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Form
AB-200Alcohol 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 \$ 25.02
- ☐ "Class A" Liquor \$ _____ ☐ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☒ "Class C" Liquor (wine only) \$ 25.02

Fees

License Fees	\$
Background Check Fee	\$
Publication Fee	\$ <u>20</u>
Total Fees	\$ <u>70.04</u>

Part A: Premises/Business Information

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

Ichiddo La cross LLC

2. Business Trade Name or DBA

Ichiddo La cross LLC

3. FEIN

99-1339524

4. Wisconsin Seller's Permit Number

456-1031920678-02

5. Entity Type (check one)

- ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization

6. State of Organization

Wisconsin

7. Date of Organization

02/13/2024

8. Wisconsin DFI Registration Number

1040083

9. Premises Address

135 4th S. ~~La~~

10. City

La crosse

11. State

WI

12. Zip Code

54601

13. County

La crosse

14. Governing Municipality: ☐ City ☐ Town ☐ Village
of: _____

15. Aldermanic District

16. Premises Phone

9175510282

17. Premises Email

allenlio929@gmail.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.

Fine Japanese Ramen house (Dine in)
Alcohol will be served in the main Restaurant Room.
Alcohol will be stored at the basement storage room. Invoice will be at main

20. Mailing Address (if different from premises address)

135 4th ST

21. City

La crosse, WI 54601

22. State

23. Zip Code

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	

office
first
floor.

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 Shogun Onalaska INC 4b. Business Entity FEIN 47-1262797

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.

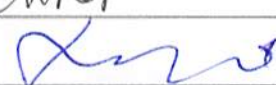
Last Name	First Name	Title	Phone
Li	Xin Jian	Owner	917 5510282
Xie	Feng	owner	6087389969

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	Li	First Name	Xin Jian	M.I.	
Title	Owner	Email	allenli0929@gmail.com	Phone	917 5510282
Signature			Date	02/01/2025	

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)	



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:

Ichiddo La Crosse LLC

Trade Name:

Ichiddo Ramen

Address:

Street

City

State

Zip Code

135 4th La Crosse WI 54601

Telephone Number:

917 551 0282

Website:

N/A

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 _____

Hours of Operation:

MON - Fri 11:00 am - 10 pm SAT - SUN 11:00 am - 11:00 pm

Anticipated Number of Employees:

8

Other Business to Be Conducted on Premise:

N/A

Estimated gross receipts for food and alcohol beverage sales by percentage.

(Note: Non-alcoholic drinks are classified as "Food.")

10 % Alcohol 85 % Food 5 % Other

If applicable, describe "Other":

Estimated capacity (Class B and Class C licenses only):Indoor 50 people 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 may be required.

NO**Will there be live entertainment (music or dancing) on premise? If yes, explain.**

If yes, a cabaret license will be required.

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

If yes, how many parking spaces? _____

If no, how will parking be accommodated.

people park randomly and walk here**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

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



Taqueria Pato Azul

Not busy



Vision of Light
Stained Glass
stained glass studio



4th Street Bar



4 Sisters Events

203



135 4th St S

Recently viewed



The Great Escape
of La Crosse



Cabin Coffee Co

Less busy than usual



I-90 ALT



Jay St



fayze's
Restaurant & Bakery

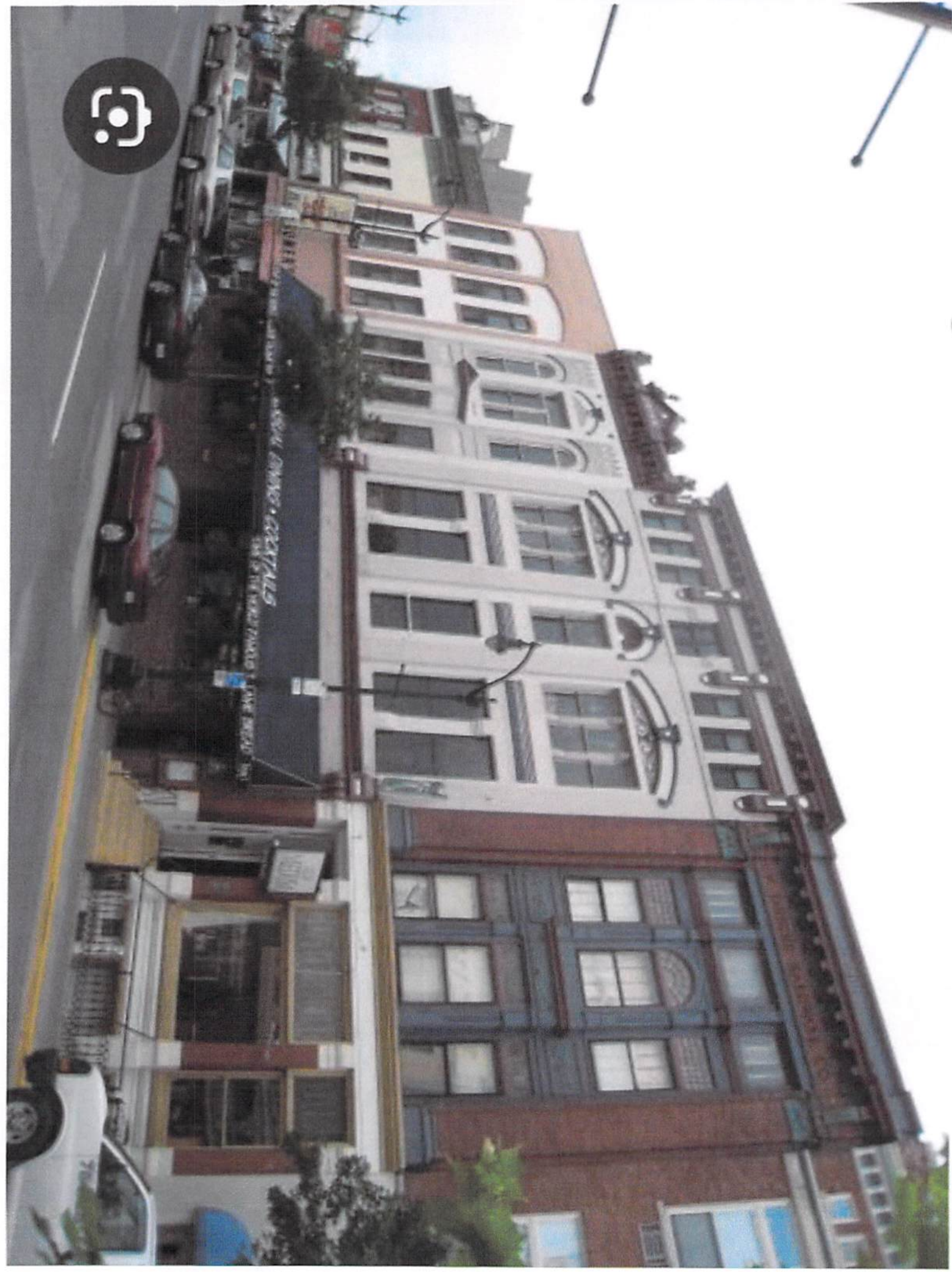
BREAKFAST • LUNCH •

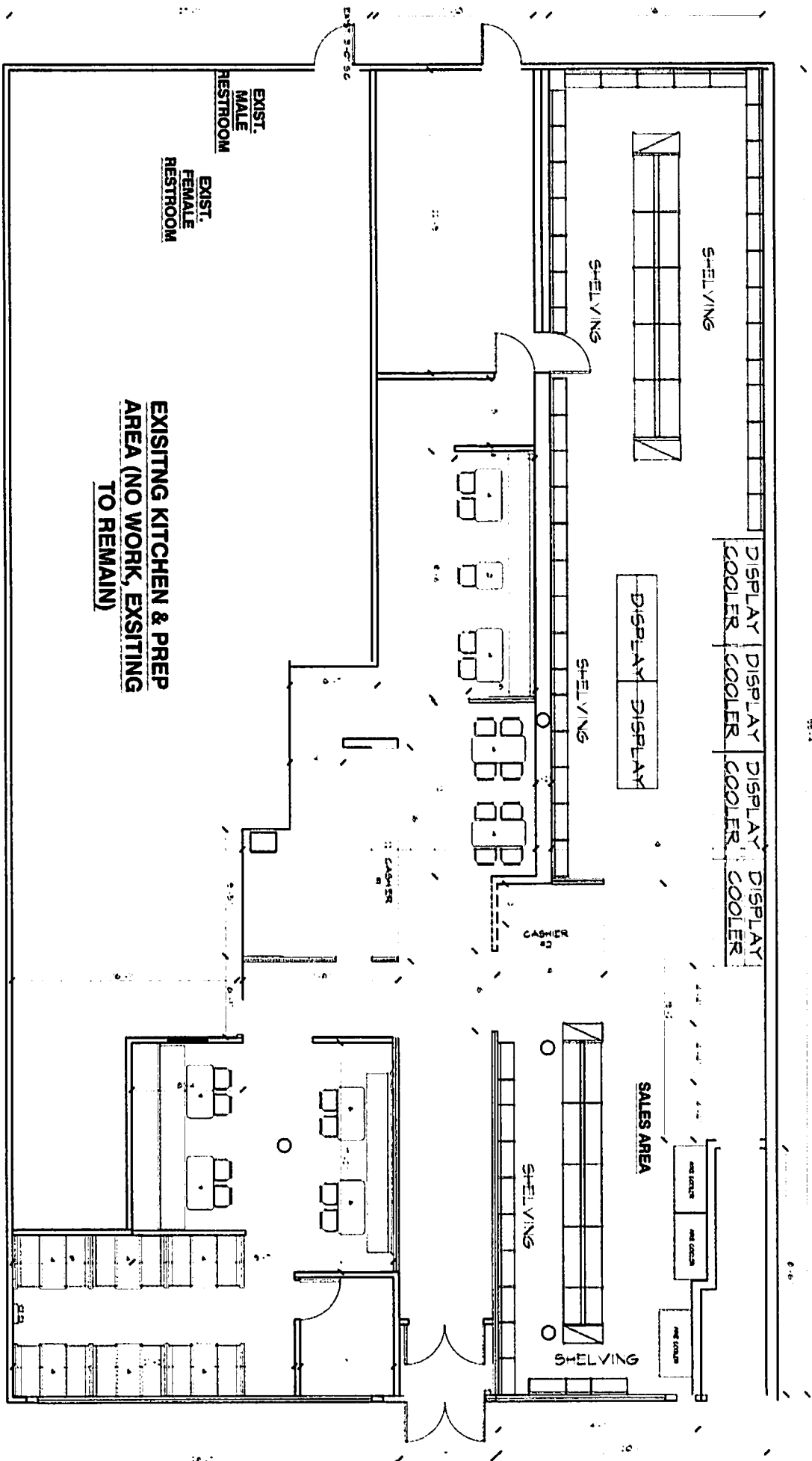
TALAME™ BREAD



"You'll See Our Sign!"
fayzes
.com







Alcohol Beverage
Individual QuestionnaireDate
3/22

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

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

Ichiddo La cross LLC

2. Business Trade Name or DBA

Ichiddo Ramen

3. Entity Type (check one)

☐ Sole Proprietor☐ Partnership☒ Limited Liability Company☐ Corporation☐ Nonprofit Organization**Part B: Individual Information**

1. Last Name

XiE

2. First Name

Feng

3. M.I.

4. Relationship to Business (Title)

owner

5. Email

ichiddo54601@aigmail.com

6. Phone

608 738 9967

7. Home Address

220 E Larkspur Ln

8. City

Onalaska

9. State

WZ

10. Zip Code

54650

Part C: Address History1. Do you currently reside in Wisconsin? ☒ Yes ☐ No

If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?

Years

Months

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

Previous Address 1

1416 Green Bay st

City

Onalaska

State

WZ

Zip Code

54650

Previous Address 2

408 Quincy St #15

City

Onalaska

State

WZ

Zip Code

54650

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

WZ

La crosse

State

County

NY

Kings

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? <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.		

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 <u>3/22/2025</u>

Save

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Form
AB-100Alcohol Beverage
Individual QuestionnaireDate
2/01/2025

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

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

Ichiddo La cross LLC

2. Business Trade Name or DBA

Ichiddo La cross LLC

3. Entity Type (check one)

☐ Sole Proprietor
 ☐ Partnership
 ☒ Limited Liability Company
 ☒ Corporation
 ☐ Nonprofit Organization

Part B: Individual Information

1. Last Name

~~Xin Jian~~ Li

2. First Name

Xin Jian

3. M.I.

4. Relationship to Business (Title)

Owner

5. Email

allenli0929@gmail.com

6. Phone

9175510282

7. Home Address

508 Eagle CT

8. City

Onalaska

9. State

WI

10. Zip Code

54650

Part C: Address History

1. Do you currently reside in Wisconsin? ☒ Yes ☐ No

If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?

Years

Months

10

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

Previous Address 1

408 Quincy ST

City

Onalaska

State

WI

Zip Code

54650

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

WI

La crosse

State

County

State

County

State

County

State

County

NY

Kings

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 	Date 02/02/2025
--	--------------------

Save

Print

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Form
AB-101Alcohol 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)

Ichiddo La cross LLC

2. Business Trade Name or DBA

Ichiddo La cross LLC

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

Li

2. First Name

Xin Jian

3. M.I.

4. Email

allenli0929@gmail.com

5. Phone

6. Home Address

508 Eagle CT

7. City

Onalaska

8. State

WI

9. Zip Code

54650


Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement?
Submit proof of completion.☒ Yes☐ No2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire?
Submit a completed Form AB-100 with this form.☒ Yes☐ No3. Have you been a Wisconsin resident for at least 90 continuous days?
See instructions for exceptions.☒ Yes☐ No

Continued →


Part D: Business Attestation

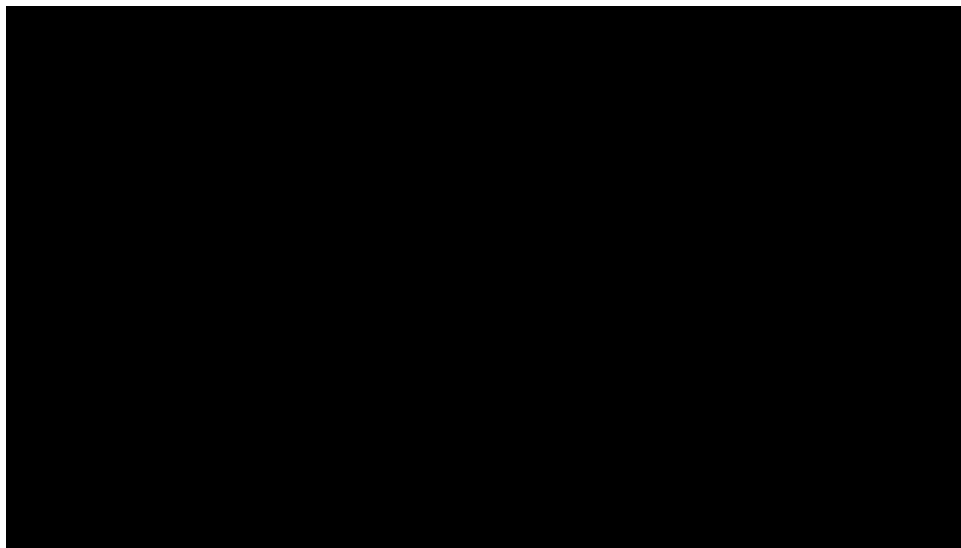
READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that 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	Li	First Name	Xin Jian	M.I.	
Title	Owner	Email	allen li 0929@gmail.com	Phone	917 551 0282
Signature				Date	2/01/2025

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	Li	First Name	Xin Jian	M.I.	
Signature				Date	02/01/2025



MyFoodAndBevTraining.com

Wisconsin Responsible Beverage Seller/Server Training Course

This is to certify that

XIN JIAN LI

has successfully completed the

MyFood&BevTRAINING®

Wisconsin Responsible Beverage Seller/Server Training Course

This certificate represents the successful completion of an approved Wisconsin Department of Revenue Responsible Beverage Server Course in compliance with secs. 125.04(5)(a)5., 125.17(6), and 134.66(2m), Wis. Stats.

Completed on: *March 30, 2025*

Certificate ID: ae6f1a26-c212-4a99-bd94-690e76c5b082

Jonny White

Jonny White

Authorized Signature

MyFoodAndBevTraining.com

CONTACT INFORMATION SHEET

Provide the following information so we have proper contact information and mailing addresses for licensing purposes. Licenses and renewal notices will be mailed to the licensed premise address unless otherwise indicated below.

Legal/Real Name: Ichiddo La cross LLC
Trade Name: Ichiddo Ramen
Address: 135 4th St. La crosse. WI 54601
Email: ichiddo 54601 @ gmail.com
Primary Contact Name: Xin Jian Li
Phone: ~~608 738 9~~ 917 551 0282
Email: ichiddo 54601 @ gmail.com

RENEWAL NOTICE mailing address.

Renewal packets are mailed late March of each year and contain all applications and necessary information for license renewal. Applications must be signed by individual applicant or one member of a partnership or one corporate officer or member of an LLC.

Attention (person's name, if any): Xin Jian Li
Business name: Ichiddo Ramen
Address: 135 4th St
City, State & Zip: La crosse. WI 54601
Corporate/Business phone number: 917 551 0282

License year is July 1 through June 30. License renewals are approved at the June Council meeting each year.

LICENSE mailing address:

Licenses are mailed mid-June unless there are compliance holds. We recommend licenses be mailed directly to the licensed premise. If another mailing address is preferred, it is important to know that licenses must be delivered to establishment in time to be posted on July 1st.

Attention (person's name, if any): Xin Jian Li
Business name: Ichiddo La cross LLC
Address: 135 4th
City, State & Zip: La crosse. WI 54601
Corporate/Business phone number: 917 551 0282
