City of La Crosse, Wisconsin

ORIGINAL ALCOHOL LICENSE APPLICATION INFORMATION SUBMITTAL

Rev. 10/2025

(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.

Applications will not be accepted until all of the information is complete and necessary documents provided.

TYPE OF LICENSE(S) REQUESTED

Class A: ☐ Beer, ☐ Liquor
Class B: ☑ Beer, ☐ Liquor
Class C: ☐ Wine

APPLICANT

Legal Business Name *(Corporation, LLC, Sole Proprietor, Partnership)*:	**Trade Name:**
La Crosse Film Academy ~~& Rivoli Arts District~~ Corporation	Coulee Arts

Address: Street	City	State	Zip Code
422 Main St.	La Crosse	WI	54601

Telephone Number:	**Email:**	**Website:**
[redacted]	[redacted]	couleearts.org

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: Sept 1st, 2026 ~~August 1st~~

☑ *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 30 days*** *pursuant to Wis. Stat. sec. 125.04(3)(h).*

CORPORATIONS/LLCs – AGENT QUALIFICATIONS & RESPONSIBILITIES
(N/A for Sole Proprietors and Partnerships)

☑ *I understand that as an officer of the applicant corporation or member of the applicant limited liability company, the appointed alcohol license agent shall meet the requirements of Wis. Stat. Ch. 125 and, in addition, shall have resided within the State of Wisconsin continuously for 90 days prior to the date of application and shall reside within a 25-mile radius of the City limits at the time of application and at all times such individual shall be the appointed agent. Further, the appointed agent is an individual who is regularly involved in the actual conduct of the business and has full authority and control of the premises described and of the conduct of all business on the premises relative to alcohol beverages.*

BUSINESS PLAN

Type of Establishment:

☐ Tavern ☐ Nightclub ☐Restaurant ☐ Liquor Store ☐ Grocery Store
☐ Convenience Store with gas pumps ☐ Convenience Store without gas pumps
☑ Other muli-use event and performance venue

Hours of Operation:
Based on events

Anticipated Number of Employees:
4-6

Method for training employees in alcohol beverage laws and requirements for employees to hold a beverage operator license: DOR online courses

Other Business to Be Conducted on Premise:
Classes, etc.

Estimated gross receipts for food and alcohol beverage sales by percentage.
(Note: Non-alcoholic drinks are classified as "Food.")

10 % Alcohol 5 % Food 85 % Other

If applicable, describe "Other": Classes, Food = Concessional Items.

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

Indoor 320? Outdoor, if applicable _____

Will there be any outdoor sales/service or consumption of alcohol? If yes, explain.
If yes, a beer garden license or outdoor dining permit is required.
No

Will there be live entertainment (music or dancing) on premise? If yes, explain.
If yes, a cabaret license is required.
Yes, stand-up comedy and improv shows, music concerts, movie premieres, event rentals

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, the areas of sales, consumption and storage, 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. N/A

The information provided 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.

Jeffrey S. Erb
Signature

7/4/26
Date

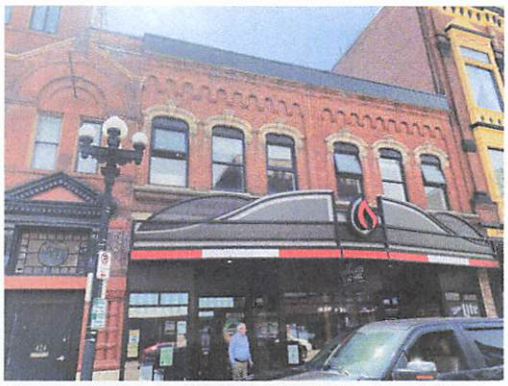
FOR OFFICE USE – City Clerk's Office checklist for complete applications
- ☐ Completed applications and fee
- ☐ Surrender of previous license, if applicable
- ☐ Lease, purchase agreement, or other proof of control of premise
- ☐ Contact Information Sheet
- ☐ Articles of Incorporation
- ☐ WI Seller's Permit Certificate (copy)
- ☐ FEIN (copy)
- ☐ 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

Indoor Map of 422 Main Street

All Alcohol will be stored in lockable cabinets in the Kitchen + Bar storage #2 in the basement

Records will be stored in the security camera room in a filing cabinet

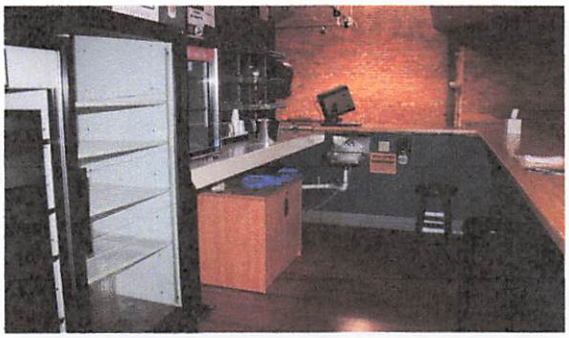
Pictures of 422 Main Street



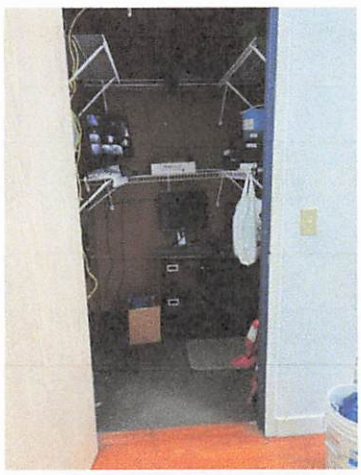
Outside of 422 Main Street

Performance Area

Bar Area



Kitchen



Security room, where alcohol sales files will be stored

Save | Print | Clear

Form **AB-200**

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	

Application Type *(check one)*

☑ Initial (New) ☐ Renewal

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

- ☒ Class "A" Beer . . . . . $ ~~700~~ 620
- ☒ Class "B" Beer . . . . . $ 100
- ☐ "Class A" Liquor . . . . . $ _____
- ☒ Regular "Class B" Liquor $ 500
- ☐ "Class A" Liquor (cider only) $ _____
- ☐ Reserve "Class B" Liquor $ _____
- ☐ "Class C" Liquor (wine only) $ _____
- ☐ Above-Quota "Class B" Liquor . . . . . $ _____

Fees	
License Fee(s)	$
Background Check Fee	$
Publication Fee	$ 20
Total Fees	$ 620

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)
~~Coulee Arts~~ La Crosse Film Academy Corporation

2. Business Trade Name or DBA
Coulee Arts

3. FEIN
99-0545557

4. Wisconsin Seller's Permit Number
-456-1031160603 81-05

5. Entity Type *(check one)*
☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☑ Nonprofit Organization

6. If the applicant business is an LLC, are the controlling members other LLCs or corporations? . . . . . ☐ Yes ☑ ~~No~~
If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100.

7. State of Organization	8. Date of Organization	9. Wisconsin DFI Registration Number
WI	1/4/2024	

10. Premises Address
422 Main St.

11. City	12. State	13. Zip Code
La Crosse	WI	54601

14. County	15. Governing Municipality: ☑ City ☐ Town ☐ Village of: _____	16. Aldermanic District
La Crosse		

17. Premises Phone	18. Premises Email	19. Website
[redacted]		couleearts.org

20. Premises Description

Initial (New Applicants Only): 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.

Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same. ☐

Coulee Arts is leasing 422 Main st. (formerly the Main-Event Space). The building includes a main floor multi-use event & production venue, Alcohol is served

21. Mailing Address (if different from premises address)
Alcohol is stored

22. City	23. State	24. Zip Code
Record are stored		

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? . . . . . ☐ Yes ☐ No

Law/Ordinance Violated	Location	Trial Date

Penalty Imposed	Was sentence completed? . . . . . ☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☑ No

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 wholesaler? . . ☐ Yes ☑ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

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

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

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

Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

☑ I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.

☑ I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.

☑ *(For corporations, limited liability companies, and nonprofit organizations only)* I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.

☑ I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

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.
Eck	Teddy	J

Title	Email	Phone
Executive Director	teddy@coulee art.org	917-617-4711

Signature	Date
Teddy J. Eck	7/6/26

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)

Form
AB-200AA

Alcohol Beverage License Application

Appendix A - List of Persons Involved in the Applicant Business

Application Type *(check one)*
☑ Initial (New) ☐ Renewal
License Period

Instructions

This form is required supplemental material to Form AB-200, Alcohol Beverage License Application, for new and renewal applications.

The persons holding the following titles in the applicant business and any businesses referenced in Part A, Question 6, must provide contact and personal information to determine fitness to hold an alcohol beverage license under state law:

- Sole proprietor
- All partners of a partnership
- All officers, directors, and agent of a corporation or nonprofit organization
- All members or managers, and agent of a limited liability company

Contact and personal information for persons named above must be listed in the table below and submitted with this application. Attach additional sheets if necessary.

Each person holding a title named above must submit the most accurate Form AB-100 with this application.

Corporations, nonprofit organizations, and limited liability companies must submit the most accurate Form AB-101 with this application.

*Status Definitions

New: All entries on a new application or any person added to a renewal application for the first time.

Remove: This person no longer has a relationship to the applicant business.

Update: There are changes to this person's personal or contact information, or their relationship to the applicant business.

No Change: There are no changes to this person's personal or contact information, or their relationship to the applicant business.

1. Legal Business Name (individual name if sole proprietorship)
La Crosse Film Academy ~~& Rivoli Arts District~~ Corporation

2. Business Trade Name or DBA
Coulee Arts

3. FEIN
99-0545557

Listing of Persons Involved in Applicant Business

First Name and Middle Initial	Last Name	Title/Relationship to Applicant Business	Phone Number	Email	Status*
Teddy J.	Eck	Executive Director	[redacted]	[redacted]	New
Matt	Mahlum	Board Member			New
Corey J.	Schaverall	Board Member			New
Megan M	Binfield	Board Member			New
Ben	Richgraber	Board Member			New

Save | Print | Clear

Form **AB-100**

Alcohol Beverage Individual Questionnaire

Date: 7/5/26

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

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

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

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
La Crosse Film Academy ~~& Rivoli Arts District~~ Corporation

2. Business Trade Name or DBA
Coulee Arts

3. Entity Type *(check one)*
☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☑ Nonprofit Organization

Part B: Individual Information

1. Last Name	2. First Name	3. M.I.
Eck	Teddy	J

4. Relationship to Business (Title)	5. Email	6. Phone
Executive Director	[redacted]	[redacted]

7. Home Address
W5843 Brickyard Ln.

8. City	9. State	10. Zip Code	11. Date of Birth
La Crosse	WI	54601	[redacted]

12. Driver's License/State ID Number	13. Driver's License/State ID State of Issuance
[redacted]	WI

Part C: Address History

1. Do you currently live in Wisconsin? ☑ Yes ☐ No

If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY): 07/2021

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

	City	State	Zip Code
Previous Address 1: W5843 Brickyard Ln	La Crosse	WI	54601
Previous Address 2			
Previous Address 3			
Previous Address 4			
Previous Address 5			

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
CA	Monterey	CA	San Diego	TN	Shelby	VA	Richmond
NY	Queens						

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?..... ☐ Yes ☐ No

Law/Ordinance Violated	Location	Conviction Date

Penalty Imposed	Was sentence completed?..... ☐ Yes ☐ No

Law/Ordinance Violated	Location	Conviction Date

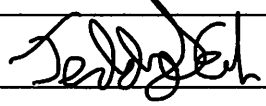
Penalty Imposed	Was sentence completed?..... ☐ Yes ☐ No

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
	07/05/2026

Save | Print | Clear

Form **AB-100**

Alcohol Beverage Individual Questionnaire

Date 1/9/26

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

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

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

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
La Crosse Film Academy ~~& Rivoli Arts District~~ Corporation

2. Business Trade Name or DBA
Coulee Arts

3. Entity Type *(check one)*
☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☑ Nonprofit Organization

Part B: Individual Information

1. Last Name	2. First Name	3. M.I.
BINSFELD	MEGAN	M

4. Relationship to Business (Title)	5. Email	6. Phone
BOARD MEMBER	[redacted]	[redacted]

7. Home Address
1839 CHEROKEE AVE

8. City	9. State	10. Zip Code	11. Date of Birth
LA CROSSE	WI	54603	[redacted]

12. Driver's License/State ID Number	13. Driver's License/State ID State of Issuance
[redacted]	WI

Part C: Address History

1. Do you currently live in Wisconsin? ☑ Yes ☐ No

If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY) Oct 2006

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

	City	State	Zip Code
Previous Address 1: 1839 Cherokee Ave (per Teddy)			
Previous Address 2			
Previous Address 3			
Previous Address 4			
Previous Address 5			

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
IL	Cook	WI	Marinette				
WI	Milwaukee	WI	La Crosse				

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? ☐ Yes ☐ No

Law/Ordinance Violated	Location	Conviction Date

Penalty Imposed	Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated	Location	Conviction Date

Penalty Imposed	Was sentence completed? ☐ Yes ☐ 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
[signature]	7/9/26

Save | Print | Clear

Form **AB-100**

Alcohol Beverage Individual Questionnaire

Date 7/7/26

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

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

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

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
La Crosse Film Academy ~~& Rivoli Arts District~~ Corporation

2. Business Trade Name or DBA
Coulee Arts

3. Entity Type *(check one)*
☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☑ Nonprofit Organization

Part B: Individual Information

1. Last Name	2. First Name	3. M.I.
SCHERELL	CASEY	J

4. Relationship to Business (Title)	5. Email	6. Phone
BOARD MEMBER	[redacted]	[redacted]

7. Home Address
202 S. MAIN STREET

8. City	9. State	10. Zip Code	11. Date of Birth
STODDARD	WI	54658	[redacted]

12. Driver's License/State ID Number	13. Driver's License/State ID State of Issuance
[redacted]	WI

Part C: Address History

1. Do you currently live in Wisconsin? ☑ Yes ☐ No

If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY) 04/1990

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

Previous Address	City	State	Zip Code
202 S. Main St (per Teddy)			
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

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	VERNON	WI	LA CROSSE	WI	WAUKESHA		
WI	BROWN	WI	OCONTO				

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?..... ☐ Yes ☐ No

Law/Ordinance Violated	Location	Conviction Date

Penalty Imposed	Was sentence completed?..... ☐ Yes ☐ No

Law/Ordinance Violated	Location	Conviction Date

Penalty Imposed	Was sentence completed?..... ☐ Yes ☐ 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
[signature]	7/7/26

Save Print Clear

Form **AB-100**

Alcohol Beverage Individual Questionnaire

Date

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

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

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

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
La Crosse Film Academy ~~& Rivoli Arts District~~ Corporation

2. Business Trade Name or DBA
Coulee Arts

3. Entity Type *(check one)*
☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☑ Nonprofit Organization

Part B: Individual Information

1. Last Name	2. First Name	3. M.I.
Richgruber	Ben	

4. Relationship to Business (Title)	5. Email	6. Phone
Member - Board of Directors	[redacted]	[redacted]

7. Home Address
307 24th St S

8. City	9. State	10. Zip Code	11. Date of Birth
La Crosse	WI	54601	[redacted]

12. Driver's License/State ID Number	13. Driver's License/State ID State of Issuance
[redacted]	WI

Part C: Address History

1. Do you currently live in Wisconsin? ☑ Yes ☐ No

If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY) 062026

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

Previous Address	City	State	Zip Code
1 165 Aipuni St B	Hilo	HI	96720
2			
3			
4			
5			

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	La Crosse	HI	Hawaii	WI	Eau Claire	WI	Dane
FL	Orange	WI	Monroe				

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
OWI	Altoona, WI	April 2017
Penalty Imposed: Fine	Was sentence completed?..... ☑ Yes ☐ No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed?..... ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed?..... ☐ Yes ☐ 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
	07/07/26

Save | Print | Clear

Form **AB-100**

Alcohol Beverage Individual Questionnaire

Date

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

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

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

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
La Crosse Film Academy ~~& Rivoli Arts District~~ Corporation

2. Business Trade Name or DBA
Coulee Arts

3. Entity Type *(check one)*
☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☑ Nonprofit Organization

Part B: Individual Information

1. Last Name	2. First Name	3. M.I.
Muhlum	Matthew	S

4. Relationship to Business (Title)	5. Email	6. Phone
Board of Directors - President	[redacted]	

7. Home Address
1217 Bennett

8. City	9. State	10. Zip Code	11. Date of Birth
La Crosse	WI	54601	[redacted]

12. Driver's License/State ID Number	13. Driver's License/State ID State of Issuance
[redacted]	WI

Part C: Address History

1. Do you currently live in Wisconsin? ☑ Yes ☐ No

If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY) 07/07/1982

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

Previous Address 1: 1217 Bennett	City: La Crosse (see attached)	State	Zip Code
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

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	La Crosse						
State	County (see attached)	State	County	State	County	State	County

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. CCAP

Law/Ordinance Violated	Location	Conviction Date

Penalty Imposed	Was sentence completed?..... ☒ Yes ☐ No

Law/Ordinance Violated	Location	Conviction Date

Penalty Imposed	Was sentence completed?..... ☒ Yes ☐ No

Law/Ordinance Violated	Location	Conviction Date

Penalty Imposed	Was sentence completed?..... ☒ Yes ☐ 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
[signature]	07/12/2026

Save | Print | Clear

Form **AB-101**

Alcohol Beverage Appointment of Agent

Date 7/5/26

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)
La Crosse Film Academy ~~& Rivoli Arts District~~ Corporation

2. Business Trade Name or DBA
Coulee Arts

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.
original application.

Part B: Agent Information

1. Last Name	2. First Name	3. M.I.
Eck	Teddy	J

4. Email	5. Phone
[redacted]	[redacted]

6. Home Address
W5843 Brickyard Ln

7. City	8. State	9. Zip Code	10. Date of Birth
La Crosse	WI	54601	[redacted]

11. Driver's License/State ID Number	12. Driver's License/State ID State of Issuance
[redacted]	WI

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion. ☒ Yes ☐ No

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? See instructions for exceptions. ☑ Yes ☐ No

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	First Name	M.I.
Eck	Teddy	J

Title	Email	Phone
Executive Director	[redacted]	

Signature	Date
Teddy J. Eck	7/9/26

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	First Name	M.I.
Eck	Teddy	J

Signature	Date
Teddy Eck	07/05/2026

Serving Alcohol

is proud to present this certificate to

Teddy Eck

for successful completion of the online course

Wisconsin Alcohol Seller/Server Course

PERSONS COMPLETING THIS COURSE HAVE AGREED TO EXECUTE THE FOLLOWING POLICIES TO THE BEST OF THEIR ABILITIES.

* CARD ANY PERSON 35 YEARS OF AGE OR YOUNGER
* OBSERVE AND REPORT ANY CUSTOMER SHOWING SIGNS OF POSSIBLE IMPAIRED BEHAVIOR TO MANAGEMENT
* RESPOND IMMEDIATELY TO ANY POSSIBLE PROBLEM SITUATION
* DETERMINE THE PEOPLE ENTERING THE PREMISES TO CONSUME ALCOHOL ARE OF LEGAL ALCOHOL DRINKING AGE AND RECARD THEM IF THERE IS ANY QUESTION ABOUT THEIR AGE
* ENSURE A PERSON MATCHES THEIR VALID LEGAL IDENTIFICATION

This is a Wisconsin Department of Revenue approved Responsible Beverage Server Training Course in compliance with Sec. 125.17 (6), 134.66 (2m), and 125.04 (5) (a) 5. Wis. Stats.

Verify online at
servingalcohol.com

Verification Code

3YxaYd50cW

Date Issued

Jul 10th, 2026

VALID FOR 2 YEARS

This is not a Wisconsin operators/bartenders license.
This certificate will be requested to obtain a Wisconsin operators/bartenders license from the Wisconsin city clerk's office in the municipality where you are working.
Find your city clerk's office here: https://elections.wi.gov/clerks/directory

Wisconsin Alcohol Seller/Server Course
Name: Teddy Eck
Certification Date: Jul 10th, 2026
Certificate Code: 3YxaYd50cW
Verify Online: servingalcohol.com
125.17(6), 134.66 (2m), 125.04(5)(a)5 Wis. Stats.
SERVING ALCOHOL INC
VALID FOR 2 YEARS

Learn more about this wallet card at http://servingalcohol.com/wallet-card

Office of City Clerk

NOTICE OF APPLICATION FOR COMBINATION "CLASS B" BEER & LIQUOR AND INDOOR CABARET LICENSE IN THE CITY OF LA CROSSE

This is to notify you that the following business has applied for a **Combination Class "B" Beer & Liquor** license. Pursuant to sec. 4-145 of the Municipal Code, no Class "B" license shall be granted for premises located within 100 feet of lands zoned residential or multiple dwelling without property owners receiving notification. **Indoor Cabaret** licenses under Chapter 10, Article IV of the Code of Ordinances of the City of La Crosse 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.

La Crosse Film Academy Corporation dba Coulee Arts
at 422 Main St, La Crosse, WI 54601

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 – Wednesday, August 5, 2026 at 6:00 p.m.
Common Council – Thursday, August 13, 2026 at 6:00 p.m.

Indoor Cabaret description: The ground floor of 422 Main St. consists of 5,000 sq. ft. performance area that will be used for film premieres, music concerts, stand-up comedy shows, and event rentals.

If you wish to attend and participate in the meetings virtually, you can join typing this address in a web browser:
https://us06web.zoom.us/j/83473183380?pwd=SE55WWRKL2V2alhncW5VM3RLWGYrdz09
Meeting ID: 83473183380
Passcode: CC2026
Call in (audio only): +1 312 626 6799

Or you can view the meeting (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, 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 16th day of June 2026.

Alicia Smithburg
Assistant Clerk

LA CROSSE FILM ACADEMY CORPORATION
422 MAIN ST
LA CROSSE, WI 54601

Tax Parcel Number	OwnerName	PROPADDCOMP	CompleteAddress	MailCityStateZip
17-20021-120	NEW STATE BANK OF LA CROSSE	401 MAIN ST STE 100, 205, 305, 500	401 MAIN ST	LA CROSSE, WI 54601
17-20021-140	MEDDAUGH HOLDINGS LLC	417-421 MAIN ST	419 MAIN ST	LA CROSSE, WI 54601
17-20022-10	608 PROPERTIES LLC	427 MAIN ST	307 MAIN ST	LA CROSSE, WI 54601
17-20022-100	AZARA PROPERTIES LLC	410 MAIN ST	321 MENOMONIE ST	ELK MOUND, WI 54739
17-20022-110	DOERFLINGERS SECOND CENTURY INC	400 MAIN ST STE 101-405, M1-2	1222 CASS ST	LA CROSSE, WI 54601-4855
17-20022-20	LYNNE GERMANSON	429 MAIN ST	429 MAIN ST	LA CROSSE, WI 54601-4026
17-20022-30	NANCY J ROSE, STEPHEN G ROSE	431 MAIN ST	431 MAIN ST	LA CROSSE, WI 54601-4026
17-20022-40	608 PROPERTIES LLC	423-425 MAIN ST	307 MAIN ST	LA CROSSE, WI 54601
17-20022-90	GR412 LLC	412 MAIN ST	412 MAIN ST	LA CROSSE, WI 54601
17-20023-11	DOERFLINGERS SECOND CENTURY INC		1222 CASS ST	LA CROSSE, WI 54601-4855
17-20023-35	DALE B BERG	119-123 4TH ST S, 125 4TH ST S APT 201-203, STE 201 & 301, 127 4TH ST S	121 4TH ST S	LA CROSSE, WI 54601-3257
17-20023-50	DLL PROPERTIES LLC	418-420 MAIN ST	418 MAIN ST	LA CROSSE, WI 54601
17-20023-60	422 MAIN LLC	422-424 MAIN ST	307 MAIN ST	LA CROSSE, WI 54601
17-20023-80	I & B OF LACROSSE LLC	444 MAIN ST APT 1-6, STE 101-105, 201-208, 301, 303, 305, 308-310	2000 N HILLCREST PKY	ALTOONA, WI 54720
CITY OF LA CROSSE	CITY OF LA CROSSE	400 LA CROSSE ST	400 LA CROSSE ST	LA CROSSE, WI 54601
APPLICANT	LA CROSSE FILM ACADEMY CORPORATION	422 MAIN ST	422 MAIN ST	LA CROSSE, WI 54601

Office of City Clerk

July 17, 2026

ATTN: TEDDY ECK
LA CROSSE FILM ACADEMY CORPORATION DBA COULEE ARTS
422 MAIN ST
LA CROSSE WI 54601

Dear Teddy,

Our office is in receipt of the application for a Combination "Class B" Beer and Liquor License and Indoor Cabaret for La Crosse Film Academy Corporation dba Coulee Arts at 422 Main Street.

The application will be considered at the following meetings:

Judiciary & Administration Committee	**Wednesday, August 5, 2026, 6:00 p.m.** **Council Chambers, City Hall – 400 La Crosse St.**
Common Council	**Thursday, August 13, 2026, 6:00 p.m.** **Council Chambers, City Hall – 400 La Crosse St.**

It is recommended that someone attend the J&A meetings where public hearing is allowed; there may be questions or comments from a committee or council member or another citizen. Public hearing is generally not allowed at the Council meeting although there may be questions of Council Members. The applications will appear as part of the Various Licenses agenda item, which is a grouping of all of the licenses submitted for approval for August (File # 26-0631).

Attendance is allowed either in person or virtually. I will also be sending you an email with the dates listed above and the Zoom link for the J&A meeting. If you have any questions, comments, or concerns; do not hesitate to contact me.

Sincerely,

Sondra Craig

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

cc: Teddy Eck – [redacted]