

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning June 30 2008 ending June 30 2008;

TO THE GOVERNING BODY of the: ☐ Town of ☐ Village of ☒ City of Madison

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): Radhe-Shyam, LLC

Applicant's Wisconsin Seller's Permit Number: <u>450-1026546355-09</u>	
Federal Employer Identification Number (FEIN): <u>26-1746236</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	\$
TOTAL FEE	\$

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>member Nikunj Ringwala</u>	<u>3100 Old Orchard Lane Oshkosh, WI 54902</u>	
Vice President/Member	<u>member Kirtida Ringwala</u>	<u>3100 Old Orchard Lane Oshkosh, WI 54902</u>	
Secretary/Member	<u>member Sumit Ringwala</u>	<u>3100 Old Orchard Lane Oshkosh, WI 54902</u>	
Treasurer/Member	<u>member Sudip Ringwala</u>	<u>3100 Old Orchard Lane Oshkosh, WI 54902</u>	
Agent	<u>Agent</u>		
Directors/Managers	<u>NA</u>		

3 Trade Name Confection Inn & Suites Business Phone Number 608-244-6265
 4 Address of Premises 4822 E. Washington Avenue Post Office & Zip Code Madison, WI 53704

- 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 employee 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 Wisconsin and date _____ 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) 148 unit Limited Service Hotel, including lobby, pool & meeting room
- 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? North Central Management, Inc
- 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 4th day of February, 2008

Angela Chitwood
(Clerk/Notary Public)

N. S. Ringwala
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

My commission expires 03/20/11

(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

ANGELA CHITWOOD
Notary Public
State of Wisconsin

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>3/4/08</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>80228</u>	

Police Sector 518
Alder 17 Clausius

09851

City of Madison Supplemental Class B 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 checked="" 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 Radhe-Shyam, LLC
- 2 Address of Licensed Premise 4822 East Washington Avenue Madison, WI 53704
- 3 Telephone Number: 608-244-6265 4 Anticipated opening date: 1/18/08
- 5 Mailing address if not opening immediately N/A
- 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: _____
- 8 Business Description, including hours of operation: Hotel / Lodging. Hours are 24 hours / 7 days a week
- 9 Do you plan to have live entertainment? ☒ No ☐ Yes—What kind? _____
- 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.**
Entire hotel is 142' x 40', capacity of meeting room is 215.
Areas where alcohol beverages are to be sold are Lobby,
Meeting room, & 148 room hotel. Beverages will be stored in 8x8 storage closet.
- 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 1168 parking spots.
Monitored by regular check ups
- 13 Describe your management experience, staffing levels, duties and employee training.
Owner of Days Inn - 5 years
Hotel staffed by G.M. assisted by management company
- 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.
Kathy Whalen
 Name _____ Address _____

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

Business Travelers and families traveling to Madison.

16. What age range would you hope to attract to your establishment? all ages

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

Yellow Pages, Internet, Travel brochures, billboards

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

19. Owner of building where establishment is located: Madison, WI

Address of Owner: 3100 Old Orchard Lane
Oshkosh, WI 54902

Phone Number 920-233-6336
920-233-2411

20. 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

21. List the Directors of your Corporation/LLC

Nikunj Ringwala 3100 Old Orchard Lane Oshkosh, WI 54902
Name Address

Kirtida Ringwala 3100 Old Orchard Lane Oshkosh, WI 54902
Name Address

Sumit Ringwala 3100 Old Orchard Lane Oshkosh, WI 54902
Name Address

Sudip Ringwala 3100 Old Orchard Lane Oshkosh, WI 54902
Name Address

22. List the Stockholders of your Corporation/LLC

Nikunj Ringwala 3100 Old Orchard Lane Oshkosh, WI 54902 35%
Name Address % of Ownership

Kirtida Ringwala 3100 Old Orchard Lane Oshkosh, WI 54902 35%
Name Address % of Ownership

Sumit Ringwala 3100 Old Orchard Lane Oshkosh, WI 54902 15%
Name Address % of Ownership

Sudip Ringwala 3100 Old Orchard Lane Oshkosh, WI 54902 15%
Name Address % of Ownership

23. What type of establishment are you? (Check all that apply) Tavern Nightclub Restaurant

☒ Other Please Explain Hotel

24. What type of food will you be serving, if any? Catered Banquet Food

Breakfast Lunch Dinner

25. Please submit a sample menu with your application, if possible. What might eventually be included on your operational menu when you open? Appetizers Salads Soups Sandwiches Entrees

Desserts Pizza Full Dinners N/A-Supplied by various 3rd parties

26. During what hours of your operation do you plan to serve food? For Banquet functions - 11:00am - 9:00pm

27. What hours, if any, will food service not be available? When Banquets are not being held
(varies).
28. Indicate any other product/service offered. primary operation is Hotel Lodging.
29. Will your establishment have a kitchen manager? Yes ☒ No
30. Will you have a kitchen support staff? Yes ☒ No
31. How many wait staff do you anticipate will be employed at your establishment? 2-3 part time (hotel staff
During what hours do you anticipate they will be on duty? during Banquet functions, during events)
32. Do you plan to have hosts or hostesses seating customers? Yes ☒ No
33. Do your plans call for a full-service bar? Yes ☒ No
If yes, how many bar stools do you anticipate having at your bar? _____
How many bartenders do you anticipate you would have working at one time on a busy night? _____
34. Will there be a kitchen facility separate from the bar? Yes ☒ No
35. Will there be a separate and specific area for eating only? Yes ☒ No
If yes, what will be the seating capacity for that area? _____
36. What type of cooking equipment will you have? Stove Oven Fryers Grill Microwave N/A - 3rd party catering
37. Will you have a walk-in cooler and/or freezer dedicated solely to the storage of food products? Yes ☒ No
38. What percentage of your overall payroll do you anticipate will be devoted to food operation salaries?
0%
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you
anticipate will be related to food? 0%
What percentage of your advertising budget do you anticipate will be drink related? 0%
40. Are you currently, or do you plan to become, a member of the Madison—Dane County Tavern League or
the Tavern League of Wisconsin? Yes ☒ No
41. Are you currently, or do you plan to become, a member of the Wisconsin Restaurant Association or the
National Restaurant Association? Yes ☒ No

42. What is your estimated capacity? meeting room Capacity - 215

43. 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

Gross Receipts from Alcoholic Beverages	6%
Gross Receipts from Food and Non-Alcoholic Beverages	53%
Gross Receipts from Other	41%
Total Gross Receipts	100%

Just foods
> beverage
revenue - not
total revenue.

44. 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.

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 4th day of Feb., 2008

N. S. Ringwald
(Officer of Corporation/Member of LLC/Partner/Individual)

Angela Chitwood
(Clerk/Notary Public)

My commission expires 03/20/11

