

# ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk

For the license period beginning September 1 20 07 :  
ending June 30 20 08

TO THE GOVERNING BODY of the:  Town of } Madison, WI  
 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): SUCRE, LLC

Applicant's Wisconsin Seller's Permit Number: <u>004-0003273498-01</u>	
Federal Employer Identification Number (FEIN): <u>20-8269032</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Wholesale beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$
<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.

Title	Name	Home Address	Post Office & Zip Code
President/Member	<u>President Randall Reinke</u>	<u>3206 Nightingale, Middleton, WI</u>	<u>53562</u>
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	<u>Randall Reinke</u>		
Directors/Managers	<u>CEO Maureen Panky Egan</u>	<u>514 Muir Dr. Madison, WI</u>	<u>53704</u>

3. Trade Name ▶ SUCRE, LLC Business Phone Number \_\_\_\_\_  
4. Address of Premises ▶ 20 West Mifflin St. Post Office & Zip Code ▶ Madison, WI 53703

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? already completed  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 1/16/07 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.) 2375 #, about 800 # of dining area - alcohol stored in kitchen and basement
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 15 day of June, 20 07  
Sallyonne Wahres  
(Clerk/Notary Public)  
My commission expires 10-28-07

Randall Reinke  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)  
Maureen Panky Egan  
(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>6/27/07</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>77983</u>	

Legistar # 06852

## City of Madison Liquor and/or Beer Original Supplemental Form

### Office Use Only

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Seller's Permit Number<br><input checked="" type="checkbox"/> Federal Employer Identification Number<br><input checked="" type="checkbox"/> Notarized Original Application Form (AT-106)<br><input checked="" type="checkbox"/> Notarized Supplemental Form<br><input checked="" type="checkbox"/> Description of Licensed Premise<br><input checked="" type="checkbox"/> Notarized Auxiliary Questionnaire(s) (AT-103)<br><input checked="" type="checkbox"/> Background Investigation Form(s)<br><input checked="" type="checkbox"/> Floor Plans | <input checked="" type="checkbox"/> Lease<br><input type="checkbox"/> Notarized Transfer of Ownership Letter<br><input checked="" type="checkbox"/> *Schedule of Appointment of Agent (AT-104)<br><input checked="" type="checkbox"/> *Notarized Agent Appointment/Acceptance Form<br><input type="checkbox"/> *Articles of Incorporation/ Organization<br><input checked="" type="checkbox"/> Sample Menu, if possible<br><input checked="" type="checkbox"/> Business Plan, if one exists<br>* 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 Michael Verveer can be reached at \_\_\_\_\_  
at the Common Council Office (266-4071), or via e-mail at [council@cityofmadison.com](mailto: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](http://www.ci.madison.wi.us/neighborhoods/contacts.htm).
- Police Department District Captain \_\_\_\_\_ can be reached at \_\_\_\_\_
- Alcohol Policy Coordinator Joel Plant can be reached at 264-9295. mschaut@cityofmadison.com

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 Sucré, LLC

4. Telephone Number: 608-279-8522

5. Address of Licensed Premise 20 West Mifflin Street, Madison, WI 53703

6. Anticipated opening date: 10/1/07

7. Mailing address if not opening immediately 3206 Nightingale Ln, Middleton, WI 53562

8. What type of establishment is contemplated?  Tavern  Nightclub  Restaurant  
 Liquor Store  Grocery Store  Convenience Store - Gas Pumps  Yes  No  
 Other Please explain Patisserie and Dessert Lounge

9. Business Description including hours of operation and if entertainment is part of your venue, what type:  
Sucre<sup>is a</sup> Patisserie and Dessert Lounge serving upscale desserts and beverages, including: Coffee, Teas, wine, Beer, and Liqueur, Along with a limited offering of light sandwiches and salads. HRS: Mon- 7am-5pm, T-Th 7am-11pm FRI/SAT- 7am-1am.

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.**

Total of 2,375 square feet: 1575 sq ft kitchen area, counter, Bathrooms, hall - about 800 sq ft dining area, seating 36-40. No bar area. Alcohol will be sold in dining area and outdoor seating, weather permitting. Alcohol will be stored in kitchen, behind the counter, and in the basement.

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. Street parking and ramp parking

13. Describe your management experience, staffing levels, duties and employee training.

Food + Beverage manager - Tumbledown Trails: Kitchen supervisor - Demons;  
Hires include: Bakers, Baristas, Servers, dish person. Employees will be trained in-house.

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. Randall Reinke

Name

3206 Nightingale Ln Middleton, WI 53562

Address

City

State

Zip

15. Excluding pre-packaged snacks, how late will food be served? until closing

16. What type of food will you be serving, if any? Mainly Desserts; light dinners / lunches; chocolates

17. Indicate any other product/service offered: Catering

18. Describe your target market. Professionals working and living in downtown Madison, visitors to madisons, Overture patrons.

19. What is your estimated capacity? 36-40 indoors; 24 outdoors.
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: The Rifken Group, LTD  
 Address of Owner: 14 W. Miffain, P.O. Box 2077 Phone Number 608-258-4640  
Madison, WI 53703
22. Individual or Partnership: Have individual/partners completed the Beverage Server Training Course?  Yes  No If Yes, indicate names: Randall Reinke, Maureen Punky Egan  
**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: 49.9 %
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
Maureen Punky Egan	514 Muir Dr. Madison, WI 53704
Randall Reinke	3206 Nightingale Ln, Middleton, WI 53562

Stockholder's Name	Address	Extent of Ownership%

Manager's Name	Address	Business Phone	Home Phone
Randall Reinke	3206 Nightingale <sup>Madison</sup>	608-279-8522 →	

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

Percent Gross Receipts from Alcohol Beverages	10 %
Percent Gross Receipts from Food	90 %
Percent Gross Receipts from Other	%
<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: Patisserie and Dessert Lounge

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? 4 FT + 1 Dining Rm Manager

33. What hours, if any, will food service not be available? —

34. Describe how you plan to advertise/promote your business. What products will you be advertising?  
Print Articles - Bakery products, desserts, chocolates

**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 11 day of June, 2007

Salvonne Wahres  
(Clerk/Notary Public)

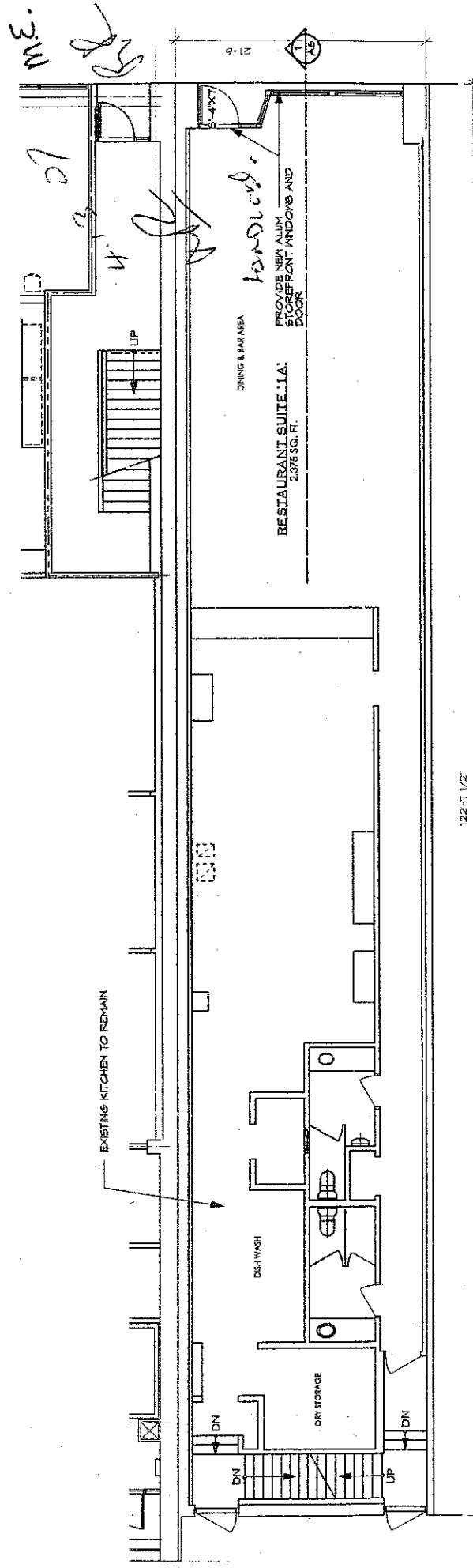
Randall Reinke  
(Officer of Corporation/Member/Manager of LLC/Partner/Individual)

Margen Pinky Egan  
(Officer of Corporation/Member/Manager of LLC/Partner/Individual)

My commission expires 10-28-07

\_\_\_\_\_  
(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.**



FIRST FLOOR PLAN

**PROJECT**  
**BUILDING**  
**REMODELING**  
 20 West Mifflin, Madison, WI

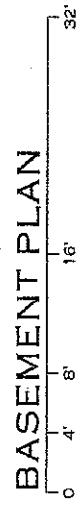
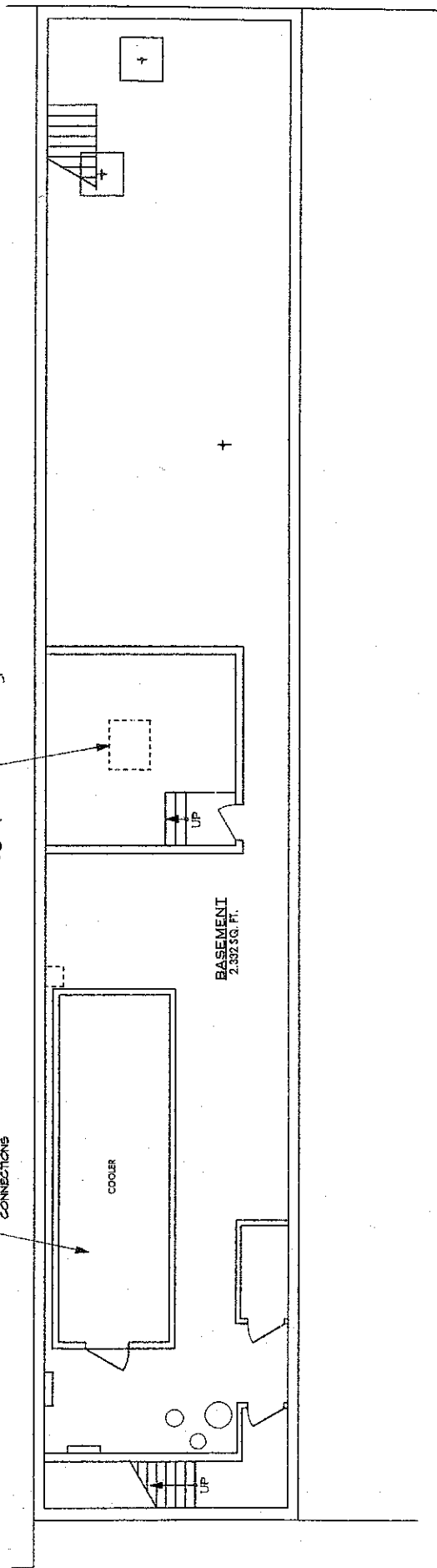
**ARCHITECT**  
**DAVID FERCH,**  
**ARCHITECT**  
 1200 Greenway  
 Madison, WI 53701  
 608.228.4000 FAX 608.333.9371

**DATE** 10/24/06  
**PROJECT NO.** 09415  
**SHEET NO.** A2

10.13.07  
 M.S. [Signature]  
 [Signature]  
 [Signature]

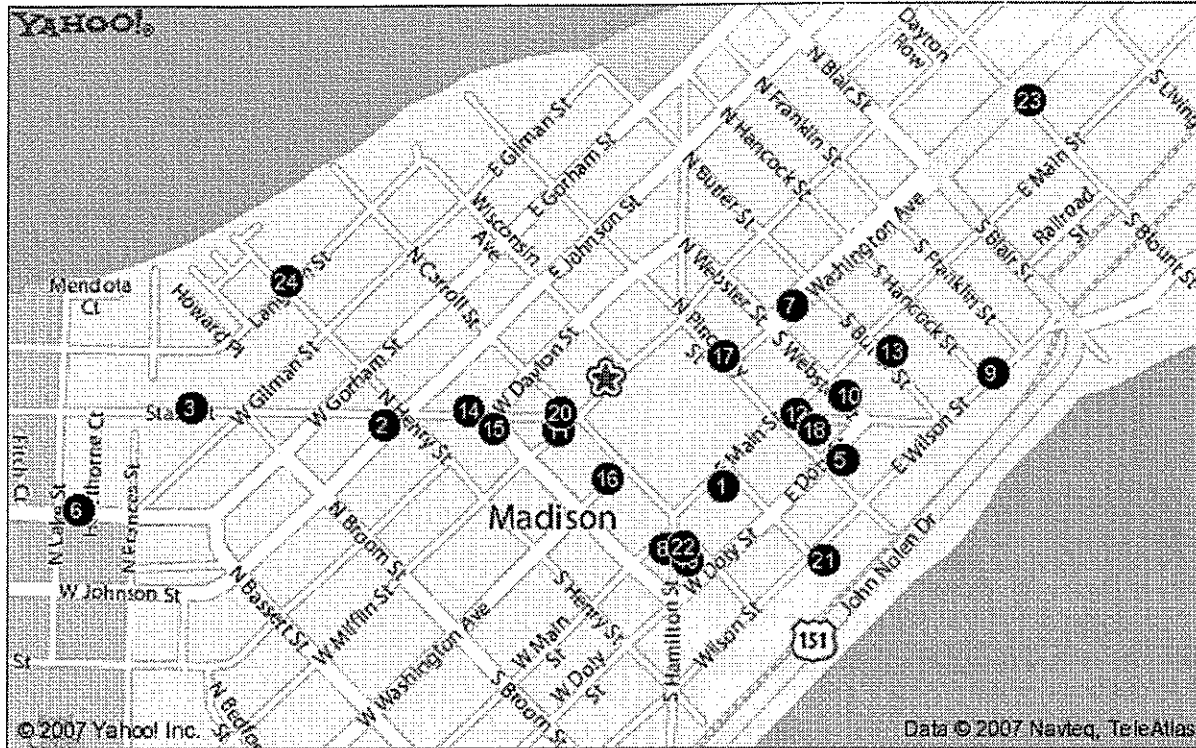
EXISTING MAKE-IN-COOLER  
 TO REMAIN. MAINTAIN ROOF  
 COMPRESSORS & ALL  
 CONNECTIONS

EXISTING BOILER AND ASSOCIATED  
 PIPING TO REMAIN. ~~BE~~ REMOVED BY HANDLOD



PROJECT	<b>BUILDING REMODELING</b>	ARCHITECT	<b>DAVID FERCH, ARCHITECT</b>	DATE	00416	10/24/06
	20 West Milflin, Madison, WI		2704 Greedy Street, Madison, WI 53711	No.		
			2000 Wood Park Ave. #3337	Date		
				Project No.		
				Sheet No.		
						<b>A1</b>

Yahoo! Maps - 20 W MIFFLIN ST, Madison, WI 53703, US



Your Points of Interest

- 1. Brocach Irish Pub (608) 255-2015 ★★★★★
- 7 W Main St Madison, WI 53703
  
- 2. Irish Pub (608) 256-6071
- 317 State St Madison, WI 53703
  
- 3. Pub (608) 256-2464 ★★☆☆☆
- 552 State St Madison, WI 53703
  
- 4. Madison Avenue (608) 257-1122
- 624 University Ave Madison, WI 53715
  
- 5. Great Dane Brew Pub (608) 284-0000 ★★★★★
- 123 E Doty St Madison, WI 53703
  
- 6. Church Key Pub & Grill (608) 259-0444 ★★★★★
- 626 University Ave Madison, WI 53715
  
- 7. Willy Street Pub & Grill (608) 256-8211 ★★★★★
- 852 Williamson St Madison, WI 53703
  
  
- 9. Slipper Club (608) 268-0909
- 121 W Main St Madison, WI 53703



- 10. Cardinal **Bar** (608) 251-0080 ★★★★★  
418 E Wilson St Madison, WI 53703
  
- 12. Comedy Club (608) 256-0099 ★★★★★  
119 State St Madison, WI 53703
  
- 13. King Club Incorporated (608) 251-5464  
114 King St Madison, WI 53703
  
- 14. Kens **Bar** & Grill (608) 257-1176  
117 S Butler St Madison, WI 53703
  
- 15. Nick's Restaurant (608) 255-5450 ★★★★★  
226 State St Madison, WI 53703
  
- 16. Paul's Club (608) 257-5250 ★★★★★  
212 State St Madison, WI 53703
  
  
  
  
  
  
  
  
  
  
- 19. Opus Lounge (608) 441-6787 ★★★★★  
116 King St Madison, WI 53703
  
- 20. Gennas Lounge (608) 255-4770 ★★★★★  
105 W Main St Madison, WI 53703
  
- 21. State **Bar** & Grill (608) 294-9988  
118 State St Madison, WI 53703
  
- 22. Madison Club (608) 255-4861  
5 E Wilson St Madison, WI 53703
  
- 23. Shamrock **Bar** (608) 255-5029 ★★★★★  
117 W Main St Madison, WI 53703
  
- 24. Brass Ring **Bar** & Restaurant (608) 256-9359 ★★★★★  
701 E Washington Ave Madison, WI 53703

When using any driving directions or map, it's a good idea to do a reality check and make sure the road still exists, watch out for construction, and follow all traffic safety precautions. This is only to be used as an aid in planning.

