



# City of La Crosse, Wisconsin

## APPLICATION FOR INDOOR CABARET LICENSE

Check One: ☒ New ☐ Renewal For the license period 2025 to 2026 Fee: \$ 135  
July 1 June 30

<b>BUSINESS INFORMATION*</b>			
Legal/Real Name: <u>Rays Adam St Pub LLC</u>			
Address of Above: Street <u>71 Hinkley Rd. E.</u>		City <u>LaCrosse</u>	State <u>WI</u>
		Zip Code <u>54603</u>	
<b>PREMISES INFORMATION</b>			
Trade Name of Business: <u>Adams St Pub</u>			
Address of premises to be Licensed: <u>1200 11th St S LaCrosse, WI 54601</u>		Business Phone Number: <u>608-519-0477</u>	
Premises are Owned By: <u>Rachel Rausa</u>			
Address of Owner: Street <u>71 Hinkley Rd E.</u>		City <u>LaCrosse</u>	State <u>WI</u>
		Zip Code <u>54603</u>	
<b>CABARET INFORMATION</b>			
Detailed description of cabaret area to be licensed: <u>main Bar area-tavern</u>			
Nature of Entertainment: <u>Solo/duo performer/easy listening or Karaoke</u>			
Other Business Conducted upon the premises: <u>Bar/alcohol sales.</u>			
<b>MANAGER INFORMATION*</b>			
Cabaret Manager Name: First <u>Rachel</u>		Middle <u>Rausa</u>	Last <u>Rausa</u>
Cabaret Manager Home Address: Street <u>71 Hinkley Rd E.</u>		City <u>LaCrosse</u>	State <u>WI</u>
		Zip Code <u>54603</u>	
Home Phone Number of Cabaret Manager: <u>608-792-</u>		Daytime Phone Number of Cabaret Manager: <u>608-792-</u>	
Was the above person listed as manager on last year's application? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

\*Personal Data Sheet must be completed for each Officer/Member of the Business and the Manager.

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.

Rachel Rausa 4/8/25  
Signature of Applicant Date

<b>OFFICE USE ONLY</b>			
For original application: Are there lands zoned conservancy, residential or multiple dwelling within 100 feet of premises? <input type="checkbox"/> Yes (if yes, attach a list of those lands) <input type="checkbox"/> No			
Signature:	Date:	Granted:	License #:

# Personal Data Sheet

(Please **PRINT** All Information)

Each Officer/Member AND Manager/Person in Charge must complete all the information and must indicate if they have been convicted of any of the following within the last ten (10) years: a felony, a misdemeanor, a statutory violation punishable by forfeiture or a county or municipal ordinance violation. If none, write "none".

## **MANAGER/PERSON IN CHARGE**

Name: First			Middle	Last		
Home Address: Street			City	State	Zip Code	
Phone Number:		Email:		Date of Birth: (mm/dd/yyyy)		
Violations:						

## **OFFICER/MEMBER**

Name: First			Middle	Last		
Home Address: Street			City	State	Zip Code	
Phone Number:		Email:		Date of Birth: (mm/dd/yyyy)		
Violations:						

## **OFFICER/MEMBER**

Name: First			Middle	Last		
Home Address: Street			City	State	Zip Code	
Phone Number:		Email:		Date of Birth: (mm/dd/yyyy)		
Violations:						

## **OFFICER/MEMBER**

Name: First			Middle	Last		
Home Address: Street			City	State	Zip Code	
Phone Number:		Email:		Date of Birth: (mm/dd/yyyy)		
Violations:						

## **OFFICER/MEMBER**

Name: First			Middle	Last		
Home Address: Street			City	State	Zip Code	
Phone Number:		Email:		Date of Birth: (mm/dd/yyyy)		
Violations:						