

IFTI - click mouse in "For the license period beginning" field to begin and tab throughout. Use mouse to check appropriate boxes, spacebar or enter.

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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 } La Crosse
☐ Village of }
☒ City of }

County of La Crosse Aldermanic Dist. No. _____
(if required by ordinance)

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

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
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	\$ <u>20</u>
TOTAL FEE	\$ <u>620.00</u>

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
CAPPPELLA Weddings and Events 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	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Curtis	Matthew	James	2110 Clearwater Dr. Onalaska, WI 54650
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
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)
Curtis	Matthew	James	2110 Clearwater Dr. Onalaska WI 54650
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name Cappella Weddings & Events Business Phone Number 608.399.6186

2. Address of Premises 721 King Street Post Office & Zip Code 54601

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.)

Cappella Weddings and Events is located solely at 721 King Street and at this time,
and holds 1 (one) wedding and events venue named Wesley Lounge. Wesley Lounge has
it's own full size bar with appropriate storage, refrigeration and shelving
within the venue. A hand washing sink is in close proximity to the bar.
There is also a commercial kitchen at Cappella Weddings & Events that will be used
for extra refrigeration and storage needs.


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? _____

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
The beverage server training course will be completed as it has not been completed previous years.
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 _____ and date _____ 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.) Curtis, Matthew, J.	Title/Member Owner	Date 02/14/2023
Signature 	Phone Number 415-215-4232	Email Address Matt@cappellaweddings.com

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 of La Crosse County of La Crosse
☒ City

The undersigned duly authorized officer/member/manager of Cappella Weddings & Events
(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
Cappella Weddings & Events
(Trade Name)

located at 721 King Street

appoints Matthew J. Curtis
(Name of Appointed Agent)
2110 Clearwater Dr. Onalaska, WI 54650
(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? 06/01/17

Place of residence last year La Crosse County

For: Cappella Weddings & Events
(Name of Corporation / Organization / Limited Liability Company)

By: [Signature]
(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, Matthew J. Curtis, 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.

[Signature] 2/14/23 Agent's age 37
(Signature of Agent) (Date)
2110 Clearwater Dr. Onalaska, WI 54650 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

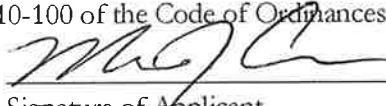
APPLICATION FOR INDOOR CABARET LICENSE

Check One: ☒ New ☐ Renewal For the license period _____ to _____ Fee: \$ 135

BUSINESS INFORMATION*			
Legal/Real Name: Matthew J. Curtis			
Address of Above: Street 721 King Street	City La Crosse	State WI	Zip Code 54601
PREMISES INFORMATION			
Trade Name of Business: Cappella Weddings & Events			
Address of premises to be Licensed: 721 King Street		Business Phone Number: 608.399.6186	
Premises are Owned By: Matthew J. Curtis			
Address of Owner: Street 2110 Clearwater Dr.	City Onalaska	State WI	Zip Code 54650
CABARET INFORMATION			
Detailed description of cabaret area to be licensed: Wesley Lounge is the venue located at Cappella Weddings & Events and seats up to 100 guests. There is a full bar, with appropriate storage, refrigeration and a hand washing sink.			
Nature of Entertainment: Weddings and Events			
Other Business Conducted upon the premises: Cappella Performing Arts Center (tenant on same property)			
MANAGER INFORMATION*			
Cabaret Manager Name: First Bethany	Middle Nora Shim	Last Matsick	
Cabaret Manager Home Address: Street 3042 27th Street South	City La Crosse	State WI	Zip Code 54601
Home Phone Number of Cabaret Manager: 608.386.8187		Daytime Phone Number of Cabaret Manager: 608.386.8187	
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 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.


Signature of Applicant

2/14/23
Date

OFFICE USE ONLY			
For original application: Are there lands zoned conservancy, residential or multiple dwelling within 100 feet of premises? <input type="checkbox"/> Yes (if yes, attach a list of those lands) <input type="checkbox"/> 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 Bethany		Middle Nora Shim	Last Matsick
Home Address: Street 3042 27th Street South		City La Crosse	State WI
Zip Code 54601			
Phone Number: 608.386.8187	Email: Bethany@cappellaweddings.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:			
OFFICER/MEMBER			
Name: First		Middle	Last
Home Address: Street		City	State
Zip Code			
Phone Number:	Email:	Date of Birth: (mm/dd/yyyy)	
Violations:			