

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): Sugar 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.

President/Member Owner (Cherie Levy) Home Address 4960 Borchers Beach Rd. Waunakee, WI 53597
 Vice President/Member _____
 Secretary/Member _____
 Treasurer/Member _____
 Agent

Directors/Managers _____

3. Trade Name Viggy Cupcakes Business Phone Number 608.661.7465

4. Address of Premises 554 N. Midvale Blvd. Madison, WI 53705 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 Wisconsin and date 5-4-2010 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 of 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 recreation. (Alcohol beverages may be sold and stored only on the premises described.) Corner Unit of Hilldale Mall #554

10. Legal description (omit if street address is given above): 554 N. Midvale Blvd.

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 16th day of March, 2011

Amy Berg
 (Clerk/Notary Public)

My commission expires 9/16/12

Cherie A. Levy
 (Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>3-17-2011</u>	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: <u>456-1027185769-03</u>	
Federal Employer Identification Number (FEIN): <u>27-2531292</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input 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	\$

City of Madison Supplemental Class B License Application

<input checked="" type="checkbox"/> Seller's Permit Number <input checked="" type="checkbox"/> Federal Employer Identification # <input checked="" type="checkbox"/> Notarized Original Application Form <input checked="" type="checkbox"/> Notarized Supplemental Form <input type="checkbox"/> Orange Sign (Clerk's Office provides at time of application)	<input checked="" type="checkbox"/> Written Description of Premise <input type="checkbox"/> Background Investigation Form(s) <input type="checkbox"/> Notarized Transfer of Ownership <input type="checkbox"/> *Articles of Incorporation <input type="checkbox"/> *Notarized Appointment of Agent * Corporation/LLC only	<input checked="" type="checkbox"/> Floor Plans <input checked="" type="checkbox"/> Lease <input checked="" type="checkbox"/> Sample Menu <input checked="" type="checkbox"/> Business Plan
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1. Name of Applicant/Partner/Corporation/LLC Sugar LLC
 2. Address of Licensed Premise 554 N. Midvale Blvd. Madison, WI 53705
 3. Telephone Number: 608.661.7465 4. Anticipated opening date: (currently open)
 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: Cupcake Bakery
Monday - Saturday 10-7 Sunday 12-5

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.**
Corner unit at Hilldale Mall. 554 N. Midvale Blvd.
1388 sq. Ft. Making and selling cupcakes and beverages
(milk and water). Looking to add wine. Kitchen
area 788 sq. Ft. Retail area 600 sq. Ft. with (on back)

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. Parking Garage
and Parking spaces monitored by security

13. Describe your management experience, staffing levels, duties and employee training.
Owned retail store and now cupcake bakery.
Average of 5 employees per hour baking and
decorating.*

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.
Cherie A. Levy 4960 Berchery Beach Rd. Wauwakese, WI
 Name Address 53597

* Training includes baking, decorating, health codes and POS machine.

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

WOMEN 24-54

16. What age range would you hope to attract to your establishment? 24-54

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

Radio/Print Advertising primarily cupcakes with the ability to compliment with a glass of wine.

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

19. Owner of building where establishment is located: Joseph Freed & Associates
Address of Owner: Hilldale Mall Phone Number 608-661-7465
554 N. Midvale Blvd. Madison, WI 53705

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

Cherie A. Levy 4960 Borchers Beach Rd. Waunakee, WI
Name Address 53597

Name Address

Name Address

22. List the Stockholders of your Corporation/LLC

Cherie A. Levy (Same as Above) 100
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. Bakery

24. What type of food will you be serving, if any? Cupcakes

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? All open hours

27. What hours, if any, will food service not be available? N/A
28. Indicate any other product/service offered. Beverages, Merchandise
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? 0
During what hours do you anticipate they will be on duty? _____
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? _____
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? 90%
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
-

42. What is your estimated capacity? 20

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	3 %
Gross Receipts from Food and Non-Alcoholic Beverages	96.5 %
Gross Receipts from Other	.5 %
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 16th day of March, 2011
Amy J. Bruce
(Clerk/Notary Public)
My commission expires 9/16/12

Cherie A. Levy
(Officer of Corporation/Member of LLC/Partner/Individual)

cupcake display counter and 4 sq. Ft.
cash wrap counter. Seating includes 2
24" tables with 3 chairs each.
Window counter seating with 5 bar
stools. Outdoor seating includes
3 27" tables with 3 chairs each.
Capacity is 20 people.
REFRIGERATOR IS BEHIND THE COUNTER AND EXCESS
INVENTORY WILL BE IN BACKROOM KITCHEN.

Sugar LLC dba Gigi's Cupcakes

Federal Employee ID Number: 27-2531292

Wisconsin Seller's Permit Number: 456-1027185769-03

WISCONSIN


SELLER / SERVER CERTIFICATION

Trainee Name: Cherie A Levy

Date of Completion: 03/16/2011 13:42 CST

School Name: Learn2Serve

Certification #: WI 1879822



I, _____
certify that the above named person
successfully completed an approved
Learn2Serve Seller/Server course.

COMPLIES WITH WISCONSIN STATUTES 125.04, 125.17, 134.66

Corporate Headquarters
13801 N. Mopac, Suite 100
Austin, Texas 78727
P: 800-442-1149

2 E. Mifflin Street, Suite 200
Madison, WI 53703
United States of America
jbrud@axley.com
608-283-6720

Date & Time of Receipt:

5/4/2010 9:43:16 AM

Credit Card Transaction Number:

2010542226877

ARTICLES OF ORGANIZATION - Limited Liability Company(Ch. 183)

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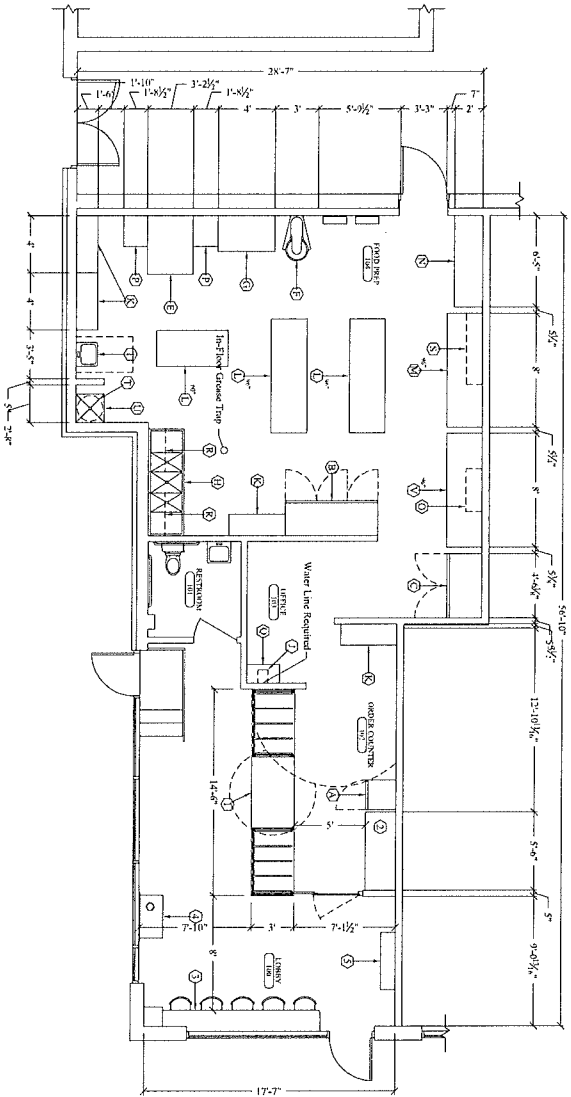
Filing Fee: \$130.00
Total Fee: \$130.00

ENDORSEMENT

**State of Wisconsin
Department of Financial Institutions**

EFFECTIVE DATE	
5/4/2010	

FILED 5/4/2010	
	Entity ID Number S088167



Floor Plan/Equipment Layout
SCALE 1/8" = 1'-0"

Symbol	Element	Qty	Size "width x depth x height"	Supplied By	Installed By
1	Cash W/DP	1	2'-0" x 14'-0" x 2'-4"	OSR	GC
2	Window Counter w/ Seating	2	3'-0" x 23'-2" x 2'-0"	OSR	GC
3	Window Counter	2	11'-0" x 18" x 42"	OSR	GC
4	Counter Blaw	1	48" x 19 1/2" x 34"	OSR	GC
5	Mastercard/Discover Signwall	1	48" x 1 1/2" x 48"	OSR	GC
6	Table w/ 2 Chairs	0	36" x 36" x 30"	OSR	GC

Symbol	Element	Qty	Size "width x depth x height"	Supplied By	Installed By
7	1-1/2" Recessed	1	24 1/2" x 23 1/2" x 6 1/2"	OSR	GC
8	1-2 1/2" Recessed	1	78 1/2" x 29 1/2" x 6 1/2"	OSR	GC
9	1-9/8" Recessed	1	44 1/2" x 29 1/2" x 7 1/2"	OSR	GC
10	Kitchen Microwave	1	22" x 19 1/2" x 13 1/2"	OSR	GC
11	Dishwasher	2	34 1/2" x 49 1/2" x 35"	OSR	GC
12	Double Oven	1	23 1/2" x 31 1/2" x 35"	OSR	GC
13	Work Table	1	36" x 48"	OSR	GC
14	3 Camp Stalk	1	96" x 24"	OSR	GC
15	Hand Sink	1	18" x 17"	OSR	GC
16	Coffee Machine by Franchise	1	N/A	Franchise	GC/Franchise
17	Dry Shaving w/ Cases	3	48" x 18" x 88 7/8"	OSR	GC

Symbol	Element	Qty	Size "width x depth x height"	Supplied By	Installed By
18	Work Table - w/ undershelf	2	30" x 96"	OSR	GC
19	Work Table - w/ undershelf	1	30" x 60"	OSR	GC
20	Work Table - w/ undershelf	1	39" x 96"	OSR	GC
21	Gentle Rest	1	77" x 24" x 72"	OSR	GC
22	Stainless Wall Shelf	1	12" x 36"	OSR	GC
23	Bent Pan Rack	2	20 1/2" x 20" x 70 1/2"	OSR	GC
24	2 Shelf Rolling Cart	2	27 1/2" x 19 1/2" x 19 1/2"	OSR	GC
25	Wire Shelf 12" x 24"	2	36" x 14"	OSR	GC
26	Wire Shelf 12" x 36"	1	60" x 14"	OSR	GC
27	Hand Wash Heater	1	By GC	GC	GC
28	Main Sink	1	Stem Wilcox S8900 By GC	GC	GC
29	Work Table - w/o undershelf	1	30" x 96"	OSR	GC

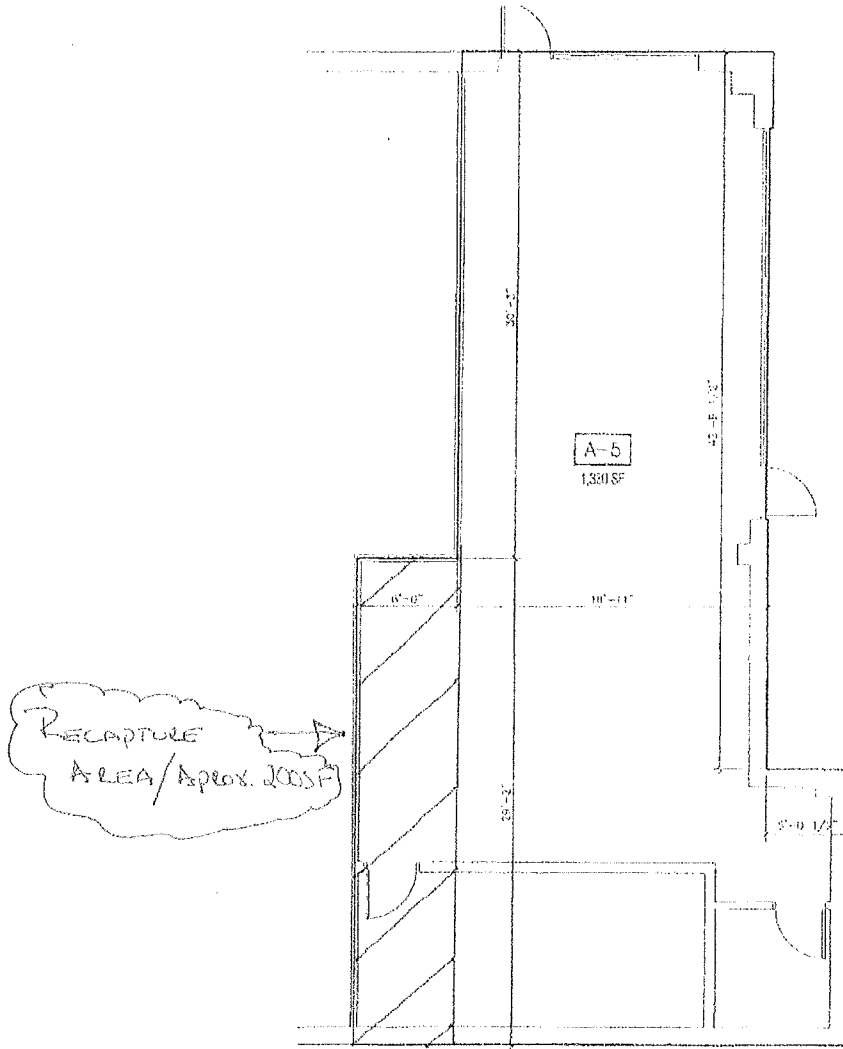


GIGI'S CUPCAKES BUSINESS PLAN

- Currently operating cupcake bakery at Hilldale Mall.
- Sell cupcakes and beverages, including milk, water, juice, soda and coffee.
- The cupcakes are made fresh daily on site.
- Opened October 7, 2010.
- Have sold over 80,000 cupcakes to date.
- Would like to offer wine by the glass (from the Cupcake Vineyards in Monterrey County, California).

**Exhibit A
Depiction of the Shopping Center and Premises**

**Tenant: Sugar, LLC
d/b/a GIGI'S CUPCAKES**



BUILDING A



SCALE: 1/8"=1'-0"



PARTIAL FIRST FLOOR
SCALE: 1/8"=1'-0"



STRANG

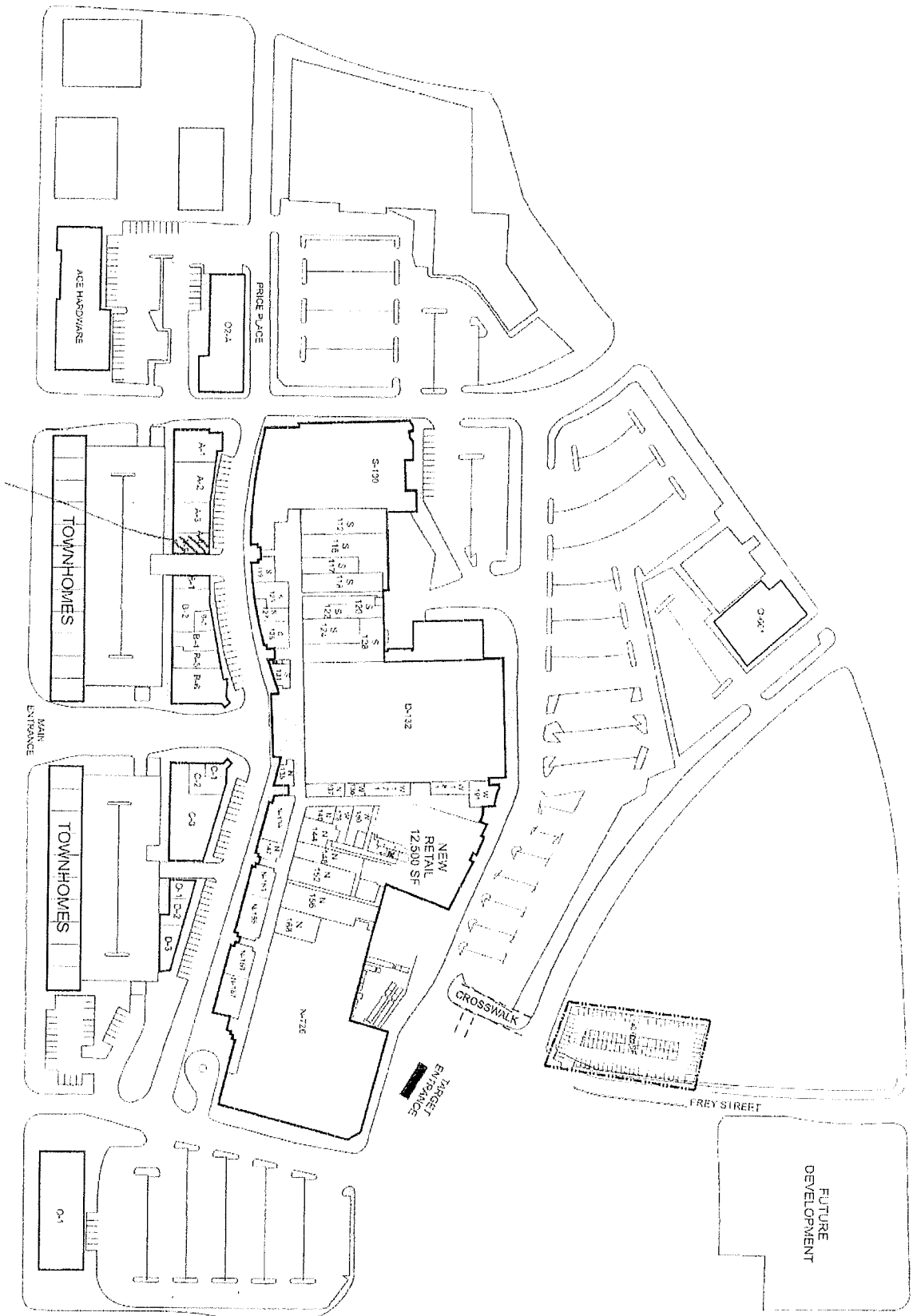
ARCHITECTURE ENGINEERING INTERIOR DESIGN

A1.1

Building A - Suite 5

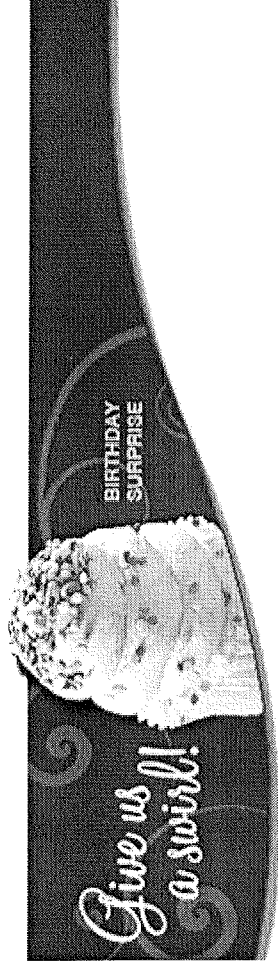
Joseph Freed and Assoc., LLC
Area Study

Hilldale Mall
Madison, Wisconsin
03/11/10



OUR WEEKLY MENU

FALL/WINTER 2010



HOME FALL/WINTER MENU

Wednesday, Feb. 23

- CANDIED SWEET POTATO GRASSHOPPER
- HUNKA CHUNKA BANANA LOVE MIDNIGHT MAGIC
- PEANUT BUTTER CUP SOUTHERN COMFORT
- TEXAS MILK CHOCOLATE TOP HATS
- WEDDING CAKE WHITE CHOCOLATE MACADAMIA
- WHITE MIDNIGHT MAGIC

Monday

- Birthday Surprise
- Carrot Cake
- Chocolate Salted Caramel
- Grasshopper
- Midnight Magic Chocolate Chip
- Miss Princess
- Spumoni
- Strawberry Shortcake
- Wedding Cake
- White Chocolate Macadamia
- White Midnight Magic

Wednesday

- Candied Sweet Potato
- Grasshopper
- Hunka Chunka Banana Love
- Midnight Magic Chocolate Chip
- Peanut Butter Cup
- Southern Comfort
- Texas Milk Chocolate
- Top Hats
- Wedding Cake
- White Chocolate Macadamia
- White Midnight Magic

Friday

- Banana Cream Pie
- Candied Sweet Potato
- Carrot Cake
- Midnight Magic Chocolate Chip
- Miss Princess
- Peanut Butter Cup
- Strawberry Shortcake

Tuesday

- Banana Cream Pie
- Birthday Surprise
- Boston Cream
- Cookies-n-Cream
- Lemon Dream Supreme
- Midnight Magic Chocolate Chip
- Pumpkin Cream
- Scarlett's Red Velvet
- Texas Milk Chocolate
- Wedding Cake
- White Midnight Magic

Thursday

- Caramel Sugar Mama
- Champagne
- Chocolate Salted Caramel
- Coconut Snowball
- Italian Cream Wedding Cake
- Kentucky Bourbon Pie
- Lemon Dream Supreme
- Midnight Magic Chocolate Chip
- Pumpkin Cream
- Scarlett's Red Velvet
- Wedding Cake
- White Midnight Magic

Saturday

- Birthday Surprise
- Caramel Apple
- Coconut Snowball
- German Sweet Chocolate
- Hunka Chunka Banana Love
- Italian Cream Wedding Cake

Nothing makes a special day unforgettable like a custom cupcake creation from Gigi's. Contact your local Gigi's store and let us help you create your own timeless masterpiece!



Texas Milk Chocolate
Tiger Tails
Tiramisu
Wedding Cake
White Midnight Magic

Kentucky Bourbon Pie
Midnight Magic Chocolate Chip
Scarlett's Red Velvet
Texas Milk Chocolate
Wedding Cake
White Midnight Magic

HOME FIND A GIGI'S MEET OUR CUPCAKES ORDER AHEAD
TODAY'S MENU CAREERS PRIVACY TERMS OF USE OWNER LOGIN
© 2010 Gigi's Cupcakes USA Site design and development: GENERATOR