For the license period beginning:	(Submit to municipal clerk.)	verage Retail	I License A	pplication	IVA	(FILCO	's Permit Number
Treasurer / Morror Land Name Crist) Control of Name (Prist) Co					FEIN Numbe	179B1	73
To the Governing Body of the: Town of LACROSSE Class Beer S Class Beer S Class Beer S Class A beer S Class A beer S Class Cwine S Class A liquor S Class B liquor	For the license period beginning	ng: <u>July 1</u> 20 (mm dd yyyy)	23 ending: Tu	(mm dd yyfyy)	TYPE	OF LICENSE	
Country of ACROSSE Addermanic Dist. No. (If required by ordinance) Check one: Individual Partnership Corporation/Nonprofit Organization Name Address (Street City or Post Office, & Zp Code) Corporation/Nonprofit Organization Corporation/No		☐ Town of \	. 2 566				· ·
Country of ACROSSE Addermanic Dist. No. (If required by ordinance) Check one: Individual Partnership Corporation/Nonprofit Organization Name Address (Street City or Post Office, & Zp Code) Corporation/Nonprofit Organization Corporation/No	To the Governing Body of the:	☐ Village of }	_ACK0354				
Country of ACROSSE Addermanic Dist. No. (If required by ordinance) Check one: Individual Partnership Corporation/Nonprofit Organization Name Address (Street City or Post Office, & Zp Code) Corporation/Nonprofit Organization Corporation/No	g ,	City of					
Aldermanic Dist. No. (if required by ordinance) Class & Blugor S	and the same of th						
Check one: Individual Indiv	County of LACROSS	و					
Check one: Individual Partnership Corporation/Nonprofit Organization Partnership Corporation/Nonprofit Organization Corporations Corporation Corp			(if required	l by ordinance)			
Check one: Individual Cimited Liability Company Dissas B (wine only) winery S Dublection fee S			32%				
Partnership Corporation/Nonprofit Organization Publication fee S TOTAL FEE S	Check one: Individual	☑ Limited Liability	Company		***		
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 applicar by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and teach member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and teach 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) (Addide Name) (Addi	_	^		ion			
Name (Individual / partners give last name, first, middle, corporations / limited liability companies give registered name) OCG LLC An "Auxillary Questionnaire," Form AT-103, must be completed and attached to this application by each individual application by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and teach member/manager and agent of a limited liability company. List the full name and place of residence of each person. President / Member Last Name Gerkwall Great Wall Great Street City or Post Office, & Zip Code) Occident 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) Treasurer / Member 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) Treasurer / Member 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) Treasurer / Member 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) Directors / Managers 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) Directors / Managers 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) Directors / Managers Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Directors / Managers Last Name	r draterstrip	Corporation/140	inpront Organizat	1011			
President/ Member Last Name (First) (First) (First) (First) (First) (First) (First) (First) (First) (Middle Name) (Middle Name) (First) (Middle Name) (Middle Name) (First) (Middle Name) (First) (Middle Name) (Middle Name) (First) (Middle Name) (Middle Name) (First) (Middle Name) (First) (Middle Name) (Middle Name) (First) (Middle Name) (First) (Middle Name) (Middle Name)	An "Auxiliary Questionnaire	," Form AT-103, mu	ust be complete	d and attached to t	his applicati		
President / Member Last Name Gerenand Remonal (First) Gerenand Remonal (Middle Name) Discretary / Member Last Name (First) Control (First) Control (Middle Name) Control (Rist) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Home Address (Street, City or Post Office, & Zip Code) Home Address (Street, City or Post Office, & Zip Code) Home Address (Street, City or Post Office, & Zip Code) Home Address (Street, City or Post Office, & Zip Code) Home Address (Street, City or Post Office, & Zip Code) Home Address (Street, City or Post Office, & Zip Code) Home Address (Street, City or Post Office, & Zip Code) Home Address (Street, City or Post Office, & Zip Code) It reads Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Home Address (Street, City or Post Office, & Zip Code) 1. Trade Name POOT HILL Puß Business Phone Number Control Post Office, & Zip Code) Post Office & Zip Code Post Office, & Zip Code) Post Office, & Zip Code) Post Office, & Zip Code) Post Office, & Zip Code Post Office, & Zip Code) Post Office, & Zip Code) Post Office, & Zip Code Code) Post Office, & Zip Code Post Office, & Zip Code) Post Office, & Zip Code Post Office, & Zip Code Directors / Managers Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Post Office, & Zip Code Directors / Managers Last Name (First) Post Office & Zip Code Post Office, & Zip Code Directors / Managers Last Name (First) Post Office, & Zip Code							
Gerkman Content Conte				Mama Address (Street	City or Post Office	o 9 Zin Codo)	
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 POOT HILL PUB Business Phone Number 608-782-3826 2. Address of Premises ISP STAWINGW ST Post Office & Zip Code LAGESS WIL 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 from County and and bangurt hull. Storage: 3th 21 stares adjacent to bar and 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?		0 - 1	1, ,	370 114	6 CT	Court	1 mdocce 100
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 POOT HILL PUB Business Phone Number 608-782-3826 2. Address of Premises ISP STAWINGW ST Post Office & Zip Code LAGESS WIL 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 from County and and bangurt hull. Storage: 3th 21 stares adjacent to bar and 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?		Janel		170 241	n 31	SUMIH	LACILIATE
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 POOT HILL PUB Business Phone Number 608-782-3826 2. Address of Premises ISP STAWINGW ST Post Office & Zip Code LAGESS WIL 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 from County and and bangurt hull. Storage: 3th 21 stares adjacent to bar and 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?		(First)	1,	Home Address (Street,	City or Post Office	e, & 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 POOT HILL PUB Business Phone Number 608-782-3826 2. Address of Premises ISP STAWINGW ST Post Office & Zip Code LAGESS WIL 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 from County and and bangurt hull. Storage: 3th 21 stares adjacent to bar and 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?		CITKISTINA		320 29	IN 51 S	oult U	10160SS & WI
Agent Last Name (First) (Middle Name) (Middle Name) (First) (Middle Name) (Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office	e, & Zip Code)	
Directors / Managers Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) 1. Trade Name POOT HILL PUB Business Phone Number 608-782-3826 2. Address of Premises 1501 ST AwDAGW ST Post Office & Zip Code LAMOSSG WIT 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 FLOOK of Building, Cowsisting of bar and adjacent dining from County and bungut hull. Storage: 34A 31 St area adjacent To bar awd bekind 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?	Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office	e, & Zip Code)	
1. Trade Name POOT HILL PUB Business Phone Number 608-782-3826 2. Address of Premises 1501 ST ANDRAW ST Post Office & Zip Code LAMBSSE 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 FLOOK of Building, Cowsisting of bar and adjacent dining room, countyard and bungust hall. Storage: 3th 21 St 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? (b) If yes, under what name was license issued? THE FEWIGUR GRUMP LLC DBA BOOT HILL PUB	Agent Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Offic	e, & Zip Code)	
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5. (a) Was this premises licensed for the sale of liquor or beer during the past license year? (b) If yes, under what name was license issued? THE FEWIGUR GRUMP LLC DBA BOOT HILL PUB	3. Premises description: Des applicant must include all storage of alcohol bevera described.) FIRST FLOOR Toom Courty	scribe building or bu rooms including livi ges and records. (A of Building rd and bung	SUITE DIG illdings where al- ing quarters, if us ilcohol beverage Cowsistin	cohol beverages ar sed, for the sales, s s may be sold and s	e to be sold a ervice, consustored only of	and stored. I umption, and the premis	The d/or ses (n+ n 9
BOOT HILL PUB	5. (a) Was this premises lice	nsed for the sale of	liquor or beer du		`		
					TI ALL	νυπ	
	AT-106 (R. 3-19)	· LY				Wi	sconsin Department of Rev

6.	beverage server training	agent of corporation/limited course for this license perio ルなん 月45116年	d? If yes	, explain	na errena anazarran en en en en en en	COLDESKO FORM KOMEN SKACA	Yes	□No
7.	Is the applicant an emplo	oye or agent of, or acting on	behalf of	anyone except the	named applica	nt?	☐ Yes	XNo
8.	Does any other alcohol business? If yes, explain	peverage retail licensee or v	wholesale	permittee have ar	ny interest in or	control of this	☐ Yes	Νο
9.	(a) Corporate/limited lia	ability company applicant	s only: I	nsert state <u>WIS</u> C	LOWSIN and c	date * 3 ~ 9 - 20	23	
		ion/limited liability company	• • • • • • •		· · · · · · · · · · · · · · · · · · ·		☐ Yes	⋈ No
	(c) Does the corporation member/manager or If yes, explain.	i, or any officer, director, sto agent hold any interest in a	ockholder	or agent or limited	liability compa	nv. or anv	☐ Yes	⊠ No
10.	government, Alcohol and	stand they must register as Tobacco Tax and Trade Bur -882-3277]	reau (TTB) by filing (TTB forr	n 5630.5d) befo	ore beginning	Yes	□No
11.	Does the applicant under	stand they must hold a Wisc	consin Se	ller's Permit? [pho	пе (608) 266-2	776]	Yes	☐ No
12.	Does the applicant under breweries and brewpubs'	stand that they must purcha?	ase alcoho	ol beverages only fr	om Wisconsin	wholesalers,	Yes	☐ No
he b han assig Com	est of the knowledge of the sig \$1,000. Signer agrees to oper ned to another. (Individual app	NING: Under penalty provided by gner. Any person who knowingly rate this business according to laplicants, or one member of a part access to any portion of a licens vocation of this license.	provides m w and that nership app	aterially false informat the rights and respons licant must sign; one o	ion on this applica sibilities conferred corporate officer, c	ation may be require by the license(s), if one member/manage	d to forfeit granted, v er of Limite	not more vill not be d Liability
Conta	act Person's Name (Last, First, M.I.) an Genleman			Title/Member		Date 4-10-20	23	
Signa				OWNER Phone Number 608-397-	2943	4-10-20 Email Address The Surtia	@ 49H	iov.Co
TO P	E COMPLETED BY CLERK							
	received and filed with municipal clerk	Date reported to council / board	Date provis	sional license issued	Signature of Clerk	/ Deputy Clerk		
Date	license granted	Date license issued	License nu	mber 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.

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 of LACROSSE County of LACR
The undersigned duly authorized officer/member/manager of OREGINE 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 (Trade Name)
located at 1501 ST ANDREW ST
appoints Dan Gerleman (Name of Appointed Agent) (Home Address of Appointed Agent) (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 4ems
Place of residence last year N 1603 MICKE RUM LARIOSSE WI 54601
For: DCGLLC (Name of Corporation / Organization / Limited Liability Company)
By: (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.
Darfulum 4-10-2023 Agent's age 64
320 0244 ST SOUTH LAGUSSE WE 54601 Date of birth
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,

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.



City of La Crosse, Wisconsin

APPLICATION FOR INDOOR CABARET LICENSE

Check One: New Renewal For the license period 71-2013 to 102024 Fee: \$ 135

		9	
BUSINESS INFORMATION*			
Legal/Real Name:			
066110			
Address of Above: Street	City	State	Zip Code
1501 ST ANDREW ST G10	1 1-ACT	lossa wit	5460/
PREMISES INFORMATION		THE PARTY OF THE P	
Trade Name of Business:			
Boot Hill Pub Address of premises to be Licensed:			
Address of premises to be Licensed:		Business Phone	Number:
1501 STANDAGE ST Suite	B103	608-782	-3826
Premises are Owned By:	<i>V)</i>		
The Feniger Group LLC Address of Owner: Street			
Address of Owner: Street	City	State	Zip Code
1501 ST ANDREW ST	LA	RUSSG W	- 54601
CABARET INFORMATION			
Detailed description of cabaret area to be licensed:			
	11 1	1 h	1
Entire first floor of bar area,	dining Room	and Banquet t	ta /
Nature of Entertainment:			
LIVE MUSIC (Bends)			
Other Business Conducted upon the premises:			
MANAGER INFORMATION*			U BRE TRUET
Cabaret Manager Name: First	Middle	Last	
Danjel	oseph	Gerteman	
Cabaret Manager Home Address: Street	Ci		
370 71Hh St Couth	Lacre	sie w	54601
3 20 24th St South Home Phone Number of Cabaret Manager:		Number of Cabaret Manager:	
608-397-2943		17-2943	
Was the above person listed as manager on last year's appli		() () ()	
☐ Yes YLNo	odiio		
(
*D 1 D Cl	Officen/Mamshan of the	a Dusiness and the Mar	2.204
*Personal Data Sheet must be completed for each	Officer/Member of the	ne business and me mai	nager.
The above hereby makes application for a license to o	porata an Indoor Cabara	at at the above address with	hin the City of
La Crosse pursuant to provisions of Sec. 10-100 of th			min the City of
La Closse pursuant to provisions of Sec. 1970 of the	Cody of Orthiances in	of the City of La Grosse.	11 7 7 3
New	and		11-2023
Signature o	f Applicant	Date	e
OFFICE USE ONLY			
For original application: Are there lands zoned conservancy, re	esidential or multiple dwelli	ng within 100 feet of premises	s?
☐ Yes (if yes, attach a list of those lands)	□ No		
Signature:	Date:	Granted:	License #:

Personal Data Sheet

(Please <u>PRINT</u> All Information)

Each <u>Officer/Member AND Manager/Person in Charge</u> 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 CHAR		SVIII SELVEN	Carlotte State		
Name: First	Middle		Last		
1 an rel	JUSEPH		Gerlen	aa	
Home Address: Street		City		State	Zip Code
320 24th ST South		LAZROSSE	(CUF	5-Kal
Phone Number:	Email:		Date of Bi	rth: (mm/d	
608-397-2943	the forting yah	oo.com			
Violations: NOW L	,				_
OFFICER/MEMBER				21 71	
Name: First	Middle		Last		
Christing	MARIE		Gerlen	an	
Home Address: Street	11-7(1-1-	City		State	Zip Code
320 24th ST SOUTH	Email: The fatiue y			WF	
	Email:	L7 55	Date of Bi	rth: (mm/de	d/vvvv)
Phone Number: 573-30 v-6276	The forting 4	phoo.com			
Violations:	100000	4 · · ·			
non 2					
OFFICER/MEMBER					
Name: First	Middle		Last		
Home Address: Street		City		State	Zip Code
		o.i.y		Otato	Zip Oode
Phone Number:	Email:		Date of Pi	uth. (man/d	44.0.0.0
	Linaii.		Date of Bi	run. (mm/ac	луууу)
Violations:					
Tioladons.					
OFFICER/MEMBER		- IF A PART OF THE REAL PROPERTY.	E INFAULTA	ALC: THE REST	
Name: First	Middle		Last		
			2001		
Home Address: Street		City		State	Zip Code
		Oity		State	Zip Code
Phone Number:	Email:		Dete of Div	-tla - //-l	46
There wanter.	Liliair.		Date of Bir	rtn: (mm/ac	1/уууу)
Violations:					
Violations.					
OFFICER/MEMBER Name: First	Early by Latines, Joseph	ni ni sa rakid di ya	The Law House	platinisi n	वर्ताक महाज्ञान गावित रूप
Name. First	Middle	9	Last		
Harris A.M.		4.2			
Home Address: Street		City		State	Zip Code
			111		
Phone Number:	Email:		Date of Bir	th: (mm/dd	l/yyyy)
Violations:					



City of La Crosse, Wisconsin

APPLICATION FOR OUTDOOR CABARET LICENSE CO

Check One: ☐ New ☐ Renewal For the license	e period July 1 Aur)	to <u>16 7</u>	7 Fee: \$	190
BUSINESS INFORMATION*				
Legal/Real Name:				p 5 22
DC6 LLC				
Address of Above: Street	Cit	у	State	Zip Code
1501 ST ANDREW ST CIOI	LACIL	USSE	cut	54601
PREMISES INFORMATION			1 18 19 1 900	
Trade Name of Business:				
Boot Hill PUD Address of premises to be Licensed:				
			ness Phone Nun	
1501 STANDREWST Suite	2 B103	60	8-782-3	826
Premises are Owned By:				20 10 1
The Fenigor Group LLC Address of Owner: Street				
Address of Owner: Street	Cit	У	State	Zip Code
1501 STAMIREW ST	LACK	0558	WI_	54601
CABARET INFORMATION				3101
Detailed description of cabaret area to be licensed:				
Court yak 1)				
Nature of Entertainment:				
LIVE MUSIC (B/MUS)				
Other Business Conducted upon the premises:				
MANAGER INFORMATION*		- HOLLES		
Cabaret Manager Name: First	Middle	Last		
Daniel	Joseph	Ger	lemon	
Cabaret Manager Home Address: Street	4 1	City	State	Zip Code
		POSSE	WI	54601
Home Phone Number of Cabaret Manager:		Number of Cabare		3107
(008-397-2943	-	397-294	_	
Was the above person listed as manager on last year's app) / 0 / 1.	<i></i>	
☐ Yes X No	, iioddoll .			
*Personal Data Sheet must be completed for each	ch Officer/Member of	the Business ar	nd the Manao	er
Tersonal Data offeet must be completed for each	on Chicery Member of	the Business at	id the manag	
The above hereby makes application for a license to	operate an Outdoor Cal	paret at the above	e address withi	n the City of
La Crosse pursuant to provisions of Chapter 10, Art	a to			·
(1)	Bul.			-2023
Day	SALIVI			
Signature	of Applicant		Date	
OFFICE USE ONLY				
For original application: Attach a list of all property owners with	in 200 feet of the p	proposed lice	ensed prem	nises.
Signature:		Granted:		cense #:

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 CHAR					
Name: First	Middle		Last		
Vaniel	JOSEPH		Serleman		
Home Address: Street	3	City	State	Zip Code	
320 24th ST SOUTH		LACKUSE	uI	5-1601	
Phone Number:	Email:		Date of Birth: (mm/d	d/yyyy)	
608-397-2943	Email: thetatiq@gal	how. com			
Violations:	,				
WONE					
OFFICER/MEMBER					
Name: First	Middle		Last		
Chr. Sting	Marie	(Serleman State		
Home Address: Street		City	State	Zip Code	
320-245+ south		Lacrosse	UST	54601	
Phone Number:	Email:	De la constantina del constantina de la constantina de la constantina del constantina de la constantin	Date of Birth: (mm/d		
608-563-6276	Email: the fortiga ya	how Com			
Violations:	11.00	100 00.		1 6 5	1
NONE				,	1
OFFICER/MEMBER		The second second	ALTER PROPERTY	NEW PROPERTY.	West .
Name: First	Middle		Last		
				F P	
Home Address: Street		City	State	Zip Code	
Phone Number:	Email:		Date of Birth: (mm/d	d/yyyy)	
Phone Number:	Email:		Date of Birth: (mm/d	d/yyyy)	
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Violations: OFFICER/MEMBER Name: First Home Address: Street	Middle		_astState	Zip Code	
Violations: OFFICER/MEMBER Name: First Home Address: Street Phone Number:	Middle		_astState	Zip Code	4
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