

RETAIL LICENSE TRANSFER – PREMISES TO PREMISES

Wisconsin Department of Revenue

FEE \$ 10.00



APPLICATION FOR TRANSFER OF LICENSES FOR SALE OF FERMENTED MALT BEVERAGES AND/OR INTOXICATING LIQUOR FROM ONE PREMISES TO ANOTHER

LACROSSE, Wisconsin

OCTOBER 4, 2017

To the governing body of the [X] City [] Village [] Town of LACROSSE
County of LACROSSE Wisconsin.

The undersigned hereby applies for a transfer of Class B WINERY license from

1229 Caledonia Street (present location) to 1223 CALEDONIA STREET (proposed location)

on or about NOVEMBER 10 2017 (date)

1. APPLICANT: (print name and address plainly)

(a) Full name of applicant DIANA HOBSON

(b) Address 420 15TH STREET S, LACROSSE WI 54601

2. LOCATION AND DESCRIPTION OF PREMISES TO WHICH APPLICATION FOR TRANSFER IS MADE: Describe building or buildings where alcohol beverages are to be sold, served, consumed, and stored.

(a) Street number 1223 CALEDONIA STREET, LA CROSSE WI 54601

(b) Trade name of establishment DNA VINTNERS

(c) Physical description of building, buildings and/or land area comprising licensed premises. STOREFRONT SOUTH OF LOGGERS BUSINESS/RETAIL SHOP, ON SAME PARCEL AS 1225, 1227, 1229 CALEDONIA STREET, LA CROSSE WI 54603

(About 888 square feet of a one-story building)

(d) Legal description (omit if street address is given above.)

(e) Is any other business conducted on same premises? [] Yes [] No If so, what? POSSIBLY SOME RETAIL AS IN WINE ACCESSORIES, PREPACKAGED CHEESE

(f) Was this location licensed for beer or liquor during the past year? [] Yes [X] No

(g) Give name and address of previous licensee.

(h) Will the previous licensee surrender its license? [] Yes [] No

ALL APPLICANTS FOR TRANSFER OF CLASS B LICENSES MUST ANSWER THE FOLLOWING:

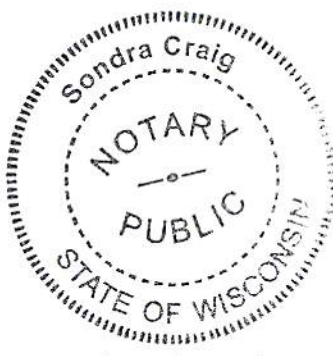
- If granted, state any interest, directly or indirectly, that any brewer, bottler, wholesaler, manufacturer, or rectifier will hold in the premises for which you are applying
I OWN THE PARCEIL WHICH INCLUDES 1229 CALEDONIA ST , THE WINE PRODUCTIC
- If you do not own the fixtures, state the manner, terms and conditions under which said fixtures are held

State of Wisconsin }
 County of LACROSSE AM } ss.

 (Signature)

(I) Diana Hobson and _____
 being first duly sworn on oath says that she is _____
 to the questions in each instance are complete and true. _____
 X [Signature]
Diana Hobson

Subscribed and sworn to before me this
6th day of October, 2017
Sondra Craig
 Notary Public, La Crosse County, Wis.
 My Commission Expires 11/11/17



CLASS OF BUSINESS	Name	
	Original Location	
	Ward	
	Proposed Location	
	Ward	
	License No.	
	Treasurer's Receipt No.	
	Filed	
	Submitted to Council or Board	
	Approved	Date
Denied	Date	