



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

Section 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 may 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.
- This application is for the license period ending June 30, 2017.
- 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.
NOMADISON, LLC
- Trade Name (doing business as) Nomad World Pub
- Address to be licensed 418e. Wilson St
- Mailing address 2923 N Marietta Ave. Milwaukee, WI 53211
- Anticipated opening date 3/8/17
- 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.

1ST FLOOR, BASEMENT STORAGE, SIDEWALK "PATIO"

2000 sq ft 1st Floor

1100 sq ft basement

11. ☐ Attach a floor plan, no larger than 8 ½ by 14, showing the space described above.

12. Applicants for on-premises consumption: list estimated capacity 160
patio = 24

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

NO LOT, STREET PARKING ONLY

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

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

15. ☒ 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.

16. Name of liquor license agent MICHAEL SITEL

17. City, state in which agent resides MILWAUKEE, WI

18. How long has the agent continuously resided in the State of Wisconsin? 22 yrs

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 2/95

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

12/23/16 WI

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>member</u>	<u>Michael Sittel</u>	<u>Milwaukee, WI</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.

Michael Sittel

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) Nomadic Ventures Inc dba Nomad World Pub MKE

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 TAVERN WITH FULL BAR, LIVE + RECORDED MUSIC, DJ'S, Dancing. LIGHT FOOD WILL BE ADDED. TELEVISED SOCCER WEEKDAY AFTERNOONS + EARLY MORNINGS ON WEEKENDS
28. Hours of operation M-R NOON-2AM, F 12pm-2:30am, S 6am-2:30am, Sun 6am-2am
29. Describe your management experience 22 yrs of managing/owning over 15 bars + restaurants in and around the Milwaukee area
30. List names of managers below, along with city and state of residence.
TBD
31. Describe staffing levels and staff duties at the proposed establishment 1-4 bartenders depending on volume. cocktail servers as needed. door person to check ID's + security (1-2) personnel during high volume and/or live performances
32. Describe your employee training all current employees will be re-trained + assessed prior to opening date. each employee must read + sign our employee handbook and will be held to the rules and procedures within.

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

Our target market will be 25-35yr olds but really, 21-80yrs of age will be the norm. We are all-inclusive and varying types of entertainment draws vary types of customers

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

We will be relying mostly on internal advertising, social media, customer newsletters etc. We will also do promotions and partnerships with events + charities as well as public radio underwriting

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

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? Live music, DJ's, Televised Soccer

38. What age range do you hope to attract to your establishment? 21-80

39. What type of food will you be serving, if any? we hope to have snacks, sandwiches, + basic (non-cooked) breakfast items
☐ 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? TBD

42. What hours, if any, will food service not be available? TBD

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? 3-4

During what hours do you anticipate they will be on duty? TBD

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? 16
How many bartenders do you anticipate having work at one time on a busy night? 4
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? 10%
54. If your business plan includes an advertising budget:
What percentage of your advertising budget do you anticipate will be related to food? 0
What percentage of your advertising budget do you anticipate will be drink related? 0
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:
85 % Alcohol 10 % 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—Information for Clerk's Office

68. State Seller's Permit 600-1029195863-03
69. Federal Employer Identification Number 81-4777491
70. Who may we contact between 8 a.m. and 4:30 p.m. regarding this license?
 Contact person Michael Eitel
 E-mail address uncledude@mac.com
 Phone 414.350 7557 Preferred language english
71. Corporate attorney, if applicable: Name _____
 Phone _____ E-mail _____

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 13 day of January, 2017

[Signature]
 (Clerk/Notary Public)

My commission expires 2-2-2019

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

Clerk's Office checklist for complete applications

<input checked="" type="checkbox"/> Orange sign <input checked="" type="checkbox"/> WI Seller's Permit Certificate (matching articles of incorporation) <input checked="" type="checkbox"/> FEIN <input checked="" type="checkbox"/> Notarized application <input checked="" type="checkbox"/> Written description of premises	<input checked="" type="checkbox"/> Background investigation form(s) <input type="checkbox"/> Form for surrender of previous license <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 type="checkbox"/> Sample Menu <input type="checkbox"/> Business Plan
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Date complete application filed with Clerk's Office _____

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

Date provisional issued _____ Date license issued _____ License number _____

Phelps, Jean

From: Michael Eitel [uncledude@me.com]
Sent: Monday, January 16, 2017 10:44 AM
To: licensing
Subject: security plan for 418 e. wilson class B/entertainment license
Attachments: NOMADISON SECURITY PLAN.docx; ATT00001.htm

here you go.. let me know if you have any questions or needs on this. also, the square footage i was given is incorrect.. it should be 2600 sq ft instead of 2000. thanks and let me know if this now means my application is complete. plan is attached:

Nomadison LLC
agent Michael Sittel

418 e Wilson

1/13/17

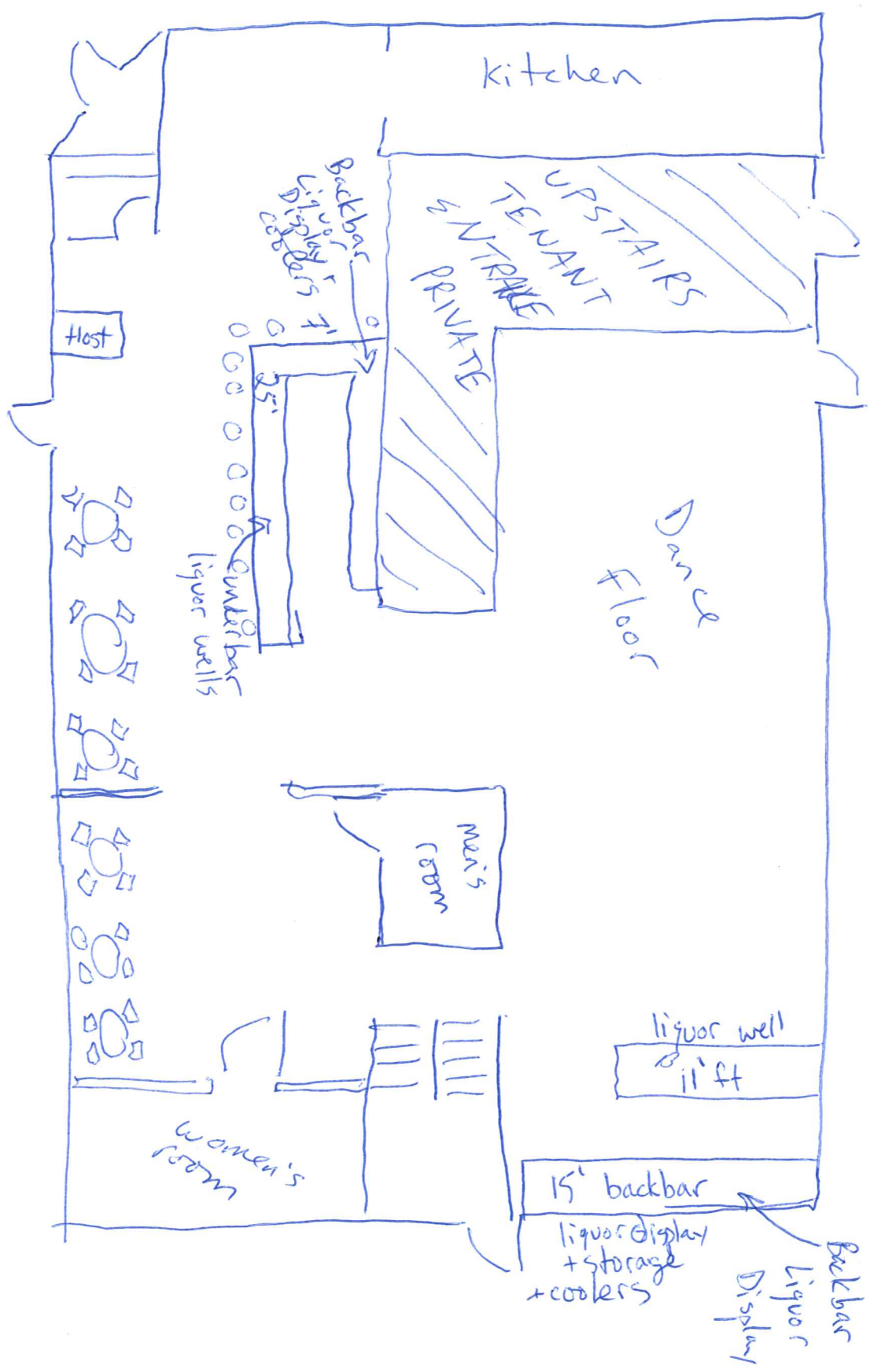
1ST FLOOR

N →

WILSON ST

SIDEWALK CAFE

FRANKLIN ST



Novadison LLC
agent Michael Eitel

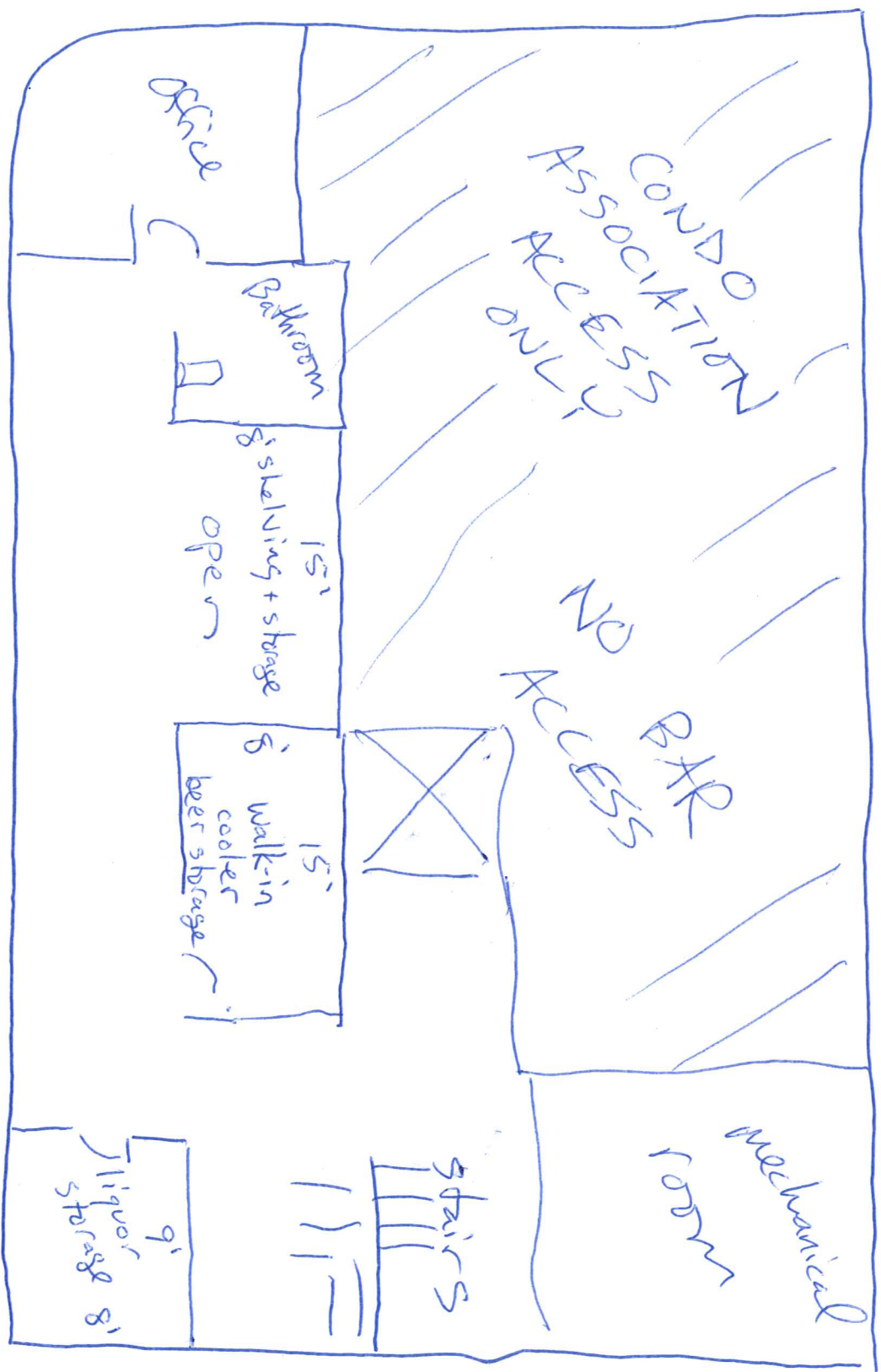
418 e Wilson

1/13/17

N →

BASEMENT STORAGE + OFFICE

WILSON ST



SIDEWALK "CAFE"

FRANKLIN ST

