



# City of La Crosse, Wisconsin

## ORIGINAL ALCOHOL LICENSE APPLICANTS INFORMATION SUBMITTAL

(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.*

Class A: ☐ Beer, ☐ Liquor

Class B: ☒ Beer, ☒ Liquor

Class C: ☐ Wine

### APPLICANT

Legal/Real Name of Business:

Meraki Design Co LLC

Trade Name:

Meraki Design Co LLC

Address:

Street

City

State

Zip Code

325 Pearl Street

La Crosse

WI

54601

Telephone Number:

6087697475

Website:

NA-

### 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:

☒ 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 15 days.

### BUSINESS PLAN

Type of Establishment:

- ☐ Tavern ☐ Nightclub ☐ Restaurant ☐ Liquor Store ☐ Grocery Store  
☐ Convenience Store with gas pumps ☐ Convenience Store without gas pumps  
☒ Other Venue Rental - Commercial/Events

Hours of Operation:

By Reservation/Contract Only

Anticipated Number of Employees:

<10

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.")

60- \_\_\_\_\_ % Alcohol 40- \_\_\_\_\_ % Food \_\_\_\_\_ % Other

If applicable, describe "Other":

**Estimated capacity (Class B and Class C licenses only):**

Indoor 100- \_\_\_\_\_

Outdoor, if applicable NA \_\_\_\_\_

**Will there be any outdoor sales/service or consumption of alcohol? If yes, explain.**

If yes, a beer garden license or outdoor dining permit may be required.

NA

**Will there be live entertainment (music or dancing) on premise? If yes, explain.**

If yes, a cabaret license will be required.

Yes - Live Music: Acoustic "Background" Music

**Do you have off-street parking? ☐ Yes ☒ No**

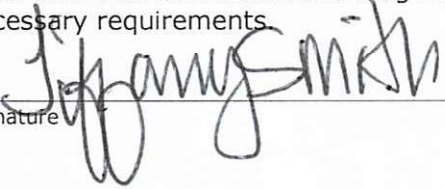
If yes, how many parking spaces? \_\_\_\_\_

If no, how will parking be accommodated. public parking ramps near and street parking

**Provide a sketch of the floor plan showing overall dimensions, sales, service and consumption and storage areas, 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.**

In addition to supplying the above information which 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



06/25/2025

Date

**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
- ☐ FEIN
- ☐ 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

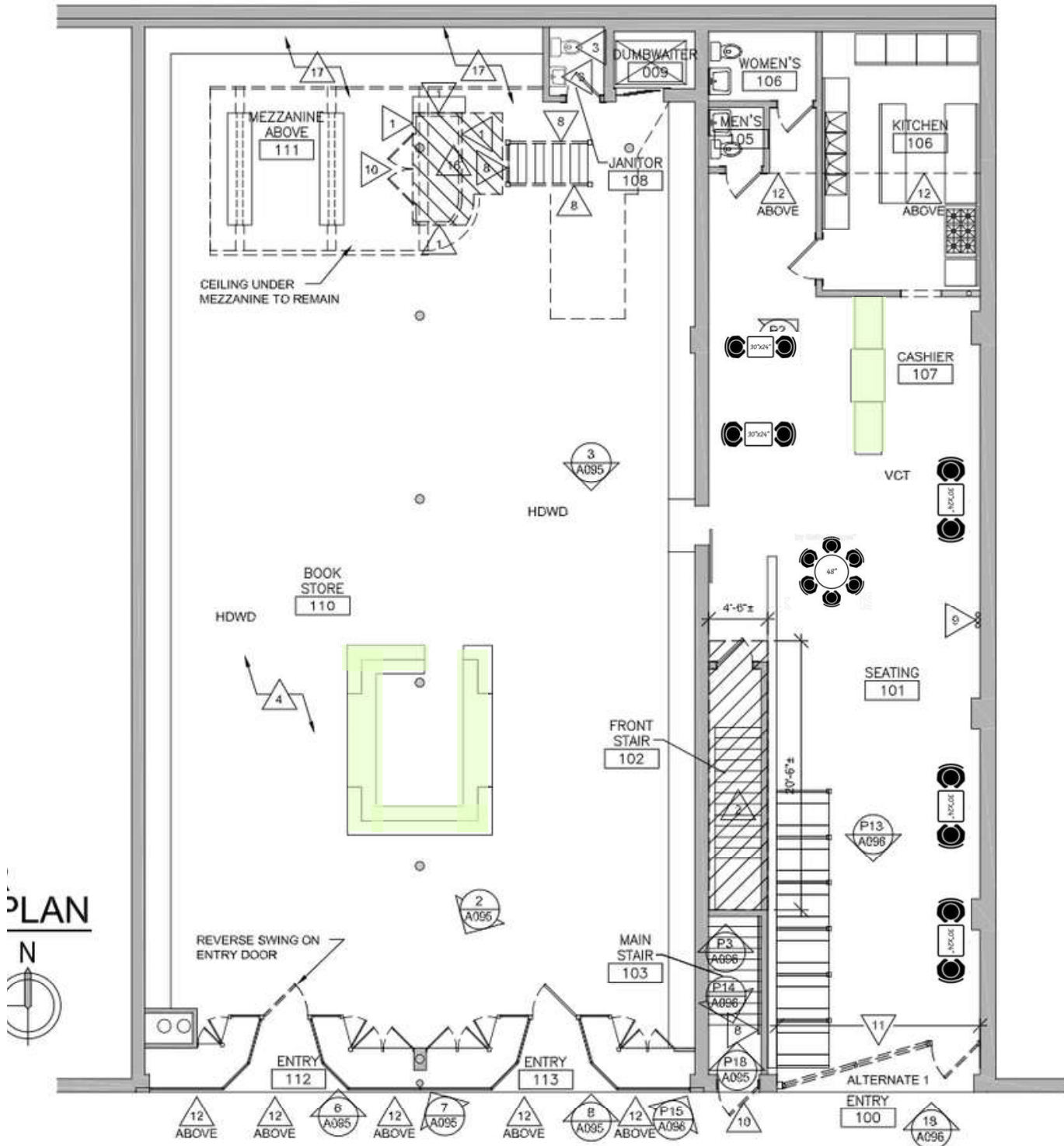


## 1st Floor Layout

\*Not to scale; for visual purposes only.

Stationary Serving area.

Property Description - street level mercantile and restaurant/coffee shop spaces.





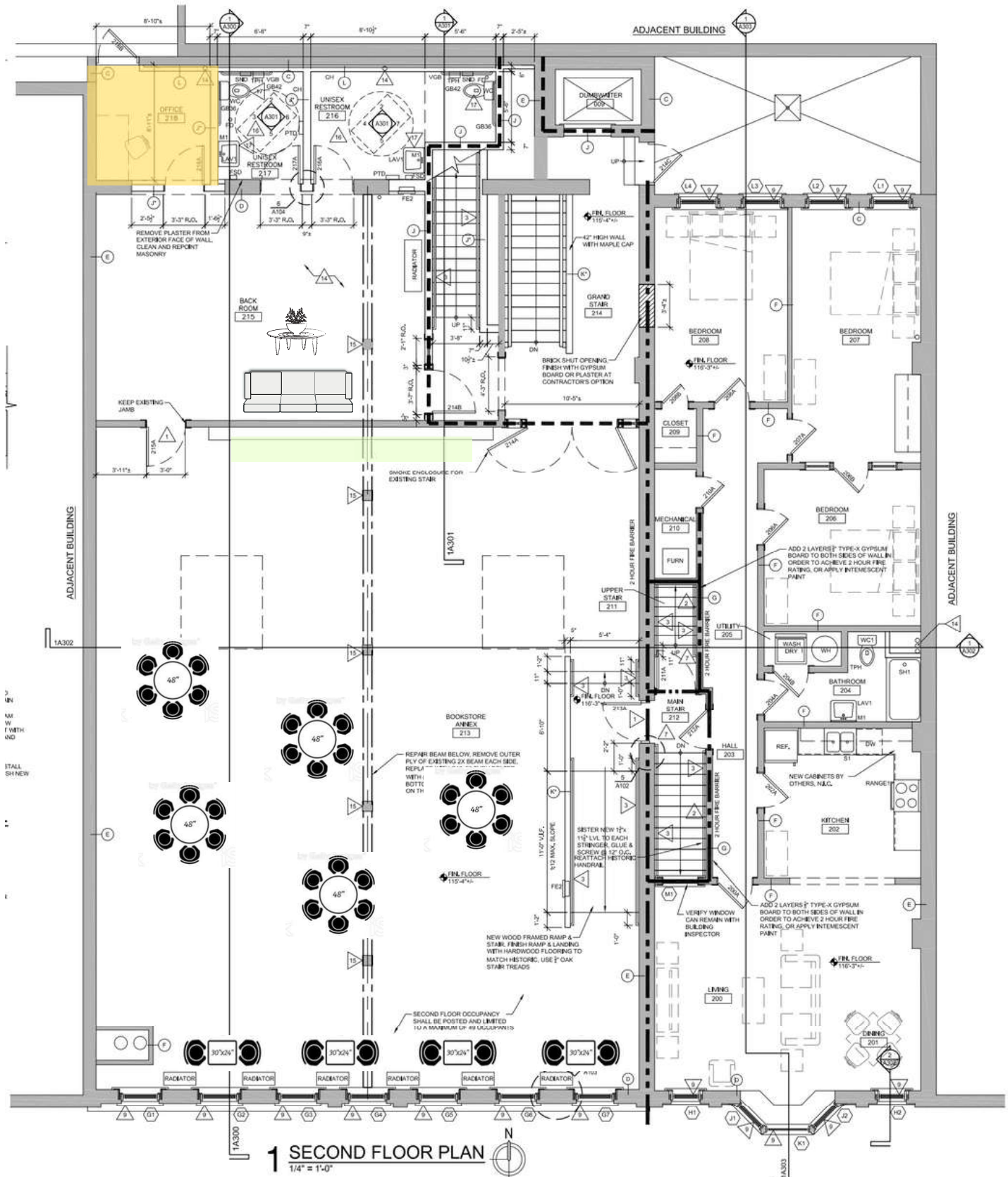


## 2<sup>nd</sup> Floor Layout

Property Description - upper level dwelling and assembly space.

\*Not to scale; for visual purposes only.

Liquor storage, records, and cooler in upper left corner, room labeled "OFFICE". Stationary serving area.



Form  
**AB-200**

## Alcohol Beverage License Application

For Municipal Use Only
Municipality
License Period

**License(s) Requested:** (up to two boxes may be checked)

- |   |   |
|---|---|
| <input type="checkbox"/> Class "A" Beer ..... \$ _____          | <input checked="" type="checkbox"/> Class "B" Beer ..... \$ _____   |
| <input type="checkbox"/> "Class A" Liquor ..... \$ _____        | <input checked="" type="checkbox"/> "Class B" Liquor ..... \$ _____ |
| <input type="checkbox"/> "Class A" Liquor (cider only) \$ _____ | <input type="checkbox"/> Reserve "Class B" Liquor \$ _____          |
| <input type="checkbox"/> "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) Meraki Design Co. LLC			
2. Business Trade Name or DBA			
3. FEIN 87-0994400		4. Wisconsin Seller's Permit Number <b>456-1032127995-04</b>	
5. Entity Type ( <i>check one</i> ) <input checked="" 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 WI		7. Date of Organization 06/02/2021	
8. Wisconsin DFI Registration Number 4			
9. Premises Address 325 Pearl Street			
10. City La Crosse		11. State WI	12. Zip Code 54601
13. County La Crosse		14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: La Crosse	
15. Aldermanic District		16. Premises Phone (608) 769-7475	
17. Premises Email merakilax@outlook.com		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.  Entire building located at 323-327 Pearl Street <b>Premise description revised</b> to 325 Pearl Ste Suites 201 (assembly) and 301 (office) only on second floor. Sales/service/consumption: 325 Pearl St Ste 201. Alcohol Storage and Related Records: 325 Pearl St Ste 301.			
20. Mailing Address (if different from premises address) 325 Pearl Street			
21. City La Crosse		22. State WI	23. Zip Code 54601

### 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.

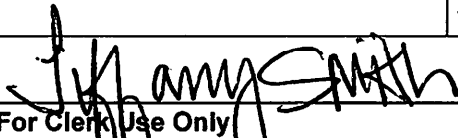
Last Name	First Name	Title	Phone
Smith	Tiffany	Member	(608) 769-7475

**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 Smith	First Name Tiffany	M.I. L.
Title Owner	Email merakilax@outlook.com	Phone (608) 769-7475
Signature 		Date 06/25/25

**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.

**Part A: Business Information**

1. Legal Business Name (individual name if sole proprietor)

Meraki Design Co 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

Smith

2. First Name

Tiffany

3. M.I.

L.

4. Relationship to Business (Title)

Owner

5. Email

merakilax@outlook.com

6. Phone

(608) 769-7475

7. Home Address

N1683 Boulder Ct

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

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)

07/1985

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

Previous Address 1	City	State	Zip Code
N1683 Boulder Ct	La Crosse	WI	54601
Previous Address 2	City	State	Zip Code
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
State	County	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
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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
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Law/Ordinance Violated	Location	Conviction Date
------------------------	----------	-----------------

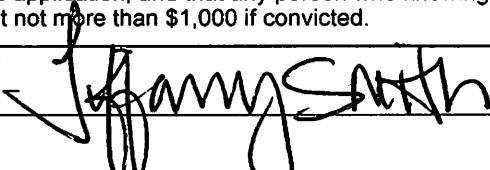
Penalty Imposed	Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
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2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation 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 06/25/2025
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Form  
**AB-101****Alcohol Beverage  
Appointment of Agent**

Date

**Agent Type** (check one)
☐ Original (no fee)
     
 ☐ Successor (\$10 fee for municipal licensees only)
**Part A: Business Information**

1. Legal Business Name (individual name if sole proprietor)

Meraki Design Co. LLC

2. Business Trade Name or DBA

3. Entity Type (check one)

☒ Limited Liability Company
     
 ☐ Corporation
     
 ☐ Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

☒ Municipal Retail License
     
 ☐ 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.

**Part B: Agent Information**

1. Last Name

Smith

2. First Name

Tiffany

3. M.I.

L.

4. Email

merakilax@outlook.com

5. Phone

(608) 769-7475

6. Home Address

N1683 Boulder Ct

7. City

La Crosse

8. State

WI

9. Zip Code

54601

10. Date of Birth

11. Drivers License/State ID Number

12. Drivers License/State ID State of Issuance

WI

**Part C: Agent Questions**
 1. Have you satisfied the responsible beverage server training requirement? ..... ☒ Yes ☐ No  
 Submit proof of completion.

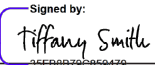
 2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (licensee) or  
 Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? ..... ☒ Yes ☐ No

 3. Have you been a Wisconsin resident for at least 90 continuous days? ..... ☒ Yes ☐ No  
 See instructions for exceptions.

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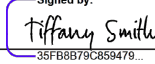
**Part D: Business Attestation**

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 Smith		First Name Tiffany	M.I. L.
Title Member	Email merakilax@outlook.com	Phone (608) 769-7475	
Signature  <small>Signed by: 35FB8B79C859479...</small>		Date 06/25/25	

**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 Smith		First Name Tiffany	M.I. L.
Signature  <small>Signed by: 35FB8B79C859479...</small>		Date 06/25/25	

# Office of City Clerk



July 31, 2025

MERAKI DESIGN CO LLC  
ATTN: TIFFANY SMITH  
N1683 BOULDER CT  
LA CROSSE WI 54601

Dear TIFFANY,

Our office is in receipt of the applications for a Combination "Class B" Beer & Liquor license and an Indoor Cabaret at 325 Pearl St. for the 2025-2026 license period.

Said request will be considered at the following meetings:

**Judiciary & Administration Committee**

**Tues., August 5, 2025 at 6:00 p.m.  
Council Chambers of City Hall, 400 La Crosse St.**

**Common Council**

**Thurs., August 14, 2025 at 6:00 p.m.  
Council Chambers of City Hall, 400 La Crosse St.**

We recommend someone attend the J&A meetings where public hearing is allowed; there may be questions or comments from a committee or council member or another citizen. Public hearing is not allowed at the Council meeting; although, you are welcome to attend. Your applications are lumped in with other license applications and will be on the agenda as 25-0381 (Various Licenses 2025-2026 – August).

Attendance is allowed either in person or virtually. If you wish to attend virtually, please email me for the link to participate. If you have any questions, comments, or concerns; do not hesitate to contact me.

Sincerely,

Sondra Craig, Deputy Clerk  
[craigs@cityoflacrosse.org](mailto:craigs@cityoflacrosse.org)  
608-789-7549

CC: Tiffany Smith – merakilax@outlook.com