

City of La Crosse, Wisconsin APPLICATION FOR EXPANSION OF ALCOHOL BEVERAGE LICENSE AND STREET PRIVILEGE PERMIT

*Must be file	d in conjunction with	h a Special Event Application.]	Fee: \$
		ests permission to expand the k all license that apply.	ne following license	e(s) onto public p	property for the
1 1		11 7	☐ Combinatio	n "Class B" Beer	r & Liquor
			☐ Class "B" B	eer	
			☐ "Class C" W	Vine	
BUSINES	S INFORMATION	J			
Legal/Real Na			Trade N	lame:	
Address:					
Phone Numb	er:		Name of Agent (If Cor	poration/LLC):	
	ON INFORMATION ON INFORMATION - must be between	ON n Memorial Day and Labor Day:			
Date of Expan	noon must be betwee	ir memoriai bay ana Laber bay.			
_		vill be sold, possessed or consum	ed in the public way:		
Star	rt	End			
Describe Area	a of Expansion – Where	e Alcohol Will be Present:			
Reason for E	xpansion:				
PERSON	IN CHARGE				
Name:	First	Middle	Last		
Address:	Street		City	State	Zip Code
Phone Numb	er:				
I have obtai	ned written consen	t of at least two-thirds (2/3r	ds) of the abutting	and adjacent pro	operty owners in
		ansion and those signatures			•
The above he	ereby makes applicat	ion to expand its alcohol beve	rage license into a pr	ıblic way as descri'	hed. I further state that
		ditions for a Street Privilege P			
		to abide by the same and with	_		-
		alcoholic beverages, fencing a			
		Signature of Applicar	it	D	ate

We, the undersigned, represent at least two-thirds (2/3rds) of the abutting and adjacent property owners who are affected by the <i>Application for Expansion of Alcohol Beverage License and Street Privilege Permit</i> requested by We further state that we support the event to be held on					
NAME (Print)	ADDRESS				
	ADDRESS				
SIGNATURE		DATE			
NAME (Print)	ADDRESS				
SIGNATURE		DATE			
NAME (Print)	ADDRESS				
SIGNATURE		DATE			
NAME (Print)	ADDRESS				
	ADDRESS				
SIGNATURE		DATE			
NAME (Print)	ADDRESS				
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NAME (Print)	ADDRESS				
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	ADDRESS				
SIGNATURE		DATE			

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