| | LICLIB-2016-00938 P-410 |
|-----------------|--|
| A Ma | 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 Class A Cider |
| Se 1. | ction 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_17 |
| 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. |
| 4. | Trade Name (doing business as) BARLEY POP TAP AND SHOP |
| 5. | Address to be licensed 2045 ATWOOD AVE, SUITE 107, MADISON, WI 53704 |
| 6. | Mailing address 5511 GreenLeag Dr., Maptron, WI 53713 |

Anticipated opening date November 1st, 2016

☑ No ☐ Yes (explain)

☑ No ☐ Yes (explain) _____ Section B—Premises

named in question 2?

7.

8.

9.

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.

Is the applicant an employee or agent of, or acting of behalf of anyone except the applicant

Does another alcohol beverage licensee or wholesale permitee have interest in this business?

| - | BUILDING | 1445 | ONE | LARGE | ROOM | PLUE | dN | OFFICE | AND | Two | BATHROO | MG. 1 | Vo_ | OUTPOOR | SEA | 1JW6 |
|---|----------|------|--------|-------|---------|--------|------|---------|-------|------|---------|-------|-----|---------|-----|----------|
| | PACKAGEO | BEER | WILL | ВЕ | AVAILAB | LE IN | COUL | ER VIA | GLAST | Doo1 | Re PLUS | SOME | ON | STANDO | KD. | SHELVES. |
| | KEGS WIL | L BE | INSTOL | : THE | SAME | COOLER | Acc | ETOTICE | ONLY | BY | STAFF. | | | | | |
| | | | | | | | ū. | | | • | | | | | | |

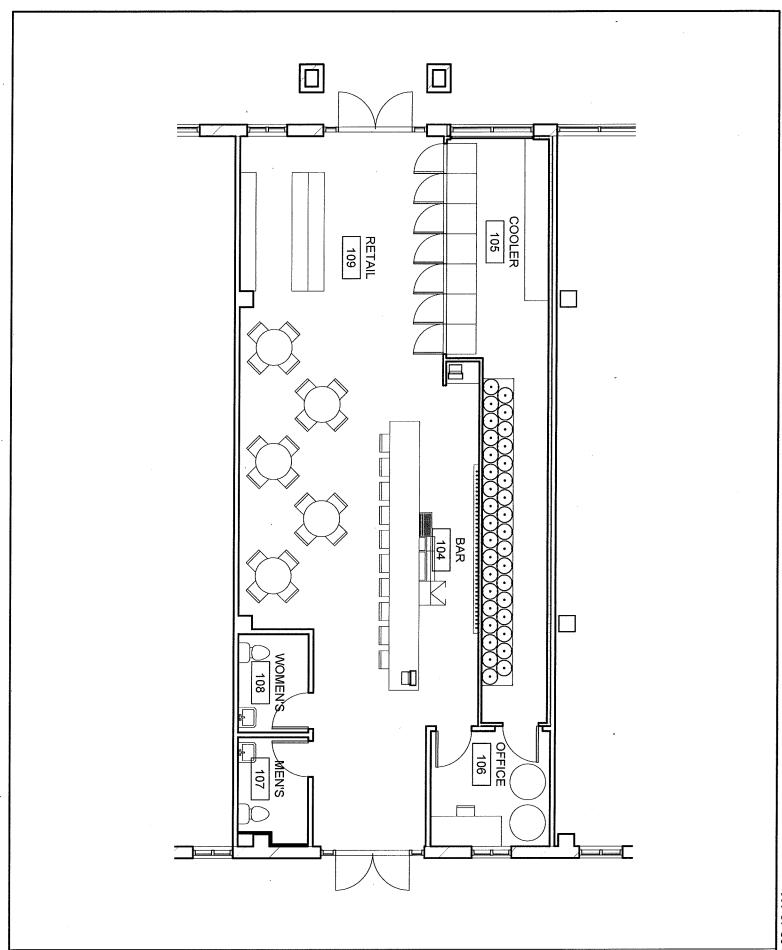
| 11. | ☑ Attach a floor plan, | , no larger than 8 $1/2$ by $^{\prime\prime}$ | 14, showing the space describe | ed above. | | | | |
|------|--|---|---|--------------------|--|--|--|--|
| 12. | Applicants for on-premises consumption: list estimated capacity | | | | | | | |
| 13. | Describe existing parking and how parking lot is to be monitored. | | | | | | | |
| | SHARED LOT BEHIND | BUILDING FOR ALL CO | MMERCIAL TENANTS OF BUILDI, | NG, STREET | | | | |
| | PARKING IN FRONT. | WE WILL HAVE WI- | EI CAMERAK ABUVE ENTRANCES | K | | | | |
| 14. | Was this premises licensed for the sale of liquor or beer during the past license year? | | | | | | | |
| | ☑ No ☐ Yes, licer | nse issued to | | (name of licensee) | | | | |
| 15. | 🛮 Attach copy of lease. | | | | | | | |
| This | , , | | anizations, and Limited Liability tion D. | Companies only. | | | | |
| 16. | Name of liquor license | e agent | NIQLA | | | | | |
| 17. | City, state in which ag | gent resides Mars | on, WI | | | | | |
| 18. | How long has the age | ent continuously resided | I in the State of Wisconsin? | FIVE YEARS | | | | |
| 19. | ☑ Appointment of ag | gent form and backgrou | nd check form are attached. | | | | | |
| 20. | Has the liquor license | e agent completed the re | esponsible beverage server trai | ining course? | | | | |
| | ☑ No, but will complete prior to ALRC meeting ☐ Yes, date completed | | | | | | | |
| 21. | State and date of registration of corporation, nonprofit organization, or LLC. | | | | | | | |
| | WISCONSIN - | AUGUST 15T, 2016 | | | | | | |
| 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. | | | | | | | |
| | | Name | City and State of Residence | | | | | |
| | OWNER | JASON HAJDIK | MADIKON, WI | - | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | - | | | | |
| | | , | | | | | | |
| 23. | | permitted by law to be segent. | . This is your agent for service erved on the corporation. This | | | | | |

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| 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) | | | | | | |
| | ction 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 | | | | | | |
| | M Other RETAIL SPECIALTY BEER SHOP PLUE TAP ROOM | | | | | | |
| 27. | Business description RETAIL SHOP/TAP ROOM HYBRID. WILL SELL PRE-PACUAGED BOTTLES/CAWS | | | | | | |
| | OF BEER PLUX FILLED GROWLERS/CROWLERS OF BEER FOR OFF- PREMIKE | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 28. | Hours of operation Sunday - WEDNESDAY: 11 AM - 11 PM , THURSDAY - SATURDAY : 11 AM - 12 PM | | | | | | |
| 29. | Describe your management experience <u>T HAVE STARTED SEVERAL SMALL RIMINISTES TO THE</u> | | | | | | |
| | PART, MANAGING TEAMS OF MY EMPLOYEES, AS WELL AS HAVENG MANAGEMENT RESPONSIBILIES | | | | | | |
| | WHEN WORKTING FOR COMPANTES IN MY SOFTWARE DEVELOPMENT CAREER | | | | | | |
| 30. | List names of managers below, along with city and state of residence. | | | | | | |
| | BRANDON DORMAN - MADTEON, WI | | | | | | |
| · | | | | | | | |
| | | | | | | | |
| 31. | Describe staffing levels and staff duties at the proposed establishment 1-2 EMPLOYEES + MANABEL | | | | | | |
| | AT CENTRALIZED SALES/SERVING AREA. CHECKING OUT RETAIL CLISTOMERS, FILLTING GROWLERS, POURING PINTS | | | | | | |
| | CLEANING, STOCKING SHELVER, CHANGING KEGS, BUSSING TABLES. | | | | | | |
| 32. | Describe your employee training <u>Employees</u> WILL BE TRAINED IW POPER AGE VERIFICATION, | | | | | | |
| | SEALTING GROWLERS, PROPER SERVING TECHNIQUES, CISTOMER SERVICE, BERT HYGEINE | | | | | | |
| | PRACTICES. | | | | | | |
| | | | | | | | |

| 33. | Utilizing your market research, describe your target market. | | | | | |
|------|---|--|--|--|--|--|
| | PRIME DEMOGRAPHIC WILL BE 24-49 YEARS OLD WITH DISPOSABLE TNOOME. | | | | | |
| | SERVING CRAFT BUER SO NO PITCHERS, EXTREME DRINK SPECIALS, ETC. | | | | | |
| 34. | Describe how you plan to advertise and promote your business. What products will you be advertising? | | | | | |
| | NEARLY ALL ADVERTISING WILL BE THROUGH SOCIAL MEDIA (FACEBOOK, THEFTTER, INSTAGRAM) | | | | | |
| | AND WILL BE USED TO HIGHLIGHT MEW/SPECIAL BEERS ON DRAFT AND THE | | | | | |
| | IGME FOR PRE-PACKAGED BOTTLES/CANS. | | | | | |
| 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 ☐ Yes—what kind? | | | | | |
| | | | | | | |
| 38. | What age range do you hope to attract to your establishment? 24-49+ Years of Ale | | | | | |
| 39. | What type of food will you be serving, if any? | | | | | |
| 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? | | | | | |
| 42. | What hours, if any, will food service <u>not</u> be available? | | | | | |
| 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? Yes | | | | | |
| 46. | How many wait staff do you anticipate will be employed at your establishment? | | | | | |
| | 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? <u>\{ MAX</u> How many bartenders do you anticipate having work at one time on a busy night? <u>\(\) \(\) \(\) \(\) \(\)</u> | | | | | | | |
|-----|---|--|--|--|--|--|--|--|
| 49. | Will there be a kitchen facility separate from the bar? | | | | | | | |
| 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? | | | | | | | |
| 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? ☑ 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: | | | | | | | |
| | <u>45</u> % Alcohol <u>6</u> % Food <u>5</u> % 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 | ction 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 | | | | | | | |





JASON HAJDIK THE GROWL Madison, WI 53703

FLOOR PLAN

Date 8/10/2015 Scale 1/8" = 1'-0"