

# ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk

For the license period beginning July 1 20 08 ;  
ending June 30 20 09

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

County of Dane Aldermanic Dist. No. 10 (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): Monroe St Bistr LLC

Applicant's Wisconsin Seller's Permit Number:	
Federal Employer Identification Number (FEIN): <u>26-2549649</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	\$
<b>TOTAL FEE</b>	\$

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>MR. Joseph Rothschild</u>	<u>525 W. Wilson St #208</u>	<u>53703</u>
Vice President/Member	<u>MR. Clayton Scherer</u>	<u>525 W. Wilson St #208</u>	<u>53703</u>
Secretary/Member	<u>MS. Jennifer Anne</u>	<u>3250 Milwaukee St #1</u>	<u>53714</u>
Treasurer/Member			
Agent	<u>Joseph Rothschild</u>		
Directors/Managers	<u>Joseph Rothschild / Jennifer Anne / Clayton Scherer / James Palikas / Matt Ebert</u>		

3 Trade Name Monroe Street Bistr Business Phone Number 608-217-2222  
4 Address of Premises 2611 Monroe St Post Office & Zip Code 53711

- 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 Wisconsin and date May 6, 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?  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) Cold Storage & Dry Storage in Basement

- 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? PAPA PAUL'S
- 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 for more than 30 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 6th day of May 2008  
Jerry D. Lehman  
(Clerk/Notary Public)  
My commission expires Nov 4, 2011

Joseph Rothschild 5/6/08  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)  
Clayton Scherer 5/6/08  
(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>5-6-08</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>80748</u>	

## City of Madison Supplemental Class B License Application

<input 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 checked="" type="checkbox"/> Lease <input type="checkbox"/> Sample Menu <input type="checkbox"/> Business Plan * Corporation/LLC only
---	--	--

1. Name of Applicant/Partner/Corporation/LLC MONROE STREET BISTRO
2. Address of Licensed Premise 2611 MONROE STREET MADISON WI
3. Telephone Number: 608-217-2222 4. Anticipated opening date: JUNE 15, 2008
5. Mailing address if not opening immediately 3256 Milwaukee St. #1 MADISON WI 53714
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: Restaurant/Bar  
MONDAY - SATURDAY 11am - 12am
9. Do you plan to have live entertainment?  No  Yes—What kind? Jazz on Saturday Evening
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.**  
Cold Storage 15x10 located in Basement  
Day Storage 10x5 located in Basement  
SEE ATTACHMENT for seating arrangement & bar size
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. 12 on SITE Parking  
SPACES
13. Describe your management experience, staffing levels, duties and employee training.  
1 Owner Executive Chef 6yrs experience opened 4 Restaurants  
2 Owner FOH/Bar manager 5yrs experience, MBA University of Wisconsin
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.  
Joseph Rothschild 3256 Milwaukee St. #1 MADISON WI 53714  
 Name Address

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

Monroe / Nishkoma Neighborhood ~ Belgian Beer fans

16. What age range would you hope to attract to your establishment? 25-65

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

Postcard mailers to advert & promote; Promote Bistro food & Belgian Beer

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

19. Owner of building where establishment is located: Leg of Madison LLC James Corcoran

Address of Owner: 2702 Monroe St Madison WI 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

Joseph Rothschild 3256 Milwaukee St #1 Madison WI  
Name Address

Jennifer Arime 3256 Milwaukee St #1 Madison WI  
Name Address

Clayton Schever 523 W. Wilson St #208 Madison WI  
Name Address

James Pulunkas & Matthew Ebert

22. List the Stockholders of your Corporation/LLC

Same as #22  
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? Fineest Bistro

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? 11am - 12am

27. What hours, if any, will food service not be available? N/A
28. Indicate any other product/service offered. N/A
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? 6  
During what hours do you anticipate they will be on duty? 11am - 12am
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? 15  
How many bartenders do you anticipate you would have working at one time on a busy night? 2
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?  
50%
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? 50%  
What percentage of your advertising budget do you anticipate will be drink related? 30%
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? 60

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	30 %
Gross Receipts from Food and Non-Alcoholic Beverages	65 %
Gross Receipts from Other	5 %
<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

**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.

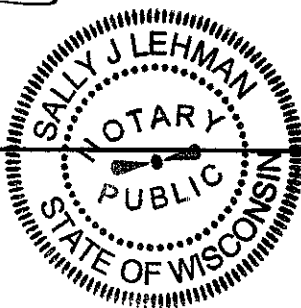
Subscribed and Sworn to before me:

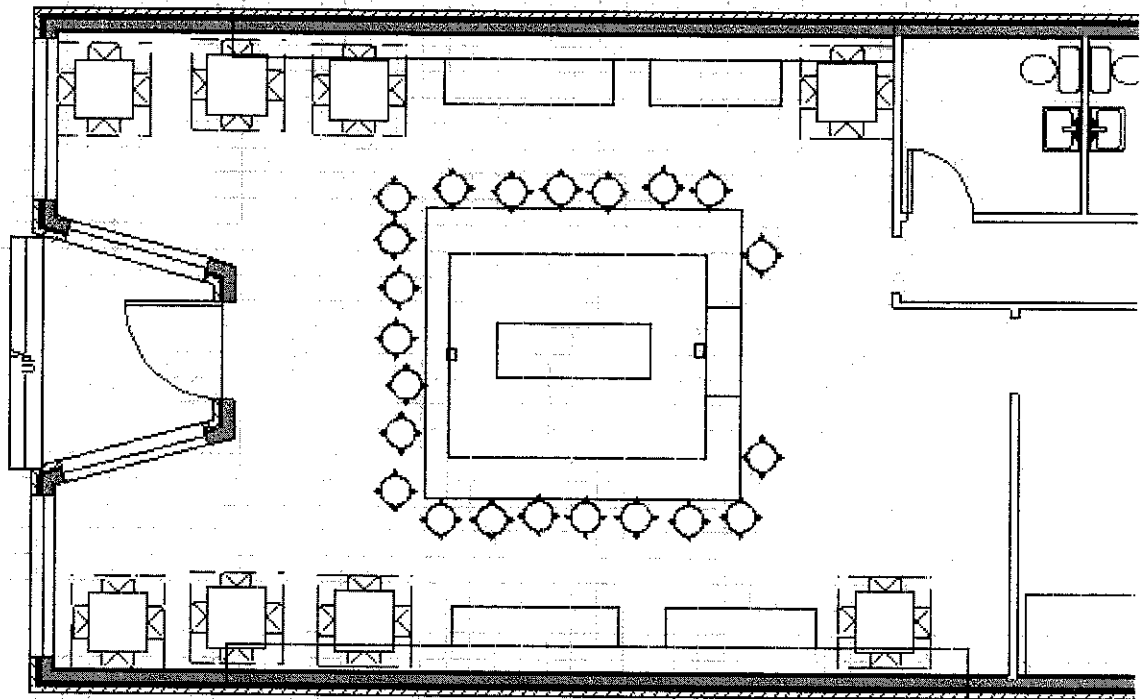
this 6 day of May, 2008

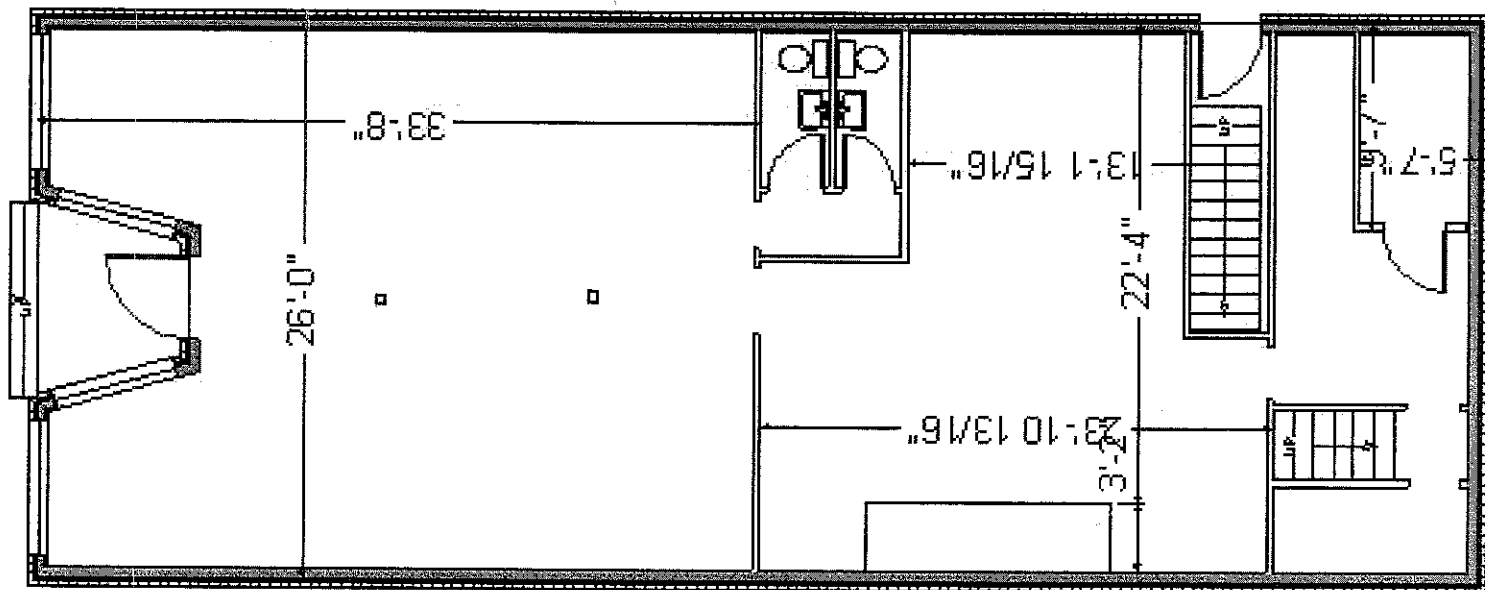
[Signature]  
(Clerk/Notary Public)

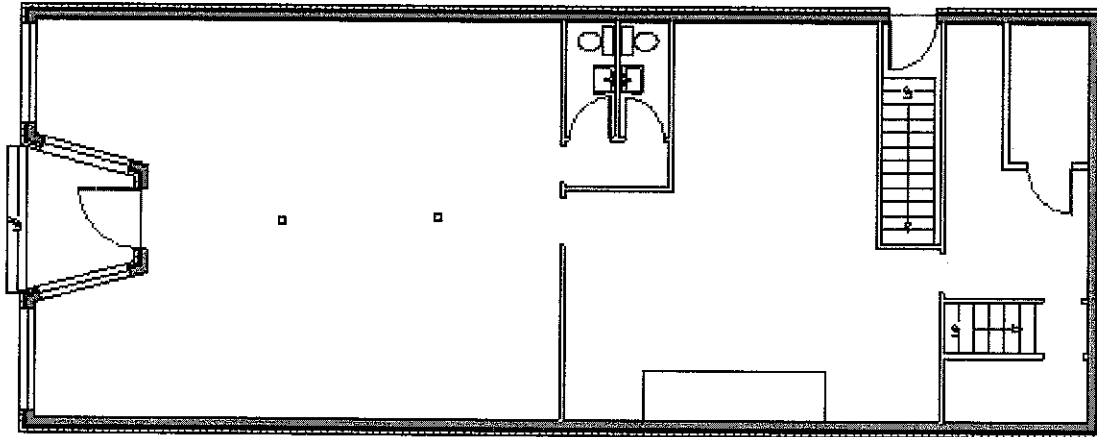
[Signature]  
(Officer of Corporation/Member of LLC/Partner/Individual)

My commission expires Nov. 6, 2011









LEVEL 1