



Madison

City of Madison Liquor/Beer License Application

On-Premises Consumption: ☒ Class B Beer ☒ Class B Liquor ☒ Class C Wine
 Off-Premises Consumption: ☐ Class A Beer ☐ Class A Liquor

Section A – Applicant

- This application is for the license period ending June 30, 2014.
- 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.
BLACK OLIVE INC
- Trade Name (doing business as) BLACK OLIVE RESTAURANT
- Address to be licensed 751. N. High Point RD MADISON WI
- Mailing address 751. N. High Point. RD MADISON WI
- Anticipated opening date July. 15
- State Seller's Permit 456-1027760266-03
- Federal Employer Identification Number 46-2153274
- Is the applicant an employee or agent of, or acting of behalf of anyone except the applicant named in question 2?
☒ 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 records. Alcohol beverages may be sold and stored only on the premises as approved by Common Council and described on license.
THE building is 4100 SF, the alcohol Beverages will
be sold at the right side of the Building, and
stored at a new Liquor Room at the back.
And we will sold beverages at the ^{new} OUT
DOOR PATIO.
- ☒ Attach a floor plan, no larger than 8 1/2 by 14, showing the space described below.
- Applicants for on-premises consumption: list estimated capacity 125

#629595

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

The Parking will be share with the other
tenants

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

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

 16. ☐ Attach copy of lease.

Section C—Corporate Information

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

17. Name of liquor license agent THOMAS PARAS

18. City and state in which agent resides MIDDLETON WI

19. ☒ Appointment of agent form and background check form are attached.

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

☒ No, but will complete prior to ALRC meeting ☒ Yes, date completed _____

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

FEB-2-2012

22. 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
	THOMAS PARAS (PRESIDENT)	MIDDLETON, WI

23. 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.

THOMAS PARAS

24. Is applicant a subsidiary of any other corporation or LLC?

☒ No ☐ Yes (explain) _____

25. 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) _____

Section D—Business Plan

26. What type of establishment is contemplated?

☐ Tavern ☐ Nightclub ☒ Restaurant ☐ Liquor Store ☐ Grocery Store
☐ Convenience Store without gas pumps ☐ Convenience Store with gas pumps
☐ Other _____

27. Business description upscale casual, Modern Greek and
Italian Mediterranean cuisine

28. Hours of operation 11:00 Am. to 1:30 Am.

29. Describe your management experience OWN AND RUN BAR AND
RESTAURANTS FOR 40 years.

30. List names of managers below, along with city and state of residence.

THOMAS PARAS MIDDLETON WI

31. Describe staffing levels and staff duties at the proposed establishment Execd. CHEF for
the kitchen, BAR MANAGER, for BAR AND
DINING Room.

32. Describe your employee training we will have training program
for every position, qualified people will be
provided training materials and personal instruction

33. Utilizing your market research, describe your target market. The concept should
attract low, middle, high income diners, and to
adventurous, health-conscious diners,

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

Word of mouth, AND the used of internet.
Facebook, Twitter, Email

35. Are you operating under a lease or franchise agreement? ☒ No ☐ Yes
36. 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 ☐ Yes

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.

37. Do you plan to have live entertainment? ☐ No ☒ Yes—what kind? Piano
or 2-3 JAZZ BAND
38. What age range do you hope to attract to your establishment? 30 to 80
39. What type of food will you be serving, if any? Greek, ITALIAN, MEDITERRANEAN
☐ Breakfast ☒ Brunch ☒ Lunch ☒ Dinner
40. Submit a sample menu if applicable. What will be included on your operational menu?
☒ Appetizers ☒ Salads ☒ Soups ☒ Sandwiches ☒ Entrees ☒ Desserts
☒ Pizza ☒ Full Dinners
41. During what hours of operation do you plan to serve food? AT ALL TIMES
42. What hours, if any, will food service not be available? All Times
43. Indicate any other product/service offered. -
44. Will your establishment have a kitchen manager? ☐ No ☒ Yes
45. Will you have a kitchen support staff? ☐ No ☒ Yes
46. How many wait staff do you anticipate will be employed at your establishment? 10-15
 During what hours do you anticipate they will be on duty? 11:00 Am to 1:30 Am
47. Do you plan to have hosts or hostesses seating customers? ☐ No ☒ Yes
48. Do your plans call for a full-service bar? ☐ No ☒ Yes
 If yes, how many barstools do you anticipate having at your bar? 15
 How many bartenders do you anticipate having work at one time on a busy night? 2-3
49. Will there be a kitchen facility separate from the bar? ☐ No ☒ Yes

50. Will there be a separate and specific area for eating only?
☒ No ☐ Yes, capacity of that area 100
51. What type of cooking equipment will you have?
☒ Stove ☒ Oven ☒ Fryers ☒ Grill ☒ Microwave
52. Will you have a walk-in cooler and/or freezer dedicated solely to the storage of food products?
☐ No ☒ Yes
53. What percentage of payroll do you anticipate devoting to food operation salaries? 70%
54. If your business plan includes an advertising budget:
What percentage of your advertising budget do you anticipate will be related to food? 3%
What percentage of your advertising budget do you anticipate will be drink related? 1%
55. Are you currently, or do you plan to become, a member of the Madison—Dane County Tavern League or the Tavern League of Wisconsin? ☐ No ☒ Yes
56. Are you currently, or do you plan to become, a member of the Wisconsin Restaurant Association or the National Restaurant Association? ☐ No ☒ Yes
57. All restaurants and taverns serving alcohol must substantiate their gross receipts for food and alcohol beverage sales broken down by percentage. New establishments estimate percentages:
25 % Alcohol 70 % Food 5 % Other
58. Do you have written records to document the percentages shown? ☐ No ☒ Yes
You may be required to submit documentation verifying the percentages you've indicated.

Section F—Required Contacts and Filings

59. I understand that liquor/beer license renewal applications are due April 15 of every year, regardless of when license was initially granted. ☐ No ☒ Yes
60. I understand that I am required to host an information session at least one week before the ALRC meeting. ☐ No ☒ Yes
61. I agree to contact the Alderperson for this location to discuss my application and to invite the Alderperson to my information session. ☐ No ☒ Yes
62. I agree to contact the Police Department District Captain for this location prior to the ALRC meeting. ☐ No ☒ Yes
63. I agree to contact the Alcohol Policy Coordinator prior to the ALRC meeting. ☐ No ☒ Yes
64. I agree to contact the neighborhood association representative prior to the ALRC meeting. ☐ No ☒ Yes
65. I understand we must file a Special Occupational Tax return (TTB form 5630.5) before beginning business. [phone 1-800-937-8864] ☐ No ☒ Yes
66. I 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] ☐ No ☒ Yes
67. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?
☒ No ☐ Yes

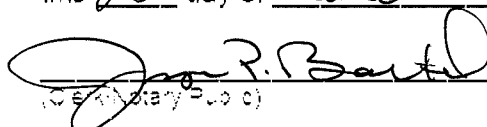
Section G—Contact Information for Clerk's Office

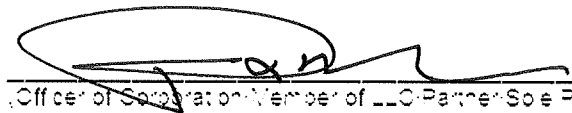
68. Who may we contact between 8 a.m. and 4:30 p.m. regarding this license?

Contact person THOMAS PARASE-mail address PARASTHOMAS@GMAIL.COMPhone 608-445-1240Preferred language for correspondence ENGLISH

Read carefully before signing in front of a notary: 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.

Subscribed and Sworn to before me:

this 25 day of March, 2013

 (Notary Public)


 (Officer of Corporation/Member of LLC/Partner/Sole Proprietor)
My commission expires permanentJoseph P. Bartol**Clerk's Office checklist for complete applications**

- | | | |
|---|--|---|
| Orange sign | <input checked="" type="checkbox"/> Background investigation form(s) | <input checked="" type="checkbox"/> Floor Plans |
| <input checked="" type="checkbox"/> W-9 Seller's Permit Certificate | <input checked="" type="checkbox"/> Form for surrender of previous license | <input checked="" type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Matching articles of incorporation) | *Articles of incorporation | <input checked="" type="checkbox"/> Sample Menu |
| <input checked="" type="checkbox"/> FEIN | *Notarized Appointment of Agent | |
| <input checked="" type="checkbox"/> Notarized application | * Corporation/LLC only | |
| <input checked="" type="checkbox"/> Written description of premises | | |

Date complete application filed with Clerk's Office 3/25/13

Date of ALRC meeting _____ Date license granted by Common Council _____

Date provisional issued _____ Date license issued _____ License number LICLIB-2013-00189



food concepts, inc.

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P: 608-831-2357
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NOT FOR CONSTRUCTION
CONCEPT ONLY
All dimensions must be field verified.

Consultants

Revisions
3/01 Drawing Created

Project

Owner

Owner

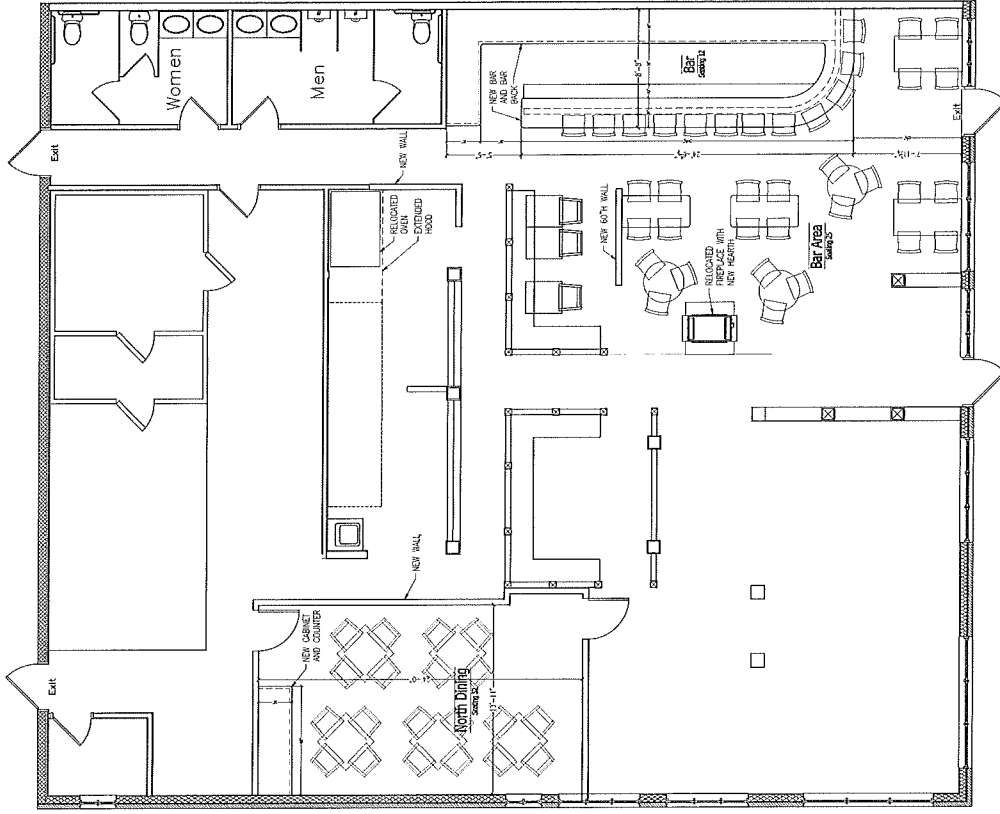
Date: 03.07.2013

250 No. 3314

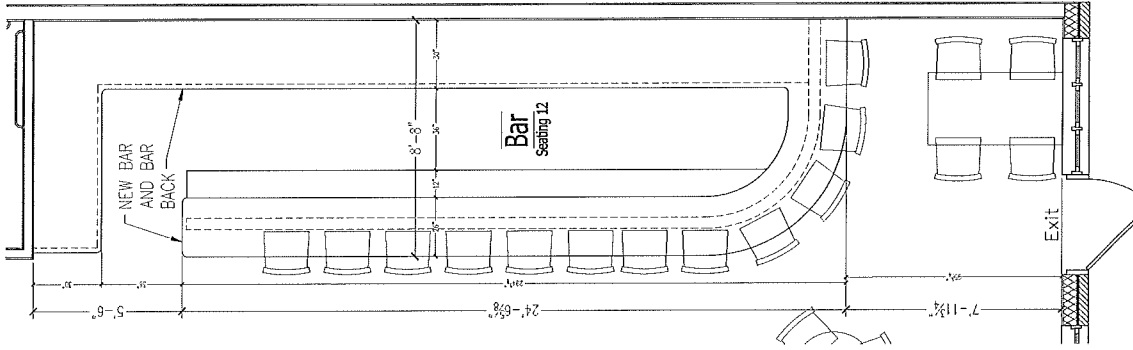
Drawing

A301
Layout/Cabinet Details

The set of all information related to the design of the building, including the layout, structure, and systems, is the responsibility of the architect. The architect is not responsible for the construction of the building.



Restaurant Layout
Scale: 1/4" = 1'-0"



Bar Area Plan Detail
Scale: 1/4" = 1'-0"