

# ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning 6/30/11 20 12 ;  
ending 6/30 20 13

TO THE GOVERNING BODY of the:  Town of } Madison  
 Village of }  
 City of }

County of DANE Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

1. The named  INDIVIDUAL  PARTNERSHIP  LIMITED LIABILITY COMPANY  
 CORPORATION/NONPROFIT ORGANIZATION

hereby makes application for the alcohol beverage license(s) checked above.

2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): The Sunbun Project, 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 each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the name, title, and place of residence of each person.

| Title                 | Name                                   | Home Address                                | Post Office & Zip Code |
|-----------------------|--|---|------------------------|
| President/Member      | <u>President Susan M. Hendrix</u>      | <u>150 Lakewood Gardens Ln, Madison, WI</u> | <u>53704</u>           |
| Vice President/Member | <u>Vice President Jason L. Hendrix</u> | <u>same as above</u>                        |                        |
| Secretary/Member      | <u>Secretary Susan M. Hendrix</u>      | <u>same as above</u>                        |                        |
| Treasurer/Member      | <u>Treasurer Jason L. Hendrix</u>      | <u>same as above</u>                        |                        |
| L. Agent              | <u>Susan M Hendrix</u>                 | <u>same as above</u>                        |                        |

Directors/Managers N/A

3. Trade Name Sunprint Cafe Business Phone Number 608-268-0114  
4. Address of Premises 10 W. Mifflin St. Post Office & Zip Code Madison, WI 53703

5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period?  Yes  No  
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant?  Yes  No  
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business?  Yes  No  
8. (a) Corporate/limited liability company applicants only: Insert state WI and date 9/25/2006 of registration.  
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company?  Yes  No  
(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin?  Yes  No

(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 alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Liquor Storage Room, Walk in Cooler, Event, Bar, Bar # Room 102 # 103

10. Legal description (omit if street address is given above): \_\_\_\_\_  
11. (a) Was this premises licensed for the sale of liquor or beer during the past license year?  Yes  No  
(b) If yes, under what name was license issued? \_\_\_\_\_  
12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864]  Yes  No  
13. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in Section 2, above? [phone (608) 266-2776]  Yes  No  
14. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME  
this 14th day of November, 2012

[Signature]  
(Clerk/Notary Public)

[Signature]  
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)  
[Signature]  
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)

My commission expires 9/14/2016

(Additional Partner(s)/Member/Manager of Limited Liability Company If Any)

| TO BE COMPLETED BY CLERK                     |                                |                                 |                                   |
|--|--------------------------------|---------------------------------|-----------------------------------|
| Date received and filed with municipal clerk | Date reported to council/board | Date provisional license issued | Signature of Clerk / Deputy Clerk |
| Date license drafted                         | Date license issued            | License number issued           |                                   |

AT-106 (R. 4-09)

Wisconsin Department of Revenue

RECEIVED  
NOV 19 2012  
MADISON CITY CLERK

LIC1B-2012-00967

# City of Madison Supplemental Class B License Application

|  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Seller's Permit Number <u>CERT</u><br><input checked="" type="checkbox"/> Federal Employer Identification #<br><input checked="" type="checkbox"/> Notarized Original Application Form<br><input checked="" type="checkbox"/> Notarized Supplemental Form<br><input type="checkbox"/> Orange Sign (Clerk's Office provides at time of application) | <input type="checkbox"/> Written Description of Premise<br><input checked="" type="checkbox"/> Background Investigation Form(s)<br><input type="checkbox"/> <del>Notarized Transfer of Ownership</del><br><input checked="" type="checkbox"/> *Articles of Incorporation<br><input checked="" type="checkbox"/> *Notarized Appointment of Agent<br>* Corporation/LLC only | <input checked="" type="checkbox"/> Floor Plans<br><input checked="" type="checkbox"/> Lease<br><input checked="" type="checkbox"/> Sample Menu<br><input checked="" type="checkbox"/> Business Plan |
|--|---|--|

1. Name of Applicant/Partner/Corporation/LLC The Sunbun Project, Inc.
2. Address of Licensed Premise 10 W. Mifflin St.
3. Telephone Number: 608-268-0114
4. Anticipated opening date: 1/9/2013
5. Mailing address if not opening immediately 1 S. Pinckney St., Madison, WI 53703
6. Have you contacted the Alderperson, Police Department District Captain, Alcohol Policy Coordinator, and the neighborhood association representative for the area in which you intend to locate?  Yes  No
7. Are there any special conditions desired by the neighborhood?  Yes  No  
Explain. \_\_\_\_\_
8. Business Description, including hours of operation: Restaurant & Cafe, 7am - 10pm  
M-Saturday & 9-2 Sunday
9. Do you plan to have live entertainment?  No  Yes—What kind? \_\_\_\_\_
- \*10. Detailed written description of building, including overall dimensions, seating arrangements, capacity, bar size and all areas where alcohol beverages are to be sold and stored. **The licensed premise described below shall not be expanded or changed without the approval of the Common Council.**  
5200 square foot restaurant with full kitchen and limited bar. Alcohol with be stored in bar (in locked closet) & walkin cooler & a bar cooler. Service to dining room & bar areas only.
11. Are any living quarters directly or indirectly accessible and under control of the applicant?  Yes  No  
Please note that alcohol may be sold and stored only on the licensed premise, not in living quarters.
12. Describe existing parking and how parking lot is to be monitored. Parking lot is underground, locked & not open to public; only parking is street parking
13. Describe your management experience, staffing levels, duties and employee training.  
Kitchen Manager @ Opus Lounge & Orpheum Lobby Restaurant (2000-2004)
14. Identify the **registered agent** for your Corporation or LLC. This is your corporation's agent for service of process, notice or demand required or permitted by law to be served on the corporation.  
Susan M. Hendrix 1 S. Pinckney St., suite # 104, Madison, WI 53703  
Name Address

15. Utilizing your market research, who would you project your target market to be?

Professionals 35-70 years of age (gov. employees, capitol employees, lawyers, square employees)

16. What age range would you hope to attract to your establishment? 35-70 years

17. Describe how you plan to advertise/promote your business. What products will you be advertising?

We will be in the Isthmus, on 92.1 FM & Footlights

18. Are you operating under a lease or franchise agreement?  Yes (attach a copy)  No

19. Owner of building where establishment is located: Henry Johnson Family, LP

Address of Owner: 401 N. Carroll St., Madison, WI 53703 Phone Number 285-8090

20. 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?  Yes  No

21. List the Directors of your Corporation/LLC

Susan M. Hendrix 150 Lakewood Gardens Ln, Madison, WI 53704  
Name Address

Jasmin L. Hendrix 150 Lakewood Gardens Ln, Madison, WI 53704  
Name Address

Name Address

22. List the Stockholders of your Corporation/LLC

Same as 21  
Name Address % of Ownership

Name Address % of Ownership

Name Address % of Ownership

23. What type of establishment are you? (Check all that apply)  Tavern  Nightclub  Restaurant

Other Please Explain.

24. What type of food will you be serving, if any? Casual American w/ a French twist

Breakfast  Lunch  Dinner

25. Please submit a sample menu with your application, if possible. What might eventually be included on your operational menu when you open?  Appetizers  Salads  Soups  Sandwiches  Entrees

Desserts  Pizza  Full Dinners

26. During what hours of your operation do you plan to serve food? 7am - 10pm

27. What hours, if any, will food service not be available? none
28. Indicate any other product/service offered. beer & wine
29. Will your establishment have a kitchen manager?  Yes  No
30. Will you have a kitchen support staff?  Yes  No
31. How many wait staff do you anticipate will be employed at your establishment? 10  
During what hours do you anticipate they will be on duty? 7am - 10pm
32. Do you plan to have hosts or hostesses seating customers?  Yes  No
33. Do your plans call for a full-service bar?  Yes  No  
If yes, how many bar stools do you anticipate having at your bar? 5  
How many bartenders do you anticipate you would have working at one time on a busy night? 1
34. Will there be a kitchen facility separate from the bar?  Yes  No
35. Will there be a separate and specific area for eating only?  Yes  No  
If yes, what will be the seating capacity for that area? \_\_\_\_\_
36. What type of cooking equipment will you have?  Stove  Oven  Fryers  Grill  Microwave
37. Will you have a walk-in cooler and/or freezer dedicated solely to the storage of food products?  Yes  No
38. What percentage of your overall payroll do you anticipate will be devoted to food operation salaries?  
36%
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? 90%  
What percentage of your advertising budget do you anticipate will be drink related? 10%
40. Are you currently, or do you plan to become, a member of the Madison—Dane County Tavern League or the Tavern League of Wisconsin?  Yes  No
41. Are you currently, or do you plan to become, a member of the Wisconsin Restaurant Association or the National Restaurant Association?  Yes  No

42. What is your estimated capacity? 150

43. Pursuant to Chapter 23 of the Madison General Ordinances, all restaurants and taverns serving alcohol beverages shall substantiate their gross receipts for food and alcohol beverage sales broken down by percentage. For new establishments, the percentage will be an estimate.

|  |             |
|--|-------------|
| Gross Receipts from Alcoholic Beverages              | 19 %        |
| Gross Receipts from Food and Non-Alcoholic Beverages | 80 %        |
| Gross Receipts from Other                            | 1 %         |
| <b>Total Gross Receipts</b>                          | <b>100%</b> |

44. Do you have written records to document the percentages shown?  Yes  No  
You may be required to submit documentation verifying the percentages you've indicated.

**Read carefully before signing:** Under penalty provided by law, the applicant states that the above information has been truthfully completed to the best of the knowledge of the signer. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted will not be assigned to another. Any lack of access to any portion of a licensed premise during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

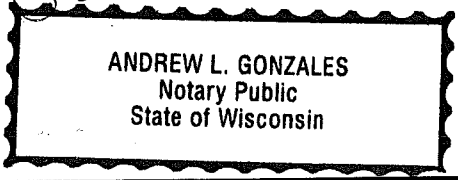
Subscribed and Sworn to before me:

this 14<sup>th</sup> day of November, 2012

[Signature]  
(Clerk/Notary Public)

My commission expires 9/4/2016

[Signature]  
(Officer of Corporation/Member of LLC/Partner/Individual)






WISCONSIN DEPARTMENT OF REVENUE  
 PO BOX 8902  
 MADISON, WI 53708-8902

**State of Wisconsin • DEPARTMENT OF REVENUE**

REGISTRATION UNIT  
 2135 RIMROCK RD PO BOX 8902 MADISON, WI 53708-8902  
 PHONE: 608-266-2776 FAX: 608-264-6884  
 EMAIL: sales10@revenue.wi.gov WEBSITE: www.revenue.wi.gov

Letter ID: L1784453568

THE SUNBUN PROJECT INC  
 1 S PINCKNEY ST  
 MADISON WI 53703-2892



**State of Wisconsin • DEPARTMENT OF REVENUE**

Wisconsin Seller's Permit - Personal Wallet  
 Copy

Sellers Permit Number: 456-0003400097-02  
 Expiration Date: 31-Oct-2013  
 Legal/Real Name: THE SUNBUN PROJECT INC

Signature \_\_\_\_\_

**Registration Certificate**

Certificate Expiration Date: 31-Oct-2013

LEGAL/REAL NAME: THE SUNBUN PROJECT INC

This certificate confirms that you are registered with the Wisconsin Department of Revenue.  
 This certificate is not transferable.

If your business is not operated from a fixed location, such as craft shows, flea markets, etc., the  
 wallet copy should be displayed or carried with you to various events.

You are authorized to engage in the business activity(ies) indicated for the following tax(es).

| Tax Type        | Account Type    | Cease Date | Number            |
|-----------------|-----------------|------------|-------------------|
| Sales & Use Tax | Seller's Permit |            | 456-0003400097-02 |
| Withholding Tax | Withholding Tax |            | 036-0003400097-03 |

The following is a list of the business locations that you have registered with the Department of Revenue.

██████████  
██████████ 456-0003400097-02  
THE SUNBUN PROJECT INC  
SUNBUN PROJECT  
1 S PINCKNEY ST  
MADISON WI 53703-2892

Sec. 180.0202  
Wis. Stats.



State of Wisconsin  
Department of Financial Institutions

**ARTICLES OF INCORPORATION - STOCK FOR-PROFIT CORPORATION**

Executed by the undersigned for the purpose of forming a Wisconsin Stock For-Profit Corporation under Chapter 180 of the Wisconsin Statutes:

- Article 1.                   **Name of the corporation:**  
The Sunbun Project, Inc.
- Article 2.                   **The corporation is organized under Ch. 180 of the Wisconsin Statutes.**
- Article 3.                   **Name of the initial registered agent:**  
Susan M. Hendrix
- Article 4.                   **Street address of the initial registered office:**  
150 Lakewood Gardens Lane  
Madison, WI 53704  
United States of America
- Article 5.                   **Number of shares of stock the corporation shall be authorized to issue:**  
**Number of Shares Authorized:** 9,000  
**Class:** Common
- Article 6.                   **Name and complete address of each incorporator:**  
Jennifer M Krueger, ESQ  
33 E. Main Street, Suite 500  
Madison, WI 53703  
United States of America
- Other provisions (optional). (No other provisions declared.)
- Other Information.       **This document was drafted by:**  
Jennifer M. Krueger, ESQ
- Incorporator signature:**  
Jennifer M Krueger, ESQ
- Contact Information:**  
Jennifer M Krueger, ESQ  
33 E. Main Street, Suite 500  
Madison, WI 53703  
United States of America



jkrueger@murphydesmond.com  
608-268-5577

**Date & Time of Receipt:**

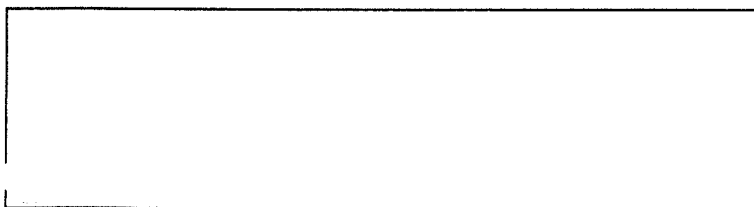
9/25/2007 10:56:49 AM

**Credit Card Transaction Number:**

20079251300955

---

**ARTICLES OF INCORPORATION - Wisconsin Stock For-Profit  
Corporation (Ch. 180)**



Filing Fee: \$100.00  
Total Fee: \$100.00

**ENDORSEMENT**

**State of Wisconsin  
Department of Financial Institutions**

|                |  |
|----------------|--|
| EFFECTIVE DATE |  |
| 9/25/2007      |  |

|                           |                             |
|---------------------------|-----------------------------|
| <b>FILED</b><br>9/25/2007 |                             |
|                           | Entity ID Number<br>T043893 |

## Jennifer M. Krueger

---

**From:** DFI Corporations [corporations@dfi.state.wi.us]  
**Sent:** Tuesday, September 25, 2007 10:57 AM  
**To:** Jennifer M. Krueger  
**Subject:** Articles of Incorporation for The Sunbun Project, Inc.: Submission received

We have received your Wisconsin Stock For-Profit Corporation Articles of Incorporation for:

The Sunbun Project, Inc.

A confirmation email has been sent to [jkrueger@murphydesmond.com](mailto:jkrueger@murphydesmond.com).

To view and print the received document, please go to the address below:

<http://www.wdfi.org/r?r=8&id=153582&c=598856494>

The contact person we have on record for this document is:

Jennifer M Krueger, ESQ  
[jkrueger@murphydesmond.com](mailto:jkrueger@murphydesmond.com)  
608-268-5577

Retain and/or print this email for your records.

### Payment Details

Your Order Number: 20079251300955  
Date/Time: 9/25/2007 10:56:49 AM  
Payment Method: Credit Card

You will see a charge on your credit card from WI Dept of Financial Institutions in the amount of \$100.00.

### WHAT WE WILL DO

We will act on your document in the order in which it was received at this Department.

If your document is acceptable:

We will endorse it "FILED". This endorsement will include the effective date of the document and the entity's ID number that we assign. An email will be sent to [jkrueger@murphydesmond.com](mailto:jkrueger@murphydesmond.com) with a link to the filed document.

If your document is not acceptable to file:

An email will be sent to [jkrueger@murphydesmond.com](mailto:jkrueger@murphydesmond.com) with a link to make the necessary corrections. You must make the corrections to the document and resubmit it. You will not be charged again. The resubmitted document will be subject to a new received date.

Wisconsin Department of Financial Institutions

<http://www.wdfi.org/>

# Appointment of New Liquor/Beer Agent

## To be completed by Corporate Officer or Member of LLC

I, Susan M. Hendrix, officer/member for The Sunbun Project, Inc.  
(Corporation/LLC), doing business as Sunprint Cafe, authorize and appoint  
Susan M. Hendrix (Name) as the liquor/beer agent for the premise  
located at 10 W. Mifflin St, Madison, WI 53703.

Subscribed and sworn to before me this

14 Day of November, 2012

[Signature]  
Notary Public, Dane County, Wisconsin

My Commission Expires 9/4/2016

[Signature]  
Signature of Officer/Member

ANDREW L. GONZALES  
Notary Public  
State of Wisconsin

## To be completed by appointed Liquor/Beer Agent

I, Susan M. Hendrix, appointed liquor/beer agent for  
The Sunbun Project, Inc. (name of Corporation or LLC), being first duly sworn  
say I have vested in me, by properly authorized and executed written delegation, full authority  
and control of the premise described in the license of such corporation or limited liability  
company, and I am involved in the actual conduct of the business as an employee, or have a  
direct financial interest in the business of the licensee, therein relating to the intoxicating  
liquor/fermented malt beverage. The interest I have in the business is 50 %.

Subscribed and sworn to before me this

14<sup>th</sup> Day of November, 2012

[Signature]  
Notary Public, Dane County, Wisconsin

My Commission Expires 9/4/2016

[Signature]  
Signature of Agent

ANDREW L. GONZALES  
Notary Public  
State of Wisconsin

The appointed Liquor/Beer Agent must complete the other side of this form.

# WISCONSIN

# SELLER / SERVER CERTIFICATION

Trainee Name: Susan M Hendrix

School Name: Learn2Serve

Date of Completion: 11/13/2012 20:10 CST

Certification #: WI 1923884

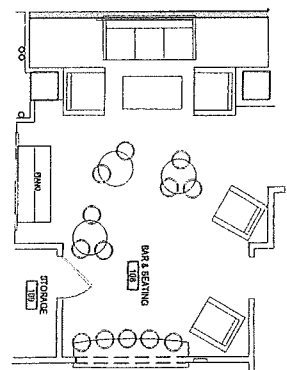
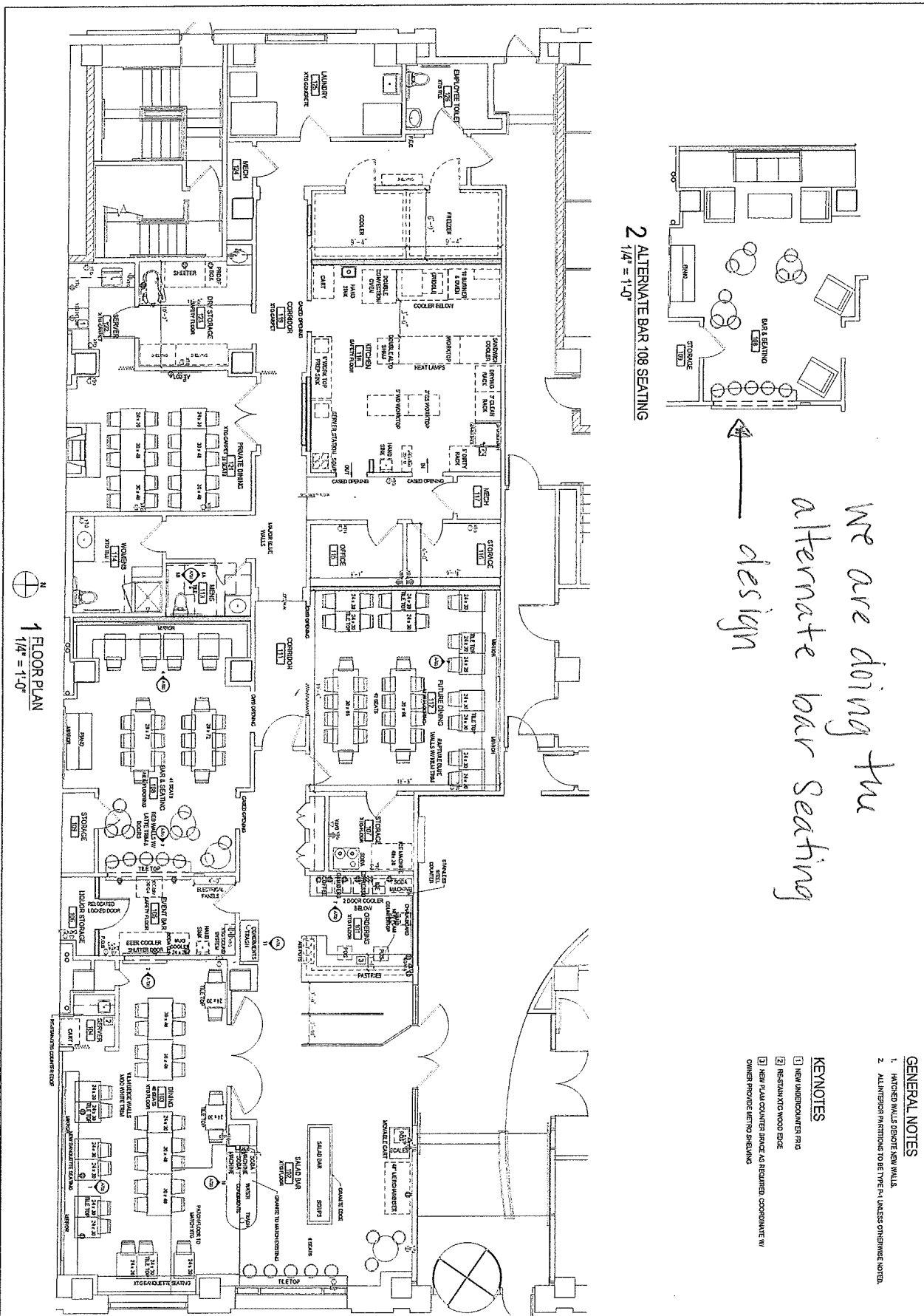
I,  \_\_\_\_\_

certify that the above named person  
successfully completed an approved  
Learn2Serve Seller/Server course.

COMPLIES WITH WISCONSIN STATUTES 125.04, 125.17, 134.66

Corporate Headquarters

13801 N. Mopac, Suite 100  
Austin, Texas 78727  
P: 800-442-1149



*We are doing the alternate bar seating design*

**GENERAL NOTES**

1. PARTIED WALLS DENOTE NEW WALLS.
2. ALL INTERIOR PARTITIONS TO BE TYPE PM-1 UNLESS OTHERWISE NOTED.

**KEYNOTES**

- 1 NEW UNDERCOUNTER FRIED
- 2 RESTAURANT WOOD EDGE
- 3 NEW PLAIN QUARTER SERVICE AS REQUIRED, COORDINATE W/ OWNER PROVIDE METRO SCHEDING

|            |                                  |
|------------|----------------------------------|
| ISSUANCES: |                                  |
| PROJECT:   | SUNPRINT CAFE DESIGN DEVELOPMENT |
| DATE:      | 05/13/12                         |
| REV:       |                                  |
| SHEET:     | A100                             |

**SUNPRINT CAFE  
DESIGN DEVELOPMENT**  
10 W. MIFFLIN ST  
MADISON, WI 53703

**DESTREE**  
architecture & design

222 West Washington Ave., Suite 310, Madison, WI 53703  
ph: 608.268.1499 fax: 608.268.1490 www.destreearchitects.com

## Henry Johnson Family LP

401 N. Carroll St. Madison, WI. 53703 P. 608-285-8090 F. 608-285-8085

November 14, 2012

RE: Lease Agreement For 10 West Mifflin Street, Suite 110 (a portion of condominium unit 100), Madison, WI 53703

To Whom It May Concern:

Please be advised that we, as owner of the above-referenced property, have entered into a lease agreement with Susan M. Hendrix, Jason L. Hendrix and The Sunbun Project, Inc. (Tenant).

We have no objection to and we support our Tenant's application for a liquor license.

Feel free to contact me if you have any questions.

Sincerely,



Bradley C. Mullins  
608-257-0681

Sunprint Café at 10 W. Mifflin Street

### Business Plan

We are currently a counter service café serving breakfast and lunch to a primarily business/political clientele typically aged 25 to 70. We will begin with having table runners during the weekday breakfast and lunch service to our same clientele. Our weekend and dinner service will have full tableside service to a similar clientele attending Overture Center events, UW events and downtown events (such as the outdoor farmer's market and the film festival).

## Sample Menu for Sunprint Café at 10 W. Mifflin St.

### Breakfast (Monday-Friday 7am-11am) (Saturday 7am-2pm)

Omelets: Mary's, Denver, Trout, Florentine, Southwest and Veggie

Egg Combinations: 2 Eggs, Toast and Potatoes or 1 Egg and Toast or Potatoes

Egg Sandwich: Build your own, Deluxe, the Assembly or the Senate

Quiche of the Day

Waffles, Pancakes or French Toast

Speciality: Huevo Rancheros, Burrito, Fruit Plate, Steel Cut Oatmeal, Tofu Scrambles

### Lunch (Monday – Saturday 11am-2pm; when dinner service begins lunch will go until 5pm)

Specials: Cold Sandwich of the Day (everyday) and one of our rotating specials

Quiche of the Day

Two For Lunch

Sandwiches: Club, Fish Sandwich, Salmon Club, Vegan Club

Panini: Turkey Pesto, Ham and Apple, Chicken, Veggie with Goat Cheese

Wraps: Avocado Hummus, BLT Chicken, Roasted Veggie, Black and Blue

Salad: Santa Fe, Caesar, Portabella, Venetian

Hot Sandwiches: Bison Burger, Hereford Burger, Grilled Cheese

### Dinner (Starting on Friday and Saturday 5pm-9:30pm; will expand over time)

Appetizers: Chauterie Plate, Cheeseboard, Seasonal Vegetable Crudite

Starters: Soup du Jour, French Onion, Caesar Salad, Garden, Seasonal

Entrees: Possion en Papiollote, Quail, Poussin, Duck, Flank Steak, Vegetarian Pasta

Sandwiches: Salmon Club, Bison Cheeseburger, Vegan Club

Sides: Braised Greens, Bean Salads, Carrot Slaw, Seasonal Veggie, Hashbrowns, Baked Potato