

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning 20 ending June 30 20 11

TO THE GOVERNING BODY of the: Town of Village of City of Madison

County of Dane Aldermanic Dist. No. (if required by ordinance)

- 1. The named INDIVIDUAL PARTNERSHIP LIMITED LIABILITY COMPANY CORPORATION/NONPROFIT ORGANIZATION

hereby makes application for the alcohol beverage license(s) checked above.

- 2. Name (individual/partners give last name, first, middle: corporations/limited liability companies give registered name): Avenue Restaurant LLC

An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company.

Table with columns: Title, Name, Home Address, Post Office & Zip Code. Rows include President/Member, Vice President/Member, Secretary/Member, Treasurer/Member, Agent, and Directors/Managers.

- 3. Trade Name: Avenue Bar Business Phone Number
4. Address of Premises: 1128 E Washington Ave Post Office & Zip Code: Madison 53703

- 5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server 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) Corporate/limited liability company applicants only: Insert state WI and date 4/20/11 of registration.
(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/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin?

9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Bar, Dining Room, Basement Storage room

- 10. Legal description (omit if street address is given above):
11. (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? Avenue Bar of Madison, Inc
12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business?
13. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in Section 2, above?
14. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?

Table with columns: TYPE, FEE. Rows include Class A beer, Class B beer, Wholesale beer, Class C wine, Class A liquor, Class B liquor, Reserve Class B liquor, Publication fee, and TOTAL FEE.

STACI SCHULENBURG Notary Public State of Wisconsin

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree 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. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.) Any lack of access to any portion of a 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
25 day of April, 20 11
Staci Schulemburg (Clerk/Notary Public)
[Signatures] (Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)
[Signature] (Officer of Corporation/Member/Manager of Limited Liability Company/Partner)
[Signature] (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

Table with columns: Date received and filed with municipal clerk, Date reported to council/board, Date provisional license issued, Signature of Clerk / Deputy Clerk, Date license granted, Date license issued, License number issued.

City of Madison Supplemental Class B License Application

<input type="checkbox"/> Seller's Permit Number <input checked="" type="checkbox"/> Federal Employer Identification # <input checked="" type="checkbox"/> Notarized Original Application Form <input checked="" type="checkbox"/> Notarized Supplemental Form <input type="checkbox"/> Orange Sign (Clerk's Office provides at time of application)	<input type="checkbox"/> Written Description of Premise <input checked="" type="checkbox"/> Background Investigation Form(s) <input checked="" type="checkbox"/> Notarized Transfer of Ownership <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 checked="" type="checkbox"/> Sample Menu <input checked="" type="checkbox"/> Business Plan
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1. Name of Applicant/Partner/Corporation/LLC Avenue Restaurant LLC
2. Address of Licensed Premise 1128 E Washington Ave Madison 53703
3. Telephone Number: _____ 4. Anticipated opening date: May 2011
5. Mailing address if not opening immediately 2002 Atwood Ave Madison 53704

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 No
7. Are there any special conditions desired by the neighborhood? Yes No No but we will before May ALRC meeting
- Explain. _____

8. Business Description, including hours of operation: Restaurant
11am - 10pm M-F, 8am - 10pm Sat + Sun

9. Do you plan to have live entertainment? No Yes—What kind? _____

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.**

the building is divided into 2 large spaces, each w/ overall dimensions of 40' x 80' = total square footage = approx. 6,350. w/a basement under 1/2 of the building of approx 2,200 square feet. the bar has a bar of about 30' - seating about 25-30 - Dining in that room seats about another 95 - the second dining room seats about 175. Alcohol is sold in both dining rooms and stored behind the bar and the basement walk-in cooler and locked alcohol "cage".

11. Are any living quarters directly or indirectly accessible and under control of the applicant? Yes No
 Please note that alcohol may be sold and stored only on the licensed premise, not in living quarters.

12. Describe existing parking and how parking lot is to be monitored. Parking lots adjacent to both sides of the building. Well lit

13. Describe your management experience, staffing levels, duties and employee training.
we run numerous restaurants in Madison and have years of experience

14. 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.

Peder Moren 100 Wisconsin Ave Madison WI 53703
 Name Address

15. Utilizing your market research, who would you project your target market to be?

The market that's been going to this location for the last 40 years

16. What age range would you hope to attract to your establishment? 20-70, Families

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

Advertise Food & restaurant

18. Are you operating under a lease or franchise agreement? Yes (attach a copy) No

19. Owner of building where establishment is located: East Washington Real Estate LLC

Address of Owner: 2002 Atwood Ave Phone Number 608-241-5790

20. 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? Yes No

N/A

21. List the Directors of your Corporation/LLC

Monty Schiro 2929 Hunter Hill Madison 53705
Name Address

Reider Moren 100 Wisconsin Ave Madison 53703
Name Address

Joseph Krupp 3010 Woodland Tr Middleton 53562
Name Address

22. List the Stockholders of your Corporation/LLC

Name Address % of Ownership

Name Address % of Ownership

Name Address % of Ownership

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? Full service restaurant

Breakfast Lunch Dinner

25. Please submit a sample menu with your application, if possible. What might eventually be included on your 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? All, 11am-10pm M-F
8am-10pm Sat & Sun

27. What hours, if any, will food service not be available? None
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? 20
During what hours do you anticipate they will be on duty? all
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? 20-25
How many bartenders do you anticipate you would have working at one time on a busy night? 2-3
34. Will there be a kitchen facility separate from the bar? Yes No
35. Will there be a separate and specific area for eating only? Yes No
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 No
38. What percentage of your overall payroll do you anticipate will be devoted to food operation salaries?
95+% bartenders serve food also
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? 95%-100%
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 No
41. Are you currently, or do you plan to become, a member of the Wisconsin Restaurant Association or the National Restaurant Association? Yes No
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42. What is your estimated capacity? 300

43. Pursuant to Chapter 38.02 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.

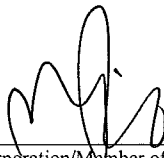
Gross Receipts from Alcoholic Beverages	27 %
Gross Receipts from Food and Non-Alcoholic Beverages	73 %
Gross Receipts from Other	%
Total Gross Receipts	100%

44. Do you have written records to document the percentages shown? Yes No
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.

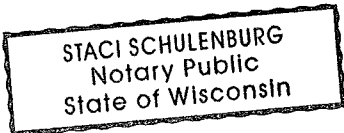
Subscribed and Sworn to before me:

this 25 day of April, 2011



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

Staci Schlenburg
(Clerk/Notary Public)



My commission expires March 1, 2015

Appointment of New Liquor/Beer Agent

To be completed by Corporate Officer or Member of LLC


I, Monty Schiro, officer/member for Avenue Restaurant LLC
(Corporation/LLC), doing business as Avenue Bar, authorize and appoint
Caitlin Suemnicht (Name) as the liquor/beer agent for the premise
located at 1128 E. Washington Ave.

Subscribed and sworn to before me this

25 Day of April, 20 11

Staci Schulerburg
Notary Public, Dane County, Wisconsin

My Commission Expires March 1, 2015


Signature of Officer/Member

STACI SCHULENBURG
Notary Public
State of Wisconsin

To be completed by appointed Liquor/Beer Agent

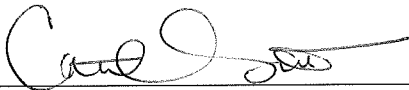
I, Caitlin Suemnicht, appointed liquor/beer agent for
Avenue Restaurant LLC (name of Corporation or LLC), being first duly sworn
say I have vested in me, by properly authorized and executed written delegation, full authority
and control of the premise described in the license of such corporation or limited liability
company, and I am involved in the actual conduct of the business as an employee, or have a
direct financial interest in the business of the licensee, therein relating to the intoxicating
liquor/fermented malt beverage. The interest I have in the business is 9 %.

Subscribed and sworn to before me this

25 Day of April, 20 11

Staci Schulerburg
Notary Public, Dane County, Wisconsin

My Commission Expires March 1, 2015


Signature of Agent

STACI SCHULENBURG
Notary Public
State of Wisconsin

The appointed Liquor/Beer Agent must complete the other side of this form.

Avenue Restaurant LLC

The Avenue Bar has been operating successfully in its current location at 1128 E. Washington Ave for 40 years. We are purchasing the assets of this business and plan to continue to run it as it is currently running.

Sample Menu

This will stay essentially the same as it is today at the Avenue Bar. Variety of appetizers, salads, soups, sandwiches, entrees and desserts.

Business Plan

This will stay essentially the same as it is today at the Avenue Bar. We will continue to serve families and customers normally in the age range of 20 to 70.

Date of this notice: 04-21-2011
Employer Identification Number:
45-1845297
Form: SS-4
Number of this notice: CP 575 A

AVENUE RESTAURANT LLC
AVENUE BAR
% MONTY SCHIRO MBR
2002 ATWOOD AVE STE 208
MADISON, WI 53704

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 45-1845297. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

- | | |
|-----------|------------|
| Form 941 | 07/31/2011 |
| Form 940 | 01/31/2012 |
| Form 1065 | 04/15/2012 |

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

Sec. 183.0202
Wis. Stats.



State of Wisconsin
Department of Financial Institutions

ARTICLES OF ORGANIZATION - LIMITED LIABILITY COMPANY

Executed by the undersigned for the purpose of forming a Wisconsin Limited Liability Company under Chapter 183 of the Wisconsin Statutes:

Article 1. **Name of the limited liability company:**

Avenue Restaurant, LLC

Article 2. **The limited liability company is organized under Ch. 183 of the Wisconsin Statutes.**

Article 3. **Name of the initial registered agent:**

Peder Moren

Article 4. **Street address of the initial registered office:**

2002 Atwood Avenue, Suite 208
Madison, WI 53704
United States of America

Article 5. **Management of the limited liability company shall be vested in:**

A manager or managers

Article 6. **Name and complete address of each organizer:**

Edward J. Lawton
2 E. Mifflin Street, Suite 200
Madison, WI 53703
United States of America

Other **This document was drafted by:**
Information.

Edward J. Lawton

Organizer Signature:

Edward J. Lawton

Contact Information:

Jamie Brud

2 E. Mifflin Street, Suite 200
Madison, WI 53703
United States of America
jbrud@axley.com
608-235-2566

Date & Time of Receipt:

4/20/2011 8:59:02 AM

Credit Card Transaction Number:

201104202582054

**ARTICLES OF ORGANIZATION - Limited Liability Company(Ch.
183)**

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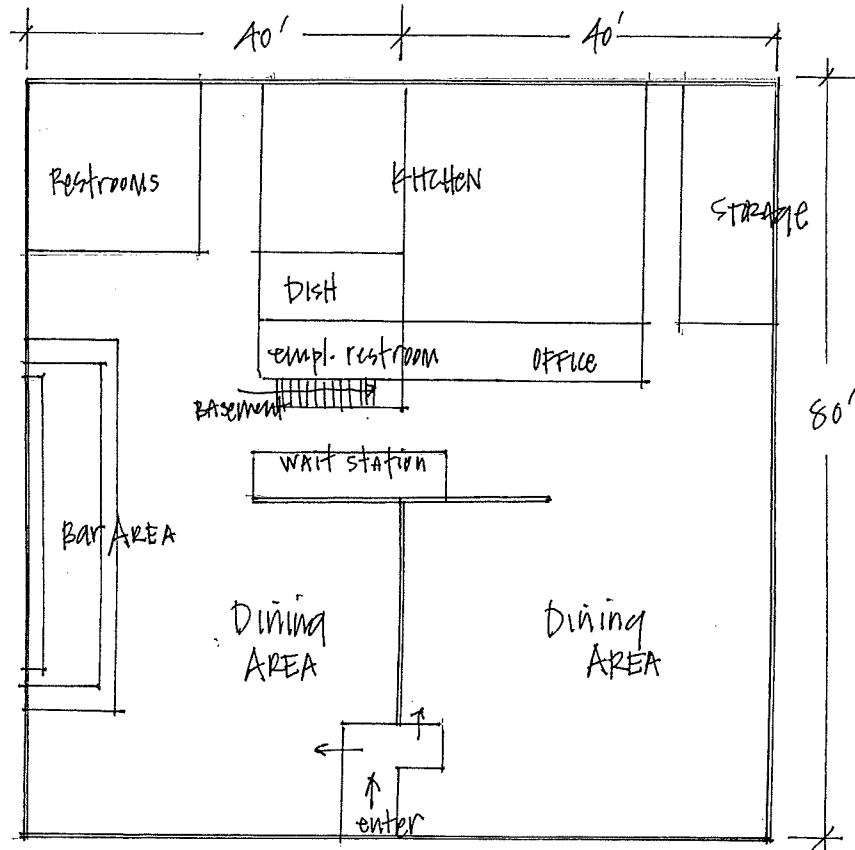
Filing Fee: \$130.00
Total Fee: \$130.00

ENDORSEMENT

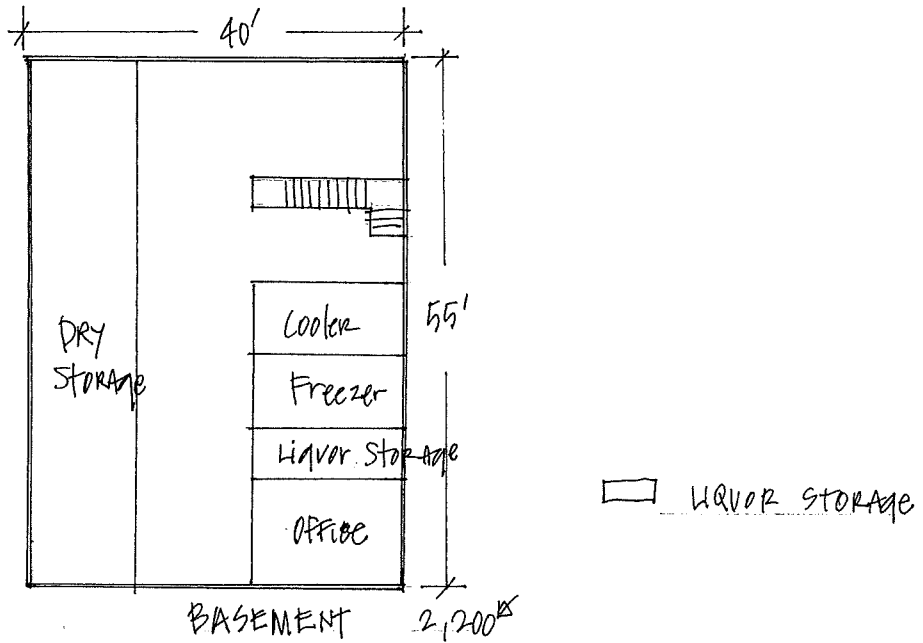
**State of Wisconsin
Department of Financial Institutions**

EFFECTIVE DATE	
4/20/2011	

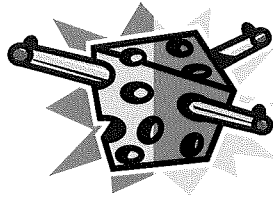
FILED 4/20/2011	
	Entity ID Number A065258



FIRST FLOOR 6350^{sq}



Avenue Bar
1128 EAST WASHINGTON AVE.



FOODFIGHT
i n c o r p o r a t e d

April 25, 2011

Office of the City Clerk, City of Madison
210 Martin Luther King, Jr. Drive
Madison, WI 53703

RE: Lease, 1128 & 1138 E. Washington Avenue

Gentlemen:

It is our intention to enter into a net commercial lease for the premises at 1128 E. Washington Avenue and the parking lot at 1138 E. Washington Avenue, Madison Wisconsin for the purposes of operating a restaurant and bar known as Avenue Bar. We are purchasing the properties from the Zach family, who have operated the business Avenue Bar at these locations since 1970, with closing occurring in late May, 2011.

The lessor will be known as East Washington Real Estate, LLC, the lessee will be Avenue Restaurant, LLC. The ownership of both of these entities is similar and hold several liquor licenses through entities associated with Food Fight, Inc.

The agreement to purchase is just finalized. A lease summary will be provided as soon as it is ready.

Thank you for your co-operation.

Sincerely,

Peder E. Moren, Chairman
Food Fight, Inc.

cc: Monty Schiro