

# ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning June 13 2016 :  
 ending June 30 2016

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

County of \_\_\_\_\_ Aldermanic Dist. No. \_\_\_\_\_ (If required by ordinance)

1. The named  INDIVIDUAL  PARTNERSHIP  LIMITED LIABILITY COMPANY  
 CORPORATION/NONPROFIT ORGANIZATION

hereby makes application for the alcohol beverage license(s) checked above.

2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): TROUT CREEK 1 LLC

An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the name, title, and place of residence of each person.

Title	Name	Home Address	Post Office & Zip Code
President	Brian R. Campbell	12554 STATE HWY 131	SOLDIER GRASS WI 54655
Vice President	Victoria L. Campbell	12554 STATE HWY 131	SOLDIER GRASS WI 54655
Secretary	Brian R. Campbell	" " " "	" " " "
Treasurer	Victoria L. Campbell	" " " "	" " " "
Agent	CHASE R. CAMPBELL	105 LEWIS STREET	WEST SALES WI 54661
Directors/Managers	none		

Applicant's WI Seller's Permit No.:		FEIN Number:	
<b>LICENSE REQUESTED</b>			
TYPE		FEE	
<input type="checkbox"/> Class A beer	\$		
<input checked="" type="checkbox"/> Class B beer	\$	8.34	
<input type="checkbox"/> Class C wine	\$		
<input type="checkbox"/> Class A liquor	\$		
<input type="checkbox"/> Class A liquor (cider only)	\$	N/A	
<input checked="" type="checkbox"/> Class B liquor	\$	41.67	
<input type="checkbox"/> Reserve Class B liquor	\$		
<input type="checkbox"/> Class B (wine only) winery	\$		
Publication fee		\$ 20.00	
<b>TOTAL FEE</b>		<b>\$ 70.01</b>	

3. Trade Name Moxie's Pub/Moxie's on the water Business Phone Number 781-7070  
 4. Address of Premises 1835 Rose St Post Office & Zip Code Lacrosse WI 54603

5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period?  Yes  No  
 6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant?  Yes  No  
 7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business?  Yes  No  
 8. (a) Corporate/limited liability company applicants only: Insert state \_\_\_\_\_ and date \_\_\_\_\_ of registration.  
 (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company?  Yes  No  
 (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin?  Yes  No

(NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)

9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) attached

10. Legal description (omit if street address is given above): \_\_\_\_\_  
 11. (a) Was this premises licensed for the sale of liquor or beer during the past license year?  Yes  No  
 (b) If yes, under what name was license issued? Shree Sahajanand LLC

12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864]  Yes  No  
 13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776].  Yes  No  
 14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME  
 this 23rd day of May, 2016  
[Signature]  
 (Clerk/Notary Public)  
 My commission expires 6/23/17

[Signature]  
 (Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)  
[Signature] (Notarized on back)  
 (Officer of Corporation/Member/Manager of Limited Liability Company/Partner)  
 (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

Date received and filed with municipal clerk	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

**SCHEDULE FOR APPOINTMENT OF AGENT BY CORPORATION/NONPROFIT ORGANIZATION OR LIMITED LIABILITY COMPANY**

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by the officer(s) of the corporation/organization or members/managers of a limited liability company and the recommendation made by the proper local official.

To the governing body of:  Town  Village  City of Lacrosse County of Lacrosse

The undersigned duly authorized officer(s)/members/managers of Trout Creek 1 LLC  
(registered name of corporation/organization or limited liability company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Moxie's Pub/ Moxie's on the Water  
(trade name)

located at 1835 Rose St

appoints Chase Richard Campbell  
(name of appointed agent)

105 Lewis St West Salem WI 54669  
(home address of appointed agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

Yes  No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course?  Yes  No  
How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 32 years

Place of residence last year West Salem

For: Trout Creek 1 LLC  
(name of corporation/organization/limited liability company)

By: [Signature]  
(signature of Officer/Member/Manager)

And: [Signature]  
(signature of Officer/Member/Manager)

**ACCEPTANCE BY AGENT**

I, Chase Richard Campbell, hereby accept this appointment as agent for the  
(printtype agent's name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

[Signature]  
(signature of agent)

5-23-16  
(date)

Agent's age \_\_\_\_\_

Date of birth \_\_\_\_\_

105 Lewis St West Salem WI 54669  
(home address of agent)

**APPROVAL OF AGENT BY MUNICIPAL AUTHORITY  
(Clerk cannot sign on behalf of Municipal Official)**

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on \_\_\_\_\_ by \_\_\_\_\_ Title \_\_\_\_\_  
(date) (signature of proper local official) (town chair, village president, police chief)

Original:

License Fee: \$150.00

Renewal:

Invoice #:

APPLICATION FOR OUTDOOR CABARET LICENSE

Legal/Real Name: Trout Creek 1 LLC

Address of above: 12554 State Hwy 131 Soldiers Grove 54654

Trade name of business: Moxie's Pub / Moxie's on the Water

Address of premises to be licensed: 1835 Rose St

Business phone number: 781-7070

Detailed description of cabaret area to be licensed: Deck and patio area

Premises are owned by: Trout Creek 1 LLC

Address of owner: 12554 State Hwy 131 Soldiers Grove 54654

Name of Cabaret Manager (FIRST, MIDDLE & LAST): Chase Richard Campbell

Home address of Cabaret Manager: 105 Lewis St West Salem WI 54669

Home phone number of Cabaret Manager: 608-769-0808

Daytime phone number of Cabaret Manager: 608-769-0808

Date of Birth of Cabaret Manager:

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

Other business to be conducted upon the premises: restaurant / hotel

Nature of entertainment: live bands, comedy, karaoke

License Period: to June 30, 2016

The above hereby makes application for a license to operate an Outdoor Cabaret at the above address within the City of La Crosse pursuant to provisions of Chapter 10, Article IV of the Code of Ordinances for the City of La Crosse.

*[Handwritten Signature]* 5/23/16  
(Signature of applicant & date)

OFFICE USE ONLY: Munis Customer #:

For original applications: Attach a list of all property owners within 200 feet of the proposed licensed premises.

Signature and date \_\_\_\_\_

Granted: \_\_\_\_\_ License #: \_\_\_\_\_

Original:

License Fee: \$125<sup>00</sup>

Renewal:

Invoice #:

APPLICATION FOR INDOOR CABARET LICENSE

Legal/Real Name: TROUT CREEK 1 LLC

Address of above: 12554 STATE HWY. 131 SOLDIERS GROVE WI 54655

Trade name of business: MOXIE'S PUB / MOXIE'S ON THE WATER

Address of premises to be licensed: 1835 Rose St

Business phone number: 781-7070

Detailed description of cabaret area to be licensed: Restaurant, lounge  
and banquet rooms

Premises are owned by: Trout Creek 1 LLC

Address of owner: 12554 State hwy 131 Soldiers Grove WI 54655

Name of Cabaret Manager (FIRST, MIDDLE & LAST): Chase Richard Campbell

Home address of Cabaret Manager: 105 Lewis St West Salem WI 54669

Home phone number of Cabaret Manager: 608-769-0808

Daytime phone number of Cabaret Manager: 608-769-0808

Date of Birth of Cabaret Manager: \_\_\_\_\_

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

Other business to be conducted upon the premises: restaurant / hotel

Nature of entertainment: live music, comedy, Karaoke

License Period: \_\_\_\_\_ to June 30, 2016

The above hereby makes application for a license to operate an Indoor Cabaret at the above address within the City of La Crosse pursuant to provisions of Sec. 10-100 of the Code of Ordinances for the City of La Crosse.

[Signature] 5/23/16  
(Signature of applicant & date)

**OFFICE USE ONLY:** \_\_\_\_\_ **Munis Customer #:** \_\_\_\_\_

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

Signature and date \_\_\_\_\_

Granted: \_\_\_\_\_ License #: \_\_\_\_\_