



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

Section A – Applicant

1. If needed, a qualified interpreter can be provided at no charge to you. Would you like an interpreter?
 Yes (language: _____)
 No (If you answer no and you do require an interpreter, the ALRC will refer your application to 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, 2015
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.
Segredo, LLC
4. Trade Name (doing business as) Segredo
5. Address to be licensed 624 University Ave Madison WI 53715
6. Mailing address 624 University Ave Madison WI 53715
7. Anticipated opening date June 5, 2014
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) Wisconsin Ventures Inc
9. Does another alcohol beverage licensee or wholesale permittee have interest in this business?
 No Yes (explain) _____

Section B—Premises

10. 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.

The Segredo floorplan attached shows our 3 primary rooms: Upper Lounge (#1), "Liquid" Lounge (#2) & Main Room (#3) that includes our performance stage. Alcohol is securely stored in a liquor storage room with beer stored in a bar cooler within the locked liquor storage room.

11. Attach a floor plan, no larger than 8 1/2 by 14, showing the space described above.

12. Applicants for on-premises consumption: list estimated capacity 720

13. Describe existing parking and how parking lot is to be monitored.

No on-site parking

14. Was this premises licensed for the sale of liquor or beer during the past license year?

No Yes, license issued to Wisconsin Ventures Inc. (name of licensee)

15. Attach copy of lease.

Section C—Corporate Information

This section applies to corporations, nonprofit organizations, and Limited Liability Companies only. Sole proprietorships and partnerships, skip to Section D.

16. Name of liquor license agent Greg Kostis

17. City, state in which agent resides Madison WI

18. How long has the agent continuously resided in the State of Wisconsin? 2 years +

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 2012

21. State and date of registration of corporation, nonprofit organization, or LLC.

WI 4/25/14

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
Member	Michael Hiert	Doylestown PA

23. Registered agent for your corporation or LLC. This is your agent for service of process, notice or demand required or permitted by law to be served on the corporation. This is not necessarily the same as your liquor agent.

Greg Kostis

24. 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) Wisconsin Ventures Inc

Section D—Business Plan

26. What type of establishment is contemplated?

Tavern Nightclub Restaurant Liquor Store Grocery Store

Convenience Store without gas pumps Convenience Store with gas pumps

Other Music Venue Other Lounge

27. Business description In just 3 years, Segredo has become one of the most successful EDM (electronic dance music) venues in the midwest. Many of the worlds top 50 DJs have performed on our stage.

28. Hours of operation Generally, 10pm to bar time on weekends + 9pm to bar time on weeknights. Varies based on show schedules.

29. Describe your management experience _____

I have owned Segredo since we launched originally in 2010 (+ relaunched as a music venue in 2011). I have served as General Manager since May, 2012.

30. List names of managers below, along with city and state of residence.

Greg Kostis

Madison WI

Ny Bass

Madison WI

31. Describe staffing levels and staff duties at the proposed establishment Staffing varies greatly based on shows + events. Typical weekend nights have 6-8 bartenders, 1-2 servers, 10-12 Security + 2-3 managers on duty.

32. Describe your employee training _____

Rigorous orientation + probationary training for all employees is provided - particularly for security staff and bartenders. Our hiring practices look for high volume/experienced staff vs entry level + our bar + security leads mentor + coach new staff through their probationary periods + beyond.

33. Utilizing your market research, describe your target market.

As an ongoing, growing music venue & nightclub, we serve both 18+ & 21+ customers for shows & events. Lounge nights are targeted at 21+ customers.

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

We primarily use social media to promote our shows & events. Increasingly, we will be promoting 21+ lounge night events as well.

35. Are you operating under a lease or franchise agreement? No Yes

36. 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

Section E—Consumption on Premises

This section applies to Class B and Class C applicants only. Class A license applicants (consumption off premises) may skip to Section F.

37. Do you plan to have live entertainment? No Yes—what kind? EDM acts

in the main room. Lounge nights may see more non EDM (eg acoustic sets) acts depending on interest.

38. What age range do you hope to attract to your establishment? All ages 18+ & 21+

39. What type of food will you be serving, if any? On lounge nights we are hoping to offer food should there be sufficient interest.
 Breakfast Brunch Lunch Dinner Lounge food

40. Submit a sample menu if applicable. What will be included on your operational menu?
 Appetizers Salads Soups Sandwiches Entrees Desserts
 Pizza Full Dinners Small plates for sharing

41. During what hours of operation do you plan to serve food? To be determined based on customer demand

42. What hours, if any, will food service not be available? To be determined based on customer demand

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? To be determined based on customer demand

During what hours do you anticipate they will be on duty? To be determined based on customer demand

47. Do you plan to have hosts or hostesses seating customers? No Yes
(for Lounge Nights)

48. Do your plans call for a full-service bar? No Yes
If yes, how many barstools do you anticipate having at your bar? 4 bars/12 stools each
How many bartenders do you anticipate having work at one time on a busy night? 6-8

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? To Be Determined based on customer demand

54. If your business plan includes an advertising budget:

What percentage of your advertising budget do you anticipate will be related to food? 5%

What percentage of your advertising budget do you anticipate will be drink related? 0%

55. Are you currently, or do you plan to become, a member of the Madison—Dane County Tavern League or the Tavern League of Wisconsin? No Yes

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:

60 % Alcohol 1 % Food 39 % 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.

Section F—Required Contacts and Filings

59. 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 Yes

64. I agree to contact the neighborhood association representative prior to the ALRC meeting. No Yes

- 65. I understand we must file a Special Occupational Tax return (TTB form 5630.5) before beginning business. [phone 1-800-937-8864] No Yes
- 66. I 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] No Yes
- 67. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? No Yes

Section G—Information for Clerk's Office

68. State Seller's Permit 012-2699840 - - - - -

69. Federal Employer Identification Number 46-5493419

70. Who may we contact between 8 a.m. and 4:30 p.m. regarding this license?

Contact person Michael Hiert
 E-mail address michaelasegredowadison.com
 Phone (609)683-5225 Preferred language English

71. Corporate attorney, if applicable: Name _____
 Phone _____ E-mail _____

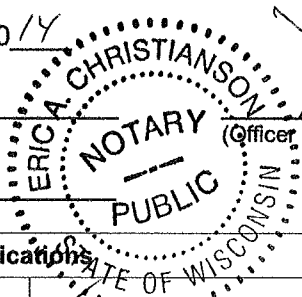
Read carefully before signing in front of a notary: Under penalty provided by law, the applicant states that the above information has been truthfully completed to the best of the knowledge of the signer. Signer agrees to operate the business according to law, and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. Lack of access to any portion of 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 28th day of April, 2014

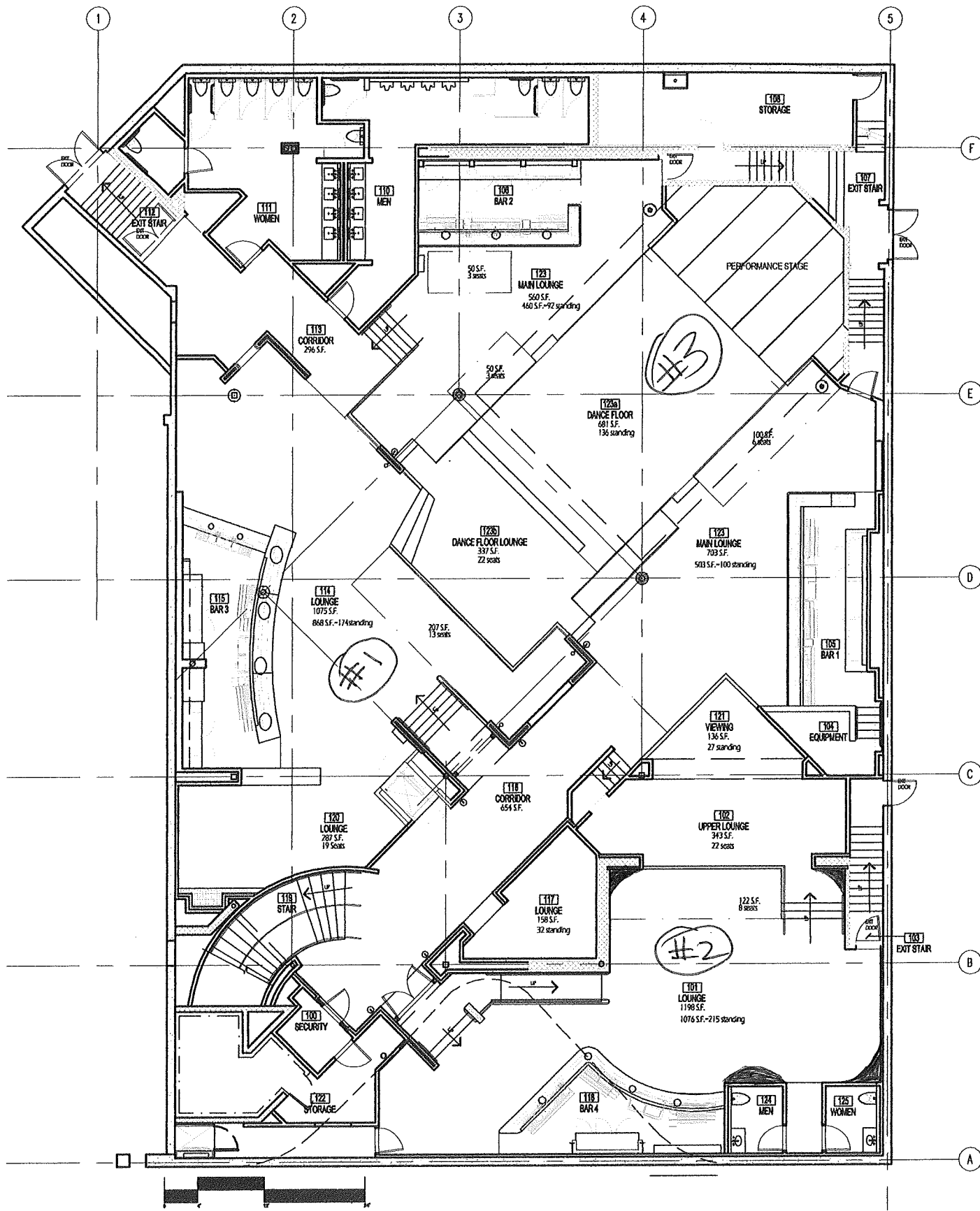
 (Clerk/Notary Public) (Officer of Corporation/Member of LLC/Partner/Sole Proprietor)

My commission expires 6-29-2014



Clerk's Office checklist for complete applications		
<input type="checkbox"/> Orange sign <input checked="" type="checkbox"/> WI Seller's Permit Certificate (matching articles of incorporation) <input checked="" type="checkbox"/> FEIN <input checked="" type="checkbox"/> Notarized application <input checked="" type="checkbox"/> Written description of premises	<input checked="" type="checkbox"/> Background investigation form(s) <input type="checkbox"/> Form for surrender of previous license <input type="checkbox"/> *Articles of Incorporation <input checked="" type="checkbox"/> *Notarized Appointment of Agent * Corporation/LLC only	<input checked="" type="checkbox"/> Floor Plans <input checked="" type="checkbox"/> Lease <input checked="" type="checkbox"/> Sample Menu <input type="checkbox"/> Business Plan
Date complete application filed with Clerk's Office _____		
Date of ALRC meeting _____ Date license granted by Common Council _____		
Date provisional issued _____ Date license issued _____ License number _____		

A-4
P-403



Segredo
MADISON

AREA PLAN 11.10.11