

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning April 20 12 ;
ending June 20 12

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

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): Mad Town Pizza LLC

Applicant's Wisconsin Seller's Permit Number:	
Federal Employer Identification Number (FEIN):	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Wholesale beer	\$
<input checked="" type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$
TOTAL FEE	\$

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. List the name, title, and place of residence of each person.

Title	Name	Home Address	Post Office & Zip Code
President/Member	<u>Pres Kelly Grant</u>	<u>658 Village Ln</u>	<u>53590</u>
Vice President/Member	<u>Vice Pres Rita K Cerniglia</u>	<u>7315 Pandvian Rd</u>	<u>53562</u>
Secretary/Member			
Treasurer/Member			
Agent	<u>Joseph A Cerniglia</u>		
Directors/Managers			

3. Trade Name Mad Town Pizza Business Phone Number 608-250-3333
 4. Address of Premises 912 E Johnson St Post Office & Zip Code 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? Yes No
- 6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
- 7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? Yes No
- 8. (a) Corporate/limited liability company applicants only: Insert state WI and date 11-16-2010 of registration.
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? Yes No
(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? Yes No

(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 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.) First Floor - Kitchen, Dining Room - Alcohol stored in back 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? Yes No
(b) If yes, under what name was license issued? _____
- 12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864] Yes No
- 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? [phone (608) 266-2776] Yes No
- 14. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

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
this 9th day of February, 20 12
Lawrence B. Brown
(Clerk/Notary Public)

Beta K. Cerniglia
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)

(Additional Partner(s)/Member/Manager of Limited Liability Company If Any)

My commission expires is permanent

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 checked="" 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 checked="" type="checkbox"/> Written Description of Premise <input checked="" type="checkbox"/> Background Investigation Form(s) <input 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 type="checkbox"/> Floor Plans <input checked="" type="checkbox"/> Lease <input checked="" type="checkbox"/> Sample Menu <input type="checkbox"/> Business Plan
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1. Name of Applicant/Partner/Corporation/LLC Joseph A. Cerniglia MADTOWN PIZZA LLC
2. Address of Licensed Premise 912 E. JOHNSON ST.
3. Telephone Number: 608-250-3333 4. Anticipated opening date: we are open
5. Mailing address if not opening immediately 7315 Pondview Rd. Middleton, WI
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
 Explain. _____
8. Business Description, including hours of operation: Pizza Rest.
4pm To 11:00
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.**
Square Footage - Beer will be kept in Back Storage Room - will only be sold in the Dining Room To customers - No Bar - Capacity 25 seats
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. STREET PARKING
13. Describe your management experience, staffing levels, duties and employee training.

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.

Name

Address

AD-2
AD-407

4CLB2012-00146

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

Everybody

16. What age range would you hope to attract to your establishment? All

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

Food

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

19. Owner of building where establishment is located: John Wright

Address of Owner: 301 Norris Ct, Madison, WI Phone Number 255-7275

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

21. List the Directors of your Corporation/LLC

Reta K Cerniglia 7315 Pondview Rd, Middleton, WI
Name Address

Kelly Grant 658 Village Ln, Sun Prairie, WI
Name Address

Name Address

22. List the Stockholders of your Corporation/LLC

Reta K Cerniglia 7315 Pondview Rd, Middleton, WI 50%
Name Address % of Ownership

Kelly Grant 658 Village Ln, Sun Prairie, WI 50%
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? Mostly Pizza - pasta - sandwiches

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 Hours we are open

27. What hours, if any, will food service not be available? None
28. Indicate any other product/service offered. ICE CREAM
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? 1-2
During what hours do you anticipate they will be on duty? 5 PM - 10 PM
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? NO BAR
How many bartenders do you anticipate you would have working at one time on a busy night? _____
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? 25-30
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?
100%
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? 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? 30

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	5 %
Gross Receipts from Food and Non-Alcoholic Beverages	95 %
Gross Receipts from Other	0 %
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 24 day of February, 2012

Beta K. Carrigan
(Officer of Corporation/Member of LLC/Partner/Individual)

[Signature]
(Clerk/Notary Public)

My commission expires is permanent

Appointment of New Liquor/Beer Agent

To be completed by Corporate Officer or Member of LLC

I, Reta K Cerniglia officer/member for Madtown Pizza LLC
(Corporation/LLC), doing business as Madtown Pizza authorize and appoint
Joseph A. Cerniglia (Name) as the liquor/beer agent for the premise
located at 912 E Johnson St.

Subscribed and sworn to before me this

20th Day of February, 2012

James J. Hansen
Notary Public, Dane County, Wisconsin

My Commission Expires is permanent

R. Kay Cerniglia
Signature of Officer/Member

To be completed by appointed Liquor/Beer Agent

I, Joseph A Cerniglia, appointed liquor/beer agent for
Madtown Pizza 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 0 %.

Subscribed and sworn to before me this

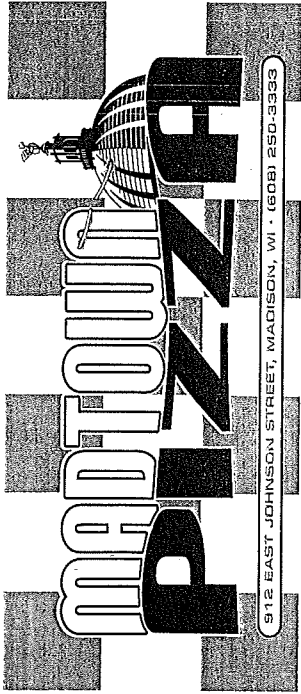
20th Day of February, 2012

James J. Hansen
Notary Public, Dane County, Wisconsin

My Commission Expires is permanent

Joseph A Cerniglia
Signature of Agent

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



MENU

HAND TOSSED PIZZA

12" 16" 20" & OUR 8" ROUND SLICES MADE TO ORDER
(APPROXIMATE SIZES)

**SPECIALTY PIZZAS
MAD VEGGIE EATER**

TOMATOES, ONIONS, FRESH MUSHROOMS, RIPE OLIVES & GREEN PEPPERS

MAD ABOUT MEAT

PEPPERONI, ITALIAN SAUSAGE, HAM, CRISP BACON & SEASONED GROUND BEEF

WISCONSIN BACON BURGER

SEASONED GROUND BEEF, CRISP BACON, ONIONS, CHEESE & MORE CHEESE

THE MADDELICIOUS

PEPPERONI, SAUSAGE, MUSHROOMS, ONIONS & GREEN PEPPERS

SLICE - \$5.25 * 12" - \$12.59 * 16" - \$18.59 * 20" - \$24.59

CUSTOM PIZZAS

CHOOSE YOUR FAVORITE TOPPINGS

PEPPERONI, SAUSAGE, BACON, HAM, MEATBALLS, SEASONED GROUND BEEF, ONIONS, FRESH MUSHROOMS, CANNED MUSHROOMS, GREEN PEPPERS, PINEAPPLE, RIPE OLIVES, GREEN OLIVES, EXTRA CHEESE, TOMATOES, JALAPENO PEPPERS & ANCHOVIES

SLICE - \$3.75 EACH ADDITIONAL TOPPING \$0.50
12" - \$7.99 EACH ADDITIONAL TOPPING \$1.25
16" - \$11.99 EACH ADDITIONAL TOPPING \$2.00
20" - \$15.99 EACH ADDITIONAL TOPPING \$2.25

PASTA

AUTHENTIC SICILIAN RECIPE SPAGHETTI
RICH AND SMOOTH FLAVOR

BOUNTIFUL RECIPE SPAGHETTI
THICK, HEARTY & DELICIOUS

\$5.59

SANDWICHES

SMOUTH WATERING ITALIAN BEEF
NO KIDDING, YOU WILL WANT THIS ONE AGAIN

ITALIAN SAUSAGE

MADE WITH THE BEST RECIPE WE KNOW OF

ITALIAN SUB

ALWAYS A FAVORITE: PEPPERONI, HAM, SALAMI
CHEESE, TOMATOES, RIPE OLIVES, LETTUCE, MAYO & SPICES

MEATBALL SUB

REALLY TASTY, BUT MAYBE NOT THE BEST CHOICE ON A FIRST DATE

VEGI SUB

TOMATOES, ONIONS, FRESH MUSHROOMS, RIPE OLIVES & GREEN PEPPERS & SPICES

CHEESY BEEF

BEEF, CHEESE & VITO'S GARLIC SAUCE

\$4.99

MINI CALZONES

MADE WITH OUR GARDEN GARLIC SAUCE
CHOOSE YOUR FAVORITE FILLINGS

CHEESE & 1 FILLING \$2.25
\$0.25 EACH ADDITIONAL FILLING

BEVERAGES

COKE, DIET COKE, COKE ZERO, SPRITE, A & W ROOT BEER,
DIET A & W ROOT BEER, MOUNTAIN DEW, & BOTTLED WATER

\$0.75



WE DELIVER 250-3333

**FOR THE LATEST INFO & SPECIAL
DEALS, LIKE US ON FACEBOOK**



PRICES AND MENU ITEMS SUBJECT TO CHANGE WITHOUT NOTICE.
LIMITED DELIVERY AREA. A \$1.00 DELIVERY CHARGE WILL BE ADDED TO ALL DELIVERIES.



DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 11-10-2010

Employer Identification Number:
27-3917326

Form: SS-4

Number of this notice: CP 575 A

MADTOWN PIZZA LLC
MADTOWN PIZZA
% KELLY GRANT MBR
658 VILLAGE LN
SUN PRAIRIE, WI 53590

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 27-3917326. 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	01/31/2011
Form 940	01/31/2011
Form 1065	04/15/2011

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.

Sellers Permit #

456-1027244521-02

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:**

Madtown Pizza LLC

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

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

Kelly Grant

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

912 E Johnson St
Madison, WI 53703
United States of America

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

A member or members

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

Kelly Grant
658 Village Ln
Sun Prairie, WI 53590
United States of America

Reta Cerniglia
7315 Pond View Rd
Middleton, WI 53562
United States of America

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

Kevin Grant

Organizer Signature:

Kelly Grant

link to the filed document.

If your document is not acceptable:

An email will be sent to madtownpizza@yahoo.com with a link to make the necessary corrections. You must make the corrections to the document and resubmit it. You will not be charged again. The resubmitted document will be subject to a new received date.

What Next

- For questions regarding this filing, call (608) 261-7577.
- Give feedback.
- Submit another document.
- DFI Home Page
- Wisconsin.gov: Build Your Business