Form **AB-200**

# Alcohol Beverage License Application

| For Municipal Use Only | |
|---|---|
| Municipality | |
| License Period | |

**Application Type** *(check one)*

☐ Initial (New) ☑ Renewal

**License(s) Requested:** (up to two boxes may be checked)

- ☑ Class "A" Beer . . . . . $ _____
- ☐ "Class A" Liquor . . . . . $ _____
- ☐ "Class A" Liquor (cider only) $ _____
- ☐ "Class C" Liquor (wine only) $ _____
- ☑ Class "B" Beer . . . . . $ _____
- ☑ Regular "Class B" Liquor $ _____
- ☐ Reserve "Class B" Liquor $ _____
- ☐ Above-Quota "Class B" Liquor . . . . . $ _____

| Fees | |
|---|---|
| License Fee(s) | $ |
| Background Check Fee | $ |
| Publication Fee | $ |
| **Total Fees** | $ |

## Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship): Riverstone Hospitality LLC.
2. Business Trade Name or DBA: Pearl Street hotel & suites.
3. FEIN: 33-1581903.
4. Wisconsin Seller's Permit Number: 456-1031850697-04.
5. Entity Type *(check one)*: ☐ Sole Proprietor ☐ Partnership ☑ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization
6. If the applicant business is an LLC, are the controlling members other LLCs or corporations? . . . . . ☐ Yes ☑ No
   If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100.
7. State of Organization: WI
8. Date of Organization: 10/21/24
9. Wisconsin DFI Registration Number: R091803.
10. Premises Address: 200 Pearl St
11. City: La Crosse
12. State: WI
13. Zip Code: 54601.
14. County: La Crosse
15. Governing Municipality: ☑ City ☐ Town ☐ Village of: La Crosse
16. Aldermanic District:
17. Premises Phone: 608784-4444.
18. Premises Email:
19. Website: www.pearlstreethotel.com
20. Premises Description

    **Initial (New Applicants Only):** 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.

    **Renewal Applicants Only:** I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same. ☑
21. Mailing Address (if different from premises address):
22. City:
23. State:
24. 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 wholesaler? . . ☐ Yes ☑ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. . . . . ☑ Yes ☐ No

5. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? . . . . . ☐ Yes ☑ No

6. Does the applicant business owe past due municipal property taxes, assessments, or other fees? . . . . . ☐ Yes ☑ No

## Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

☑ I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.

☑ I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.

☑ *(For corporations, limited liability companies, and nonprofit organizations only)* I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.

☑ I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

## 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. |
|---|---|---|
| Patel | Rupesh | |

| Title | Email | Phone |
|---|---|---|
| Owner | | |

| Signature | Date |
|---|---|
| | 04/16/2026 |

## 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) |
|---|---|
| | |

| License Number | License Type | Business Name | DBA | Business Address |
|---|---|---|---|---|
| ALC007490-02-2025 | Combination "Class B" Beer & Liquor | RIVERSTONE HOSPITALITY LLC | THE PEARL STREET HOTEL & SUITES | 200 PEARL ST |

Sales and Service Description: *Alcohol will be served at the 774 sq ft bar & hotel located at 200 Pearl Street.*
Storage Description: *Alcohol will be stored in the bar cabinets and refrigerated storage. Records will be stored digitally onsite.*

Business License Contacts

| Name | Address | Business Phone | Mobile Phone | Home Phone | Contact Type(s) |
|---|---|---|---|---|---|
| JAYMIN PATEL | 335 DRIFTWOOD ST<br>WEST SALEM, WI<br>54669 | | | | Member |
| LAL N PATEL | 479 DRIFTWOOD ST<br>WEST SALEM, WI<br>54669 | | | | Member |
| MAHESH PATEL | 9834 ELKHORN RD<br>TOMAH, WI 54660 | | | | Member |
| RUPESH PATEL | 335 DRIFTWOOD ST<br>WEST SALEM, WI<br>54669 | | | | Agent<br>Member |