

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning 07/01 20 10 ;
ending 06/30 20 11

TO THE GOVERNING BODY of the: Town of } Madison
 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): Chetan 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	<u>President Resham Singh</u>	<u>1301 Starr Grass Dr. Madison, WI</u>	<u>53719</u>
Vice President/Member	<u>Vice President Manjinder Kaur</u>	<u>1301 Starr Grass Drive, Madison, WI</u>	<u>53719</u>
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent	<u>Resham Singh</u>	<u>1301 Starr Grass Dr. Madison, WI</u>	<u>53719</u>
Directors/Managers	<u>Resham Singh</u>	<u>1301 Starr Grass Dr. Madison, WI</u>	<u>53719</u>

- 3 Trade Name Swagat Indian Restaurant Business Phone Number 608-836-9399

- 4 Address of Premises 707 N High Point Rd, Madison, WI Post Office & Zip Code 53719

- 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 03/26/09 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) _____

- 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? Resham & Manjit LLC

- 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

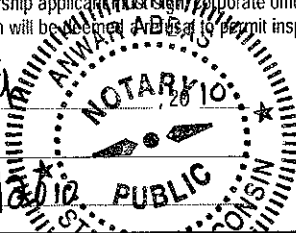
- 14 Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

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 19th day of March, 2010

[Signature]
(Clerk/Notary Public)



[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

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

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

My commission expires 03/21/2010

TO BE COMPLETED BY CLERK

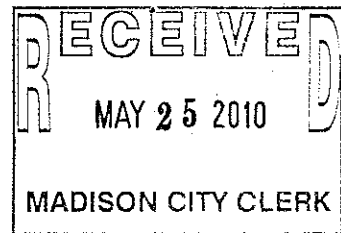
Date received and filed with municipal clerk <u>5/14/10</u>	Date reported to council/board _____	Date provisional license issued _____	Signature of Clerk / Deputy Clerk _____
Date license granted _____	Date license issued _____	License number issued _____	

18640

City of Madison Supplemental Class B License Application

<input type="checkbox"/> Seller's Permit Number	<input type="checkbox"/> Written Description of Premise	<input type="checkbox"/> Floor Plans
<input type="checkbox"/> Federal Employer Identification #	<input type="checkbox"/> Background Investigation Form(s)	<input type="checkbox"/> Lease
<input type="checkbox"/> Notarized Original Application Form	<input type="checkbox"/> Notarized Transfer of Ownership	<input type="checkbox"/> Sample Menu
<input type="checkbox"/> Notarized Supplemental Form	<input type="checkbox"/> *Articles of Incorporation	<input type="checkbox"/> Business Plan
<input type="checkbox"/> Orange Sign (Clerk's Office provides at time of application)	<input type="checkbox"/> *Notarized Appointment of Agent * Corporation/LLC only	

- Name of Applicant/Partner/Corporation/LLC Chetan LLC
- Address of Licensed Premise 707 N High Point Rd. Madison, WI 53717
- Telephone Number: 608-836-9399 4. Anticipated opening date: 07/01/2010
- Mailing address if not opening immediately _____
- 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
- Are there any special conditions desired by the neighborhood? Yes No
Explain. _____
- Business Description, including hours of operation: Indian Restaurant, 11:30am-10:00p
- Do you plan to have live entertainment? No Yes—What kind? _____
- 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.**
Dining Room office
Patia 3000 Sq
- 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.
- Describe existing parking and how parking lot is to be monitored.
Plaza Parking
- Describe your management experience, staffing levels, duties and employee training
Saeqaal Indian Grocery Store
- 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
Resham Singh 707 N High Point Rd. Madison WI 53719
Name Address



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

Families and customers from the neighborhood and other parts of the city.

16. What age range would you hope to attract to your establishment? Full-range of age.

17. Describe how you plan to advertise/promote your business What products will you be advertising?
Local newspapers, coupons & internet website & advertising.

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

19. Owner of building where establishment is located: _____

Address of Owner: _____ Phone Number _____

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

Resham Singh 707 N High Point Rd. Madison, WI 53717
Name Address

Manjinder Kaur 707 N High Point Rd. Madison, WI 53717
Name Address

Name Address

22. List the Stockholders of your Corporation/LLC

same as above.
Name Address % of Ownership

Name Address % of Ownership

Name Address % of Ownership

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

Other Please Explain _____

24. What type of food will you be serving, if any? _____

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

26. During what hours of your operation do you plan to serve food? 11:30a - 2:30p & 5:00p - 10:00p

27. What hours, if any, will food service not be available? 10:00p-
28. Indicate any other product/service offered. Food & catering, birthday parties
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? _____
 During what hours do you anticipate they will be on duty? 10:00a - 12:00a
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 n/a
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
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?
50%
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? 100%
 What percentage of your advertising budget do you anticipate will be drink related? n/a
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? 115

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	5 %
Gross Receipts from Food and Non-Alcoholic Beverages	95 %
Gross Receipts from Other	- %
Total Gross Receipts	100%

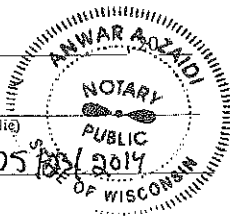
44 Do you have written records to document the percentages shown? Yes No
You may be required to submit documentation verifying the percentages you've indicated

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 _____ day of _____

Anwar Zaidi
(Clerk/Notary Public)



My commission expires 05/25/2014

Anwar Zaidi
(Officer of Corporation/Member of LLC/Partner/Individual)

Liquor/Beer Agent Authorization

I, MANJINDER KAUR, officer/member for Chetan LLC

(Corporation/LLC), doing business as Swagat Indian Groceries, authorize and appoint

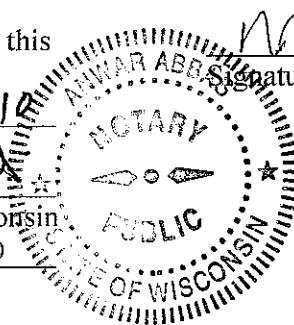
RESHAM SINGH (Name) as the liquor/beer agent for the premise

located at 707 High Point Rd. Madison, WI 53719

Subscribed and sworn to before me this

19th Day of March, 2010

[Signature]
Notary Public, Dane County, Wisconsin
My Commission Expires 03/21/2010



Manjinder Kaur
Signature of Officer/Member

Acceptance of Liquor/Beer Agent Appointment

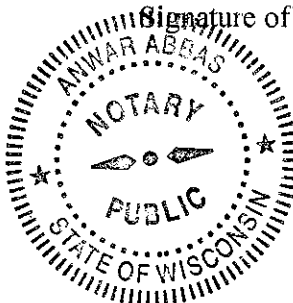
I, RESHAM SINGH, appointed liquor/beer agent for
Chetan LLC (name of Corporation or LLC), being first duly sworn

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 50 %

Subscribed and sworn to before me this

19th Day of March, 2010

[Signature]
Notary Public, Dane County, Wisconsin
My Commission Expires 03/21/2010



Resham Singh
Signature of Agent

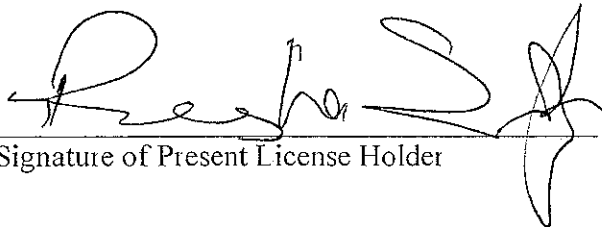
Transfer of Ownership

(letter to surrender previous license)

*To be filed with the City Clerk at the time a new application is submitted
for a change of ownership for any liquor and/or beer establishment*

The Class B, Liquor & Beer license for the premise located at
Class of License
707 N High Point Rd. Madison, WI will be relinquished upon the
Street Address
approval of the application and the issuance of the same type of license for the same
premises to Saini Inc.
License Applicant

There have been no convictions for violations during the current license year, nor are
there any pending violations against the present licensee except as follows:


Signature of Present License Holder

5/14/2010
Date

Payment of Taxes on Liquor/Beer License Transfer

I, Resham Singh, Agent, applicant for
Name Title
a liquor and/or beer license for the premise located at 707 N High Bldg, have
Address
read the provisions in the attached copy of Madison General Ordinance Section 9.01, and understand
that payment of all personal property taxes, special assessments, room taxes, forfeitures and judgments
must be paid before the Office of the City Clerk can issue said license.

Resham Singh
Signature of Applicant

05/04/2010
Date

Subscribed and sworn to before me this
4th day of May, 2010
[Signature]
Notary Public, Dane County, State of Wisconsin
My Commission Expires 05/19/2014

FLOOR PLAN

