City of La Crosse, Wisconsin

ORIGINAL ALCOHOL LICENSE APPLICATION INFORMATION SUBMITTAL

Rev. 10/2025

(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.

Applications will not be accepted until all of the information is complete and necessary documents provided.

TYPE OF LICENSE(S) REQUESTED

Class A: ☐ Beer, ☐ Liquor
Class B: ☒ Beer, ☐ Liquor
Class C: ☐ Wine

APPLICANT

Legal Business Name *(Corporation, LLC, Sole Proprietor, Partnership)*:	**Trade Name:**
Tacomex LLC	Tacomex

Address: Street	City	State	Zip Code
302 Pearl st	LaCrosse	WI	54601

Telephone Number:	**Email:**	**Website:**
[redacted]	[redacted]	

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: June 12th

☒ *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 30 days*** *pursuant to Wis. Stat. sec. 125.04(3)(h).*

CORPORATIONS/LLCs – AGENT QUALIFICATIONS & RESPONSIBILITIES
(N/A for Sole Proprietors and Partnerships)

☒ *I understand that as an officer of the applicant corporation or member of the applicant limited liability company, the appointed alcohol license agent shall meet the requirements of Wis. Stat. Ch. 125 and, in addition, shall have resided within the State of Wisconsin continuously for 90 days prior to the date of application and shall reside within a 25-mile radius of the City limits at the time of application and at all times such individual shall be the appointed agent. Further, the appointed agent is an individual who is regularly involved in the actual conduct of the business and has full authority and control of the premises described and of the conduct of all business on the premises relative to alcohol beverages.*

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:

M-Thur 10:30 am - 8:00 pm F-Sat 10:30 am - 2:00 am

Anticipated Number of Employees: 4

Method for training employees in alcohol beverage laws and requirements for employees to hold a beverage operator license:

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.")

20 % Alcohol 80 % Food _____ % Other

If applicable, describe "Other":

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

Indoor 28 Outdoor, if applicable _____

Will there be any outdoor sales/service or consumption of alcohol? If yes, explain.
If yes, a beer garden license or outdoor dining permit is required.

No

Will there be live entertainment (music or dancing) on premise? If yes, explain.
If yes, a cabaret license is required.

NO

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

If yes, how many parking spaces? _____

If no, how will parking be accommodated.

Provide a sketch of the floor plan showing overall dimensions, the areas of sales, consumption and storage, seating arrangements, location of coolers, and location where records are kept (invoices for purchase of alcohol). drawing

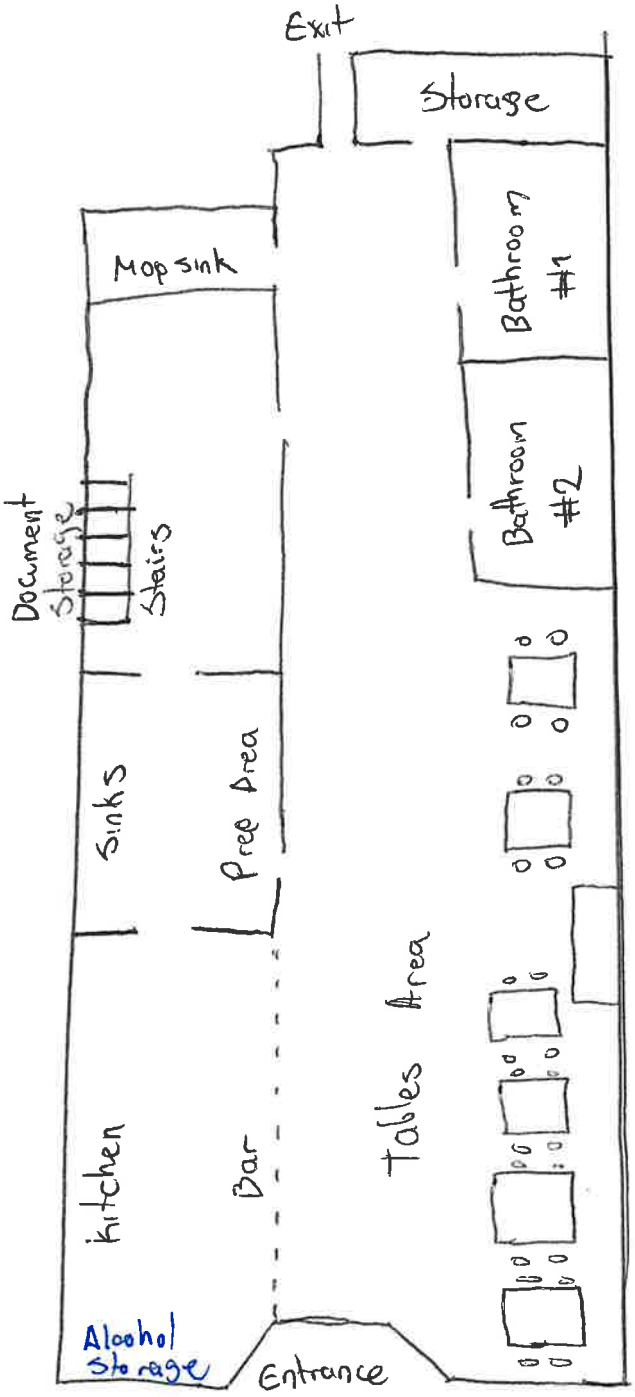
Provide a site plan showing building location, any outside areas where alcohol beverages may be sold or consumed, off-street parking, ingress and egress, and existing or proposed screening. google maps

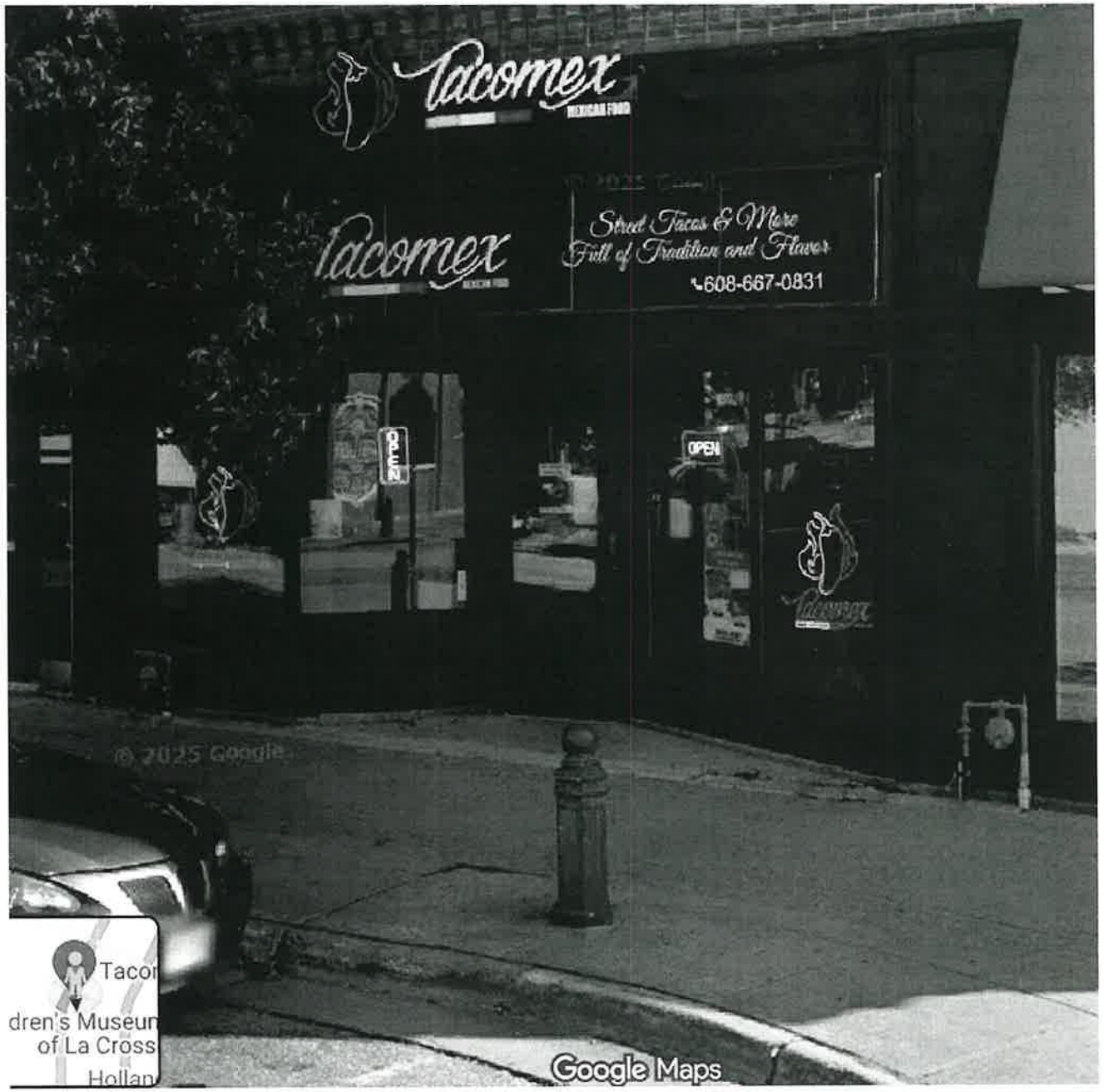
The information provided is true and correct to the best of my knowledge, I have reviewed the Alcohol Beverage Submittal Requirements and Information page and will comply with necessary requirements.

Signature _____ **Date** 04/29/26

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 (copy)
- ☐ FEIN (copy)
- ☐ 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


Exit
Storage
Mop sink
Bathroom #1
Bathroom #2
Document Storage
Stairs
Sinks
Prep Area
Tables Area
kitchen
Bar
Alcohol Storage
Entrance


Tacomex
Tacomex
Street Tacos & More
Full of Tradition and Flavor
608-667-0831
OPEN
© 2025 Google
Google Maps

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	$
Background Check Fee	$
Publication Fee	$
Total Fees	$

Part A: Premises/Business Information

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

2. Business Trade Name or DBA
Tacomex

3. FEIN
92-2225216

4. Wisconsin Seller's Permit Number
456-1031473462-04

5. Entity Type *(check one)*
☐ Sole Proprietor ☐ Partnership ☑ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

6. State of Organization
WI

7. Date of Organization
02/07/2023

8. Wisconsin DFI Registration Number
202302076117253

9. Premises Address
302 Pearl St

10. City
La Crosse

11. State
WI

12. Zip Code
54601

13. County
La Crosse

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

15. Aldermanic District

16. Premises Phone
[redacted]

17. Premises Email

18. Website

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.
fast mexican small restaurant, located at 302 pearl st La Crosse, with 5 tables of 4 persons each and a bar with 4 extra seats available, kitchen with cooking equipment, prep room and Fridges room and a storage room for spices and materials, unused basement and 2 bathrooms.
Alcohol will be served in the main dining room.

20. Mailing Address (if different from premises address)
Alcohol will be stored behind counter in fridge and in back storage room.

21. City
Records will kept in the office in the basement.

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? . . . . . ☐ Yes ☐ No

Law/Ordinance Violated	Location	Trial Date

Penalty Imposed

Was sentence completed? . . . . . ☐ Yes ☐ No

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

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
Alonso Cerda	Javier G	Owner	[redacted]
Ruelas de Alonso	Monica	Owner	
Alonso Ruelas	Mauricio	Owner	

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.
Alonso Ruelas	Mauricio	

Title	Email	Phone
Owner	[redacted]	

Signature	Date
[signature]	02/19/20

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)

Form
AB-100

Alcohol Beverage Individual Questionnaire

Date 02/19/2025

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

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- 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): Tacomex LLC
2. Business Trade Name or DBA:
3. Entity Type *(check one)*: ☐ Sole Proprietor ☐ Partnership ☑ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

Part B: Individual Information

1. Last Name	2. First Name	3. M.I.
Alonso Ruelas	Mauricio	

4. Relationship to Business (Title)	5. Email	6. Phone
Owner	[redacted]	

7. Home Address: 843 Oak Ave N apt 215

8. City	9. State	10. Zip Code	11. Date of Birth
Onalaska	WI	54650	[redacted]

12. Drivers License/State ID Number	13. Drivers License/State ID State of Issuance
[redacted]	CA

Part C: Address History

1. Do you currently live in Wisconsin? ☑ Yes ☐ No

If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY): 01/2022

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

	City	State	Zip Code
Previous Address 1: 395 Coronado Ave	Long Beach	CA	90814
Previous Address 2:			
Previous Address 3:			
Previous Address 4:			
Previous Address 5:			

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State	County	State	County	State	County	State	County
CA	Los Angeles	WI	La Crosse				

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? . . . . . ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? . . . . . ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? . . . . . ☐ Yes ☐ 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
	02/19/2025

Monica

Form **AB-100**

Alcohol Beverage Individual Questionnaire

Date 28/04/26

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

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- 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)
Tacomex LLC

2. Business Trade Name or DBA
Tacomex

3. Entity Type *(check one)*
☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

Part B: Individual Information

1. Last Name	2. First Name	3. M.I.
Ruelas Ordoñez	Monica	

4. Relationship to Business (Title)	5. Email	6. Phone
Owner	[redacted]	

7. Home Address
843 Oak Ave N APT 215

8. City	9. State	10. Zip Code	11. Date of Birth
Onalaska	WI	54650	[redacted]

12. Drivers License/State ID Number	13. Drivers License/State ID State of Issuance
[redacted]	WI

Part C: Address History

1. Do you currently live in Wisconsin? ☒ Yes ☐ No

If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY) 07/2023

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

	Previous Address	City	State	Zip Code
1	843 Oak Ave N	Onalaska	WI	54650
2				
3				
4				
5				

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State	County	State	County	State	County	State	County
WI	La Crosse						

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?** . . . . . ☐ Yes ☐ No	
Law/Ordinance Violated	**Location**	**Conviction Date**
Penalty Imposed	**Was sentence completed?** . . . . . ☐ Yes ☐ No	
Law/Ordinance Violated	**Location**	**Conviction Date**
Penalty Imposed	**Was sentence completed?** . . . . . ☐ Yes ☐ 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
[signature]	04/28/26

Javier

Form **AB-100**

Alcohol Beverage Individual Questionnaire

Date 04/28/16

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

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- 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): Tacomex LLC
2. Business Trade Name or DBA: Tacomex
3. Entity Type *(check one)*: ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

Part B: Individual Information

1. Last Name	2. First Name	3. M.I.
Alonso Cerda	Javier	G

4. Relationship to Business (Title)	5. Email	6. Phone
Owner	[redacted]	

7. Home Address: 843 Oak Ave N Apt 215

8. City	9. State	10. Zip Code	11. Date of Birth
Onalaska	WI	54650	[redacted]

12. Drivers License/State ID Number	13. Drivers License/State ID State of Issuance
[redacted]	WI

Part C: Address History

1. Do you currently live in Wisconsin? ☒ Yes ☐ No

   If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY): 01/2013

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

	City	State	Zip Code
Previous Address 1: Oak Ave N 843	Onalaska	WI	54650
Previous Address 2			
Previous Address 3			
Previous Address 4			
Previous Address 5			

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State	County	State	County	State	County	State	County
WI	La Crosse						

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.

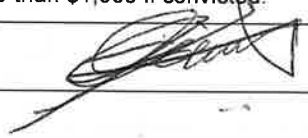
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	**Was sentence completed?** ☐ Yes ☐ No	
Law/Ordinance Violated	**Location**	**Conviction Date**
Penalty Imposed	**Was sentence completed?** ☐ Yes ☐ No	
Law/Ordinance Violated	**Location**	**Conviction Date**
Penalty Imposed	**Was sentence completed?** ☐ Yes ☐ 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
	04/28/26

Form
AB-101

Alcohol Beverage Appointment of Agent

Date 04/28/26

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)
Tacomex LLC

2. Business Trade Name or DBA
Tacomex

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
Alonso Ruelas

2. First Name
Mauricio

3. M.I.

4. Email
[redacted]

5. Phone
[redacted]

6. Home Address
843 Oak Ave N Apt 215

7. City
Onalaska

8. State
WI

9. Zip Code
54650

10. Date of Birth
[redacted]

11. Drivers License/State ID Number
WI [redacted]

12. Drivers License/State ID State of Issuance
WI

Part C: Agent Questions

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

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? See instructions for exceptions. ☒ Yes ☐ No

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	First Name	M.I.
Alonso Ruelas	Mauricio	

Title	Email	Phone
Owner	[redacted]	

Signature	Date

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	First Name	M.I.
Alonso Ruelas	Mauricio	

Signature	Date

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SERVERlicense.com

Wisconsin Responsible Beverage Seller/Server Training

MAURICIO ALONSO RUELAS

has met all training requirements and successfully completed the above course and/or exam.

Certification Number: SL202927

Date of Completion: 05/09/2026

Kelly Bailey

Authorized Signature

This certificate represents the successful completion of an approved Wisconsin Department of Revenue Responsible Beverage Server Course in compliance with secs. 125.04(5)(a)5., 125.17(6), and 134.66(2m), Wis. Stats. Present this certificate to your local municipal clerk's office to receive your Operator's or Retail license.

Diversys Learning, Inc.
1101 Arrow Point Drive, Suite 302
Cedar Park, TX 78613