

RENEWAL ALCOHOL BEVERAGE RETAIL APPLICATION

For the license period: July 1, 2014 to June 30, 2015
 Applicant Wisconsin Seller's Permit: 456-1028174760-02
 Federal Employee Identification Number (FEIN): 46-3284661

Type of License	Fee
<input type="checkbox"/> Class A Beer	\$
<input checked="" type="checkbox"/> Class B Beer	\$ 100
<input type="checkbox"/> Class C Wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$ 500
Publication Fee	\$ 20
Total Fee	\$ 620

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

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B. Corporation/Nonprofit Organization/Limited Liability Company (Full Name): ► FREE BEER TOMORROW LLC

Address of Corporation/Limited Liability Company (if different from licensed premises): ► 214 MAIN ST

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:	MARK DOUGLAS WISE	1416 WESTON ST LA CROSSE, WI 54601	195 Kachina Dr. Henderson, NV 89074
Vice President/Member:	MARK DOUGLAS WISE	1416 WESTON ST LA CROSSE, WI 54601	"
Secretary/Member:	REBECCA LEE WISE	1416 WESTON ST LA CROSSE, WI 54601	"
Treasurer/Member:			
Agent:	REBECCA LEE WISE	1416 WESTON ST LA CROSSE, WI 54601	
Directors/Managers:	NONE		

C. 1. Trade Name: ► BOOTLEGGERS

Business Phone Number: (608) 519-1596 or (608) 304-5397

2. Address of Premises: ► 214/218 MAIN ST

Post Office & ZIP Code: ► LA CROSSE, WI

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:** Entire first floor of 214/218 Main St.

Description of Storage Area: Basement of 214/218 Main St.

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.** YES NO
 Address changes

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.** YES NO
 unknown; opened 1-14

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

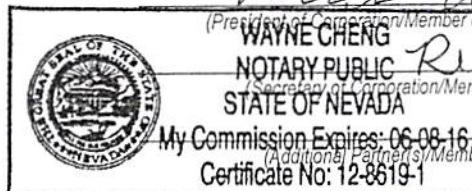
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the 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 4 day of June, 20 14

[Signature]
 (Clerk/Notary Public)

My commission expires: 06/28/16



(President of Corporation/Member of Manager of Limited Liability Company/Partner/Individual)

WAYNE CHENG
 NOTARY PUBLIC
 STATE OF NEVADA

My Commission Expires: 06-08-16
 Certificate No: 12-8619-1

Date received and filed with Municipal Clerk: <u>6/16/14</u>	Date reported to council/board	License number issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued		

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b. The address of the premises to be licensed should read:

214 Main St.
La Crosse, WI 54601

* 218 Main St. is a private residence located on the second floor of the building and is not affiliated with the business nor Free Beer Tomorrow LLC.

b. The address of Mark D. Wise should read:

195 Kachina Dr.
Henderson, NV 89074



CITY OF LA CROSSE, WI
General Billing - 97616301 - 2014
000826-0066 Amber W. 06/16/2014 11:30AM
150407 - FREE BEER TOMORROW LLC
Payment Amount: 751.00

Original:

License Fee: \$100.00

Renewal: X

Invoice #: 200035

APPLICATION FOR **INDOOR CABARET LICENSE**

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Legal/Real Name: FREE BEER TOMORROW LLC

Address of above: 214 MAIN ST LA CROSSE, WI 54601

Trade name of business: BOOTLEGGERS

Address of premises to be licensed: 214/ MAIN ST LA CROSSE, WI 54601

Wisconsin Seller's Permit #: 456-1028174760-02

Business phone number: (608) 519-1596 or (608) 304-5397

Detailed description of cabaret area to be licensed:

Entire first floor of 214/ Main St.

Premises are owned by: MAIN STREET RENAISSANCE INC

Address of owner: 504 MAIN ST

Name of Cabaret Manager: REBECCA LEE WISE
(FIRST, FULL MIDDLE & LAST)

Home address of Cabaret Manager: 1416 WESTON ST

Home/Daytime phone number of Cabaret Manager: (608) 304-5397

Date of Birth of Cabaret Manager:

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

Other business to be conducted upon the premises: TAVERN

Nature of entertainment: LIVE MUSIC

License Period: July 1, 2014 to June 30, 2015

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 Chapter 20 of the Code of Ordinances for the City of La Crosse.

Rebecca L Wise 6/1/14
(Signature of applicant & date)

OFFICE USE ONLY:

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

Signature & date _____

Granted: _____ Munis Customer #: 150407 License#: _____

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