

Liquor/Beer License Application

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(Agenda	Item Numl	ber)	
		LEW SEE	
(Legistar	file numbe	er)	
Lla	1B-		
(License	number)		
2		403	3
(Alder Di	strict #)	(Police Se	ector)
***		Jse Only	

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

Class	s A: 🗌 Beer, 🖟 Liquor, 🖟 Cider 💢 Madison, WI 53703	Office doe e			
	S B: N Beer, ☐ Liquor, <u>licensing@cityofmadison.com</u> ☐ Class C Wine 608-266-4601				
4	tion A - Applicant List the name of your Sole Proprietor, Partnership, Corporation or Limited Liability Company exactly as it appears Permit Corporation Permit	oration/Nonprofit rs on your State Sell	er's		
2.	Trade Name (doing business as)	Surgers			
3.	Address to be licensed	idison, WIS	3 70 3		
4.	Mailing address 523 Algona St., Madison	JI 53704			
5.	Anticipated opening date 12011, 2022				
6.	Is the applicant an employee or agent of, or acting of behalf of a named in question 1?	anyone except the ap	plicant		
,	No 🛘 Yes (explain)		, t		
7.	Does another alcohol beverage licensee or wholesale permitee housiness? No □ Yes (explain)	ave interest in this			
Section B—Premises 8. 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					
	Alcohol beverages will be sold and st	ored on the	1st		
	Floor restaurant space at SO2 State	St., Madison, W	1 53703		
	No ontdoor space. No living quarters	. All one	M007		

9.	(patrons and employees)
	Indoor:Outdoor:
10	Describe existing parking and how parking lot is to be monitored.
	No parking is available.
11.	. Was this premises licensed for the sale of liquor or beer during the past license year?
	ONO Yes, license issued to 502 State St. LLC (name of licensee)
Se	ction C—Corporate Information DBA Koi Sushi
onl	s section applies to corporations, nonprofit organizations, and Limited Liability Companies y. Sole proprietorships and partnerships, skip to Section D.
12.	Name of liquor license agent
13.	Name of liquor license agent
	How long has the agent continuously resided in the State of Wisconsin?
15.	
	\square No, but will complete prior to ALRC meeting Yes, date completed $1-11-22$
16.	State and date of registration of corporation, nonprofit organization, or LLC. $WI - G-18-18$
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.
	Owner John McCune Madison, WI
	Tadison, WI
10	Don't de la constant
10.	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.
	John McCune
	Is applicant a subsidiary of any other corporation or LLC?
/	No 🛘 Yes (explain)
20.	Does the corporation, any officer, any director, any stockholder, liquor agent, LLC, any member, or any manager hold any interest in any other alcohol beverage license or permit in Wisconsin?
	No 🗆 Yes (explain)
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Section D—Business Plan 21. What type of establishment is contemplated? Tavern Nightclub Restaurant Liquor Store Grocery Store							
•	☐ Convenier				enience Store	with gas pu	mps
	☐ Other					-/	mont of
	2. 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						
23.	Hours of ope	ration: please					Saturday
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	
	10an - 10pm	100n-10pm	10an-10pm	10an-10pm	100m-10pm	10an-10pm	10an-10pm
	(Class B on	ly) Enter belo	ow any hours	when food ser	<u>vice will not b</u>	e avallable,	п аррпсаыс
	-	-	-	-	-	-	-
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. Verge burgers, Fries Sides 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: ———————————————————————————————————							
If planned entertainment includes live music (except solo acoustic), a DJ, or a designated dance floor, please also complete an Entertainment License. Section F—Required Contacts and Filings 27. I understand that liquor/beer license renewal applications are due April 15 of every year, regardless of when license was initially granted. □ No □ Yes							
28	regardless of the regardless o	of when licen id that I am r	required to he	ost an informat	ion session at	least one w	eek before the
29	T ho	ontact the Al	dernerson fo	r this location tession. ☐ No	O dyscuss illy	application a	and to invite

	30. I agree to contact the Police Department District Captain for this location prior to the ALRC meeting. No Very Yes
	31. I agree to contact the Deputy Clerk prior to the ALRC meeting. No Yes
	32. I agree to contact the neighborhood association representative prior to the ALRC meeting. \[\sum \text{No VZ Yes} \]
	33. I intend to operate under the alcohol license within 180 days of the Common Council granting this license. The license shall be considered surrendered if not issued within 180 days of being granted. No VZ 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]
į	36. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?
S	Section G—Information for Clerk's Office
	7. This application is for the license period ending June 30, 2022 .
3	8. State Seller's Permit 4 5 6 - 1 0 3 0 3 1 6 1 3 1 - 0 2
39	9. Federal Employer Identification Number 83-0921096
40	2. Who may we contact between 8 a.m. and 4:30 p.m. regarding this license? Contact person
	Business phone 608-535-0562 Business e-mail address Sookies veg @gmail.com Preferred language
	If needed, a qualified interpreter can be provided at no charge to you. Would you like an interpreter? 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)
	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
	Phone E-mail

	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:					
1	Copy of State Seller's Permit (Not Busine Member background investigation forms,	ss Tax Registration Certificate), Appointment of Ap				
	If required items are missing, the application will not be considered complete and will not be accepted by the Clerk's Office until all requirements are submitted. No exceptions are made. Read carefully before signing: Under penalty provided by law, the applicant states that the above information has according to the last of the knowledge of the signer. Signer agrees to operate the business according					
	to law, and that the rights and responsibilities Lack of access to any portion of licensed pre-	es conferred by the license(s), if granted, will not be mises during inspection will be deemed a refusal to p for revocation of this license.	assigned to another. permit inspection.			
	Penalty for materially false application inform on this application may be required to forfeit (Office) of Corporation/Member of LLC/Partner/So	1-23-25				
	Clerk's Office checklist for complete a	nnlications				
	☐ 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	Clerk's Office issued to the application:				
	To one to hydrocs card					
	☐ "Applying for a Liquor/Beer License in the City of Madison" proclide with contact information					
the multi-aption filed with Clerk's Office						
	Date of ALRC meeting Date license granted by Common Council					
	Date provisional issued Da	ate license issued				