



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

1. This application is for the license period ending June 30, 20____.
2. 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.
Hy-Vee, Inc
3. Trade Name (doing business as) Hy-Vee Madison #2
4. Address to be licensed 675 S. Whitney Way, Madison, WI 53711
5. Mailing address 5820 Western Pkwy, West Des Moines, IA 50260
6. Anticipated opening date 5/14/2013
7. State Seller's Permit 4 5 6 - 1 0 2 6 3 7 7 5 2 8 - 0 3
8. Federal Employer Identification Number 42-0325638
9. Is the applicant an employee or agent of, or acting of behalf of anyone except the applicant named in question 2?
☒ No ☐ Yes (explain) _____
10. Does another alcohol beverage licensee or wholesale permittee have interest in this business?
☒ No ☐ Yes (explain) _____

Section B—Premises

11. 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.
See Attached
12. ☒ Attach a floor plan, no larger than 8 ½ by 14, showing the space described below.
13. Applicants for on-premises consumption: list estimated capacity 175

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

See Attached

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. Ny-Vee, Inc. owns it.

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 Robert Budd III

18. City and state in which agent resides _____ Sun Prairie, WI 53590

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 9/2009

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

Iowa - Jan. 3rd, 1938

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
<u>See Attached</u>		

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.

Robert Budd III

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) We have another store in Madison.

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 Retail Grocery chain
- _____
- _____
- _____

28. Hours of operation Sunday - Thursday 6am - 10pm Friday - Saturday 6am - 11pm

29. Describe your management experience See Attached
- _____
- _____

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

Carl Haidar - Middleton, WI

Pending on the other ones

31. Describe staffing levels and staff duties at the proposed establishment _____

See Attached

32. Describe your employee training See Attached
- _____
- _____

33. Utilizing your market research, describe your target market.

See Attached

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

See Attached

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? _____
38. What age range do you hope to attract to your establishment? Family style Restaurant - All Ages
39. What type of food will you be serving, if any? _____
☒ Breakfast ☒ Brunch ☒ Lunch ☒ Dinner
40. Submit a sample menu if applicable. What will be included on your operational menu? Is from an existing store here in Town.
☒ Appetizers ☒ Salads ☒ Soups ☒ Sandwiches ☒ Entrees ☒ Desserts
☒ Pizza ☒ Full Dinners
41. During what hours of operation do you plan to serve food? Sun-Thur 6am-10pm Fri-Sat 6am-11pm
42. What hours, if any, will food service not be available? Sun-Thur 10pm-6am Fri-Sat 11pm-6am
43. Indicate any other product/service offered. none
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? 20-30
During what hours do you anticipate they will be on duty? 6am-4pm - Morning crew
4pm-11pm - evening crew
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? 8 barstools
How many bartenders do you anticipate having work at one time on a busy night? 1 or 2
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 _____
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? \$12,000
54. If your business plan includes an advertising budget:
 What percentage of your advertising budget do you anticipate will be related to food? 5% or less
 What percentage of your advertising budget do you anticipate will be drink related? 5% or less
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 *store Director's choice*
56. Are you currently, or do you plan to become, a member of the Wisconsin Restaurant Association or the National Restaurant Association? ☒ No ☐ Yes *store Director's choice*
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:
15 % Alcohol 75 % Food 10 % 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 Jennie Woods

E-mail address JMWoods@Hy-Vee.com

Phone 515-267-2874

Preferred 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:

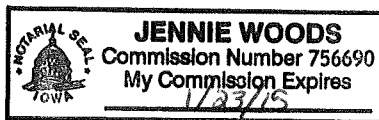
this 5th day of April, 20 13

[Signature]
(Clerk/Notary Public)

My commission expires 1/23/15

[Signature]
(Officer of Corporation/Member of LLC/Partner/Sole Proprietor)

JEFF PIERCE
ASS'T. TREASURER, FINANCIAL REPORTING



Clerk's Office checklist for complete applications

- ☐ Orange sign
- ☐ WI Seller's Permit Certificate (matching articles of incorporation)
- ☐ FEIN
- ☐ Notarized application
- ☐ Written description of premises

- ☐ Background investigation form(s)
- ☐ Form for surrender of previous license
- ☐ *Articles of Incorporation
- ☐ *Notarized Appointment of Agent
- * Corporation/LLC only

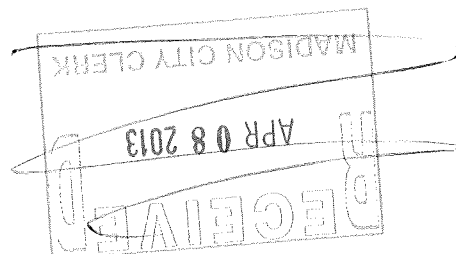
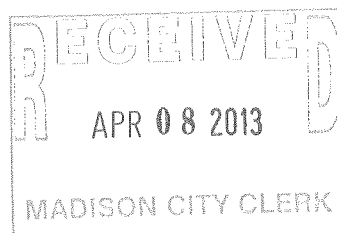
- ☐ Floor Plans
- ☐ Lease
- ☐ Sample Menu

Date complete application filed with Clerk's Office 4-8-13

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Date of ALRC meeting 4-24-13 Date license granted by Common Council _____

Date provisional issued _____ Date license issued _____ License number LCCLB-2013-00226



Question #11

Our total square footage for our grocery store and wine and spirits store together is 80,955 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. The attached sketch's 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 #14

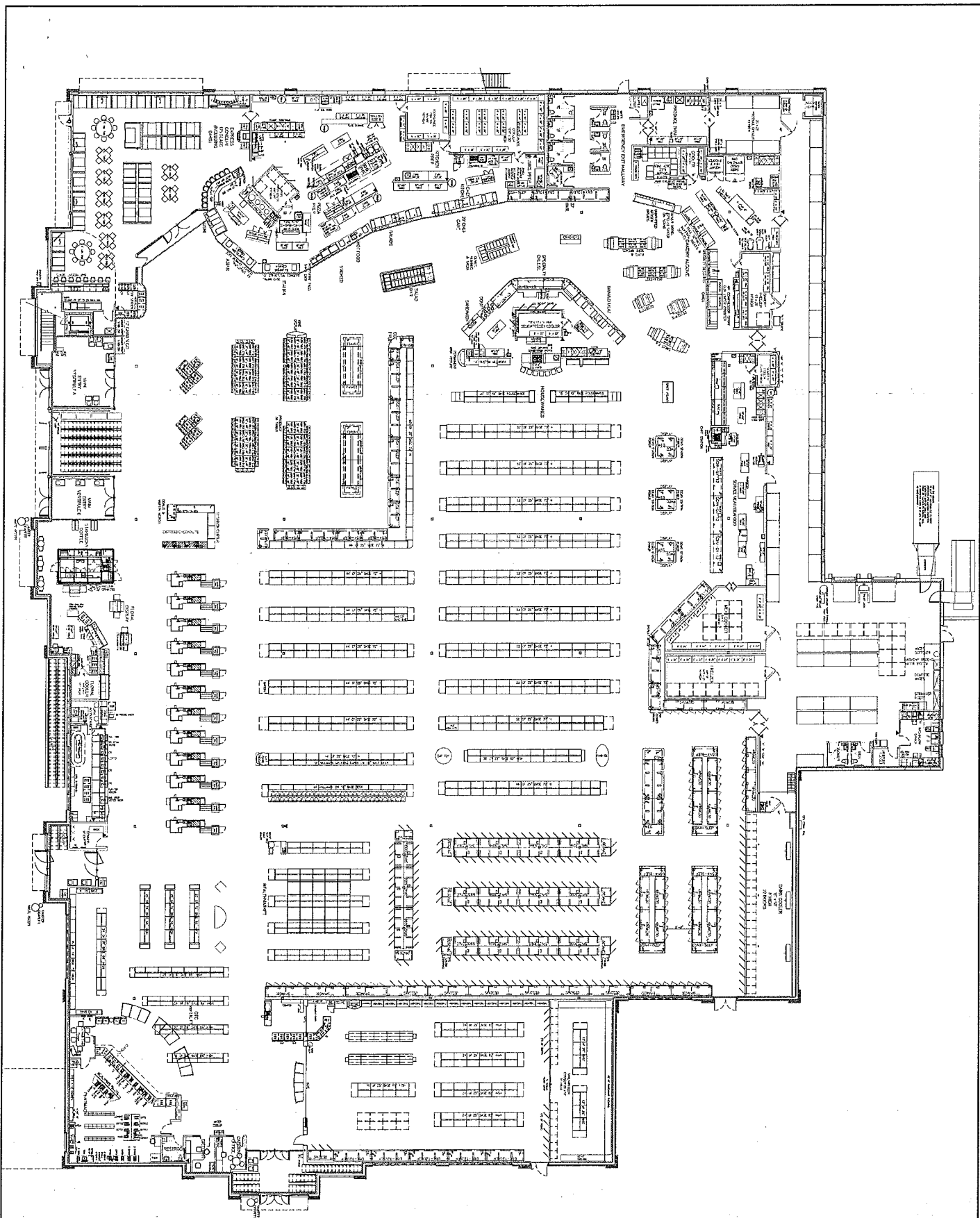
The parking lot is similar to other area retail grocery/wine and spirits facilities and is comprised of surface stalls in close proximity to the customer entrances and they have vehicular ingress/egress access to the adjacent public roadways. The parking lot design and circulation has been approved by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

Question #29, #31, #32

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 #33, #34

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.



A0.0

FIGURE
&
EQUIPMENT
PLAN

THE NORTH
FACILITY

LOCATION:
MADISON #2, WISCONSIN

HyVee
EMPLOYEE OWNED

HY-VEE, INC.
5520 WESTTOWN PARKWAY
WEST DES MOINES, IOWA 50325
TELEPHONE: (515) 267-2800
FAX: (515) 267-2935

REVISION		DATE	BY	APP'D	DESCRIPTION
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WISCONSIN DEPARTMENT OF REVENUE
PO BOX 8946
MADISON, WI 53708-8946

Contact Information:

2135 RIMROCK RD PO BOX 8946
MADISON, WI 53708-8946
ph: 608-266-2776 fax: 608-264-6884
email: dorbusinessstax@revenue.wi.gov
website: revenue.wi.gov

Letter ID L0453384480

HY-VEE, INC.
5820 WESTOWN PKWY
WEST DES MOINES IA 50266-8223

Wisconsin Department of Revenue Seller's Permit

Legal/real name: HY-VEE, INC.
Business name: HY-VEE #2
675 S WHITNEY WAY
MADISON WI 53711-1034

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

Tax Type

Sales & Use Tax

Account Type

Seller's Permit

Account Number

456-1026377528-03