

Liquor/Beer License Application

(Agenda Item Number)

Class

LICLIA-2021-00141 (New H

(Legistar file number)

Lique

(License number)

Class AB

H03

City of Madison Clerk
210 MLK Jr Blvd, Room 103
Madison, WI 53703

(Alder District #) (Police Sector)
Office Use Only

Class A: ★Beer, ★Liquor, Cider Class B: □ Beer, □ Liquor, □ Class C Wine

licensing@cityofmadison.com 608-266-4601

S e	ction A – Applicant List the name of your Sole Proprietor, Partnership, Corporation/Nonprofit
τ.	Organization or Limited Liability Company exactly as it appears on your State Seller's Permit.
	MacTaggart's, Inc.
2.	Trade Name (doing business as) MacTaggarts Market & Deli
3.	Address to be licensed 230 W. Lakelawn Place
4.	Mailing address Madison, WI 53703
5.	Anticipated opening date already open, upgrading Lic.
6.	Is the applicant an employee or agent of, or acting of behalf of anyone except the applicant named in question 1?
	No □ Yes (explain)
7.	Does another alcohol beverage licensee or wholesale permitee have interest in this business? \square No \square Yes (explain)
	ction B—Premises
8.	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 receipts. Alcohol beverages may be sold and stored only on the premises as approved by Common Council and described on
	small market & deli located in the basement
	of three story apartment building @ 230 W.
	Lakelawn Place / 228 Langdon St., Madison, WI

9.	Applicants for on-premises consumption only. Estimated capacity (patrons and employees):					
	Indoor: N/A Outdoor: N/A					
10.	Describe existing parking and how parking lot is to be monitored. N/A					
	EARL LAND STATE OF THE STATE OF					
11.	Was this premises licensed for the sale of liquor or beer during the past license year?					
	□ No □ Yes, license issued to <u>Mactaggart's Inc.</u> (name of licensee)					
This	stion C—Corporate Information section applies to corporations, nonprofit organizations, and Limited Liability Companies Sole proprietorships and partnerships, skip to Section D.					
12.	Name of liquor license agent Pichard L. Scholser City, state in which agent resides Madison, WI					
13.	City, state in which agent resides Madison, WI					
	How long has the agent continuously resided in the State of Wisconsin?					
	Has the liquor license agent completed the responsible beverage server training course?					
	☐ No, but will complete prior to ALRC meeting ☐ Yes, date completed?					
16.	State and date of registration of corporation, nonprofit organization, or LLC. Wisconsin, \cong 1998?					
17.	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					
	President John Kaiser Madison, WI VILLE PULLS Pichard L. Scholzer Madison, WI					
	VILLE PULLS PICHARD L. Scholder Madison, WI					
18.	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. Prohard L. Scholzer					
19.	Is applicant a subsidiary of any other corporation or LLC?					
	No Yes (explain)					
20.	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—Bus What type of Tavern	f establishme	nt is contem	plated? Jurant 🏻 Liqu	uor Store	Grocery S	tore
	Convenie	ence Store wif	thout gas pu	mps 🛭 Conv	enience Store	e with gas pu	ımps
	Other	rig or thing	nya yanza j	n maringpole	r resignation	edi turnete	1 - 121-17
22.	"invidious" (I	nizations (clui likely to give No 🏻 Yes	offense) disc	membership po rimination in re	olicies contair gard to race,	any require creed, color	ment of , or national
23.	Hours of ope	ration: pleas	e enter open	ing and closing	times in the	table below.	
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	7a -12a	7a - 12a	7a - 12a	7a - 12a	7a_12a	7a_12a	7a-12a
	(Class B on	ly) Enter belo	ow any hours	when food ser	vice will not b	e available,	if applicable
	-	-	-	-	r <u>-</u>	Sec. []	34 - 33°
24. 25.	and alcohol be classified as '	ts and tavern beverage sale "Food.") New	s serving alc s broken dov establishme	eredends ohol must subs vn by percentag nts estimate pe Food	ge. (Note: No ercentages:		
	If applicable,			ent the percent	ages shown?	□ No □	☐ Yes
				entation verifyi			
26.	Do you plan	to have live e	entertainmen	t? □ No □	Yes—what ki	nd?	octor il depresentatione
	If planned en dance floor, p	itertainment i please also co	includes live omplete an E	music (except s ntertainment Li	solo acoustic) cense.	, a DJ, or a d	designated
Sec 27.	tion F—Req I understand regardless of	that liquor/b	eer license re	lings enewal applicat granted. D N	ions are due a	April 15 of ev	very year,
28.	I understand ALRC meeting	ACCOUNT OF THE PARTY OF THE PAR	1	t an information	n session at l	east one wee	ek before the
29.	I agree to con	ntact the Alde	erperson for	this location to	discuss my a	pplication an	d to invite

30.	I agree to contact the Police Department District Captain for this location prior to the ALRC meeting. No Value Yes
31.	I agree to contact the Deputy Clerk prior to the ALRC meeting. ☐ No ☑ Yes
32.	I agree to contact the neighborhood association representative prior to the ALRC meeting. $\hfill\square$ No \hfill Yes
33.	I intend to operate under the alcohol license within 180 days of the Common Council granting this license. The license shall be considered surrendered if not issued within 90 days of being granted. \square No \boxtimes Yes
34.	I understand we must file a Special Occupational Tax return (TTB form 5630.5) before beginning business. [phone 1-800-937-8864] \square No \square Yes
35.	I understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in question 1, above. [phone 608-266-2776] \square No \bowtie Yes
36.	Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? No □ Yes
Sec	tion G—Information for Clerk's Office
37.	This application is for the license period ending June 30, 20 21.
38.	State Seller's Permit 4 5 6 - 0 0 0 0 4 9 0 5 8 0 - 0 3
	Federal Employer Identification Number 39-184 8660
40.	Who may we contact between 8 a.m. and 4:30 p.m. regarding this license?
	Contact person Richard L. Schober
	Business phone (608) 257-0911 Business e-mail address rechober to 6 yahoo.
	Preferred language English
	If needed, a qualified interpreter can be provided at no charge to you. Would you like an interpreter? ☐ Yes (language:)
	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.
41.	Corporate attorney, if applicable: Name
	Phone E-mail

must be accompanied by the following item	eeding months Alcohol License Review Committee.	ice is closed on the third A completed application
☐ Member background investigation form	ness Tax Registration Certificate), \square Appointment s, \square Articles of Incorporation (if Corp/LLC), \square Flow Sample Menu (if applying for Class B license)	_
If required items are missing, the application of the control of t	on will not be considered complete and will not be a No exceptions are made.	ccepted by the Clerk's
been truthfully completed to the best of the to law, and that the rights and responsibility	enalty provided by law, the applicant states that the e knowledge of the signer. Signer agrees to operate ies conferred by the license(s), if granted, will not b emises during inspection will be deemed a refusal to s for revocation of this license.	the business according be assigned to another.
Penalty for materially false application infor on this application may be required to forfe	mation: Any person who knowingly provides materi it not more than \$1,000.	ially false information
	4/18/2021 Gole Proprietor) (Date)	
(Officer of Corporation/Member of LLC/Partner/S	Sole Proprietor) (Date)	W
(Officer of Corporation)Member of LLC/Partner/S Clerk's Office checklist for complete a	Program Department of Reserve C	
HE-94 6.4882	Program Department of Reserve C	☐ Floor Plans ☐ Lease ☐ Business Plan ☐ **Sample Menu
Clerk's Office checklist for complete a WI Seller's Permit Certificate (matching articles of incorporation)	applications ☐ Background investigation form(s) ☐ Form for surrender of previous license ☐ *Articles of Incorporation	□ Lease□ Business Plan
Clerk's Office checklist for complete a □ WI Seller's Permit Certificate (matching articles of incorporation) □ FEIN □ Written description of premises Upon Application Submission, the □ Orange sign □ Orange business	applications ☐ Background investigation form(s) ☐ Form for surrender of previous license ☐ *Articles of Incorporation ☐ *Appointment of Agent * Corporation/LLC only Clerk's Office issued to the application:	☐ Lease☐ Business Plan☐ **Sample Menu ** Class B only
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Clerk's Office checklist for complete a □ WI Seller's Permit Certificate (matching articles of incorporation) □ FEIN □ Written description of premises Upon Application Submission, the □ Orange sign □ Orange business □ "Applying for a Liquor/Beer License Date complete application filed with Clerk's	applications ☐ Background investigation form(s) ☐ Form for surrender of previous license ☐ *Articles of Incorporation ☐ *Appointment of Agent * Corporation/LLC only *Clerk's Office issued to the application: s card e in the City of Madison" brochure with contact	☐ Lease☐ Business Plan☐ **Sample Menu ** Class B only



WISCONSIN DEPARTMENT OF REVENUE PO BOX 8902 MADISON, WI 53708-8902

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Contact Information:

2135 RIMROCK RD PO BOX 8902 MADISON, WI 53708-8902 ph: 608-266-2776 fax: 608-264-6884 email: DORBusinessTax@wisconsin.gov website: revenue.wi.gov

Letter ID

L0659973392

MACTAGGART'S INC. 230 LAKELAWN PL MADISON WI 53703-4406

Wisconsin Department of Revenue Seller's Permit

Legal/real name:

MACTAGGART'S INC.

Business name:

MACTAGGARTS MARKET

230 LAKELAWN PL

MADISON WI 53703-4406

- 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 TypeAccount TypeAccount NumberSales & Use TaxSeller's Permit456-0000490580-03