

# ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk

For the license period beginning June 30 2008 ;  
ending June 30 2008 ;

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

County of Dane Aldermanic Dist No. 11 (if required by ordinance)

- 1 The named  INDIVIDUAL  PARTNERSHIP  LIMITED LIABILITY COMPANY  
 CORPORATION/NONPROFIT ORGANIZATION GAS U SAVE LLC

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): GAS U SAVE LLC

Applicant's Wisconsin Seller's Permit Number: <u>004-000394226</u>	
Federal Employer Identification Number (FEIN):	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Wholesale beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ <u>20.00</u>
<b>TOTAL FEE</b>	\$

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

President/Member: MANAGING MEMBER JEANNETTE C REEVE Home Address: 9809 SHADOW HOLLOW DR, VERONA, WI Post Office & Zip Code: 53593  
Vice President/Member: \_\_\_\_\_  
Secretary/Member: \_\_\_\_\_  
Treasurer/Member: \_\_\_\_\_  
Agent: SAAEED (SID) B KABIR, STORE MANAGER  
Directors/Managers: \_\_\_\_\_

- 3 Trade Name: GAS U SAVE LLC Business Phone Number: 608 238 1311  
4 Address of Premises: 2801 UNIVERSITY AVE Post Office & Zip Code: 53705

- 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 \_\_\_\_\_ and date \_\_\_\_\_ 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) 2801 UNIV AVE, ON THE RACKS NEXT TO  
10 Legal description (omit if street address is given above): THE CASHIER & IN FRONT OF THE CASHIER  
11 (a) Was this premises licensed for the sale of liquor or beer during the past license year? YES, CLASS A BEER  Yes  No  
(b) If yes, under what name was license issued? 6-21-2007 - SEE ATTACHED EXHIBIT-A  
12 Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630 5) before beginning business?  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?  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 22 day of OCTOBER, 2007

Jeannette Reeve (MANAGING MEMBER)  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

My commission expires 8/28/2011

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

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

### TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk: <u>12/26/07</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued: <u>79870</u>	

08682

## City of Madison Supplemental Class A License Application

<input type="checkbox"/> Seller's Permit Number <input type="checkbox"/> Federal Employer Identification Number <input type="checkbox"/> Notarized Original Application Form <input type="checkbox"/> Notarized Supplemental Form	<input type="checkbox"/> Description of Licensed Premise <input type="checkbox"/> *Notarized Appointment of Agent <input type="checkbox"/> Background Investigation Form(s) <input type="checkbox"/> Notarized Transfer of Ownership <input type="checkbox"/> *Articles of Incorporation	<input type="checkbox"/> Floor Plans <input type="checkbox"/> Lease <input type="checkbox"/> Sample Menu <input type="checkbox"/> Business Plan * Corporation/LLC only
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1. Name of Applicant/Partner/Corporation/LLC GAS U SAVE LLC
2. Address of Licensed Premise 2801 UNIVERSITY AVE, MADISON
3. Telephone Number: 608 238 1334 4. Anticipated opening date: ALREADY OPEN
5. Mailing address if not opening immediately AS ABOVE
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. N/A

8. What type of establishment is contemplated?  Liquor Store  Grocery Store  
 Convenience Store – Gas Pumps  Yes  No  Other—Explain \_\_\_\_\_
9. Business Description: GAS STATION WITH CLASS A BEER LICENSE & CONVENIENCE STORE

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.**
- SAME AS BEFORE WHEN APPLIED & APPROVED FOR CLASS A BEER LICENSE ON 6/21/2007

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 SAME AS BEFORE CLASS A BEER APPROVED LICENSE

13. Describe your management experience, staffing levels, duties and employee training.  
STORE MANAGER - SAHEED (SID) B KASIR SINCE 11/2005

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.
- SAHEED (SID) B KASIR, 2801 UNIVERSITY AVE, MADISON, WI - 53705
- Name Address

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

NEIGHBORS + GAS + C-STORE CUSTOMERS

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

GAS + C-STORE PRODUCTS FROM THE ROAD SIGN AT 2801 UNIV AVE

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

18. Owner of building where establishment is located: BELLA STAR LLC

Address of Owner: 2801 UNIVERSITY AVE Phone Number 6082381334  
MADISON, WI 53705

19. 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

20. List the Directors of your Corporation/LLC

JEANNETTE C REEVER (MANAGING MEMBER) 9809 Shadow Wood DR  
Name Address VERONA, WI - 53593

Name Address

Name Address

21. List the Stockholders of your Corporation/LLC

JEANNETTE C REEVE, AS ABOVE 100%  
Name Address % of Ownership

Name Address % of Ownership

Name Address % of Ownership

**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 22 day of OCTOBER, 2007

Jeannette Reeve  
(Officer of Corporation/Member/Manager of LLC/Partner/Individual)

[Signature]  
(Clerk/Notary Public)

My commission expires 8/28/2011

EXHIBIT - A

CITY OF MADISON

# LICENSE

NOT TRANSFERABLE

LICENSE FOR	LICENSE NUMBER	PAGE	DATE ISSUED	EXPIRATION DATE
BEER - GROCERY/CONVENIENCE STORE CLAS	077366	1 OF 1	07-12-2007	06-30-2008

PURSUANT TO SECTION 38 OF THE MADISON GENERAL ORDINANCES AND CHAPTER 125 OF THE WISCONSIN STATE STATUTES.

GAS U SAVE LLC  
 DBA: GAS U SAVE  
 LIQUOR/BEER AGENT: SAIEED KABIR  
 2801 UNIVERSITY AVE  
 MADISON WI 53705-3643



*[Signature]*  
 MAYOR

\*\* POST IN CONSPICUOUS PLACE \*\*  
 \*\* SUBJECT TO ITEMS BELOW \*\*

*Maibach W. B. B. B.*  
 CLERK

Premise: Stored in cooler. Sold at cash register by front entrances.

- Common Council granted license July 3, 2007, with the following conditions:
- 1) No sale of single bottles or single cans of beer or fermented malt beverages.
  - 2) No sale of 40 ounce bottles of fermented malt beverages.

EXHIBIT - A