Ma	City of Madison Liquor/Beer License Application On-Premises Consumption:  Class B Beer Class B Liquor Class C Wine Off-Premises Consumption:  Class A Beer Class A Liquor Class A Cider
<b>Se</b> 1.	If needed, a qualified interpreter can be provided at no charge to you. Would you like an interpreter?  Yes (language: Yes (If you answer no and you do require an interpreter, the ALRC will refer your application a subsequent meeting and this may delay your application process)
	Si usted requiere o necesita un/a intérprete, nosotros podemos proveer un/a intérprete sin costo alguno. ¿Le gustaría tener un/a intérprete?  ☐ Sí, lenguaje ☐ No. Si usted escoge "no" en la solicitud/aplicación, y usted sí requiere un/a intérprete, el comité remitirá su solicitud para una nueva junta y esto puede atrasar el proceso de su solicitud.
2.	This application is for the license period ending June 30, 20_1 7.
3.	List the name of your   Sole Proprietor,   Partnership,   Corporation/Nonprofit Organization or   Limited Liability Company exactly as it appears on your State Seller's Permit.
4.	Trade Name (doing business as) Angkor-wat
5.	Address to be licensed 602 St madison wi 53715
6.	Mailing address 602 S park st madison wi 53715
7.	Anticipated opening date
8.	Is the applicant an employee or agent of, or acting of behalf of anyone except the applicant named in question 2?  □ No □ Yes (explain)
9.	Does another alcohol beverage licensee or wholesale permitee have interest in this business?  ☑ No ☐ Yes (explain)
	Describe in words the building or buildings where alcohol beverages are to be sold and stored. Include all rooms including living quarters, if used, and any outdoor seating used for the sales, service, and/or storage of alcohol beverages and records. Alcohol beverages may be sold and stored only on the premises as approved by Common Council and described on license.  We will serve a cohol in hours only check Id. That over 21 years of age, and well stored alorin my Storage pla comb being win e Coolerthat Disnated to put in place.  Kel p because and Ookstaried for Further Info
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11.	. □ Attach a floor plan, no larger than 8 ½ by 14, showing the space described above.	
12.	. Applicants for on-premises consumption: list estimated capacity6 o	
13.	Describe existing parking and how parking lot is to be monitored.  NO ONSITE PARKING	
14.	Was this premises licensed for the sale of liquor or beer during the past license year?	
	No   Yes, license issued to (name of license)	see)
15.	☐ Attach copy of lease.	
This	ection C—Corporate Information is section applies to corporations, nonprofit organizations, and Limited Liability Companies only le proprietorships and partnerships, skip to Section D.	
<b>1</b> 6.	Name of liquor license agent Jing xun Jiang	
17.		
18.	No Years	i.
19.	☐ Appointment of agent form and background check form are attached.	
20.	Has the liquor license agent completed the responsible beverage server training course?	
	□ No, but will complete prior to ALRC meeting Yes, date completed 500 200	17
21.	State and date of registration of corporation, nonprofit organization, or LLC.	*
	<u> </u>	
22.	In the table below list the directors of your corporation or the members of your LLC.  Attach background check forms for each director/member.  Title Name City and State of Residence  OWNER Jing Xun Jiang 916 Emercula St  madison w;  53715	
23.	Registered agent for your corporation or LLC. This is your agent for service of process, notice demand required or permitted by law to be served on the corporation. This is not necessarily same as your liquor agent.	e or the

	Is applicant a subsidiary of any other corporation or LLC? ☑ No □ Yes (explain)
25.	Does the corporation, any officer, any director, any stockholder, liquor agent, LLC, any member, or any manager hold any interest in any other alcohol beverage license or permit in Wisconsin?
	☑ No ☐ Yes (explain)
-	tion D—Business Plan What type of establishment is contemplated? □ Tavern □ Nightclub ☑ Restaurant □ Liquor Store □ Grocery Store
	☐ Convenience Store without gas pumps ☐ Convenience Store with gas pumps
	□ Other
	Business description ANGKOR - WAT CAMISODIAN Restaurant
	Is the only one in the State of Wisconsin, Madren. I Way to bring Angko Wht Foods to the people to
	I Way to to bring Angko Whit Foods to the people to
28.	hat had been warting for a long Huthentre Havar Hours of operation 1 am - 10pm
29.	Describe your management experience we have tuenty years of
	experience General Manage 10 year on Foods business! Projuet on Grand open Edo Interprise LLC.
	List names of managers below, along with city and state of residence.
•	Ing xun Jiang
<b>y</b> 31.	Describe staffing levels and staff duties at the proposed establishment
¥32.	Describe your employee training Ting XMM Jians

33.	
K	estament terjet mandet to on line order, Uelp.
	EAT 24, Grubhald, Red-Card. Finends
34.	Describe how you plan to advertise and promote your business. What products will you be advertising?
	internet, online order, Yelp.com.
	Resterrant com; Friends; Foods, cambada, Thailan
	Curston Author Food. First one in the Stake.
35.	Are you operating under a lease or franchise agreement? ☑ No ☐ Yes
	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?  No □ Yes
This	ction E—Consumption on Premises s section applies to Class B and Class C applicants only. Class A license applicants (consumption premises) may skip to Section F.
37.	Do you plan to have live entertainment? ☑ No ☐ Yes—what kind?
38.	What age range do you hope to attract to your establishment?
39.	What type of food will you be serving, if any?
	Submit a sample menu if applicable. What will be included on your operational menu?  ☐ Appetizers ☐ Salads ☐ Soups ☐ Sandwiches ☐ Entrees ☐ Desserts ☐ Pizza ☐ Full Dinners
41.	During what hours of operation do you plan to serve food?
42.	During what hours of operation do you plan to serve food? //am - lopin  What hours, if any, will food service not be available? after //pm cn m-Thur.
43.	Indicate any other product/service offered.
44.	Will your establishment have a kitchen manager? ☐ No ☐ Yes
45.	Will you have a kitchen support staff? □ No ☑ Yes
46.	How many wait staff do you anticipate will be employed at your establishment?
	During what hours do you anticipate they will be on duty?
47.	Do you plan to have hosts or hostesses seating customers? ☐ No ☐ Yes

48.	Do your plans call for a full-service bar? ☑ No ☐ Yes If yes, how many barstools do you anticipate having at your bar? How many bartenders do you anticipate having work at one time on a busy night?
49.	Will there be a kitchen facility separate from the bar? □ No ◘ Yes
50.	Will there be a separate and specific area for eating only?
	□ No ☑ Yes, capacity of that area
51.	What type of cooking equipment will you have?  ☑ Stove ☑ Oven ☑ Fryers ☑ Grill ☑ Microwave
52.	Will you have a walk-in cooler and/or freezer dedicated solely to the storage of food products?  □ No □ Yes
53.	What percentage of payroll do you anticipate devoting to food operation salaries?
54.	If your business plan includes an advertising budget:
	What percentage of your advertising budget do you anticipate will be related to food? 15%
	What percentage of your advertising budget do you anticipate will be drink related?
55.	
56.	Are you currently, or do you plan to become, a member of the Wisconsin Restaurant Association or the National Restaurant Association?   No Yes
57.	All restaurants and taverns serving alcohol must substantiate their gross receipts for food and alcohol beverage sales broken down by percentage. New establishments estimate percentages
	<b>20</b> % Alcohol % Food % Other
58.	Do you have written records to document the percentages shown? ☐ No ☐ Yes You may be required to submit documentation verifying the percentages you've indicated.
	ction F—Required Contacts and Filings I understand that liquor/beer license renewal applications are due April 15 of every year, regardless of when license was initially granted. □ No □ Yes
60.	I understand that I am required to host an information session at least one week before the ALRC meeting. ☐ No ☐ Yes
61.	I agree to contact the Alderperson for this location to discuss my application and to invite the Alderperson to my information session. □ No □ Yes
62.	I agree to contact the Police Department District Captain for this location prior to the ALRC meeting. ☐ No ☑ Yes
63.	I agree to contact the Alcohol Policy Coordinator prior to the ALRC meeting.   No Ves
64.	I agree to contact the neighborhood association representative prior to the ALRC meeting.  □ No □ Yes

