

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning June 1 20 13
ending June 30 20 13

TO THE GOVERNING BODY of the: ☐ Town of } MADISON
☐ Village of }
☒ City of }

County of DANE Aldermanic Dist. No. 6 (if required by ordinance)

1. The named ☐ INDIVIDUAL ☐ PARTNERSHIP ☐ LIMITED LIABILITY COMPANY
☒ CORPORATION/NONPROFIT ORGANIZATION

hereby makes application for the alcohol beverage license(s) checked above.

2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): Gilbert Altschul Corp.

An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the name, title, and place of residence of each person.

	Title	Name	Home Address	Post Office & Zip Code
President/Member		<u>Gilbert Altschul</u>	<u>211 N. Dickensen St</u>	<u>MADISON 53703</u>
Vice President/Member				
Secretary/Member		<u>Gilbert Altschul</u>	<u>See above</u>	
Treasurer/Member		<u>Gilbert Altschul</u>	<u>See above</u>	
Agent				
Directors/Managers		<u>Gilbert Altschul</u>		

3. Trade Name Corampas Pizzeria Business Phone Number 608-850-4908
4. Address of Premises 1374 Williamson St Post Office & Zip Code Madison 53703
5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? ☐ Yes ☒ No
6. Is the applicant an employee or agent of, or acting on behalf of anyone except the named applicant? ☐ Yes ☒ No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? ☐ Yes ☒ No
8. (a) Corporate/limited liability company applicants only: Insert state WI and date 1-31-13 of registration.
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? ☐ Yes ☒ No
(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? ☐ Yes ☒ No
(NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)
9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) First Floor + basement of 1374 Williamson St.
10. Legal description (omit if street address is given above):
11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? ☐ Yes ☒ No
(b) If yes, under what name was license issued?
12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864] ☒ Yes ☐ No
13. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in Section 2, above? [phone (608) 266-2776] ☒ Yes ☐ No
14. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree 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. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises 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 7 day of February, 20 13

David H. Mandell
(Clerk/Notary Public)

My commission expires permanent

Gilbert Altschul
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
<u>3/12/13</u>			
Date license granted	Date license issued	License number issued	

#29596

L10413-2013-00165

Applicant's Wisconsin Seller's Permit Number: <u>456 102124179-03</u>	
Federal Employer Identification Number (FEIN): <u>46-1978298</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$
<input checked="" type="checkbox"/> Wholesale beer	\$
<input checked="" type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$
TOTAL FEE	\$

City of Madison Supplemental Class B License Application

<input checked="" type="checkbox"/> Seller's Permit Number <input checked="" type="checkbox"/> Federal Employer Identification # <input checked="" type="checkbox"/> Notarized Original Application Form <input checked="" type="checkbox"/> Notarized Supplemental Form <input checked="" type="checkbox"/> Orange Sign (Clerk's Office provides at time of application)	<input checked="" type="checkbox"/> Written Description of Premise <input checked="" type="checkbox"/> Background Investigation Form(s) <input type="checkbox"/> Notarized Transfer of Ownership <input checked="" type="checkbox"/> *Articles of Incorporation <input checked="" type="checkbox"/> *Notarized Appointment of Agent * Corporation/LLC only	<input checked="" type="checkbox"/> Floor Plans <input checked="" type="checkbox"/> Lease <input checked="" type="checkbox"/> Sample Menu <input checked="" type="checkbox"/> Business Plan
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- Name of Applicant/Partner/Corporation/LLC Gilbert Altschul Corp
- Address of Licensed Premise 1374 Williamson St Madison
- Telephone Number: 608-852-4904
- Anticipated opening date: July 1, 2013
- Mailing address if not opening immediately 211 N. Dickinson St. Madison 53703
- 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? ☒ Yes ☐ No
- Are there any special conditions desired by the neighborhood? ☒ Yes ☒ No

Explain. _____

- Business Description, including hours of operation: Artisan pizzeria
12:00 noon - 2:00 a.m. 7 days a week

- Do you plan to have live entertainment? ☒ No ☐ Yes—What kind? _____

- 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.**

See Attached Addendum

The building is located at 1374 Williamson St, and is approximately 1600 sq ft. The space has projected seating for 40-50 people in the dining rooms and bar combined. All beer and wine will be stored either behind the bar or in a locked storeroom. Beer and wine will be sold both at the bar and to customers in the dining room.

- 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.

- Describe existing parking and how parking lot is to be monitored. No parking lot. On Street parking and possible permissive parking at neighboring businesses.

- Describe your management experience, staffing levels, duties and employee training.

See Attached Addendum

I have worked in the service industry for my entire career. The bulk of my experience has been in the kitchen, but I spent 4 years bartending in college, and have been the GM of Mickey's Tavern for the last 18 months. I have hired and trained employees.

- 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.

Gilbert Altschul 211 N. Dickinson St. Madison, WI 53703

Name

Address

For all departments of a restaurant, I am a certified beverage server and food handler. I feel confident and knowledgeable in all areas of restaurant operations.

15. Utilizing your market research, who would you project your target market to be?

Neighborhood and downtown residents.

16. What age range would you hope to attract to your establishment? 18 - 70

17. Describe how you plan to advertise/promote your business. What products will you be advertising?

Word of mouth, web site, facebook - Pizza - artisan style

18. Are you operating under a lease or franchise agreement? ☐ Yes (attach a copy) ☒ No

19. Owner of building where establishment is located: Benjamin Altschul

Address of Owner: 211 N. Dickinson St. Madison 53703 Phone Number 608-261-0961

20. 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? ☐ Yes ☐ No N.A.

21. List the Directors of your Corporation/LLC

<u>Gilbert Altschul</u>	<u>211 N. Dickinson St. Madison, WI 53703</u>
Name	Address

_____	_____
Name	Address

_____	_____
Name	Address

22. List the Stockholders of your Corporation/LLC

<u>Gilbert Altschul</u>	<u>see above</u>	_____
Name	Address	% of Ownership

_____	_____	_____
Name	Address	% of Ownership

_____	_____	_____
Name	Address	% of Ownership

23. What type of establishment are you? (Check all that apply) ☐ Tavern ☐ Nightclub ☒ Restaurant

☐ Other Please Explain. _____

24. What type of food will you be serving, if any? Artisan pizza

☐ Breakfast ☒ Lunch ☒ Dinner

25. Please submit a sample menu with your application, if possible. What might eventually be included on your operational menu when you open? ☒ Appetizers ☒ Salads ☒ Soups ☐ Sandwiches ☒ Entrees

☒ Desserts ☒ Pizza ☐ Full Dinners

26. During what hours of your operation do you plan to serve food? All open hour

42. What is your estimated capacity? 60

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	20 %
Gross Receipts from Food and Non-Alcoholic Beverages	80 %
Gross Receipts from Other	-0-%
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 6th day of Feb., 2013

David L. Mandell

(Clerk/Notary Public)

[Signature]

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

My commission expires is permanent

27. What hours, if any, will food service not be available? NONE
28. Indicate any other product/service offered. NONE
29. Will your establishment have a kitchen manager? ☐ Yes ☒ No
30. Will you have a kitchen support staff? ☒ Yes ☐ No
31. How many wait staff do you anticipate will be employed at your establishment? 10
During what hours do you anticipate they will be on duty? Varied throughout time open
32. Do you plan to have hosts or hostesses seating customers? ☒ Yes ☐ No
33. Do your plans call for a full-service bar? ☐ Yes ☒ No
If yes, how many bar stools do you anticipate having at your bar? _____
How many bartenders do you anticipate you would have working at one time on a busy night? _____
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? _____
36. What type of cooking equipment will you have? ☒ Stove ☒ Oven ☐ Fryers ☐ Grill ☐ Microwave
37. Will you have a walk-in cooler and/or freezer dedicated solely to the storage of food products? ☐ Yes ☒ No
38. What percentage of your overall payroll do you anticipate will be devoted to food operation salaries?
90 + 0%
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? N.A.
What percentage of your advertising budget do you anticipate will be drink related? N.A.
40. 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 ☒ No
41. Are you currently, or do you plan to become, a member of the Wisconsin Restaurant Association or the National Restaurant Association? ☐ Yes ☒ No
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