

Liquor/Beer License **Application**

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

(Agenda Item Number)
68457
(Legistar file number)
LICUB-2021-1073
(License number)
(Alder District #) (Police Sector) Office Use Only

Class	A: □	Beer, \square Liquor, \square Cider	Madison, W
Class	B: 🗵	Beer, ☐ Liquor,	licensina@citvof

fmadison.com

	☐ Class C Wine 608-266-4601
Sec 1.	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.
	Petomich, LLC
2.	Trade Name (doing business as) Starkweather Brewing Company
3.	Address to be licensed 2439 Atwood Ave, Madison, WI 53704
4.	Mailing address 2439 Atwood Ave, Madison, WI 53704
5.	Anticipated opening date December 1, 2021
6.	Is the applicant an employee or agent of, or acting of behalf of anyone except the applicant named in question 1?
	■ Yes (explain)
7.	Does another alcohol beverage licensee or wholesale permitee have interest in this business? ✓ No ✓ Yes (explain)
Sec 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 license. The building is two stories. Alcohol beverages will be sold and stored on the first floor. The second floor consists of five studio apartments. The apartments are not part of our operation and each floor of the building is accessed independently of the other. The area where alcohol is sold and stored consists of a dining area (Approximately 27' X 50'), a bar area (Approximately 25' X 25'),
	a brewing area (Approximately 25' X 25'), and a walk-in cooler (Approximately 14' X 14'). There is a fenced in outdoor seating area that is approximately 15' X 17'.

9.	Applicants for on-premises consumption only. Estimated capacity (patrons and employees)				
	Indoor:	99 Out	door:	20	
10.	Describe existing	g parking and how pa	rking lot is	to be monitored.	
	The building is surrou	nded by a parking lot on three s	ides. There are	20 parking spaces. Five of the p	arking spaces are reserved for
	the tenants of	the apartments. The parking lot	is monitored du	ring business hours by a closed	l circuit camera system.
11.	Was this premise	es licensed for the sal	e of liquor	or beer during the pa	st license year?
	□ No ☒ Yes	, license issued to New	t Door Brewing	Company	(name of licensee)
This	section applies t	rate Information o corporations, nonpreships and partnerships	_	ations, and Limited Li ection D.	ability Companies
12.	Name of liquor l	icense agent Michael J. C	hronister		
13.	City, state in which agent resides Madison, WI				
14.	How long has the agent continuously resided in the State of Wisconsin? 21 Years				
15.	. Has the liquor license agent completed the responsible beverage server training course?				
	☐ No, but will d	complete prior to ALRO	C meeting	X Yes, date comple	eted June 15, 2021
16.	State and date of	of registration of corpo	oration, nor	nprofit organization, o	r LLC.
	Wisconsin, March 31, 2021				
17.		w list the directors of ground check forms fo		oration or the member	s of your LLC.
	Title	Name		and State of Residen	ce
	Member	Michael J. Chronister	Madis	on, WI	
	Member	Thomas D. Gosse	Madis	on, WI	
	Member	Thomas E. McVary	Madis	on, WI	
	Member	Peter J. Schroder	Madis	on, 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. Thomas E. McVary				
19.	Is applicant a su	bsidiary of any other	corporation	or LLC?	
	☑ No ☐ Yes	(explain)			
20.	•		•	ny stockholder, liquor y other alcohol bevera	
	☑ No ☐ Yes	(explain)		· · · · · · · · · · · · · · · · · · ·	

Section D—Business Plan 21. What type of establishment is contemplated? ☐ Tavern ☐ Nightclub ☐ Restaurant ☐ Liquor Store ☐ Grocery Store							
	\square Convenience Store without gas pumps \square Convenience Store with gas pumps					ımps	
	X Other Bre	wery or Brewpub					
22.	. 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? 区 No 口 Yes						
23.	. Hours of operation: please enter opening and closing times in the table below.						
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	Noon - 7:00pm	4:00pm –10:00pm	4:00pm -10:00pm	4:00pm – 10:00pm	4:00pm –11:00pm	Noon -11:00pm	Noon -11:00pm
	(Class B on	ly) Enter belo	ow any hours	when food ser	vice will not b	e available,	if applicable
	-	-	-	-	-	-	-
This (con 24.	ection E—Consumption on Premises his section applies to Class B and Class C applicants only. Class A license applicants consumption off premises) may skip to Section F. Indicate any other product/service offered. Food and Brewery Merchandise All restaurants and taverns serving alcohol must substantiate their gross receipts for food and alcohol beverage sales broken down by percentage. (Note: Non-alcoholic drinks are classified as "Food.") New establishments estimate percentages: 60-70 % Alcohol15-30 % Food10-15 % Other If applicable, describe "Other": Merchandise & Memorabilia						
26.	You may be i	required to su	ubmit docume	ent the percent entation verifying: :? 🛛 No 🗖	ng the percer	ntages indica	ted.
				music (except s		, a DJ, or a d	designated
		that liquor/b	eer license re	lings enewal applicat granted. □ N		April 15 of ev	very year,
28.	I understand ALRC meeting		<u>-</u>	t an informatio	n session at l	east one wee	ek before the
29.	-		•	this location to sion. \Box No		pplication an	d to invite

30.	I agree to contact the Police Department District Captain for this location prior to the ALRC meeting. \square No \square 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 \square No \square 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 180 days of being granted. \square No \square Yes			
34.	. I understand we must file a Special Occupational Tax return (TTB form 5630.5) before beginning business. [phone 1-800-937-8864] No 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 $\ \boxtimes$ Yes			
36.	Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? \square No \square Yes			
Sec	tion G—Information for Clerk's Office			
37.	This application is for the license period ending June 30, 2022			
38.	State Seller's Permit 4 5 6 - 1 0 3 0 8 3 6 8 6 6 - 0 2			
39.	Federal Employer Identification Number 85-83758883			
40.	Who may we contact between 8 a.m. and 4:30 p.m. regarding this license?			
	Contact person Thomas McVary			
	Business phone 608-334-5225 Business e-mail address thomas@starkweatherbrewing.com			
	Preferred language English			
	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)			
	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 608-561-4304 E-mai jmglazer@ogs.law			

	noon of the third Monday (fourth, if the Clerk's officeding months Alcohol License Review Committee. As:	
X Member background investigation forms	ess Tax Registration Certificate), Appointment of Marticles of Incorporation (if Corp/LLC), Flow Sample Menu (if applying for Class B license)	
If required items are missing, the application Office until all requirements are submitted. I	n will not be considered complete and will not be ac No exceptions are made.	cepted by the Clerk's
been truthfully completed to the best of the to law, and that the rights and responsibilities	nalty provided by law, the applicant states that the knowledge of the signer. Signer agrees to operate es conferred by the license(s), if granted, will not be mises during inspection will be deemed a refusal to for revocation of this license.	the business according e assigned to another.
on this application may be required to forfeit	14-2001	ally false information
(Officer of Corporation/Member of LLC/Partner/S		
Clerk's Office checklist for complete a	pplications	
□ WI Seller's Permit Certificate (matching articles of incorporation)□ FEIN	 □ Background investigation form(s) □ Form for surrender of previous license □ *Articles of Incorporation □ *Appointment of Agent 	☐ Floor Plans ☐ Lease ☐ Business Plan ☐ **Sample Menu
☐ Written description of premises	* Corporation/LLC only	** Class B only
☐ Orange sign ☐ Orange business	Clerk's Office issued to the application: card in the City of Madison" brochure with contact	information
Date complete application filed with Clerk's Date of ALRC meeting Da Date provisional issued Da	te license granted by Common Council	