EXPANSION OF ALCOHOL BEVERAGE LICENSE FOR SPECIAL EVENT
(MUST HAVE LICENSE POSTED ON PREMISE BEFORE BEGINNING SPECIAL EVENT)

License Fee: $ 50.00 (*additional $50.00 tent fee, if applicable) **Receipt #:** 108101

TYPE OF LICENSE (Check all that apply):

X Combination "Class B" Beer & Liquor
____ Class "B" Beer
____ "Class C" Wine
____ Class "A" Beer
____ Class "A" Beer & "Class A" Liquor

DUPLICATE RECEIPT
405 CITY CLERK/LICENSES 8101
MP104103114 002 130724
7/24/13 2:58PM VMD 50.00

***NOTE** *If applicant wants live music in this expanded area, they may need to apply for an Outdoor Cabaret or Special Event Outdoor Cabaret license.*

CHECK ONE: X Individual ____ Partnership ____ Corporation ____ LLC

LEGAL/REAL NAME (Individual/Partnership/Corporation/LLC): CHRISTOPHER EDWARD OLSON

TRADE NAME: the SPORTS NUT

NAME OF AGENT (If Corporation/LLC): CHRISTOPHER EDWARD OLSON
(Full Name – First, FULL Middle & Last)

BUSINESS ADDRESS/ADDRESS OF EXPANSION: 801 ROSE ST. / SAME (TO INCLUDE PARKING LOT)

BUSINESS PHONE NUMBER: 608 784-1811

DATE OF EXPANSION: 9-14-13

TIME OF EXPANSION **(beginning & ending times):** 10:00 A.M. – MIDNIGHT

*WILL THERE BE A TENT IN EXCESS OF 400 SQ. FT. (20' x 20')? Yes ___ No X If yes, add $50 to license fee.

ATTACH DETAILED DESCRIPTION OF EVENT AREA ***AND*** ATTACH A DIMENSIONAL DRAWING.
Detailed description and dimensional drawing MUST include dimensions of area, where the fencing will be placed, where entrance(s) and exit(s) will be and size of each, dimensions of tent (if a tent is used), and placement of port-a-potties.

CONTACT PERSON: CHRIS OLSON
(Full Name – First, FULL Middle & Last)

ADDRESS OF CONTACT PERSON: 803 ROSE ST. LA CROSSE WI 54603

DAYTIME PHONE NUMBER OF CONTACT PERSON: 608 386-6540

REASON FOR EXPANSION REQUEST: JOHN OLSON MEMORIAL BENEFIT

NUMBER OF PEOPLE ATTENDING THIS EVENT: 200

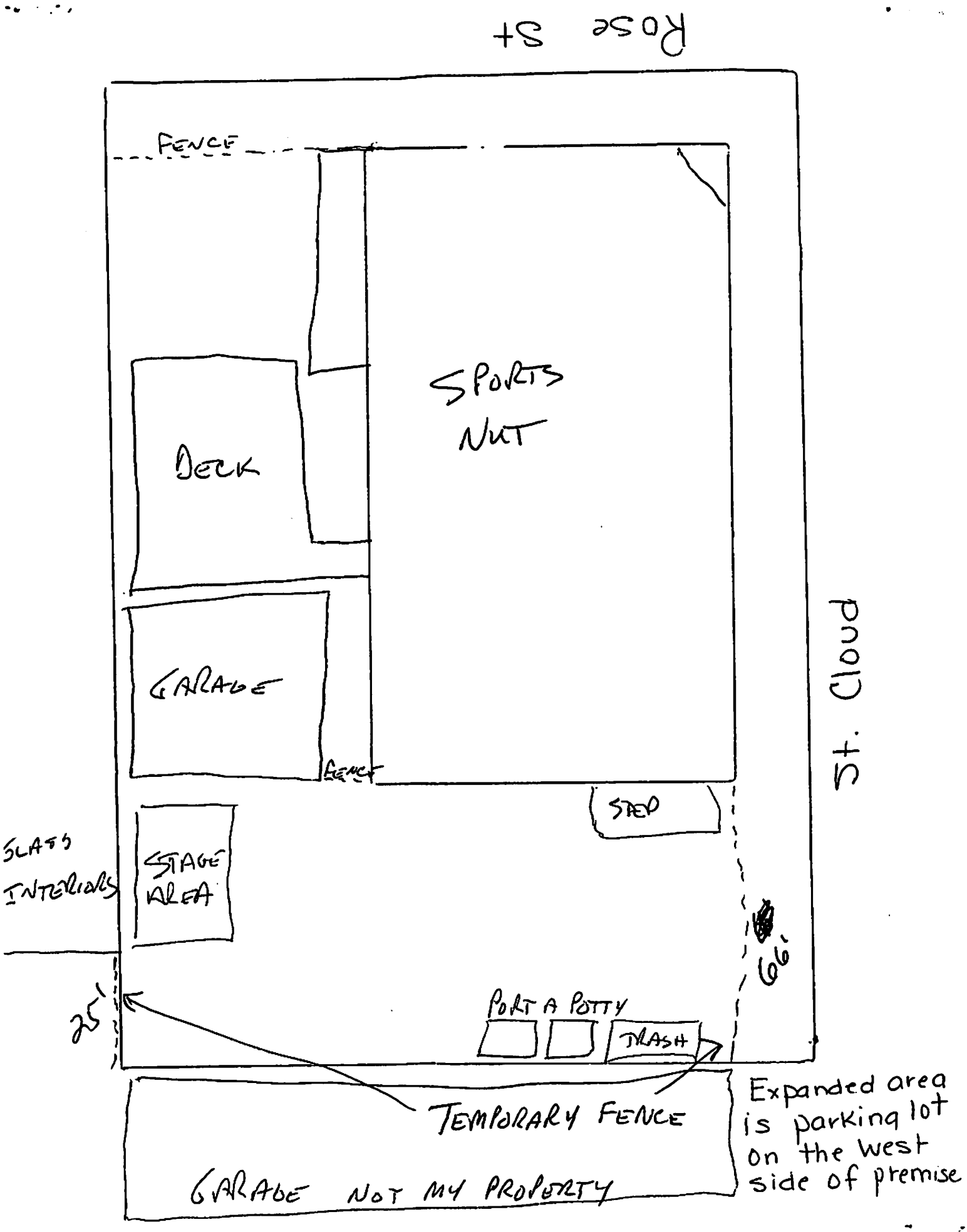
I agree to abide by all applicable State and local regulations to include, but not limited to, the sale and service of alcoholic beverages, fencing, and adherence to noise levels.

Christ E. Olson 7-24-13
Signature of PRESIDENT of Corporation/Partner/Individual/Member Date

Signature of SECRETARY of Corporation/Partner/Member Date

For Office Use Only:
Introduced - Council Meeting: _____ (Applicant does not need to attend this meeting)
Applicant should attend the following meetings:
J & A Meeting: _____ Committee of the Whole: _____ Council Meeting: _____

Original – Council Copy **Copy – Applicant** **Copy – Licensing Clerk**


Rose St
FENCE
SPORTS NUT
DECK
GARAGE
FENCE
St. Cloud
STEP
SLATS INTERIORS
STAGE AREA
66'
25'
PORT A POTTY
TRASH
TEMPORARY FENCE
GARAGE NOT MY PROPERTY
Expanded area is parking lot on the west side of premise