

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 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 type="checkbox"/> *Articles of Incorporation	<input type="checkbox"/> Floor Plans <input type="checkbox"/> Lease <input type="checkbox"/> Sample Menu <input type="checkbox"/> Business Plan <small>* Corporation/LLC only</small>
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1. Name of Applicant/Partner/Corporation/LLC CARINE VIGY
 2. Address of Licensed Premise 7424 Mineral Point Road
 3. Telephone Number: (608) 827 6775 4. Anticipated opening date: 09/12/08
 5. Mailing address if not opening immediately -

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: BAKERY / DELI
MON - SAT : 6:30 - 5:30

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.**
2,888 sq. feet, 1,100 sq. feet of seating/retail area

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. N/A

13. Describe your management experience, staffing levels, duties and employee training.
7 years running similar business in MINOCQUA, WI. 53548

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.
CARINE VIGY 615 BEAR CLAW WAY, MIDDLETON
 Name Address WI. 53562

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

16. What age range would you hope to attract to your establishment? 35 and up.

17. Describe how you plan to advertise/promote your business. What products will you be advertising?
news paper - farmers market . European Gourmet products .

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

19. Owner of building where establishment is located: FLAD Development .
Address of Owner: _____ Phone Number _____

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

<u>CARINE VIGY .</u>	<u>615 BEAR CLAW WAY</u>	<u>MIDDLETON</u>
Name	Address	
<u>Oliver Vigy -</u>	<u>"</u>	<u>"</u>
Name	Address	
_____	_____	_____
Name	Address	

22. List the Stockholders of your Corporation/LLC

<u>same as above</u>		
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? _____

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? 8^{AM} -> 6 PM

27. What hours, if any, will food service not be available?
28. Indicate any other product/service offered Breads - pastries - gift
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? 2.3
During what hours do you anticipate they will be on duty? 6:30 → 6:00
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 N/A
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? 30
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?
All
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? N/A
What percentage of your advertising budget do you anticipate will be drink related? none
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 maybe

42. What is your estimated capacity? 30

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.

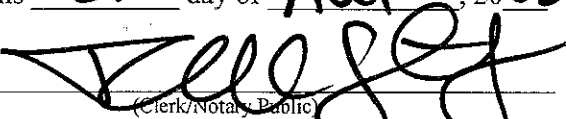
Gross Receipts from Alcoholic Beverages	5-10 %
Gross Receipts from Food and Non-Alcoholic Beverages	90-95 %
Gross Receipts from Other	- %
Total Gross Receipts	100%

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 27 day of Aug, 2008


(Clerk/Notary Public)

My commission expires 5-6-2012


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

Appointment of New Liquor/Beer Agent

To be completed by Corporate Officer or Member of LLC

I, CARINE VIGY, officer/member for OCRU LLC
(Corporation/LLC), doing business as La Baguette, authorize and appoint
CARINE VIGY (Name) as the liquor/beer agent for the premise
located at 7424 Mineral Point Road.

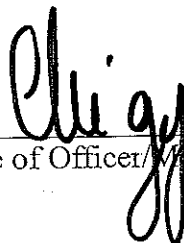
Subscribed and sworn to before me this

27 Day of Aug, 20 08



Notary Public, Dane County, Wisconsin

My Commission Expires 5-6-2012


Signature of Officer/Member

To be completed by appointed Liquor/Beer Agent

I, CARINE VIGY, appointed liquor/beer agent for
OCRU 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 5 %.

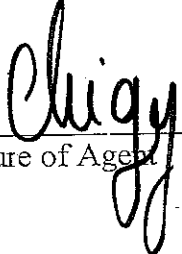
Subscribed and sworn to before me this

27 Day of Aug, 20 08



Notary Public, Dane County, Wisconsin

My Commission Expires 5-6-2012


Signature of Agent

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