

# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: July 1 2023 ending: JUNE 30 2024  
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of } LACROSSE  
☐ Village of }  
☒ City of }

County of LACROSSE Aldermanic Dist. No. \_\_\_\_\_  
(if required by ordinance)

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

Applicant's Wisconsin Seller's Permit Number <u>NA (FILED FOR)</u>	
FEIN Number <u>92-2798673</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" 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 checked="" type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
<b>TOTAL FEE</b>	\$

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)  
DCG 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 <u>Gerleman</u>	(First) <u>Daniel</u>	(Middle Name) <u>JOSEPH</u>	Home Address (Street, City or Post Office, & Zip Code) <u>320 24th ST SOUTH LACROSSE WI 54601</u>
Vice President / Member Last Name <u>Gerleman</u>	(First) <u>CHRISTINA</u>	(Middle Name) <u>MARIE</u>	Home Address (Street, City or Post Office, & Zip Code) <u>320 24th ST SOUTH LACROSSE WI 54601</u>
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 BOOT HILL PUB Business Phone Number 608-782-3826

2. Address of Premises 1501 ST ANDREW ST SUITE B103 Post Office & Zip Code LACROSSE WI 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.)

FIRST FLOOR of building, consisting of bar and adjacent dining room, courtyard and banquet hall. Storage: 36x21 ft area adjacent to bar and behind bar.

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? THE FEWIGOR GROUP LLC DBA  
BOOT HILL PUB

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  
STARTING NEW BUSINESS
7. Is the applicant an employee 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 WISCONSIN and date 3-9-2023 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.) <u>Dan Genteman</u>	Title/Member <u>OWNER</u>	Date <u>4-10-2023</u>
Signature <u>Dan Genteman</u>	Phone Number <u>608-397-2943</u>	Email Address <u>thebartia@yahoo.com</u>

**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	

# Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of: ☐ Town ☐ Village ☒ City of LACROSSE WI County of LACROSSE

The undersigned duly authorized officer/member/manager of DCG LLC  
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as BOOT HILL PUB  
(Trade Name)

located at 1501 ST ANDREW ST

appoints Dan Gerleman  
(Name of Appointed Agent)

320 24th St South LACROSSE WI 54601  
(Home Address of Appointed Agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

☐ Yes ☒ No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course? ☒ Yes ☐ No  
How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 1.5 years

Place of residence last year N 1603 MICKEL ROAD LACROSSE WI 54601

For: DCG LLC  
(Name of Corporation / Organization / Limited Liability Company)

By: Dan Gerleman  
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

## ACCEPTANCE BY AGENT

I, Dan Gerleman, hereby accept this appointment as agent for the  
(Print / Type Agent's Name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

Dan Gerleman 4-10-2023 Agent's age 64  
(Signature of Agent) (Date)  
320 24th St South LACROSSE WI 54601 Date of birth [REDACTED]  
(Home Address of Agent)

## APPROVAL OF AGENT BY MUNICIPAL AUTHORITY (Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on \_\_\_\_\_ by \_\_\_\_\_ Title \_\_\_\_\_  
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)



# City of La Crosse, Wisconsin

## APPLICATION FOR INDOOR CABARET LICENSE

Check One: ☒ New ☐ Renewal For the license period 7-1-2023 to 6-30-2024 Fee: \$ 135<sup>00</sup>

**BUSINESS INFORMATION\***

Legal/Real Name:

DCLG LLC

Address of Above: Street

City

State

Zip Code

1501 ST ANDREW ST C101LACROSSEWI54601**PREMISES INFORMATION**

Trade Name of Business:

Boot Hill Pub

Address of premises to be Licensed:

1501 ST ANDREW ST suite B103

Business Phone Number:

608-782-3826

Premises are Owned By:

The Fenigor Group LLC

Address of Owner: Street

City

State

Zip Code

1501 ST ANDREW STLACROSSEWI54601**CABARET INFORMATION**

Detailed description of cabaret area to be licensed:

Entire first floor of bar area, dining room and Banquet Hall.

Nature of Entertainment:

LIVE music (Bands)

Other Business Conducted upon the premises:

**MANAGER INFORMATION\***

Cabaret Manager Name: First

Middle

Last

DanielJosephGerteman

Cabaret Manager Home Address: Street

City

State

Zip Code

320 24th St SouthLACROSSEWI54601

Home Phone Number of Cabaret Manager:

608-397-2943

Daytime Phone Number of Cabaret Manager:

608-397-2943

Was the above person listed as manager on last year's application?

☐ Yes ☒ 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.

Dan Gerteman  
Signature of Applicant4-11-2023  
Date**OFFICE USE ONLY**

For original application: Are there lands zoned conservancy, residential or multiple dwelling within 100 feet of premises?

☐ Yes (if yes, attach a list of those lands) ☐ No

Signature:

Date:

Granted:

License #:

# 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

Name: First	Middle	Last
Daniel	JOSEPH	Gerleman
Home Address: Street	City	State Zip Code
320 24th ST SOUTH	LACROSSE	WI 54601
Phone Number:	Email:	Date of Birth: (mm/dd/yyyy)
608-397-2943	thefrtia@yahoo.com	
Violations:		
none		

## OFFICER/MEMBER

Name: First	Middle	Last
Christina	MARIE	Gerleman
Home Address: Street	City	State Zip Code
320 24th ST SOUTH	LACROSSE	WI 54601
Phone Number:	Email:	Date of Birth: (mm/dd/yyyy)
563-300-6276 <del>608-397-2943</del>	thefrtia@yahoo.com	
Violations:		
none		

## 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:		



# City of La Crosse, Wisconsin

## APPLICATION FOR OUTDOOR CABARET LICENSE

Check One: ☐ New ☐ Renewal For the license period July 1 2023 to SEP 16 2024 Fee: \$ 100

<b>BUSINESS INFORMATION*</b>			
Legal/Real Name: <u>DLC LLC</u>			
Address of Above: Street <u>1501 ST ANDREW ST C101</u>		City <u>LACROSSE</u>	State <u>WI</u> Zip Code <u>54601</u>
<b>PREMISES INFORMATION</b>			
Trade Name of Business: <u>BOAT HILL PUB</u>			
Address of premises to be Licensed: <u>1501 ST ANDREW ST suite B103</u>		Business Phone Number: <u>608-782-3826</u>	
Premises are Owned By: <u>The Fenigou Group LLC</u>			
Address of Owner: Street <u>1501 ST ANDREW ST</u>		City <u>LACROSSE</u>	State <u>WI</u> Zip Code <u>54601</u>
<b>CABARET INFORMATION</b>			
Detailed description of cabaret area to be licensed: <u>Courtyard</u>			
Nature of Entertainment: <u>LIVE MUSIC (BANDS)</u>			
Other Business Conducted upon the premises:			
<b>MANAGER INFORMATION*</b>			
Cabaret Manager Name: First <u>Daniel</u>		Middle <u>Joseph</u>	Last <u>Gertman</u>
Cabaret Manager Home Address: Street <u>320 24th St South</u>		City <u>LACROSSE</u>	State <u>WI</u> Zip Code <u>54601</u>
Home Phone Number of Cabaret Manager: <u>608-397-2943</u>		Daytime Phone Number of Cabaret Manager: <u>608-397-2943</u>	
Was the above person listed as manager on last year's application? <input type="checkbox"/> Yes <input checked="" 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 Outdoor Cabaret at the above address within the City of La Crosse pursuant to provisions of Chapter 10, Article IV of the Code of Ordinances for the City of La Crosse.

Daniel Gertman  
Signature of Applicant

4-11-2023  
Date

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

# 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				
Name: First Daniel		Middle Joseph	Last Gerleman	
Home Address: Street 320 24th ST SOUTH		City Lacrosse	State WI	Zip Code 54601
Phone Number: 608-397-2943	Email: thefortia@yahoo.com		Date of Birth: (mm/dd/yyyy) [REDACTED]	
Violations: NONE				
OFFICER/MEMBER				
Name: First Christina		Middle Marie	Last Gerleman	
Home Address: Street 320-24th St South		City Lacrosse	State WI	Zip Code 54601
Phone Number: 608-563-6276	Email: thefortia@yahoo.com		Date of Birth: (mm/dd/yyyy) [REDACTED]	
Violations: NONE				
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:				