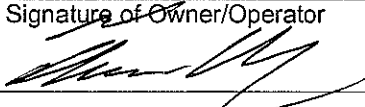


Application Date: 27FEB07

Proof of WI Seller's Permit No. 004-0000387005-01

Name of Corporation, Limited Liability Company, Individual Owner, Private Club or Partner(s) Family Entertainment, LLC	Liquor/Beer Agent Timothy R. Ward		
Mailing Address 100 East Wisconsin Avenue, #1900	Liquor/Beer Agent Address 3384 Kuehling Drive		
City/State/Zip Code Milwaukee WI 53202	Liquor/Beer City/State/Zip Code McFarland WI 53558		
Name of Registered Agent or General Partner Thomas F. Kissinger	Local Contact Person Erin Charles General Manager	Phone Number 608-815-3411	
Trade Name Westgate Cinema	Estimated Opening Date Upon Issuance of License		
Business Address 340 Westgate Mall	Signature of Owner/Operator 		
Type of Business <input type="checkbox"/> Restaurant <input type="checkbox"/> Tavern <input type="checkbox"/> Grocery Store <input type="checkbox"/> Caterer <input type="checkbox"/> Cafeteria <input checked="" type="checkbox"/> Other <u>Art Theatre w/Live Comedy</u>			
Food and Drink License? Needed for: Application accompanying			
Private Club? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
License Description	Type	Fee	Number
Center for Visual and Performing Arts	707	\$250.00	1
Class B <del>Class</del> Combo	108	20.00	
<b>Pre-Inspection &amp; License Fees Non-Refundable</b>	<b>TOTAL</b>	\$250.00	

IT IS MANDATORY THAT ALL APPLICABLE INFORMATION BE COMPLETED. INACCURATE INFORMATION MAY RESULT IN SUSPENSION OR REVOCATION OF LICENSE.

# ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk

For the license period beginning March 2007 ;  
ending 30 JUN 2007

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

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

Applicant's Wisconsin Seller's Permit Number <u>004-0000387005-01</u>	
Federal Employer Identification Number (FEIN): <u>29-1996542</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$100.00
<input type="checkbox"/> Wholesale beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$500.00
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ 20.00
<b>TOTAL FEE</b>	<b>\$620.00</b>

- 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): Family Entertainment, 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

Sole Member	Title	Name	Home Address	Post Office & Zip Code
<input checked="" type="checkbox"/>		<u>Marcus Theatres Corp.</u>	<u>100 E. Wisconsin Avenue #1900</u>	<u>Milwaukee WI 53202</u>
<input type="checkbox"/>		<u>Thomas F. Kissinger</u>	<u>601 Noerth Ponderosa Dr.</u>	<u>Hartland WI 53029</u>
<input type="checkbox"/>		<u>Timothy R. Ward</u>	<u>3384 Kuehling Drive</u>	<u>MacFarland WI 53558</u>
<input checked="" type="checkbox"/>		<u>Thomas F. Kissinger</u>	<u>601 North Ponderosa Drive</u>	

3 Trade Name Westgate Cinemas Business Phone Number 608-271-9044

4 Address of Premises 340 Westgate Mall Post Office & Zip Code 53711

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 27 JUL 00 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) 4 Auditorium Motion Picture Theatre w/Lobby

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 23rd day of FEBRUARY 2007

[Signature]  
(Clerk/Notary Public)

My commission expires 28 MAR 10

[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**

Date received and filed with municipal clerk	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  
Liquor and/or Beer Original Supplemental Form**

**Office Use Only**

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Seller's Permit Number                        | <input checked="" type="checkbox"/> Lease  |
| <input checked="" type="checkbox"/> Federal Employer Identification Number        | <input type="checkbox"/> Notarized Transfer of Ownership Letter <i>NA</i>        |
| <input checked="" type="checkbox"/> Notarized Original Application Form (AT-106)  | <input checked="" type="checkbox"/> *Schedule of Appointment of Agent (AT-104)   |
| <input checked="" type="checkbox"/> Notarized Supplemental Form                   | <input checked="" type="checkbox"/> *Notarized Agent Appointment/Acceptance Form |
| <input checked="" type="checkbox"/> Description of Licensed Premise               | <input checked="" type="checkbox"/> *Articles of Incorporation/ Organization     |
| <input checked="" type="checkbox"/> Notarized Auxiliary Questionnaire(s) (AT-103) | <input type="checkbox"/> Sample Menu, if possible <i>NA</i>                      |
| <input checked="" type="checkbox"/> Background Investigation Form(s)              | <input type="checkbox"/> Business Plan, if one exists <i>NA</i>                  |
| <input type="checkbox"/> Floor Plans  | * Forms required of Corporation/LLC only   |

- ✓ All applicants must provide an adequate premise plan that includes exterior and interior dimensions, position of stairs and all entrances and exits, normal and customary use of each room, placement of major appliances, furniture and large gaming tables, placement and dimensions of all bar(s), and graphic representation of the normal position of booths, bar stools, tables and chairs. **Premise plans must be no larger than 8 ½ x 14.**
- ✓ New structures must submit to Building Inspection two sets of plans, signed and sealed by a registered architect or engineer.
- ✓ **Applicant/partners/Liquor Agent must be enrolled in or have completed the Beverage Server Training course before appearing before the Alcohol License Review Committee.**

**Prior to your hearing before the Alcohol License Review Committee (ALRC), you must contact the Alderperson of the District in which you intend to do business, the representative of the appropriate neighborhood association (if any), the Madison Police Department, and the Alcohol Policy Coordinator.**

- Alderperson Cindy Thomas can be reached at 608-266-4071, at the Common Council Office (266-4071), or via e-mail at council@cityofmadison.com
- The name of the neighborhood association representative can be obtained by calling the Planning and Development Department at 266-4635 or online at www.ci.madison.wi.us/neighborhoods/contacts.htm.  
Denise Lamb
- Police Department District Captain Lieutenant Wahl can be reached at 608-288-6176
- Alcohol Policy Coordinator Joel Plant can be reached at 264-9295

1. 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

2. Are there any special conditions desired by the neighborhood?  Yes  No

Explain \_\_\_\_\_

3. Name of Applicant/Partner/Corporation/LLC Family Entertainment, LLC

4. Telephone Number: 414-905-1390

5. Address of Licensed Premise 340 Westgate Mall, Madison WI 53711

6. Anticipated opening date: Upon issuance of license. Theatre has been there since 1978

7. Mailing address if not opening immediately 100 East Wisconsin Avenue, Suite 1900  
Milwaukee WI 53202

19. What is your estimated capacity? 800 (4 Auditoriums)

20. Are you operating under a lease or franchise agreement?  Yes  No (If yes, attach a copy.)

21. Owner of building where establishment is located: J. Herzog & Sons, Inc  
1720 S. Bellaire St. Ste 1209  
Address of Owner: Denver CO 80222-4336 Phone Number \_\_\_\_\_

Managed by Westgate Mall Management, 160 Westgate Mall Madison WI 53711

22. Individual or Partnership: Have individual/partners completed the Beverage Server Training Course?  Yes  No If Yes, indicate names: \_\_\_\_\_

**License cannot be issued until proof of Beverage Server Training completion is shown.**

23. Corporation/LLC: Will liquor/beer agent be a Wisconsin resident at the time of granting?  Yes  No

24. Corporation/LLC: Agent must disclose interest held in business: 0 %

25. Corporation/LLC: Has agent completed the Beverage Server Training Course?  Yes  No

**License cannot be issued until proof of Beverage Server Training completion is shown.**

26. Corporation/LLC: List Directors, Stockholders, and Managers below.

Director(s) Name	Home Address
Sole Manager: Marcus Theatres Corp.	100 East Wisconsin Avenue, Suite 1900 Milwaukee WI 63202
Thomas F. Kissinger Secretary and Chief Counsel	601 N. Ponderosa Drive Hartland WI 53029

Stockholder's Name	Address	Extent of Ownership%
Marcus Theatres, Inc.	100 East Wisconsin Avenue # 1900 Milwaukee WI 53202	100%

Manager's Name	Address	Business Phone	Home Phone
Erin Charles	824 Maple Road Verona WI 53593	608-271-9044	608-845-3411

8. What type of establishment is contemplated?  Tavern  Nightclub  Restaurant  
 Liquor Store  Grocery Store  Convenience Store – Gas Pumps  Yes  No

Other Please explain Motion Picture Theatre (4 Auditorium) Adding Live Comedy in One auditorium on weekends and holidays.

9 Business Description including hours of operation and if entertainment is part of your venue, what type:  
Art Motion Pictures (1:30 P.M.-11:30 P.M. Seven Days) Live Comedy in one Auditorium 8:00P.M. to 12:30 P.M. Weekends and Holidays.

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.**  
Existing 4 Auditorium Motion Picture Theatre w/ Lobby containing a 34:9' X 10' Combination Concession stand and bar.

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 Premises are in established mall. J.B.M. Protection Services are provided by Mall Management.

13 Describe your management experience, staffing levels, duties and employee training  
Marcus Theatres Corp. has 71 Years of experience in operating theatres. Family Entertainment, LLC has 6 years experience in Liquor and Beer sales.

14 Identify the **registered agent** for your Corporation or LLC This is not necessarily the same person as your liquor/beer agent This is your corporation's agent for service of process, notice or demand required or permitted by law to be served on the corporation. Thomas F. Kissinger  
Secretary and Chief Counsel  
100 East Wisconsin Avenue, Suite 1900 Milwaukee WI 53202

Address City State Zip

15. Excluding pre-packaged snacks, how late will food be served? No later than Midnight

16 What type of food will you be serving, if any? Popcorn, Prepackaged Snacks, Ice Cream and Cake.

17 Indicate any other product/service offered: N/A

18 Describe your target market Art Theatre Patrons-Adults

- 27 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
- 28 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.**

Calendar/fiscal year:  January 1 – December 31  July 1 – June 30 Fiscal June 1–30 May

Percent Gross Receipts from Alcohol Beverages	18.90 %
Percent Gross Receipts from Food	25.73 %
Percent Gross Receipts from Other	55.37 %
<b>Total Gross Receipts</b>	<b>100 %</b>

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.**

- 29 What type of establishment are you? (Check all that apply)  Tavern  Restaurant  Nightclub  
 Other Please explain: Art Motion Picture Theatre (4 Screen)
- 30 Will your establishment have a kitchen manager?  Yes  No
- 31 Will your establishment be a member of the Wisconsin Restaurant Association?  Yes  No
- 32 How many wait staff will be employed at the establishment? 12
- 33 What hours, if any, will food service not be available? 12 Midnight to 1:30 P.M.
- 34 Describe how you plan to advertise/promote your business What products will you be advertising?  
Newspaper, TV and Radio. Live Comedy

**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 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 must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.) 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 23rd day of February, 2007

[Signature]  
 (Clerk/Notary Public)

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

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

My commission expires 28MAR10

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

**If you have any questions, please contact the City Clerk's Office at (608) 266-4601.**

# Center for Visual and Performing Arts License Application

1 Name Family Entertainment, LLC

Individuals give last name, first, middle; corporations/limited liability companies give registered name;  
partnerships give the name of each partner, including limited partners

2 Name, permanent address, and date of birth of sole proprietor, each partner, officer, director, agent,  
and designated manager, as applicable

Title	Name	Date of Birth	Home Address	City	Zip Code
Sec'y & Chief Counsel	Thomas F. Kissinger	2MAY60	601 N. Ponderosa Dr.	Hartland Wi	53029

Liquor Agent Timothy R. Ward 21JAN60 3384 Kuehling Drive, Mc Farland WI 53558

3 Trade name Westgate Cinema

4 Address of premise 340 Westgate Mall Madison WI 53711

5 List all convictions, including ordinance violations, of the licensee, any member, officer, director,  
manager or agent.

Name	Nature of Conviction	Jurisdiction
Thomas F. Kissinger	Traffic	City of Hartland

5 Planned hours of operation 3:30 P.M. to 12:00 Midnight

6 Legal occupancy 800

7 Number of off-street parking spaces available at premise 900

8 List any other licensed premises attached to premise Marcus Cinemas, Wisconsin, LLC.

9 List any other liquor licenses held by applicant Class B Combination Liquor and Beer  
Town of Grand Chute; Town of Brookfield

10 Will your establishmet make use of sound amplification equipment?  Yes  No

If so, what kind? Motion Picture Seakers System

11 Describe how underage persons will be identified to ensure they are not served alcohol beverages and do not consume alcohol beverages at the premise.

Please see attached

12. Describe how you will provide security for the premises

J B M Protection Services (Mall Provided) Exterior ; Management Staff inside.

13. How will you maintain orderly appearance and operation of premise with respect to litter and noise?

As we have done since Westgate Cinema opened in 1978.

**Read carefully before signing.** Upon 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

**Subscribed and Sworn to Before Me**

this 23rd (day of FEBRUARY), 2007

[Signature]  
(Clerk/Notary Public)

My commission expires 2/28/2010

[Signature]  
(Officer/Member/Manager/Partner/Individual)

[Signature]  
(Officer/Member/Manager/Partner/Individual)

[Signature]  
(Officer/Member/Manager/Partner/Individual)

ALRC meeting of _____ and Common Council meeting of _____		
License # _____	Legistar # _____	Aldermanic District _____
Routed: <input type="checkbox"/> Madison Police Department	<input type="checkbox"/> City Attorney	
<input type="checkbox"/> Alderperson _____	<input type="checkbox"/> City Assessor	



## **Operational Procedures and Guidelines for Serving Alcohol:**

### 1.) Wristband method or hand stamp:

- A.) Brightly colored wristbands or a fluorescent hand stamp will be issued to 21 years and older customers who purchase alcoholic beverages.
- B.) Auditorium checks will be done once every half an hour to check that those with alcoholic beverages wear a wristband or have a fluorescent hand stamp
- C.) Alcohol will be served in containers, which differ from our fountain drinks thereby making it easier for the theatre checker to distinguish between a non-alcoholic and an alcoholic drink.
- D.) All concession attendants will be educated under the *Learn to Serve Alcohol Certification* course in order to ensure correct ID checking and customer safety.
- E.) During comedy club presentations: waiters and waitresses will be issuing wristbands or hand stamps and checking IDs upon serving alcohol in the theatres. All waiters and waitresses will be certified in the *Learn to Serve Alcohol Certification* courses

### 2.) Serving Hours:

- A.) Alcoholic beverages will only be served between the hours of 3:30 pm until 10:00 pm Sunday through Thursday Friday and Saturday, alcoholic beverages will be served between the hours of 3:30 pm until 12:00 am

\*Please note that the demographics of the Westgate Art theatre includes guests of an average age of 45 years old, professional, and highly educated.