

Original Alcohol Beverage Retail License Application

Submit to municipal clerk.

For the license period beginning OCTOBER 12 20 18 ;
ending JUNE 30 20 19

TO THE GOVERNING BODY of the: Town of }
 Village of } LA CROSSE
 City of }

County of LA CROSSE Aldermanic Dist. No. 9 (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): EXCEPTIONAL RESTAURANTS WI LLC

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 (Last, First, M.I.)	Home Address	Post Office & Zip Code
President/Member	MEMBER WILLARD JAMES JEDLICKA	3062 WALDEN DR, CHASKA MN	55318
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	▶ JOHN DAVID MARKOS 1717 WESTON ST, LA CROSSE WI 54601		
Directors/Managers			

3. Trade Name ▶ TWISTED MOOSE/LEGENDS Business Phone Number 782-2399

4. Address of Premises ▶ 128 3RD ST S/223 PEARL ST Post Office & Zip Code ▶ LA CROSSE WI 54601

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 WI and date 09/19/18 of registration.
(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

10. Legal description (omit if street address is given above): - N/A -

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? GEORGE'S RINGSIDE INC - TWISTED MOOSE/LEGENDS

12. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277]. 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 signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees 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, or one member of a partnership applicant must sign; one corporate officer, one member/manager 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.

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>9/21/18</u>	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

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 Exceptional Restaurants WI LLC
(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
The Twisted Moose and Legends Nightclub
(trade name)

located at 128 South 3rd St. & 223 Pearl St. La Crosse, WI 54601

appoints John D Markos
(name of appointed agent)
1717 Weston St La Crosse, WI 54601
(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? 31 years

Place of residence last year 1717 Weston St. La Crosse, WI 54601

For: Exceptional Restaurants WI LLC
(name of corporation/organization/limited liability company)

By: *John D Markos*
(signature of Officer/Member/Manager)

And: _____
(signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

I, John D Markos, 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.

John D Markos 09-19-18 Agent's age _____
(signature of agent) (date)
1717 Weston St La Crosse WI 54601 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)

SURRENDER OF LICENSE

Part I

Legal/Real Name of Current Licensee: GEORGE'S RINGSIDE INC.
Premises Address: 128 SO. 3RD ST - 223 PEARL ST
Trade Name: TWISTED MOOSE / LEGENDS

This is to advise that the undersigned is surrendering the following license(s)

- Combination "Class B" Beer & Liquor
- Class "B" Beer
- Class "A" Beer and/or "Class A" Liquor (circle which apply)
- Wholesale Beer
- "Class C" Wine

to: _____
(Insert Legal/Real Name of Proposed Licensee and Trade Name)

and understand that said license(s) will be cancelled upon the Common Council's granting of a license to the applicant named herein.

New Applicant

[Signature]

President, Member, Partner, Individual

1

Secretary, Member, Partner

Current Licensee

[Signature]

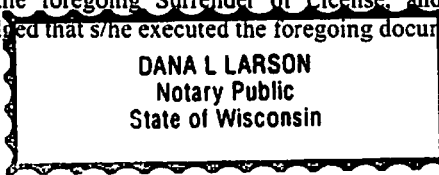
President, Member, Partner, Individual

[Signature]

Secretary, Member, Partner

State of Wisconsin)
) ss.
County of La Crosse)

On the 19th day of September, 2018, personally came before me George Markos and David Markos, known to me to be the person(s) who executed the foregoing Surrender of License, and known to me to be the Current Licensee and acknowledged that s/he executed the foregoing document.



[Signature]

Notary Public
LaCrosse County, Wisconsin
My Commission expires: 02/26/2021

State of Wisconsin)
) ss.
County of La Crosse)

On the 19th day of September, 2018, personally came before me Willard Jedlicka, known to me to be the person(s) who executed the foregoing Surrender of License, and known to me to be the Proposed New Applicant and acknowledged that s/he executed the foregoing document.



[Signature]

Notary Public
LaCrosse County, Wisconsin
My Commission expires: 02/26/2021

Original:

License Fee: \$135⁰⁰

Renewal:

Invoice #: 200130

APPLICATION FOR INDOOR CABARET LICENSE

Legal/Real Name: EXCEPTIONAL ESTAURANTS WI LLC

Address of above: 4650 W SPENCER ST, SUITE L, APPLETON WI 54914

Trade name of business: TWISTED MOOSE/LEGENDS

Address of premises to be licensed: 128 3RD ST S/223 PEARL ST

Business phone number: 608-782-2399

Detailed description of cabaret area to be licensed: FIRST STORY OF TWO STORY MASONRY BUILDING.

Premises are owned by: JPV PROPERTIES LLC

Address of owner: 2553 102ND ST SE, DELANO MN 55328

Name of Cabaret Manager (FIRST, MIDDLE & LAST): WILLARD JAMES JELICKA

Home address of Cabaret Manager: 3062 WALDEN DR, CHASKA MN 55318

Home phone number of Cabaret Manager: 763-268-9208

Daytime phone number of Cabaret Manager: 763-268-9208

Date of Birth of Cabaret Manager: _____

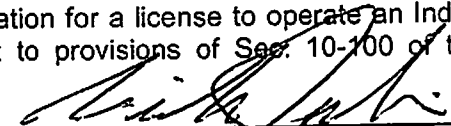
Was the above person listed as manager on last year's application? Yes _____ No

Other business to be conducted upon the premises: RESTAURANT/FOOD & BEVERAGE SALES

Nature of entertainment: DJ'S, LIVE BANDS & KARAOKE

License Period: OCTOBER 12TH, 2018 TO JUNE 30, 2019

The above hereby makes application for a license to operate an Indoor Cabaret at the above address within the City of La Crosse pursuant to provisions of Sec. 10-100 of the Code of Ordinances for the City of La Crosse.

 9/21/2018
(Signature of applicant & date)

Buffer mailed 9/24/18

Munis Customer #: 194390

For original applications: Are there lands zoned conservancy, residential or multiple dwelling within 100 feet of premises? /N If yes, attach a list of those lands.

Signature and date _____

Granted: _____ License #: _____



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

**NOTICE OF APPLICATION FOR INDOOR CABARET LICENSE
IN THE CITY OF LA CROSSE**

TO WHOM IT MAY CONCERN:

This is to notify you that the following business has applied for an **Indoor Cabaret** license under Sec. 10-140(c) of the Code of Ordinances of the City of La Crosse to provide live entertainment in a designated indoor area.

**Exceptional Restaurants WI LLC d/b/a Twisted Moose/Legends
at 128 3rd St. S./223 Pearl St., La Crosse, WI 54601**

This application will be considered at the following meetings:

Judiciary & Administration Committee – Tuesday, October 2nd, 2018 at 6:00 p.m.
Common Council Meeting – Thursday, October 11th, 2018 at 6:00 p.m.

All the above meetings are held in the Council Chambers in the City Hall at 400 La Crosse Street, La Crosse, WI.

You are further notified that any person affected may be heard, and may appear in person or by attorney, or may file a letter of objection in the office of the City Clerk.

This notice is given pursuant to the order of the Common Council of the City of La Crosse.

Dated this 24th day of September, 2018.

A handwritten signature in cursive script that reads "Teri Lehrke".

Teri Lehrke, WCPC, City Clerk
City of La Crosse

A handwritten signature in cursive script that reads "Jay A. Christianson".

Jay A. Christianson
Assistant Clerk



**Exceptional Restaurants WI LLC d/b/a Twisted Moose/Legends
at 128 3rd St. S./223 Pearl St., La Crosse, WI 54601**

**Indoor Cabaret
100' Buffer Notice**

October 11th, 2018 Council Meeting

OwnerName
AMBIANCE LLC
DAVID J RUDRUD
F F & F OF THIRD STREET LLC
FORTNEY FORTNEY & FORTNEY
FORTNEY FORTNEY & FORTNEY LLP
GEORGE MARKOS JR
GREAT DANE THIRD STREET PROPERTIES LLC
JPV PROPERTIES LLC
PAMPERIN PARKING LLC
PEARL STREET ENTERPRISE INC
PEARL STREET WEST LLC C/O TJ'S
RICHARD & GREGORY MARKOS
RONALD J KIND
ROTTINGHAUS REAL ESTATE LLC
WESTERN PACIFIC PARTNERS C/O ANTIQUE CENTER OF LACROSSE LTD
Email sent to Exceptional Restaurants WI LLC 9/24/18

MailingLine4
113 2ND ST S
120 3RD ST S
308 3RD ST S
306 PEARL ST
PO BOX 1621
W3595 LARSON RD
115 3RD ST S
PO BOX 739
113 2ND ST S
200 PEARL ST
215 PEARL ST
129 3RD ST S
3061 EDGEWATER LN
510 GILLETTE ST
110 3RD ST S

MailingLine5
LA CROSSE WI 54601-3206
LA CROSSE WI 54601-3211
LA CROSSE WI 54601
LA CROSSE WI 54601-3202
LA CROSSE WI 54602-1621
MINDORO WI 54644
LA CROSSE WI 54601
DELANO MN 55328
LA CROSSE WI 54601
LA CROSSE WI 54601
LA CROSSE WI 54601-3250
LA CROSSE WI 54601
LA CROSSE WI 54603
LA CROSSE WI 54603
LA CROSSE WI 54601