



# City of La Crosse, Wisconsin

City Hall  
400 La Crosse Street  
La Crosse, WI 54601

## Meeting Agenda - Final-revised

### Judiciary & Administration Committee

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Tuesday, September 2, 2025

6:00 PM

Council Chambers  
City Hall, First Floor

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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](mailto: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](mailto: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:

#### NEW BUSINESS

[25-0938](#)

AN ORDINANCE to amend Subsection 115-110 of the Code of Ordinances of the City of La Crosse by transferring certain property from the Local Business District to the Traditional Neighborhood District - Specific, allowing for mixed use of the building as an office space and a residential rental unit at 1202 State St.

*Public hearing.*

[25-0987](#)

Various license applications pursuant to Chapters 4, 6, and/or 10 of the La Crosse Municipal Code for the license period 2025-2026 (September).

## 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](mailto: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: 25-0938**

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**Agenda Date:** 9/2/2025

**Version:** 1

**Status:** New Business

**In Control:** Judiciary & Administration Committee

**File Type:** Ordinance

ORDINANCE NO.: \_\_\_\_\_

AN ORDINANCE to amend Subsection 115-110 of the Code of Ordinances of the City of La Crosse by transferring certain property from the Local Business District to the to the Traditional Neighborhood District – Specific, allowing for mixed use of the building as an office space and a residential rental unit at 1202 State St.

THE COMMON COUNCIL of the City of La Crosse do ordain as follows:

SECTION I: Subsection 115-110 of the Code of Ordinances of the City of La Crosse is hereby amended by transferring certain property from the Local Business District to the to the Traditional Neighborhood District – Specific on the Master Zoning Map, to-wit:

*Tax Parcel 17-20227-070; 1202 State St*

SECTION II: Should any portion of this ordinance be declared unconstitutional or invalid by a court of competent jurisdiction, the remainder of this division shall not be affected.

SECTION III: This ordinance shall take effect and be in force from and after its passage and publication.

\_\_\_\_\_  
Shaundel Washington-Spivey, Mayor

\_\_\_\_\_  
Nikki M. Elsen, City Clerk

Passed:  
Approved:  
Published:



PETITION FOR CHANGE TO ZONING  
CITY OF LA CROSSE

AMENDMENT OF ZONING DISTRICT BOUNDARIES

For a Planned Development District or  
Traditional Neighborhood District

Petitioner (name and address):

George Keith Brown 2945 Baier Ln LaCrosse WI 54601

Owner of site (name and address):

George Keith Brown 2945 Baier Ln LaCrosse WI 54601

Address of subject premises:

1202 STATE ST LaCrosse WI 54601

Tax Parcel No.:

17-20227-70

Legal Description (must be a recordable legal description; see Requirements):

Lots 5 and 6, except the east 30 7/8 feet of said Lot 5, of subdivision of Block 19, Metzger and Funk's Addition to the city of LaCrosse, County of LaCrosse, State of Wisconsin; Excepting THEREFROM the lands conveyed to the City of LaCrosse in War

PDD/TND: ☐ General ☒ Specific ☐ General & Specific

Zoning District Classification:

C1-Local Business

Proposed Zoning Classification:

TND Specific

Is the property located in a floodway/floodplain zoning district? ☐ Yes ☒ No

Is the property/structure listed on the local register of historic places? ☐ Yes ☒ No

Is the Rezoning consistent with Future Land Use Map of the Comprehensive Plan? ☒ Yes ☐ No

Is the consistent with the policies of the Comprehensive Plan? ☒ Yes ☐ No

Property is Presently Used For:

Commercial - office space

Property is Proposed to be Used For:

Commercial office, door facing state  
Residential apartment, door facing alley

Proposed Rezoning is Necessary Because (Detailed Answer):

TND Zoning is required for mixed use property.

Proposed Rezoning will not be Detrimental to the Neighborhood or Public Welfare Because (Detailed Answer):

the proposed zoning/use will fit well into current neighborhood.

Proposed Rezoning will not be Detrimental to the City's Long Range Comprehensive Plan Goals, Objectives, Actions and Policies Because (Detailed Answer):

this fits well into the city's long term goals for greater density, urban mixed uses, and increase efficiency of resources.

The undersigned depose and state that I/we am/are the owner of the property involved in this petition and that said property was purchased by me/us on the 13<sup>th</sup> day of February, 2025.

I hereby certify that I am the owner or authorized agent of the owner (include affidavit signed by owner) and that I have read and understand the content of this petition and that the above statements and attachments submitted hereto are true and correct to the best of my knowledge and belief.

Dean Keith Bur

(signature)

608-790-5739

(telephone)

7-2-25

(date)

K64rent@gmail.com

(email)

At least 30 days prior to filing the petition for approval of the designation of a Planned Development District, the owner or his agent making such petition shall meet with the Planning Department, Engineering Department and Building Safety to discuss the scope and proposed nature of the contemplated development. (Pursuant sec. 115-156(3)(e)(1) of the Municipal Code of Ordinances of the City of La Crosse.)

PETITIONER SHALL, BEFORE FILING, HAVE PETITION REVIEWED AND INFORMATION VERIFIED BY THE DIRECTOR OF PLANNING & DEVELOPMENT.

Review was made on the 25<sup>th</sup> day of July, 2025

Signed: [Signature]

Director of Planning & Development

AFFIDAVIT

STATE OF WI )  
 ) ss  
COUNTY OF Lacrosse )

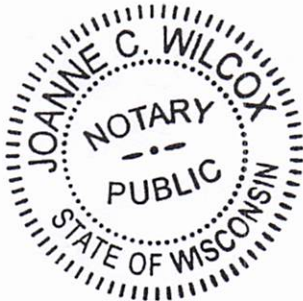
The undersigned, George Keith Brown, being duly sworn states:

1. That the undersigned is an adult resident of the City of Lacrosse, State of WI.
2. That the undersigned is (one of the) legal owner(s) of the property located at 1202 STATE
3. By signing this affidavit, the undersigned authorizes the application for a conditional use permit/district change or amendment (circle one) for said property.

George Keith Brown  
Property Owner

Subscribed and sworn to before me this 2 day of July, 2025

Joanne C. Wilcox  
Notary Public  
My Commission expires 1/9/27





This is a hand-drawn floor plan of a multi-unit building, likely a residential complex. The plan is divided into several units, each with handwritten labels and dimensions. The units include:

- Living room**: Located at the top left, with dimensions 15' 11" x 12'.
- Bedroom 4**: Located at the top right, with dimensions 15' 0" x 15' 0".
- Bedroom 5**: Located in the middle left, with dimensions 15' 6" x 13' 16". It includes a **Bath** and is labeled "With private living room Bath".
- 2nd Living room**: Located below Bedroom 5, with dimensions 15' 11" x 12'.
- Storage**: Located in the center, with dimensions 11' 1" x 10'.
- Bath**: Located in the center, with dimensions 7' 9" x 10'.
- Bedroom 3**: Located in the middle right, with dimensions 15' 0" x 15' 0".
- Kitchen**: Located below Bedroom 3, with dimensions 15' 0" x 15' 0".
- Bedroom 2**: Located below the Kitchen, with dimensions 15' 0" x 15' 0".
- Media room**: Located in the center, with dimensions 12' 1" x 11' 0".
- Bedroom 1**: Located at the bottom right, with dimensions 15' 0" x 15' 0".
- Prestige Rentals office**: Located at the bottom left, with dimensions 15' 1" x 15' 0".
- Prestige Rentals office**: Located at the bottom center, with dimensions 15' 1" x 15' 0".
- Furnace**: Located on the left side, with dimensions 7' 9" x 10'.
- New wall**: A vertical line labeled "New wall" is shown on the left side.
- Storage**: A vertical line labeled "Storage" is shown on the left side.
- Bath**: Two additional bathrooms are shown on the left side, with dimensions 7' 9" x 10' and 7' 9" x 10'.

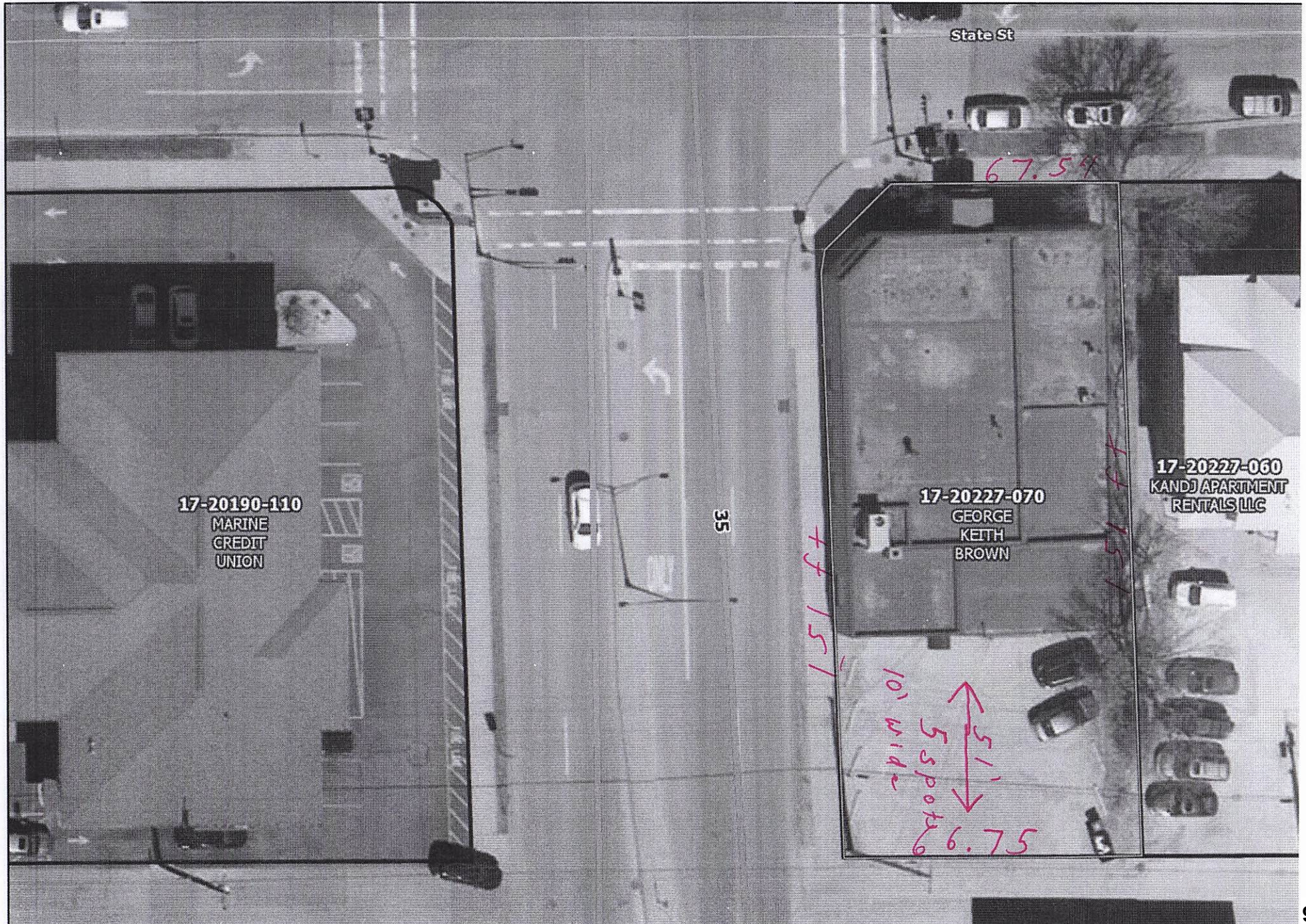
The plan also includes various dimensions for walls, doors, and other structural elements, such as 15' 11" x 12', 15' 6" x 13' 16", 11' 1" x 10', 7' 9" x 10', 15' 0" x 15' 0", 12' 1" x 11' 0", 15' 1" x 15' 0", and 15' 0" x 15' 0".



(See recorded documents for a complete legal description)

SUBDIVISION OF BLOCK NO. 19 OF METZGER & FUNK'S ADDITION PRT LOTS 5 & 6 BEG NW COR LOT 6 E ALG N LN LOTS 6 & 5  
67.54FT S 151FT TO S LN LOT 5 W 66.75FT TO SW COR LOT 6 N ALG W LN LOT 6 151FT TO POB EX PRT TAKEN FOR R/W IN DOC NO.  
1463533

# La Crosse County Web Map





## **Rezoning Narrative for 1202 State St, La Crosse, WI**

**\*\*Property Owner\*\*:** George K Brown

**\*\*Property Address\*\*:** 1202 State Street, La Crosse, WI 54601

**\*\*Parcel Number\*\*:** 17-20227-070

**\*\*Current Zoning\*\*:** Commercial

**\*\*Proposed Zoning\*\*:** Mixed-use (Business Office + Residential)

### **Proposal Overview:**

As the owner and landlord of the property at 1202 State Street, I am requesting a rezoning to allow for a dual-purpose use: a small business office in the front of the building (commercial use) and a residential rental unit in the rear portion (housing use). This is intended to preserve and enhance the property's contribution to the neighborhood's walkability, accessibility, and character, while better utilizing the existing structure and layout.

The property will not be significantly altered externally, and any renovations will comply with applicable building and safety codes. The front space will serve as a professional or administrative office, while the back portion will serve as a one-unit rental housing space.

### **Purpose and Need:**

- The current zoning restricts this property's flexibility to meet both commercial and residential needs.
- The proposed use supports small business operation while adding valuable rental housing in a walkable neighborhood.
- This supports the goals of diverse land use, economic opportunity, and neighborhood vitality in a way consistent with the City's zoning and development plans.

### **How the Proposal Meets §115-403(d) Traditional Neighborhood Development Design Standards:**

Per §115-403(d), this property and use proposal adheres to the following TND design principles:

- Compact Design:

The proposed use maximizes the utility of the existing building without expanding the footprint. Both the commercial and residential functions will operate within the structure, contributing to compact, efficient land use.

- Mixed Land Uses:

The proposal introduces a live/work model within the same parcel, aligning with the TND goal of integrating multiple uses in a single building or block. This aligns with a walkable, mixed-use neighborhood model and reduces reliance on vehicle travel.

- **Walkability:**

The site is located on State Street, a key thoroughfare within walking distance of other businesses, residences, schools, and transit options. The dual-use design encourages pedestrian access and engagement with the neighborhood.

- **Connectivity and Accessibility:**

The location is accessible by sidewalk and public transportation. Parking for both uses will be managed on-site or via adjacent legal street parking, in compliance with code.

- **Human-Scale Design and Building Orientation:**

The building maintains its original human-scale façade and entrance orientation toward the street, as typical of traditional neighborhood structures. The commercial entrance will remain clearly defined at the front, while the residential entry will be set toward the rear or side, ensuring clear and functional access for both.

- **Diverse Housing Types:**

The rear housing unit introduces a small-scale rental opportunity into a predominantly commercial corridor, offering diverse housing options while remaining sensitive to neighborhood character.

- **Sustainability and Reuse of Existing Structures:**

The proposed change will reuse and repurpose an existing building instead of requiring new development, preserving materials and minimizing disruption to the neighborhood.

**Conclusion:**

This proposed rezoning supports the principles and intent of the Traditional Neighborhood Development zoning standards by enhancing land use efficiency, encouraging walkable and human-scale mixed-use, and increasing the vitality of the neighborhood without disrupting its character. The combination of business office and residential unit will contribute to the long-term sustainability of the property, support local economic activity, and provide additional housing — all in a manner consistent with La Crosse's comprehensive plan and zoning goals.

I respectfully request your consideration and approval of this zoning amendment.

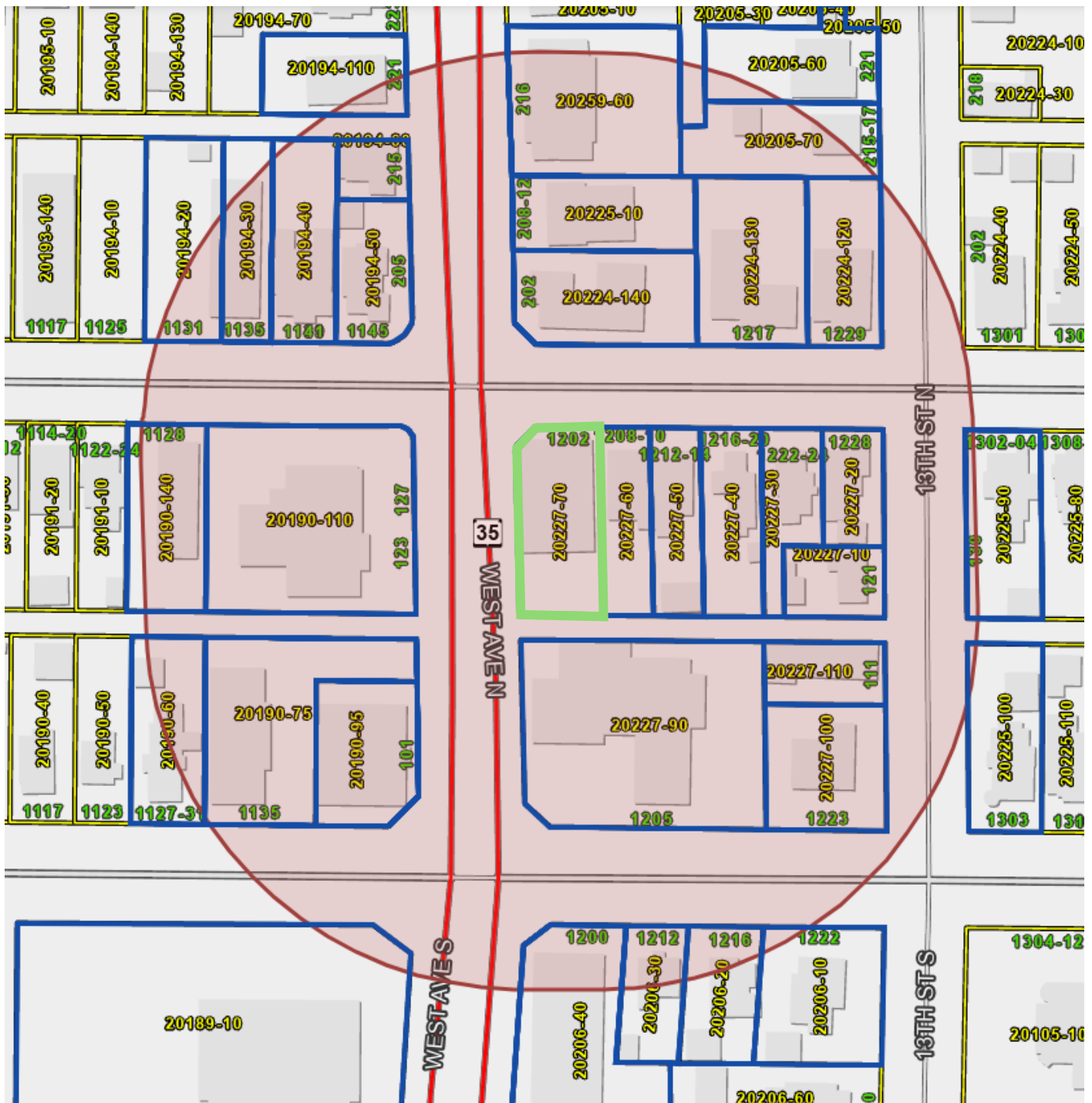
Tax Parcel	OwnerName	PROPADDCOMP	Mailing Address	MailCityStateZip
17-20224-120	BRETT SAWYER PROPERTIES LLC	1229 STATE ST	1020 GROVE ST UNIT 19	LA CROSSE WI 54601-3415
17-20190-75	BULEY PROPERTIES I LLC	1135 MAIN ST	4510 WOODLAND GRN	LA CROSSE WI 54601
17-20224-140	CARDINAL POINT PROPERTIES LLC	202 WEST AVE N	310 23RD ST N	LA CROSSE WI 54601
17-20206-30	DENTAL CENTER LLP	1212 MAIN ST	1200 MAIN ST	LA CROSSE WI 54601-4102
17-20206-40	DENTAL CENTER, DENTAL CENTER LLP	1200 MAIN ST	1200 MAIN ST	LA CROSSE WI 54601-4102
17-20224-130	DONOVAN B BORSHEIM TRUST	1217 STATE ST	1909 SHARON ST	LA CROSSE WI 54603
17-20227-30	FACT ENT LLC	1222 & 1224 STATE ST	109 14TH ST S	LA CROSSE WI 54601
17-20227-90	FIRST BAPTIST CHURCH OF LACROSSE	1205 MAIN ST	1205 MAIN ST	LA CROSSE WI 54601-4130
17-20194-20	GH-I LACROSSE LLC	1131 STATE ST	100 6TH ST N STE A	LA CROSSE WI 54601
17-20194-30	GH-I LACROSSE LLC	1135 STATE ST	100 6TH ST N STE A	LA CROSSE WI 54601
17-20225-10	JAMAR OF LACROSSE LLC	208, 210, 212 WEST AVE N	3549 LAKESHORE DR	LA CROSSE WI 54603-1076
17-20259-60	JAMAR OF LACROSSE LLC	216 WEST AVE N	3549 LAKESHORE DR	LA CROSSE WI 54603-1076
17-20206-20	JOHN M RICHARDSON, KALISTA R RICHARDSON	1216 MAIN ST	1216 MAIN ST	LA CROSSE WI 54601-4102
17-20227-40	K&J APARTMENT RENTALS LLC	1216, 1218, 1220 STATE ST	PO BOX 004	LA CROSSE WI 54602-0004
17-20227-50	K&J APARTMENT RENTALS LLC	1212 & 1214 STATE ST	PO BOX 004	LA CROSSE WI 54602-0004
17-20227-60	K&J APARTMENT RENTALS LLC	1208 & 1210 STATE ST	PO BOX 004	LA CROSSE WI 54602-0004
17-20227-110	KATHERINE F SCHNELL	111 13TH ST N	6426 CHURCH HILLS RD	QUINCY IL 62305-0450
17-20227-10	KEVIN BROWN	121 13TH ST N	2835 31ST ST S	LA CROSSE WI 54601-7732
17-20189-10	LACROSSE AREA FAMILY YMCA BD OF TRUSTEES INC	148 WEST AVE S	1140 MAIN ST	LA CROSSE WI 54601-4124
17-20225-90	LITTLEMUNZIES LLC	130 13TH ST N	1400 PINE ST	LA CROSSE WI 54601
17-20190-110	MARINE CREDIT UNION	1302 & 1304 STATE ST	PO BOX 309	ONALASKA WI 54650-0309
17-20206-10	MORRELL E COLBURN	123 & 127 WEST AVE N	PO BOX 309	ONALASKA WI 54650-0309
17-20206-10	MORRELL E COLBURN	1222 MAIN ST	1222 MAIN ST	LA CROSSE WI 54601-4102
17-20190-140	MVC TRUST	1128 STATE ST	PO BOX 88	EAGLEVILLE TN 37060
17-20227-100	NEW HORIZONS SHELTER AND WOMENS CENTER INC	1223 MAIN ST	PO BOX 2031	LA CROSSE WI 54602-2031
17-20194-110	PINETREE PROPERTIES II LLC	221 WEST AVE N	3484 ISAIAH AVE E	GILBERT AZ 85298
17-20205-60	RESURRECTION RENTALS LLC	221 13TH ST N	S8086 HOLD RD	DE SOTO WI 54624
17-20190-95	RRJ HOLDINGS LLC	101 WEST AVE N	307 MAIN ST STE 301	LA CROSSE WI 54601
17-20205-70	SAM CHEN	215 & 217 13TH ST N	1430 CLIFFVIEW AVE	ONALASKA WI 54650
17-20190-60	SOARING EAGLE REI LLC	1127, 1129, 1131 MAIN ST	PO BOX 583	HOLMEN WI 54636-0583
17-20194-40	SOUTH PROPERTIES LLC	1139 & 1141 STATE ST	3215 GEORGE ST #3	LA CROSSE WI 54603
17-20194-50	SOUTH PROPERTIES LLC	1145 STATE ST	3215 GEORGE ST #3	LA CROSSE WI 54603
17-20194-60	SOUTH PROPERTIES LLC	205 WEST AVE N	3215 GEORGE ST #3	LA CROSSE WI 54603
17-20227-20	SOUTH PROPERTIES LLC	215 WEST AVE N	3215 GEORGE ST #3	LA CROSSE WI 54603
17-20227-20	SOUTH PROPERTIES LLC	1228 STATE ST	3215 GEORGE ST #3	LA CROSSE WI 54603
17-20225-100	TYLOR J FISCHER, TIFFANY R FISCHER	1303 MAIN ST	1303 MAIN ST	LA CROSSE WI 54601-4263

**Properties within 300 feet of 1202 State Street.**

Applicant:  
17-20227-70      GEORGE KEITH BROWN      1202 STATE ST      2945 BAIER LN      LA CROSSE WI 54602-0004



1202 State St



**NOTICE OF HEARING ON  
AMENDMENT TO ZONING RESTRICTION**

TO WHOM IT MAY CONCERN:

NOTICE IS HEREBY GIVEN that the Common Council of the City of La Crosse, by its Judiciary & Administration Committee, will hold a public hearing on a proposed ordinance change in the zoning code as follows:

**AN ORDINANCE to amend Subsection 115-110 of the Code of Ordinances of the City of La Crosse by transferring certain property from the Local Business District to the to the Traditional Neighborhood District - Specific, allowing for mixed use of the building as an office space and a residential rental unit at 1202 State St.**

**Property is presently: commercial building – office space**

**Property is proposed to be: mixed use of office space and a residential rental unit**

**Rezoning is necessary: to allow for the mix of uses on one property**

*Tax Parcel 17-30182-30; 1513 Market St.*

The City Plan Commission will meet to consider such application on **Tuesday, September 2, 2025, at 4:00 p.m.** in the Council Chambers of City Hall, 400 La Crosse St., in the City of La Crosse, La Crosse County, Wisconsin (public speaking on such application is allowed).

A public hearing before the Judiciary & Administration Committee will be held on **Tuesday, September 2, 2025, at 6:00 p.m.** in the Council Chambers of City Hall, 400 La Crosse St., in the City of La Crosse, La Crosse County, Wisconsin.

Final action will be determined by the **Common Council** on **Thursday, September 11, 2025, at 6:00 p.m.** in the Council Chambers of City Hall, 400 La Crosse St., in the City of La Crosse, La Crosse County, Wisconsin.

Any person interested may appear at public hearings either in person, by agent, or by attorney, and may express their approval or objection, or file a letter in the office of the City Clerk.

The petition and/or maps relating to the above referenced amendment may be examined in the Office of the City Clerk, La Crosse City Hall, between the hours of 8:00 a.m. and 4:30 p.m. on any regular business day, holidays excepted, (by appointment) or in the Legislative Information Center which can be accessed from the City website at [www.cityoflacrosse.org](http://www.cityoflacrosse.org) (search for File 25-0938).

Dated this 6<sup>th</sup> day of August, 2025.

Nikki M. Elsen, City Clerk  
City of La Crosse

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Published: August 19 and 26, 2025  
One (1) Affidavit

CITY CLERK

400 LA CROSSE ST  
LA CROSSE WI 54601

RETURN SERVICE REQUESTED



PINETREE PROPERTIES II LLC  
3484 ISAIAH AVE E  
GILBERT AZ 85298

Presort  
First Class Mail  
ComBasPrice



US POSTAGE PAID PITNEY BOWES

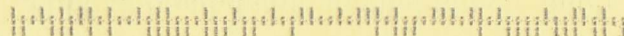


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PINETREE PROPERTIES  
2938 WILD ROSE LN  
ONALASKA WI 54650-8323

RETURN TO SENDER



**CITY CLERK**

400 LA CROSSE ST  
LA CROSSE WI 54601

RETURN SERVICE REQUESTED



K&J APARTMENT RENTALS LLC  
PO BOX 004  
LA CROSSE WI 54602

Presort  
First Class Mail  
ComBasPrice



US POSTAGE PAID PITNEY BOWES



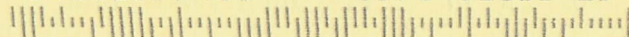
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**Agenda Item 25-0938 (Jenna Dinkel)**

AN ORDINANCE to amend Subsection 115-110 of the Code of Ordinances of the City of La Crosse by transferring certain property from the Local Business District to the Traditional Neighborhood District - Specific, allowing for mixed use of the building as an office space and a residential rental unit at 1202 State St.

**General Location**

Council District 4, Grandview-Emerson Neighborhood Association. Located on State Street on the corner of West Ave as depicted on attached Map PC25-0938. The property is surrounded by R5 – Multiple Dwelling, R2 – Residence, and TND – Traditional Neighborhood Development.

**Background Information**

The applicant is requesting a rezoning from C1 – Local Business to Traditional Neighborhood Development – Specific. The property is currently a commercial building with office space. With the rezoning to Traditional Neighborhood Development – Specific the proposed use would include commercial space and a residential apartment.

There are no changes to the existing building on the exterior and one new wall on the interior. The applicant is requesting a rezoning to Traditional Neighborhood Development because no other zoning districts allow for commercial and residential use on the first floor together.

The commercial space will be used for Prestige Rentals Office space. The residential apartment will be a five-bedroom apartment.

**Principles of Traditional Neighborhood 115-403 (a)(1)**

- A.** The proposed rezoning is in a compact area near the urban core of the city. It falls between the University of Wisconsin – La Crosse and Downtown, about half a mile from both.
- B.** The existing building is developed for human scale. The building front faces State Street.
- C.** This rezoning will provide a mix of uses including residential and commercial. The building is in a neighborhood with existing proximity to other uses such as other residential, commercial, civic and open space uses.
- D.** This rezoning will provide an additional housing type in the community.
- E.** The location is accessible via many forms of transportation. King Street greenway is two blocks away. Additionally, this location is one block away from the Circulator 1 and Circulator 2 bus routes and on Route 5 of the local bus routes.
- F.** The existing building is being utilized.
- G.** Environmental features not incorporated further than what is existent.
- H.** This proposed rezoning falls within the Grandview Emerson Neighborhood. Due to the unique nature of this rezoning, this use could be considered low-intensity mixed-use or neighborhood retail/commercial. In the Comprehensive Plan, low-intensity mixed-use is allowable and neighborhood retail/commercial is desirable in the Grandview Emerson neighborhood. This rezoning is consistent with the Comprehensive Plan.

**Applicable Design Standards 115-403(d)**

1. The proposed rezoning does have two uses and is in an area with multiple surrounding uses including commercial, a mix of residential, civic, and open space.
2. The proposed development does not meet the required development density. With the 1 unit provided, this proposal has approximately 4.5 dwelling units per net acre. The Traditional Neighborhood Development states multi-family units shall be 15-40 dwelling units per net acre.
3. There are no additional proposals for stormwater management as part of the rezoning application and no exterior changes to the current footprint.
4. This parcel will maintain the traditional grid system.
5. Parking lot design will remain the same, so the standards are not applicable.
6. No exterior alterations are proposed, so design standards are not applicable.
7. Landscaping will remain the same, so the standards are not applicable.

**Recommendation of Other Boards and Commissions**

N/A

**Consistency with Adopted Comprehensive Plan**

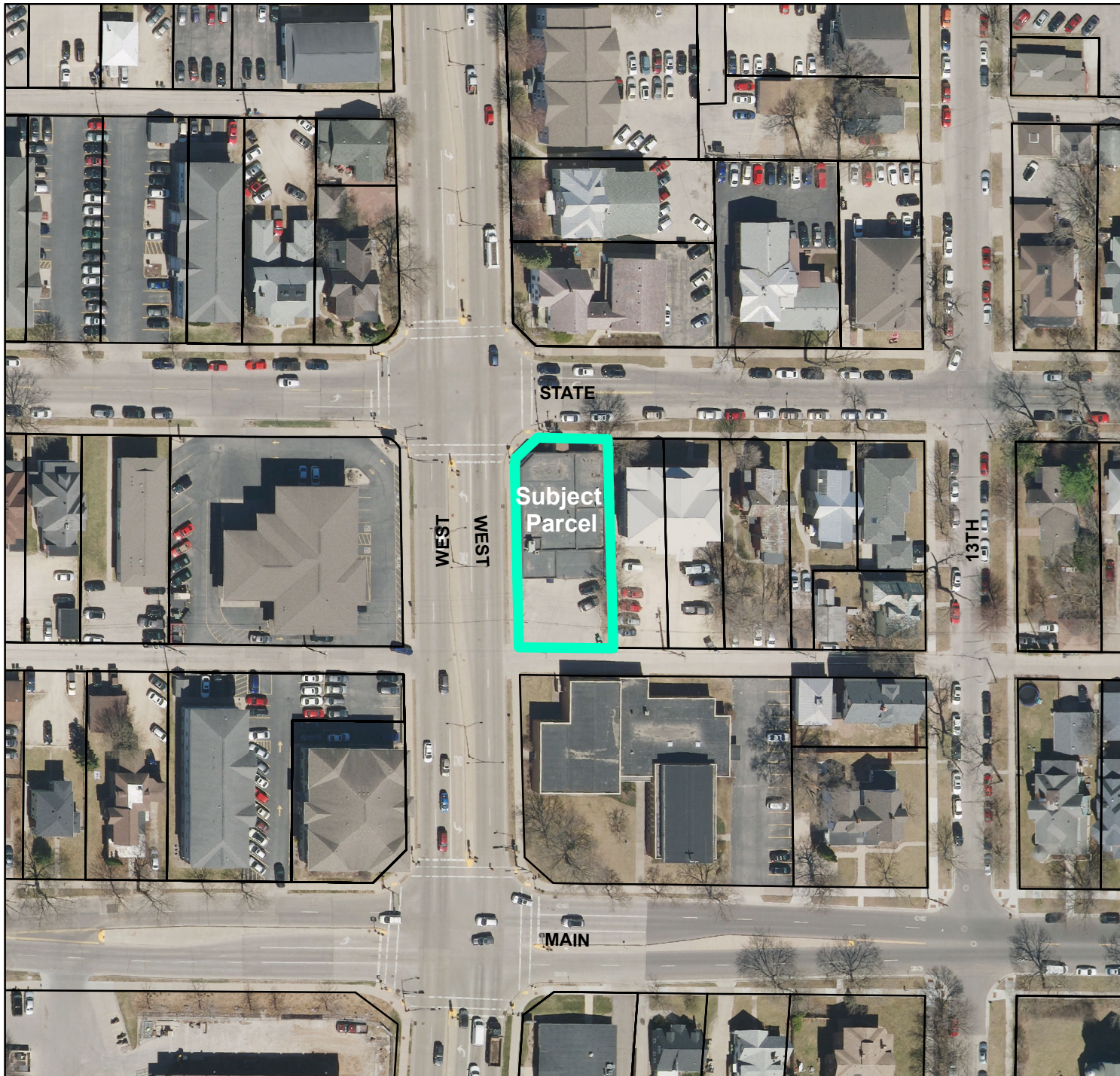
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**Staff Recommendation**

Staff is supportive of this rezoning which will create an additional housing unit in our community. However, in an effort to be consistent with our new Traditional Neighborhood Development ordinance **staff is recommending denial of this item** as it does not meet the development density standard.

**Routing J&A 9.2.25**





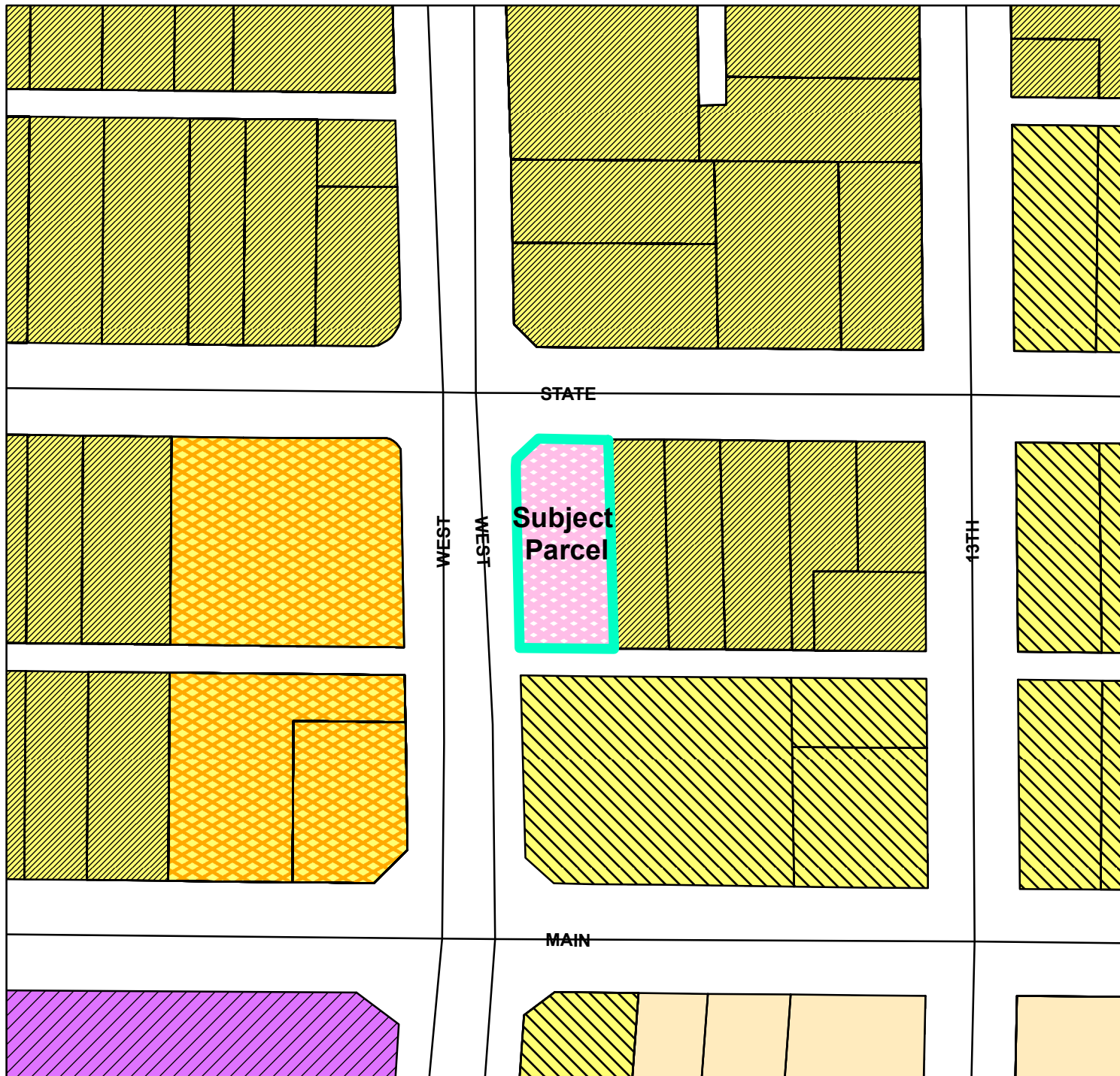
## BASIC ZONING DISTRICTS

	R1 - SINGLE FAMILY
	R2 - RESIDENCE
	WR - WASHBURN RES
	R3 - SPECIAL RESIDENCE
	R4 - LOW DENSITY MULTI
	R5 - MULTIPLE DWELLING
	R6 - SPECIAL MULTIPLE
	PD - PLANNED DEVELOP
	TND - TRAD NEIGH DEV.
	C1 - LOCAL BUSINESS
	C2 - COMMERCIAL
	C3 - COMMUNITY BUSINESS
	M1 - LIGHT INDUSTRIAL
	M2 - HEAVY INDUSTRIAL
	PS - PUBLIC & SEMI-PUBLIC
	PL - PARKING LOT
	UT - PUBLIC UTILITY
	CON - CONSERVANCY
	FW - FLOODWAY
	A1 - AGRICULTURAL
	EA - EXCLUSIVE AG
	City Limits
	SUBJECT PROPERTY



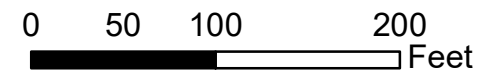
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# BASIC ZONING DISTRICTS

-  R1 - SINGLE FAMILY
-  R2 - RESIDENCE
-  WR - WASHBURN RES
-  R3 - SPECIAL RESIDENCE
-  R4 - LOW DENSITY MULTI
-  R5 - MULTIPLE DWELLING
-  R6 - SPECIAL MULTIPLE
-  PD - PLANNED DEVELOP
-  TND - TRAD NEIGH DEV.
-  C1 - LOCAL BUSINESS
-  C2 - COMMERCIAL
-  C3 - COMMUNITY BUSINESS
-  M1 - LIGHT INDUSTRIAL
-  M2 - HEAVY INDUSTRIAL
-  PS - PUBLIC & SEMI-PUBLIC
-  PL - PARKING LOT
-  UT - PUBLIC UTILITY
-  CON - CONSERVANCY
-  FW - FLOODWAY
-  A1 - AGRICULTURAL
-  EA - EXCLUSIVE AG
-  City Limits
-  SUBJECT PROPERTY







# City of La Crosse, Wisconsin

City Hall  
400 La Crosse Street  
La Crosse, WI 54601

## Text File

**File Number: 25-0987**

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**Agenda Date:** 9/2/2025

**Version:** 1

**Status:** New Business

**In Control:** Judiciary & Administration Committee

**File Type:** Application

## TO THE JUDICIARY AND ADMINISTRATION COMMITTEE:

Following is a list of various licenses for the 2025-2026 license period to be considered by your committee on September 2, 2025.

**\*Junk Dealer\*****September 12, 2025 through June 30, 2026**

Ken's Auto Repair LLC dba Ken's Auto Repair  
1716 Gillette Pl

**\*Indoor Cabaret\*****September 12, 2025 through June 30, 2026**

Chritton Industries LLC dba South Lanes Pizza  
1501 Losey Blvd S

**\*Alcohol\*****September 12, 2025 through June 30, 2026****Combination "Class B" Beer & Liquor**

Hacienda Mexican Bar & Cuisine LLC dba Hacienda Mexican Bar & Cuisine  
333 Main St  
Agent: Daniela Solis – 805 Angel Ct #18, Holmen  
(Surrender from The Mexcal LLC)



# City of La Crosse, Wisconsin

## APPLICATION FOR JUNK DEALER LICENSE

Check One: ☐ New ☒ Renewal For the license period 7/1/2025 to 6/30/2026 Fee: \$ 160.00

License Class: (Check One)

☒ Junk Dealer☐ Itinerant Junk Dealer

<b>APPLICANT INFORMATION</b>			
Legal/Real Name: KEN'S AUTO REPAIR LLC			
Address of Above: Street 1716 GILLETTE PL	City LA CROSSE	State WI	Zip Code 54603-2302
<b>BUSINESS INFORMATION</b>			
Trade Name of Business: KEN'S AUTO REPAIR		Phone Number of Business: (608) 782-6151	
Address of Junk Dealer Business: <i>Applicant represents that the premise is not located within a distance of 1,000 feet from land zoned for single family residence district, residence district, multiple dwelling district, special multiple dwelling district or low density multiple dwelling district. If seeking a waiver pursuant to Sec. 10-460(b), complete Waiver section below.</i> 1716 GILLETTE PL			
Detailed Nature of Business: AUTO REPAIR			
Kind of material to be collected, bought, sold or otherwise handled: VEHICLES			
<b>VEHICLE INFORMATION</b>			
License Plate #/State:	VIN:	Year:	Make:
			Model:

The above hereby makes application for a license to operate a junk dealer business at the above address within the City of La Crosse pursuant to provisions of Chapter 10, Article XI of the Code of Ordinances for the City of La Crosse.

*Ken T. Christensen*  
Signature of Applicant

8-4-25  
Date

### WAIVER OF 1,000 FOOT REQUIREMENT

I hereby request a waiver of the 1,000 foot requirement pursuant to Sec. 10-460(b). I further certify that premise for which application is being made for a Junk Dealer license was established prior to ☐ or after ☐ July 22, 2017 (check one). If prior, a waiver may be granted upon simple majority vote of the Council without notification to property owners. If after, property owners within 1,000 feet of premise must be notified (\$150.00 waiver fee due at time of application).

- If any property owner objects, waiver may only be granted by 2/3 super majority vote of the Council.
- If there is no objection, a waiver may be granted by a simple majority vote of the Council.

*Ken T. Christensen*  
Signature of Applicant

8-4-25  
Date

<b>OFFICE USE ONLY</b>			
Signature:	Date:	Granted:	License #:

<b>Legal/Real Name:</b> KEN'S AUTO REPAIR LLC		<b>Trade Name:</b> KEN'S AUTO REPAIR	
<b>Premise Address:</b> 1716 GILLETTE PL		<b>Business ID:</b> 002162-2019	<b>Page:</b> 1

## Personal Data Sheet for Officers/Members/Directors/Agents/Managers

<b>Name: First</b>		<b>Middle</b>	<b>Last</b>	
KENNETH		THOMAS	CHRISTENSON, JR	
<b>Home Address: Street</b>		<b>City</b>	<b>State</b>	<b>Zip Code</b>
N4971 BRIARCLIFFE CT		HAMILTON	WI	54669
<b>Phone Number:</b>	<b>Email:</b>		<b>Date of Birth: (mm/dd/yyyy)</b>	
	CHRISTENSONKJR@GMAIL.COM			

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

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

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

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



Submit by  
August 27th - 9/11 Council

Revision 1/21/2020

# City of La Crosse, Wisconsin

## APPLICATION FOR INDOOR CABARET LICENSE

Check One: ☒ New ☐ Renewal For the license period \_\_\_\_\_ to \_\_\_\_\_ Fee: \$ 135.00

<b>BUSINESS INFORMATION*</b>			
Legal/Real Name: <u>Chritton Industries</u>			
Address of Above: Street <u>1501 Losey Blvd South</u>		City <u>La Crosse</u>	State <u>WI</u>
		Zip Code <u>54601</u>	
<b>PREMISES INFORMATION</b>			
Trade Name of Business: <u>South Lanes Pizza</u>			
Address of premises to be Licensed: <u>1501 Losey Blvd. South</u>		Business Phone Number: <u>608-788-1303</u>	
Premises are Owned By: <u>VSC Corp.</u>			
Address of Owner: Street <u>2418 State Road</u>		City <u>La Crosse</u>	State <u>WI</u>
		Zip Code <u>54601</u>	
<b>CABARET INFORMATION</b>			
Detailed description of cabaret area to be licensed: <u>Dining room &amp; bar area</u>			
Nature of Entertainment: <u>Music</u>			
Other Business Conducted upon the premises: <u>Restaurant and Bar</u>			
<b>MANAGER INFORMATION*</b>			
Cabaret Manager Name: First <u>Curtis</u>		Middle <u>Ward</u>	Last <u>Chritton</u>
Cabaret Manager Home Address: Street <u>1311 15th Street S.</u>		City <u>La Crosse</u>	State <u>WI</u>
		Zip Code <u>54601</u>	
Home Phone Number of Cabaret Manager: <u>608-780-3899</u>		Daytime Phone Number of Cabaret Manager: <u>608-780-3899</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. 10-160 of the Code of Ordinances for the City of La Crosse.

Curtis Chritton  
Signature of Applicant

7/31/25  
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 <b>Curtis</b>		Middle <b>Ward</b>	Last <b>Chritton</b>	
Home Address: Street <b>1311 15<sup>th</sup> Street S.</b>		City <b>La Crosse</b>	State <b>WI</b>	Zip Code <b>54601</b>
Phone Number: <b>608-780-3899</b>	Email: <b>curtis.chritton@hotmail.com</b>		Date of Birth: (mm/dd/yyyy) <b>[REDACTED]</b>	
Violations: <b>none</b>				
OFFICER/MEMBER				
Name: First <b>Nicholas</b>		Middle <b>James</b>	Last <b>Chritton</b>	
Home Address: Street <b>2146 Hyde Ave</b>		City <b>La Crosse</b>	State <b>WI</b>	Zip Code <b>54601</b>
Phone Number: <b>608-769-5364</b>	Email: <b>laxnic@yahoo.com</b>		Date of Birth: (mm/dd/yyyy) <b>[REDACTED]</b>	
Violations: <b>none</b>				
OFFICER/MEMBER				
Name: First <b>Peter</b>		Middle <b>Ray</b>	Last <b>Chritton</b>	
Home Address: Street <b>1240 15<sup>th</sup> Street S.</b>		City <b>La Crosse</b>	State <b>WI</b>	Zip Code <b>54601</b>
Phone Number: <b>608-799-1508</b>	Email: <b>peterchritton@yahoo.com</b>		Date of Birth: (mm/dd/yyyy) <b>[REDACTED]</b>	
Violations: <b>none</b>				
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:				



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

This is to notify you that the following business has applied for an **Indoor Cabaret** license under Chapter 10, Article IV of the Code of Ordinances of the City of La Crosse to allow live entertainment in a designated indoor area, as described below.

Pursuant to sec. 10-140, property owners within 100 feet of the proposed premises for an Indoor Cabaret License shall receive notice of an original application.

**Chritton Industries LLC dba South Lanes Pizza  
at 1501 Losey Blvd S, La Crosse, WI 54601**

Indoor Cabaret description: Live music in the dining room and bar area.

This application will be considered at the following meetings which are held in the Council Chambers of La Crosse City Hall, 400 La Crosse Street:

**Judiciary and Administration Committee – Tuesday, September 2, 2025 at 6:00 p.m.**  
**Common Council – Thursday, September 11, 2025 at 6:00 p.m.**

*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.*

*Written comments may be submitted to the City Clerk's Office by emailing [cityclerk@cityoflacrosse.org](mailto:cityclerk@cityoflacrosse.org), by delivery or mail to City Clerk, 400 La Crosse Street, La Crosse WI 54601 or by deposit in the green drop box on the north side of City Hall.*

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

Dated this 12<sup>th</sup> day of August 2025.

A handwritten signature in black ink, appearing to read "Nikki M. Elsen".

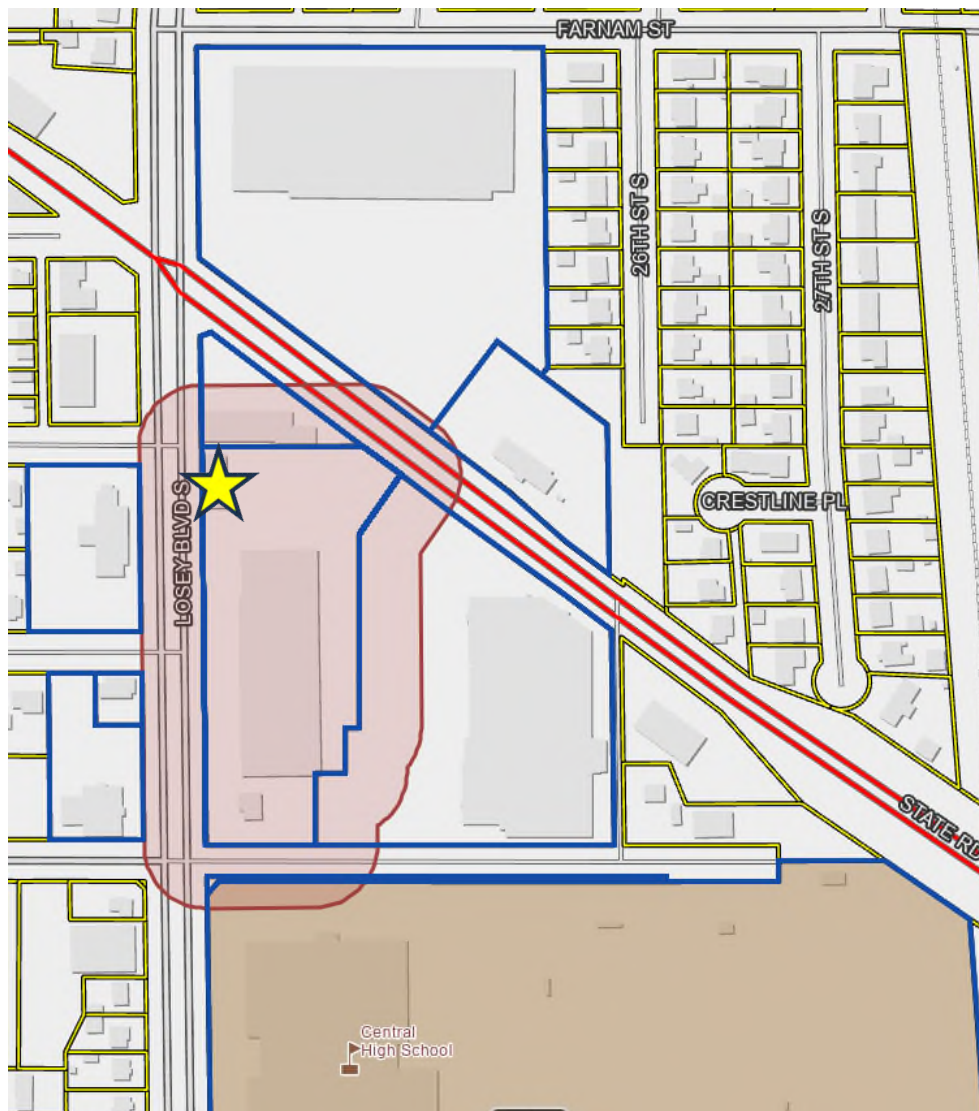
Nikki M. Elsen, WCMC  
City Clerk

A handwritten signature in black ink, appearing to read "Alicia Smithburg".

Alicia Smithburg  
Assistant Clerk

**City of La Crosse, 400 La Crosse Street La Crosse, WI 54601**  
**[cityclerk@cityoflacrosse.org](mailto:cityclerk@cityoflacrosse.org) | 608-789-7510**  
**[www.cityoflacrosse.org](http://www.cityoflacrosse.org)**

CHRITTON INDUSTRIES LLC  
1501 LOSEY BLVD S  
LA CROSE WI 54601



City of La Crosse, 400 La Crosse Street La Crosse, WI 54601  
cityclerk@cityoflacrosse.org | 608-789-7510  
www.cityoflacrosse.org



<b>Tax Parcel Number</b>	<b>OwnerName</b>	<b>Property Address</b>	<b>Mailing Address</b>	<b>MailCityStateZip</b>
17-50298-32	MKB COPPER ROCKS LLC	2415 STATE RD	1243 BADGER ST	LA CROSSE, WI 54601
17-50298-85	VSC CORPORATION	2406-2432 STATE RD, 1421-1631 LOSEY BLVD S	2418 STATE RD	LA CROSSE, WI 54601-6151
17-50289-120	COULEE BANK	1516 LOSEY BLVD S	1516 LOSEY BLVD S	LA CROSSE, WI 54601
17-50298-40	BRP LLC	2400-2404 STATE RD	4033 BEVERLY DR	ONALASKA, WI 54650
17-50298-33	VSC CORPORATION	2505 STATE RD	2418 STATE RD	LA CROSSE, WI 54601-6151
17-50298-65	VSC CORPORATION	2500 STATE RD, 2511 GREEN BAY ST	3800 EMERALD DR E	ONALASKA, WI 54650
17-50289-100	RUSSELL A DAVENPORT-FORTUNE, P A DAVENPORT-FORTUNE	1600 LOSEY BLVD S	675 ANTON BLVD	COSTA MESA, CA 92626
17-50289-60	COULEE DENTAL ARTS LLC	1630 LOSEY BLVD S	1630 LOSEY BLVD	LA CROSSE, WI 54601
Applicant	CHRITTON INDUSTRIES LLC	1501 LOSEY BLVD S	1501 LOSEY BLVD S	LA CROSE WI 54601
	CITY OF LA CROSSE	400 LA CROSSE ST	400 LA CROSSE ST	LA CROSSE WI 54601

Properties within 100 feet of 1501 Losey Blvd.



# City of La Crosse, Wisconsin

## ORIGINAL ALCOHOL LICENSE APPLICANTS INFORMATION SUBMITTAL

(Ch. 4, secs. 4-72 & 4-142)

*All new applicants for an alcohol license pursuant to Chapter 4 of the La Crosse Municipal Code shall submit the following information with the original alcohol applications. Any false statement contained in such application shall automatically nullify any license issued pursuant thereto.*

Class A: ☐ Beer, ☐ Liquor

Class B: ☒ Beer, ☒ Liquor

Class C: ☐ Wine

### APPLICANT

Legal/Real Name of Business:

Hacienda Mexican Bar & Cuisine

Trade Name:

Hacienda Mexican Bar & cuisine

Address:

Street

City

State

Zip Code

333 Main St

Lacrosse

WI

54601

Telephone Number:

920 821 7608

Website:

N/A

### ACTIVE USE OF LICENSE

☒ I understand that if a license is granted, said license must be activated within 90 days of being granted pursuant to Municipal Code secs. 4-43 and 4-108. This means open for business with stock and equipment.

Anticipated Date of Opening:

9-12-25

☒ I understand that if a license is granted, said license shall be actively utilized pursuant to Municipal Code sec. 4-12. Actively utilized shall mean open for business with regular and consistent operating hours. If a license is not actively used throughout any 90-day period, the license shall be subject to revocation or suspension pursuant to sec. 4-82.

☒ I understand that if there is any change to the license or licensee information, including but not limited to change in officers/members/directors or agent or their address/phone number, change in hours of operation, etc., the City Clerk will be notified within 15 days.

### BUSINESS PLAN

Type of Establishment:

- ☐ Tavern ☐ Nightclub ☒ Restaurant ☐ Liquor Store ☐ Grocery Store  
☐ Convenience Store with gas pumps ☐ Convenience Store without gas pumps  
☐ Other \_\_\_\_\_

Hours of Operation:

Sun-Thurs : 11am - 9pm  
Fri & Sat : 11am - 12am

Anticipated Number of Employees:

up to 10 max

Other Business to Be Conducted on Premise:

N/A

**Estimated gross receipts for food and alcohol beverage sales by percentage.**

(Note: Non-alcoholic drinks are classified as "Food.")

25 % Alcohol 75 % Food N/A % Other

If applicable, describe "Other":

**Estimated capacity (Class B and Class C licenses only):**

Indoor 80 Outdoor, if applicable N/A

**Will there be any outdoor sales/service or consumption of alcohol? If yes, explain.**

If yes, a beer garden license or outdoor dining permit may be required.

N/A

**Will there be live entertainment (music or dancing) on premise? If yes, explain.**

If yes, a cabaret license will be required.

N/A

**Do you have off-street parking?** ☐ Yes ☒ No

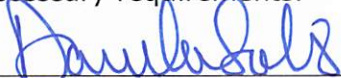
If yes, how many parking spaces? \_\_\_\_\_

If no, how will parking be accommodated.

**Provide a sketch of the floor plan showing overall dimensions, sales, service and consumption and storage areas, seating arrangements, location of coolers, and location where records are kept (invoices for purchase of alcohol).**

**Provide a site plan showing building location, any outside areas where alcohol beverages may be sold or consumed, off-street parking, ingress and egress, and existing or proposed screening.**

In addition to supplying the above information which is true and correct to the best of my knowledge, I have reviewed the Alcohol Beverage Submittal Requirements and Information page and will comply with necessary requirements.



Signature

8-11-25

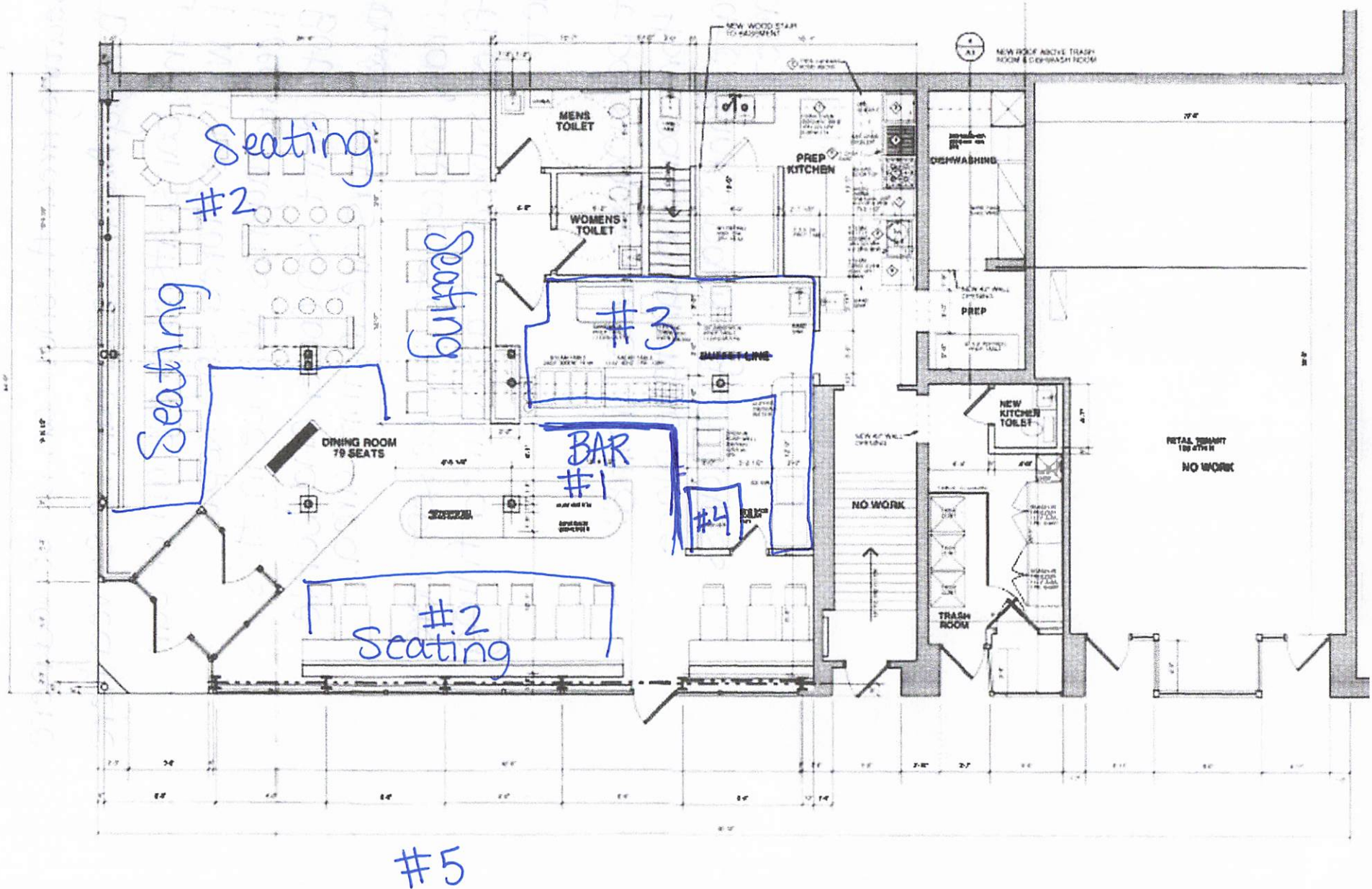
Date

**FOR OFFICE USE – City Clerk's Office checklist for complete applications**

- ☐ Completed applications and fee
- ☐ Surrender of previous license, if applicable
- ☐ Lease, purchase agreement or other proof of control of premise
- ☐ Contact Information Sheet
- ☐ Articles of Incorporation
- ☐ WI Seller's Permit Certificate
- ☐ FEIN
- ☐ Floor Plan
- ☐ Site Plan
- ☐ Proof of course completion or valid operator license or on other license within last two years.
- ☐ Confirm proximity to school, church or hospital
- ☐ Confirm proximity to land zoned residential or multiple dwelling



# BUILDING FLOOR PLAN





## Area Description:

- #1 : Bar Seating Area Alcohol can be served here
- #2: "Main" Dining Area Alcohol can be served here
- #3: Behind the bar seats is where all of our alcohol will be stored and kept.  
ONLY licensed agents will be in this area. Both draft Keg Cooler and bottle beer ~~cooler~~ Coolers are in this area.
- #4: All records, invoices, etc will be kept here in our files stored in a secured filing cabinet
- #5: Street parking available 'limited':  
After 4pm parking can take place in State Bank's parking lot across the street.

Form  
AB-200

## Alcohol Beverage License Application

For Municipal Use Only
Municipality
License Period

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer ..... \$ \_\_\_\_\_ ☐ Class "B" Beer ..... \$ \_\_\_\_\_
- ☐ "Class A" Liquor ..... \$ \_\_\_\_\_ ☐ "Class B" Liquor ..... \$ \_\_\_\_\_
- ☐ "Class A" Liquor (cider only) \$ \_\_\_\_\_ ☐ Reserve "Class B" Liquor \$ \_\_\_\_\_
- ☐ "Class C" Liquor (wine only) \$ \_\_\_\_\_

Fees	
License Fees	\$ _____
Background Check Fee	\$ _____
Publication Fee	\$ _____
<b>Total Fees</b>	\$ _____

### Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)

Hacienda Mexican Bar & Cuisine LLC

2. Business Trade Name or DBA

Hacienda Mexican Bar & Cuisine LLC

3. FEIN

39-265 3567

4. Wisconsin Seller's Permit Number

456103214480604

5. Entity Type (check one)

☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

6. State of Organization

Wisconsin

7. Date of Organization

6/12/25

8. Wisconsin DFI Registration Number

H081650

9. Premises Address

333 Main St

10. City

Lacrosse

11. State

WI

12. Zip Code

54601

13. County

Lacrosse

14. Governing Municipality: ☒ City ☐ Town ☐ Village  
of: Lacrosse

15. Aldermanic District

16. Premises Phone

920 821 7608

17. Premises Email

dsolis0828@gmail.com

18. Website

N/A

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

Alcohol will be kept only behind bar where drinks will be made served by licensed agents. Records like invoices will be kept in filing cabinet in office.

20. Mailing Address (if different from premises address)

21. City

22. State

23. Zip Code

### Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, list the details of violation below. Attach additional sheets if necessary.

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 pending against the business? Exclude traffic offenses unless related to alcohol . . ☐ Yes ☒ No  
beverages.

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . ☐ Yes ☒ No  
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? . . . . . ☐ Yes ☒ No  
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. . . . . ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? . . . . . ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? . . . . . ☐ Yes ☒ No

### Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

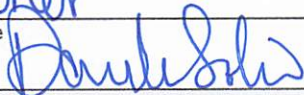
Last Name	First Name	Title	Phone
Solis	Daniela	President	9208217608
Leon Porras	Antonio	Vice President	9208216548

### 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 member of an LLC

**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that 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. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further 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.

Last Name	First Name	M.I.
Solis	Daniela	
Title	Email	Phone
Owner	dsolis0828@gmail.com	9208217608
Signature	Date	
	8-11-2025	

### Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

## Agent Type (check one)

- ☒ Original (no fee) ☐ Successor (\$10 fee for municipal licensees only)

## Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)  
Hacienda Mexican Bar & Cuisine LLC
2. Business Trade Name or DBA  
Hacienda Mexican Bar & Cuisine
3. Entity Type (check one)  
☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization
4. Alcohol Beverage Business Authorization (check one)  
☐ Municipal Retail License ☐ State Permit
5. If successor agent, provide State Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor is checked above.

## Part B: Agent Information

1. Last Name Solis 2. First Name Daniela 3. M.I.
4. Email dsolis0828@gmail.com 5. Phone 9208217608
6. Home Address 805 Angel Ct. #18
7. City Holmen 8. State WI 9. Zip Code 54636 10. Date of Birth [REDACTED]
11. Drivers License/State ID Number [REDACTED] 12. Drivers License/State ID State of Issuance Wisconsin

## Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ..... ☒ Yes ☐ No  
Submit proof of completion.
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire (licensee) or  
Form AB-300, Alcohol Beverage Personal Questionnaire (permittee)? ..... ☒ Yes ☐ No
3. Have you been a Wisconsin resident for at least 90 continuous days? ..... ☒ Yes ☐ No  
See instructions for exceptions.

Continued →



**Part D: Business Attestation**

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named 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.

Last Name <b>Solis</b>		First Name <b>Daniela</b>		M.I.
Title <b>Owner</b>	Email <b>dsolis0828@gmail.com</b>		Phone <b>9208217608</b>	
Signature <b>Daniel Solis</b>			Date <b>8-11-25</b>	

**Part E: Agent Attestation**

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities 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 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.

Last Name <b>Solis</b>		First Name <b>Daniela</b>		M.I.
Signature <b>Daniel Solis</b>			Date <b>8-11-25</b>	

Alcohol Beverage  
Individual QuestionnaireDate  
8-11-25

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

## Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)	
Hacienda Mexican Bar & Cuisine LLC	
2. Business Trade Name or DBA	
Hacienda Mexican Bar & Cuisine LLC	
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership
<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation
<input type="checkbox"/> Nonprofit Organization	

## Part B: Individual Information

1. Last Name		2. First Name		3. M.I.	
Solis		Daniela			
4. Relationship to Business (Title)		5. Email		6. Phone	
Owner		dsolis0828@gmail.com		9208217608	
7. Home Address					
805 Angel Ct Unit 18					
8. City		9. State		10. Zip Code	
Holmen		WI		54636	
11. Date of Birth					
12. Drivers License/State ID Number		13. Drivers License/State ID State of Issuance			
		Wisconsin			

## Part C: Address History

1. Do you currently live in Wisconsin? .....				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the month and year when you permanently moved to Wisconsin .....				(MM/YYYY)	
				03/2020	
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.					
Previous Address 1		City		State	Zip Code
580 River Rd Apt 1		Columbus		WI	53925
Previous Address 2		City		State	Zip Code
805 Angel Ct # 18 CURRENT		Holmen		WI	54636
Previous Address 3		City		State	Zip Code
Previous Address 4		City		State	Zip Code
Previous Address 5		City		State	Zip Code
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.					
State	County	State	County	State	County
WI	Columbia				
WI	Lacrosse				

Continued →



**Part D: Criminal History**

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) 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. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) 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**

**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further 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 	Date 8-11-25
---	--------------

Alcohol Beverage  
Individual QuestionnaireDate  
8-11-25

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

## Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)	Hacienda Mexican Bar & Cuisine LLC			
2. Business Trade Name or DBA	Hacienda Mexican Bar & Cuisine			
3. Entity Type (check one)				
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation	<input type="checkbox"/> Nonprofit Organization

## Part B: Individual Information

1. Last Name	Leon Porras	2. First Name	Antonio	3. M.I.	
4. Relationship to Business (Title)	Owner	5. Email	antonioleonporras978@gmail	6. Phone	9208216548
7. Home Address	805 Angel Ct Unit 18				
8. City	Holmen	9. State	WI	10. Zip Code	54636
11. Date of Birth					
12. Drivers License/State ID Number			13. Drivers License/State ID State of Issuance	Wisconsin	

## Part C: Address History

1. Do you currently live in Wisconsin? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
If yes, provide the month and year when you permanently moved to Wisconsin .....	(MM/YYYY) 2/2020						
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1	City	State	Zip Code				
580 River Rd Apt 1	Columbus	WI	53925				
Previous Address 2	City	State	Zip Code				
805 Angel Ct Unit 18	Holmen	WI	54636				
Previous Address 3	City	State	Zip Code				
Previous Address 4	City	State	Zip Code				
Previous Address 5	City	State	Zip Code				
3. 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
WI	Columbia						
WI	Lacrosse						

Continued →



<b>Part D: Criminal History</b>		
<p>1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.</p>		
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.</p> <div style="height: 150px; border: 1px solid #ccc; margin-top: 10px;"></div>		

<b>Part E: Attestation</b>	
<p><b>READ CAREFULLY BEFORE SIGNING:</b> Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further 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.</p>	
Signature	Date <span style="font-size: 1.2em; font-family: cursive;">8-11-25</span>

# Congratulations!

You have successfully completed the ServSafe Alcohol® Responsible Alcohol Service Training and Certificate Program. This is your official ServSafe Alcohol Certification Card and provides confirmation that you have studied, and are knowledgeable about, how to serve alcohol responsibly.

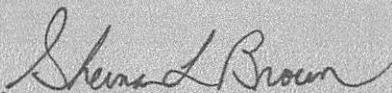
Thank you for participating in the ServSafe Alcohol program. Responsible alcohol service begins with the choices you make, and ServSafe Alcohol training will help you make the right decision when the moment arises.

By completing the ServSafe Alcohol program, you show your dedication to safe and responsible alcohol service. The ServSafe Alcohol program and the National Restaurant Association are dedicated to helping you continue to raise the bar on alcohol safety.

To learn more about our full suite of responsible alcohol service training products, contact your State Restaurant Association, your distributor or visit us at [ServSafe.com](http://ServSafe.com).

We value your dedication to responsible alcohol service and applaud you for making the commitment to keep your operation, your customers and your community safe.

Sincerely,



Sherman Brown

Senior Vice President, National Restaurant Association Solutions



ID # 27399365  
CARD # 27705663

## ServSafe Alcohol® CERTIFICATE



DANIELA SOLIS

NAME

7/21/2025

DATE OF EXAMINATION

Card expires two years from the date of examination. Local laws apply.  
Complies with WI State Stats. s.125.04(5)(a)5 & s.125.17(6) & s.134.66

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Sherman Brown  
Senior Vice President, National Restaurant Association Solutions

This certificate confirms completion of the ServSafe Alcohol® responsible alcohol service program.

In Alaska you must laminate your card for it to be valid.



233 S. Wacker Drive,  
Suite 3600  
Chicago, IL 60604-6383  
1.800.SERVSAFE

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**NOTE:** You can access your score and certification information anytime at [ServSafe.com](http://ServSafe.com) with the class number provided on this form.

If you have any questions regarding your certification please contact the National Restaurant Association Service Center at [ServiceCenter@restaurant.org](mailto:ServiceCenter@restaurant.org) or 800.765.2122, ext. 6703.



# SURRENDER OF LICENSE

## Part I

Legal/Real Name of Current Licensee: Alejandro A Flores

Premises Address: 333 Main Street La Crosse WI 54601

Trade Name: The Mexcal, LLC

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: Hacienda Mexican Bar & Cuisine

(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

Secretary, Member, Partner

**Current Licensee**

[Signature]  
Alejandro A Flores  
President, Member, Partner, Individual

Secretary, Member, Partner

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

On the 13 day of August, 2025, personally came before me  
Alejandro A Flores, 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

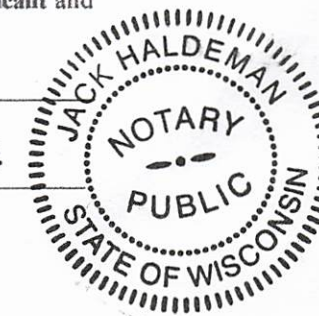
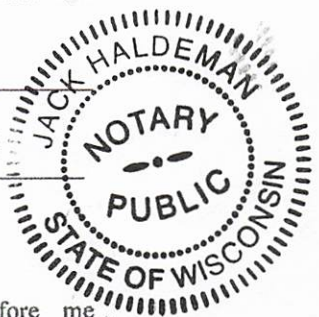
La Crosse County, Wisconsin  
My Commission expires: 9/1/2028

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

On the 13 day of August, 2025, personally came before me  
[Signature], 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

La Crosse County, Wisconsin  
My Commission expires: 9/1/2028



**SURRENDER OF LICENSE**  
**Part II**

August 18, 2025  
Date

City Clerk  
400 La Crosse St.  
La Crosse, WI 54601

This is to notify you that I am the owner of the building located at  
333 Main Street La Crosse WI 54601, La Crosse, Wisconsin.

I have entered into a lease for the above property effective August 18, 2025 with  
Hacienda Mexican Bar & Grill, LLC, Antonio Leon Porras and Daniela Solis, (Strike sentence if not applicable.)  
jointly and severally  
Further, this letter is to document that said owner or tenant has control of the premises,  
and may apply for the necessary beer and/or liquor licenses for said location.

Sincerely,



Signature of owner of building  
MARVIN W. Wanders  
MANAGING MEMBER

Printed name of owner: Alejandro A Flores

Home address of owner: La Crosse WI 54601

Daytime phone number of owner: 909-644-8517