

# Liquor/Beer License Application

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

[licensing@cityofmadison.com](mailto:licensing@cityofmadison.com)  
608-266-4601

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

(Agenda Item Number)

(Legistar file number)

UCLB-2022-00996 ~~00996~~

(License number)

12 503  
(Alder District #) (Police Sector)

Office Use Only

## Section 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.  
Hayes Place LLC
- Trade Name (doing business as) Hayes Place
- Address to be licensed 1145 N. Sherman Ave, Madison WI
- Mailing address 2005 Anvil lane, Madison WI 53716
- Anticipated opening date 12/01/22
- 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 permittee have interest in this business? ☒ No ☐ Yes (explain)  
\_\_\_\_\_

## Section 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 license.  
2500 sq ft space. Open floor concept.  
Alcohol will be sold at bar area and consumed  
onsite in event area. Alcohol will be stored  
behind bar and in locked office.

9. Applicants for on-premises consumption only. Estimated capacity (patrons and employees):

Indoor: 100 Outdoor: \_\_\_\_\_

10. Describe existing parking and how parking lot is to be monitored.

Uncovered, non-metered parking lot with an abundance of parking stalls

11. Was this premises licensed for the sale of liquor or beer during the past license year?

☒ No ☐ Yes, license issued to \_\_\_\_\_ (name of licensee)

### Section C—Corporate Information

This section applies to corporations, nonprofit organizations, and Limited Liability Companies only. Sole proprietorships and partnerships, skip to Section D.

12. Name of liquor license agent Connie Jones

13. City, state in which agent resides Madison WI

14. How long has the agent continuously resided in the State of Wisconsin? 37 years

15. Has the liquor license agent completed the responsible beverage server training course?

☐ No, but will complete prior to ALRC meeting ☒ Yes, date completed May 2021

16. State and date of registration of corporation, nonprofit organization, or LLC.

WI, May 2021

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
Manager	Connie Jones	Madison WI

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.

Connie Jones

19. 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) \_\_\_\_\_

30. I agree to contact the Police Department District Captain for this location prior to the ALRC meeting. ☐ No ☒ 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. ☐ No ☒ 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 ☒ 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] ☐ No ☒ Yes
36. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☒ No ☐ Yes

### Section G—Information for Clerk's Office

37. This application is for the license period ending June 30, 20 2.
38. State Seller's Permit 4 5 6 - 1 0 3 0 7 0 3 1 9 9 - 0 2
39. Federal Employer Identification Number 86-3685684
40. Who may we contact between 8 a.m. and 4:30 p.m. regarding this license?

Contact person Connie Jones

Business phone 608-295-1091 Business e-mail address Hayes Place events@gmail.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 \_\_\_\_\_

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:

- ☒ 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)

**Emailed**

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 been truthfully completed to the best of the knowledge of the signer. Signer agrees to operate the business according to law, and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. Lack of access to any portion of licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

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.

Connee Jones  
(Officer of Corporation/Member of LLC/Partner/Sole Proprietor)

9-15-22  
(Date)

Clerk's Office checklist for complete applications		
<input checked="" type="checkbox"/> WI Seller's Permit Certificate (matching articles of incorporation) <input checked="" type="checkbox"/> FEIN <input checked="" type="checkbox"/> Written description of premises	<input checked="" type="checkbox"/> Background investigation form(s) <input type="checkbox"/> Form for surrender of previous license <input checked="" type="checkbox"/> *Articles of Incorporation <input checked="" type="checkbox"/> *Appointment of Agent * Corporation/LLC only	<input checked="" type="checkbox"/> Floor Plans <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Business Plan <input checked="" type="checkbox"/> **Sample Menu ** Class B only
<b>Upon Application Submission, the Clerk's Office issued to the application:</b> <input type="checkbox"/> Orange sign <input type="checkbox"/> Orange business card <input type="checkbox"/> "Applying for a Liquor/Beer License in the City of Madison" brochure with contact information		
Date complete application filed with Clerk's Office _____ Date of ALRC meeting _____ Date license granted by Common Council _____ Date provisional issued _____ Date license issued _____		



# Liquor/Beer Agent

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](mailto:licensing@cityofmadison.com)  
608-266-4601

(Agenda Item Number) -if change-

(Legistar file number) -if change-

(License number)

(Alder District # and Name)

Office Use Only

- This application is for Liquor/Beer Agents for new alcohol licenses and for a change of Liquor/Beer Agent to an existing alcohol license.
  - If you are a **new** agent for a **new** license, there is no charge.
  - If this is a **change of agent**, there is a \$10.00 charge.
- Please include a **background check form** and copy of your **picture ID** with this application.
- Please include documentation that you have taken **Beverage Server Training** or have held an **Operator's License** within the last two years.

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

I, Connee Jones, officer/member for Hayes Place (Corp/LLC),  
doing business as Hayes Place, authorize and appoint Connee Jones  
Name  
as the liquor/beer agent for the premise located at 1145 N. Sherman Ave

*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.*

Connee Jones, 9/19/22  
Signature of corporate officer/member Date

## To be completed by appointed Liquor/Beer Agent

I, Connee Jones, appointed liquor/beer agent for Hayes Place (Corp/LLC),  
being first duly sworn, affirm that I have full authority and control of the premise described  
in this license, 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. The percent of the business I own is 100 %.

☒ I have included a copy of my photo ID and Beverage Server Training certificate/Operator's license.

*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.*

Connee Jones, 9/19/22  
Signature of corporate Agent Date

# Background Investigation Form

To be completed by all liquor license applicants (sole proprietors, members of a partnership, members of a limited liability company, or all officers, directors, or stockholders of the corporation).

Last Name <b>Jones</b>		First Name <b>Connee</b>				M.I. <b>D</b>		
Residence: Street Address <b>2005 Anvil lane</b>			City <b>Madison</b>		State <b>WI</b>	Zip <b>53716</b>		
Residence Phone <b>608-295-1091</b>	Birthdate <b>12-01-79</b>	Birth Place (City, State) <b>Chicago IL</b>	Race <b>B</b>	Sex <b>F</b>	Height <b>5'2</b>	Weight <b>135</b>	Hair <b>Bl</b>	Eyes <b>Br</b>
Driver's License Number (State & Number) <b>J520-1047-9941-05</b>		How long immediately prior to making this application have you continuously resided in the State of Wisconsin? <b>37 yrs</b>						
Have you completed Beverage Server Training? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No								
Date of Beverage Server Training completion <b>May 15, 2021</b> (must provide proof of completion to City Clerk)								
Other than the address above, places of residence for the past five years:			From:		To:			
			From:		To:			
			From:		To:			
Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any municipality? If yes, give law or ordinance violated, trial court, trial date and penalty imposed and/or date, description and status of charges pending. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any municipality? If yes, describe status of charges pending. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
Do you hold, or are you making application for, or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? If yes, identify name, location, and type of permit. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer license, brewery permit, or wholesale liquor permit in the State of Wisconsin? If yes, identify. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
List last two employers in chronological order.								
Employer's Name		Employer's Address			Employed From		To	
<b>QBE</b>		<b>One General Dr, Sun Prairie</b>			<b>10/04</b>		<b>Present</b>	

Please attach a copy of photo ID.

# Serving Alcohol

is proud to present this certificate to

**Connee Jones**

for successful completion of the online course

## Wisconsin Alcohol Seller/Server Course

PERSONS COMPLETING THIS COURSE HAVE AGREED TO EXECUTE THE FOLLOWING POLICIES TO THE BEST OF THEIR ABILITIES.

- \* CARD ANY PERSON 35 YEARS OF AGE OR YOUNGER
- \* OBSERVE AND REPORT ANY CUSTOMER SHOWING SIGNS OF POSSIBLE IMPAIRED BEHAVIOR TO MANAGEMENT
- \* RESPOND IMMEDIATELY TO ANY POSSIBLE PROBLEM SITUATION
- \* DETERMINE THE PEOPLE ENTERING THE PREMISES TO CONSUME ALCOHOL ARE OF LEGAL ALCOHOL DRINKING AGE AND RECORD THEM IF THERE IS ANY QUESTION ABOUT THEIR AGE
- \* ENSURE A PERSON MATCHES THEIR VALID LEGAL IDENTIFICATION

This is a Wisconsin Department of Revenue approved Responsible Beverage Server Training Course in compliance with Sec. 125.17 (6), 134.66 (2m), and 125.04 (5) (a) 5. Wis. Stats.



Verify online at  
[servingalcohol.com](http://servingalcohol.com)

Verification Code  
**daPKNWjB0D**

Date Issued  
**May 15th, 2021**

**VALID FOR 2 YEARS**

This is not a Wisconsin operators/bartenders license.

This certificate will be requested to obtain a Wisconsin operators/bartenders license from the Wisconsin city clerk's office in the municipality where you are working.

Find your city clerk's office here: <https://elections.wi.gov/clerks/directory>

Wisconsin Alcohol Seller/Server Course

Name: **Connee Jones**

Certification Date: **May 15th, 2021**

Certificate Code: **daPKNWjB0D**

Verify Online: **[servingalcohol.com](http://servingalcohol.com)**

125.17(6), 134.66 (2m), 125.04(5)(a)5 Wis. Stats.

**SERVING ALCOHOL INC**

**VALID FOR 2 YEARS**

Learn more about this wallet card at <http://servingalcohol.com/wallet-card>



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

**Contact Information:**

2135 RIMROCK RD PO BOX 8902  
MADISON, WI 53708-8902  
ph: 608-266-2776 fax: 608-327-0235  
email: DORBusinessTax@wisconsin.gov  
website: revenue.wi.gov

CONNIE JONES  
HAYES PLACE  
2005 ANVIL LN  
MADISON WI 53716-2453

Letter ID L0321691216



## Wisconsin Business Tax Registration Certificate

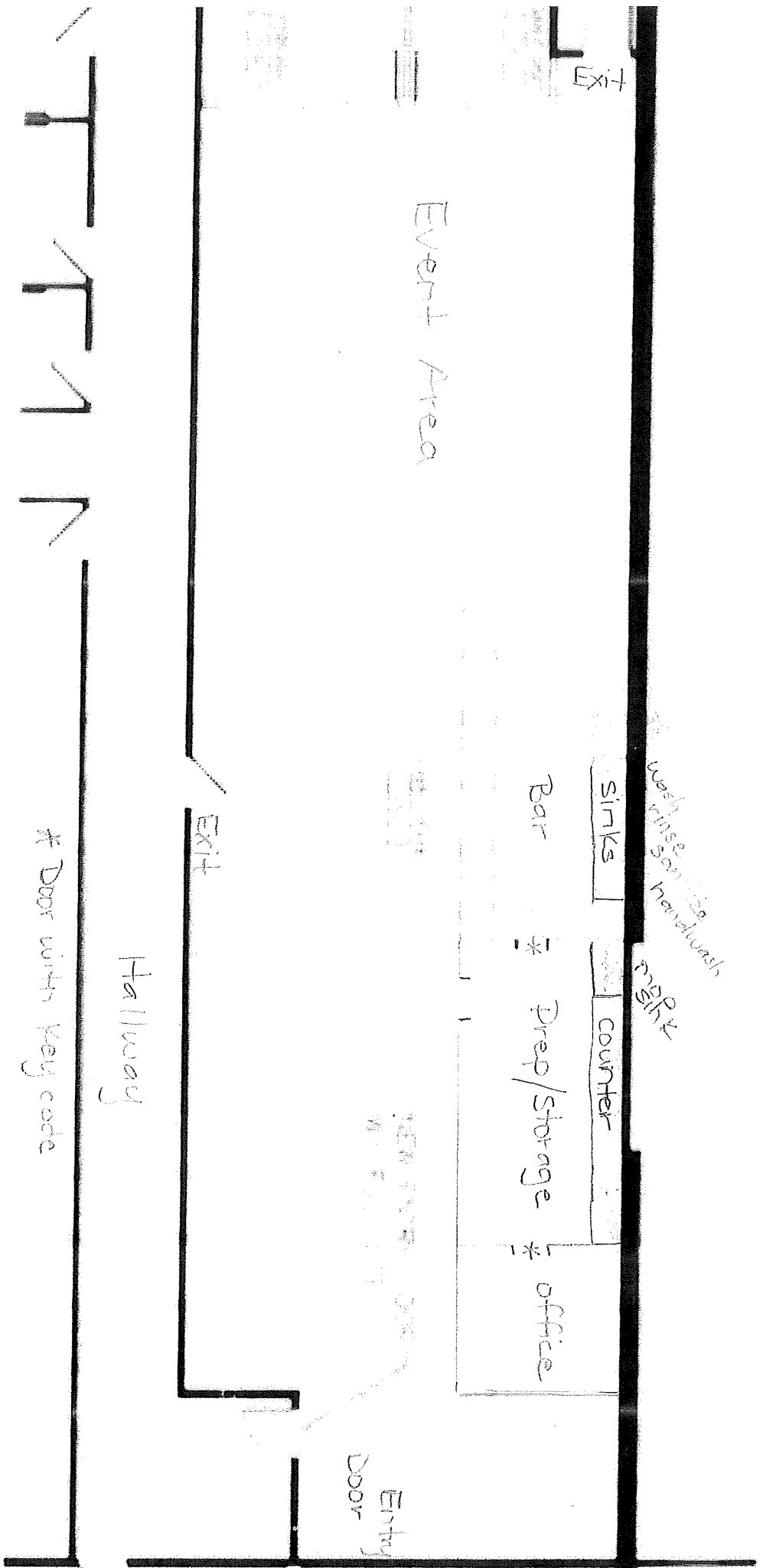
Expiration date: May 31, 2023

Legal/real name: HAYES PLACE

- This certificate confirms that you are registered with the Wisconsin Department of Revenue for the tax types shown below.
- This registration certificate is not a seller's permit, and should not be used as proof that you hold a seller's permit.
- You may not transfer this certificate to any other individual or business.

Tax Type	Account Type	Number
Sales & Use Tax	Sales & Use Tax	456-1030703199-02
Local Exposition Tax	Local Exposition Tax	014-1030703199-04



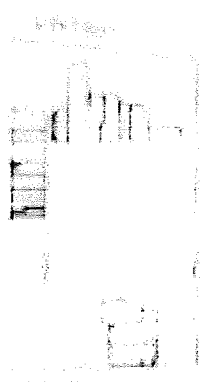


PROPOSED FLOOR PLAN

EVENT SPACE

1151 N SHERMAN AVENUE

2,732 Rentable SF



# Hayes Place

Business Plan

2022

## Executive Summary:

Hayes Place will offer a fun and relaxing place where people can be creative and enjoy the company of friends and family. Our concept is simple, we provide a venue where people will have the opportunity to be creative in a fun, safe and relaxing environment. Our guest will have the opportunity to create their own works of art in the form of a painting. We will work with local talented artist that will host instruction lead events as well as provide pre-drawn canvas for those that don't feel artistic.

### 1. Business Owner & Product/Service

#### Meet the Owner:

Connee Jones is an accountant by day & an entrepreneur by night. She has been an accountant for over 20 years. She is also the owner of Creative Design Jewelry & More where she creatives one of a kind handmade jewelry, gift boxes and other unique gifts. She loves to be creative and enjoys organizing events. Her inspiration for opening Hayes Place is giving people in the community a fun safe place to gather with friends and family while being creative.

#### What is the product or service?

Hayes Place will be a venue where people can enjoy an event where guest come and paint while enjoying a glass of wine and socializing with friends. The business will supply canvas and paints to each attendee. Guests will not have to be professional painters, options for all experience levels will be offered. Additionally, the business will host other events that support entrepreneurs including classes, workshops, private events including but not limited to, poetry and comedy shows, art shows and pop-up shops.

### 2. Mission Statement:

A place to relax, relate, and create. Our goal is to bring a fun, relaxing and enjoyable experience to our guest by providing a great place to come socialize while being creative. Hayes Place will provide opportunities for community engagement and a venue to encourage real life socialization and generate good will in the community.

### 3. Company Structure:

Hayes Place LLC is a registered limited liability company. The owner and manager is Connee Jones-Hayes. She will be helped by her husband, Dwight Hayes, who has over 10 years of managing experience. He will ensure that administrative and logistic operations run smoothly.

## Snacks available

Charcuterie board

Sandwiches

Veggie and Hummus/Dip

Pretzels/Chips

Fruit

Cookies & brownies

Private events will also have the option to have food catered.