

Class A: □Beer, □Liquor, □Cider

Liquor/Beer License **Application**

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

0-00151
1
632
(Police Sector) e Only

Clas	Ss B: X Beer, □Liquor, □ Class C Wine Iicensing@cityofmadison.com 608-266-4601
	Ection A – Applicant List the name of your \square Sole Proprietor, \square Partnership, \square Corporation/Nonprofit
Org	anization or 🛮 Limited Liability Company exactly as it appears on your State Seller's Permit. Mission BBQ East Madison, WI. LLC
2.	Trade Name (doing business as) Mission BBQ
 4. 	Address to be licensed 4702 East Towne Blvd., Madison, WI 53704 Mailing address 4702 East Towne Blvd., Madison, WI 53704
5.	Anticipated opening date _April 30, 2020
6.	Is the applicant an employee or agent of, or acting of behalf of anyone except the applicant named in question 1? \square No \square Yes (explain)
7.	Does another alcohol beverage licensee or wholesale permitee have interest in this

Section B—Premises

No ☑ Yes (explain)

Mission BBQ Kenosha, WI LLC; and Mission BBQ Brookfield WI, LLC

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 license.

Beer will be stored and sold within a 3,600 square foot space located at 4702 East Towne Blvd., Madison, WI 53704.

9.	Applicants for on-premises consumption only. Estimated capacity (patrons and employees				
	Indoor:102	Outdoor:			
10.	Describe existing parking and how parking lot is to be monitored.				
	See attached Exhibit for parking depiction. Parking lot will be monitored at open, cloud during course of business hours by staff on-site.				
11.	Was this premises	licensed for the sale of I	iquor or beer during the past licens	e year?	
	☑ No ☐ Yes, lie	cense issued to	(nam	e of licensee)	
This			rganizations, and Limited Liability C o to Section D.	ompanies	
12.	Name of liquor licer	nse agent <u>Jessica Malch</u>	or		
13.	City, state in which	agent resides Stoughton	on, Wisconsin		
14.	How long has the a	gent continuously reside	ed in the State of Wisconsin? $\frac{44 \text{ Ye}}{}$	ears	
15. Has the liquor license agent completed the responsible beverage server training					
	☐ No, but will com	nplete prior to ALRC mee	eting \square Yes, date completed 02	/17/2019	
16.	. State and date of registration of corporation, nonprofit organization, or LLC. Organized in State of Wisconsin 03/18/2019				
17.	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		
	Member	Kraus, William J.			
	Member	Newton, Stephen S.	Santa Rosa Beach, FL		
	Member	Kraus, Rosemarie	Sanibel, FL		
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. CT Corporation System				
19.	Is applicant a subsidiary of any other corporation or LLC?				
	☑ No ☐ Yes (ex	xplain)		,	
20.	member, or any main Wisconsin?	nnager hold any interest	tor, any stockholder, liquor agent, lin any other alcohol beverage licens for restaurants in Brookfield and k	ise or permit	

	tion D—Bus What type of □ Tavern	establishme	nt is contemp	olated? urant 🏻 Liq	uor Store 🏻 🛭] Grocery St	ore
	☐ Convenie	nce Store wit	hout gas pur	mps 🛮 Conv	enience Store	e with gas pu	mps
	☐ Other						
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 ☐ Yes						
23.	Hours of ope	ration: pleas	e enter openi	ng and closing	times in the	table below.	
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	11:30 - 8:00 a.m. p.m.	11:00 -9:00 a.m. p.m.	11:00 - 9:00 a.m. p.m.	11:00 - 9:00 a.m. p.m.	11:00 - 9:00 a.m. p.m.	11:00 - 10:00 a.m. p.m.	a.m. p.m.
	(Class B on	ly) Enter belo	ow any hours	when food ser	vice will not b	oe available, 	if applicable
	-	_	-	-	-	-	-
This (con 24. 25.	Section E—Consumption on Premises This section applies to Class B and Class C applicants only. Class A license applicants Consumption off premises) may skip to Section F. 24. Indicate any other product/service offered. None 25. 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: 3 % Alcohol 97 % Food 60 % Other If applicable, describe "Other": Do you have written records to document the percentages shown? No 97 Yes You may be required to submit documentation verifying the percentages indicated.						
26.	Do you plan	to nave live e	entertainmen	CP KAI NO LA	res—wilde k	illu:	
	If planned er dance floor,	ntertainment please also co	includes live omplete an E	music (except ntertainment L	solo acoustic icense.), a DJ, or a (designated
27.	regardless of	that liquor/b when license	eer license re was initially	enewal applicate σ granted. \Box	lo 🛛 Yes		
28.	. I understand that I am required to host an information session at least one week before the ALRC meeting. \square No \square Yes				ek before the		
29.		ntact the Ald		this location to sion. No	discuss my a	ipplication an	d to invite

30.	I agree to contact the Police Department District Captain for this location prior to the ALRC meeting. \square No \square Yes				
31.	I agree to contact the Deputy Clerk prior to the ALRC meeting. \square No \square 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. \Box No \boxtimes Yes				
34.	I understand we must file a Special Occupational Tax return (TTB form 5630.5) before beginning business. [phone 1-800-937-8864] $\ \square$ No $\ \square$ 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 \square Yes				
36.	Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?				
	☑ No ☐ Yes				
Sec	tion G—Information for Clerk's Office				
37.	This application is for the license period ending June 30, 20_20				
38.	State Seller's Permit 4 5 6 - 1 0 3 0 3 4 8 4 7 8 - 0 4				
39.	Federal Employer Identification Number <u>83-4612017</u>				
40.	. Who may we contact between 8 a.m. and 4:30 p.m. regarding this license?				
	Contact person Garry Beck				
	Business phone (443) 676-7037 Business e-mail address gbeck@mission-bbq.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 Mike Wittenwyler of Godfrey & Kahn, S.C.				
	Phone (608) 358-1800 E-mail mwittenw@gklaw.com				

must be accompanied by the following Iten		presed application			
Copy of State Seller's Permit (Not Business Tax Registration Certificate), Appointment of Agent (if Corp/LLC), Member background investigation forms, Articles of Incorporation (if Corp/LLC), Floor 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.	on will not be considered complete and will not be acc No exceptions are made.	cepted by the Clerk's			
been truthfully completed to the best of the	enalty provided by law, the applicant states that the e knowledge of the signer. Signer agrees to operate to lies conferred by the license(s), if granted, will not be emises during inspection will be deemed a refusal to s for revocation of this license.	the business according e assigned to another.			
Penalty for materially false application information on this application may be required to forfer.	rmation: Any person who knowingly provides materia eit not more than \$1,000.				
(Officer of Corporation/Member of LLC/Partner/					
(Cinesi of Corporation, Flances of 222), and any					
Clerk's Office checklist for complete	applications				
 □ 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			
☐ Orange sign ☐ Orange busines	Clerk's Office issued to the application: s card e in the City of Madison" brochure with contact	information			
	's Office Date license granted by Common Council Date license issued				