

Application Date: 7/24/06

Proof of WI Seller's Permit No. Applied for

Name of Corporation, Limited Liability Company, Individual Owner, Private Club or Partner(s) <u>Bobs French Quarter Kitchen LLC</u>		Liquor/Beer Agent <u>Barbara L. Matthews</u>	
Mailing Address <u>2803 Waunona Way</u>		Liquor/Beer Agent Address <u>2803 Waunona Way Madison, WI. 53713</u>	
City/State/Zip Code <u>Madison WI. 53713</u>		Liquor/Beer City/State/Zip Code	
Name of Registered Agent or General Partner <u>Barbara L. Matthews</u>		Local Contact Person	Phone Number <u>Barbara L. Matthews 608 222-7951</u>
Trade Name <u>Bobs French Quarter Kitchen.</u>		Estimated Opening Date <u>Sept. 15</u>	
Business Address <u>1353 Williamson St Madison WI. 53703</u>		Signature of Owner/Operator <u>Barbara L. Matthews</u>	

Private Club?  Yes  No

License Description	Type	Fee	Number
<u>Class B Beer</u>	<u>102</u>	<u>20<sup>00</sup> pub fee</u>	<u>75399</u>
<u>Class C Wine</u>	<u>106</u>	<u>20<sup>00</sup> pub fee</u>	<u>75400</u>
<b>Pre-Inspection &amp; License Fees Non-Refundable</b>	<b>TOTAL</b>	<b>\$</b>	

IT IS MANDATORY THAT ALL APPLICABLE INFORMATION BE COMPLETED. INACCURATE INFORMATION MAY RESULT IN SUSPENSION OR REVOCATION OF LICENSE.

# ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk

For the license period beginning \_\_\_\_\_ 20\_\_\_\_ ;  
ending \_\_\_\_\_ 20\_\_\_\_

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): **Babs French Quarter Kitchen "LLC" Barbara L. Matthews Member**  
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	Barbara L. Matthews	2803 Waurona way	Madison WI 53713
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	Barbara L. Matthews	2803 Waurona way	Madison WI 53713
Directors/Managers			

- 3 Trade Name **Babs French Quarter Kitchen "LLC"** Business Phone Number \_\_\_\_\_  
4 Address of Premises **1353 Williamson St. Madison WI 53713** Post Office & Zip Code \_\_\_\_\_

- 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 \_\_\_\_\_ 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) **Beer + wine will be stored in the Basement, service area + in the bar area served in the Dining Rm.**

- 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?

- 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 25th day of April, 2006  
Barbara L. Matthews  
(Clerk/Notary Public)

[Signature]  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)  
[Signature]  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)  
[Signature]  
(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	

Applicant's Wisconsin Seller's Permit Number	
Federal Employer Identification Number (FEIN): <u>27-014915</u>	
<b>LICENSE REQUESTED</b>	
<b>TYPE</b>	<b>FEE</b>
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer <u>102</u>	\$ <u>20</u>
<input type="checkbox"/> Wholesale beer	\$
<input checked="" type="checkbox"/> Class C wine <u>100</u>	\$ <u>20</u>
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$
<b>TOTAL FEE</b>	\$

# City of Madison Liquor and/or Beer Original Supplemental Form

## For Office Use Only

- |   |   |
|---|---|
| <input type="checkbox"/> Seller's Permit Number<br><input checked="" type="checkbox"/> Federal Employer Identification Number<br><input checked="" type="checkbox"/> Notarized Original Application Form (AT-106)<br><input checked="" type="checkbox"/> Notarized Supplemental Form<br><input checked="" type="checkbox"/> Description of Licensed Premise<br><input checked="" type="checkbox"/> Notarized Auxiliary Questionnaire(s) (AT-103)<br><input checked="" type="checkbox"/> Background Investigation Form(s)<br><input checked="" type="checkbox"/> Floor Plans | <input type="checkbox"/> Lease<br><input type="checkbox"/> Notarized Transfer of Ownership Letter<br><input checked="" type="checkbox"/> *Schedule of Appointment of Agent (AT-104)<br><input checked="" type="checkbox"/> *Notarized Appointment of Agent Letter<br><input checked="" type="checkbox"/> *Notarized Agent Authorization Letter<br><input checked="" type="checkbox"/> *Articles of Incorporation/ Organization<br><p style="text-align: right; font-size: small;">*Required of Corporation/LLC Only</p> |
|---|---|

- ✓ All applicants are required to provide an adequate premise plan which must include exterior and interior dimensions, position of stairs and all entrances and exits, normal and customary use of each room, placement of major appliances, furniture and large gaming tables, placement and dimensions of all bar(s), graphic representation of the normal position of booths, bar stools, tables and chairs. New structures must submit two sets of plans, signed and sealed by a registered architect or engineer to Building Inspection. **Premise plans must be submitted no larger than 8 ½ x 14.**
- ✓ **The applicant/partners/Liquor Agent must be enrolled in or have completed the Beverage Server Training course before appearing before the Alcohol License Review Committee.**

**Prior to your hearing before the Alcohol License Review Committee (ALRC), you must contact the Alderperson of the District in which you intend to do business, the representative of the appropriate neighborhood association (if any), and the Madison Police Department.**

- Alderperson Judy Olson can be reached at 246-0557, at the Common Council Office (266-4071), or via e-mail at [council@cityofmadison.com](mailto:council@cityofmadison.com).
- The name of the neighborhood association representative can be obtained by calling the Planning and Development Department at 266-4635 or going to the City's webpage at [www.ci.madison.wi.us/neighborhoods/contacts.htm](http://www.ci.madison.wi.us/neighborhoods/contacts.htm).
- The Police Department Liaison, Sergeant Emil Quast, can be reached at 266-4451.

Have you contacted the Alderperson, Police Department Liaison and neighborhood association representative in the area in which you intend to locate?

Yes      No (Comments: \_\_\_\_\_)

Are there any special conditions desired by the neighborhood? \_\_\_\_\_

The ALRC will ask questions of you in several areas with regard to your application. The following questions must be completed. The information provided will assist the committee in making a recommendation to the Common Council:

1. Name of Applicant/Partner/Corporation/Limited Liability Company (LLC):  
Babs New Orleans Style Deli, LLC
2. Telephone Number: 608 222-7951
3. Address of Licensed Premise: 1353 Williamson St. Madison, WI.  
537 03

4. What type of establishment is contemplated?  Tavern  Nightclub  Restaurant  
 Liquor Store  Grocery Store  Convenience Store - Gas Pumps  Yes  No  
 Other Please explain: \_\_\_\_\_

5 Business Description, including hours of operation and if entertainment is part of your venue, what type:  
 Bob's French Quarter Kitchen Will open 10:30<sup>AM</sup> close 11:00<sup>PM</sup> Tues - Sun starting with  
 sandwiches, soups, Hot lunches & Deli items by the lb. Friday Fish Fry + Sunday Jazz  
 brunch. May have <sup>Live</sup> Jazz music on Sunday + May have something with Fish  
 I will not have a Bar. Beer + wine will be served from the kitchen + Deli area.

6. Describe (in detail) building to include overall dimensions, seating arrangements, capacity, bar size and where  
 alcohol beverages are to be sold and stored. All rooms, including living quarters that are directly or indirectly  
 accessible and under control of the applicant must be included. (Alcohol beverages may be sold and stored only  
 on the premise described but does not include living quarters). Bob's capacity will be approx-  
 imately 60 p. There will be 7-8 Booths, tables + chairs +  
 located in the Dickenson Street half of the  
 main floor AS well as the small Williamson St store front area.  
 Liquor will be served in these areas. Liquor will be stored in  
 the basement + in the kitchen + service area.

The licensed premise as described above shall not be expanded or changed during the license year without approval of the Common Council.

7. Describe existing parking and how parking lot is to be monitored: There is No parking. Only street parking

8. Describe all management positions, including previous experience, staffing levels/duties and employee training:  
 Barbara L. Matthews will be the manager/owner. I have  
 30+ years experience in the servis industry. I'm a certified  
 Chef. Graduated from Cullinary School by program. w/ Assocet Degree, +  
 taken several Business courses At UW Extension. work the last 17 years in a  
 Bar + Harmony Bar + Grill

9. Excluding pre-packaged snacks, how late will food be served? 11:00  
 If so, what type of food? Sandwiches, Hot meals, Deli items, Soups  
 Indicate any other product & services offered: Snowballs (shaved ice)

If possible, provide a sample menu: \_\_\_\_\_

10 Please describe your target market; what is your customer profile? Neighborhood Residence, Businesses in the area.

If you have a Business Plan, please submit a copy.

11 Describe how you plan on advertising and promoting your business: Local Newspapers, Radio  
Word of mouth, website + internet,

12 What is your estimated capacity? 58-62 people.

13 Are you operating under a lease or franchise type agreement?  Yes  No (If yes, attach copy of agreement.)

Name of owner of building where establishment is located: Judy Kalschell

Address of Owner: Judy Kalschell Phone Number: 824-7774  
cell 770-5757

14 "Individual" or "Partnership" only: Have individual/partners completed the Beverage Server Training Course?  
 Yes  No If Yes, indicate names: \_\_\_\_\_

(Note: License cannot be issued until proof of completion of Beverage Server Training Course is shown)

15 "Corporation" or "LLC" only: Will agent be a resident of Wisconsin at the time of granting?  Yes  No

Agent must disclose interest held in business: \_\_\_\_\_

Has agent completed the Beverage Server Training Course?  Yes  No  
 (Note: License cannot be issued until proof of completion of Beverage Server Training Course is shown)

Director(s) Name	Home Address
Barbara L. Matthews	2803 Waunona way MADISON, WI. 53713

Stockholder's Name	Address	Extent of Ownership%

Manager's Name	Address	Business Phone	Home Phone
Barbara L. Matthews	2803 Waunona way MADISON, WI 53713	608 443-9080	222-7951

16. Anticipated opening date: June of 06

Mailing address if not opening immediately: 2803 Waunona way madison, WI.

Contact person for appearance before the ALRC: Barbara Matthews 53713

**Private organizations (clubs) applying for a new liquor license must answer the following question:**

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

### Restaurant/Tavern Establishment Alcohol Beverage & Food Sales Report

Pursuant to Sections 23.05(3)(s) and 23.05(7)(f) 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.**

Calendar/fiscal year:  January 1 – December 31  July 1 – June 30

Percent Gross Receipts from Alcohol Beverages	15 %
Percent Gross Receipts from Food	85 %
Percent Gross Receipts from Other	— %
<b>Total Gross Receipts</b>	<b>100 %</b>

Do you have written records to document the percentages shown?  Yes  No

**You may be required to produce and submit documentation verifying the percentages you've indicated.**

What type of establishment are you? (Check all that apply)  Tavern  Restaurant  Nightclub

Other Please explain: \_\_\_\_\_

**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 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 must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.) 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 25<sup>th</sup> day of April, 2006

[Signature]  
(Clerk/Notary Public)

My commission expires 11/19/06

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

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

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

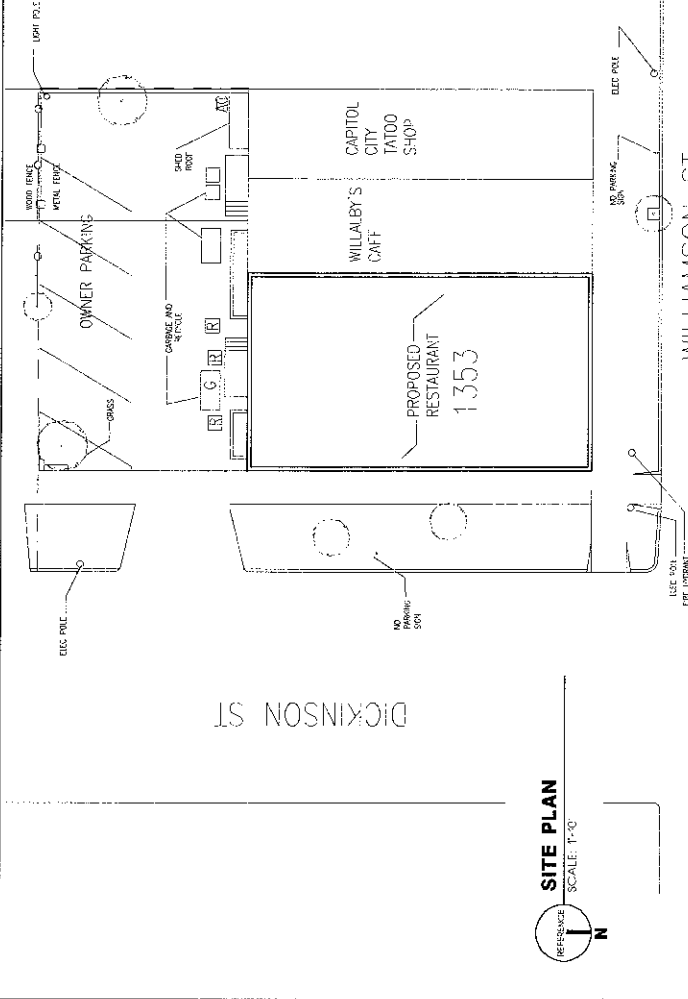
**If you have any questions, please contact the City Clerk's Office at (608) 266-4601.**

# B A B S N E W O R L E A N S S T Y L E D E L I MADISON \* WISCONSIN

## GENERAL NOTES

THIS IS FIELD VERIFICATION  
DRAWING ONLY AND IS NOT  
FOR CONSTRUCTION

## SITE PLAN



SITE PLAN  
SCALE: 1"=20'

## NOTES TO PLAN REVIEWER

## INDEX OF DRAWINGS

- S1 SITE PLAN / TITLE SHEET
- D1 DEMOLITION PLAN
- A1 FLOOR PLANS
- A2 EXTERIOR ELEVATIONS

## APPROVALS

ARCHITECT	STRUCTURAL ENGINEER
APPROVAL AGENCY	

## Fonts & Pen Protocol

1. IF ANY FONT OR PEN PROTOCOL IS USED, IT MUST BE LISTED IN THIS SECTION.
  2. THE FOLLOWING ARE THE FONT AND PEN PROTOCOLS USED IN THIS SET:
- |                    |               |               |               |
|--------------------|---------------|---------------|---------------|
| 1/1" = 1" (1/8" W) | 1/8" (1/8" W) | 1/8" (1/8" W) | 1/8" (1/8" W) |
| 1/1" = 1" (1/8" W) | 1/8" (1/8" W) | 1/8" (1/8" W) | 1/8" (1/8" W) |
| 1/1" = 1" (1/8" W) | 1/8" (1/8" W) | 1/8" (1/8" W) | 1/8" (1/8" W) |

THESE PLANS ARE TO BE MARKED, DERR, AND AUTHORIZATION IS REQUIRED FROM THE ARCHITECT OR CLIENT NAMED BELOW FOR ANY REPRODUCTION.

PRELIMINARY

ARCHITECT

MARK DERR ARCHITECT

BABS NEW ORLEANS STYLE DELL

SITE PLAN / TITLE SHEET

S1

## PROJECT DATA

<p><b>OWNER</b> BABS NEW ORLEANS STYLE DELL 1353 WILLIAMSON ST. MADISON, WI 53703</p> <p><b>PROJECT DESCRIPTION</b> EXIST. SPACE FOR A NEW RESTAURANT</p> <p><b>PROJECT ADDRESS</b> 1353 WILLIAMSON ST. MADISON, WI 53703</p> <p><b>OCCUPANCY</b> RESTAURANT</p> <p><b>AREA-S</b> CONTRIBUTION FIVE (5) ST. CROSS CONTRIBUTION FIVE (5) ST. CROSS</p> <p><b>DATE OF INDICATION</b> 11/15/2017</p> <p><b>DATE OF RECORD</b> 11/15/2017</p>	<p><b>ARCHITECT OF RECORD</b> MARK DERR ARCHITECT 1353 WILLIAMSON ST. MADISON, WI 53703</p> <p><b>PROJECT NUMBER</b> 300-000</p> <p><b>DATE</b> 11/15/2017</p> <p><b>SCALE</b> 1/8" = 1'</p>
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## SYMBOLS & ABBREVIATIONS

<p><b>PROPERTY LINE</b></p> <p><b>SECTION 41</b></p> <p><b>ELEVATION</b></p> <p><b>REFERENCE</b></p> <p><b>REMARK</b></p> <p><b>REFERENCE</b></p> <p><b>PROPERTY LINE</b></p> <p><b>SECTION 41</b></p> <p><b>ELEVATION</b></p> <p><b>REFERENCE</b></p> <p><b>REMARK</b></p> <p><b>REFERENCE</b></p>	<p><b>EXISTING COAST</b></p> <p><b>DEMOLITION</b></p> <p><b>NEW OR EXISTING</b></p> <p><b>SMOKE DETECTOR</b></p> <p><b>GLASS FIRE EXTINGUISHER</b></p> <p><b>FIRE LIGHT</b></p> <p><b>FIRE ALARM HORN</b></p> <p><b>FIRE ALARM NOTIFICATION</b></p> <p><b>NEW POOD WIDTH</b></p> <p><b>EXISTING DOOR TO</b></p> <p><b>REAR PORCH</b></p>	<p><b>EXISTING DOOR TO</b></p> <p><b>REAR PORCH</b></p> <p><b>EXISTING DOOR TO</b></p> <p><b>REAR PORCH</b></p> <p><b>EXISTING DOOR TO</b></p> <p><b>REAR PORCH</b></p> <p><b>EXISTING DOOR TO</b></p> <p><b>REAR PORCH</b></p>
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## PROJECT NOTES

<p><b>PROPERTY LINE</b></p> <p><b>SECTION 41</b></p> <p><b>ELEVATION</b></p> <p><b>REFERENCE</b></p> <p><b>REMARK</b></p> <p><b>REFERENCE</b></p>	<p><b>EXISTING COAST</b></p> <p><b>DEMOLITION</b></p> <p><b>NEW OR EXISTING</b></p> <p><b>SMOKE DETECTOR</b></p> <p><b>GLASS FIRE EXTINGUISHER</b></p> <p><b>FIRE LIGHT</b></p> <p><b>FIRE ALARM HORN</b></p> <p><b>FIRE ALARM NOTIFICATION</b></p> <p><b>NEW POOD WIDTH</b></p> <p><b>EXISTING DOOR TO</b></p> <p><b>REAR PORCH</b></p>
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## COMPILATIONS

<p><b>OWNER</b> BABS NEW ORLEANS STYLE DELL 1353 WILLIAMSON ST. MADISON, WI 53703</p> <p><b>PROJECT DESCRIPTION</b> EXIST. SPACE FOR A NEW RESTAURANT</p> <p><b>PROJECT ADDRESS</b> 1353 WILLIAMSON ST. MADISON, WI 53703</p> <p><b>OCCUPANCY</b> RESTAURANT</p> <p><b>AREA-S</b> CONTRIBUTION FIVE (5) ST. CROSS CONTRIBUTION FIVE (5) ST. CROSS</p> <p><b>DATE OF INDICATION</b> 11/15/2017</p> <p><b>DATE OF RECORD</b> 11/15/2017</p>	<p><b>ARCHITECT OF RECORD</b> MARK DERR ARCHITECT 1353 WILLIAMSON ST. MADISON, WI 53703</p> <p><b>PROJECT NUMBER</b> 300-000</p> <p><b>DATE</b> 11/15/2017</p> <p><b>SCALE</b> 1/8" = 1'</p>
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<p><b>PROPERTY LINE</b></p> <p><b>SECTION 41</b></p> <p><b>ELEVATION</b></p> <p><b>REFERENCE</b></p> <p><b>REMARK</b></p> <p><b>REFERENCE</b></p>	<p><b>EXISTING COAST</b></p> <p><b>DEMOLITION</b></p> <p><b>NEW OR EXISTING</b></p> <p><b>SMOKE DETECTOR</b></p> <p><b>GLASS FIRE EXTINGUISHER</b></p> <p><b>FIRE LIGHT</b></p> <p><b>FIRE ALARM HORN</b></p> <p><b>FIRE ALARM NOTIFICATION</b></p> <p><b>NEW POOD WIDTH</b></p> <p><b>EXISTING DOOR TO</b></p> <p><b>REAR PORCH</b></p>
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# B A B S N E W D R L E A N S S T Y L E D E L I

## MADISON \* WISCONSIN

### NOTES

1. VERIFY THE EXISTING FOUNDATION FROM AS SHOWN ON R-16.
2. VERIFY EXISTING INTERIOR FINISH.
3. VERIFY SPACING, SUPPORT FOR NEW WALL OPENING.

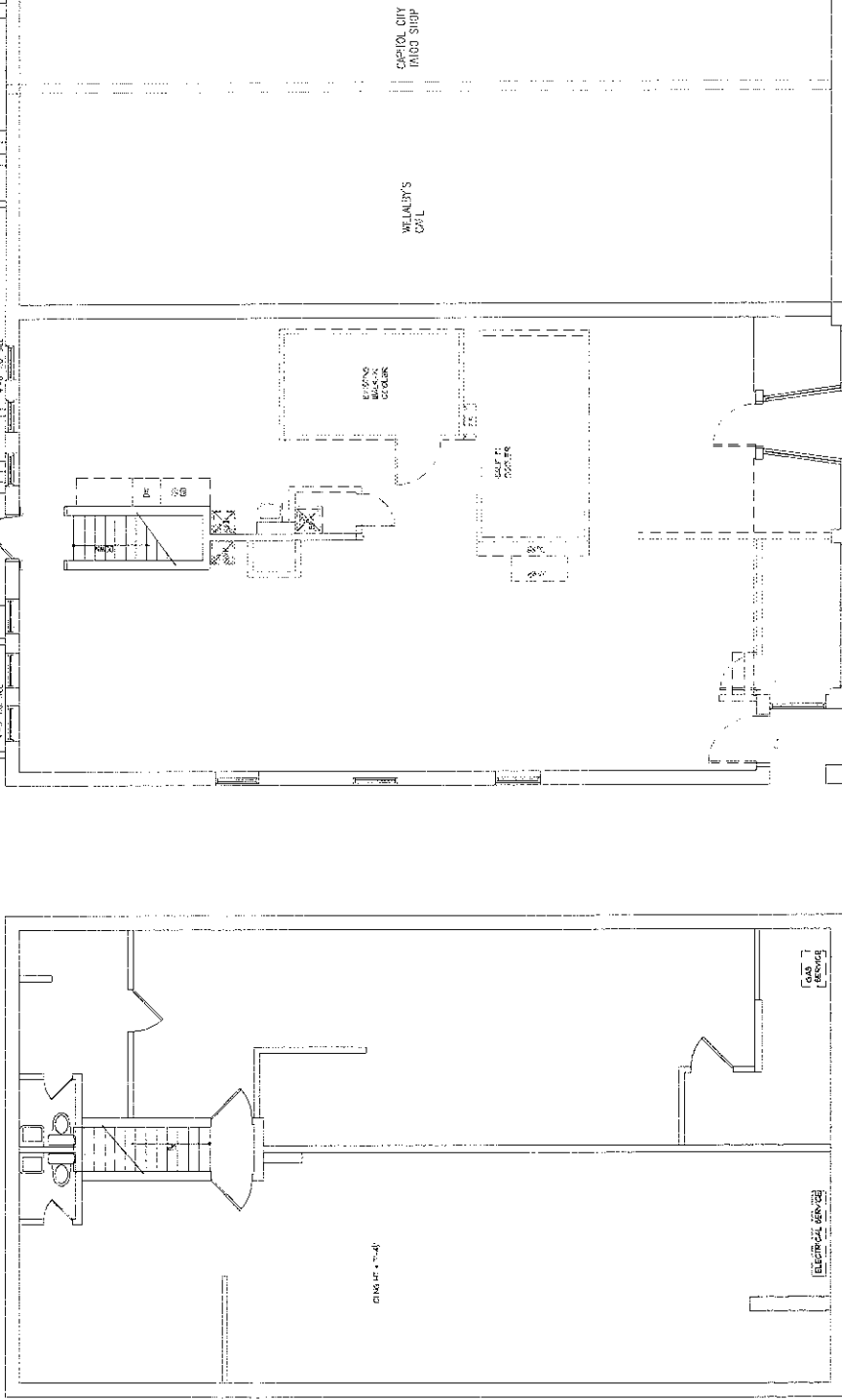
**THIS IS FIELD VERIFICATION  
DRAWING ONLY AND IS NOT  
FOR CONSTRUCTION**

### Fonts & Pen Protocol

1. THE FONTING FOR ALL DIMENSIONS SHALL BE AS NOTED BELOW.
2. THE FONTING FOR ALL DIMENSIONS SHALL BE AS NOTED BELOW.

LINE WEIGHT	LINE WEIGHT	LINE WEIGHT	LINE WEIGHT
1/8" (0.125")	1/16" (0.0625")	1/32" (0.03125")	1/64" (0.015625")
1/16" (0.0625")	1/32" (0.03125")	1/64" (0.015625")	1/128" (0.0078125")
1/32" (0.03125")	1/64" (0.015625")	1/128" (0.0078125")	1/256" (0.00390625")
1/64" (0.015625")	1/128" (0.0078125")	1/256" (0.00390625")	1/512" (0.001953125")

IF FONT AND CIB FILES WILL BE PROVIDED UPON REQUEST.  
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**MAIN FLOOR PLAN**  
SCALE: 1/4"=1'-0"  
N

**BASEMENT FLOOR PLAN**  
SCALE: 1/4"=1'-0"  
N

**PRELIMINARY ARCHITECT**

**MARK DERR ARCHITECT**  
1000 W. WISCONSIN ST. MADISON, WISCONSIN 53703  
TEL: 608.261.1111 FAX: 608.261.1112  
WWW.MARKDERRARCHITECT.COM

**BABS NEW ORLEANS STYLE DELI**  
1000 W. WISCONSIN ST. MADISON, WISCONSIN 53703  
TEL: 608.261.1111 FAX: 608.261.1112  
WWW.MARKDERRARCHITECT.COM

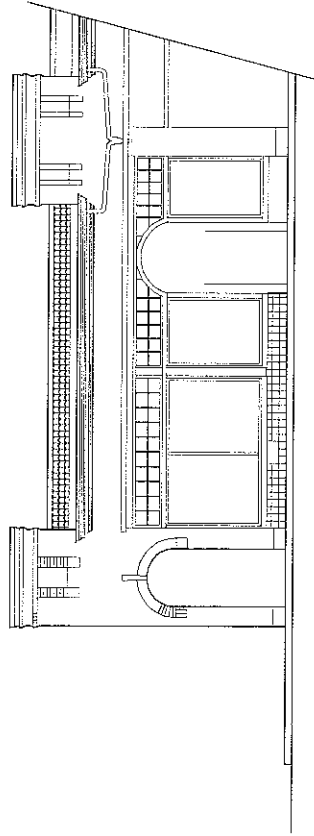
**DEMOLITION PLAN**  
DATE: 08/14/06  
SCALE: AS SHOWN  
PROJECT NO: 06-001  
SHEET NO: 01



# BASS NEW ORLEANS STYLE DELL

## MADISON \* WISCONSIN

### NOTES



1 FRONT ELEVATION

SCALE: 1/4"=1'-0"

THIS IS FIELD VERIFICATION  
DRAWING ONLY AND IS NOT  
FOR CONSTRUCTION

### FONTS & PEN PROTOCOL

1. THE FONT SIZE FOR ALL TEXT SHALL BE 10 POINTS UNLESS OTHERWISE NOTED.
2. THE TYPEFACE FOR ALL TEXT SHALL BE CALIBRI UNLESS OTHERWISE NOTED.

LINE WEIGHT	0.5000 MM	0.5000 MM
2.0000 MM	0.6000 MM	0.6000 MM
4.0000 MM	0.8000 MM	0.8000 MM
6.0000 MM	1.0000 MM	1.0000 MM
8.0000 MM	1.2000 MM	1.2000 MM
10.0000 MM	1.4000 MM	1.4000 MM
12.0000 MM	1.6000 MM	1.6000 MM
14.0000 MM	1.8000 MM	1.8000 MM
16.0000 MM	2.0000 MM	2.0000 MM
18.0000 MM	2.2000 MM	2.2000 MM
20.0000 MM	2.4000 MM	2.4000 MM

3. ALL FONT AND GDS FILES WILL BE PROVIDED UPON REQUEST.

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**ARCHITECT**  
**MARK DERR ARCHITECT**  
 2006 Mark Derr Architect, Inc.  
 4010 W. Wisconsin Ave., Suite 1000  
 Madison, Wisconsin 53706  
 Tel: 608.784.1111  
 Fax: 608.784.1112  
 www.markderr.com

**PRELIMINARY**

**BASS NEW ORLEANS STYLE DELL**

**EXTERIOR ELEVATIONS**

**A2**

DATE: 08/11/06  
 DRAWN BY: J. S. JENSEN  
 CHECKED BY: J. S. JENSEN  
 PROJECT NO.: 06-001  
 SHEET NO.: A2 OF A2  
 TOTAL SHEETS: 2

# B A B S N E W O R L E A N S S T Y L E D E L I MADISON \* WISCONSIN

## NOTES

1. VERIFY ALL LOCAL CODES AND ORDINANCES AS APPLICABLE.
2. VERIFY ALL UTILITIES LOCATIONS AND DEPT. PERMITS.
3. VERIFY STRUCTURAL SUPPORT FOR NEW WALL CEMENT.
4. VERIFY ALL EXISTING CONDITIONS, INCLUDING EXISTING AND COMMENTS / MICHIGAN REGISTERED REVIEW.
5. VERIFY ALL EXISTING CONDITIONS, INCLUDING EXISTING AND COMMENTS / MICHIGAN REGISTERED REVIEW.
6. VERIFY ALL EXISTING CONDITIONS, INCLUDING EXISTING AND COMMENTS / MICHIGAN REGISTERED REVIEW.
7. VERIFY ALL EXISTING CONDITIONS, INCLUDING EXISTING AND COMMENTS / MICHIGAN REGISTERED REVIEW.
8. VERIFY ALL EXISTING CONDITIONS, INCLUDING EXISTING AND COMMENTS / MICHIGAN REGISTERED REVIEW.

**THIS IS FIELD VERIFICATION  
DRAWING ONLY AND IS NOT  
FOR CONSTRUCTION**

## Fonts & PEN PROTOCOL

1. THE FOLLOWING ACROSS ENTIRE DRAWING: ARCHITECT / ARCHITECT / ARCHITECT / ARCHITECT / ARCHITECT / ARCHITECT
2. THE FOLLOWING ACROSS ENTIRE DRAWING: ARCHITECT / ARCHITECT / ARCHITECT / ARCHITECT / ARCHITECT / ARCHITECT

THESE PLANS ARE TO BE MARKED AND AUTHORIZATION IS REQUIRED FROM THE ARCHITECT OR CLIENT NAMED BELOW FOR ANY REPRODUCTION.

**PRELIMINARY**

**MARK DEER ARCHITECT**

**BABS NEW ORLEANS STYLE DELI**

**FLOOR PLANS**

**PROJECT NO. 2025-01**

**DATE: 10/25/2024**

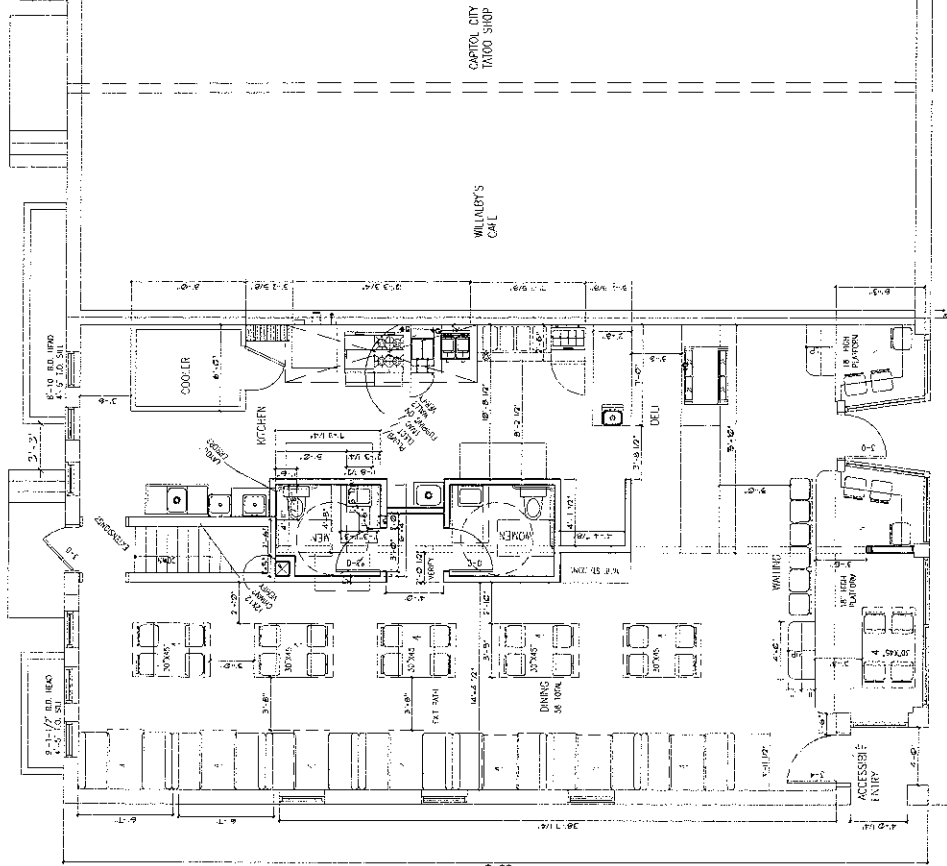
**CLIENT: BABS NEW ORLEANS STYLE DELI**

**ARCHITECT: MARK DEER ARCHITECT**

**SCALE: 1/4"=1'-0"**

**REFERENCE: I**

**SCALE: 1/4"=1'-0"**



**MAIN FLOOR PLAN 1971 GSF**

SCALE: 1/4"=1'-0"

**BASEMENT FLOOR PLAN ~ 2025 GSF**

SCALE: 1/4"=1'-0"

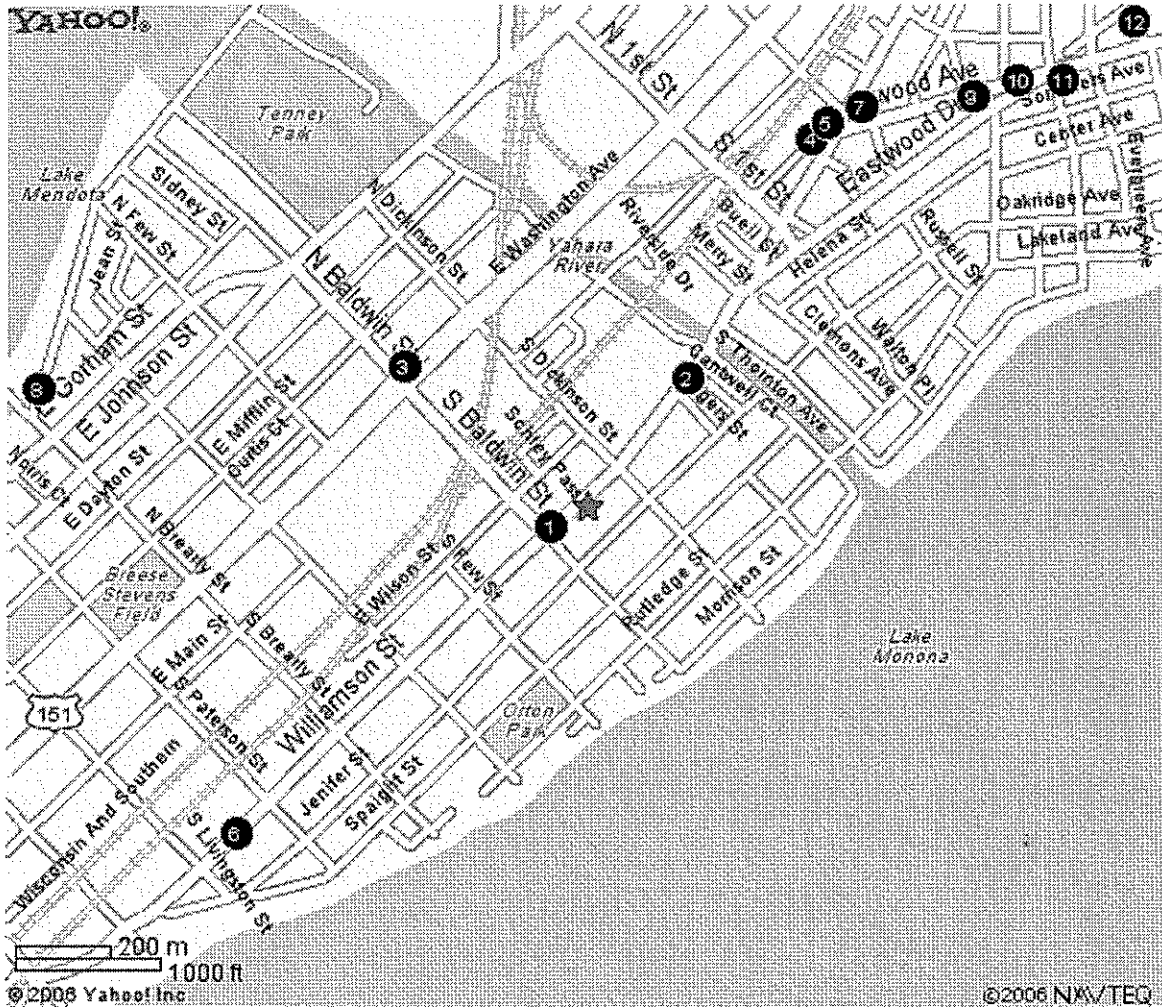


Map:

Yahoo! Maps - Madison, WI 53703-3756

<< Back to Map

1353 Williamson St Madison, WI 53703-3756



Map#	Business/Landmark Info	Distance
1	<b>Crystal Corner Bar</b> 1302 Williamson St Madison, WI <b>Phone:</b> (608) 256-2953	0.0 miles
2	<b>Mickey's Tavern</b> 1524 Williamson St Madison, WI <b>Phone:</b> (608) 251-9964	0.2 miles
3	<b>J T's Friendly Tavern</b> 1304 E Washington Ave Madison, WI <b>Phone:</b> (608) 256-6356	0.3 miles
4	<b>Ideal Bar</b> 1968 Atwood Ave Madison, WI	0.5 miles

ADVERTI

- 5

**Wonders Pub**  
1980 Atwood Ave  
Madison, WI  
**Phone:** (608) 244-8563

0.5 miles
- 6

**Willy Street Pub & Grill**  
852 Williamson St  
Madison, WI  
**Phone:** (608) 256-8211

0.6 miles
- 7

**Players Sports Bar**  
2013 Winnebago St  
Madison, WI  
**Phone:** (608) 244-9722

0.6 miles
- 8

**Ole'n Ricks North Side Inn**  
1026 Sherman Ave  
Madison, WI  
**Phone:** (608) 244-0347

0.7 miles
- 9

**Mr Robert's**  
2116 Atwood Ave  
Madison, WI  
**Phone:** (608) 249-1660

0.7 miles
- 10

**Wilson's Bar**  
2144 Atwood Ave  
Madison, WI  
**Phone:** (608) 241-2226

0.7 miles
- 11

**Harmony Bar & Grill**  
2201 Atwood Ave  
Madison, WI  
**Phone:** (608) 249-4333

0.8 miles
- 12

**Ohio Tavern**  
224 Ohio Ave  
Madison, WI  
**Phone:** (608) 245-0007

0.9 miles

When using any driving directions or map, it's a good idea to do a reality check and make sure the road still exists, watch out for construction, and follow all traffic safety precautions. This is only to be used as an aid in planning.