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The named   INDIVIDUAL   PARTINERSHIP   AUMITED LIABILITY COMPANY   PROSECUTION NONPROFIT ORGANIZATION   PROSECUTION NONPROFIT ORGANIZATION NONPROFIT ORGAN	TYPE FEE
County of Aldermanic Dist No (if required by ordinance)  County of Aldermanic Dist No (if required by ordinance)  County of Aldermanic Dist No (if required by ordinance)  Class Cla	
County of Aldermanic Dist No (if required by ordinance)    The named   INDIVIDUAL   PARTNERSHIP   ALIMITED LIABILITY COMPANY   CORPORATIONNONPROFIT ORGANIZATION     hereby makes application for the alcohol beverage license(s) checked above     Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name):     An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual/partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each miliability company. List the name, (tile, and place of residence of each person     Presidenti/Member   Title   Partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each miliability company. List the name, (tile, and place or residence) each person     Presidenti/Member   Title   Partnership   Post Office & Zip Code     Presidenti/Member   Agent   Title   Post Office & Zip Code     Secretary/Member   Agent   Title   Post Office & Zip Code     Secretary/Member   Agent   Title   Post Office & Zip Code     Se individual, partners or agent of corporation/limited liability company subject to compelion of the responsible beverage training course for this license period?   Se is the applicant an employe or egent of, or acting on behalf of anyone except the named applicant?     Does any other alcohole beverage retail licenses or wholesale permittee have any interest in or control of fits business?     Se   Corporatellimited liability company applicants on the premises description or similar diability company or any member/mane agent hold any interest in any other alcohol beverage license or permit in Wisconsin?     (VIOTE All applicants explain live on reverse side of this form weary VES answer in sections 5, 6, 7 and 8 above)     Premises description: Describe building or buildings where alcohol beverage are to be sold and stored only on the premises described   Security Security Securit	
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1 The named   INDIVIDUAL   PARTNERSHIP   LIMITED LIABILITY COMPANY   Resert   CoRPORATIONNONPROFIT ORGANIZATION   Partnership   Limited liability companies give registered name):   TOTA   An "Auxiliary Questionnaire," Form AT-403, must be completed and attached to this application by each individual/partners give lest name, fitst, middle; corporations/limited liability companies give registered name):   Limited	
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hereby makes application for the alcohol beverage icense(s) checked above  2 Name (individual/partners give last name, first, middle; corporations/fimited liability companies give registered name):  An "Auxiliary Questionnaire," Form AT-03, must be completed and attached to this application by each individual/partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each miliability company. List the name, title, and place of residence of each person.  President/Member  Vice President/Member  Agent	ublication fee \$
Name (individual/partners give last annam, fist, middle; corporations/fimited liability companies give registered name):  An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual partners lip, and by each officer, director and agent of a corporation or nonprofit organization, and by each milliability company. List the name, title, and place of residence of each person  Tide  President/Member  Treasurer/Member  Agent	
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partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each milability company. List the name, file, and place of residence of each person    Treasurer/Member	<u>-e                                     </u>
Home Address   Home	idual applicant, by each member of a
Home Address   Home	ambenthanager and agent of a milited
Vice President/Member Secretary/Member Agent	Post Office & Zip Code
Vice President/Member Secretary/Member Agent	re Are Mad 5371
Secretary/Member Treasurer/Member Agent b How Schenke Directors/Managers  3. Trade Name b Sade Monke Coult feet Learny Business Phone Number Address of Premises b LDD Catter County Business Phone Number 4. Address of Premises b LDD Catter County Business Phone Number 5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage training course for this license period?  6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant?  7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business?  8. (a) Corporatellimited liability company applicants only: Insert state 300 and date 200.  9. (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company.  9. (c) Does the corporation, or any officer director, stockholder or agent or limited liability company, or any member/mane agent hold any interest in any other alcohol beverage license or permit in Wisconsin?  1. (NOTE All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above)  9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records (Alcomay be sold and stored only on the premises described)  10. Legal description (omit if street address is given above): [Secretary 10]  11. Legal description (omit if street address is given above): [Secretary 10]  12. Legal description (omit if street address is given above): [Secretary 10]  13. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5)  14. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  15. Legal Carefield Partner(s)/Member/Man.  16. Legal Carefield Partner(s)/Member/Man.  18. Additi	
Agent  Agent  Business  Agent  Business  Phone Number	
Directors/Managers  Trade Name	
Trade Name Address of Premises Dade Monke College Business Phone Number Address of Premises Dade Monke College Business Phone Number Post Office & Zip Code Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage training course for this license period?  Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant?  Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? (b) Is applicant corporation/limited liability company applicants only: Insert state 1011 and date 2012 (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company (c) Does the corporation, or any officer director, stockholder or agent or limited liability company, or any member/mana agent hold any interest in any other alcohol beverage license or permit in Wisconsin?  (NOTE All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above)  Premises description: Describe building or buildings where alcohol beverages are to be sold and stored The applicant all rooms including living quarters, if used, for the sale, service, and/or storage of alcohol beverages and records (Alcomay be sold and stored only on the premises described)  (a) Was this premises licensed for the sale of liquor or beer during the past license year?  (b) If yes, under what name was license issued?  (a) Was this premises licensed for the sale of liquor or beer during the past license year?  (b) If yes, under what name was license issued?  (a) Was this premises licensed will not all to make a period of a dispute of a liquor or beer during the past license year?  (b) If yes, under what name was license issued?  (a) Was this premises licensed will not all to make a period of a liquor or beer during the past license year?  (b) If yes, under what name was license issued?  (a) Was this premises license year?  (b)	
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Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that she Section 2, above? [phone (608) 266-2776]  Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  IEAD CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been true if the signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s) individual applicants and each member of a partnership applicant must sign; corporate officer(s) members/managers of Limited Liability my portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and group to the state of the above questions has been true.  Substitution of the above questions has been true in the provisional interest to the above questions has been true. The applicant must sign; corporate officer(s) members/managers of Limited Liability my portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and group to the provisional partner of Corporation/Member/Manager (Officer of Corporation/Member/Manager).	D≪Yes □ No
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Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  IEAD CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been true. If the signers Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s) individual applicants and each member of a partnership applicant must sign; corporate officer(s) members/managers of Limited Liability may portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and group to the state of Corporation/Member/Manager of Corporation/	√Yes □ No
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If the signers Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s individual applicants and each member of a partnership applicant must sign; corporate officer(s) members/managers of Limited Liability my portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and group to the support of the suppor	
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ny portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and groups of the support o	
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All commission expires 8-26-2012  O BE COMPLETED BY CLERK  Date received and filed with municipal clerk   2-22-01 ale reported to council/board with munici	
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Date received and filed vith municipal clerk   2-22-0   ate reported to council/board   Date provisional license issued   Signature of Clerk / D	-g 2000
with municipal clerk 12-33-07	eputy Cierk
Date license granted  Date license issued  License manber issued	
T-106 (R. 4-09)	Wisconsin Department of Revenue
Legistar # 16944	
orgustal # 16777	•

## City of Madison Supplemental Class B License Application

	□ Seller's Permit Number       □ Description of Licensed Premise       □ Floor Plans         □ Federal Employer Identification Number       □ *Notarized Appointment of Agent Background Investigation Form(s)       □ Sample Menu         □ Notarized Original Application Form Notarized Supplemental Form       □ Notarized Transfer of Ownership Tarticles of Incorporation       □ Business Plan         □ *Articles of Incorporation       * Corporation/LLC only
	1 Name of Applicant/Partner/Corporation/LLC Two Kool Kids, UC
	2 Address of Licensed Premise 109 Cottage Grove Rd
	3. Telephone Number: 919 8501 4. Anticipated opening date: Already Open
	3. Telephone Number: 919 8501 4. Anticipated opening date: Already Opening immediately  5. Mailing address if not opening immediately  Already Opening
	6 Have you contacted the Alderperson, Police Department District Captain, Alcohol Policy Coordinator, and the neighborhood association representative for the area in which you intend to locate? Yes \subseteq No
	7. Are there any special conditions desired by the neighborhood?   Yes
	Explain
	8. Business Description, including hours of operation: Taves 4pm-cl 7clas
	10. Detailed written description of building, including overall dimensions, seating arrangements, capacity, bar size and all areas where alcohol beverages are to be sold and stored. The licensed premise described below shall not be expanded or changed without the approval of the Common Council.  1700 59 ft - 100 posson capacity - Bar Searts 15  2 Dayt boards - 1 post table - 1 Shoffle pock
	2 Dart Scards - I pull table - I Shottle puck Outdoor Easting in Summer-Seats 40 - Las Stones in Exement - Worked
	Please note that alcohol may be sold and stored only on the licensed premise, not in living quarters.
1	12 Describe existing parking and how parking lot is to be monitored & sorts de rectly behind  Sorts on Sido - 25 Sorts on corner
1	13. Describe your management experience, staffing levels, duties and employee training.  775 2+ 2000 Ship - House's 4-9pm (Bytanhouse) 275 2+ 2000 Ship - Jack Markey 92-ce 2Baruh
1	4. Identify the registered agent for your Corporation or LLC. This is your corporation's agent for service of process, notice or demand required or permitted by law to be served on the corporation.    The Schede George Agent for your Corporation or LLC. This is your corporation's agent for service of process, notice or demand required or permitted by law to be served on the corporation.    Address

	15.	Utilizing your market research, who would you project your target market to be?  Weighborroud workers dwellers	
	16.	What age range would you hope to attract to your establishment? 25-65.	
		Describe how you plan to advertise/promote your business. What products will you be advertising?	_
	18.	Are you operating under a lease or franchise agreement? Yes (attach a copy) No	
		Owner of building where establishment is located:	<del></del>
		Idress of Owner: Phone Number	<del></del>
	20.	Private organizations (clubs): Do your membership policies contain any requirement of "Invidious" (lil to give offense) discrimination in regard to race, creed, color, or national origin?  Yes	kely
Sje	21	List the Directors of your Corporation/LLC  Hack Schenke 4613 Maker Au prolis	<b>∑</b> 3
		Name Address	_
		Name Address	~~~
	22	List the Stockholders of your Corporation/LLC	
		Name Address % of Ownersh	.íp
		Name Address % of Ownersh	āp
		Name Address % of Ownersh	ıip
	23.	What type of establishment are you? (Check all that apply) Tavern Nightclub Restaurant	
		Other Please Explain	
	24	What type of food will you be serving, if any?	
	25.	Please submit a sample menu with your application, if possible What might eventually be included on	you
		operational menu when you open? Appetizers Salads Soups Sandwiches Entrees  Desserts Pizza Full Dinners	
	26.	During what hours of your operation do you plan to serve food? Upon - Closs  Free Proger	
9.			

27. What hours, if any, will food service not be available? $\frac{1}{2}$
28. Indicate any other product/service offered.
29. Will your establishment have a kitchen manager? Yes No
30. Will you have a kitchen support staff? Yes No
31. How many wait staff do you anticipate will be employed at your establishment?
During what hours do you anticipate they will be on duty?
32. Do you plan to have hosts or hostesses seating customers? Yes No
33. Do your plans call for a full-service bar? Yes No
If yes, how many bar stools do you anticipate having at your bar?
How many bartenders do you anticipate you would have working at one time on a busy night? $1-2-3$
34. Will there be a kitchen facility separate from the bar? Yes
35. Will there be a separate and specific area for eating only? Yes
If yes, what will be the seating capacity for that area?
36. What type of cooking equipment will you have?—Stove Oven Fryers Grill Microwave
37. Will you have a walk-in cooler and/or freezer dedicated solely to the storage of food products? Yes
What percentage of your overall payroll do you anticipate will be devoted to food operation salaries?
39. 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?
40. Are you currently, or do you plan to become, a member of the Madison—Dane County Tavern League or
the Tavern League of Wisconsin? Yes
41. Are you currently, or do you plan to become, a member of the Wisconsin Restaurant Association or the
National Restaurant Association? Yes No

42.	What is your estimated	capacity?	100	
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43. Pursuant to Chapter 23 of the Madison General Ordinances, all restaurants and taverns serving alcohol beverages shall substantiate their gross receipts for food and alcohol beverage sales broken down by percentage. For new establishments, the percentage will be an estimate.

Gross Receipts from Alcoholic Beverages	<b>08</b> %
Gross Receipts from Food and Non-Alcoholic Beverages	%
Gross Receipts from Other	0 %
Total Gross Receipts	100%

44. Do you have written records to document the percentages shown? You may be required to submit documentation verifying the percentages you've indicated.

Read carefully before signing: 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 this business according to law and that the rights and responsibilities conferred by the license(s), if granted will not be assigned to another. Any lack of access to any portion of a licensed premise 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 22nd day of December 2009

Maribeth Witzel-Behl

(Clerk/Notary Public)

My commission expires 8-26-12

(Officer of Corporation/Member of LLC/Partner/Individual)

