



City of La Crosse, Wisconsin

ORIGINAL ALCOHOL LICENSE APPLICANTS INFORMATION SUBMITTAL

(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.

Class A: ☐ Beer, ☐ Liquor

Class B: ☒ Beer, ☒ Liquor

Class C: ☐ Wine

APPLICANT

Legal/Real Name of Business:

Apizza La Crosse LLC

Trade Name:

Unoventi Pizzeria

Address:

Street

City

State

Zip Code

120

King St.

La Crosse

WI

54601

Telephone Number:

608.881.6609

Website:

unoventi.com

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:

7/1/25

☒ 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 15 days.

BUSINESS PLAN

Type of Establishment:

- ☐ Tavern ☐ Nightclub ☒ Restaurant ☐ Liquor Store ☐ Grocery Store
☐ Convenience Store with gas pumps ☐ Convenience Store without gas pumps
☐ Other _____

Hours of Operation:

Wednesday thru Monday 11:00 a.m. - 12:00 a.m.

Anticipated Number of Employees:

20

Other Business to Be Conducted on Premise:

Estimated gross receipts for food and alcohol beverage sales by percentage.

(Note: Non-alcoholic drinks are classified as "Food.")

25 % Alcohol 75 % Food _____ % Other

If applicable, describe "Other":

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

Indoor 80 Outdoor, if applicable 25

Will there be any outdoor sales/service or consumption of alcohol? If yes, explain.

If yes, a beer garden license or outdoor dining permit may be required.

Yes. There is a patio that is gated and used seasonally.

Will there be live entertainment (music or dancing) on premise? If yes, explain.

If yes, a cabaret license will be required.

No.

Do you have off-street parking? ☒ Yes ☐ No

If yes, how many parking spaces? 36

If no, how will parking be accommodated.

Provide a sketch of the floor plan showing overall dimensions, sales, service and consumption and storage areas, 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.

In addition to supplying the above information which 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.

Signature _____

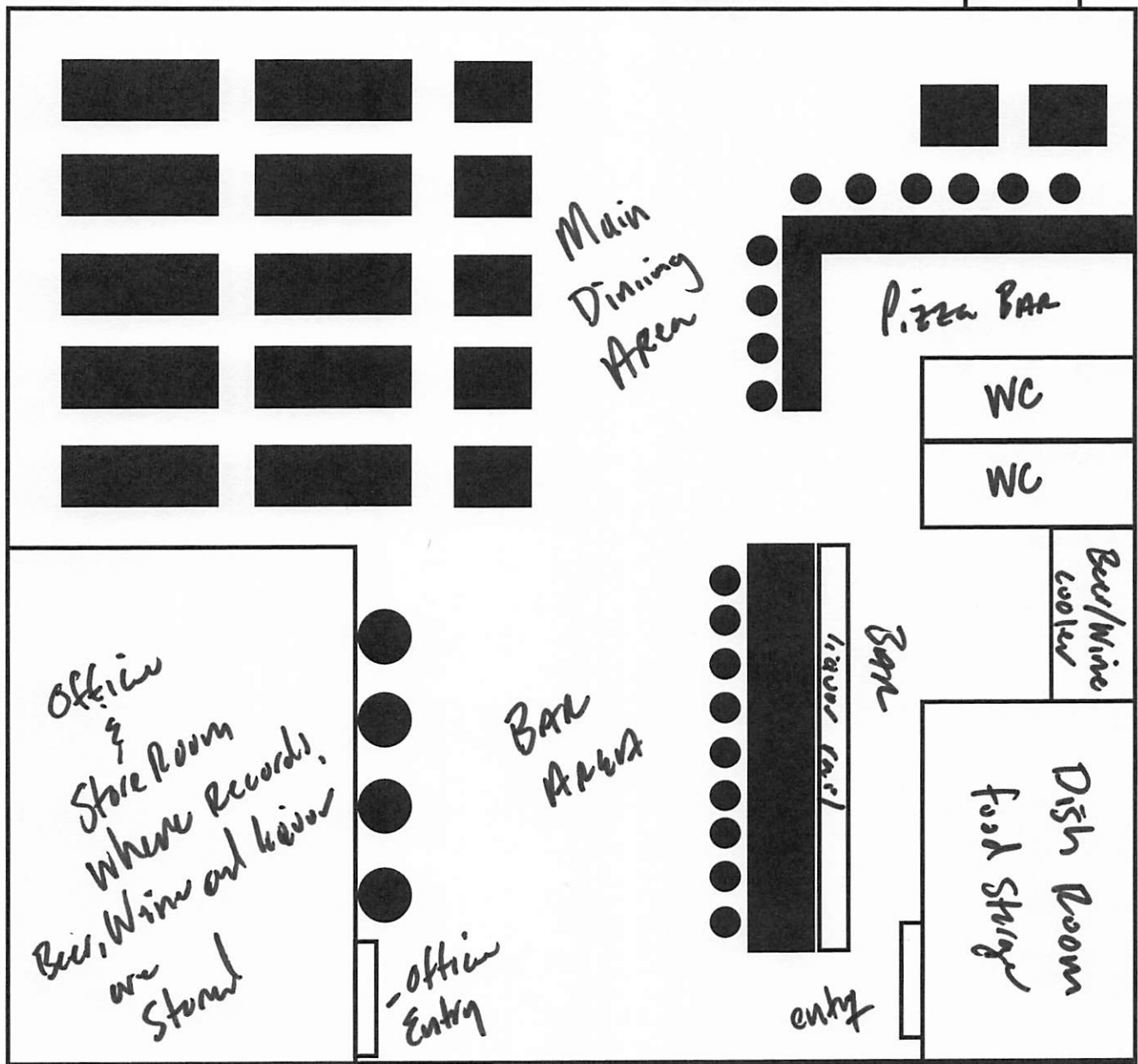
Date 5/5/25

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
- ☐ FEIN
- ☐ 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

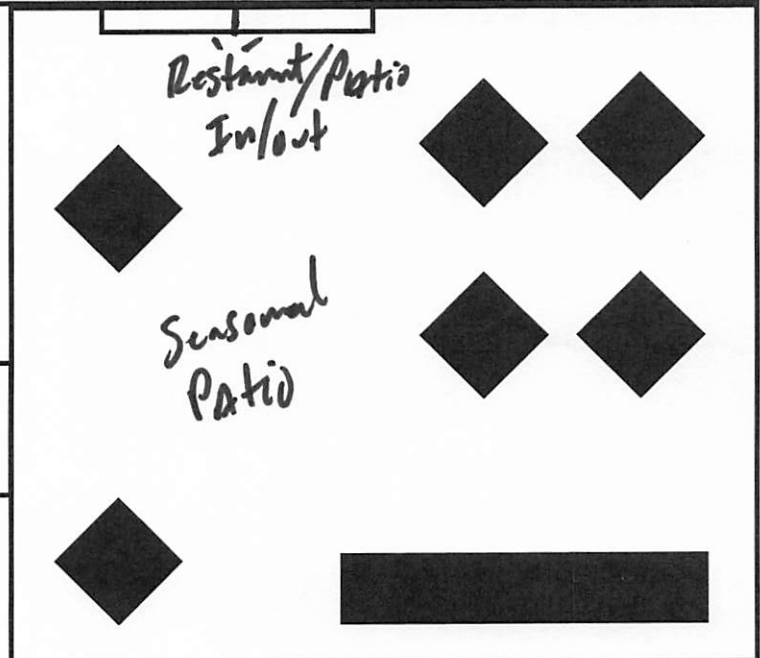
120 King St Including Seasonal Patio

Main Entry/Exit



* Patio is seasonal: 24' x 24'. Includes security gate and fence made of aluminum and steel. Fence is 40" tall on West/gate wall and 8" tall on South and East Walls. Includes a concrete floor and curb.

gated
Patio
In/out



Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only
Municipality
License Period

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

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ _____
- ☐ "Class A" Liquor \$ _____ ☒ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ 600
Background Check Fee	\$
Publication Fee	\$ 20
Total Fees	\$ 620

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)

Apizza La Crosse LLC

2. Business Trade Name or DBA

UNO Venti Pizzeria

3. FEIN

33-5061642

4. Wisconsin Seller's Permit Number

coming

5. Entity Type (check one)

- ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

6. State of Organization

Wisconsin

7. Date of Organization

5/9/25

8. Wisconsin DFI Registration Number

A116634

9. Premises Address

120 King St.

10. City

La Crosse

11. State

W.

12. Zip Code

54601

13. County

La Crosse

14. Governing Municipality: ☒ City ☐ Town ☐ Village
of: *La Crosse*

15. Aldermanic District

6

16. Premises Phone

608.881.6609

17. Premises Email

mitche@sagafoodandwin.com

18. Website

www.unoventi.com

19. Premises Description - 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.

Single level restaurant with large dining room and small bar, plus a seasonal patio that is gated. Beer, Wine and liquor stand at bar and office.

20. Mailing Address (if different from premises address)

21. City

22. State

23. Zip Code

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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 distributor? . . ☐ Yes ☒ No

If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

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

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

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

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

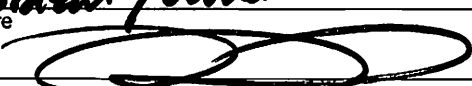
Last Name	First Name	Title	Phone
Weber	Mitchel	President/owner	608.769.7346

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.
Weber	Mitchel	A.
Title	Email	Phone
President/owner	mitchel@sagrafoodandwine.com	608.769.7346
Signature	Date	
	5/5/25	

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)	

License Number	License Type	Business Name	DBA	Business Address
ALC006982-04-2024	Combination "Class B" Beer & Liquor	UNO VENTI LLC	UNO VENTI PIZZERIA	120 KING ST

Sales and Service Description: *Entire first floor of brick building and outdoor beer garden.*

Storage Description: *Behind bar and in office.*

records in office

Business License Contacts

Name	Address	Business Phone	Mobile Phone	Home Phone	Contact Type(s)
CHRIS MICHAEL RODERIQUE	701 GROVE ST ONALASKA, WI 54650		6087929999		Agent Member

SURRENDER OF LICENSE

Part I

Legal/Real Name of Current Licensee: Uno Vent: LLC
Premises Address: 120 King St. Lacrosse WI 54601
Trade Name: Uno Vent: Pizzeria

This is to advise that the undersigned is surrendering the following license(s)

- ☒ Combination "Class B" Beer & Liquor
Class "B" Beer
Class "A" Beer and/or "Class A" Liquor (circle which apply)
Wholesale Beer
"Class C" Wine

to: APizza Lacrosse LLC
(Insert Legal/Real Name of Proposed Licensee and Trade Name)

and understand that said license(s) will be cancelled upon the Common Council's granting of a license to the applicant named herein.

New Applicant

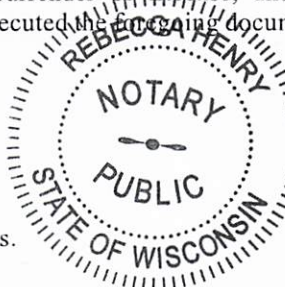
[Signature]
President, Member, Partner, Individual
[Signature]
Secretary, Member, Partner

Current Licensee

[Signature]
President, Member, Partner, Individual
[Signature]
Secretary, Member, Partner

State of Wisconsin)
) ss.
County of La Crosse)

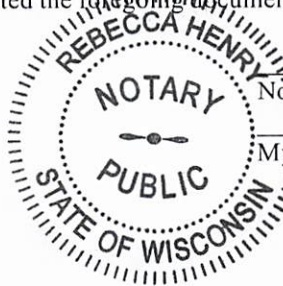
On the 22 day of May, 2025, personally came before me
Chris Rodenique, known to me to be the person(s) who
executed the foregoing Surrender of License, and known to me to be the **Current Licensee** and
acknowledged that s/he executed the foregoing document.



Rebecca Henry
Notary Public
Lacrosse County, Wisconsin
My Commission expires: 8-10-26

State of Wisconsin)
) ss.
County of La Crosse)

On the 22 day of May, 2025, personally came before me
Mitchel Weber, known to me to be the person(s) who
executed the foregoing Surrender of License, and known to me to be the **Proposed New Applicant** and
acknowledged that s/he executed the foregoing document.



Rebecca Henry
Notary Public
Lacrosse County, Wisconsin
My Commission expires: 8-10-26

SURRENDER OF LICENSE
Part II

5-7-25

Date

City Clerk
400 La Crosse St.
La Crosse, WI 54601

This is to notify you that I am the owner of the building located at
120 King St, La Crosse, Wisconsin.

~~I have entered into a lease for the above property effective _____ with~~
~~_____ (Strike sentence if not applicable.)~~

Further, this letter is to document that said owner or tenant has control of the premises,
and may apply for the necessary beer and/or liquor licenses for said location.

Sincerely,



Signature of owner of building

Printed name of owner: Chris Rodriguez

Home address of owner: 710 Brown St Onalaska WI 54601

Daytime phone number of owner: 608-792-9999

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)

Apizza La Crosse LLC

2. Business Trade Name or DBA

Uno Venti Pizzeria

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.

Part B: Agent Information

1. Last Name

Weber

2. First Name

Mitchel

3. M.I.

A.

4. Email

Mitchel@SagrFoodandWine.com

5. Phone

608.769.7346

6. Home Address

2526 Edgewood Pl.

7. City

La Crosse

8. State

Wi

9. Zip Code

54601

10. Date of Birth

[REDACTED]

11. Drivers License/State ID Number

[REDACTED]

12. Drivers License/State ID State of Issuance

Wisconsin


Part C: Agent Questions

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

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 <i>Weber</i>		First Name <i>Mitchel</i>		M.I. <i>A.</i>
Title <i>President/owner</i>		Email <i>mitchel@sugrufoodandwine.com</i>		Phone <i>608.769.7346</i>
Signature 				Date <i>5/5/25</i>

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 <i>Weber</i>		First Name <i>Mitchel</i>		M.I. <i>A.</i>
Signature 				Date <i>5/5/25</i>

Congratulations!

You have successfully completed the ServSafe Alcohol® Responsible Alcohol Service Training and Certificate Program. This is your official ServSafe Alcohol Certification Card and provides confirmation that you have studied, and are knowledgeable about, how to serve alcohol responsibly.

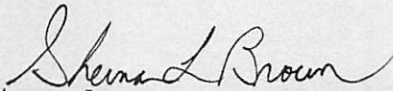
Thank you for participating in the ServSafe Alcohol program. Responsible alcohol service begins with the choices you make, and ServSafe Alcohol training will help you make the right decision when the moment arises.

By completing the ServSafe Alcohol program, you show your dedication to safe and responsible alcohol service. The ServSafe Alcohol program and the National Restaurant Association are dedicated to helping you continue to raise the bar on alcohol safety.

To learn more about our full suite of responsible alcohol service training products, contact your State Restaurant Association, your distributor or visit us at ServSafe.com.

We value your dedication to responsible alcohol service and applaud you for making the commitment to keep your operation, your customers and your community safe.

Sincerely,



Sherman Brown

Senior Vice President, National Restaurant Association Solutions



ID # 27138066
CARD # 27444601

ServSafe Alcohol® CERTIFICATE



MITCHEL WEBER

NAME

5/21/2025

DATE OF EXAMINATION

Card expires two years from the date of examination. Local laws apply.
Complies with WI State Stats. s.125.04(5)(a)5 & s.125.17(6) & s.134.66

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Sherman Brown
Senior Vice President, National Restaurant Association Solutions

This certificate confirms completion of the ServSafe Alcohol® responsible alcohol service program.

In Alaska you must laminate your card for it to be valid.

NOTE: You can access your score and certification information anytime at ServSafe.com with the class number provided on this form.

If you have any questions regarding your certification please contact the National Restaurant Association Service Center at ServiceCenter@restaurant.org or 800.765.2122, ext. 6703.



233 S. Wacker Drive
Suite 3000
Chicago, IL 60604-6183
1-800-SERVSAFE
312-715-1010 in the Chicago area
ServSafe.com

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Alcohol Beverage
Individual QuestionnaireDate
5/5/25

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

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

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

Part A: Business Information				
1. Legal Business Name (individual name if sole proprietor) <i>Apizza La Crosse LLC</i>				
2. Business Trade Name or DBA <i>Uno Venti</i>				
3. Entity Type (check one)				
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation	<input type="checkbox"/> Nonprofit Organization

Part B: Individual Information				
1. Last Name <i>Weber</i>		2. First Name <i>Mitchel</i>		3. M.I. <i>A.</i>
4. Relationship to Business (Title) <i>President/owner</i>		5. Email <i>mitchel@sagafoodandwine.com</i>		6. Phone <i>609.769.7346</i>
7. Home Address <i>2526 Edgewood Pl.</i>				
8. City <i>La Crosse</i>		9. State <i>Wi</i>	10. Zip Code <i>54601</i>	11. Date of Birth [REDACTED]
12. Drivers License/State ID Number [REDACTED]			13. Drivers License/State ID State of Issuance <i>Wisconsin</i>	

Part C: Address History							
1. Do you currently live in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY) <i>05/2020</i>							
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1 <i>2526 Edgewood Pl.</i>		City <i>La Crosse</i>	State <i>Wi</i>	Zip Code <i>54601</i>			
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 <i>Wi</i>	County <i>La Crosse</i>	State <i>IA</i>	County <i>Story</i>	State <i>OR</i>	County <i>Multnomah</i>	State <i>Wi</i>	County <i>Monroe</i>
State	County	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.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> 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 8/5/25



Revision 3/2/2020

City of La Crosse, Wisconsin

APPLICATION FOR BEER GARDEN LICENSE

Check One: ☒ New ☐ Renewal For the license period 7/1/25 to 6/30/26 Fee: \$ _____License Class: (Check One) ☐ Class "A" ☒ Class "B" ☐ Class "C" ☐ Class "D"
(ZONING RESTRICTION)

BUSINESS INFORMATION			
Legal/Real Name: <u>Apizza La Crosse LLC</u>			
Address of Above: Street		City	State Zip Code
		<u>La Crosse</u>	<u>WI: 54601</u>
PREMISES INFORMATION			
Trade Name of Business: <u>Uno Venti Pizzeria</u>			
Address of premises to be Licensed: <u>120 King St. La Crosse, WI - 54601</u>			
BEER GARDEN INFORMATION			
Description of proposed beer garden: (MUST BE SPECIFIC: square feet, physical location, material made out of, etc.) <u>Approx 30' x 30' fenced in area on south side of building</u>			
AGENT INFORMATION			
Agent Name: First		Middle	Last
<u>Mitchel</u>		<u>A</u>	<u>Weber</u>
Agent Home Address: Street		City	State Zip Code
<u>2526 Edgewood Pl.</u>		<u>La Crosse</u>	<u>WI: 54601</u>
Home Phone Number:		Daytime Phone Number:	
<u>608.769.7346</u>		<u>608.799.4763</u>	
Was the above person listed as agent on last year's application? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

The above hereby makes application for a license to operate a Beer Garden at the above address within the City of La Crosse pursuant to provisions of Sec. 10-47 of the Code of Ordinances for the City of La Crosse.


Signature of Applicant5/5/25
Date

AN

OFFICE USE ONLY			
For original application: Attach a list of all property owners within 200 feet of the proposed licensed premises.			
Signature:	Date:	Granted:	License #:

PROJECT TITLE:
 UNO VENTI PIZZERIA
 REMODEL / ALTERATION
 PROJECT LOCATION:
 122 KING STREET

PROJECT NO:
 19135

DRAWING DATE:
 07-02-19

DRAWN BY:
 SKK

SET TYPE:
 Bid Set

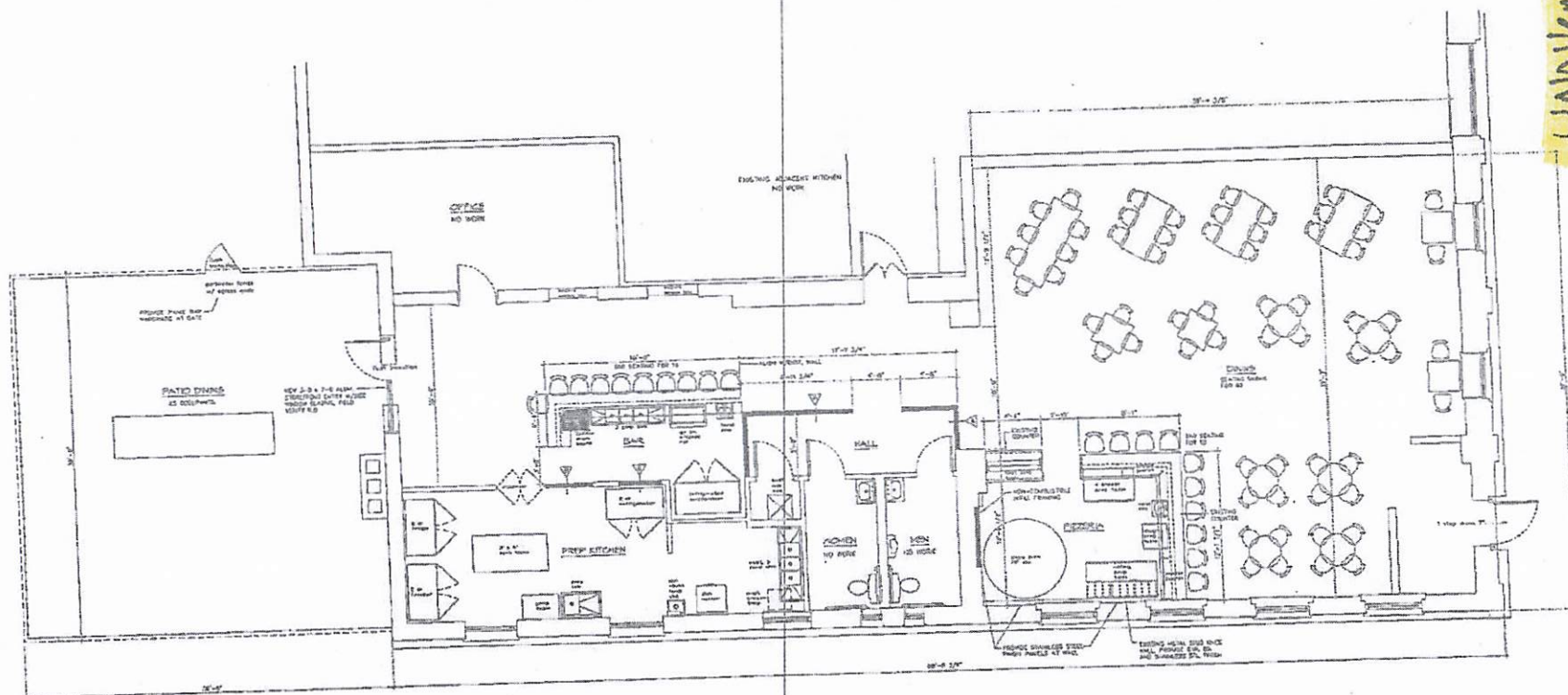
REVISIONS
 NO. DATE

SHEET TITLE
 REMODEL /
 ALTERATION
 PLAN

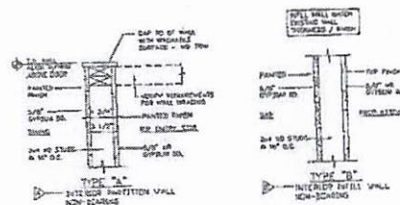
SHEET NO.

A10

Scale: As Indicated



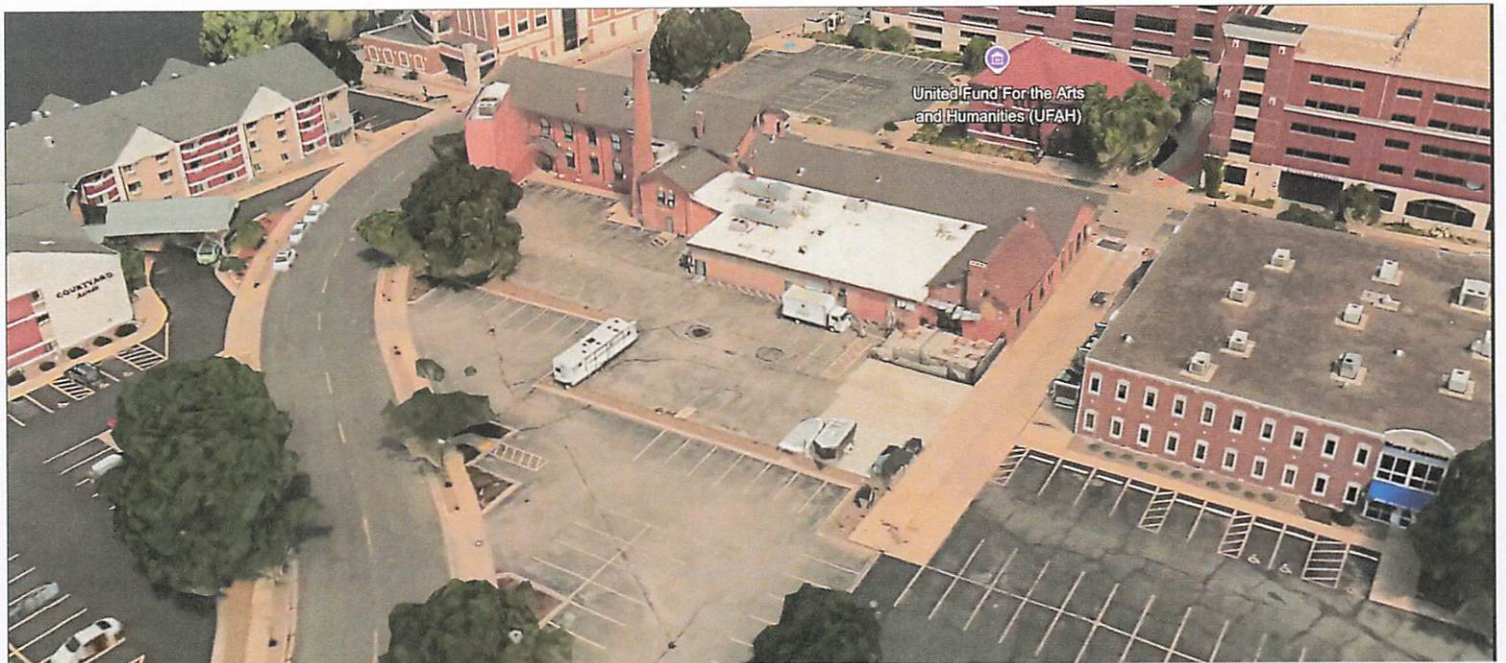
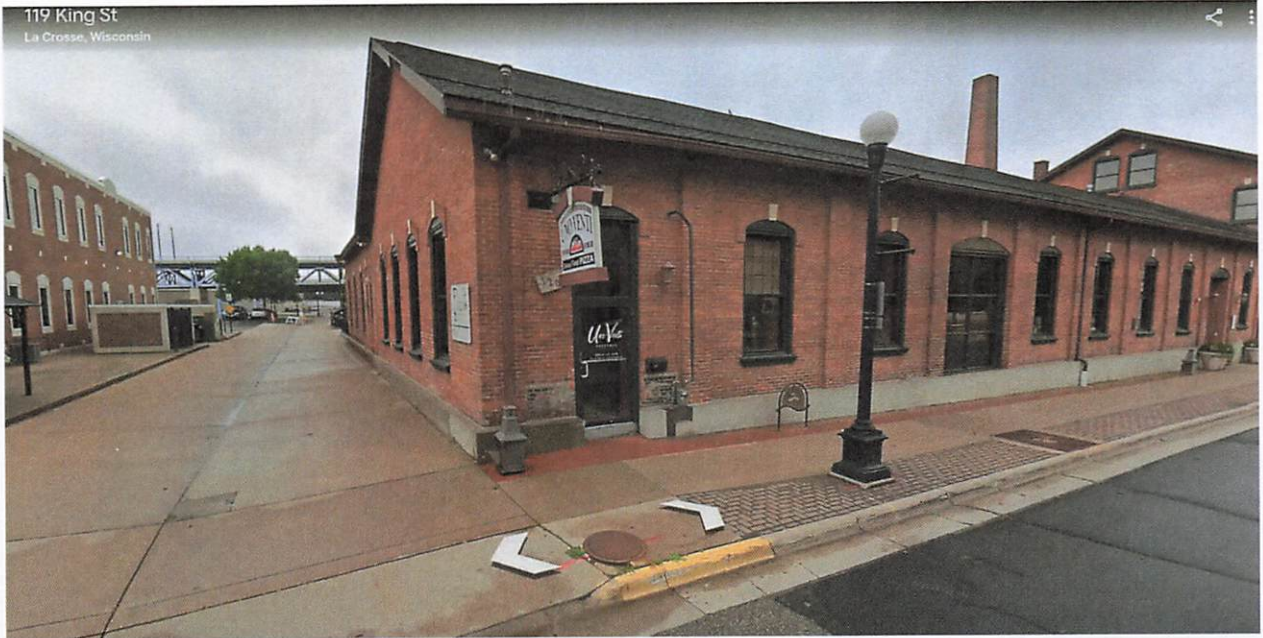
1 REMODEL / ALTERATION PLAN
 1/4" = 1'-0"



GENERAL NOTES

1. CHECK ALL STATE, LOCAL, COUNTY AND ZONING AND SAFETY REQUIREMENTS.
2. ALL NEW WORK TO BE DONE UNDER A 1/2" SCALE. ALL NEW WORK TO BE DONE UNDER A 1/2" SCALE.
3. ALL EXISTING WORK TO BE DONE UNDER A 1/2" SCALE. ALL EXISTING WORK TO BE DONE UNDER A 1/2" SCALE.
4. ALL NEW WORK TO BE DONE UNDER A 1/2" SCALE. ALL NEW WORK TO BE DONE UNDER A 1/2" SCALE.
5. ALL EXISTING WORK TO BE DONE UNDER A 1/2" SCALE. ALL EXISTING WORK TO BE DONE UNDER A 1/2" SCALE.
6. ALL EXISTING WORK TO BE DONE UNDER A 1/2" SCALE. ALL EXISTING WORK TO BE DONE UNDER A 1/2" SCALE.
7. ALL EXISTING WORK TO BE DONE UNDER A 1/2" SCALE. ALL EXISTING WORK TO BE DONE UNDER A 1/2" SCALE.
8. ALL EXISTING WORK TO BE DONE UNDER A 1/2" SCALE. ALL EXISTING WORK TO BE DONE UNDER A 1/2" SCALE.

Uno Venti 120 King St



Office of City Clerk



APIZZA LA CROSSE LLC
120 KING ST
LA CROSSE WI 54601

NOTICE OF APPLICATION FOR BEER GARDEN LICENSE IN THE CITY OF LA CROSSE

This is to notify you that the following business has applied for a **Class "B" Beer Garden** license under Chapter 10, Article III of the Code of Ordinances of the City of La Crosse to allow consumption of alcoholic beverages in a designated outdoor area, as described below and on the attached drawing.

Pursuant to sec. 10-77, property owners within 200 feet of the proposed premises for a Beer Garden License shall receive notice of an original application.

**Apizza La Crosse LLC dba Uno Venti Pizzeria
at 120 King St, La Crosse WI 54601**

Beer Garden description: Approximate 30 by 30 fenced-in area on south side of building.

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 – Tuesday, June 3, 2025 at 6:00 p.m.**
- **Common Council – Thursday, June 12, 2025 at 6:00 p.m.**

The meeting can be viewed (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 29th day of May, 2025

Nikki M. Elsen, WCMC
City Clerk

Beer Garden area shown in orange. Properties within 200 feet of the beer garden are shown outlined in blue.



Tax Parcel	OwnerName	Property Address	Mailing Address	MailCityStateZip
17-20025-100	KSJ PROPERTIES LLC	500 2ND ST S	400 BRICKL RD	WEST SALEM WI 54669
17-20025-110	100 HARBORVIEW PARTNERS LLC	511 FRONT ST S	509 2ND ST N STE 201	LA CROSSE WI 54601
17-20025-70	RIVERFRONT INVESTORS LLC	502 FRONT ST S	509 2ND ST N STE 201	LA CROSSE WI 54601
17-20025-90	CTR INVESTMENTS LLC	120 KING ST & 501 FRONT ST	710 GROVE ST	ONALASKA WI 54650
17-20026-60	CITY OF LACROSSE	119 KING ST	400 LA CROSSE ST	LA CROSSE WI 54601
17-20026-80	CITY OF LACROSSE	424 2ND ST S	400 LA CROSSE ST	LA CROSSE WI 54601
APPLICANT	APIZZA LA CROSSE LLC		120 KING ST	LA CROSSE WI 54601

Properties within 200 feet of beer garden at 120 King St.