Submit to municipal clorit. For the Noneae period beginning   NOV   10	ORIGINAL ALCOHOL BEVERAGE RETAIL LIC	ENSE APPLICATION	Applicant's WI Sellar's Permit No.: FEIN 456102005950103 20	Number: -2518266
For the license period beginning \( \frac{\text{Viev.}   Q_{\text{Lises}}}{\text{chank Abere}} \) \( \frac{\text{Viev.}   Q_{\text{Lises}}}{\text{chank Abere}} \) \( \frac{\text{Lises}}{\text{chank Abere}} \) \( \frac{\text{Class A Hoper of Color only in NA }}{\text{Class A Hoper of Color only in NA }} \) \( \frac{\text{Class A Hoper of Color only in NA }}{\text{Class A Hoper of Color only in NA }} \) \( \frac{\text{Class A Hoper of Color only in NA }}{\text{Class A Hoper of Color only in NA }} \) \( \frac{\text{Class A Hoper of Color only in NA }}{\text{Class A Hoper of Color only in NA }} \) \( \frac{\text{Class A Hoper of Color only in NA }}{\text{Class A Hoper of Color only in NA }} \) \( \frac{\text{Class A Hoper of Color only in NA }}{\text{Class A Hoper of Color only in NA }} \) \( \frac{\text{Class A Hoper of Color only in NA }}{\text{Class A Hoper of Color only in NA }} \) \( \frac{\text{Class A Hoper of Color only in NA }}{\text{Class A Hoper of Color only in NA }} \) \( \frac{\text{Class A Hoper of Color only in NA }}{\text{Class A Hoper of Color only in NA }} \) \( \frac{\text{Class A Hoper of Color only in NA }}{\text{Class A Hoper of Color only in NA }} \) \( \frac{\text{Class A Hoper of Color only in NA }}{\text{Class A Hoper of Color only in NA }} \) \( \frac{\text{Class A Hoper of Color only in NA }}{\text{Class A Hoper of Color only in NA }} \) \( \frac{\text{Class A Hoper of Color only in NA }}{\text{Class A Hoper of Color only in NA }} \) \( \frac{\text{Class A Hoper of Color only in NA }}{\text{Class A Hoper of Color only in NA }} \) \( \frac{\text{Class A Hoper of Color only in NA }}{\text{Class A Hoper of Color only in NA }} \) \( \frac{\text{Class A Hoper of Color only in NA }}{\text{Class A Hoper of Color only in NA }} \) \( \text{Class A Hoper of Color o	Submit to municipal clerk.			
TO THE GOVERNING BODY of the	For the license period beginning Nov. 10,	20_17;	TYPE	FEE
TO THE GOVERNING BODY of the:    Village of   Village of	ending JUNE 30	20 18 -		
TO THE GOVERNING BODY of the:	☐ Town of <b>▶</b>			
County of LA CROSSS Addermanic Disk, No. (# required by ordinance)		ROSSE		
County of _A CROSSE	☑ City of			
1. The named   DNIMIDIAL   PARTINERS-IIP   LIMITED LIABILITY COMPANY   Class 6 (Without only) willing 1   Class 6 (Withou	•	ME - a surdene di less - sulliverses e s		\$
The name	County of LA CROSSE Aldermanic Dist. No.	(if required by ordinance)		
Publications   Publ	1 The named TUNDIVIDUAL TI PARTNERSHIP T	LIMITED LIABILITY COMPANY		
Remo (inchidudulparturer gave lest interes, first, incide; corporational limited liability companies give registered name):  ***********************************		-		
MYNE GUYZ INC 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 seach officer, director and agent of a comporation or nemptroff organization, and by seach member/manager and agent of a limited shallifly company. Lief the neme, lifts, and place of residence of cache person.  Table Name Home Address Post Office & Zip Code Presidentifloration Table Name Home Address Post Office & Zip Code Presidentifloration Tressurers/Member Tressurers/	hereby makes application for the alcohol beverage license(s) check	ked above.	TOTAL FEE	\$393.36
An "Auxillary Questionnaire," Form Art 103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by seach fiftine, director and agent of a comporation or nonprofit or organization, and by each member/manager and agent of a lainted liability company. List the name, like, and place of residence of each person.  The Mame Home Address Post Office & Zlp Code  Post Office & Zl	, , , , , , , , , , , , , , , , , , , ,	s/limited liability companies give req	gistered name):	
Scoretary/Member   Agent   JAMES DONALD STRACK 1405 GREEN BAY ST, LA CROSSE MT 54601   Description   Agent   JAMES DONALD STRACK 1405 GREEN BAY ST, LA CROSSE MT 54601   Description   Agent   JAMES DONALD STRACK 1405 GREEN BAY ST, LA CROSSE MT 54601   Description   Agent   JAMES DONALD STRACK 1405 GREEN BAY ST, LA CROSSE MT 54601   Description   Agent   Address of Promises   3000 STALE RA   La SWTE DITO   Description	partnership, and by each officer, director and agent of a corpo Hability company. List the name, title, and place of residence of e Title	ration or nonprofit organization, ach person. Jame Hon	and by each member/manager an ne Address Post C	d agent of a limited
Scoretary/Member   Agent   JAMES DONALD STRACK 1405 GREEN BAY ST, LA CROSSE MT 54601   Description   Agent   JAMES DONALD STRACK 1405 GREEN BAY ST, LA CROSSE MT 54601   Description   Agent   JAMES DONALD STRACK 1405 GREEN BAY ST, LA CROSSE MT 54601   Description   Agent   JAMES DONALD STRACK 1405 GREEN BAY ST, LA CROSSE MT 54601   Description   Agent   Address of Promises   3000 STALE RA   La SWTE DITO   Description	Vice President/Member			
Agent P_JARRES DONALD STRACK 1405 GREEK BAY ST, LA CROSSE MI 54601.  Directore/Managers  A Address of Premises P_THE MINE GUYZ.  Business Phone Number LOSTSDOQUS  Address of Premises of Premises P_SOU STOLE RA LIE_SW + DITOPoet Office & Zip Code P_LA CROSSE MI 54601.  Is the applicant on employe or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period?  Does any other alcohol beverage retail licensee or wholesale permitties have any interest in or control of this business?	Secretary/Member			
Directore/Managers  3. Trade Name ** THE WINE GUYZ  4. Address of Premises ** ** * * * * * * * * * * * * * * *	Treasure(trivianine)			
3. Trade Name ▶ THE WINE GUYZ  4. Address of Premises ▶ 3600 State Rale, Suite 010  5. Is Individual, partners or agent of corporation/Imited liability company subject to completion of the responsible beverage server training course for this license period?  6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant?  7. Does any other alcohol beverage retail fleensee or wholesale permitties have any interest in or control of this business?  8. (a) Corporated/Imited liability company applicants only: Insact state MI.  9. One any other alcohol beverage retail fleensee or wholesale permitties have any interest in or control of this business?  9. One and date 03/01/05 or registration.  9. One she corporation, or any officer, director, stockholder or agent or limited liability company?  9. Premices description: Describe building or buildings where eloched beverage are to be said and stored. The applicant must include all rooms including living quarters, flued, for the seles, service, consumptor, and/or strange of alcohol beverages are to be said and stored. The applicant must include all rooms including living quarters, flued, for the seles, service, consumptor, and/or strange of alcohol beverages and records, (Abchol beverages may be sold and stored only on the premises described). Page 170, 171, 171, 171, 171, 171, 171, 171,		BAY ST, LA CROSSE W	I 54601	<del>*************************************</del>
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(b) Is applicant corporation/limited liability company a substitiary of any other corporation of limited liability company?	<ol><li>Does any other alcohol beverage retail licensee or wholesale perm</li></ol>	ittee have any interest in or control	of this business?	Yes No
(c) Does the corporation, or any officer, director, stockholder or eigent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage learns or permit in Wisconsin?  (NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)  9. Premises description: Describe building or buildings where electhol 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). Approximately, 1,100 sq. ft. enclosed stretter. With storage 10. Legal description (omit if street address is given above):	8. (a) Corporate/timited liability company applicants only: Inser	t state W.1 and da	ate 03/01/03 of registration.	ET Von EZ No
agent hold any interest in any other alcohol beverage license or permit in Wisconsin?  (NOTE: All applicants explain fully or reverse side of this form every YES answer in sections 5, 8, 7 and 8 above.)  Premises description: Describe building or buildings where elechol beverages are to be sold and stored. The applicant must include all rooms including living quarters, it 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.) **Approximatellal I.P.O. Sq. Ft. enclosed SteveFront With Storage**  10. Legal description (omit if street address is given above): **Unit Storage**  11. (a) Was this premises licensed for the sale of fliquor or beer during the pest license year? **West III (b) If yes, under what name was license Issued?  12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5d) before beginning business? [pinne 1-800-937-8864] .**Yes IND 13. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewputs? **Yes IND 14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewputs? **Yes IND 14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewputs? **Yes IND 14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewputs? **Yes IND 14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewputs? **Yes IND 15. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewputs? **Yes IND 15. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewputs? **Yes IND 15. Does the applicant understand	(a) Dose the corporation or any officer director stockholder or any	i arry other corporation or illinied lia ant or limited liability company, or a	ibility company r	L_1165 (Z_110)
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SUBSCRIBED AND SWORN TO BEFORE ME this 247 day of OCTORIV 100 IORicorol Corporation/Member/Manager of Limited Liehtlity Company/Partner/Individual)  Wy commission expires (Clark/Notary Public) TO BE COMPLETED BY CLERK  Date reported to council/hoard WISS (Additional Partner(s)/Member/Manager of Limited Liebtlity Company II Any)  Date license granted Date license issued Ucense number issued				
this 2 ## day of OCTO/2LV (Officer of Corporation/Member/Menager of Limited Liehility Company/Partner/Individual)  **SOURCE COMPLETED BY CLERK**    Onto received and filed with municipal clerk   Date reported to council/board   Date   Icanse   Issued   Date   Icanse	READ CAREFULLY BEFORE SIGNING: Under penalty provided by lew, the aby edge of the signers. Signers agree to operate this business according to law a another. (Individual applicants and each member of a pertnership applicant and each member of a pertnership applicant access to any portion of a licensed premises during inspection will be deemed as	plicant tables that each of the above of a glast the rights and responsibilities Lalgo, corporate discer(s), members/m refusal to perfull inspection. Such refus	uestions has been trumuly answered to conferred by the license(s), if granted, tanagers of Limited Liability Companies tal is a misdemeanor and grounds for re	o me best of the know- will not be assigned to must sign.) Any lack of vocation of this ilcense.
(ClericyNotary Public)  My commission expires  (Adultional Pariner(s)/Momber/Manager of Limited Liability Company/Pariner)  (Adultional Pariner(s)/Momber/Manager of Limited Liability Company II Any)  TO BE COMPLETED BY CLERK  Date reported to council/board  Date reported to council/board  Date license granted  Date license Issued  Date license Issued  Date license Issued	alth a potation is	MALIT	DS/n	
My commission expires // //  TO BE COMPLETED BY CLERK  Date received and filed with number lead to council/board with number lead clerk / Date license granted Date license issued Date license issued Date license issued Date issued Date issued Date issued Date license issued Date license issued Date issued	Soudra Craite D.			
TO BE COMPLETED BY CLERK    Date reported to council/hoard   Date reported to council/hoard   Date participal clerk   Date   Dat	My commission expires /////			
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			Wisconsh	Ospartment of Revenue

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## SCHEDULE FOR APPOINTMENT OF AGENT BY CORPORATION/NONPROFIT ORGANIZATION OR LIMITED LIABILITY COMPANY

Submit to municipal clerk.

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To the go	verning body of:	∐ Town ∐ Village	of LA CROS	20E		County of LA CROSSE	:		
TO the go	icitiiiig souş oi.	☑ City	U LA ONOC	<u> </u>	· · · · · · · · · · · · · · · · · · ·	Sound of Electronic			
The under	signed duly auth	orized officer(s	3)/members/mai	nagers of WIN	IE GUYZ INC (registered name	; of corporation/organization or limi	ted liability company)		
a corporat	lon/organization o	or limited liabilit	ty company mak	ing application	for an alcohol	beverage license for a pre	nises known as		
P4-W-111				THE WINE (					
located at	3800	State	Rd 16		0170		•		
appoints	JAMES DONA	LD STRACK				,			
(name of appointed agent) 1405 GREEN BAY ST, LA CROSSE WI 54601									
	1400 Of the latest			e address of appol	nted agent)	MA Annual Control of the Control of			
to alcohol	beverages condu	cted therein. Is	s applicant ager	nt presently act	ing in that cap	ntrol of the premises and o acity or requesting approvi for any other location in W	al for any corporation/		
Yes THE WIN	☐ No If se NE GUYZ, 122 H		=		lity company(ie	s) and municipality(ies).			
	t agent subject to				er training cou	rse? Yes	10 - Agent on another Livens	ther	
		•	•		-	entinuously in Wisconsin?	21 YEARS	C	
•	sidence last yea		EN BAY ST, L	·		·			
	•					received the second	4		
	For	· WINE GUY	ZINC	(name of corpore	dion/organization/i	mited liability company)			
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	And			(signal	ure of Officer/Men	ber/Managen			
	CITA			(signat	ure of Officer/Mem	ber/Manager)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
M			ACC	CEPTANCE BY	AGENT				
I, JAMES	-DONALD-STR.	ACK (print/type	agent's name)			hereby-accept this appoin	lment as agent for the		
	n/organization/llm conducted on th					the conduct of all busine company.	ss relative to alcohol		
1	2 D	gneture of egent)			10 24 (dete)	Agent's a	ge		
1405 GR	EEN BAY ST, L	A CROSSE	VI 54601 ne address of agent	)		Date of b	irth		
<u> </u>	<del></del>	AF	PROVAL OF A	GENT BY MU					
I hereby co	ertify that I have of ter, record and re	hecked munic	pipal and state o	- riminal records	s. To the best o	of my knowledge, with the	available information,		
	·	•	-			**************************************			
Approved (	on (date)	оу	(signatu	re of proper local c	ficial)	Title (town chair, ville	ge president, police chief)		
AT-404 IR 4-09	<u> </u>					Wisco	nsin Department of Revenue		