



# City of La Crosse, Wisconsin

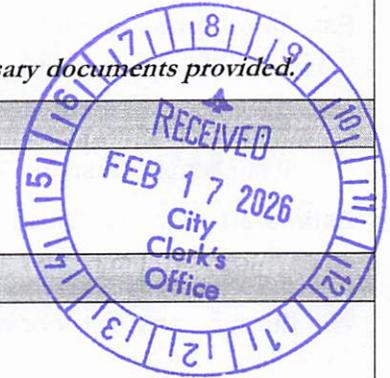
## ORIGINAL ALCOHOL LICENSE APPLICATION INFORMATION SUBMITTAL

Rev. 10/2025

(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.

Applications will not be accepted until all of the information is complete and necessary documents provided.



### TYPE OF LICENSE(S) REQUESTED

Class A:  Beer,  Liquor  
Class B:  Beer,  Liquor  
Class C:  Wine

### APPLICANT

Legal Business Name (Corporation, LLC, Sole Proprietor, Partnership):

JAC's Signature Steakhouse LLC

Trade Name:

JACS

Address:

Street

City

State

Zip Code

200 Main Street Suite 101 La Crosse WI 54601

Telephone Number:

Email:

Website:

### 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: April 1, 2026

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 30 days** pursuant to Wis. Stat. sec. 125.04(3)(h).

### CORPORATIONS/LLCs - AGENT QUALIFICATIONS & RESPONSIBILITIES

(N/A for Sole Proprietors and Partnerships)

I understand that as an officer of the applicant corporation or member of the applicant limited liability company, the appointed alcohol license agent shall meet the requirements of Wis. Stat. Ch. 125 and, in addition, shall have resided within the State of Wisconsin continuously for 90 days prior to the date of application and shall reside within a 25-mile radius of the City limits at the time of application and at all times such individual shall be the appointed agent. Further, the appointed agent is an individual who is regularly involved in the actual conduct of the business and has full authority and control of the premises described and of the conduct of all business on the premises relative to alcohol beverages.

### 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:

Mon - ~~Tue~~ - Sat. 3 - close Sundays - 8-3

Anticipated Number of Employees: 25

Method for training employees in alcohol beverage laws and requirements for employees to hold a beverage operator license: Bartenders must complete responsible server course. Training will include ID verification procedures, refusal of service, & compliance w/ WI alcohol policies.

Other Business to Be Conducted on Premise:

Estimated gross receipts for food and alcohol beverage sales by percentage.  
 (Note: Non-alcoholic drinks are classified as "Food.")  
 \_\_\_\_\_ % Alcohol \_\_\_\_\_ % Food \_\_\_\_\_ % Other  
 If applicable, describe "Other": \_\_\_\_\_

Estimated capacity (Class B and Class C licenses only):  
 Indoor 120 Outdoor, if applicable \_\_\_\_\_

Will there be any outdoor sales/service or consumption of alcohol? If yes, explain.  
 If yes, a beer garden license or outdoor dining permit is required.  
yes - few tables out front on sidewalk

Will there be live entertainment (music or dancing) on premise? If yes, explain.  
 If yes, a cabaret license is required. NO

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, the areas of sales, consumption and storage, seating arrangements, location of coolers, and location where records are kept (invoices for purchase of alcohol).

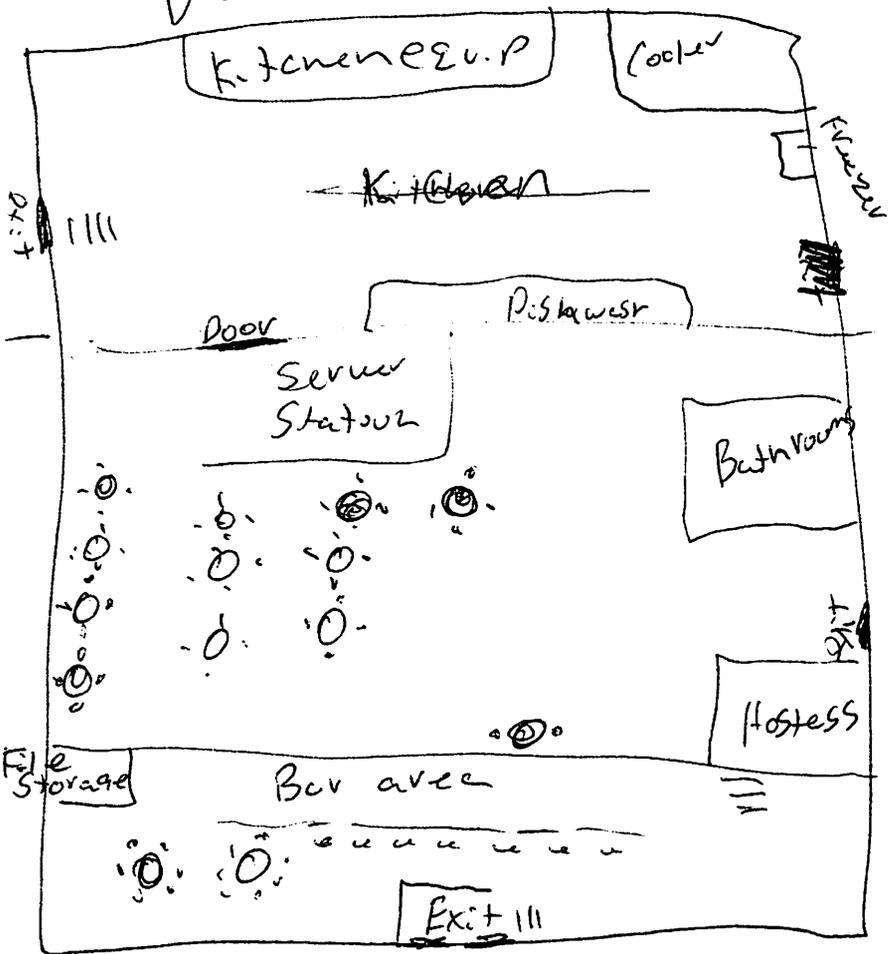
Provide a site plan showing building location, any outside areas where alcohol beverages may be sold or consumed, off-street parking, ingress and egress, and existing or proposed screening.

The information provided 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 Jennigh Papp Date 2-12-26

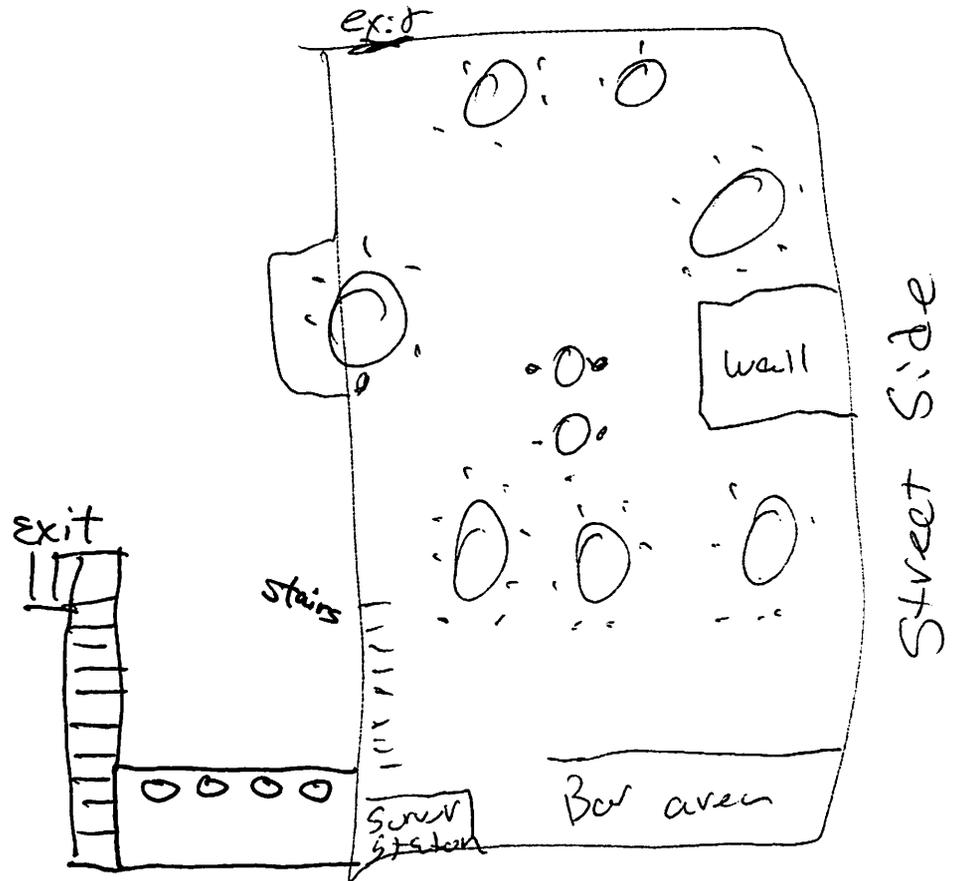
- FOR OFFICE USE - City Clerk's Office checklist for complete applications**
- Completed applications and fee
  - Surrender of previous license, if applicable
  - Lease, purchase agreement, or other proof of control of premise
  - Contact Information Sheet
  - Articles of Incorporation
  - WI Seller's Permit Certificate (copy)
  - FEIN (copy)
  - 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

Down Stairs



Sidewalk

UP Stairs

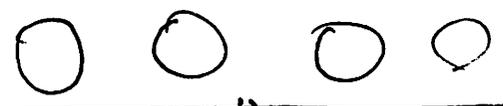


Street Side

Parking ramp

MAIN STREET

Sidewalk



exit

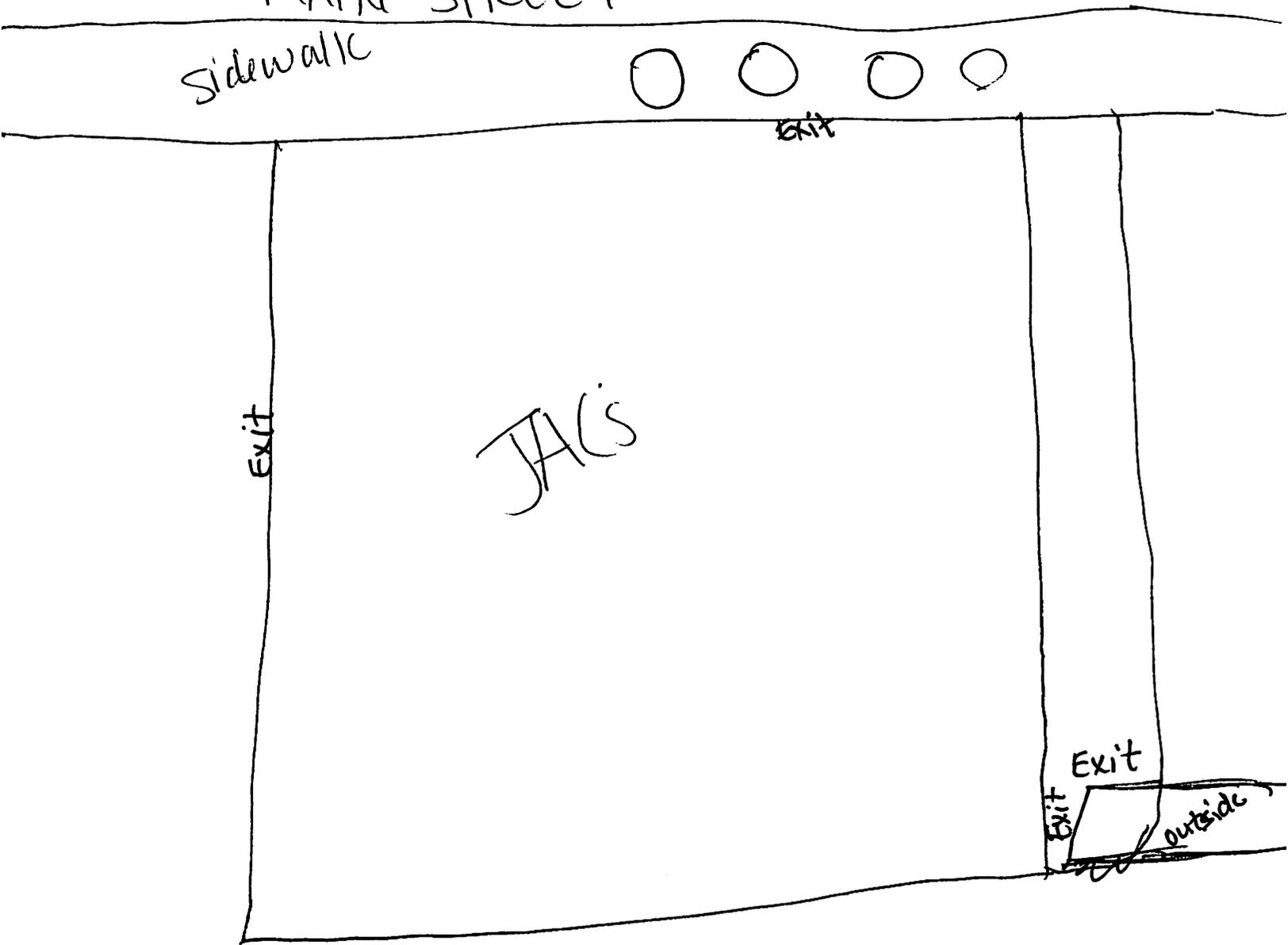
exit

JAC'S

Exit

exit

outside



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>	<b>\$</b>

**Part A: Premises/Business Information**

1. Legal Business Name (individual name if sole proprietorship) <i>JACs Signature Steakhouse LLC</i>			
2. Business Trade Name or DBA			
3. FEIN <i>41 4125334</i>		4. Wisconsin Seller's Permit Number <i>456-1032272615-02</i>	
5. 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			
6. State of Organization <i>WI</i>		7. Date of Organization <i>2-6-26</i>	8. Wisconsin DFI Registration Number
9. Premises Address <i>200 main Street Ste 101</i>			
10. City <i>La Crosse</i>		11. State <i>WI</i>	12. Zip Code <i>54601</i>
13. County <i>La Crosse</i>		14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <i>La Crosse</i>	15. Aldermanic District
16. Premises Phone		17. Premises Email	18. Website
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. <i>main floor (bar area) - Kitchen area - Storage off kitchen and closet off bar area Alcohol will be served in bar area, 1st and second floor of restaurant.</i>			
20. Mailing Address (if different from premises address) <i>2264 Flaghill Ave</i> <i>Alcohol will be stored behind the bar, storage room off the bar, and in kitchen.</i>			
21. City <i>Tomah</i> <i>Records will be kept in room off the bar.</i>		22. State <i>WI</i>	23. Zip Code <i>54600</i>

**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
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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
POPP	Jennifer	partner	[REDACTED]
POPP	Chris	partner	[REDACTED]
Cunitz	Robert	agent	[REDACTED]

**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 POPP	First Name Jennifer	M.I. J
Title partner	Email [REDACTED]	Phone [REDACTED]
Signature <i>Jennifer Poppe</i>	Date 2-10-26	

**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)	

# Alcohol Beverage Individual Questionnaire

Date

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

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

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

<b>Part A: Business Information</b>	
1. Legal Business Name (individual name if sole proprietor) <span style="font-size: 1.2em;">JAC's Signature Steakhouse LLC</span>	
2. Business Trade Name or DBA	
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

<b>Part B: Individual Information</b>			
1. Last Name <span style="font-size: 1.2em;">Popp</span>	2. First Name <span style="font-size: 1.2em;">Jennifer</span>	3. M.I. <span style="font-size: 1.2em;">J</span>	
4. Relationship to Business (Title) <span style="font-size: 1.2em;">Partner</span>	5. Email [REDACTED]	6. Phone [REDACTED]	
7. Home Address <span style="font-size: 1.2em;">21269 Flaghill Ave</span>			
8. City <span style="font-size: 1.2em;">Tomah</span>	9. State <span style="font-size: 1.2em;">WI</span>	10. Zip Code <span style="font-size: 1.2em;">54660</span>	11. Date of Birth [REDACTED]
12. Drivers License/State ID Number [REDACTED]		13. Drivers License/State ID State of Issuance <span style="font-size: 1.2em;">Wisconsin</span>	

<b>Part C: Address History</b>			
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) <span style="font-size: 1.2em;">11-1977</span>
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1 <span style="font-size: 1.2em;">21269 Flaghill Ave</span>	City <span style="font-size: 1.2em;">Tomah</span>	State <span style="font-size: 1.2em;">WI</span>	Zip Code <span style="font-size: 1.2em;">54660</span>
Previous Address 2 <span style="font-size: 1.2em;">309 1/2 Superior Ave</span>	City <span style="font-size: 1.2em;">Tomah</span>	State <span style="font-size: 1.2em;">WI</span>	Zip Code <span style="font-size: 1.2em;">54660</span>
Previous Address 3 <span style="font-size: 1.2em;">28240 Northridge Rd</span>	City <span style="font-size: 1.2em;">Kendall</span>	State <span style="font-size: 1.2em;">WI</span>	Zip Code <span style="font-size: 1.2em;">54638</span>
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 <span style="font-size: 1.2em;">WI</span>	County <span style="font-size: 1.2em;">Monroe</span>	State <span style="font-size: 1.2em;">WI</span>	County <span style="font-size: 1.2em;">Vernon</span>
State <span style="font-size: 1.2em;">WI</span>	County <span style="font-size: 1.2em;">LaCrosse</span>	State	County
State	County	State	County

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 <i>Jennifer Papp</i>	Date 2-10-26
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Form  
AB-100

# Alcohol Beverage Individual Questionnaire

Date

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

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- 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)

JACS Signature Steakhouse LLC

2. Business Trade Name or DBA

3. Entity Type (check one)

- Sole Proprietor   
 Partnership   
 Limited Liability Company   
 Corporation   
 Nonprofit Organization

### Part B: Individual Information

1. Last Name

Cunitz

2. First Name

Robert

3. M.I.

P

4. Relationship to Business (Title)

Agent

5. Email

6. Phone

7. Home Address

2125 Cameron Ave

8. City

La Crosse

9. State

WI

10. Zip Code

54601

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?  Yes  No

If yes, provide the month and year when you permanently moved to Wisconsin

(MM/YYYY)

na

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address	City	State	Zip Code
804 Troy St	Onalaska	WI	54650
630 9th St N	La Crosse	WI	54601
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	LaCrosse						
WI	Monroe						

Continued →

<b>Part D: Criminal History</b>		
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? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.		

<b>Part E: Attestation</b>	
<b>READ CAREFULLY BEFORE SIGNING:</b> 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 <u>2/19/2026</u>

Form  
AB-100

# Alcohol Beverage Individual Questionnaire

Date

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

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- 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)

JAC's Signature Steakhouse LLC

2. Business Trade Name or DBA

3. Entity Type (check one)

- Sole Proprietor   
 Partnership   
 Limited Liability Company   
 Corporation   
 Nonprofit Organization

### Part B: Individual Information

1. Last Name

Popp

2. First Name

Christopher

3. M.I.

A

4. Relationship to Business (Title)

Partner

5. Email

6. Phone

7. Home Address

21269 Flaghill Ave

8. City

Tomah

9. State

WI

10. Zip Code

54660

11. Date of Birth

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

WI

### Part C: Address History

1. Do you currently live in Wisconsin? .....

Yes     No

If yes, provide the month and year when you permanently moved to Wisconsin .....

(MM/YYYY)  
12-1975

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address	City	State	Zip Code
21269 Flaghill Ave	Tomah	WI	54660
309 1/2 Superior Ave	Tomah	WI	54660
28240 Northridge Rd	Kendall	WI	54638
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	Lacrosse						
WI	Monroe						

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.

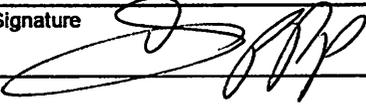
Law/Ordinance Violated <i>Disorderly conduct</i>	Location <i>Wilton-WI</i>	Conviction Date <i>2013</i>
Penalty Imposed <i>fine</i>		Was sentence completed?..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence 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 *2-10-26*

Form  
**AB-101**

# Alcohol Beverage Appointment of Agent

Date

<b>Agent Type</b> (check one)	
<input checked="" type="checkbox"/> Original (no fee)	<input type="checkbox"/> Successor (\$10 fee for municipal licensees only)

<b>Part A: Business Information</b>	
1. Legal Business Name (individual name if sole proprietor) <i>JAGs Signature Steakhouse LLC</i>	
2. Business Trade Name or DBA	
3. Entity Type (check one) <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input type="checkbox"/> Municipal Retail License <input type="checkbox"/> 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.	

<b>Part B: Agent Information</b>			
1. Last Name <i>Cunitz</i>	2. First Name <i>Robert</i>	3. M.I. <i>P</i>	
4. Email		5. Phone	
6. Home Address <i>2125 Cameron Ave</i>			
7. City <i>La Crosse</i>	8. State <i>WI</i>	9. Zip Code <i>54601</i>	10. Date of Birth
11. Drivers License/State ID Number		12. Drivers License/State ID State of Issuance <i>Wisconsin</i>	

<b>Part C: Agent Questions</b>	
1. Have you satisfied the responsible beverage server training requirement? ..... Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, <i>Alcohol Beverage Individual Questionnaire</i> (licensee) or Form AB-300, <i>Alcohol Beverage Personal Questionnaire</i> (permittee)? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? ..... See instructions for exceptions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

*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	POPP	First Name	Jennifer	M.I.	J
Title	Partner	Email	[REDACTED]		
Signature	Jennifer Poppe			Date	2-10-26

**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	Cunitz	First Name	Robert	M.I.	P
Signature	Robert Cunitz			Date	2/9/2026