

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning July 20 15 ending June 30 20 16

Applicant's WI Seller's Permit No.: 456-1028156588-02	FEIN Number: 13-4281018
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100.00
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 20.00
TOTAL FEE	\$ 120.00

TO THE GOVERNING BODY of the: Town of Village of City of } La Crosse, WI
County of La Crosse Aldermanic Dist. No. 1 (if required by ordinance)

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): Oakwells Commuter Rail LLC dba Arrowhead Tap House

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>Member</u>	<u>Michael Reilly</u>	<u>4041 Corrine Drive Orlando, FL 32814</u>
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<u>Agent</u>	<u>Cynthia Culp</u>	<u>1061 Redwood St #15 Onalaska, WI 54650</u>
Directors/Managers			

3. Trade Name ▶ Arrowhead Tap House Business Phone Number 608-781-5314
4. Address of Premises ▶ 2850 Airport Road La Crosse WI Post Office & Zip Code ▶ 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 _____ and date _____ of registration. Yes No
(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.) See Attached Sheet for Details

10. Legal description (omit if street address is given above): Yes No
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? Tony Balsamo dba Vinny's Runway
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 they must hold a Wisconsin Seller's Permit? [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. The 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 22nd day of July, 2015
CHRISTIANE J. ...
(City/Clerk)

[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)
[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)
[Signature]
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK		Signature of Clerk / Deputy Clerk	
Date received and filed with municipal clerk <u>6/22/15</u>	Date reported to council/board	Date provisional license issued	
Date license granted	Date license issued	License number issued	

001916-0021 Tara F. 06/22/2015 02:57PM
 176269 - OAKWELLS COMPUTER RAIL LLC
 120.00



TERI LEHRKE, WCPC, City Clerk
400 LA CROSSE STREET
LA CROSSE, WISCONSIN 54601
PHONE (608) 789-7510
FAX (608) 789-7552
www.cityoflacrosse.org

June 22, 2015

Premise Description for: Oakwells Commuter Rail LLC d/b/a Arrowhead Tap House located at the La Crosse Regional Airport, 2850 Airport Drive, La Crosse, WI 54603.

Uses/Service: Restaurant and bar on second floor and immediately adjacent dining areas to the east and south.

Storage: Walk-in cooler, bar coolers and under bar with records storage in office.

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 Oakwells Commuter Rail LLC dba Arrowhead Tap House
(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
Oakwells Commuter Rail LLC dba Arrowhead Tap House
(trade name)

located at 2850 Airport Road La Crosse WI 54603

appoints Cynthia Culp
(name of appointed agent)
1061 Redwood St. #15 Onalaska, WI 54650
(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? 23

Place of residence last year 1061 Redwood St, #15, Onalaska WI 54650

For: Oakwells Commuter Rail LLC dba Arrowhead Tap House
(name of corporation/organization/limited liability company)

By: [Signature]
(signature of Officer/Member/Manager)

And: [Signature]
(signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

I, Cynthia Culp, 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.

[Signature] 6/22/15 Agent's age _____
(signature of agent) (date)

1061 Redwood St #15 Onalaska, WI 54650 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)