

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk

For the license period beginning July 1 20 07 ;
ending June 30 20 08

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

County of Dane Aldermanic Dist. No. 2 (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): Out Nightclub, 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 Bruce M. DeWall</u>	<u>301 Harbour Town Dr #324</u>	<u>Madison, WI 53717</u>
Vice President/Member	<u>Vice President Kristin L. Mortensen</u>	<u>2690 Norwich St.</u>	<u>Fitchburg, WI 53711</u>
Secretary/Member	<u>Secretary Megan P. Lockard</u>	<u>2690 Norwich St.</u>	<u>Fitchburg, WI 53711</u>
Treasurer/Member			
Agent	<u>Bruce M. DeWall</u>		
Directors/Managers			

3. Trade Name Out Nightclub, Inc Business Phone Number _____
4. Address of Premises 1444 E. Washington Avenue Post Office & Zip Code Madison 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 _____ 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.) 15,000 sq ft two story building
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 19 day of December, 20 07
[Signature]
(Clerk/Notary Public)
My commission expires March 07 2010

[Signature: Bruce M. DeWall]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
[Signature: Kristin Mortensen]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
[Signature: Megan Lockard]
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>12/27/07</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

08688

Applicant's Wisconsin Seller's Permit Number: <u>004-003194123-01</u>	
Federal Employer Identification Number (FEIN): <u>87-0792244</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	\$ <u>20.00</u>
TOTAL FEE	\$ <u>20.00</u>

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 <i>N/A</i> <input checked="" type="checkbox"/> *Articles of Incorporation	<input checked="" type="checkbox"/> Floor Plans <input checked="" type="checkbox"/> Lease <input type="checkbox"/> Sample Menu <i>N/A</i> <input checked="" type="checkbox"/> Business Plan * Corporation/LLC only
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1. Name of Applicant/Partner/Corporation/LLC Out Nightclub, Inc.
2. Address of Licensed Premise 1444 E Washington Ave. Madison, WI 53703
3. Telephone Number: 608-213-5475 4. Anticipated opening date: Dec 15, 2007 or later
5. Mailing address if not opening immediately 301 Harbour Town Dr #324 Madison, WI 53717
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: Nightclub M-Sun
6pm - 2am
9. Do you plan to have live entertainment? No Yes—What kind? D.J., live performers (ie comedians, etc)
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.**
15,000 sq. ft on 3 levels (5000 sq ft/level). Basement level for storage only. Main floor w/centrally located bar (~75 linear ft, horse shoe shaped). Second floor bar to open 1 yr after opening, →
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 lot in rear of building w/appx 90 vehicle spaces, monitored & patrolled by security staff min. of every 45 min. w/plans for outdoor cameras.
13. Describe your management experience, staffing levels, duties and employee training.
please see attached excerpt from business plan.
1 security employee per every 50 patrons, 3 managers (2 on duty) →
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.
Bruce M. DeWall 301 Harbour Town Dr. #324 Madison, WI 53717
Name Address

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

Predominantly LGBBT community in Madison Area

16. What age range would you hope to attract to your establishment? 21-55

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

website, Myspace.com, flyers, word of mouth, & promotional items
Employing/contracting w/outside advertising company.

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

19. Owner of building where establishment is located: Out Ventures, LLC

Address of Owner: 301 Harbour Town Dr #324 Phone Number (608) 213-5475

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

Bruce M. DeWall 301 Harbour Town Dr #324 Madison, WI 53717 70%
Name Address

Kristy L. Mortensen 2690 Norwich St. Fitchburg, WI 53711 15%
Name Address

Megan P. Lockard 2690 Norwich St. Fitchburg, WI 53711 15%
Name Address

22. List the Stockholders of your Corporation/LLC - same as directors above!

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? N/A

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? None

27. What hours, if any, will food service not be available? All
28. Indicate any other product/service offered. Promotional Merchandise Sale
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? 4
During what hours do you anticipate they will be on duty? 9p-1a
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? 20
How many bartenders do you anticipate you would have working at one time on a busy night? 8
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?
0%
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? 0%
What percentage of your advertising budget do you anticipate will be drink related? 50%
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? 500

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	64 %
Gross Receipts from Food and Non-Alcoholic Beverages	7 %
Gross Receipts from Other	29 %
Total Gross Receipts	100%

44. Do you have written records to document the percentages shown? Yes No - estimate
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

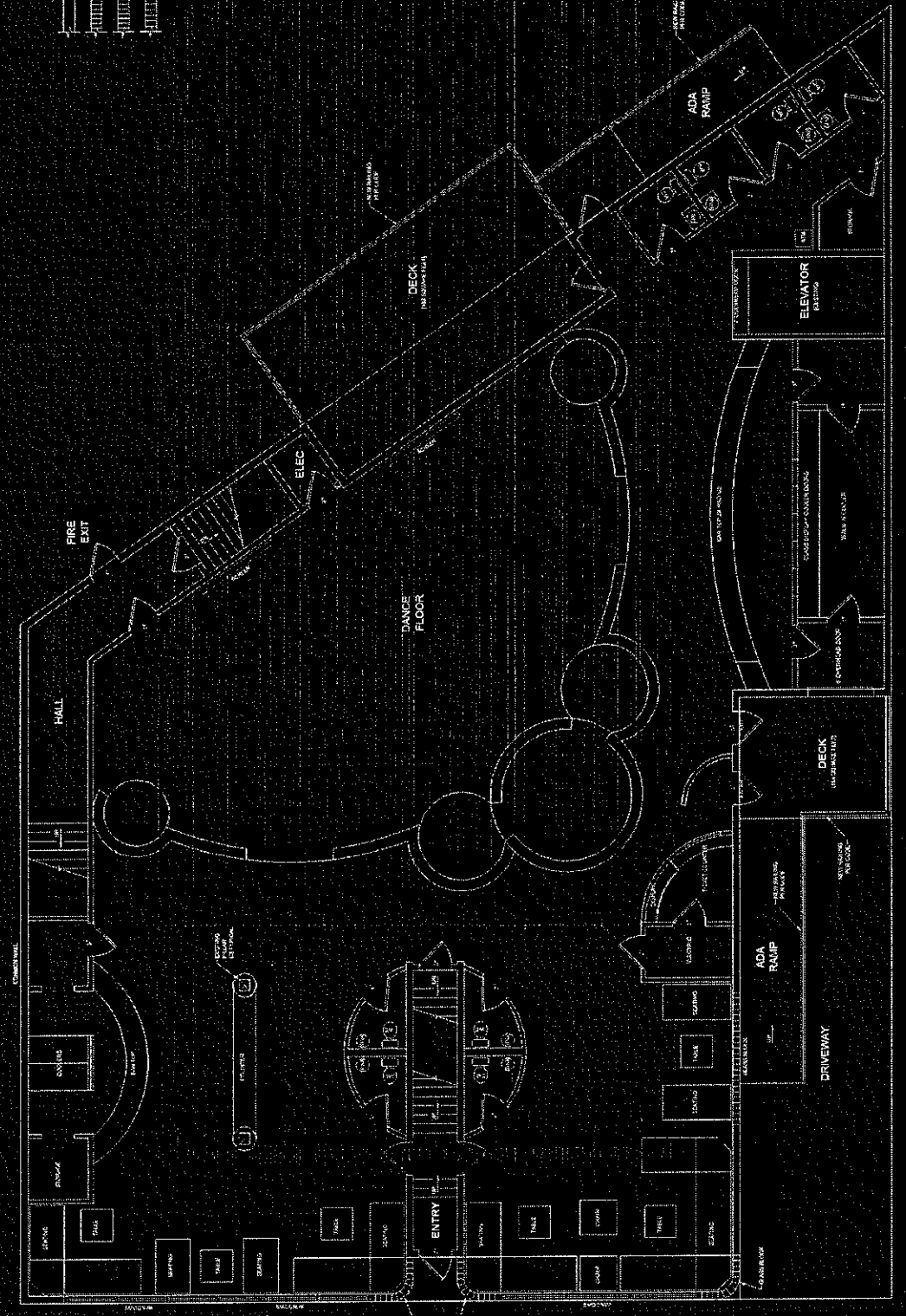
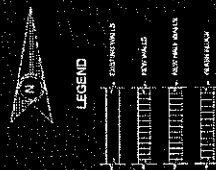
Subscribed and Sworn to before me:

this 17th day of November, 2007

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

Jay A. Reno
(Clerk/Notary Public)

My commission expires 4-10-08

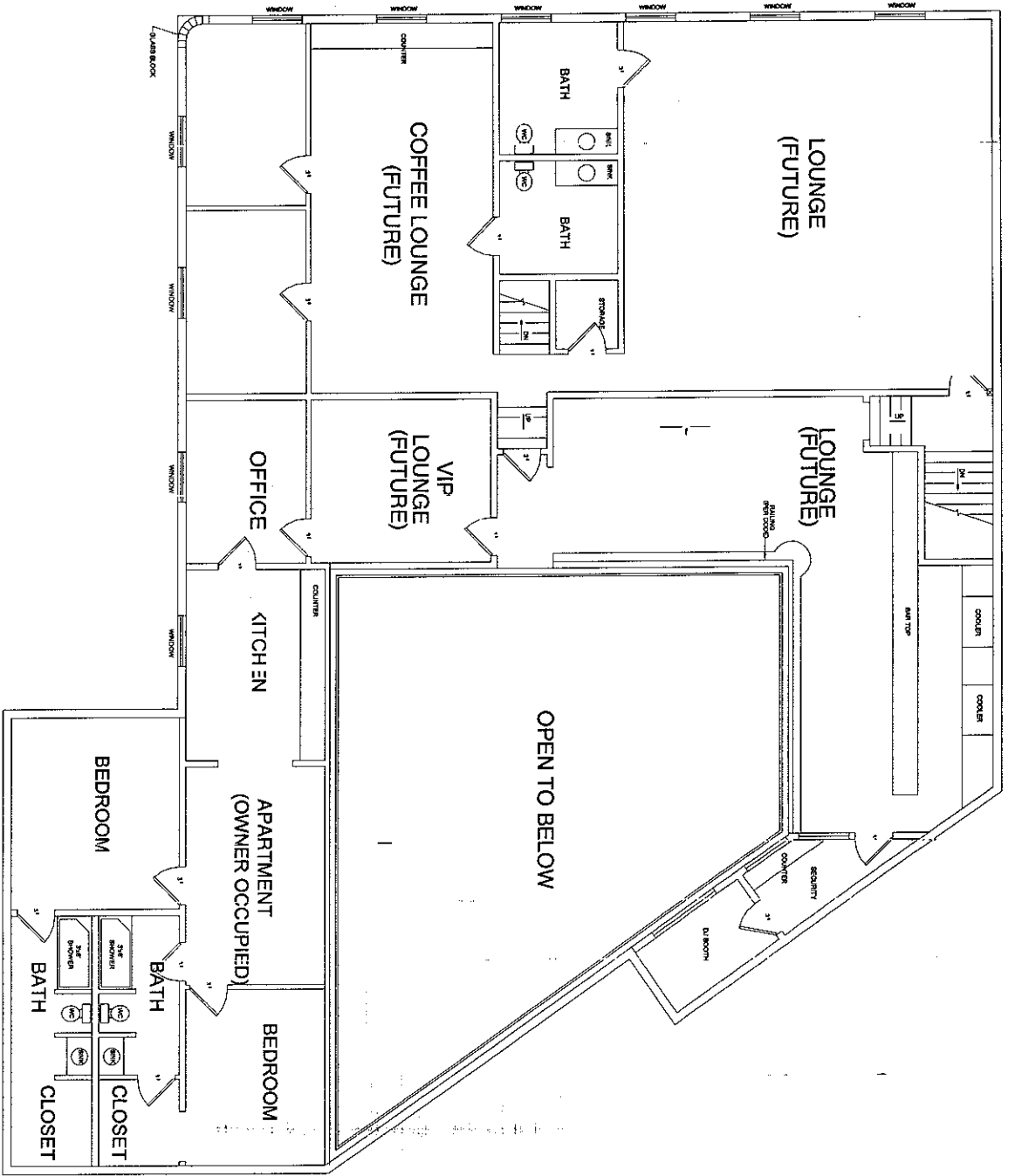


BRUCE DE WALL
OUT NIGHTCLUB
FIRST FLOOR PLAN

FIRST FLOOR PLAN
6-20-1988 (REV)

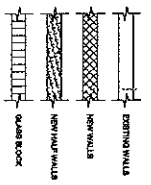
EAST WASHINGTON STREET

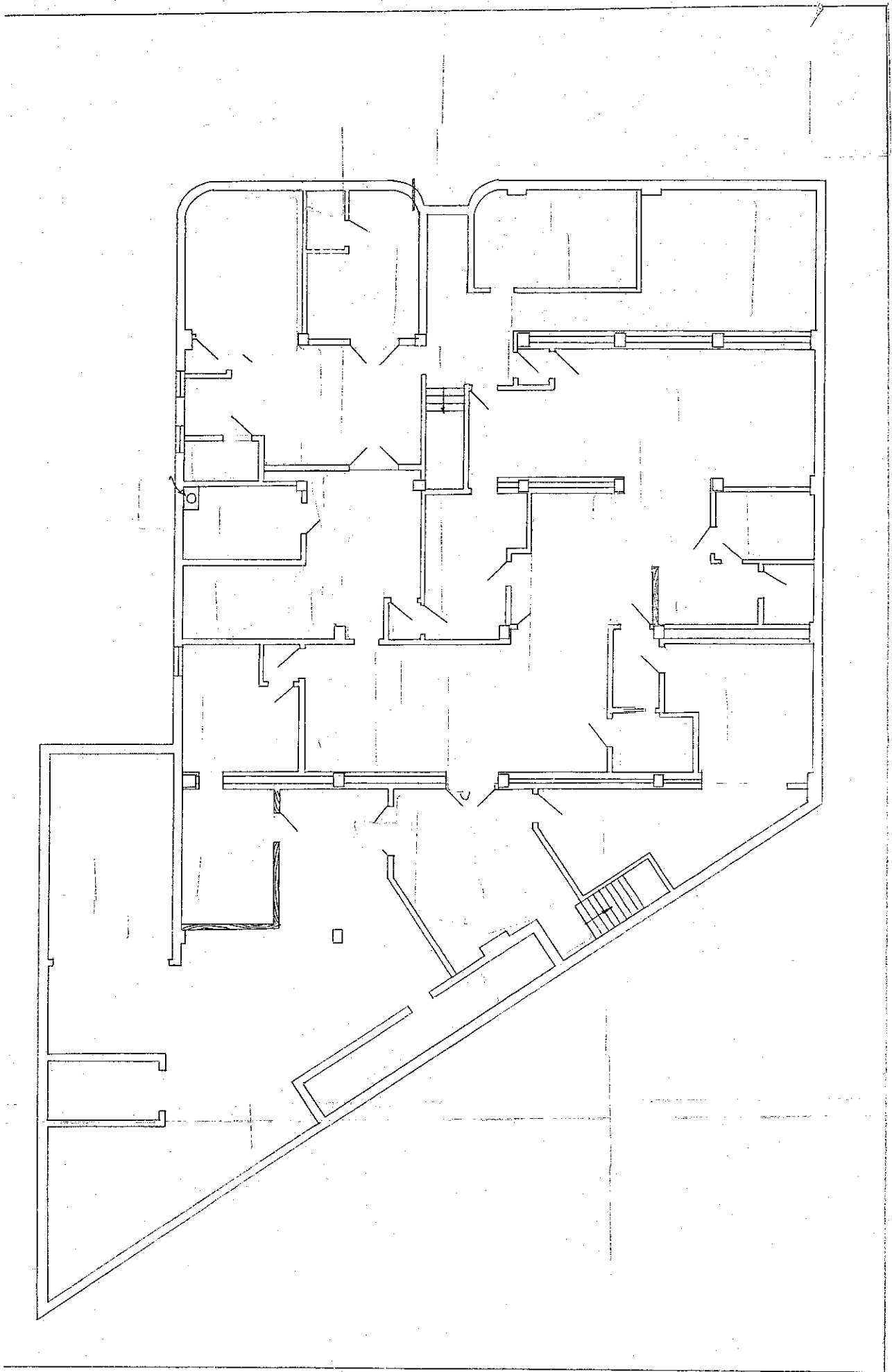
BRUCE DE WALL ARCHITECT



SECOND FLOOR PLAN
 SCALE: 1/4" = 1'-0"
 6/20/04 (DATE)

BRUCE DE WALL
 OUT NIGHT CLUB
 SECOND FLOOR PLAN







City of Madison - Assessor's Office Property Information

General Information

Parcel Number: 071007210033
 Address: 1444 E Washington Ave
 Owner: CHANDLER PROPERTIES LLC
 Mailing Address: 5701 MANUFACTURERS DR
 City, State, Zip: MADISON, WI 53704-6277
 Property Class: Industrial
 Property Use: Manufacturing
 Assessment Area: 9980
 Refuse District: 07B

[Sales for this Area](#)
[Assessment Area Map \(PDF\)](#)
[Refuse collection schedule](#)

Residential Bldg Info

Home Style:
 No. of Dwelling Units: 0
 Number of Stories: 0
 Year Built: 0
 Number of bedrooms: 0
 Number of full baths: 0
 Number of half baths: 0
 Total Living Area: 0
 First Floor Area: 0
 Second Floor Area: 0
 Third Floor Area: 0
 Above Third Floor: 0
 Finished Attic Area: 0
 Basement: 0
 Fin. Basement Area: 0
 Exterior Wall:
 Fireplace: 0
 Central Air:
 Garage 1:
 Number of Stalls: 0.0
 Screen Produced: 10/24/07 22:33

Assessment Info

Land
 Improvements:
 Total:
2006 Tax Info
 Net Taxes: \$5,193.45
 Special Assmnt: \$0.00
 Other: \$0.00
 Total: \$5,193.45
2006 Tax - Pay Online

ASSESSED BY STATE

2007 2006
 \$0 \$55,300
 \$0 \$208,300
 \$0 \$263,600

Parcel Information

Lot Size: 9,451
 Zoning: M1
 Frontage: 80 - E Washington Ave
 Water Frontage: NO
 TIF District: 0
 School District: Madison
 Elementary: Lap-Marq
 Middle: O'Keeffe
 High School: East
 Alderperson: Brenda Konkel

Sales Information

Legal Description

2006 Tax Info

Special Assessment

Please [click here](#) for help about viewing a map of this parcel.

Click the button below to view a map of this parcel.

View Map

Check to show Aerial Photo on map (optional)

Retail/Office Space

1444 E. Washington Ave

Madison, WI

FOR SALE



Space Available: Appx. 5,000 Sq. Ft. at Street Level
Appx. 5,000 Sq. Ft. on Second Floor

Lot Size: 9,451 Sq. Ft.

Other: Enclosed Dock, Partial Basement & Freight Elevator

Parking: 17 Parking Stalls on Site
Offsite Parking Available

Asking Price: \$575,000

Blake George
Principal
608 327 4005
bgeorge@lee-associates.com

Lee & Associates, LLC
4726 E Towne Blvd
Suite 220
main 608 327 4000
fax 608 327 4011

TRAFFIC COUNTS

E. Washington Ave: 63,800 Average Daily Traffic

DEMOGRAPHICS

	<u>1-Mile</u>	<u>3-Mile</u>	<u>5-Mile</u>
Population	16,080	92,478	176,743
Average HH Income	\$51,201	\$44,073	\$51,949

The information contained herein is based on estimates and assumptions and is presented for illustration purposes only. No representations, warranties or guarantees of any kind are made.



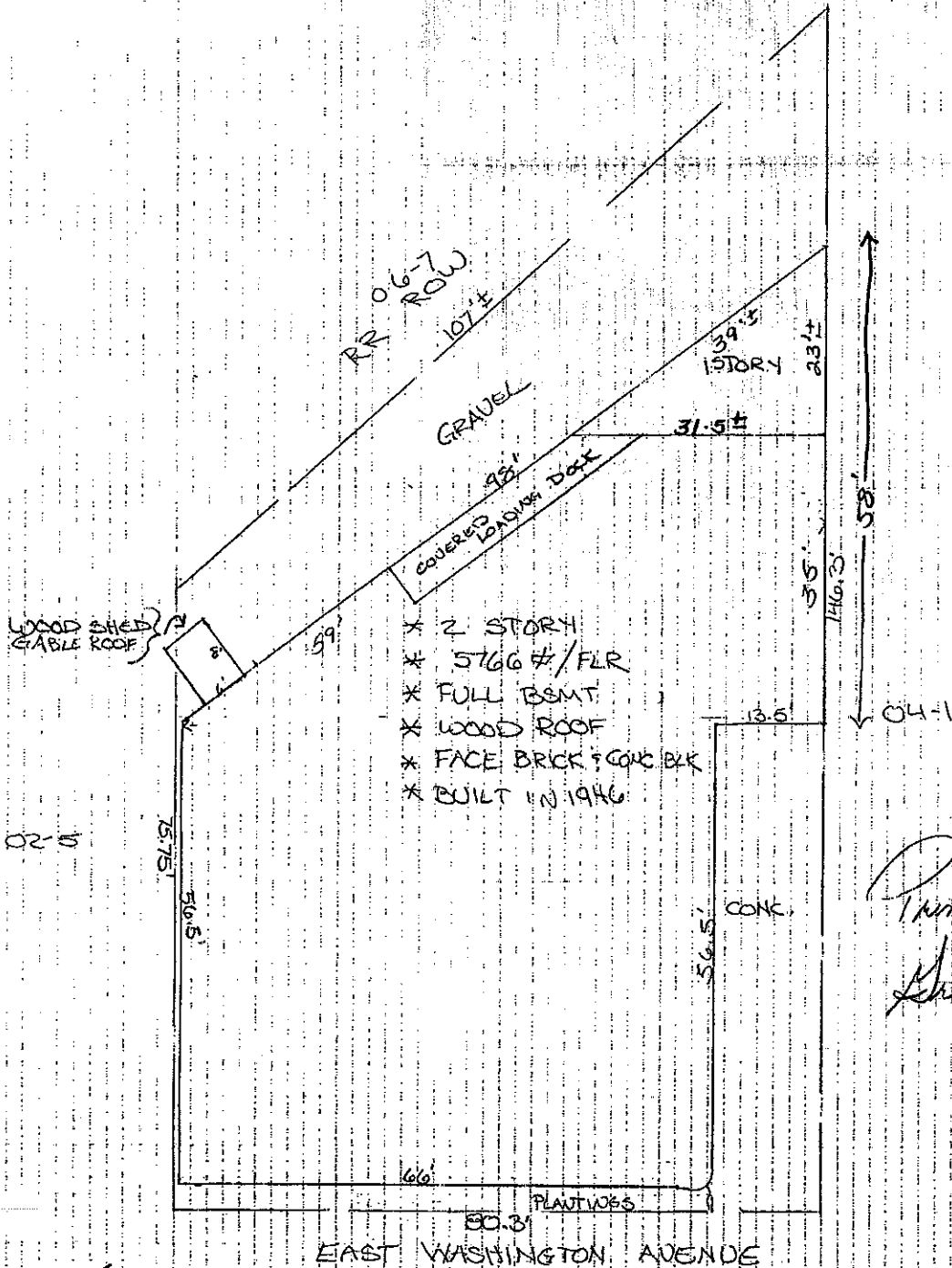


0710-072-1003-3

1444 E WASHINGTON AVE

LOT SIZE = 9,489 sq ft

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Primary Star Area 117703
Star Area 17740

NORTH

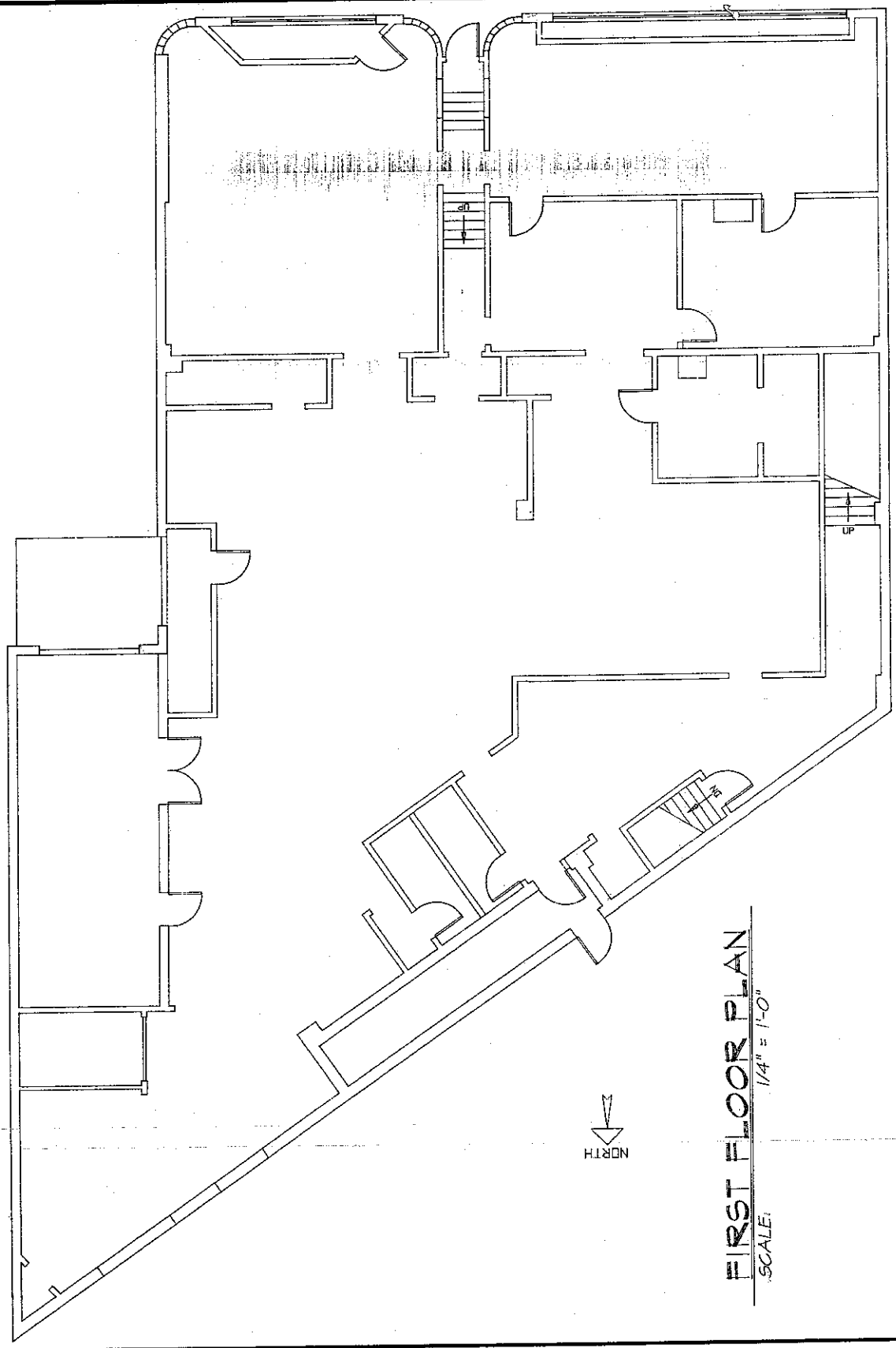
SCALE 1" = 20'

W. W. D. P. E. I.

GREAT BIG PICTURES INC.
1444 E. WASHINGTON AVE
MADISON, WI 53703
(608) 251-1011

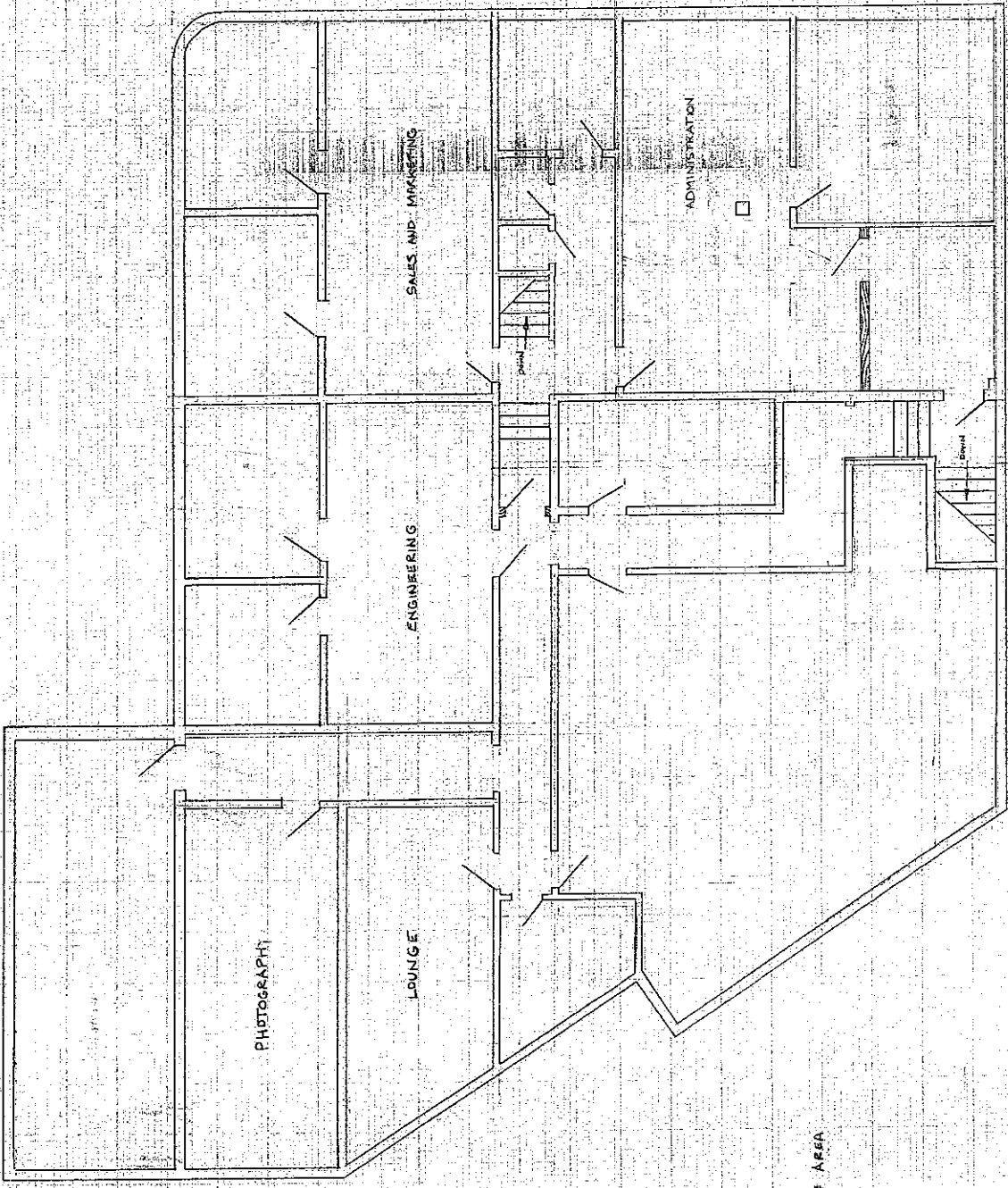
GREAT BIG PICTURES INC.
FIRST FLOOR PLAN

DATE: 7-5-95
DESIGN NO.: 68P



FIRST FLOOR PLAN
SCALE: 1/4" = 1'-0"





GREAT BIG PICTURES, INC. OFFICE AREA
2nd FLOOR

Great Big Pictures, Inc.		3 of 3
DATE: 05/07/80	BY: [Signature]	SCALE: 1/4" = 1'-0"
PROJECT: [Blank]	NO.:	3

