

Liquor/Beer License Application

(Agenda Item Numbe	er)
6295	5/
(Legistar file number,)
CICLIB-	2020-0075
(License number)	
8	404
(Alder District #)	(Police Sector)
Office Us	e Only

City of Madison Clerk 210 MLK Jr Blvd, Room 103 Madison, WI 53703

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

licensing@cityofmadison.com 608-266-4601

	☐ Class C Wine 608-266-4601
i (ion A – Applicant List the name of your Sole Proprietor, Partnership, Corporation/Nonprofit Organization or Limited Liability Company exactly as it appears on your State Seller's Permit. Apple Nine Hospitality Management, Inc.
-	Trade Name (doing business as) Hilton Garden Inn Madison
	Address to be licensed 770 Regent Street, Madison, WI 53715
	Mailing address 770 Regent Street, Madison, WI 53715
	Anticipated opening date <u>2/18/2021</u>
r	is the applicant an employee or agent of, or acting of behalf of anyone except the applicant named in question 1? No Yes (explain)
	Does another alcohol beverage licensee or wholesale permitee have interest in this business? No Yes (explain)
[5 t	ion B—Premises Describe in words the building or buildings where alcohol beverages are to be sold and stored. Include all rooms including living quarters, if used, and any outdoor seating used for the sales, service, and/or storage of alcohol beverages and receipts. Alcohol beverages may be sold and stored only on the premises as approved by Common Council and described on icense. Six story, 176-room hotel with service in restaurant/bar and outdoor seating.
	SIX SIOIV, 170-100HH HOLEI WILH SELVICE III TESLAUTAHI/DAL AHU OULUOOL SEALIHU.
-	Packaged beer/wine sold out of a Market in the lobby.

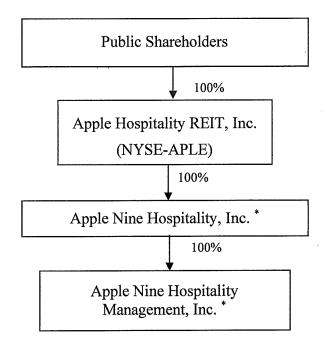
9.	9. Applicants for on-premises consumption only. Estimated capacity (patrons and employ				
	Indoor: 52	Outdoor	: 40		
10.	Describe existing	Describe existing parking and how parking lot is to be monitored.			
	Parking garage w	ith CCTV			
11.	Was this premise	s licensed for the sale of	iquor or beer during the past license year?		
	■ No □ Yes,	license issued to	(name of licensee)		
This	section applies to	ate Information corporations, nonprofit on hips and partnerships, ski	rganizations, and Limited Liability Companies p to Section D.		
12.	Name of liquor lic	cense agent Michael Lueh	rs		
13.	. City, state in which agent resides Sun Prairie, WI				
	. How long has the agent continuously resided in the State of Wisconsin? 7 years				
	5. Has the liquor license agent completed the responsible beverage server training course?				
\square No, but will complete prior to ALRC meeting \blacksquare Yes, date completed $\underline{10/9/2020}$					
16.			on, nonprofit organization, or LLC.		
Virginia - 11/8/2007					
17.	7. In the table below list the directors of your corporation or the members of your LLC. Attach background check forms for each director/member.				
	Title	Name	City and State of Residence		
	Director	Matthew Rash	Richmond, Virginia		
18.	Registered agent for your corporation or LLC. This is your agent for service of process, notice or demand required or permitted by law to be served on the corporation. This is not necessarily the same as your liquor agent. C T Corporation System				
19.	Is applicant a subsidiary of any other corporation or LLC?				
	□ No ■ Yes	(explain) See attached or	ganizational chart.		
20.					
	☐ No ☐ Yes (explain) Agent is also agent on license for Hampton Inn & Suites Madison Downtown				

Section D—Business Plan 21. What type of establishment is contemplated? ☐ Tavern ☐ Nightclub ☐ Restaurant ☐ Liquor Store ☐ Grocery Store							
	☐ Convenie	nce Store wit	thout gas pur	nps 🛭 Conv	enience Store	with gas pu	mps
	Other Ho	otel					
22.	Private organizations (clubs): Do your membership policies contain any requirement of "invidious" (likely to give offense) discrimination in regard to race, creed, color, or national origin? NO Tes N/A						
23.	Hours of operation: please enter opening and closing times in the table below. Hotel is open 24 hours. Hours below are for restaurant/bar.				/bar.		
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	'			4pm -12am			
	(Class B on	ly) Enter belo	w any hours	when food ser	vice will not b	e available,	if applicable
	None- food	available sai	me hours as	above	-	-	-
This (con 24.	ection E—Consumption on Premises his section applies to Class B and Class C applicants only. Class A license applicants consumption off premises) may skip to Section F. 4. Indicate any other product/service offered. N/A 5. All restaurants and taverns serving alcohol must substantiate their gross receipts for food and alcohol beverage sales broken down by percentage. (Note: Non-alcoholic drinks are classified as "Food.") New establishments estimate percentages: 25 % Alcohol 75 % Food 0 % Other If applicable, describe "Other":						
26.	Do you have written records to document the percentages shown? No Yes You may be required to submit documentation verifying the percentages indicated. No Yes—what kind?						
Soc	dance floor,	please also co	omplete an E	music (except ntertainment L		, a DJ, or a d	designated
27.	regardless of when license was initially granted. No EY Yes						
28.	I understand that I am required to host an information session at least one week before the ALRC meeting. \square No \blacksquare Yes						
29.	I agree to co			this location to sion. □ No l	discuss my a Yes	pplication an	d to invite

30.	I agree to contact the Police Department District Captain for this location prior to the ALRC meeting. \square No \blacksquare Yes			
31.	I agree to contact the Deputy Clerk prior to the ALRC meeting. \square No \blacksquare Yes			
32.	I agree to contact the neighborhood association representative prior to the ALRC meeting. $\hfill\square$ No \hfill Yes			
33.	I intend to operate under the alcohol license within 90 days of the Common Council granting this license. The license shall be considered surrendered if not issued within 90 days of being granted. \square No \blacksquare Yes			
34.	I understand we must file a Special Occupational Tax return (TTB form 5630.5) before beginning business. [phone 1-800-937-8864] No Yes			
35.	I understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in question 1, above. [phone 608-266-2776] \square No \blacksquare Yes			
36.	Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? $\hfill \square$ No $\hfill \square$ Yes			
Sec	tion G—Information for Clerk's Office			
37.	This application is for the license period ending June 30, 20^{21} .			
	State Seller's Permit <u>4</u> <u>5</u> <u>6</u> - <u>1</u> <u>0</u> <u>3</u> <u>0</u> <u>4</u> <u>7</u> <u>0</u> <u>9</u> <u>3</u> <u>9</u> - <u>0</u> <u>2</u>			
39.	Federal Employer Identification Number			
40.	Who may we contact between 8 a.m. and 4:30 p.m. regarding this license?			
	Contact person			
	Business phone Business e-mail address luehrs@raymondteam.com			
	Preferred language English			
	If needed, a qualified interpreter can be provided at no charge to you. Would you like an interpreter? ☐ Yes (language:) ☐ No (If you answer no and you do require an interpreter, the ALRC will refer your application to a subsequent meeting and this may delay your application process)			
	Si usted requiere o necesita un/a intérprete, nosotros podemos proveer un/a intérprete sin costo alguno. ¿Le gustaría tener un/a intérprete? Sí, lenguaje: No. Si usted escoge "no" en la solicitud/aplicación, y usted sí requiere un/a intérprete, el comité remitirá su solicitud para una nueva junta y esto puede atrasar el proceso de su solicitud.			
41.	Corporate attorney, if applicable: Name			
	804-344-8121 mrash@applereit.com			

NOTICE: Completed application are due by noon of the third Monday (fourth, if the Clerk's office is closed on the third Monday) to get on the agenda for the proceeding months Alcohol License Review Committee. A completed application must be accompanied by the following items:				
Copy of State Seller's Permit (Not Busine	ess Tax Registration Certificate), Appointment	of Agent (if Corp/LLC),		
Member background investigation forms,	\square Articles of Incorporation (if Corp/LLC), \square F	oor Plans,		
Copy of Lease, Business Plan, and	Sample Menu (if applying for Class B license)			
If required items are missing, the application Office until all requirements are submitted. N	n will not be considered complete and will not be a No exceptions are made.	accepted by the Clerk's		
been truthfully completed to the best of the to law, and that the rights and responsibilities	nalty provided by law, the applicant states that the knowledge of the signer. Signer agrees to operate as conferred by the license(s), if granted, will not mises during inspection will be deemed a refusal for revocation of this license.	e the business according be assigned to another.		
Penalty for materially false application information: Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.				
(Officer of Corporation/Member of LLC/Partner/So Matthew Rash, President				
Clerk's Office checklist for complete ap	pplications			
WI Seller's Permit Certificate (matching articles of incorporation)FEIN	Background investigation form(s) ☐ Form for surrender of previous license Articles of Incorporation Appointment of Agent	Floor Plans Lease Business Plan **Sample Menu		
Written description of premises	* Corporation/LLC only	** Class B only		
Upon Application Submission, the C	Clerk's Office issued to the application:			
☐ Orange sign ☐ Orange business card				
☐ "Applying for a Liquor/Beer License in the City of Madison" brochure with contact information				
Date complete application filed with Clerk's Office 10/15/2020				
Date of ALRC meeting $11/18/2020$ Date license granted by Common Council $12/1/2020$				
Date provisional issued Date				

Ownership of Apple Nine Hospitality Management, Inc. Operating Lessee for Hilton Garden Inn Madison



* Director/Officers are:

Matthew Rash, President and Sole Director Rachel Labrecque, Vice President

All entities are formed in Virginia.