Mad	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
Sec 1.	tion A – Applicant If needed, a qualified interpreter can be provided at no charge to you. Would you like an interpreter? ☐ Yes (language:) ☒ No (If you answer no and you do require an interpreter, the ALRC will refer your application to a subsequent meeting and this mage delay your application process)
	Si usted requiere o necesita un/a intérprete, nosotros podemos proveer un/a intérprete sin costo alguno. ¿Le gustaría tener un/a intérprete? ☐ Sí, lenguaje ☐ No. Si usted escoge "no" en la solicitud/aplicación, y usted sí requiere un/a intérprete, el comité remitirá su solicitud para una nueva junta y esto puede atrasar el proceso de su solicitud.
2.	This application is for the license period ending June 30, 20 16
3.	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. FLYHIGH4VR LLC DBA THAT BBQ JOINT
4.	Trade Name (doing business as)
	901 WILLIAMSON STREET, MADISON WI 53703
5.	Address to be licensed
6.	Mailing address 1862 WISCONSIN AVE, SUN PRAIRIE, WI 53590
7.	Anticipated opening date 07/01/2015
8.	Is the applicant an employee or agent of, or acting of behalf of anyone except the applicant named in question 2? ☑ No ☐ Yes (explain)
9.	Does another alcohol beverage licensee or wholesale permitee have interest in this business?
	☑ No ☐ Yes (explain)
Sec 10.	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. TWO STORY BUILDING-residential upstairs, commercial 1798sqft first floor. Currently there are 10/4 top tables. The first floor dining areas are separated by walls encompassing the stairs going into the basement. Each side of the dining room has 5/4 top tables. If outdoor seating is approved, the space directly in front of the building would also seat diners who may be drinking. We are a quick serve restaurant-customer come to the counter to place their orders and come back to the counter to pick up their order when it is ready.
	Nalk-in cooler

11.	Attach a floor	plan, no larger than 8 ½ by	14, showing the space described above	e.							
12.	Applicants for on-premises consumption: list estimated capacity 40-50										
13.	Describe existing parking and how parking lot is to be monitored.										
	Street parking on Patterson or Williamson. There are two spots behind the building and quick order pickup on the side of the building not on Patterson (driveway).										
14.	Was this premises licensed for the sale of liquor or beer during the past license year?										
	□ No □xYes,	license issued to AVRA LL	C (Vasillis Take Five) (nam	e of licensee)							
15.	Attach copy of lease.										
This Sole	section applies to proprietorships a	and partnerships, skip to Sec		anies only.							
16.		cense agent MAUREEN A W									
17.		ch agent resides SUN PRAI		ADC 2							
18.	,		I in the State of Wisconsin? 2+YF	and ours							
19.	☑ Appointment	of agent form and backgrou	nd check form are attached.								
20.	Has the liquor lic	ense agent completed the re	esponsible beverage server training co	urse?							
	☑ No, but will co	omplete prior to ALRC meeti	ng □ Yes, date completed	and the second section of the section of							
21.	State and date o		nonprofit organization, or LLC.								
22.	LD Attach backg	round check forms for each									
	Title OWNER	Name Maureen A White	City and State of Residence Sun Prairie, WI								
	Owner	Clement G. Henriques	Madison, WI								
23.		l or permitted by law to be so	. This is your agent for service of procerved on the corporation. This is not no								

24.									
	☐ No ☐ Yes (explain) Fully owned subsidiary of S&M White Inc.								
25.									
	□ Yes (explain)								
	tion D—Business Plan 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 WE ARE CURRENTLY OPERATING A BBQ RESTAURANT AT 1151 WILLIAMSON STREET, MADISON. WI. WE ARE MOVING DOWN THE STREET TO 901 WILLIAMSON STREET, MADISON WHERE WE PLAN TO OPEN June 15, 2015, STILL SERVING BBQ.								
28.	Hours of operation MON THRU SUNDAY, 6AM TO 10 PM								
29. Describe your management experience I have been managing THAT BBQ JOINT since Aug 2013. I have									
	a degree in accounting from UW-Milwaukee.								
30.	List names of managers below, along with city and state of residence.								
Maureen White, Sun Prairie, WI 53590									
31.	Describe staffing levels and staff duties at the proposed establishmentI have two full-time employees-								
	both work in kitchen. I have two part time people working the front of house. FOH takes orders and hands out								
	drinks-they may run food.								
32.	Describe your employee training Employees thus far receive OTJT for a minimum of one week-longer								
	if necessary. They are given an employee handbook and health dept checklist.								

33.	Utilizing your market research, describe your target market.								
	People who love BBQ and locals who are looking for a place close by.								
34.	Describe how you plan to advertise and promote your business. What products will you be advertising?								
	Thus far we have used word of mouth only. We advertised with ValPak for four months offering specials on								
	BBQ.								
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								
This	ction E—Consumption on Premises s section applies to Class B and Class C applicants only. Class A license applicants (consumption premises) may skip to Section F.								
37.	Do you plan to have live entertainment? ☐ No ☐X Yes—what kind? Maybe, no concrete								
	plans. May allow locals to play guitars, etc. in the DR on occasion-solo performances.								
38.	What age range do you hope to attract to your establishment?All								
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? \(\text{\text{\$\mathbb{I}\)}}\) Appetizers \(\text{\text{\$\mathbb{I}\)}}\) Salads \(\text{\$\mathbb{D}\) Soups \(\text{\text{\$\mathbb{I}\)}}\) Sandwiches \(\text{\text{\$\mathbb{I}\)}}\) Entrees \(\text{\text{\$\mathbb{I}\)}}\) Desserts \(\text{\$\mathbb{D}\) Pizza \(\text{\$\mathbb{I}\)}\) Full Dinners								
41.	During what hours of operation do you plan to serve food? 6am-10PM								
42.	What hours, if any, will food service <u>not</u> be available? <u>NONE</u>								
4 3.	Indicate any other product/service offered.								
44.	Will your establishment have a kitchen manager? □ No 및 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? NONE								
	During what hours do you anticipate they will be on duty?								
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? How many bartenders do you anticipate having work at one time on a busy night?
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? □X Stove □X Oven □X Fryers □X Grill □X 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?
54.	If your business plan includes an advertising budget:
	What percentage of your advertising budget do you anticipate will be related to food?
	What percentage of your advertising budget do you anticipate will be drink related?
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? \Box No \Box Yes
57.	alcohol beverage sales broken down by percentage. New establishments estimate percentages
	% Alcohol % Food % 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.
Sec 59.	tion F—Required Contacts and Filings 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 subusiness. [phone 1-800-937]					turn (TTB	form	5630	.5) be	efore	begin	ıning
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 a ☐ No ☐ Yes	any whole	saler be	yond	15 da	ays fo	or bee	er or :	30 da	ys fo	r liquo	or?	
Sec	ction G—Information for	Clerk's	Office)									
68.	State Seller's Permit45	6	0		8	1	9	3	4	3			2
69.	. Federal Employer Identification Number46-3137411												
70.	Who may we contact between	en 8 a.m. a	and 4:30	D p.m	rega	ırding	this	licen	se?				
	Contact person Maureen Wh	nite											
	E-mail addressflyhigh4vr@	gmail.com					_						
	Phone608-709-1300	P	referred	l lang	uage		english	1					
71.	Corporate attorney, if applica	able: Nam	ne									····	
	Phone	E-n	nail										
the a to op gran will b	d carefully before signing in fra above information has been truth berate the business according to ted, will not be assigned to anothe deemed a refusal to permit inslicense.	fully compl law, and the ner. Lack o	leted to the rief access	he be ghts a s to ar	st of the nd res y port	ne kno spons tion o	owled sibilitie f licer	lge of es con used p	the sinferred remis	igner. d by theses du	Signone lice iring ir	er agr ense(s nspec	ees), if tion
this (scribed and Sworn to before me: OS day of JUNU August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August August Augus August August August August August August August August			7	<u>Na</u>	M	ll	<u>L</u>	<u> </u>	Vla	il	l	
,	(Notary Public) My Commis commission expiresAugust	sion Expire 12, 2017			ARAH Notary	J QUAI	v	Membe	er of LL	.C/Parti	ner/Sol	e Propi	rietor)
Cler	k's Office checklist for complete	application	s 🖠		ate of V								
() () () () () ()	Orange sign VI Seller's Permit Certificate matching articles of incorporation EIN Notarized application Vritten description of premises	n)	Backgro Form fo *Articles *Notariz Corporat	r surre s of Inc ed Ap	ender corpor pointn	of pre ation nent	evious	licen	se		Floor F Lease Sampl Busine	le Mei	
Date	complete application filed with Clerk						.	•					
	of ALRC meeting					Coun	icil <u>(7)</u>		! ,	<u> - ا</u>		=_m.l	10-
Date	provisional issued	Date license	sissued			L	icense	numb	er لنا	LL(K)	245	$\sim \infty$	CUL



Wed-Sun: 12pm-8pm Mon-Tues: Closed



1511 Willy Street Madison

Relocating by June 30

ENTREES (served with choice of two sides) Pulled Pork Sandwich- pickles
Rib Basket - 3 ribs, dinner roll\$8.99
Rib Tips - dinner roll\$8.99
1/2 Slab Ribs - dinner roll\$13.95
1/2 Smoked Chicken - dinner roll\$9.99
1/2 lb Wings, roll\$8.50
Italian Beef\$10.50
SANDWICHES (Lonely Sandwich, by itself) Italian Beef Served with Giardiniera (hot or mild) and provolone, with a side of Au Jus
Boca Mo' (VEGGIE FRIENDLY) Boca Crumbles with sweet pepper and onion, simmered in our signature Mo Regular sauce, served with lettuce and pickles
Pulled Pork\$6.00
Reef Bricket \$8.00

BUY THE POUND One Pound,	sauce		
Pulled Pork (4 buns)		••••••	\$16.99
Brisket (4 buns)	•••••	******	\$21.99
Full Slab Ribs - 2 dinner roll	• • • • • • • • • • • • • • • • • • • •	•••••	\$19.99
Whole Smoked Chicken - 2 din			
Rib Tips - 2 dinner roll	•••••	•••••	\$12.99
Wings - 2 dinner roll	•••••••	••••••	\$12.00
SIDES			
Spicy Vinegar Slaw, Creamy Wis	sconsin Sla	w, 4-Bear	n Salad,
Potato Salad, Greens, Brisket Ch			•
, , ,		8 oz	16 oz
	\$1.59	\$2.99	\$5.49
ALA CARTE (Not sides)			
Sweet Potato Fries	•••••	•••••	\$3.50
Regular Fries	•••••	•••••	\$2.50
Jalapeno Hush Puppies (4)		• • • • • • • • • • • • • • • • • • • •	\$1.75
Adam's Gift (1 Rib)	•••••	•••••	\$2.00
Cowardly Appendage	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	\$1.00
Fried Mac and Cheese Ball	• • • • • • • • • • • • • • • • • • • •	•••••	\$1.50
Fried Okra	••••••	•••••	\$3.00
Need Mo' Sauce? 2 oz			
Mo' Regular, Mo' Spicy, Mo' M	Iustard	• • • • • • • • • • • • • • • • • • • •	\$0.50
DESSERT	ומח	NKS	
		-	¢1 F0
Pecan Pie Slice\$3.0 Sweet Potato Pie\$3.0			\$1.50 d Tea .\$1.50
Sweet Foldto Fie93.0			an\$1.00
Ag Call ahead for pickup, ar	nd Coff		
remember, we socialize!	Con		\$1.50







thatbbqjoint.com

