

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning July 1 20 12 ; ending June 30 20 12

TO THE GOVERNING BODY of the: Madison City of

County of Dane Aldermanic Dist. No. 4 (if required by ordinance)

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

- 1. The named [] INDIVIDUAL [] PARTNERSHIP [] LIMITED LIABILITY COMPANY [X] 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): Trip's Main Depot Inc.

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.

Title Name Home Address Post Office & Zip Code
President/Member President Travis H. Tripalin 1918 Anhalt Dr. Madison, WI 53704
Vice President/Member
Secretary/Member
Treasurer/Member
Agent Travis Tripalin
Directors/Managers

- 3. Trade Name Main Depot Business Phone Number
4. Address of Premises 627 W. MAIN ST 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? [] Yes [X] No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? [] Yes [X] No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? [] Yes [X] No
8. (a) Corporate/limited liability company applicants only: Insert state WI and date of registration.
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? [] Yes [X] 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 [X] 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.) See attached liquor/Beer Supplemental Form
10. Legal description (omit if street address is given above): See Street address above
11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? [X] Yes [] No
(b) If yes, under what name was license issued? Main Depot
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] [X] 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]. [X] Yes [] No
14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? [X] 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.

SUBSCRIBED AND SWORN TO BEFORE ME

this 15 day of October, 20 12

Merryl E Barta (Clerk/Notary Public)

My commission expires 5/15/2016

[Signature] (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)

TO BE COMPLETED BY CLERK

Table with 4 columns: Date received and filed with municipal clerk, Date reported to council/board, Date provisional license issued, Signature of Clerk / Deputy Clerk. Includes rows for Date license granted and 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 checked="" type="checkbox"/> Floor Plans <input 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 TRIP'S Main Depot Inc.

2. Address of Licensed Premise 627 W. Main St.

3. Telephone Number: (608) 257-3100 4. Anticipated opening date: 12/12/2012

5. Mailing address if not opening immediately 1918 Anhalt Dr.

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: Tavern

Hours Monday - Thursday 10:00 AM - 2:00 AM Fri - Sat. 10 AM - 2 AM

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.**

1400 sq. ft. 1st Floor 30ft. x 58ft. Capacity 80, Length of Bar = 30ft., Seven Tables, 15 bar stools.
1st Floor - Alcohol beverages sold & stored Basement - Alcohol stored

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. 12 parking stalls
monitored by staff routinely throughout Day/Night

13. Describe your management experience, staffing levels, duties and employee training.
12 yrs. Head bartender/night manager, responsible for scheduling staff
liquor/beer orders, food orders, bartender & cook trainer

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.

Travis Tripalin 1918 Anhalt Dr. Madison, WI 53704

Name Address

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

White collar, Blue collar, local neighborhood

16. What age range would you hope to attract to your establishment? 21 & up

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

no advertising budget

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

19. Owner of building where establishment is located: Richard DiSalvo

Address of Owner: 9 Hallows Circle Phone Number (608) 225-3865

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

Travis H. Tripalin 1918 Anhalt Dr. Madison, WI 53704

Name

Address

Name

Address

Name

Address

22. List the Stockholders of your Corporation/LLC

Travis H. Tripalin 1918 Anhalt Dr. Madison, WI

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? _____

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? Regular Menu 10am - 1:00am,

1:00am - close Pizza, chips, Peanuts etc.

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? None
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? 15
How many bartenders do you anticipate you would have working at one time on a busy night? 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?
50%
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? no advertising budget
What percentage of your advertising budget do you anticipate will be drink related? no advertising budget
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? 80

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	% 85
Gross Receipts from Food and Non-Alcoholic Beverages	% 15
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.

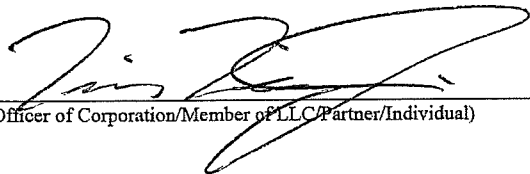
Read carefully before signing: Under penalty provided by law, the applicant states that the above information has been truthfully completed to the best of the knowledge of the signer. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), 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 15 day of October, 2012

Melany E. Baier
(Clerk/Notary Public)

My commission expires 5/15/2012


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

Appointment of New Liquor/Beer Agent

To be completed by Corporate Officer or Member of LLC

I, Travis Tripalin, officer/member for Trips Main Depot Inc.
(Corporation/LLC), doing business as Main Depot, authorize and appoint
Travis Tripalin (Name) as the liquor/beer agent for the premise
located at 627 W Main St.

Subscribed and sworn to before me this

15 Day of October, 2012

Wendy E Baute
Notary Public, Dane County, Wisconsin

My Commission Expires 5/15/2012


Signature of Officer/Member

To be completed by appointed Liquor/Beer Agent

I, Travis Tripalin, appointed **liquor/beer agent** for
Trips Main Depot Inc. (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 100 %.

Subscribed and sworn to before me this

15 Day of October, 2012

Wendy E Baute
Notary Public, Dane County, Wisconsin

My Commission Expires 5/15/2012


Signature of Agent

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



WISCONSIN DEPARTMENT OF REVENUE
 PO BOX 8946
 MADISON, WI 53708-8946

Contact Information:

2135 RIMROCK RD PO BOX 8946
 MADISON, WI 53708-8946
 ph: 608-266-2776 fax: 608-264-6884
 email: dorbusinessstax@revenue.wi.gov
 website: revenue.wi.gov

Letter ID L0607589920

TRIPS MAIN DEPOT INC
 627 W MAIN ST
 MADISON WI 53703-2633

Wisconsin Department of Revenue Seller's Permit

Legal/real name: TRIPS MAIN DEPOT INC
Business name: MAIN DEPOT
 627 W. MAIN ST.
 MADISON WI 53703

- 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 Type	Account Type	Account Number
Sales & Use Tax	Seller's Permit	456-1027832532-02

Date of this notice: 10-11-2012

Employer Identification Number:
46-1168218

Form: SS-4

Number of this notice: CP 575 A

TRIPS MAIN DEPOT INC
MAIN DEPOT
% TRAVIS H TRIPALIN
1918 ANHALT DR
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 46-1168218. 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	04/30/2013
Form 940	01/31/2014
Form 1120	03/15/2013

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.

IMPORTANT INFORMATION FOR S CORPORATION ELECTION:

If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, *Election by a Small Business Corporation*.

Sec. 180.0202
Wis. Stats.



State of Wisconsin
Department of Financial Institutions

ARTICLES OF INCORPORATION - STOCK FOR-PROFIT CORPORATION

Executed by the undersigned for the purpose of forming a Wisconsin Stock For-Profit Corporation under Chapter 180 of the Wisconsin Statutes:

- Article 1. **Name of the corporation:**
Trip's Main Depot Inc.

- Article 2. **The corporation is organized under Ch. 180 of the Wisconsin Statutes.**

- Article 3. **Name of the initial registered agent:**
Travis H Tripalin

- Article 4. **Street address of the initial registered office:**
627 W Main St
Madison, WI 53703
United States of America

- Article 5. **Number of shares of stock the corporation shall be authorized to issue:**
Number of Shares Authorized: 10,000
Class: Common

- Article 6. **Name and complete address of each incorporator:**
Travis H Tripalin
627 W Main St
Madison, WI 53703
United States of America

- Other provisions (optional). (No other provisions declared.)

- Other Information. **This document was drafted by:**
Travis H Tripalin

Incorporator signature:

Travis H Tripalin

Date & Time of Receipt:

10/12/2012 11:38:54 AM

Order Number:

201210113155029

ARTICLES OF INCORPORATION - Wisconsin Stock For-Profit Corporation (Ch. 180)

Filing Fee: \$100.00
Expedite Fee: \$25.00
Total Fee: \$125.00

ENDORSEMENT

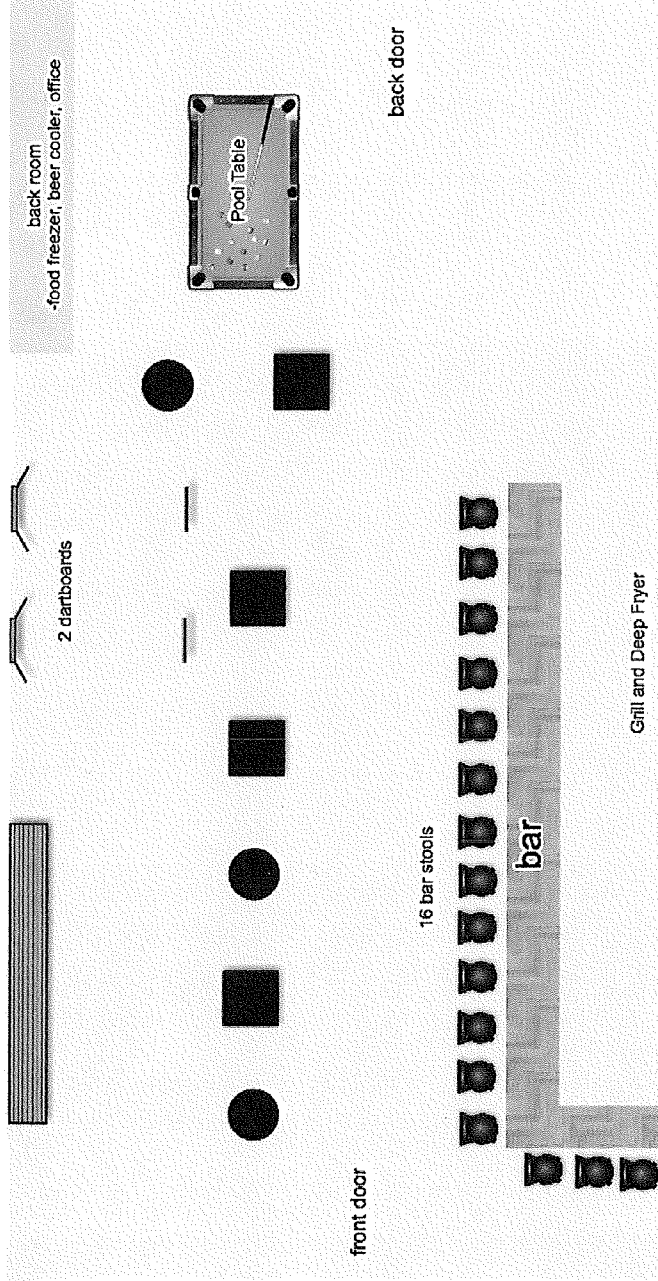
**State of Wisconsin
Department of Financial Institutions**

EFFECTIVE DATE	
10/12/2012	

<p>FILED 10/12/2012</p>	<p>Entity ID Number T057860</p>
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Main Depot

30ft.x 58ft.



- 7 Tables
- 16 bar stools
- Pool Table
- 2 Dartboards

Main Depot floor Plan

1400 Sq. Ft.

- 1st Floor- 30ft.x 58ft.
- Bar and Food and Alcohol served and stored
- Basement- Food and Alcohol stored
- 2nd Floor- Apartments(6 apartments)

Business Hours- Monday-Thursday 10am-2am/Friday-Saturday 10am-2:30am



MAIN DEPOT

appetizers

Wisconsin cheese curds	4
Onion rings	4
French fries	3

sandwiches

Cheeseburger	5
Chicken sandwich	5
Chicken wings	5.5

pizzas

Pepperoni	8
Deluxe	12

Lorem ipsum dolor sit amet, consectetur adipiscing elit.

[Street Address] [City], [State] [Postal Code]
Phone [Your Phone] Web: [Web Address]

TRIP'S MAIN DEPOT INC.

627 W. MAIN ST
MADISON, WI 53703
608-257-3100

The Main Depot has been a successful neighborhood bar in the downtown area of Madison, WI for thirty years. The bar has been a University of Wisconsin sports event hub for many years and continues to cater to UW sports fans for football, basketball, and hockey games.

The Main Depot was established in 1982 by Rich DiSalvo and Hondo Harris, and over the years has become a well-known fixture of the Bassett neighborhood, and near downtown taverns. The Depot's history goes back to the early 1900's and was originally a train depot for downtown Madison. It has been a building of many faces over the years from a train depot, to boarding house, to one of the first phone company's in Madison. Previous to the Main Depot, the bar was called Trameries bar. I've been a manager of the Main Depot for twelve years and have built strong relationships with our broad customer base and have their full support and encouragement in purchasing the Main Depot.

The Main Depot offers a friendly neighborhood bar atmosphere with an emphasis on catering to UW athletics sporting event fans. The bar offers food from local vendors, including their choice hamburger meat from Jennifer St Market. Lunchtime customers include white-collar workers from local surrounding businesses, and neighborhood locals who come to enjoy homemade soups and sandwiches.

The distinct strengths are it's location, knowledgeable and friendly staff, and it's affordable prices that compete with competitors. The location is two blocks from the Kohl Center, which hosts UW basketball and hockey events, and a short walk to Camp Randall, which hosts UW football games. The friendly staff are personable and enjoy building long lasting relationships with customers, which encourages the clientele to choose to come back to the Main Depot repeatedly over it's competitors.

There are opportunities to increase business and attract new clientele by upgrading our menu, advertising to the growing neighborhoods surrounding the Main Depot, and the continued success of UW athletics. With these opportunities, and our extensive existing loyal customer base that has accumulated for over thirty years, the successful history of the Main Depot will continue to flourish under new ownership.