

# RETAIL LICENSE TRANSFER - PREMISES TO PREMISES

Wisconsin Department of Revenue

FEE \$ \_\_\_\_\_

## APPLICATION FOR TRANSFER OF LICENSES FOR SALE OF FERMENTED MALT BEVERAGES AND/OR INTOXICATING LIQUOR FROM ONE PREMISES TO ANOTHER

MADISON, Wisconsin  
MAY 29, 2012

To the governing body of the  City  Village  Town of MADISON

County of DANE Wisconsin.

The undersigned hereby applies for a transfer of Class Beer & liquor license from 3098 KINSMAN BLVD  
MADISON, WI 53704 (present location) to 2002 PANKEATZ / MADISON, WI 53705 (proposed location)

on or about AUGUST 1, 2012 (date)

1. APPLICANT: (print name and address plainly)

- (a) Full name of applicant ALE ASYLUM, LLC
- (b) Address 3098 KINSMAN BLVD / MADISON, WI 53704

2. LOCATION AND DESCRIPTION OF PREMISES TO WHICH APPLICATION FOR TRANSFER IS MADE:

Describe building or buildings where alcohol beverages are to be sold, served and stored.

- (a) Street number 2002 PANKEATZ / MADISON
- (b) Trade name of establishment ALE ASYLUM
- (c) Physical description of building, buildings and/or land area comprising licensed premises.  
BREWERY WITH ATTACHED TASTING ROOM & PATIOS

(d) Legal description (omit if street address is given above.) \_\_\_\_\_

(e) Is any other business conducted on same premises?  Yes  No If so, what? \_\_\_\_\_

(f) Was this location licensed for beer or liquor during the past year?  Yes  No

(g) Give name and address of previous licensee.  
\_\_\_\_\_  
\_\_\_\_\_

(h) Will the previous licensee surrender its license?  Yes  No

68451-72967  
PD-513  
AD-12-RHODES-CONWAY



## City of Madison Supplemental Class B License Application

<input type="checkbox"/> Seller's Permit Certificate (Entity must match the Articles of Incorporation) <input type="checkbox"/> Federal Employer Identification # <input type="checkbox"/> Notarized Original Application Form <input 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 type="checkbox"/> Background Investigation Form(s) <input type="checkbox"/> Notarized Transfer of Ownership <input type="checkbox"/> *Articles of Incorporation <input type="checkbox"/> *Notarized Appointment of Agent * Corporation/LLC only	<input type="checkbox"/> Floor Plans <input type="checkbox"/> Lease <input type="checkbox"/> Sample Menu <input type="checkbox"/> Business Plan
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1. Name of Applicant/Partner/Corporation/LLC ALE ASYLUM, LLC
2. Address of Licensed Premise 2002 BANKRATZ / MADISON, WI 53705
3. Telephone Number: 608-1623-3920 4. Anticipated opening date: 08/01/12
5. Mailing address if not opening immediately 3098 KINSMAN BLVD / MADISON, WI 53704
6. Have you contacted the (Alderson) 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: BREWERY & TASTING ROOM;  
11am - Midnight Sun - Thur / 11am - 2:30am FRI - SAT
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.**  
40,000 SQ. FT = BREWERY / 4,000 SQ FT = TASTING ROOM, WITH 2 PATIOS = 2500 SQ FT /  
BAR AREA ~ 1,000 SQ FT / SEATING WILL CONSIST OF TABLES & CHAIRS (MOBILE) /  
WE REQUEST LICENSING FOR STORAGE & SALE OF ALCOHOL BEVERAGES THROUGHOUT /  
OCCUPANCY (PLACE OF ASSEMBLY) = 1104 indoor, 1360 outdoor
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. 1105 parking spaces,  
monitored by Ale Asylum staff
13. Describe your management experience, staffing levels, duties and employee training.  
15 YEARS OF BAR & RESTAURANT MANAGEMENT; ANTICIPATE EMPLOYING  
30-40 STAFF; TRAINING FOR EACH WILL BE PROVIDED BY MYSELF & GENERAL MANAGER
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.  
OTTO DILRA 5510 TOLMAN TERRACE / MADISON, WI 53711  
 Name Address

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

21- ? w/ DISPOSABLE INCOME

16. What age range would you hope to attract to your establishment? ANYONE 21+ WHO BEHAVES

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

WE DO NOT ANTICIPATE PROMOTING THE TASTING ROOM  
(WE ONLY PROMOTE OUR DISTRIBUTED PRODUCT)

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

19. Owner of building where establishment is located: CSI CONSTRUCTION

Address of Owner: 639 S. MAIN ST / DEFOREST, WI 53532 Phone Number 608.846.1575

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

31% DEAN COFFEY; PRESIDENT 1021 DEERWOODS, MADISON, WI 53711

Name Address

31% OTTO DILBA, V.P., TREASURER, SECRETARY 5510 TOLMAN TERRACE, MADISON, WI 53711

Name Address

Name Address

22. List the Stockholders of your Corporation/LLC

<u>GLENN SCHULTZ</u>	<u>122 VIOLET CIRCLE / MADISON, 53714</u>	<u>20%</u>
<u>WENDELL ALFRED</u>	<u>725 MOORELAND ROAD / MADISON, 53713</u>	<u>1%</u>
<u>MARK ALFRED</u>	<u>725 MOORELAND ROAD / MADISON, 53713</u>	<u>1%</u>
<u>MARK MORRISON</u>	<u>529 WILD PLUM DR / DEFOREST, WI 53532</u>	<u>1%</u>
<u>JASON PENN</u>	<u>1418 LEBRON DRIVE / MADISON, 53711</u>	<u>1%</u>
<u>KERRI CANEPA</u>	<u>1324 NELCHINA ST / ANCHORAGE, AK 99501</u>	<u>1%</u>
Name	Address	% of Ownership

23. What type of establishment are you? (Check all that apply) Tavern Nightclub Restaurant

Other Please Explain. BREWERY, w/ ATTACHED TASTING ROOM

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? 11am - 11 pm

27. What hours, if any, will food service not be available? AFTER 11 PM.
28. Indicate any other product/service offered. MERCHANDISE
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? 15-20  
During what hours do you anticipate they will be on duty? 10am - midnight
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  
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?  
25%
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? n/a  
What percentage of your advertising budget do you anticipate will be drink related? n/a
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

42. What is your estimated capacity? 150-200

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	15%
Gross Receipts from Food and Non-Alcoholic Beverages	10%
Gross Receipts from Other (BEER DISTRIBUTION, MERCH.)	75%
<b>Total Gross Receipts</b>	<b>100%</b>

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 29<sup>th</sup> day of May, 2012

[Signature]  
(Clerk/Notary Public)

My commission expires November 8, 2015

[Signature]  
(Officer of Corporation/Member of LLC/Partner/Individual)

