

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk

For the license period beginning _____ 20 _____ ;
ending 6/30 20 09

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

County of DANE Aldermanic Dist. No. 11 (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): RNF 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

Title	Name	Home Address	Post Office & Zip Code
President/Member			
Vice President/Member			
Secretary/Member			
Treasurer/Member	<u>TREASURER, JEANNETTE REEVE,</u>	<u>9809 SHADOW WOOD DR, VERONA, WI 53593</u>	
Agent	<u>SID KABIR</u>	<u>9809 SHADOW WOOD DR, VERONA, WI 53593</u>	

- 3 Trade Name 24 HOUR PUMP Business Phone Number 608.238.1334
4 Address of Premises 2801 UNIVERSITY AVENUE Post Office & Zip Code MADISON, WI 53705

- 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 9/9/2008 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? GAS U SAVE LLC 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.) SEE ATTACHED EXHIBIT - A
- 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? GAS U SAVE LLC, SEE ATTACHED EXHIBIT - B & C
- 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 29th day of SEPTEMBER, 2008

SID KABIR
(Clerk/Notary Public)

My commission expires 8/28/2011

Jeannette Reeve
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
TREASURER

(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>9/29/08</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued <u>9/29</u>	License number issued <u>84058</u> <u>84059</u>	

Applicant's Wisconsin Seller's Permit Number: <u>456-1023351634-04</u>																				
Federal Employer Identification Number (FEIN): <u>26-3326286</u>																				
LICENSE REQUESTED																				
<table border="1"> <thead> <tr> <th>TYPE</th> <th>FEE</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> Class A beer</td> <td>\$ <u>20</u></td> </tr> <tr> <td><input type="checkbox"/> Class B beer</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Wholesale beer</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Class C wine</td> <td>\$</td> </tr> <tr> <td><input checked="" type="checkbox"/> Class A liquor</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Class B liquor</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Reserve Class B liquor</td> <td>\$</td> </tr> <tr> <td>Publication fee</td> <td>\$</td> </tr> <tr> <td>TOTAL FEE</td> <td>\$ <u>20</u></td> </tr> </tbody> </table>	TYPE	FEE	<input checked="" type="checkbox"/> Class A beer	\$ <u>20</u>	<input type="checkbox"/> Class B beer	\$	<input type="checkbox"/> Wholesale beer	\$	<input type="checkbox"/> Class C wine	\$	<input checked="" type="checkbox"/> Class A liquor	\$	<input type="checkbox"/> Class B liquor	\$	<input type="checkbox"/> Reserve Class B liquor	\$	Publication fee	\$	TOTAL FEE	\$ <u>20</u>
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City of Madison Supplemental Class A License Application

<input checked="" type="checkbox"/> Seller's Permit Number <input checked="" type="checkbox"/> Federal Employer Identification Number <input checked="" type="checkbox"/> Notarized Original Application Form <input checked="" type="checkbox"/> Notarized Supplemental Form	<input checked="" type="checkbox"/> Description of Licensed Premise <input checked="" type="checkbox"/> *Notarized Appointment of Agent <input checked="" type="checkbox"/> Background Investigation Form(s) <input type="checkbox"/> Notarized Transfer of Ownership <input checked="" type="checkbox"/> *Articles of Incorporation	<input checked="" type="checkbox"/> Floor Plans <input type="checkbox"/> Lease <input type="checkbox"/> Sample Menu <input type="checkbox"/> Business Plan * Corporation/LLC only
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1. Name of Applicant/Partner/Corporation/LLC RNF LLC dba- 24 Hour Pump
 2. Address of Licensed Premise 2801 UNIVERSITY AVE, MADISON - 53705
 3. Telephone Number: 608 238 1334 4. Anticipated opening date: 10/1/08
 5. Mailing address if not opening immediately AS ABOVE

6. 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

7. Are there any special conditions desired by the neighborhood? Yes No
 Explain LOCATION IS NOT IN NEIGHBORHOOD ASSOCIATION

8. What type of establishment is contemplated? Liquor Store Grocery Store
 Convenience Store – Gas Pumps Yes No Other—Explain _____

9. Business Description: GAS STATION & C-STORE

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.**

BUILDING IS 16 FT WIDE & 50 FT LONG - A GAS STATION & C-STORE SEE EXHIBIT-AB
4 COOLER DOORS - ^{each door} 32" wide & 72" height. CASHIER IS located VISIBLY facing the 4 DOORS & ENTRANCE & EXIT DOOR

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. THERE ARE 8 CANOPY LIGHTS, 2 PARKING LOT LIGHTS, 7 Bldg Lights & 5 SECURITY CAMERAS MONITORING PARKING LOT.

13. Describe your management experience, staffing levels, duties and employee training.
GAS STATION & C-STORE MANAGER EXPERIENCE SINCE 2005

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.
JOE LEE 423 COLUMBUS ST, SUN PRAIRIE, WI-53590
 Name Address

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

W14 AREA OR HILDALE NEIGHBORS

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

GAS PRICE

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

18. Owner of building where establishment is located: BSTAR LLC

Address of Owner: 2801 UNIVERSITY AVENUE Phone Number 512.216.2759

19. 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

20. List the ^{TREASURER} ~~Directors~~ of your Corporation/LLC

Name	Address
<u>JEANET REE (TREASURER)</u>	<u>9809 SHADOW WOOD DR, VERONA, WI 53590</u>

Name	Address

21. List the Stockholders of your Corporation/LLC

Name	Address	% of Ownership

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 29th day of SEPTEMBER, 2008

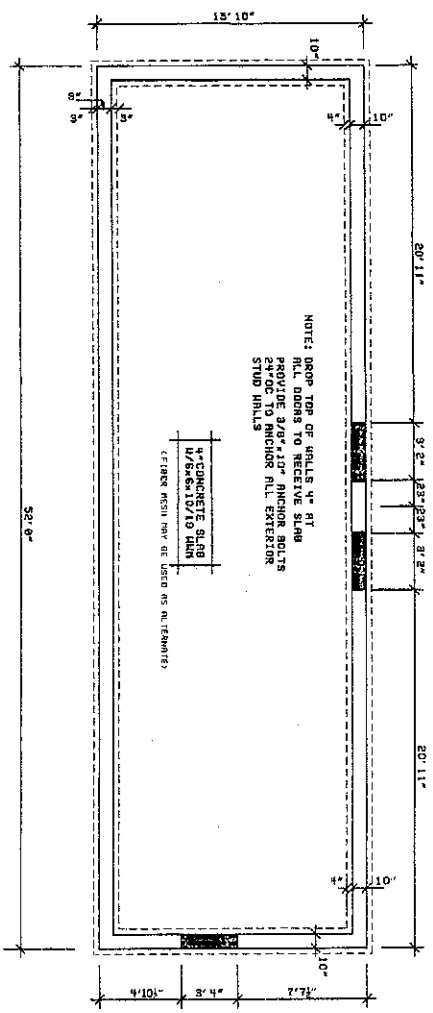
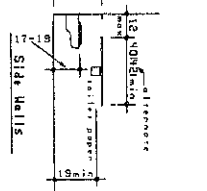
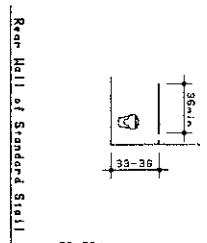
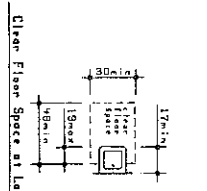
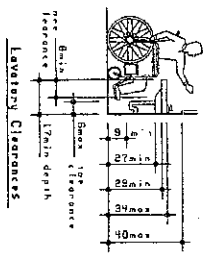
SAEED BKABIR
(Clerk/Notary Public)

Jeanette Reeve
(Officer of Corporation/Member/Manager of LLC/Partner/Individual)
TREASURER

My commission expires 8/28/2011

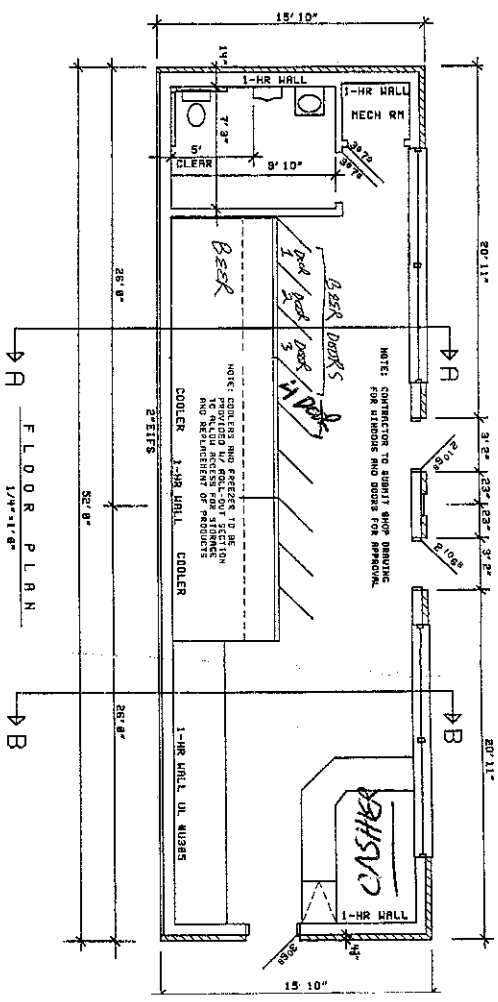
Address - 2801 UNIVERSITY AVE
 1BA-24 HOUR PUMP

EXHIBIT - AB
 1 of 2



FOUNDATION PLAN
 1/4" = 1'-0"

TYPICAL FOUNDATION WALL
 1/2" = 1'-0"



FLOOR PLAN
 1/4" = 1'-0"

NOTE: ALL DOORS MUST HAVE FRAMES
 AND BE SET IN CONCRETE
 (SEE SECTIONS)
 DOORS AND WINDOWS TO HAVE
 DOUBLE GLAZING

DR. BY	DATE	SCALE	JOB NO.	HR. - KEN ENGINEERING, IN
GRS	11/18/06	AS SHOWN		3913 NH ECHO COURT
HR	11/18/06	AS SHOWN		PORT RAMP, DFCOM 07229

REVISED 11/21/2006
 REVISED 11/09/2005

To Whom It May Concern:

RNF LLC, a Wisconsin Limited Liability Company with Federal Employer Identification Number (FEIN) as : 26-3326286. Jeannette C Reeve, the authorized Treasurer of RNF LLC, represents and warrants that she has the full right, absolute power and authority to sell and or purchase and or manage or assign day to day activities and or execute and or assign any and or all duties on behalf of the RNF LLC.

RNF LLC, a Wisconsin Limited Liability Company

By: Jeannette Reeve Dated: 9/29/2008
Jeannette Reeve, Authorized Treasurer for
RNF LLC

SUBSCRIBED AND SWORN TO BEFORE ME
This 29th day of September

SAEED B. KABIR

Notary Public

My Commission Expires: 08/28/2011

Appointment of New Liquor/Beer Agent

To be completed by Corporate Officer or Member of LLC

I, JEANETTE REEVE (TREASURER), officer/member for RNF LLC dba 24 HR PUMP

(Corporation/LLC), doing business as 24 HOUR PUMP, authorize and appoint

SID KABIR (Name) as the liquor/beer agent for the premise

located at 2801 UNIVERSITY AVE

Subscribed and sworn to before me this

29th Day of SEPTEMBER 2008

SAEED B KABIR

Notary Public, Dane County, Wisconsin

My Commission Expires 8/28/2011

Jeanette Reeve
Signature of Officer/Member
TREASURER FOR
RNF LLC

To be completed by appointed Liquor/Beer Agent

I, SID KABIR, appointed liquor/beer agent for
RNF LLC
dba-24 HOUR PUMP (name of Corporation or LLC), being first duly sworn

say I have vested in me, by properly authorized and executed written delegation, full authority and control of the premise described in the license of such corporation or limited liability company, and I am involved in the actual conduct of the business as an employee, or have a direct financial interest in the business of the licensee, therein relating to the intoxicating liquor/fermented malt beverage. The interest I have in the business is 0%.

Subscribed and sworn to before me this

29th Day of SEPTEMBER 2008

SAEED B KABIR

Notary Public, Dane County, Wisconsin

My Commission Expires 8/28/2011

SID KABIR
Signature of Agent

The appointed Liquor/Beer Agent must complete the other side of this form.