'S GAMEDAY PUB 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 name, title, and place of residence of each person.

| Title | Name | Home Address | Post Office & Zip Code |
|-----------------------|------------------------|--|------------------------|
| President/Member | <u>DUANE EARL GENZ</u> | <u>732 AVON ST, LA CROSSE WI 54603</u> | |
| Vice President/Member | | | |
| Secretary/Member | | | |
| Treasurer/Member | | | |
| Agent ▶ | <u>DUANE EARL GENZ</u> | <u>732 AVON ST, LA CROSSE WI 54603</u> | |
| Directors/Managers | | | |

3. Trade Name ▶ GENZIE'S GAMEDAY PUB Business Phone Number _____

4. Address of Premises ▶ 1101 SAINT ANDREW ST. Post Office & Zip Code ▶ LA CROSSE WI 54603

5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? Yes No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? Yes No
8. (a) Corporate/limited liability company applicants only: Insert state WI and date 11/24/14 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? 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? Yes No
- (NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)

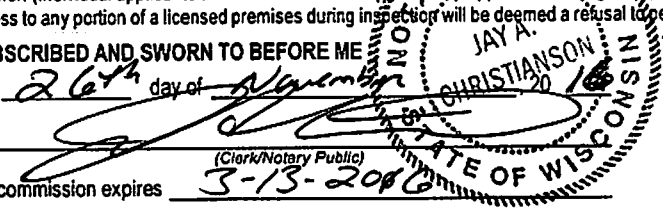
9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Sales/Source: Entire first floor of one-story building / Storage: First Floor

10. Legal description (omit if street address is given above): _____
11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No
- (b) If yes, under what name was license issued? WOODS OF LA CROSSE INC D/B/A TEDDY BEARS
12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864] Yes No
13. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in Section 2, above? [phone (608) 266-2776] Yes No
14. 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 signers. Signers agree 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 and each member of a partnership applicant must sign; corporate officer(s), members/managers 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.

SUBSCRIBED AND SWORN TO BEFORE ME

this 26th day of November 2014



(Clerk/Notary Public)

My commission expires 3-13-2016

Duane Genz
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

| | | | |
|--|--------------------------------|---------------------------------|-----------------------------------|
| Date received and filed with municipal clerk <u>11/26/14</u> | Date reported to council/board | Date provisional license issued | Signature of Clerk / Deputy Clerk |
| Date license granted | Date license issued | License number issued | |

Original: X

License Fee: \$100.00

Renewal:

Invoice #: 200061

APPLICATION FOR INDOOR CABARET LICENSE

Legal/Real Name: Genzie's Gameday Pub LLC

Address of above: 1101 Saint Andrew St.

Trade name of business: Genzie's Gameday Pub

Address of premises to be licensed: 1101 Saint Andrew St.

Business phone number: _____

Detailed description of cabaret area to be licensed: Entire first-floor of building

Premises are owned by: G.E.C.U. (Government Employees Credit Union)

Address of owner: 225 LA CROSSE ST.

Name of Cabaret Manager (FIRST, MIDDLE & LAST): Duane EARL Genz

Home address of Cabaret Manager: 732 Avon St., La Crosse WI 54603

Home phone number of Cabaret Manager: 608-738-2656

Daytime phone number of Cabaret Manager: " "

Date of Birth of Cabaret Manager: [REDACTED]

Was the above person listed as manager on last year's application? Yes ___ No X

Other business to be conducted upon the premises: Pub/Food sales

Nature of entertainment: DJ, Karaoke, Bands

License Period: Dec. 12, 2014 to June 30, 2015

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 Chapter 10, Article IV of the Code of Ordinances for the City of La Crosse.

Duane Genz 11/26/14
(Signature of applicant & date)

OFFICE USE ONLY:

Munis Customer #:

For original applications: Are there lands zoned conservancy, residential or multiple dwelling within 100 feet of premises? Y N If yes, attach a list of those lands.

Signature and date Duane Genz

Granted: _____ License #: _____



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 the officer(s) of the corporation/organization or members/managers of a limited liability company and the recommendation made by the proper local official.

To the governing body of: Town Village of LA CROSSE County of LA CROSSE
 City

The undersigned duly authorized officer(s)/members/managers of GENZIE'S GAMEDAY PUB 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 GENZIE'S GAMEDAY PUB
(trade name)

located at 1101 SAINT ANDREW ST., LA CROSSE WI 54603

appoints DUANE EARL GENZ
(name of appointed agent)

732 AVON ST, LA CROSSE WI 54603
(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? 41

Place of residence last year LA CROSSE

For: GENZIE'S GAMEDAY PUB LLC D/B/A GENZIE'S GAMEDAY PUB
(name of corporation/organization/limited liability company)

By: 
(signature of Officer/Member/Manager)

And: _____
(signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

I, DUANE EARL GENZ, 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.

 11/26/14 Agent's age _____
(signature of agent) (date)

732 AVON ST, LA CROSSE WI 54603 Date of birth _____
(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)

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

| | | | | | |
|---|--|--------------|-----------|---------------|----------------|
| Individual's Full Name (please print) (last name) | | (first name) | | (middle name) | |
| GENZ | | DUANE | | EARL | |
| Home Address (street/route) | | Post Office | City | State | Zip Code |
| 732 AVON ST | | | LA CROSSE | WI | 54603 |
| Home Phone Number | | | Age | Date of Birth | Place of Birth |
| 608-738-2656 | | | | | LA CROSSE, WI |

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an individual.
- A member of a partnership which is making application for an alcohol beverage license.
- MEMBER/AGENT** of **GENZIE'S GAMEDAY PUB LLC**
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 41
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)
- Named individual must list in chronological order last two employers.

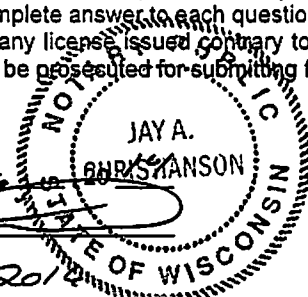
| | | | |
|--------------------|--------------------|---------------|---------|
| Employer's Name | Employer's Address | Employed From | To |
| GUNDERSEN LUTHERAN | 1900 SOUTH AVE | 04/01/2004 | Present |
| Employer's Name | Employer's Address | Employed From | To |
| LA CROSSE CENTER | 400 LA CROSSE ST | 01/01/2008 | Present |

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this 26th day of November

[Signature]
(Clerk/Notary Public)



[Signature]
(Signature of Named Individual)

My commission expires 3-13-2012



SURRENDER OF LICENSE

Part I

Legal/Real Name of Current Licensee: WOODS OF LA CROSSE, INC. (AGENT: JEAN MARIE WOODS)
Premises Address: 1101 ST. ANDREW ST LA CROSSE, WI 54603
Trade Name: TEDDY BEARS TAVERN

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: GENZIE'S GAMEDAY PUB, 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

[Signature]
President, Member, Partner, Individual

Secretary, Member, Partner

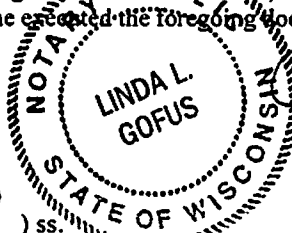
Current Licensee

[Signature]
President, Member, Partner, Individual

[Signature]
Secretary, Member, Partner

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

On the 26th day of November, 2014, personally came before me JEAN H. WOODS, DAVID J. DELANEY, 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: 12-29-2014

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

On the 26th day of November, 2014, personally came before me Dean Earl Genz, 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: 3-13-2016

SURRENDER OF LICENSE
Part II

November 26, 2014
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
1101 St. Andrew St., La Crosse, Wisconsin.

~~I have entered into a lease for the above property effective _____ with _____.~~ (Strike sentence if not applicable.)

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,

David Carl - VP/G.E.C.U.
Signature of owner of building

Printed name of owner: Governmental Employees Credit Union

Home address of owner: 225 La Crosse St, La Crosse, WI 54601

Daytime phone number of owner: 608-785-7720