

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Applicant's Wisconsin Seller's Permit Number: <u>456-1027496200-02</u>	
Federal Employer Identification Number (FEIN): <u>45-2069126</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Wholesale beer	\$
<input checked="" type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$
TOTAL FEE	\$

Submit to municipal clerk.
 For the license period beginning _____ 20 11 ;
 ending _____ 20 12 ;

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): Mount Everest, 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	<u>President</u>	<u>Gokel Silwal</u>	<u>5013 Manor Cross, Madison, WI 53711</u>
Vice President/Member	<u>Vice President</u>	<u>Nupu Lama</u>	<u>4210 Green Avenue, Madison, WI 53704</u>
Secretary/Member			
Treasurer/Member			
Agent	<u>Gokel Silwal</u>		
Directors/Managers			

3. Trade Name Flavor of India Business Phone Number 608-294-5555
 4. Address of Premises 14 W Mifflin St. Suite 102 Post Office & Zip Code Madison, WI 53703

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 05/04/11 of registration. Yes No
 (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

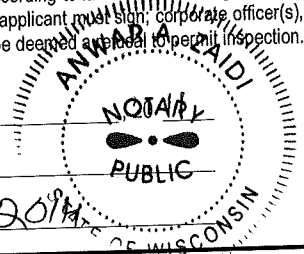
(NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)

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.) See attached floor plan. Restaurant dining area & outdoor seating areas
10. Legal description (omit if street address is given above): _____ Yes No
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? Doaba, LLC dba Flavor of India
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 3rd day of May
AS
 (Clerk/Notary Public)



Gokel Silwal
 (Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)
Nupu Lama
 (Officer of Corporation/Member/Manager of Limited Liability Company/Partner)

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

My commission expires 05/25/2014

TO BE COMPLETED BY CLERK		Signature of Clerk / Deputy Clerk	
Date received and filed with municipal clerk <u>5-6-2011</u>	Date reported to council/board	Date provisional license issued	
Date license granted	Date license issued	License number issued	

A-4-VERVEER
P-406

22515

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

Young adults, professional, business owners

16. What age range would you hope to attract to your establishment? All ages including families

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

Local newspapers, print and online media.

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

19. Owner of building where establishment is located: 14 WEST MIFFLIN ASSOCIATES, LLC

Address of Owner: 14 W Mifflin Street, Suite 300, Madison, WI 53703 Phone Number (608) 258-4640

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

Gokel Silwal 5013 Manor Cross, Madison, WI 53711

Name Address

Nupu Lama 4210 Green Avenue, Madison, WI 53704

Name Address

Name Address

22. List the Stockholders of your Corporation/LLC

Gokel Silwal 5013 Manor Cross, Madison, WI 53711 60.0

Name Address % of Ownership

Nupu Lama 4210 Green Avenue, Madison, WI 53704 40.0

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? Indian food

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 - 3:00p; 5:00p - 10:00p

27. What hours, if any, will food service not be available? 3:00p - 5:00p
28. Indicate any other product/service offered. Ethnic Indian food
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
During what hours do you anticipate they will be on duty? 11:30a - 10:30p
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? _____
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?
100%
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? \$1,000 per month
What percentage of your advertising budget do you anticipate will be drink related? 10%
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
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42. What is your estimated capacity? 85 + 30 (outdoor)

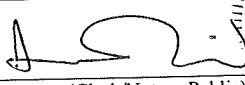
43. Pursuant to Chapter 23 of the Madison General Ordinances, all restaurants and taverns serving alcohol beverages shall substantiate their gross receipts for food and alcohol beverage sales broken down by percentage. For new establishments, the percentage will be an estimate.

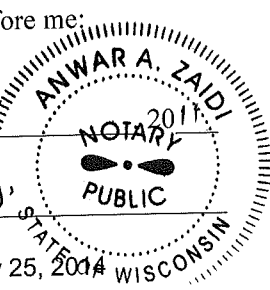
Gross Receipts from Alcoholic Beverages	10	%
Gross Receipts from Food and Non-Alcoholic Beverages	90	%
Gross Receipts from Other		%
Total Gross Receipts	100%	


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 03 day of May

(Clerk/Notary Public)





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

My commission expires May 25, 2014

Appointment of New Liquor/Beer Agent

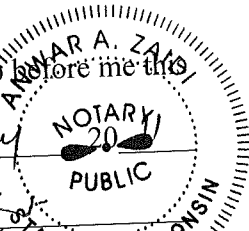
To be completed by Corporate Officer or Member of LLC

I, Nupu Lama, officer/member for Mount Everest, Inc.
(Corporation/LLC), doing business as Flavor of India, authorize and appoint
Gokel Silwal (Name) as the liquor/beer agent for the premise
located at 14 W Mifflin St, # 102,, Madison, WI 53703.

Subscribed and sworn to before me this

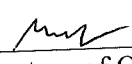
3 Day of May





Notary Public, Dane County, Wisconsin

My Commission Expires 05/25/2014


Signature of Officer/Member

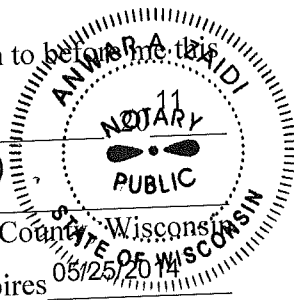
To be completed by appointed Liquor/Beer Agent

I, Gokel Silwal, appointed **liquor/beer agent** for
Mount Everest, Inc. (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 60 %.

Subscribed and sworn to before me this

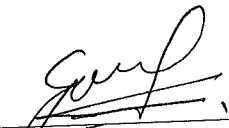
3 Day of May





Notary Public, Dane County, Wisconsin

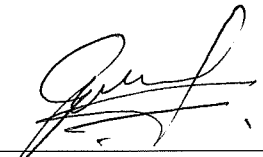
My Commission Expires 05/25/2014


Signature of Agent

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

Payment of Taxes on Liquor/Beer License Transfer

I, Gokel Silwal, President, applicant for
Name Title
a liquor and/or beer license for the premise located at 14 W Mifflin Street, Madison, WI 53703, 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.



Signature of Applicant

05/03/2011

Date

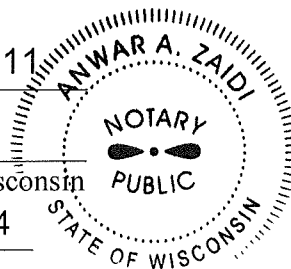
Subscribed and sworn to before me this

3 day of May, 2011



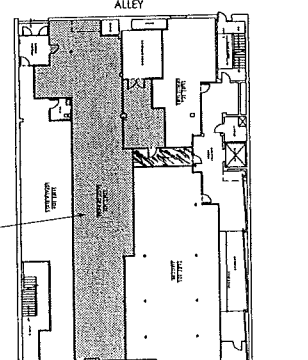
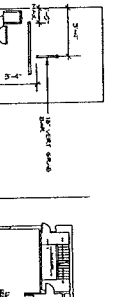
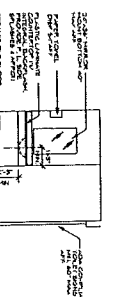
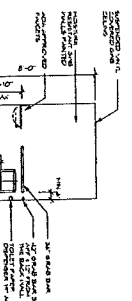
Notary Public, Dane County, State of Wisconsin

My Commission Expires May 25, 2014

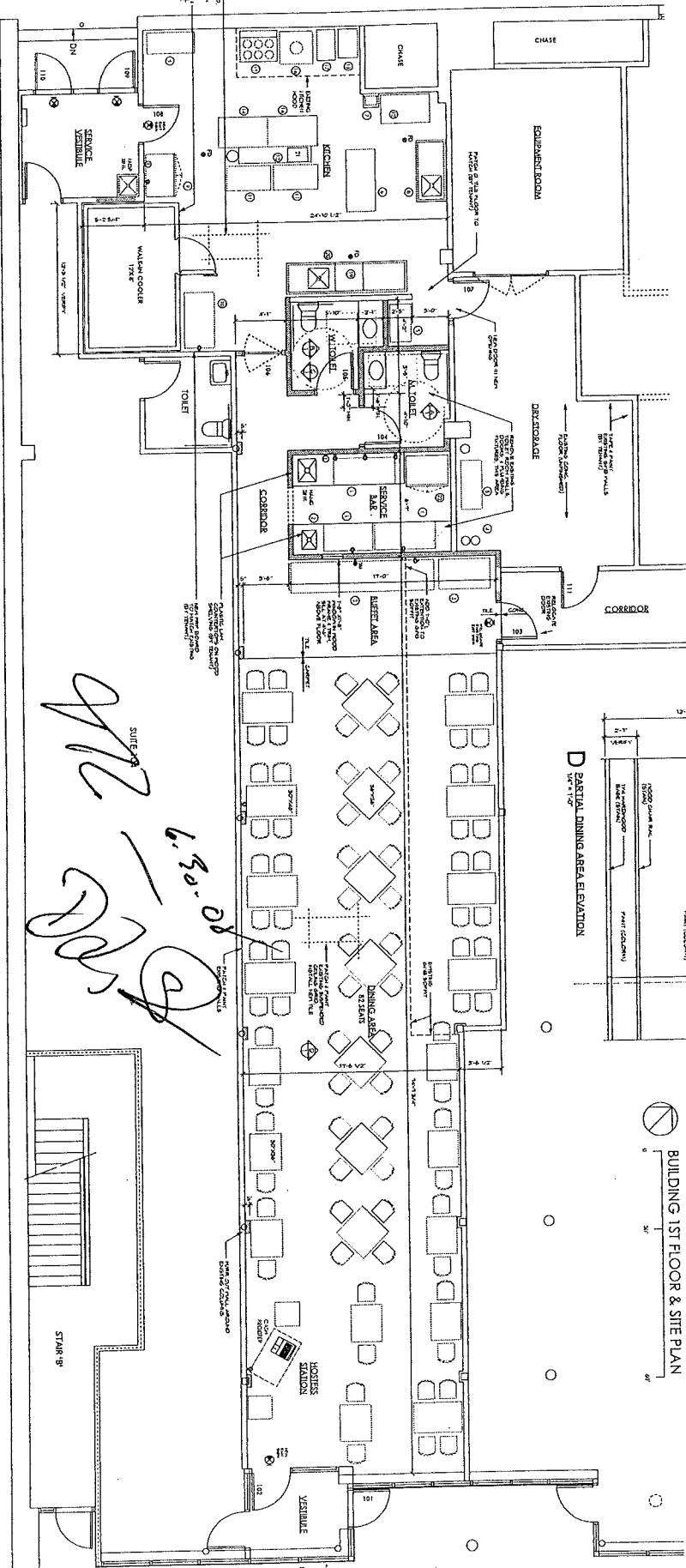
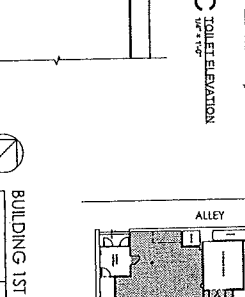
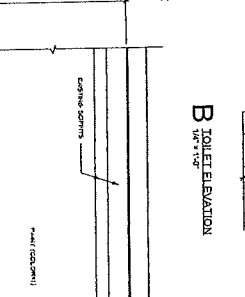
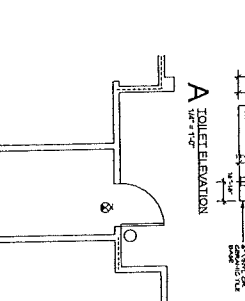
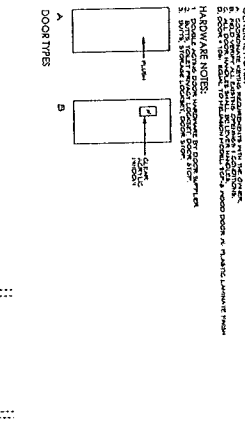


DOOR SCHEDULE

NO.	TYPE	FINISH	HEIGHT	WIDTH	SWING	FRAME	HANDLE	MARKING	REMARKS
1	DOOR	WOOD	6'-8"	3'-0"	R	WOOD	WOOD	WOOD	
2	DOOR	WOOD	6'-8"	3'-0"	L	WOOD	WOOD	WOOD	
3	DOOR	WOOD	6'-8"	3'-0"	R	WOOD	WOOD	WOOD	
4	DOOR	WOOD	6'-8"	3'-0"	L	WOOD	WOOD	WOOD	
5	DOOR	WOOD	6'-8"	3'-0"	R	WOOD	WOOD	WOOD	
6	DOOR	WOOD	6'-8"	3'-0"	L	WOOD	WOOD	WOOD	
7	DOOR	WOOD	6'-8"	3'-0"	R	WOOD	WOOD	WOOD	
8	DOOR	WOOD	6'-8"	3'-0"	L	WOOD	WOOD	WOOD	
9	DOOR	WOOD	6'-8"	3'-0"	R	WOOD	WOOD	WOOD	
10	DOOR	WOOD	6'-8"	3'-0"	L	WOOD	WOOD	WOOD	
11	DOOR	WOOD	6'-8"	3'-0"	R	WOOD	WOOD	WOOD	
12	DOOR	WOOD	6'-8"	3'-0"	L	WOOD	WOOD	WOOD	
13	DOOR	WOOD	6'-8"	3'-0"	R	WOOD	WOOD	WOOD	
14	DOOR	WOOD	6'-8"	3'-0"	L	WOOD	WOOD	WOOD	
15	DOOR	WOOD	6'-8"	3'-0"	R	WOOD	WOOD	WOOD	
16	DOOR	WOOD	6'-8"	3'-0"	L	WOOD	WOOD	WOOD	
17	DOOR	WOOD	6'-8"	3'-0"	R	WOOD	WOOD	WOOD	
18	DOOR	WOOD	6'-8"	3'-0"	L	WOOD	WOOD	WOOD	
19	DOOR	WOOD	6'-8"	3'-0"	R	WOOD	WOOD	WOOD	
20	DOOR	WOOD	6'-8"	3'-0"	L	WOOD	WOOD	WOOD	
21	DOOR	WOOD	6'-8"	3'-0"	R	WOOD	WOOD	WOOD	
22	DOOR	WOOD	6'-8"	3'-0"	L	WOOD	WOOD	WOOD	
23	DOOR	WOOD	6'-8"	3'-0"	R	WOOD	WOOD	WOOD	
24	DOOR	WOOD	6'-8"	3'-0"	L	WOOD	WOOD	WOOD	
25	DOOR	WOOD	6'-8"	3'-0"	R	WOOD	WOOD	WOOD	
26	DOOR	WOOD	6'-8"	3'-0"	L	WOOD	WOOD	WOOD	
27	DOOR	WOOD	6'-8"	3'-0"	R	WOOD	WOOD	WOOD	
28	DOOR	WOOD	6'-8"	3'-0"	L	WOOD	WOOD	WOOD	
29	DOOR	WOOD	6'-8"	3'-0"	R	WOOD	WOOD	WOOD	
30	DOOR	WOOD	6'-8"	3'-0"	L	WOOD	WOOD	WOOD	
31	DOOR	WOOD	6'-8"	3'-0"	R	WOOD	WOOD	WOOD	
32	DOOR	WOOD	6'-8"	3'-0"	L	WOOD	WOOD	WOOD	



BUILDING 1ST FLOOR & SITE PLAN



FIRST FLOOR PLAN

- GENERAL NOTES:**
1. ALL DIMENSIONS ARE FROM FACE OF FINISH MATERIAL UNLESS OTHERWISE SPECIFIED.
 2. ALL DIMENSIONS ARE FROM FACE OF FINISH MATERIAL UNLESS OTHERWISE SPECIFIED.
 3. ALL DIMENSIONS ARE FROM FACE OF FINISH MATERIAL UNLESS OTHERWISE SPECIFIED.

- KITCHEN EQUIPMENT LIST**
1. 12" KITCHEN COOKTOP
 2. 12" KITCHEN COOKTOP
 3. 12" KITCHEN COOKTOP
 4. 12" KITCHEN COOKTOP
 5. 12" KITCHEN COOKTOP
 6. 12" KITCHEN COOKTOP
 7. 12" KITCHEN COOKTOP
 8. 12" KITCHEN COOKTOP
 9. 12" KITCHEN COOKTOP
 10. 12" KITCHEN COOKTOP
 11. 12" KITCHEN COOKTOP
 12. 12" KITCHEN COOKTOP
 13. 12" KITCHEN COOKTOP
 14. 12" KITCHEN COOKTOP
 15. 12" KITCHEN COOKTOP
 16. 12" KITCHEN COOKTOP
 17. 12" KITCHEN COOKTOP
 18. 12" KITCHEN COOKTOP
 19. 12" KITCHEN COOKTOP
 20. 12" KITCHEN COOKTOP
 21. 12" KITCHEN COOKTOP
 22. 12" KITCHEN COOKTOP

- LEGEND:**
- ⊗ HOLLOW CORE DOOR
 - ⊙ SOLID CORE DOOR
 - ⊕ HOLLOW CORE WINDOW
 - ⊖ SOLID CORE WINDOW
 - ⊗ HOLLOW CORE WINDOW
 - ⊙ SOLID CORE WINDOW

Taste of India
174 W. WILFON STREET, MADISON, WI

1414 W. MOUNTAIN VIEW
PO BOX 2079
MADISON, WI 53711
608.288.0500