



City of La Crosse, Wisconsin

City Hall
400 La Crosse Street
La Crosse, WI 54601

Meeting Agenda - Final

Judiciary & Administration Committee

Tuesday, March 31, 2026

5:00 PM

Council Chambers
City Hall, First Floor

This meeting is open for in-person attendance and will also be available through video conferencing. The meeting can be viewed (no participation) by visiting the Legislative Information Center Meetings calendar (<https://cityoflacrosse.legistar.com/Calendar.aspx>) - find the scheduled meeting and click on the "In Progress" video link to the far right in the meeting list.

Public comment is limited to agenda items; statements shall be restricted to the subject matter. If you wish to speak on an agenda item, please register in advance:

- Register online at <https://www.cityoflacrosse.org/city-services/meeting-registration>
- Contact the City Clerk's Office no later than 4:00p on the day of the meeting, with the following information: name, municipality of residence, if you are representing an organization or a person other than yourself at the meeting, and if you are speaking in favor, opposition or neutral.
- Sign up in person no less than ten (10) minutes before the start of the meeting.

If attending virtual and you wish to speak, contact the City Clerk's Office and we will provide you with the information necessary to join the meeting. Call 608-789-7510 or email cityclerk@cityoflacrosse.org.

Public hearings shall be limited to 30 minutes when there are opposing viewpoints from the public. In the absence of opposing viewpoints, public hearings are limited to 15 minutes. Individual speakers shall speak no more than three (3) minutes unless waived by the Chair or a majority of the committee.

Members of the public who would like to provide written comments on any agenda may do so by emailing cityclerk@cityoflacrosse.org, using a drop box outside of City Hall or mailing to City Clerk, 400 La Crosse Street, La Crosse WI 54601.

Call To Order

Roll Call

Agenda Items:

[26-0246](#)

Application of Rolling Trees LLC dba Rolling Trees for a Cigarette, Tobacco, and Electronic Vaping Device License and appeal of denial by the Police Department. *(Note: The Committee and/or Council may convene in closed session pursuant to Wis. Stats. sec. 19.85(1)(a) to deliberate its decision. Following any closed session, the Committees and/or Council may reconvene in open session.)*

Adjournment

Notice is further given that members of other governmental bodies may be present at the above scheduled meeting to gather information about a subject over which they have decision-making responsibility.

NOTICE TO PERSONS WITH A DISABILITY

Requests from persons with a disability who need assistance to participate in this meeting should call the City Clerk's office at (608) 789-7510 or send an email to ADAcityclerk@cityoflacrosse.org, with as much advance notice as possible.

Judiciary & Administration Committee Members:

Tamra Dickinson, Olivia Stine, Gary Padesky, Mackenzie Mindel, Jennifer Trost, Crystal Bedford, Lisa Weston



City of La Crosse, Wisconsin

City Hall
400 La Crosse Street
La Crosse, WI 54601

Text File

File Number: 26-0246

Agenda Date: 3/31/2026

Version: 1

Status: New Business

In Control: Judiciary & Administration Committee

File Type: Application

206740

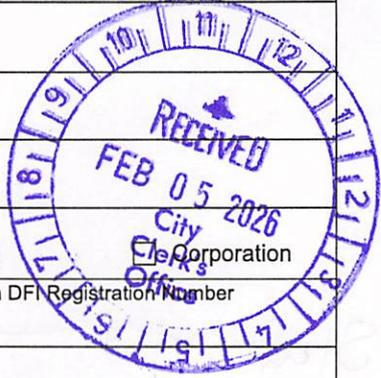
FOR CLERKS ONLY	
Municipality	
License Period	

Form CTV-100

Cigarette, Tobacco, and Electronic Vaping Device Retail License Application

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietor) Rolling Trees LLC			
2. Business Trade Name or DBA <i>Rolling Trees</i>			
3. FEIN 83-3793586		4. Wisconsin Seller's Permit Number 456102979672604	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company			
6. State of Organization Wisconsin		7. Date of Organization 03/01/2019	8. Wisconsin DFI Registration Number
9. Premises Address (do not use PO Box) 444 Main st <i>STE 103</i>			
10. City La Crosse		11. State WI	12. Zip Code 54601
13. County La Crosse	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>La Crosse</u>		15. Aldermanic District
16. Mailing Address (if different from premises address)			
17. City		18. State	19. Zip Code
20. Premises Phone [REDACTED]		21. Premises Email [REDACTED]	22. Website rolling-trees-llc.myshopify.com
23. Premises Description - Describe the building or buildings where cigarettes, tobacco products, and electronic vaping devices are to be sold and stored. Describe all rooms including living quarters, if used, for the sales and/or storage of cigarettes, tobacco products, and electronic vaping devices and records. Cigarettes, tobacco products, and electronic vaping devices may be sold and stored ONLY on the premises described in this application. Attach a floor plan if possible. <i>It is the city square building in Down town la crosse. in the basement is where the products will be sold and they back stock will be in locked display cases. Products will be sold in the main retail area. Products will be stored in (6) display cases in main retail area. Records will be kept digitally at the main counter.</i>			

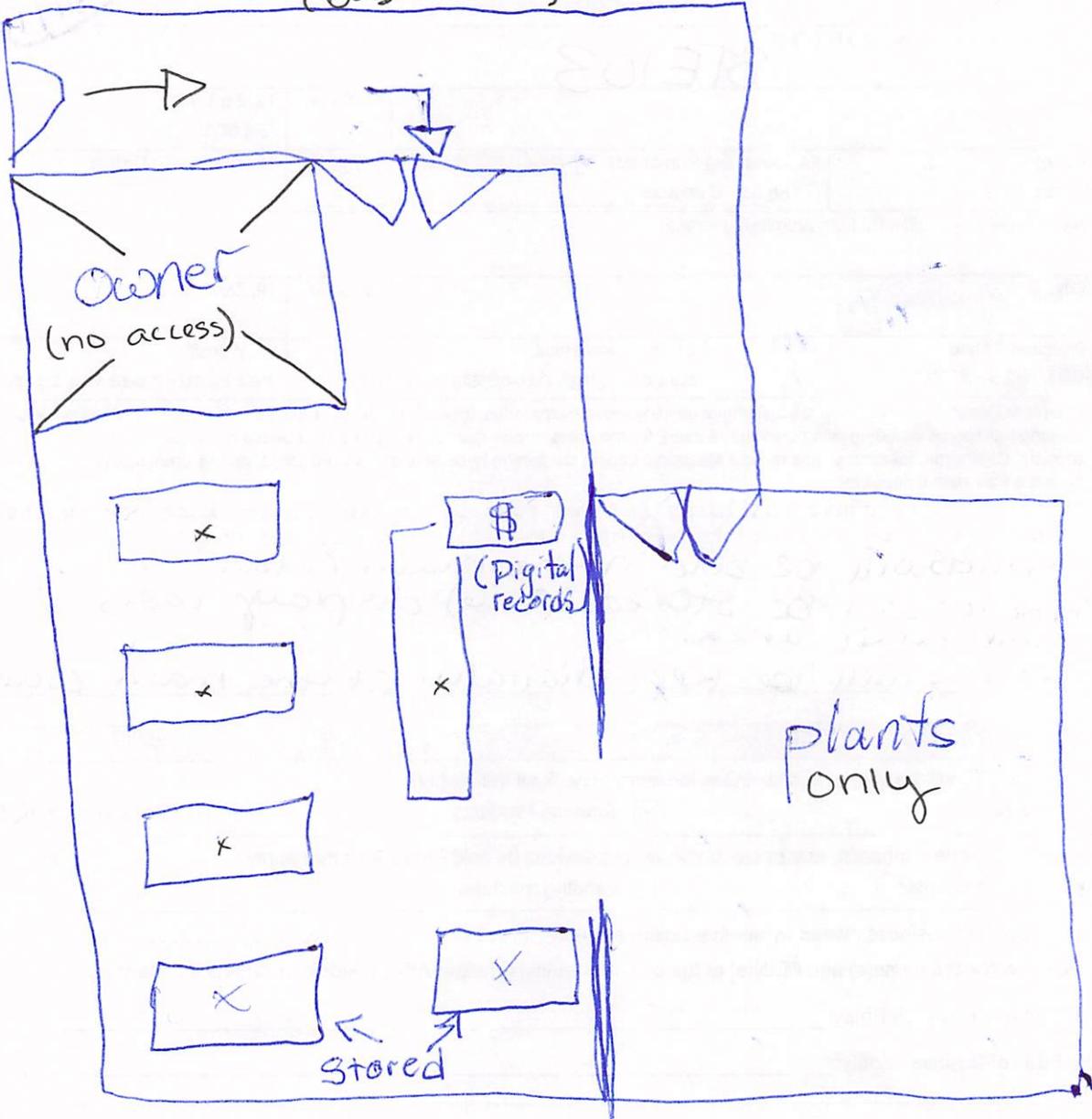


Part B: Questions

1. What products will be sold at this business location? (check all that apply)	
<input type="checkbox"/> Cigarettes	<input checked="" type="checkbox"/> Tobacco Products <input checked="" type="checkbox"/> Electronic Vaping Devices
2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply)	
<input checked="" type="checkbox"/> Over the counter	<input type="checkbox"/> Vending machine
3. Is the applicant business owned by another business entity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, provide the name(s) and FEIN(s) of the business entity(s) below. Attach additional sheets if necessary	
3a. Name of Business Entity: _____	
3b. FEIN of Business Entity: _____	

Rolling Trees LLC
444 Main St Ste 103
(Basement)

Stairs
|||



Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following titles or positions in the applicant business and any businesses listed in Part B, Question 3: sole proprietor: all officers, directors, and agents of a corporation: all partners of a partnership: and all members and agents of a limited liability company. Attach additional sheets if necessary.

Include Form CTV-101, *Individual Questionnaire*, for each person listed below.

Last Name	First Name	Title	Phone
Andonegui	Allan	Owner	[REDACTED]

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 managing member of an LLC

READ CAREFULLY BEFORE SIGNING:

I understand and agree to the following:

- I will only purchase cigarettes, tobacco, and vapor products from distributors, jobbers, or subjobbers permitted by the Wisconsin Department of Revenue, unless I also hold the proper distributor's permit and pay all applicable excise taxes.
- I will not purchase or exchange products from another retailer, including transferring existing stock to a new owner.
- I will provide tobacco sales training that has been approved by the Wisconsin Department of Health Services to my employees. (<https://witobaccocheck.org>).
- I will not sell single cigarettes.
- I will not sell, give, or otherwise provide cigarettes, tobacco, or any nicotine products to minors.
- I will keep product invoices on the licensed premises for two years and ensure the records are available for inspection by law enforcement. Failure to comply with this will result in criminal penalties, including loss of inventory.
- I will not sell cigarettes or roll-your-own (RYO) tobacco products unless listed on the Wisconsin Department of Justice's directory of certified tobacco manufacturers and brands.

Further, under penalty provided by law, I state that this application has been truthfully answered to the best of my knowledge. I agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature <i>Allan Andonegui</i>		Date <i>2-4-26</i>
Name (Last, First, M.I.) <i>Andonegui Allan K</i>		
Title <i>Owner</i>	Email [REDACTED]	Phone [REDACTED]

Part E: For Clerk Use Only

Date application was filed with clerk	Date license issued	Date license expires	License number
License fees	Signature of Clerk/Deputy Clerk		

Date

Form
CTV-101

Cigarette, Tobacco, and Electronic Vaping Device License - Individual Questionnaire

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
Rolling trees LLC

2. Business Trade Name or DBA
Rolling Trees

3. Entity Type (check one)
 Sole Proprietor
 Partnership
 Limited Liability Company
 Corporation

Part B: Individual Information

1. Name (Last)
Andoneanu

2. Name (First)
Allan

3. Name (M.I.)
K

4. Relationship to Business (Title)
Owner

5. Email
[REDACTED]

6. Phone
[REDACTED]

7. Home Address
W5867 Hillcrest Dr

8. City
La Crosse

9. State
WI

10. Zip Code
54601

11. Date of Birth
[REDACTED]

12. Drivers License/State ID Number
[REDACTED]

13. Drivers License/State ID State of Issuance
Wisconsin

Part C: Individual's Address History

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

Previous Address	City	State	Zip Code
1209 Seiler Ln La Crosse	La Crosse	WI	54601
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
Previous Address 6	City	State	Zip Code

If applicable, 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

Continued →

Part D: Individual's Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses) 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:

Law/Ordinance Violated <i>DUIs</i>	Location <i>la Crosse</i>	Trial Date <i>around 2012</i>
Penalty Imposed <i>Classes</i>		Was sentence completed? <input checked="" 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
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (other than traffic offenses) 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 by Individual

READ CAREFULLY BEFORE SIGNING: 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 an application for cigarette, electronic vaping devices, and tobacco products retail license may be required to forfeit not more than \$1,000 if convicted. I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete to the best of my knowledge and belief.

Signature <i>Allen C. Pappas</i>	Date <i>2-5-26</i>
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Part F: Licensing Authority Approval

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, this individual qualifies to serve in the reported role with the above-named business.

Name of Local Official	Title
Signature of Local Official	Date

Form
CTV-102

Cigarette, Tobacco, and Electronic Vaping Device Appointment of Agent

Date

Agent Type (check one): Original Change

Part A: Agent Information		
1. Last Name Andonegui	2. First Name Allan	3. M.I. K
4. Email [REDACTED]	5. Phone [REDACTED]	
6. Home Address 105867 Hillcrest Dr		
7. City La Crosse	8. State WI	9. Zip Code 54601
10. Date of Birth [REDACTED]	11. Drivers License/State ID Number [REDACTED]	12. Drivers License/State ID State of Issuance Wisconsin

Part B: Questions
1. Have you completed Form CTV-101, <i>Cigarette, Tobacco, and Electronic Vaping Device License - Individual Questionnaire</i> ? Submit a completed Form CTV-101 with this form. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. If this is a change of agent, please describe the reason for the agent change. Attach additional sheets if necessary.

Part C: Business Information		
1. Legal Business Name (individual name if sole proprietor) Rolling Trees LLC		
2. Business Trade Name or DBA Rolling Trees		
3. Entity Type (check one) <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation		
4. Premises Address 444 main st Ste 103		
5. City La Crosse	6. State WI	7. Zip Code 54601

Part D: Attestations	
READ CAREFULLY BEFORE SIGNING: I, the Licensee, authorize the above-named individual to act for the above-named corporation or limited liability company with full authority and control of the premises and of all business relative to cigarettes, tobacco products, and/or electronic vaping devices conducted therein. I certify that I am authorized by the 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.	
Signature of Licensee (officer, member, or authorized signatory) Allan Andonegui	Date 2-5-26
Name of Person Signing for Licensee Allan Andonegui	Title owner
READ CAREFULLY BEFORE SIGNING: I, the Agent, hereby accept this appointment as agent for the above-named corporation or limited liability company and assume full responsibility for the conduct of all business relative to sales of cigarettes, tobacco products, and/or electronic vaping devices conducted 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 form, and that any person who knowingly provides materially false information on this form may be required to forfeit not more than \$1,000 if convicted.	
Signature of Agent Allan Andonegui	Date 2-5-26



LA CROSSE
POLICE DEPARTMENT
LEAD. PARTNER. PROTECT.

February 6, 2026

ALLAN K. GUZMAN-ANDONEGUI
DBA: ROLLING REES LLC
444 MAIN ST
STE 103
LA CROSSE, WI 54601

Dear Allen Guzman-Andonegui:

Your application for a city issued cigarette, tobacco and electronic vaping license is being recommended for denial for the following reason(s):

- Probation/Parole status:
- Current charges pending: Forgery - Uttering**
- Outstanding warrant(s):
- Past conviction record:
- Incomplete Application:
- Other:

If you have questions or want to discuss this recommendation, please contact the Police Records Supervisor Greg Elsen at (608) 789-7230.

You may also appeal this denial by requesting a hearing before the Judiciary and Administration Committee of the Common Council no later than 4:00 P.M., by the 15th of the month. This can be done by contacting the City Clerk at (608) 789-7510.

Sincerely,

Shawn P. Kudron
Chief of Police

By:

Greg Elsen
Records Supervisor

cc. Chief of Police, City Attorney, City Clerk

Smithburg, Alicia

From: Elsen, Greg
Sent: Monday, March 2, 2026 9:35 AM
To: myrollingtrees@gmail.com
Subject: Pending Tobacco License
Attachments: Allan Andonegui Denial.pdf

Mr. Guzman-Andonegui,

Your application for a tobacco license is still under a recommendation of denial for pending criminal charges. When we last talked on the phone, I had told you that there appears that the District Attorney's office had an offer to resolve the case with a plea, but you said that you were not going to take the plea.

Until this case is resolved, the recommendation of denial will stay. If you wish to appeal this, you will need to contact the City Clerk's office to schedule the appeal hearing.

Respectfully,



Greg Elsen
Records Supervisor
La Crosse Police Department
400 La Crosse Street, La Crosse, WI 54601
Phone: 608-789-7230
Fax: 608-789-7250
www.cityoflacrosse.org/police

Confidential and Protected:

The information contained in this email message may be confidential and protected from disclosure. This email is intended solely for the recipient to whom it is addressed. Any review, transmission, dissemination, distribution, copying, or other use is strictly prohibited. If you have received this email in error, please respond to the sender at elseng@cityoflacrosse.org and delete the material from any computer and/or server



March 5, 2026

ROLLING TREES LLC DBA ROLLING TREES
ATTN: ALLAN K. GUZMAN-ANDONEGUI
444 MAIN ST STE 103
LA CROSSE WI 54601

Re: Cigarette, Tobacco, and Electronic Vaping Device License – Appeal of Denial

Dear Allan,

Pursuant to your request, a hearing has been scheduled before the Judiciary & Administration Committee, allowing you to appeal the decision of the Police Department regarding the Cigarette, Tobacco, and Electronic Vaping Device license.

Please be advised that a hearing is scheduled for Tuesday, March 31, 2026, at 5:00 p.m. in the Council Chambers at La Crosse City Hall, 400 La Crosse Street. Please enter through the meeting room entrance, which is to the left of the main entrance doors.

At said hearing, you have the right to be represented by an attorney at your own expense, the right to present evidence and testimony, and cross-examine any witnesses produced by the City. If you fail to appear at the hearing, the denial of your license will be upheld.

If you have any questions prior to the hearing, feel free to contact me directly.

Sincerely,

Sondra Craig, Deputy Clerk
craigs@cityoflacrosse.org
608-789-7549

cc: Mackenzie Mindel, Chair Judiciary & Administration Committee
Stephen Matty, City Attorney
Greg Elsen, Police Department



LA CROSSE
POLICE DEPARTMENT
LEAD. PARTNER. PROTECT.

February 6, 2026

ALLAN K. GUZMAN-ANDONEGUI
DBA: ROLLING TREES LLC
444 MAIN ST
STE 103
LA CROSSE, WI 54601

Dear Allen Guzman-Andonegui:

Your application for a city issued cigarette, tobacco and electronic vaping license is being recommended for denial for the following reason(s):

- Probation/Parole status:
- Current charges pending: Forgery - Uttering**
- Outstanding warrant(s):
- Past conviction record:
- Incomplete Application:
- Other:

If you have questions or want to discuss this recommendation, please contact the Police Records Supervisor Greg Elsen at (608) 789-7230.

You may also appeal this denial by requesting a hearing before the Judiciary and Administration Committee of the Common Council no later than 4:00 P.M., by the 15th of the month. This can be done by contacting the City Clerk at (608) 789-7510.

Sincerely,

Shawn P. Kudron
Chief of Police

By:

Greg Elsen
Records Supervisor

cc. Chief of Police, City Attorney, City Clerk

On April 10, 2025 at 12:50 p.m., I was dispatched to a fraud complaint at 307 Main Street, #301. The complainant was at the LCPD lobby and lived in Caledonia, Minnesota, but had a check stolen that was mailed to a vendor of theirs.

INTERVIEW WITH BRENT WELCH:

I arrived at the City of La Crosse Police Department and verbally identified Brent Welch. He was escorted to Interview Room #2 at the police department. Brent advised he was a Co-Owner for Tree Huggers Cannabis LLC and they had recently discovered a stolen and deposited check from their business through their accounting.

Brent showed me several documents regarding the bank and the fraud/forgery investigation form, which he had completed for Merchant's Bank. Tree Huggers Cannabis had written a check on February 7, 2025 with the company name listed at the top through their bank, Merchant's Bank. The pay to the order section of the check was filled out with Tree Huggers Cannabis MN LLC and the check was made out to OnPoint Foraging LLC, with a listed address of 4912 France Avenue North, in Minneapolis, Minnesota. Brent advised the check amount was for \$1,271.00 and had Check #001213. Brent was able to provide me a copy of the deposited check.

Brent stated the check was sent from 307 Main Street #301 in La Crosse to the address previously listed, in Minneapolis. He stated their vendors accountant had advised the check did not arrive from Tree Huggers Cannabis LLC, but they had moved locations, as well as their mailbox being broken into. He contacted Merchant's Bank, who advised the check had been deposited into a Capital One account, but they were unable to access any other details. They also advised that it appeared that the pay to the order of section of the check had been whited out and filled in with the name "Allan Ainteueu".

Both Brent and/or his merchant were unsure who this person was or how else they would have obtained the check. Brent advised he wished to file a police report and pursue charges if applicable and did not consent to anyone rewriting the check or depositing the check that did not have consent to do so. Brent allowed me to make copies of the copied deposited check's front and back, as well as the fraud/forgery investigation form and an affidavit of forgery from the bank, which had been notarized. These copies will be attached to this report. I provided Brent a crime victim sheet as well at this time.

CONTACT WITH MERCHANT'S BANK:

I made contact with a representative from Merchant's Bank, based in Onalaska, Wisconsin. The representative was aware of the situation and had recently talked to Brent. She stated as far as they could tell, the check had been whited out with a name written into the pay to the order of section. The name previously mentioned, "Allan Ainteueu", was her best guess as to what name was written on the check, as it is difficult to make out the name on the deposited check.

On the back of the check, it is written "Capital One, NA Richmond, Virginia RDC Deposit" and the last four of an account number, 9318.

The representative from Merchant's advised it appears this is an RDC mobile deposit through Capital One, deposited through Richmond, Virginia. She advised they had no further information on the person who deposited the check and/or what account the check was deposited into. She told me an RDC deposit is usually made by taking photos of the check on the persons personal phone. The person never would have entered a bank branch. She was able to give me the account number for the Merchant's check number, which was 30066078. The check number of 001213, and the pay date was 03/21/2025.

CONTACT WITH CAPITAL ONE BANK:

I attempted contact with Capital One Bank and was unable to speak with a person over the phone. I located a law enforcement referral email. I completed an email to the law enforcement referral email regarding this incident and the necessary information in the attempts that they could identify who deposited the check and the associated account. At the time of this report, I am waiting to hear back from Capital One.

On 04/15/25 I received an email from Abby Zetocha-Tasto from Capital One fraud investigations department. I made phone contact with Abby who was able to provide many details about the persons account which had mobile deposited the check. Abby advised the persons account was an Allan K. Andonegui with a birthday of [REDACTED]. She advised she had restricted his account due to the possibility of fraudulent activity.

Allan had reached out to customer support due to this and the representative had added notes to the account. They advised Allan did not deny cashing the check with is phone and stated it was payment from Tree Huggers LLC for a cleaning job he had completed. They also advised it sounded as if Allan had to think of the answers before answering them on the phone and would take long breaks between them asking and him answering.

They were able to identify Allan's residential listed address as well as a mailing address. They also provided his phone number. They were able to identify the IP address related to his mobile device as well: [REDACTED] Abby advised she believed Allan was operating through a VPN due to the deposit stating it occurred in Wheeling IL, but only one hour later the device appeared in La Crosse WI. She also stated he had been a long-standing customer and had direct deposits from Mayo hospital.

IDENTIFICATION/ATTEMPTED CONTACT WITH ALLAN GUZMAN ANDONEGUI:

Based on Allan's name being on the check and his account being the one which the check was deposited into, he was identified as the forgery suspect in this case. I attempted phone contact with Allan via his phone number provided to me by Capital One. I also attempted contact at his residential address listed at [REDACTED] There was no answer at the residence and it was recently sold in early 2025. I was unable to leave a voicemail for Allan to call me back.

Based on the mailing address provided by Capital One of [REDACTED] I identified the owner as Adam Wallace. I attempted phone contact with Adam and left a voicemail advising him to callback if he knows the whereabouts of Allan.

CONTACT WITH BRENT WELCH:

I again made phone contact with Brent to update him on my findings. Brent advised they did not and would not have written a check in that manner. He advised all of their checks are written by their accounting/investment firm located at the incident address. He advised he is unsure how/when this person would have been able to obtain the check. He was going to check with his accountant to see if Allan would have had a chance to take the check or any other way the check may have been misplaced.

DISPOSITION:

At the time of this report Allan Guzman Andonegui was identified as the suspect in this case. If Allan is contacted he should be interviewed reference this case. Due to not being able to interview Allan I am asking the District Attorney's office to review this case for the referred charge of forgery.

Subscribed and sworn to before me on 05/14/25

Electronically Signed By:

Jessica Skemp

Assistant District Attorney

State Bar #: 1025642

Electronically Signed By:

Sgt. Penzkover

Complainant

N 1439153 WISCONSIN UNIFORM MUNICIPAL COURT CITATION AND COMPLAINT

*Deposit Permitted Cash Card
\$ 187.00

26-04774
(For Court Use only)

You Are Notified To Appear
Is this a mandatory appearance? yes no
(Read the reverse side of this citation for court information.)

Date: 03/18/26
Time: ~~0830a~~ 0830a AM PM

Defendant Name - Last: Rolling Trees LLC. First: MI
Street Address: 444 Main St #103 Post Office: La Crosse State: WI Zip Code: 54601
Driver License Number or Other I.D. (specify): State: Exp. Yr.:
Date of Birth: Sex: Race: Height: Weight: Hair: Eyes:
License Plate Number: Plate Type: State: Exp. Yr.:
Plaintiff: City Village Town
OF: La Crosse
Defendant Violated: Ordinance No. 10-171 Adopting State Statute No.:

Description of Violation: Sellers permit tobacco/vapes

Week Day: Wed Month - Day - Year: 02/4/26 Time: 1516 AM PM At: 444 Main St #103 County: La Crosse
Citation Served: Personally Mailed to defendant's last known address
 Left with person residing at defendant's residence: Name: Age:
Print Officer Name: Sgt. Mandujano Department: LCPD I.D. No.: 2152 Date Citation Issued: 2/12/26
Name & Address of Parent/Guardian/Legal Custodian (if minor defendant):
Telephone Number of Parent/Guardian/Legal Custodian:

MC-2000, 10/01

COURT COPY

AGENCY RECORD

Date of Disposition: FINDING: Guilty Dismissed
PLEA: Guilty No Contest Not Guilty Default Forfeiture
Other Disposition: Not Guilty \$

Court Officer: Incident Report: Comments:

On 02/04/26 I conducted a tobacco compliance check at Rolling Trees located at 444 Main St. #103 in the city of La Crosse. Contact was made with owner, Allan K. Andonegui via phone who said he did not think he had a Sellers permit. I contacted the City Clerk and verified he did not. I followed up on 2/12/26 with Allan at Rolling Trees and issued him a ~~written~~ Citation for no Sellers permit. He was advised of his court date and released.