

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 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 MBC Group LLC
2. Address of Licensed Premise 745 NORTH HIGH PT. RD. MADISON WI. 53717
3. Telephone Number: 917-751-3989 4. Anticipated opening date: 10/15/09
5. Mailing address if not opening immediately 37-02 ASTORIA BLVD STE 2F N.Y. N.Y. 11103
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 Hospitality / 11:00AM - 11:00PM

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.**

Useable square footage 1,150. Rentable sq. footage is 1,410. Dimensions of space are 60' x 1'97" measured from int. walls.

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. on site property MGT. (Private parking lot.)

13. Describe your management experience, staffing levels, duties and employee training

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.

BRIAN MANUSOFF 31-25 89 st. #1-F EA. ELMHURST, N.Y. 11369

Name

Address

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

ALL

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

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

FOOD

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

19. Owner of building where establishment is located: Inland & Companies

Address of Owner: 3000 Cahill main ste 216 Fitchburg Wi. 53711 Phone Number 608-221-8022

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

Percy Colombier 37-02 ASTORIA BLVD STE 2F ASTORIA, NY, 11103
Name Address

Allen Manusoff 31-25 89 st. APT 1-F EAST ELMHURST NY, 11369
Name Address

Name Address

22. List the Stockholders of your Corporation/LLC

Percy Colombier 37-02 ASTORIA BLVD. STE 2F 70%
Name Address % of Ownership

Allen Manusoff 31-25 89 st. #1-F EA. ELMHURST NY, 11369 30%
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

MON - SUN

26. During what hours of your operation do you plan to serve food? 11:00 AM - 11:00 PM

27. What hours, if any, will food service not be available? 12:00AM - 11:00AM
28. Indicate any other product/service offered. _____
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? 1-2 Per Shift
 During what hours do you anticipate they will be on duty? 11:00AM - 4:00PM / 5:00PM - 11:00PM
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? 50
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?
80%
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? _____
 What percentage of your advertising budget do you anticipate will be drink related? _____
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 (not sure yet)
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? 50 seats

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	%
Gross Receipts from Food and Non-Alcoholic Beverages	%
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: Percy Colombier

this 14th day of September, 2009



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

John Feliz
(Clerk/Notary Public)

My commission expires 05-11-13

JOHN FELIZ
NOTARY PUBLIC, STATE OF NEW YORK
QUALIFIED IN NEW YORK COUNTY
NO. 01FE6205773
MY COMMISSION EXPIRES 05-11-2013

Appointment of New Liquor/Beer Agent

To be completed by Corporate Officer or Member of LLC

I, PERCY COLOMBIER, officer/member for MBC GROUP LLC
(Corporation/LLC), doing business as EL POLLO INKA, authorize and appoint
SIVILY M. PAZ (Name) as the liquor/beer agent for the premise
located at 745 North High Pt. Rd. MAD. WI 53717

Subscribed and sworn to before me this

14th Day of September, 2009

John Feliz
Notary Public, Dane County, Wisconsin

My Commission Expires 05-11-13

[Signature]
Signature of Officer/Member

JOHN FELIZ
NOTARY PUBLIC, STATE OF NEW YORK
QUALIFIED IN NEW YORK COUNTY
NO. 01FE6205775
MY COMMISSION EXPIRES 05-11-2013

JOHN FELIZ
NOTARY PUBLIC, STATE OF NEW YORK
QUALIFIED IN NEW YORK COUNTY
NO. 01FE6205775
MY COMMISSION EXPIRES 05-11-2013

To be completed by appointed Liquor/Beer Agent

I, SIVILY MARITZA PAZ, appointed liquor/beer agent for
MBC GROUP 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 _____ %.

Subscribed and sworn to before me this

21 Day of September, 2009

[Signature]
Notary Public, Dane County, Wisconsin

My Commission Expires 5-6-2012

[Signature]
Signature of Agent

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