| | | | | 11011R-2 | 012- |
|-----------|---|---|--|---|---------------|
| | | | om a mmi 104TION | MICHID 80 | 2965 |
| | | L BEVERAGE LICEN | SE APPLICATION | Applicant's Wisconsin Seller's Permit Number: 456-103.76 | 28-388-02 |
| | mit to municipal clerk. | | | Federal Employer Identification 45 - 51914 Number (FEIN): | 42 |
| For | the license period begin | ining June 30 | 20; | LICENSE REQUESTED | |
| | en | ding June 30 | 20 13 | TYPE FEE Class A beer \$ | |
| | | ☐ Town of 】 | 100'000) | 冈 Class B beer \$ | |
| TO | THE GOVERNING BOD | Y of the: Village of | UADISON2 | — Wholesale beer \$ | |
| | | City of | | | |
| Cou | inty of | Aldermanic Dist. N | o (if required by ordinand | Ce) Class A liquor \$ | |
| 1. | The named INDIVIDU | | LIMITED LIABILITY COMPANY | Reserve Class B liquor \$ Publication fee \$ | |
| | | RATION/NONPROFIT ORGANIZATION | | TOTAL FEE \$ | |
| 2 | • | the alcohol beverage license(s) che | | | ヺ |
| 2. | Name (Individual/partners giv | ve last name, jirst, middle; corporalic NMS MC | ns/limited liability companies give reg | LONONA LICE | ~ |
| | An "Auxiliary Questionnair partnership, and by each o | e," Form AT-103, must be comple | eted and attached to this application | on by each individual applicant, by each member, and by each member/manager and agent of a lin | of a nited |
| | liability company. List the n | name, title, and place of residence of | each person. | | |
| | President/Member | Title | Name HO | me Address Post Office & Zip Code | 152711 |
| | | | | | |
| | | | | | |
| | Treasurer/Member | | | • | |
| | Agent \ | Joseph Ngu | you. | | |
| _ | Directors/Managers | V NOODLEC | D!. | s Phone Number 608 221 2100 | |
| | Trade Name Address of Premises | | RIVE Post Off | ice & Zip Code \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | <u>.</u> |
| | | • | pany subject to completion of the resp | | |
| J. | | | | | No |
| 6. | Is the applicant an employe of | or agent of, or acting on behalf of any | one except the named applicant? | Yes | No |
| 7. | Does any other alcohol bever | rage retail licensee or wholesale per | mittee have any interest in or control | of this business? Yes 🔽 | No |
| 8. | (a) Corporate/limited liabili | ity company applicants only: Ins | sert state and d | late 5 2 12 of registration. | |
| | | | · · · · · · · · · · · · · · · · · · · | bility company? Yes | No |
| | | | gent or limited liability company, or a | ny member/manager or | No |
| | | | ery YES answer in sections 5, 6, 7 ar | | 140 |
| 9 | Premises description: Describ | he building or buildings where alcoho | ol beverages are to be sold and store | d. The applicant must include | |
| ٠. | all rooms including living qual | rters, if used, for the sales, service, | and/or storage of alcohol beverages | and records. (Alcohol beverages NND SERVED AT BAR | |
| | | | be stoned at DAR | - AND SERVED AT BAR | |
| 10. 11 | Legal description omit if street | et address is given above): | g the past license year? | ······································ | No |
| | (b) Tyes, bridge what hope | was license issued? | t | | |
| 12. | perore beginning business? | y wey must file a Special Occupation of 1-800-937-8864] | | | No |
| 13. | | | be applied for and issued in the same | | |
| 14. | Siction V, above? [phone (60 | 08) 25 6-2776] | eer or 30 days for liquor? | | No No |
| | 011 6.00 | <i>N</i> ., | | | edne |
| of the | signers digners agree to opera | te this business according to law and the | nat the rights and responsibilities confern | stions has been truthfully answered to the best of the knowled by the license(s), if granted, will not be assigned to and | ther. |
| | | | | of Limited Liability Companies must sign.) Any lack of acceded among and grounds for revocation of this license. | ss to |
| | SCRIBED AND SWORN TO E | • | 5 portate inopositions out of rollocal to a mile | n | |
| his | day of | (07) ,20° | 12 . 2 | ast | nononemaka |
| 5 | 10:000 H | 7 | | n/Member/Manager of Limited Liability Company/Partner/Individu | əl) · |
| _ | Mark Jak | VNotary Public) | (Officer of Corpo | eration/Member/Manager of Limited Liability Company/Pertner) | |
| Лу сс | ommission expires | -6-2015 | | | |
| .0.0 | F COMPLETED BY OLDBY | | (Additional Par | Iner(s)/Member/Manager of Limited Liability Company if Any) | |
| Date r | E COMPLETED BY CLERK : eceived and filed | Date reported to council/board | Date provisional license issued | Signature of Clerk / Deputy Clerk | . |
| | unicipal clerk 11 13 12 cense granted | Date license issued | License number issued | | |
| | • | 1 | , | | 1 |

City of Madison Supplemental Class B License Application /Seller's Permit Number Floor Plans Written Description of Premise Written ■ Background Investigation Form(s) Lease Notarized Original Application Form ☐ Notarized Transfer of Ownership ☐ Sample Menu * *Articles of Incorporation Business Plan Business ■ Blan □ Notarized Supplemental Form ☐ Orange Sign (Clerk's Office provides *Notarized Appointment of Agent at time of application) Corporation/LLC only 1. Name of Applicant/Partner/Corporation/LLC KIMS MODILS OF MUNONA LCC 2. Address of Licensed Premise 4004 MDADONA DQ. #A 3. Telephone Number: (OCS 20) - 2100 4. Anticipated opening date: 5. Mailing address if not opening immediately 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? \(\sigma\) Yes \(\sigma\) No 7. Are there any special conditions desired by the neighborhood? □ Yes □ No Explain. 8. Business Description, including hours of operation: A RESTONARION . open from HAW-9:00pg THESDAY-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. SEATTING OF 95, 2 SEATING AREA: BAR & DINOE, NOTCHERD 2500 sq. ft total: kitchen, bare, dine, RESTROOM, storage clast 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. A Share parking lot with gracery stone, monitored by cameras 13. Describe your management experience, staffing levels, duties and employee training. previously two businesses with assistant in managing & training,

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.

Jason Nguyen 2924 Forest Down Frehburg WI 53711.

| 15. | . Utilizing your market research, who would you project your target market to be | ? |
|-----|---|---|
| | for resteraint all ages ranging 21 t. | |
| 16. | What age range would you hope to attract to your establishment? | |
| 17. | . Describe how you plan to advertise/promote your business. What products will | |
| | newspaper pos & discount coupons - Advert | ise food. |
| 18. | . Are you operating under a lease or franchise agreement? Yes (attach a copy) |) □ No |
| 19. | . Owner of building where establishment is located: Luc Le | |
| Ad | Idress of Owner: 4004 Monona DR. Phone N | Number |
| 20. | Private organizations (clubs): Do your membership policies contain any require to give offense) discrimination in regard to race, creed, color, or national origin? | ement of "Invidious" (likely ☐ Yes "☐ No |
| | . List the Directors of your Corporation/LLC | l |
| | Name Address | |
| | Name Address | |
| | Name Address | |
| 22. | . List the Stockholders of your Corporation/LLC | 100% |
| | Name Name Address | % of Ownership |
| | Name Address | % of Ownership |
| | Name Address | % of Ownership |
| 23. | . What type of establishment are you? (Check all that apply) \[\subseteq \text{Tavern} \text{Night} \] | club CRestaurant |
| | ☐ Other Please Explain | |
| 24 | What type of food will you be serving, if any? <u>Vietromese</u> . □ Breakfast ☑ Lunch ☑ Dinner | |
| 25. | . Please submit a sample menu with your application, if possible. What might ever operational menu when you open? ✓ Appetizers ☐ Salads ☑ Soups ☐ Desserts ☐ Pizza ☐ Full Dinners | |
| 26. | During what hours of your operation do you plan to serve food? 11 AW - O | I pri |

| 27. | What hours, if any, will food service not be available? AFTER 9:00pm |
|-----|--|
| 28. | Indicate any other product/service offered. |
| 29. | Will your establishment have a kitchen manager? □ Yes □ No |
| 30. | Will you have a kitchen support staff? ✓ Yes □ No |
| | How many wait staff do you anticipate will be employed at your establishment? 341010 |
| 32. | Do you plan to have hosts or hostesses seating customers? ☐ Yes ☑No |
| | Do your plans call for a full-service bar? TYes \(\subseteq \ No\) If yes, how many bar stools do you anticipate having at your bar? \(\subseteq \ \subseteq \ \) How many bartenders do you anticipate you would have working at one time on a busy night? \(\subseteq \ \subseteq \subseteq \ \subseteq \su |
| 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? □ → 5 |
| 36. | What type of cooking equipment will you have? Stove □ Oven S Fryers □ Grill □ Microwave |
| 37. | Will you have a walk-in cooler and/or freezer dedicated solely to the storage of food products? ☐ Yes ⊟Ńo |
| 38. | What percentage of your overall payroll do you anticipate will be devoted to food operation salaries? |
| | If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? |
| | 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 Yo |
| | 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? 95-100
- 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 | 5 % |
|--|--------|
| Gross Receipts from Food and Non-Alcoholic Beverages | 10095% |
| Gross Receipts from Other | . % |
| Total Gross Receipts | 100% |

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 $\frac{1}{\sqrt{20}}$ day of $\frac{1}{\sqrt{20}}$, 20

(Clerk/Notary Public)

My commission expires_

(Office of Corporation/Member of LLC/Partner/Individual)



Wisconsin Department of Financial Institutions

Strengthening Wisconsin's Financial Future

| Course for: | | <u>Search</u> |
|-------------|-----------------|--------------------|
| Search for: | | Advanced Search |
| | | Name Availability |
| KIM NOODLE | Search Records | Manie Availability |
| INIVINOODEL | 000,0,,,,000,00 | |

Corporate Records

Result of lookup for K042514 (at 11/13/2012 3:33 PM)

KIMS NOODLES OF MONONA, LLC

You can: File an Annual Report - Request a Certificate of Status - File a Registered Agent/Office Update Form

Vital Statistics

Entity ID

K042514

Registered Effective Date 05/02/2012

Period of Existence

PER

Status

Organized Request a Certificate of Status

Status Date

05/02/2012

Entity Type

Domestic Limited Liability Company

Annual Report Requirements

Limited Liability Companies are required to file an Annual Report under s. 183.0120, WI Statutes.

Addresses

Registered Agent

Office

JASON NGUYEN 2924 FOREST DOWN FITCHBURG , WI 53711

File a Registered Agent/Office Update Form

Principal Office

Historical Information

Annual Reports

None

Certificates of Newly-elected Officers/Directors None

Old Names

None

Chronology

| Effective Date | Transaction | Filed Date | Description |
|----------------|-------------|------------|-------------|
| 05/02/2012 | Organized | 05/02/2012 | E-Form |

Order a Document Copy

Appointment of New Liquor/Beer Agent

| To be completed by Corporate Officer or Member of LLC | |
|--|---|
| I, Jason Nguyen, officer/member for Kims Woodles of Monora, LL | C |
| (Corporation/LLC), doing business as, authorize and appoint | |
| Name) as the liquor/beer agent for the premise | |
| located at 4604 Monong De. | |
| Subscribed and sworn to before me this Signature of Officer/Member Signature of Officer/Member Notary Public, Dane County, Wisconsin My Commission Expires 5/15/2016 | |
| | |
| To be completed by appointed Liquor/Beer Agent | |
| I, Jason Nguyen , appointed liquor/beer agent for Kim s Nochles, of Monom (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%. | |
| | |
| Subscribed and sworn to before me this Signature of Agent | |
| Day of 107) , 20/2 | |
| Notacy Public, Dane County, Wisconsin | |
| My Commission Expires 9-6-208 | |

side of this form.

The appointed Liquor/Beer Agent must con-

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KHAI VĮ - APPBRIIZIBRS

| | 19. | 18. | 17. | 16. | 15. | 14. | 13. | 12. | | 11. | | | 10. | 9. | æ | 7. | | • | Çı | , | Ģ | įO | • |
|---------------------------|--|------|------------------------------------|--------|------|------|--------|--|---|-----|------------------------|---------------|----------------------------|-------------|---------------------|---|---------------|----|--|-------|-------------|---------------|--------------------------|
| with combination seafood. | Noodle soup with chicken Phổ đỗ biến7.95 8.95 | soup | soup with beet meat ball. bo viên | ices b | 7.25 | 7.25 | h rare | Phổ tái7.50 8.50 Slices rare beef noodle soup. | u, Gân, Sách, Chín noodle beef soup consisting if, well done flank, fat briske bible trip. | € | PHỞ - RICE NOODLE SOUP | oaste on skew | Nem nướng (3) 7.95 | Súp rau cải | Mi hoành thánh 4.95 | Gåi tôm 5.95 Shrimp salad | Chicken salad | ed | Lemongrass grilled beef Calamari (Muc chiên giòn) | gnuea | Gà nướng sả | Gỗi cuốn 4.50 | Chả giò\$4.50 Eggroll |

E

| kew . | Gilled pork paste on skew | |
|------------|---|--------|
| 7.95 | Nem nướng (3) | \sim |
| 4.50 | Súp rau cải | |
| 4.95 | Mì hoành thánh | |
| 5.95 | Chicken salad Gồi tôm | |
| 5.95 | Goi gà | |
| giòn) 7.95 | Calamari (Mực chiên giòn). | |
| uchen 6.95 | Lemongrass grilled chichen Bò nướng sả I amongrass grilled though | |
| 5.99 | Spring rolls Gà nướng sả | |
| 4.50 | Gôi cuốn | |
| \$4.50 | Chả giò | |

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| జ | 32. | 31. | 30. | 29. | 28. | 27. | 26. | | 25. | | 24. | 23. | 22. | 20. 21. | |
|--------------|------------------------------------|--|--|--|---|---|-----|---------------------------|---|-----------------|--|---|--|--|--|
| Bún gà nướng | grilled shrimp. Bún chả giò | Rice noodle, served with grilled Rice noodle, served with grilled | Beet marinated with lemongrass stir-fried, served with rice noodle. Bún nem nưỡng | Rice noodle, served with grilled meat and grilled shrimp. Bún bò xào så | Rice noodle, served with grilled meat and egg roll. Bún thịt tôm nướng | Rice noodle, served with grilled meat Bún thịt chả giò | ing | BÚN - VIERMICELLI NOODLES | Hủ tiếu / Mì bò viên7.25 8.25 Flat noodle / Egg noodle soup with beef meat ball. | Egg noodle soup | Flat noodle / Egg noodle soup with chicken. Hů tiếu / Mì tôm7.50 8.50 | Flat noodle / Wonton and egg noodle soup with BBQ pork. Hů tiếu / Mì gầ7.25 8.25 | Flat rice noodle soup with seafood. Hủ tiếu / Mì hoành thánh xá xíu 7.95 8.95 | Hủ tiếu / Mì đặc biệt\$7.95 \$8.95 Flat rice noodle soup with grounded pork, shrimp and other Hủ tiếu / Mì đồ biển7.95 8.95 | |

COM - RICE DISHES

| steamed rice. | |
|---|-----|
| Grilled marinated beef, served with | |
| Cơm gà nướng sả 8.50 | 41. |
| Grilled beef, served with steamed rice. | |
| Cơm bò nướng 8.95 | 40. |
| served with steamed rice. | |
| Grilled pork chop, grilled pork paste, | |
| Cơm sườn nem nướng 9.50 | 39. |
| egg pie, served over steamed rice. | |
| Grilled pork chop, shredded pork and | |
| Cơm sườn bì chấ 8.95 | 38. |
| Grilled spare rib, served with steamed rice | |
| Cơm sườn nướng 8.50 | 37. |
| Grilled pork, served with steamed rice | |
| Com thit nướng 8.50 | 36. |
| Grilled shrimp, served with steamed rice. | |
| Cơm tôm nướng 8.95 | 35. |
| shredded pork & egg pie. | |
| chop, shrimp, grilled pork pasted, | |
| Special rice dish with combination of pork | |
| Com đạc biệt \$12.95 | 34. |

COM CHIIBN - IRRIDI RIQID

| 42. | Cơm chiên đặc biệt \$12.95 |
|-----|----------------------------|
| | Combination fried rice. |
| 43. | Cơm chiến tôm 8.50 |
| | Shrimp fried rice |
| 44. | Cơm chiên bò 8.25 |
| | Beef fried rice |
| 45. | Com chiên gà 8.25 |
| | Chicken fried rice |
| 46. | Cơm chiên xá xíu 8.25 |
| | BBQ fried rice |
| 47. | Cơm chiên rau cải 8.25 |

KIM'S NOODLE

BBQ fried rice

4604 Momona Dr. Madison, WI 53711 608-221-2100 Vietnamese Cuisine

ĐÔ XÀO - STIR FRY

| 48. | Mì xào mêm/giòn đặc biệt \$9.95 |
|-----|--|
| | Egg noodle stir-fried or crispy special |
| 49. | Mi xâo mêm/giôn (tôm)\$9.25 |
| | Egg noodle stir-fried or crispy with shrimp |
| 20. | Mì xào mềm/giòn (gà) 8.95 |
| | Egg noodle stir-fried or crispy with chicken |
| 51. | Mì xào mềm/giòn (đồ biển) 9.95 |
| | Egg noodle stir-fried or crispy with seafood |
| 52. | Mì xào mềm/giòn (bò) |
| | Egg noodle stir-fried or crispy with beef |
| 53. | Áp chảo đặc biệt9.95 |
| | o of meat |
| 54. | Áp chảo tôm9.25 |
| | Shrimp sizzling |
| 55. | Áp chảo gà8.95 |
| | Chicken sizzling |

MÓN ĐẶC BIỆT-HOUSE SPECIAL

| - i | Cơm bò lúc lắc \$12.95 |
|----------------|--|
| | Diced beef stir-fried to perfection on |
| | steamed rice |
| | Cá hồi sốt cà14.95 |
| | Salmon in a special Vietnamese tomato sauce. |
| ಣ | Cà ry gà 8.50 |
| | Curry chicken |
| 4. | Bún bò Huế 8.75 |
| | |
| ŗ. | Vịt xào nấm đông cô hành gừng 12.95 |
| | Duck stir-fried with black mushroom, |
| | onion & ginger. |



GIÁI KHÁT - BEVERACES

Nước dưa 3.50 Coconut drink

Sinh tố dâu 4.75 Sinh tố bơ...... 4.75 Avocado smoothie drink

Chanh muối.....3.75 Strawberry smoothie drink Salted lemon drink

Soda sữa hột gà 4.75 Olub soda with condensed milk and egg yoke

Soda chanh đường 3.50 Club soda with lime and sugar

Nước đá chanh......2.50 Fresh lemonade

10.

Áp chảo đồ biển...... 9.95

Seafood sizzling

56.

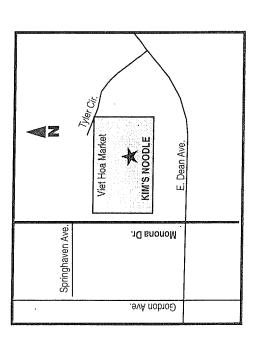
Beef sizzling

55.

rà nóng......2.00 lrà Thái 3.50 Thai iced tea Fot tea 11. 12.

Nước ngọt 1.75 Soft drink: Sprite, Coke, Root Beer, Pepsi. 13.

THANK YOU FOR CHOOSING KIM'S NOODLE

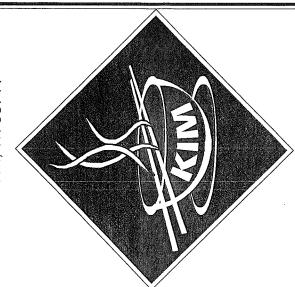


Grand Opening

DINE-IN & CARRY-OUT Vietnamese (

4604 Momona Dr.

Madison, WI 53711



Tue - Thur: 11am - 9pm Fri - Sun: 10am - 9pm 608-227-2110**BUSINESS HOURS:**

for Minimum Order of \$15 WAS SO ACCEPTED No Check Please

Vo's Graphics 773.275.5463