| ORIGINAL ALCOHOL BEVERAGE RETAIL | LICENSE APPLICATIO | | 16377528-03 | | | |
|---|--|--|--|--|--|--|
| Submit to municipal clerk. | Federal Employer Identification Number (FEIN): | 325638 | | | | |
| For the license period beginning 20; | | LICENSE REQUESTED | LICENSE REQUESTED | | | |
| ending | 20 | TYPE | FEE | | | |
| Town of - | | ✓ Class A beer | \$ | | | |
| ☐ Town of TO THE GOVERNING BODY of the: ☐ Village of } | A 1. | Class B beer | \$ | | | |
| TO THE GOVERNING BODY of the: ☐ Village of } | Tadison | ─ Class C wine | \$ | | | |
| City of | • | Class A liquor | \$ | | | |
| County of Dave Aldermanic Dist. N | o. (if required by ordinance | e) Class B liquor | \$ | | | |
| | | Reserve Class B liquor | \$ | | | |
| I. Holland | LIMITED LIABILITY COMPANY | Publication fee | \$ | | | |
| CORPORATION/NONPROFIT ORGANIZATION | | TOTAL FEE | \$ | | | |
| hereby makes application for the alcohol beverage license(s) checked above. | | | | | | |
| 2. Name (individual/partners give last name, first, middle; corporation Hy-Vee, Inc. | | | <u> </u> | | | |
| An "Auxiliary Questionnaire." Form AT-103, must be complete | ted and attached to this applicatio | n by each individual applicant, by | each member of a | | | |
| partnership, and by each officer, director and agent of a corpliability company. List the name, title, and place of residence of | each person. | | agent of a limited | | | |
| President/Member CEO/President Randall | B. Edeker | , i | iso a Lip obdo | | | |
| Vice President/Members variables VP. Forders Regions | Thomas E. Watson | | | | | |
| Vice President/Member Executive VP, Eastern Pegion. Secretary/Member Executive VP Secretary 5te | plan P. Mever | manush | ر <u>۔۔</u> پسوبر | | | |
| Treasurer/Member Senior UP, CFO, Treasurer Mic | hael D. SKoKan | • | | | | |
| Agent Nobert Budd | | | | | | |
| Directors/Managers | J | | | | | |
| 2 Trada Nama & H. callage Wantigon # 2 | Business | Phone Number <u>608-277-</u> | 6735 | | | |
| 4. Address of Premises > 675 S. whitney Way 1 | Madison WI Post Office | ce & Zip Code 🕨 | | | | |
| 5. Is individual, partners or agent of corporation/limited liability comp | pany subject to completion of the resp | oonsible beverage server | | | | |
| training course for this license period? | , | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Yes No | | | |
| training course for this license period? 6. Is the applicant an employe or agent of, or acting on behalf of any | one except the named applicant? | 1.7 | Yes No | | | |
| 7. Does any other alcohol beverage retail licensee or wholesale peri | mittee have any interest in or control | of this business?L | Yes No | | | |
| 8. (a) Corporate/limited liability company applicants only: Inse | ert state Lowa and da | ite 1/3/1938 of registration. | | | | |
| (b) Is applicant corporation/limited liability company a subsidiary | of any other corporation or limited lia | bility company?L | Yes No | | | |
| (c) Does the corporation, or any officer, director, stockholder or a | gent or limited liability company, or a | ny member/manager or | | | | |
| agent hold any interest in any other alcohol beverage license | or permit in Wisconsin? | 10 100 | Yes No | | | |
| (NOTE: All applicants explain fully on reverse side of this form even | ery YES answer in sections 5, 6, 7 ar | na 8 above.) | | | | |
| 9. Premises description: Describe building or buildings where alcohol | ol beverages are to be sold and store | d. The applicant must include | | | | |
| all rooms including living quarters, if used, for the sales, service, a may be sold and stored only on the premises described.) | and/or storage or alcohol beverages a | and records. (Alcohol beverages | | | | |
| Legal description (omit if street address is given above): | THINCIES | | | | | |
| 11. (a) Was this premises licensed for the sale of liquor or beer during | g the past license year? | | Yes No | | | |
| (b) If yes, under what name was license issued? | 9 Faren , | | <u>. </u> | | | |
| Does the applicant understand they must file a Special Occupation before beginning business? [phone 1-800-937-8864] | nal Tax return (TTB form 5630.5) | | Yes No | | | |
| Does the applicant understand a Wisconsin Seller's Permit must be | pe applied for and issued in the same | name as that shown in | | | | |
| Section 2 above? [phone (608) 266-2776] | | | Yes No | | | |
| 4. Does the applicant understand that they must purchase alcohol be | everages only from Wisconsin wholes | salers, breweries and brewpubs? 🗜 | Yes 🎵 No | | | |
| READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the a dge of the signers. Signers agree to operate this business according to law nother. (Individual applicants and each member of a partnership applicant mu ccess to any portion of a licensed premises during inspection will be deemed a | pplicant states that each of the above qu and that the rights and responsibilities c st sign: corporate officer(s), members/ma | estions has been truthfully answered to the conferred by the license(s), if granted, with anagers of Limited Liability Companies m | he best of the knowl- Il not be assigned to ust sign.) Any lack of | | | |
| | | ASS'T, TREASURER | , FINANCIAL REPORTING | | | |
| SUBSCRIBED AND SWORN TO BEFORE ME nis 18 th day of February, 20 | 12 1/// | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | , | | | |
| nis 18th day of February , 20 | (Officer of Corporation/N | All Member/Manager of Limited Liability Compa | ny/Partner/Individual) | | | |
| | | Minneson | | | | |
| (ClerldNotary Public) | | ton/Member/Manager of Limited Liability Co | | | | |
| Ny commission expires | My Commission Expir | es er(s)/Member/Manager of Limited Liability Co | ompany if Any) | | | |
| | UCSIIS (Additional Panne | A CONTRACTION OF A PROPERTY OF A PRINCE OF CHADINEY OF | and the second s | | | |
| O BE COMPLETED BY CLERK | Date provisional license issued S | ignature of Clerk / Deputy Clerk | | | | |
| Date received and filed 21 21 Pale reported to council/board with municipal clerk | | · · · · · · · · · · · · · · · · · · · | | | | |
| Date license granted 1 Date license issued | License number issued | LICLIA - 2013-0119 | | | | |
| T.106 /R. 1.12\ | | | epartment of Revenue | | | |

409 204

AT-106 (R. 1-12)

6. Rob Budd is a Store Director for Hy-Vee, Inc. In which he is the agent Hy-Vee Restaurants 2, UC. Hy-Vee, Inc is the sole owner of Hy-Vee Restaurants 2, UC.

Question #9

Our total square footage for our grocery store and wine and spirits store together is 78,186 sq. feet. Our wine and spirits store is around 5,367 sq. feet. Customers can access the facility from the parking lot and the attached retail grocery store. Our back stock for the liquor store will be stored in the backroom of the grocery store due to the liquor store not having a storage area itself.

City of Madison Supplemental Class A License Application

| | Notarized Original Application Form | ☑ Description of Licensed Premise ☑ *Notarized Appointment of Agent ☑ Background Investigation Form(s) ☑ Notarized Transfer of Ownership ☑ *Articles of Incorporation | Floor Plans Lease - Hy - Vertuc Count Sample Menu - Not readed Business Plan * Corporation/LLC only | | | | |
|-----|---|--|---|--|--|--|--|
| 1. | Name of Applicant/Partner/Corporation | VLLC Hy-Vee, Inc. DBA No | -Vee Madison #2 | | | | |
| 2. | | | | | | | |
| 3. | . Telephone Number: 108 - 277 - 6735 4. Anticipated opening date: May 14", 2013 | | | | | | |
| 5. | Mailing address if not opening immedia | tely 5820 Westown PKury | W. Des Whines, IA 5026 | | | | |
| | Have you contacted the Alderperson, Pothe neighborhood association representation | lice Department District Captain, Alco | ohol Policy Coordinator, and | | | | |
| 7. | Are there any special conditions desired | by the neighborhood? □ Yes 💆 No | | | | | |
| | Explain. | | | | | | |
| 9. | What type of establishment is contempla ☐ Convenience Store – Gas Pumps ☐ Y ☐ Business Description: | es \(\text{No} \text{\tin}\text{\tex{\tex | ver Store & Restaurants a, LC upr Store & Restaurant | | | | |
| | size and all areas where alcohol beverage below shall not be expanded or change See Attached | | | | | | |
| | . Are any living quarters directly or indire Please note that alcohol may be sold and | d stored only on the licensed premise, | not in living quarters. | | | | |
| 12. | . Describe existing parking and how park | ing lot is to be monitored. See Ht | tached | | | | |
| 13. | | | | | | | |
| 14. | Identify the registered agent for your of process, notice or demand required or possible to the registered agent for your of the process, notice or demand required or possible to the registered agent for your of the process. Address | ermitted by law to be served on the co | rporation. | | | | |

| 15. Utilizing your market reserved. | earch, who would | you project your target mark | xet to be? |
|---|---|--|--|
| 16. Describe how you plan to | ** | your business. What produ | |
| 17. Are you operating under | a lease or franchise | e agreement? | n a copy) 💢 No |
| 18. Owner of building where | | | |
| Address of Owner: 580 We | stown PKwy, W | lest Des Moines, IA 50266 | Phone Number <u>515-267-2800</u> |
| | | bership policies contain any ace, creed, color, or nationa | requirement of "Invidious" (likely lorigin? ☐ Yes ※No |
| 20. List the Directors of your See Attached | Corporation/LLC | | |
| Name | Address | | |
| Name | Address | | |
| 21. List the Stockholders of y See HHarlad | effer | LC | |
| Name | Address | | % of Ownership |
| Name | Address | | % of Ownership |
| Name | Address | | % of Ownership |
| has been truthfully completed according to law and that the | to the best of the leights and responsit of access to any p | knowledge of the signer. Sindilities conferred by the lice portion of a licensed premise | e during inspection will be deemed a |
| Subscribed and Sworn to before | me: | 111/ | 7 |
| this 18 day of Februs (Clerk/Notary Public) | .ry , 20 <u>13</u> | | of LLC/Partner/Individual) JEFF PIERCE T. TREASURER, FINANCIAL REPORTING |
| My commission expires | 3/15 | JENNIE WOODS Commission Number 756690 My Commission Expires | |

Question #10

Our total square footage for our grocery store and wine and spirits store together is 78,186 sq. feet. Our wine and spirits store is around 5,367 sq. feet and it is for retail sale of alcoholic beverages for off-site consumption. Customers can access the facility from the parking lot and the attached retail grocery store. The attached F & E depicts shelving and cooler locations for the display and sale of merchandise, which may be reconfigured within the same footprint as customer patterns are analyzed.

Question #12

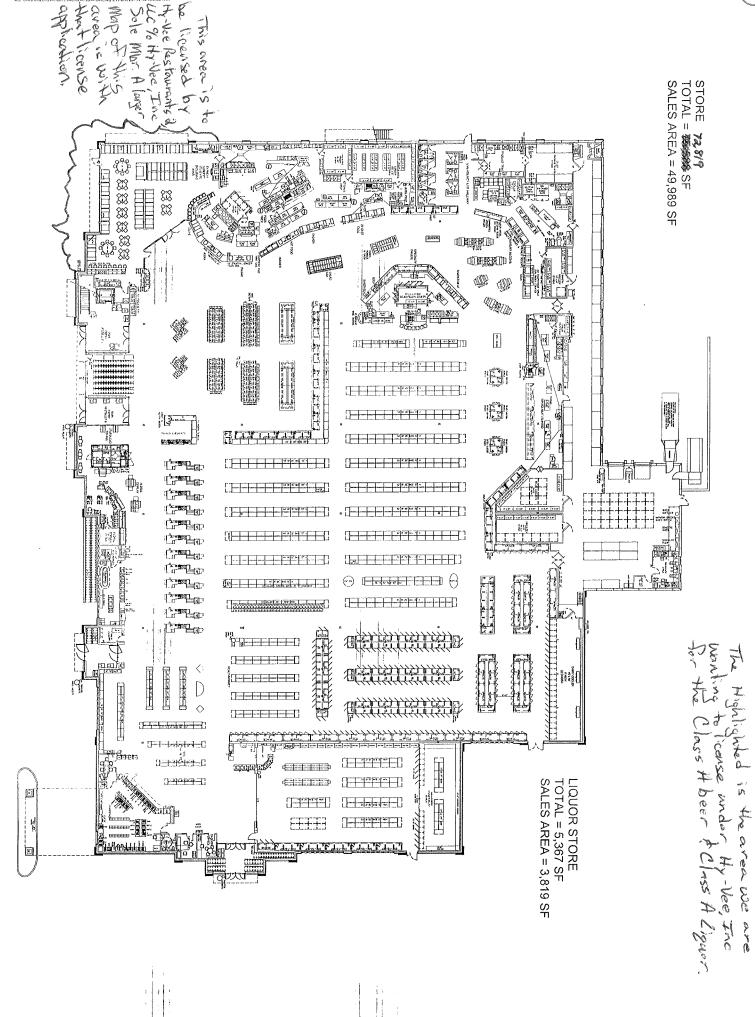
The parking lot is similar to other area retail grocery/wine and spirits facilities and is comprised of surface stalls in close proximity to the customer entrances and they have vehicular ingress/egress access to the adjacent public roadways. The parking lot design and circulation has been approved by the Urban Design Commission and the Plan Commission. The parking lot will be monitored by security cameras and store employees.

Question #13

The Ass't VP of the northeast district which is over the Madison area has over 15 years in retail. We will have a store director, 6 managers, and 8-10 assistant managers that will all be experienced with handling alcohol. Typically, there will always be 2 assistant managers on duty at all times. The store director and one of the managers is usually around as well. We have always had the We Card program, checker training, and our register system is set up to ask for id when alcohol is purchased.

Question #15

With South Whitney Way being one of the heaviest traveled corridors in Madison and because the facility has visibility from and multiple access points to South Whitney Way, the site will have a regional draw allowing it to serve customers throughout the southwest side of Madison and nearby communities.



Wine & Spirits Store 46'-0" WAREHOUSE SHELVING 12' of 25" BASE 12' of 25" BASE WALK-IN BEER COOLER 20' x 51' 10' HIGH 5' SLIDING GLASS DOOR 748245W1 748245W1 748245W1 748245W1 748245W1 748245W1 748245W1 748245W1 748245W1 뜐 된 24 of 25" BASE 60" HIGH 24 of 25" BASE 60" of 25" BASE 60" of 25" BASE 60" 24 24 748245W1 748245W1 748245W1 748245W1 748245W1 738245W H:\STORES\Madison 2\Madison 2 Dwgarch\MAD2-A0.0-FE.dwg, 2/19/2013 3:41:08 PM, Bluebeam PDF 뜐 BASE 60" 16 of 25" - SRVMC50 TRLE | 3RV2C30 ALA PUNA LOCKABLE CABS. ### CR ### CR #### PAY PHONE 5' CIGS. 5RVMC30

(E)