

# ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning July 1 20 10 ;  
ending July 31 June 30 20 11

TO THE GOVERNING BODY of the:  Town of } Madison  
 Village of }  
 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): Wallace Theodore Michael Happy Sunshine Academy, 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 List the name title and place of residence of each person

Title	Name	Home Address	Post Office & Zip Code
President/Member	<u>President Theodore Wallace</u>	<u>W5532 Timber Lane, New Glarus, WI</u>	<u>53574</u>

Vice President/Member \_\_\_\_\_

Secretary/Member \_\_\_\_\_

Treasurer/Member \_\_\_\_\_

Agent Theodore Wallace

Directors/Managers \_\_\_\_\_

- 3 Trade Name Alpine Liquors Business Phone Number \_\_\_\_\_

- 4 Address of Premises 6420 Cottage Grove Rd, Madison WI SUITE 2 Post Office & Zip Code 53718

- 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 03/12/10 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) 6420 Cottage Grove Rd, Madison WI SUITE 2

- 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 28 day of March 20 10

Theodore Wallace, President  
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

Brian C. Jansson  
(Clerk/Notary Public)

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

My commission expires my commission is permanent

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

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <u>3-29-10</u>	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 A 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 checked="" type="checkbox"/> Description of Licensed Premise <input checked="" type="checkbox"/> *Notarized Appointment of Agent <input checked="" type="checkbox"/> Background Investigation Form(s) <input type="checkbox"/> <del>Notarized Transfer of Ownership</del> <input checked="" type="checkbox"/> *Articles of Incorporation	<input checked="" type="checkbox"/> Floor Plans <input type="checkbox"/> Lease <input type="checkbox"/> <del>Sample Menu</del> <input type="checkbox"/> Business Plan * Corporation/LLC only
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1. Name of Applicant/Partner/Corporation/LLC Happy Sunshine Academy LLC  
 2. Address of Licensed Premise 6420 Cottage Grove Rd, Madison WI 53718 #2  
 3. Telephone Number: \_\_\_\_\_ 4. Anticipated opening date: July 1, 2010  
 5. Mailing address if not opening immediately W5532 Timber Lane, New Glarus WI 53574

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. What type of establishment is contemplated?  Liquor Store  Grocery Store  
 Convenience Store -- Gas Pumps  Yes  No  Other—Explain \_\_\_\_\_

9. Business Description: Liquor, Beer and wine Retail

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.**

2850 sq feet of retail and storage space with no seating available. Please refer to build plans.

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 includes about 50 parking spaces which some are monitored on closed circuit TV

13. Describe your management experience, staffing levels, duties and employee training  
BSBA in Marketing & Management. Hiring 1 parttime employee and president and all employees attending the WI BST classes

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  
Theodore Wallace W5532 Timber Lane, New Glarus, WI 53574  
Name Address

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

20,000 residents within 2 miles of premises

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

~~XXXXXXXXXXXX~~ Mixed media grassroots ad campaigns within 2 miles of premises.

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

18. Owner of building where establishment is located: Rex Fletcher

Address of Owner: 5817 Dawley Dr, Madison WI 53711 Phone Number \_\_\_\_\_

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

Theodore Wallace W5532 Timber Lane New Glarus WI 53574  
Name Address

\_\_\_\_\_  
Name Address

\_\_\_\_\_  
Name Address

21. List the Stockholders of your Corporation/LLC

Theodore Wallace W5532 Timber Lane New Glarus WI 53574 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 28 day of March, 2010

Theodore Wallace, President  
(Officer of Corporation Member of LLC Partner Individual)

Brian C. Janssen  
(Clerk Notary Public)

My commission expires my commission is permanent

# Appointment of New Liquor/Beer Agent

## To be completed by Corporate Officer or Member of LLC

I, Theodore Wallace, officer/member for Happy Sunshine Academy  
(Corporation/LLC), doing business as Alpine Liquors, authorize and appoint  
Theodore Wallace (Name) as the liquor/beer agent for the premise  
located at 6420 Cottage Grove Rd, Madison WI 53718

Subscribed and sworn to before me this

28 Day of March, 2010

Chandra Wallace, President  
Signature of Officer/Member

Brian C. Janssen  
Notary Public, Dane County, Wisconsin

My Commission Expires my commission is permanent

## To be completed by appointed Liquor/Beer Agent

I, Theodore Wallace, appointed **liquor/beer agent** for  
~~Happy Sunshine Academy~~ Happy Sunshine Academy (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

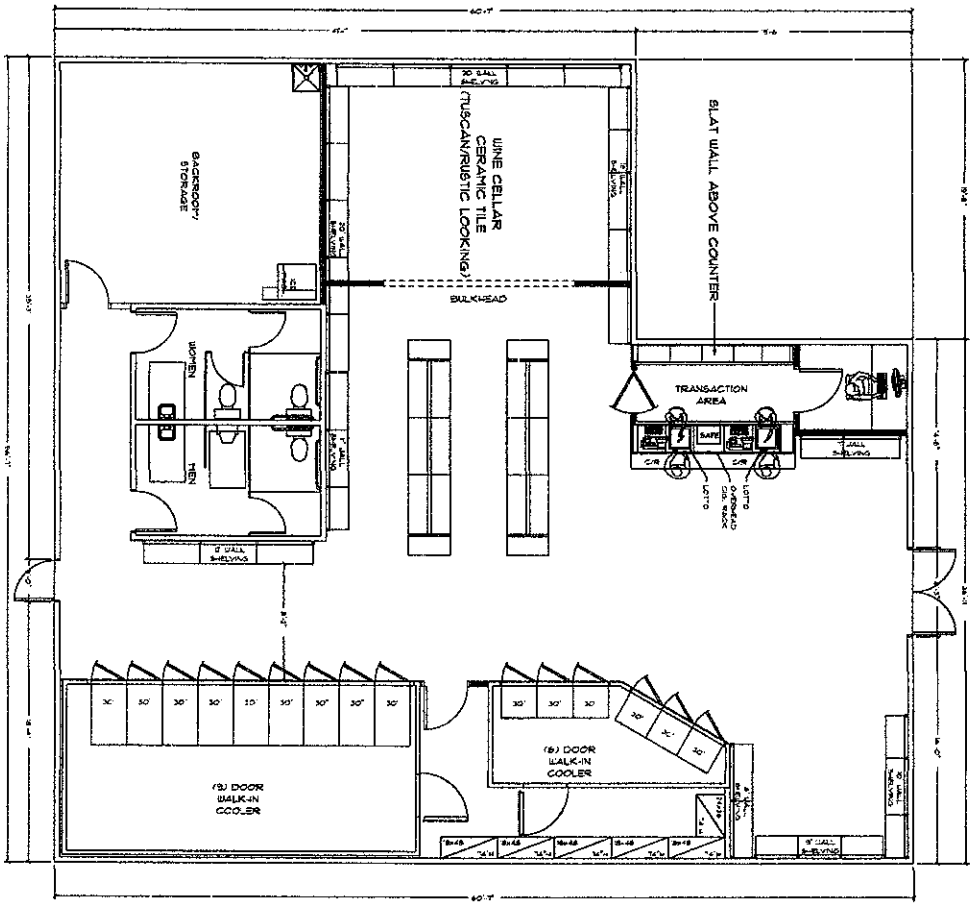
28 Day of March, 2010

Chandra Wallace, President  
Signature of Agent

Brian C. Janssen  
Notary Public, Dane County, Wisconsin

My Commission Expires my commission is permanent

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



NEW CARPET THROUGHOUT SPACE  
 WITH ALTERNATE FOR WOOD LOOKING CERAMIC  
 OR WOOD STAMPED CONCRETE  
 BATHROOMS TO REMAIN EXISTING

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