

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 05-14-2021 ending: 06-30-2021
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } LA CROSSE
 Village of }
 City of }

County of LA CROSSE Aldermanic Dist. No. N/A
 (if required by ordinance)

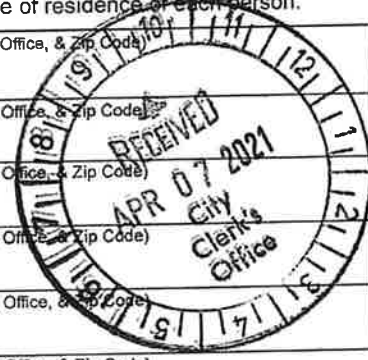
Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
CEC ENTERTAINMENT, 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 full name and place of residence of each person.

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
PLEASE SEE ATTACHED			
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)



1. Trade Name CHUCK E. CHEESE'S Business Phone Number (972) 258-5481
 2. Address of Premises 4444 STATE ROAD 16 Post Office & Zip Code LA CROSSE, 54603

3. 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.)
APPROX. 11,141SF SINGLE STORY BUILDING
ALCOHOL TO BE STORED IN THE COLD FREEZER IN THE KITCHEN.
SERVICE IS AT THE COUNTER

4. Legal description (omit if street address is given above): _____
 5. (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? CEC ENTERTAINMENT, INC.

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** Yes No

7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
If yes, explain.

8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** Yes No

9. (a) **Corporate/limited liability company applicants only:** Insert state DELAWARE and date 12/15/20 of registration.

(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** 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? **If yes, explain.** Yes No

10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] Yes No

11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No

12. 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 signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees 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, or one member of a partnership applicant must sign; one corporate officer, one member/manager 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.

Contact Person's Name (Last, First, M.I.) DECK, DAVID A.	Title/Member ASSISTANT SECRETARY	Date 04/06/2021
Signature 	Phone Number (972) 258-5481	Email Address malamillo@CECENTERTAINMENT.COM

TO BE COMPLETED BY CLERK

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	

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 <i>Officer/member</i>			
Name: First		Middle	Last
Rodolfo			Rodriguez, Jr.
Home Address: Street		City	State Zip Code
4647 Hallmark Dr.		Dallas	TX 75229
Phone Number:	Email:	Date of Birth: (mm/dd/yyyy)	
972-258-8507			
Violations: none			
OFFICER/MEMBER			
Name: First		Middle	Last
David		Scott	McKillips
Home Address: Street		City	State Zip Code
1201 Earlston Ct.		Southlake	TX 76092
Phone Number:	Email:	Date of Birth: (mm/dd/yyyy)	
972-258-8507			
Violations: March 23, 2019 - Misdemeanor - Class B Driving while intoxicated Tarrant County, TX			
OFFICER/MEMBER			
Name: First		Middle	Last
David		Aaron	Deck
Home Address: Street		City	State Zip Code
3720 Cameroon Ln		McKinney	TX 75071
Phone Number:	Email:	Date of Birth: (mm/dd/yyyy)	
972-258-8507			
Violations: none			
OFFICER/MEMBER			
Name: First		Middle	Last
Blake			Huggins
Home Address: Street		City	State Zip Code
3330 Wintergreen Terrace		Grapevine	TX, 76051
Phone Number:	Email:	Date of Birth: (mm/dd/yyyy)	
972-258-8507			
Violations: none			
OFFICER/MEMBER			
Name: First		Middle	Last
James			Howell
Home Address: Street		City	State Zip Code
6106 Mustang Trail		Colleyville	TX, 76034
Phone Number:	Email:	Date of Birth: (mm/dd/yyyy)	
972-258-8507			
Violations: none			

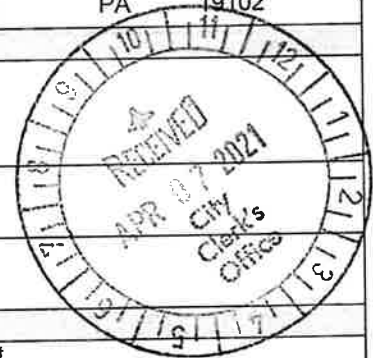


City of La Crosse, Wisconsin

APPLICATION FOR INDOOR CABARET LICENSE

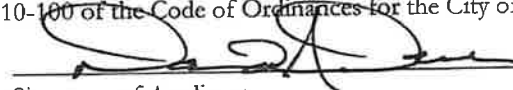
Check One: New Renewal For the license period _____ to _____ Fee: \$ _____

BUSINESS INFORMATION*			
Legal/Real Name: CEC Entertainment, LLC			
Address of Above: Street 4444 STATE ROAD 16		City LA CROSSE,	State Zip Code WI, 54603
PREMISES INFORMATION			
Trade Name of Business: Chuck E. Cheese's			
Address of premises to be Licensed: 4444 STATE ROAD 16, LA CROSSE, WI 54603		Business Phone Number:	
Premises are Owned By: PR Valley View OP-DSG/CEC LLC			
Address of Owner: Street c/o PREIT Services, LLC, 200 South Broad Street, 3rd Floor		City Philadelphia	State Zip Code PA 19102
CABARET INFORMATION			
Detailed description of cabaret area to be licensed: APPROX. 11,141SF SINGLE STORY BUILDING			
Nature of Entertainment: Animated characters that sing and tell jokes/stories			
Other Business Conducted upon the premises: Pizza Restaurant / Family Entertainment Center			
MANAGER INFORMATION*			
Cabaret Manager Name: First Amanda		Middle Lee	Last Taylor
Cabaret Manager Home Address: Street 4022 Glenhaven Dr.		City La Crosse	State Zip Code WI 54601
Home Phone Number of Cabaret Manager: 608-386-1033		Daytime Phone Number of Cabaret Manager:	
Was the above person listed as manager on last year's application? <input checked="" type="checkbox"/> Yes <input 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. 10-100 of the Code of Ordinances for the City of La Crosse.


Signature of Applicant

04/06/2021
Date

OFFICE USE ONLY			
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)

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MANAGER/PERSON IN CHARGE				
Name: First		Middle	Last	
Amanda		Lee	Taylor	
Home Address: Street		City	State	Zip Code
4022		Glenhaven Dr.	LA CROSSE,	WI, 54601
Phone Number:	Email:	Date of Birth: (mm/dd/yyyy)		
Violations:				
OFFICER/MEMBER				
Name: First		Middle	Last	
Please see Attached		✓		
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:				
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:				