

City of La Crosse, Wisconsin

APPLICATION FOR BEER GARDEN LICENSE

Check One: ☐ New ☐ Renewal For the license period	od t	0	Fee: \$
License Class: (Check One) ☐ Class "A" [□ Class "B"	□ Class "C"	☐ Class "D" (ZONING RESTRICTION)
BUSINESS INFORMATION			
Legal/Real Name:			
Address of Above: Street	City		State Zip Code
PREMISES INFORMATION			
Trade Name of Business:			
Address of premises to be Licensed:			
BEER GARDEN INFORMATION			
Description of proposed beer garden: (MUST BE SPECIFIC: square	e feet, physical location	, material made out of, etc	c.)
AGENT INFORMATION			
	Middle	Last	
	Middle	Last	
	Middle City	Last	Zip Code
Agent Name: First			Zip Code
Agent Name: First		State	Zip Code
Agent Name: First Agent Home Address: Street	City	State	Zip Code
Agent Name: First Agent Home Address: Street	City Daytime Phone	State	Zip Code
Agent Name: First Agent Home Address: Street Home Phone Number:	City Daytime Phone	State	Zip Code
Agent Name: First Agent Home Address: Street Home Phone Number: Was the above person listed as agent on last year's application?	City Daytime Phone	State	Zip Code
Agent Name: First Agent Home Address: Street Home Phone Number: Was the above person listed as agent on last year's application? Yes □ No	City Daytime Phone	State Number:	·
Agent Name: First Agent Home Address: Street Home Phone Number: Was the above person listed as agent on last year's application?	City Daytime Phone atte a Beer Garden at	State Number: the above address was address was address was address.	·
Agent Name: First Agent Home Address: Street Home Phone Number: Was the above person listed as agent on last year's application? Yes	City Daytime Phone atte a Beer Garden at	State Number: the above address was address was address was address.	·
Agent Name: First Agent Home Address: Street Home Phone Number: Was the above person listed as agent on last year's application? Yes No The above hereby makes application for a license to opera pursuant to provisions of Sec. 10-47 of the Code of Ordin	Daytime Phone late a Beer Garden at nances for the City of	State Number: the above address was address was address was address.	ithin the City of La Crosse
Agent Name: First Agent Home Address: Street Home Phone Number: Was the above person listed as agent on last year's application? Yes	Daytime Phone late a Beer Garden at nances for the City of	State Number: the above address was address was address was address.	·
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A PLAN MUST ACCOMPANY THIS APPLICATION

OFFICE USE ONLY					
For original application:					
Attach a list of all property owners within 200 feet of the proposed licensed premises.					
Signature:	Date:	Granted:	License #:		