

Application Date: 6-28-06

Proof of WI Seller's Permit No 004-0002826051-01

Name of Corporation, Limited Liability Company, Individual Owner, Private Club or Partner(s) <u>Madison Northeast, LLC</u>	Liquor/Beer Agent <u>John P. Stauffacher</u>
Mailing Address <u>7790 Elmwood Ave.</u>	Liquor/Beer Agent Address <u>67 Golf Parkway</u>
City/State/Zip Code <u>Middleton, WI 53562</u>	Liquor/Beer City/State/Zip Code <u>Madison, WI 53704</u>
Name of Registered Agent or General Partner <u>John P. Stauffacher</u>	Local Contact Person, Phone Number <u>John P. Stauffacher (608) 576-5254</u>
Trade Name Holiday Inn <u>Holiday Inn at The American Center</u>	Estimated Opening Date <u>February 1, 2007</u>
Business Address <u>5109 W. Terrace Drive Madison, WI 53718</u>	Signature of Owner/Operator

Private Club? Yes No

License Description	Type	Fee	Number
<u>Class B Combination publication fee</u>	<u>108</u>	<u>\$20-</u>	<u>74945</u>
<u>Nightclub License</u>	<u>706</u>		<u>74946</u>
Pre-Inspection & License Fees Non-Refundable	TOTAL	\$	

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

** July 19 ALRC **

Notice of License Application
for July 19 ALRC

Office Use Only

- New Application
- Transfer of Ownership Application
- Transfer of Location Application

Date 6-28-06

You are hereby notified that the following application(s) has been filed in the City Clerk's Office. Investigation and report back on approval or disapproval for the granting of license(s) is requested by your department as required by Ordinance.

To: Assessor Personal Property \$ _____

City Attorney (Pending Charges) _____
Names of Previous License Holder _____

Building Inspection Date of Last Inspection _____
 Zoning Classification _____
 Specify distance from schools, churches, libraries and hospitals if under 300 feet _____

Fire Date of Last Inspection _____

Health Date of Last Inspection _____

Police

Treasurer (Hotel/Motel or Bed & Breakfast) (Information Only)

Accounting (Hotel/Motel or Bed & Breakfast)(Information Only)

Alderperson Santiago Rosas

Please return this notice with any comments you might have regarding the above application to the City Clerk's Office.

- Approved
- Disapproved
- No Recommendation

Comments:

Signature of Dept/Div Head or Auth. Rep.

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk

For the license period beginning 1/1 20 07 ;
ending 6/30 20 07

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): Madison Northeast LLC

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>John P. Stauffacher</u>	<u>67 Golf Park Madison, WI</u>	<u>53714</u>
Vice President/Member	<u>John P. Stauffacher</u>	"	"
Secretary/Member			
Treasurer/Member			
Agent	<u>John P. Stauffacher</u>		
Directors/Managers			

- 3 Trade Name Holiday Inn at The American Center Business Phone Number 608-249-4220
4 Address of Premises 5109 W. Terrace Drive Post Office & Zip Code Madison, WI 53718

- 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 _____ 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.) Hotel with room service and Bar and Restaurant and Meeting Rooms and prof. kitchen

- 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 1st day of May, 20 06

Madison, WI
(Clerk/Notary Public) MARLEW. HAEBIG

John P. Stauffacher
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

My commission expires 7/12/09

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>6-28-06</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

City of Madison
Liquor and/or Beer Original Supplemental Form

For Office Use Only

- | | |
|--|---|
| <input type="checkbox"/> Seller's Permit Number | <input type="checkbox"/> Lease |
| <input type="checkbox"/> Federal Employer Identification Number | <input type="checkbox"/> Notarized Transfer of Ownership Letter |
| <input type="checkbox"/> Notarized Original Application Form (AT-106) | <input type="checkbox"/> *Schedule of Appointment of Agent (AT-104) |
| <input type="checkbox"/> Notarized Supplemental Form | <input type="checkbox"/> *Notarized Appointment of Agent Letter |
| <input type="checkbox"/> Description of Licensed Premise | <input type="checkbox"/> *Notarized Agent Authorization Letter |
| <input type="checkbox"/> Notarized Auxiliary Questionnaire(s) (AT-103) | <input type="checkbox"/> *Articles of Incorporation/ Organization |
| <input type="checkbox"/> Background Investigation Form(s) | |
| <input type="checkbox"/> Floor Plans | |

*Required of Corporation/LLC Only

- ✓ 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 Santiago Rosas can be reached at 244-9197 at the Common Council Office (266-4071), or via e-mail at 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.
- 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: Have contacted Alderperson Santiago Rosas, Have not

contacted Police Dept. Liaison, Unaware of any neighborhood association)

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): Madison Northeast LLC.
2. Telephone Number: 608-241-2300
3. Address of Licensed Premise: 5109 W. Terrace Drive Madison, WI 53718

4. What type of establishment is contemplated? Tavern Nightclub Restaurant
 Liquor Store Grocery Store Convenience Store – Gas Pumps Yes No
 Other Please explain: Hotel with bar and restaurant, also includes room service, meeting rooms and prof. kitchen area.

5. Business Description, including hours of operation and if entertainment is part of your venue, what type:
Hotel 24 hours a day

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). Alcohol sold in bar and restaurant. Alcohol stored in bar area (secured) and in cabinet closet (per 148 in building plans) seating and bar size see building plans. Entire hotel. Approximately 91,597 square feet.

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: Parking is surrounding hotel property

8. Describe all management positions, including previous experience, staffing levels/duties and employee training:
General Manager - 6 yrs. in Hotel Industry ~~as~~ Asst. GM. - 5 yrs Hotel Industry
 Several Front Desk staff members, maintenance man, bell man, several bartenders,
 Restaurant Manager - All trained by Holiday Inn and managed by
 Six Titles Mgmt. company, who also manages 2 Staybridge Suites in Madison and
 Middleton.

9. Excluding pre-packaged snacks, how late will food be served? 12.00
 If so, what type of food? Full menu
 Indicate any other product & services offered: _____

If possible, provide a sample menu: _____

10. Please describe your target market; what is your customer profile? Hotel guests

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

11 Describe how you plan on advertising and promoting your business: _____

12 What is your estimated capacity? _____

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: _____

Address of Owner: _____ Phone Number: _____

14 "Individual" or "Partnership" only: Have individual/partners completed the Beverage Server Training Course?

Yes No If Yes, indicate names: John P. Stauffacher

(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 <i>Managing Member</i>	Home Address
<i>John P. Stauffacher</i>	<i>67 Golf Parkway Madison, WI 53704</i>

Stockholder's Name	Address	Extent of Ownership%

Manager's Name	Address	Business Phone	Home Phone

16 Anticipated opening date: ~~1/1/06~~ 1/1/07

Mailing address if not opening immediately: 3301 City View Drive Madison, WI 53718

Contact person for appearance before the ALRC: John P. Stauffacher

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	20 %
Percent Gross Receipts from Food	80 %
Percent Gross Receipts from Other	0 %
Total Gross Receipts	100 %

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: Hotel with bar and restaurant

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 1st day of May, 2006

Mark W. Haebig
(Clerk/Notary Public) MARK W. HAEBIG

John P. Stauffacher managing member
(Officer of Corporation/Member/Manager of LLC/Partner/Individual)

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

My commission expires 7/12/09

(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.