

AGENT INFORMATION

Agent Name:

Phone Number:

Agent Home Address:

City of La Crosse, Wisconsin

APPLICATION FOR EXPANSION OF ALCOHOL BEVERAGE LICENSE INTO OUTDOOR DINING AREA

The undersigned licensee requests permission to expand the following alcohol beverage license(s) into outdoor dining area pursuant to Sec. 4-45(b) and/or 4-109(b) of the Municipal Code. Check all license that apply.

Fee: \$ 150.00

State

Zip Code

Combination "Class B" Beer & Liquor Class "B" Beer	
☐ "Class C" Wine	184062
BUSINESS INFORMATION	
Houghton's Jackson Street	Pub ILC
Business Address:	
1002 Juckson St. holi	agge WI 64601
Pusings Phone Number	
608-784 -9770 Ho	ightons JSP @ gmail. Ca
PREMISES INFORMATION	and the second of the second o
Trade Name of Business: Houghton's Tackson Street H	26 LLC
Address of Premise:	1
Address of Premise: 1002 Jackson St. L	u (8055c WI 5460)
EXPANSION INFORMATION	
Dates of Expansion - must be between April 1 and November 30 (unless otherwise perm	nitted by the Board of Public Works)
April 1 to Nov 30	
Description of Proposed Expansion - Where Alcohol Will be Present (square feet, physical proposed Expansion - Where Alcohol Will be Present (square feet, physical proposed Expansion - Where Alcohol Will be Present (square feet, physical proposed Expansion - Where Alcohol Will be Present (square feet, physical physica	ical location, etc.):

The above hereby makes application to expand its alcohol beverage license into outdoor dining area pursuant to Sec. 4-45(b) and/or 4-109(b) and the provisions of Sec. 40-106(3) of the Municipal Code. I agree to abide by all applicable state and local regulations including, but not limited, to the sale and service of alcoholic beverages and adherence to noise levels.

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Signature of Applicant Date

Email:





