

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning OCTOBER 13 20 17 ;
ending JUNE 3 20 18

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

County of LA CROSSE Aldermanic Dist. No. _____ (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): SD INSIGHT 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	Home Address	Post Office & Zip Code
President/Member	TIMOTHY SEAN HESSE	N2740 GARBERS RD, LA CROSSE WI	54601
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	TIMOTHY SEAN HESSE	N2740 GARBERS RD, LA CROSSE WI	54601
Directors/Managers			

3. Trade Name THE EAGLES NEST Business Phone Number 608-782-7764
4. Address of Premises 1914 CAMPBELL RD 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 09/25/17 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.) Sales/Service: Entire first floor of one-story building.

10. Legal description (omit if street address is given above): Storage: First floor and basement.

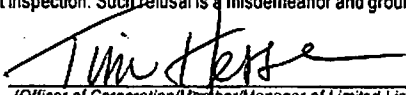
11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No
(b) If yes, under what name was license issued? LD'S EAGLES NEST LLC D/B/A EAGLES NEST
12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5d) before beginning 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. 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 26th day of September, 20 17


(Clark/Notary Public)
My commission expires 3-13-2020



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

(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>9/26/17</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 City of LA CROSSE County of LA CROSSE

The undersigned duly authorized officer(s)/members/managers of SD INSIGHT, 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 EAGLES NEST
(trade name)

located at 1914 CAMPBELL RD, LA CROSSE WI 54601

appoints TIM HESSE
(name of appointed agent)

N2740 GARBERS RD, 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? 4 1/2 yrs.

Place of residence last year N2740 GARBERS RD, LA CROSSE WI 54601

For: SD INSIGHT LLC
(name of corporation/organization/limited liability company)

By: TIM HESSE
(signature of Officer/Member/Manager)

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

ACCEPTANCE BY AGENT

I, TIM SEAN HESSE
(print/type agent's name), hereby accept this appointment as agent for the

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.

TIM HESSE 9/26/17 Agent's age _____
(signature of agent) (date)

N2740 GARBERS RD 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: CDS EAGLES NEST LLC
 Premises Address: 1914 CAMPBELL RD
 Trade Name: EAGLES NEST

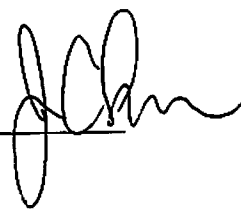
This is to advise that the undersigned is surrendering the following license(s)

- 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: 5D INSIGHT LLC d/b/a The Eagles Nest
(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
Tim Hesse
 President, Member, Partner, Individual

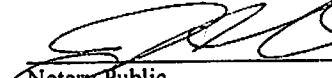
Current Licensee
Jon C Erickson 
 President, Member, Partner, Individual

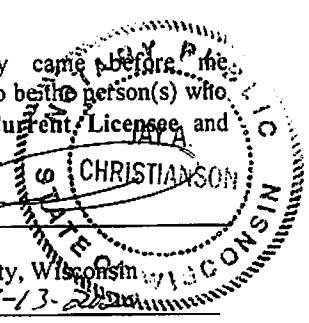
 Secretary, Member, Partner

 Secretary, Member, Partner

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

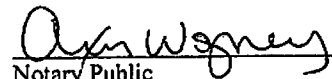
On the 26 day of September, 2017, personally came before me, TIM S HESSE, known to me to be the person(s) who executed the foregoing Surrender of License, and known to me to be the Current Licensee, and acknowledged that s/he executed the foregoing document.

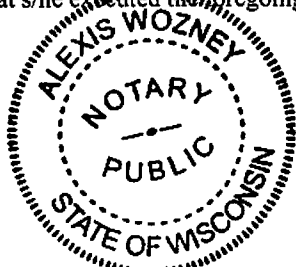

 Notary Public
La Crosse County, Wisconsin
 My Commission expires: 3-13-2020



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

On the 26 day of September, 2017, personally came before me, Jon C. Erickson, 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.


 Notary Public
La Crosse County, Wisconsin
 My Commission expires: 06/14/2020



Original: X
Renewal:

License Fee: \$ 125⁰⁰
Invoice #:

APPLICATION FOR INDOOR CABARET LICENSE

Legal/Real Name: 5D INSIGHT LLC
Address of above: N2740 GARBERS RD, LA CROSSE WI 54601
Trade name of business: THE EAGLES NEST
Address of premises to be licensed: 1914 CAMPBELL RD, LA CROSSE WI 54601
Business phone number: 608-782-7764
Detailed description of cabaret area to be licensed: FIRST FLOOR OF ONE-STORY BUILDING.

Premises are owned by: VSC CORP
Address of owner: 2418 STATE RD, LA CROSSE WI 54601

Name of Cabaret Manager (FIRST, MIDDLE & LAST): TIMOTHY SEAN HESSE
Home address of Cabaret Manager: N2740 GARBERS RD, LA CROSSE WI 54601
Home phone number of Cabaret Manager: 608-786-4205
Daytime phone number of Cabaret Manager: 608-317-4204
Date of Birth of Cabaret Manager: _____

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

Other business to be conducted upon the premises: BAR & RESTAURANT
Nature of entertainment: LIVE BANDS, KARAOKE, DJ

License Period: OCTOBER 13, 2017 - JUNE 30, 2018

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.

Tim Hesse 9-26-17
(Signature of applicant & date)

OFFICE USE ONLY: _____ Munis Customer #:

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 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.

**5D Insight LLC d/b/a The Eagles Nest
at 1914 Campbell Rd., La Crosse, WI 54601**

This application will be considered at the following meetings:

Judiciary and Administration Committee – Tuesday, October 3rd, 2017 at 6:00 P.M.
Common Council Meeting – Thursday, October 12th, 2017 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.

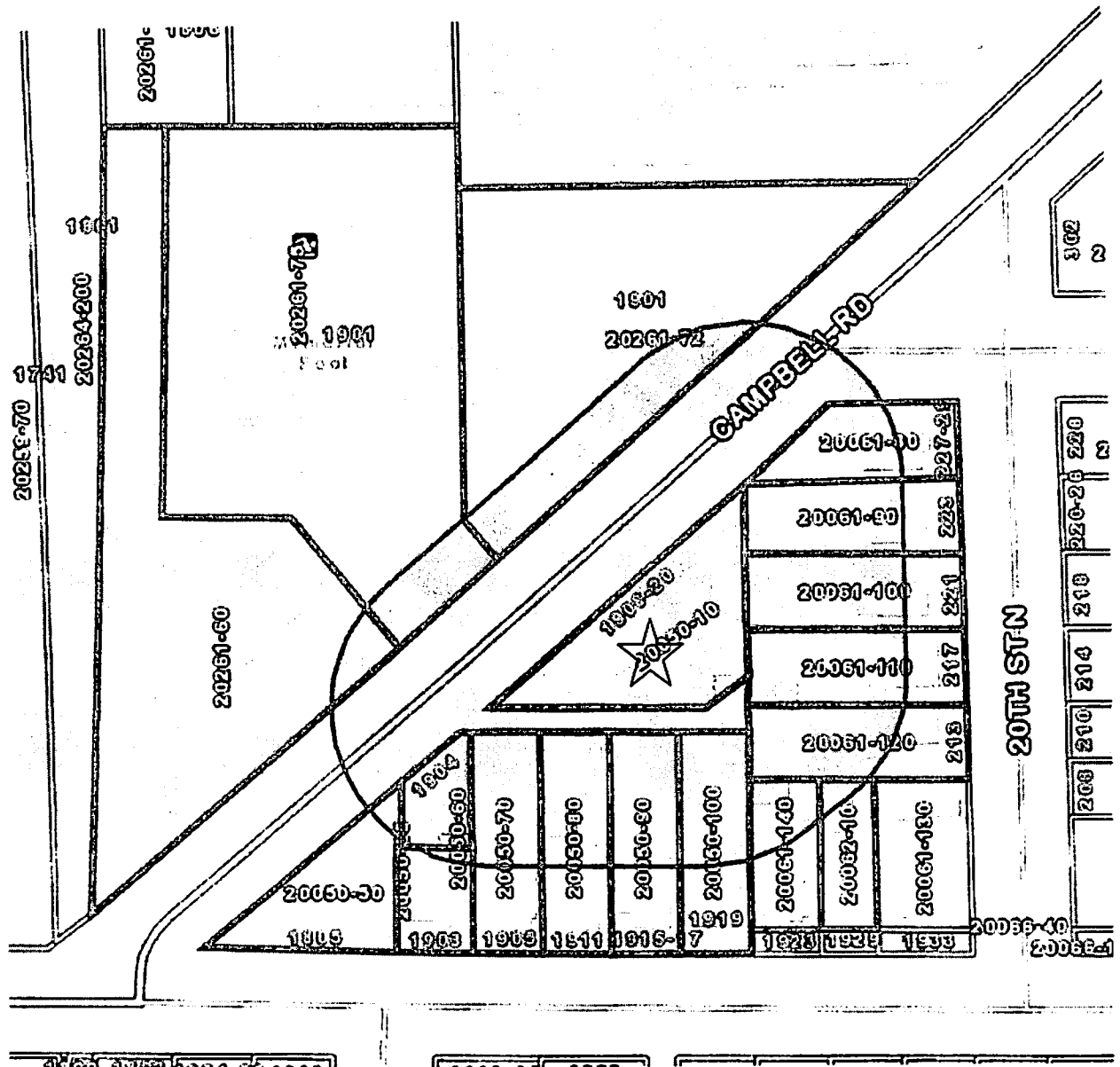
Dated this 27th day of September, 2017.

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



5D Insight LLC d/b/a The Eagles Nest
 100' Buffer for Indoor Cabaret
 October 12th, 2017 Council Meeting

Owner Name	MailingLine4	MailingLines
ATTN: VIVEK V PANDE DOT AND FEATHERS LLC	124 17TH ST S	LA CROSSE WI 54601
BOARD OF REGENTS	1725 STATE ST	LA CROSSE WI 54601-3742
BRIAN D, BARBARA A BENSON	326 WEST AVE N	LA CROSSE WI 54601-3575
DIANNE A BONE	1929 STATE ST	LA CROSSE WI 54601-3736
DUANE M JAEGER	1905 STATE ST	LA CROSSE WI 54601
G&N SKEMP TRUST	1807 NAKOMIS AVE	LA CROSSE WI 54603-1542
JAMES, JO ANN HUMFELD	1805 STATE ST	LA CROSSE WI 54601-3738
PATRICIA S KLEVEN TRUST	1923 STATE ST	LA CROSSE WI 54601-3736
SCOTT A, SUE L ROWE	N4634 SPRING COULEE RD	WEST SALEM WI 54669
THOMAS J, GRETCHEN M COLEMAN	W5864 STATE ROAD 33	LA CROSSE WI 54601-7108
VSC CORPORATION	2418 STATE RD	LA CROSSE WI 54601-6151
WATERHOUSE PROPERTIES LLC	W305NG781 RED FOX RUN	HARTLAND WI 53029
TIM HESSE	N2740 GARBERS RD	LA CROSSE WI 54601

MAILING