ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION	Applicant's Wisconsin Seller's Permit Number: 456-0002343711-03
Submit to municipal clerk	Federal Employer Identification 26-1175797
For the license period beginning July 1st 20 08;	LICENSE REQUESTED
ending June 30th 20 09	TYPE FEE
Town of •	Class A beer \$
TO THE GOVERNING BODY of the: Village of Madison	✓ Class B beer \$
City of	Wholesale beer \$
Consecutive	Class C wine \$
County of Dane Aldermanic Dist No (if required by ordinar	nce) Class A liquor \$
уучилир уучилир санадами	✓ Class B liquor \$
1 The named INDIVIDUAL PARTNERSHIP ILIMITED LIABILITY COMPANY	Reserve Class B liquor \$
CORPORATION/NONPROFIT ORGANIZATION	Publication fee \$20.00 TOTAL FEE \$20.00
hereby makes application for the alcohol beverage license(s) checked above	1, CO 10 C
Name (individual/partners give last name first. middle; corporations/limited liability companies give Wings East Towne L.L.C.	registered name): >
An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this applicat	ion by each individual applicant, by each member of a
partnership, and by each officer, director and agent of a corporation or nonprofit organization	n, 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 H President/Member Member Greg G Meyers 2984 Cass	ome Address Post Office & Zip Code pidy Ct. Fitchburg WI, 53711
Vice President/Member Member Paul M. Berlin 2419 E. M.	faction Shorewood WI 53211
Secretary/Member	Bhorewood W1 33211
Treasurer/Member	107 TELEVIS - 110 TELEVIS - 11
Agent Greg G Meyers	
Directors/Managers	
3 Trade Name ▶ Buffalo Wild Wings Grill and Bar Busines	ss Phone Number 608-848-1616
4 Address of Premises > 240 East Towne Mall Post O	fice & Zin Code Madison, 53704
5 Is individual, partners or agent of corporation/limited liability company subject to completion of the r training course for this license period?	esponsible beverage server
6 Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant?	Yes Z No
7 Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or cont	ol of this business?
8 (a) Corporate/limited liability company applicants only: Insert state WI and	tate 10/03/07 of registration
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited	
(c) Does the corporation or any officer, director stockholder or agent or limited liability company of	r 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 sto	
all rooms including living quarters. if used, for the sales, service, and/or storage of alcohol beverage may be sold and stored only on the premises described) Dining Room with 23'Bar or	s and records. (Alcohol beverages
may be sold and stored only on the premises described) Dining Room with 23'Bar or	East side of building, 16x56.5'patio
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 sa Section 2 above? [phone (608) 266-2776]	
14. Is the applicant indebted to any wholesaler beyond 15 days for been of 30 days for liquor?	✓ Yes No
AN AN IN	ĽYes ∠No
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above que	estions 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 costs and responsibilities conferr (Individual applicants and each member of a partnership applicant must sign; corpolate of the destination), members the applicant must sign; corpolate of the destination of the conferred transfer of the conferr	ed by the license(s), if granted, will not be assigned to another
any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a n	of Emitted Elability Companies must sign / Any fack of access to hisdemeanor and grounds for revocation of this license
SUBSCRIBED AND SWORN TO BEFORE ME	3
this 22 day of Aril Po	
	n-Member/Manages of Limited Liability Company /Partner/Individual)
- Comment of the way	Berlin
My commission expires (Ciery Notary Public) WISCON OF Corporation	n/Member/Manager of Limited Liability Company /Partner)
	Member/Manager of Limited Liability Company if Any)
TO BE COMPLETED BY CLERK	
Date reneited and filed 6.1 m. a. Date reported to council/board. Date provisional license incural	Signature of Clerk / Deputy Clerk
with municipal clerk 4-23-08 Sate reported to contrain board	
Date license granted Date license issued License number issued License	
AT-106 (R 1-05)	Wisconsin Department of Revenue

8-B- Wings East Towne L.L.C. is a subsidiary of Oscar Properties L.L.C.
8-C- Other Class B Beer and Class B liquor Licenses held in Wisconsin Wings on Mayfair L.L.C. /Buffalo Wild Wings Grill and Bar Wings in West Allis L.L.C/Buffalo Wild Wings Grill and Bar Wings on State L.L.C/Buffalo Wild Wings Grill and Bar Wings on Water L.L.C/Buffalo Wild Wings Grill and Bar Oscar New Berlin L.L.C/Buffalo Wild Wings Grill and Bar Wings on Monona L.L.C/Buffalo Wild Wings Grill and Bar Oscar Brazil L.L.C/Sabor Brazilian Churrascaria

City of Madison Supplemental Class B License Application Floor Plans Seller's Permit Number ☑ ≯Notarized Appointment of Agent Lease Federal Employer Identification ☑ Background Investigation Form(s) \Box Sample Menu ∕Number ☐ Notarized Transfer of Ownership Business Plan Notarized Original Application Form Notarized Supplemental Form ★Articles of Incorporation * Corporation/LLC only 1. Name of Applicant/Partner/Corporation/LLC Wings EAST TOWNE LUC. 2. Address of Licensed Premise 240 East Touse Macu Telephone Number: (608) 848-1616 4. Anticipated opening date: August 25th, 2008 5 Mailing address if not opening immediately 411 East Verena Are Verena, WI 53593 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? 7. Are there any special conditions desired by the neighborhood?

Yes
No 8 Business Description, including hours of operation: Restaurant Bar Monday 11Am + 2 Am, Tue 11 Am + 2 Am Wed 11 Am + 2 Am, Thur 11 Am > 2 Am Fri 11 Am - 23 Am SAT 11 Am 23 Am Sw 11 Am > 2 Am 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. Estimated 7380 Sq A Building 150 Dining room sents + 128 BAR Sears = 278 Indoor Sents + 56 patio Sears Estimated Capacity of 350. Dining Room with 23 BAR ON EAST WALL, 16 x 56.5 (9045) Artio on north side of the building Locked Liver Room next to the Box. 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. Fast Touse Man Parking Lots. EAST Towne Mall Security team. 13. Describe your management experience, staffing levels, duties and employee training. WE have owned Buffal build brings locations for over 15 years. We will employ about 100 Sisters, backedess greaters managers and Heart of House Employees We have an extensive training fragam,
WITHE Certified training and TIPS Training
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. 2984 Cassidy Ct. Fitchbury, WI 53711

15. Utilizing your market research, who would you project your target market to be? People who love great food and with Sports.
16. What age range would you hope to attract to your establishment? 24-45
17. Describe how you plan to advertise/promote your business. What products will you be advertising? We will use all types of Media Radio/T.V./internet/Rist Great Food and Form!
18. Are you operating under a lease or franchise agreement? Yes (attach a copy) No
19. Owner of building where establishment is located: Madison FAST Towne, LLC. Address of Owner: 89 FAST Towne Man, Madison WI 53704 Phone Number (608) 244-1501
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 Greg G. Meyers 2984 Cassidy Ct. Fitchburg, WI 53711 Address
Name Address
Name Address
22. List the Stockholders of your Corporation/LLC Greg G. Meyers 2984 Cassidy Ct. Fitchburg, WI 53711 Address Address Name Address Address
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?
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? Mon Wam > 2"Am, Tues 11" Am,
Wed 11 Am > 2 Am Thur, 11 Am > 2 Am FRI 11 Am > 2 Am Sat 11 Am - 2 Am Sur 11 Am - 2 Am

27	What hours, if any, will food service not be available? None / Food will Always be Available
28.	Indicate any other product/service offered Full Service BAR
29.	Will your establishment have a kitchen manager? Yes No
30.	Will you have a kitchen support staff? Yes No
	How many wait staff do you anticipate will be employed at your establishment? 60 During what hours do you anticipate they will be on duty? 10 Am + 2 Am
32.	Do you plan to have hosts or hostesses seating customers? Yes No
	Do your plans call for a full-service bar? Yes No If yes, how many bar stools do you anticipate having at your bar? \(\lambdo \begin{aligned} \lambdo \begin{aligned} \lambdo \leq \leq \leq \leq \leq \leq \leq \leq
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?
39.	If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food?
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? 350
- 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.

Total Gross Receipts	100%
Gross Receipts from Other	%
Gross Receipts from Food and Non-Alcoholic Beverages	78 %
Gross Receipts from Alcoholic Beverages	22 %

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.

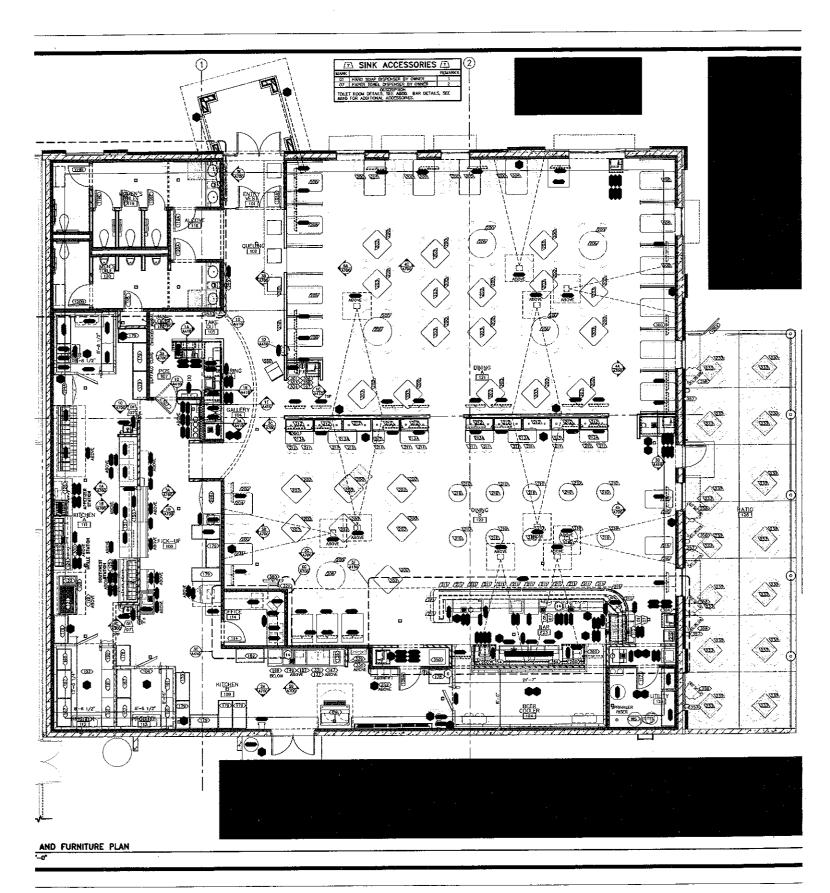
Subscribed and Sworn to before me:

this 22 day of April , 20 08

(Clerk/Notary Public)

My commission expires 12 3 2 6 6 7

WISCO 5



7380 Sq FT 150 Dining Seats

+ 128 Bar Dining Seats

278 Indoor Seats

+ 56 Patro Seats

334 ToTal Seat Count