

# ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk

For the license period beginning 03 March 20 08 ;  
 ending 06 June 20 08

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

County of Dane Aldermanic Dist. No. 15 (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): Brewers Showcase, Inc

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	President	William Rogers	658 S. Midvale Blvd, Madison, WI	53711
Vice President/Member				
Secretary/Member				
Treasurer/Member				
Agent		William Rogers	658 S Midvale Blvd, Madison, WI	53711
Directors/Managers				

- 3 Trade Name The Malt House Business Phone Number pending  
 4 Address of Premises 2609 E. Washington Ave 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 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 \_\_\_\_\_ 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) Ext 58'9"x29'3"; one story; full basement (storage); bar area 47'x22'

- 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? EHRHART, EARLE V / UNION HOUSE TAVERN  
 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 28<sup>th</sup> day of Jan, 20 08

Wendy E. Baxton  
 (Clerk/Notary Public)

My commission expires 7-13-08

Wm Pagn  
 (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)

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

MPD 603

Ald. 15

09026

## City of Madison Supplemental Class B License Application

<input type="checkbox"/> Seller's Permit Number <input type="checkbox"/> Federal Employer Identification Number <input type="checkbox"/> Notarized Original Application Form <input type="checkbox"/> Notarized Supplemental Form	<input type="checkbox"/> Description of Licensed Premise <input type="checkbox"/> *Notarized Appointment of Agent <input type="checkbox"/> Background Investigation Form(s) <input type="checkbox"/> Notarized Transfer of Ownership <input type="checkbox"/> *Articles of Incorporation	<input 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 Brewer's Showcase Inc.

2. Address of Licensed Premise 2609 E. Washington Ave

3. Telephone Number: none yet 4. Anticipated opening date: 4/07/08

5. Mailing address if not opening immediately 658 S. Midvale Blvd, Madison 53711

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: Tavern; specifically a specialty/craft beer tavern; hrs 4pm-close.

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.**

one story; full basement; 7 rooms; 2 restrooms; 1 bar; 1 backbar; 1 backroom; 1 basement; 1 furnace room; 1 storage room; Exterior dimensions; 58'9" x 29'3"; bar area approx 47' x 22'

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. private, lighted, large parking lot w/ Milw Street entrance; 50+ spaces

13. Describe your management experience, staffing levels, duties and employee training.  
10 yrs retail including store mgmt; 2+ bartenders concurrently; encourage even managed employees to take responsible server class.

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.

William Rogers 658 S. Midvale Blvd, Madison 53711  
 Name Address

- 15 Utilizing your market research, who would you project your target market to be?  
college-educated men & women, neighborhood, city-wide, & visitors
16. What age range would you hope to attract to your establishment? 30-50
- 17 Describe how you plan to advertise/promote your business. What products will you be advertising?  
word of mouth; homebrewing & curling club members; internet beer sites; Isthmus & Onion.
18. Are you operating under a lease or franchise agreement? Yes (attach a copy) No
19. Owner of building where establishment is located: Union Corners LLC  
 Address of Owner: 103 N. Hamilton, Madison 53705 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  
William Rogers 658 S. Midvale Blvd, Madison  
 Name Address  
 \_\_\_\_\_  
 Name Address  
 \_\_\_\_\_  
 Name Address
22. List the Stockholders of your Corporation/LLC  
William Rogers 658 S. Midvale Blvd, Madison .100%  
 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? Snacks & appetizers.  
 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? All

27. What hours, if any, will food service not be available? none.
28. Indicate any other product/service offered. espresso
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? 10-12 bartenders total  
 During what hours do you anticipate they will be on duty? 3 PM - CLOSE
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? 25+  
 How many bartenders do you anticipate you would have working at one time on a busy night? 3-4
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
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? 100%
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? 90

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	95%
Gross Receipts from Food and Non-Alcoholic Beverages	5%
Gross Receipts from Other	0%
<b>Total Gross Receipts</b>	<b>100%</b>

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.

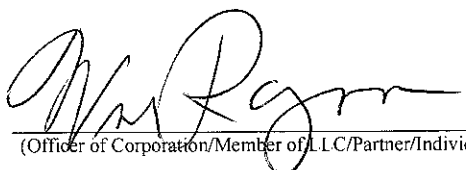
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Subscribed and Sworn to before me:

this 28<sup>th</sup> day of Jan, 2008

Wendy S Banta  
(Clerk/Notary Public)

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