

CITY OF LA CROSSE, WI	Type of License	3701 - 20	Fee
General Bill	<input type="checkbox"/> Class A Beer	16/14/201	\$ 04.01PM
000830-0038	<input checked="" type="checkbox"/> Class B Beer		\$ 100
164215 - 00	<input type="checkbox"/> Class C Wine		\$
	<input type="checkbox"/> Class A liquor		\$
Payment Amou	<input checked="" type="checkbox"/> Class B liquor		\$ 500.00
	Publication Fee		\$ 20
	<b>Total Fee</b>		<b>\$ 620.00</b>

**RENEWAL ALCOHOL BEVERAGE RETAIL APPLICATION**

For the license period: July 1, 2014 to June 30, 2015  
 Applicant Wisconsin Seller's Permit:  
 Federal Employee Identification Number (FEIN): 46-4801506

CHECK ONE  Individual  PARTNERSHIP  LIMITED LIABILITY COMPANY  
 CORPORATION/NONPROFIT ORGANIZATION

Complete A or B. All Must Complete C.

A. Individual or Partnership

Full Name(s): Last, First, and Middle Home Address Post office & ZIP Code  
 Blihanke, Gerald Eugene 1701 Main St. onalaska, wi, 54650

B. Corporation/Nonprofit Organization/Limited Liability Company (Full Name): ► CASS BAR ENTERPRISE LLC

Address of Corporation/Limited Liability Company (if different from licensed premises): ►

All Officer(s), Director(s) and Agent of Corporation or Members/Managers and Agent of Limited Liability Company:

Title	Name	Home Address	Post Office & ZIP Code
President/Member:	GERALD EUGENE BLIHOVDE	<del>14436 GRANOLA RD TOMAH WI, 54660</del>	
Vice President/Member:	NA		
Secretary/Member:	NA		
Treasurer/Member:	NA		
Agent:	GERALD EUGENE BLIHOVDE	<del>14436 GRANOLA RD TOMAH WI, 54660</del>	
Directors/Managers:	NONE		

C. 1. Trade Name: ► CASS BAR

Business Phone Number: (608) 782-6570

2. Address of Premises: ► 620 CASS ST

Post Office & ZIP Code: ► LA CROSSE, WI 54601

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  YES  NO

4. 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, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) **Description of Sales/Service Area:** North 55 feet of one story building  
**Description of Storage Area:** Cooler and storage room on east side of building.  
**Description of Beer Garden (If Applicable):**

5. (a) Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side.**  YES  NO

(b) Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side.**  YES  NO

6. Except for questions 5a and 5b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** Address change  YES  NO

7. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** No. didn't own bar previous year  YES  NO

8. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776]  YES  NO

9. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  YES  NO

10. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  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; president and secretary), members/managers of Limited Liability Companies must sign.)

**SUBSCRIBED AND SWORN TO BEFORE ME**

this 6th day of June, 20 14  
[Signature]  
 (Clerk/Notary Public)

[Signature: Gerald Blihanke]  
 (President of Corporation/Member or Manager of Limited Liability Company/Partner/Individual)

\_\_\_\_\_  
 (Secretary of Corporation/Member or Manager of Limited Liability Company/Partner)

\_\_\_\_\_  
 (Additional Partner(s)/Members or Manager of Limited Liability Company if Any)

My commission expires: 6/23/17

Date received and filed with Municipal Clerk <u>6/10/14</u>	Date reported to council/board	License number issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued		

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