

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

College Students, Spectators of sporting events, Working adults, and others

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

16-75

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

We plan on using TV, Radio, newspapers as well as sports based marketing strategies

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

19. Owner of building where establishment is located: Rich Lofgren/612 University Investments LLC

Address of Owner: P.O. Box 6473 Monona WI 53716 Phone Number 608-222-0365

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

Matthew J Connelly 3010 Gregory St Madison WI 53711

Name Address

Kurt Schnepf 3010 Gregory St Madison WI 53711

Name Address

Jon B. Schnepf 28-56 47th St Astoria Ny 10013

Name Address

22. List the Stockholders of your Corporation/LLC

Matthew J Connelly 3010 Gregory St Madison WI 53711 40%

Name Address % of Ownership

Kurt Schnepf 3010 Gregory St Madison WI 53711 25%

Name Address % of Ownership

JON Schnepf 28-56 47th St Astoria Ny 10013 25%

Name Address % of Ownership

Nancy Connelly 8 Lawnside Rd Cheltenham PA 19612 10%

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? Philadelphia Cheese Steaks and other deli sandwiches.

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? Sun-thur 11:00 am - 2:00 am
Fri - Sat 11:00 am - 3:00 am

27. What hours, if any, will food service not be available? When closed 3:00 am - 11:00 am
28. Indicate any other product/service offered. ~~None~~ Catering
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? 3-4
During what hours do you anticipate they will be on duty? 11:00 am - 4:00 am
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? 0
How many bartenders do you anticipate you would have working at one time on a busy night? 0
34. Will there be a kitchen facility separate from the bar? Yes No Kitchen facility - no bar
35. Will there be a separate and specific area for eating only? Yes No 10 tables are counter top space
If yes, what will be the seating capacity for that area? 46
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?
20%
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? 10%
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? 46

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

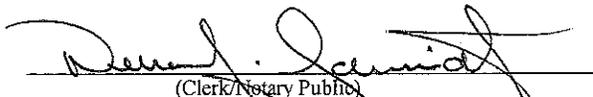
| | |
|--|-------------|
| Gross Receipts from Alcoholic Beverages | 20 % |
| Gross Receipts from Food and Non-Alcoholic Beverages | 80 % |
| Gross Receipts from Other | % |
| Total Gross Receipts | 100% |

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:

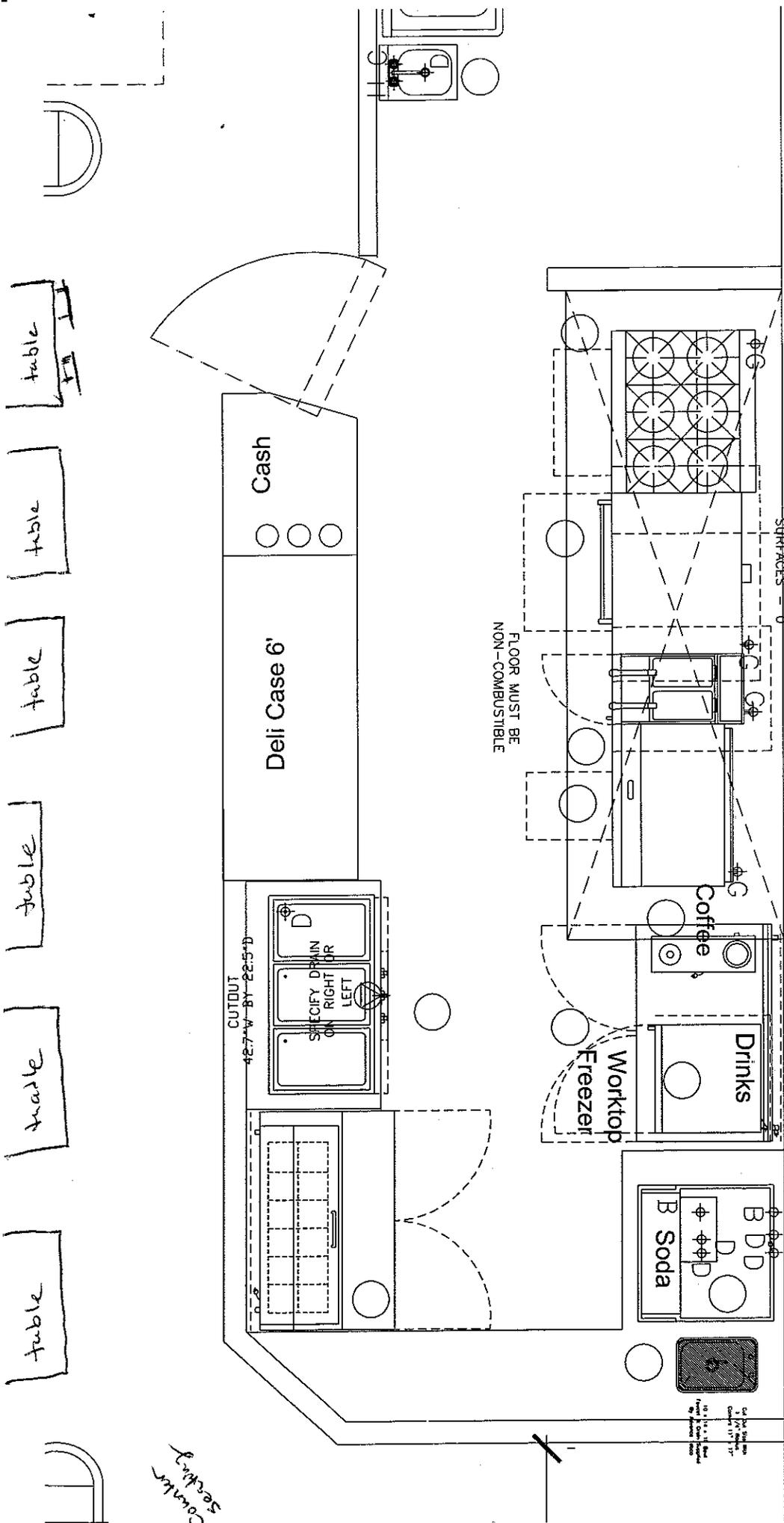
this 19 day of Dec., 2007


(Clerk/Notary Public)

My commission expires 7/24/11


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

610 UNIVERSITY AV.



CLEARANCES - FOR COMBUSTIBLE SURFACES: ONLY

CLEARANCES - FOR COMBUSTIBLE SURFACES: FOR NON-COMBUSTIBLE SURFACES - 0"

FLOOR MUST BE NON-COMBUSTIBLE

As Counting Section

Not for Building
Contract 11-1-18
Floor to Ceiling
Height of Counter