

# ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk

For the license period beginning July 1st 20 08 ;  
ending June 30th 20 09

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): Wings East Towne L.L.C.

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>Member</u>	<u>Greg G. Meyers</u>	<u>2984 Cassidy Ct.</u>	<u>Fitchburg WI, 53711</u>
Vice President/Member <u>Member</u>	<u>Paul M. Berlin</u>	<u>2419 E. Marion</u>	<u>Shorewood WI 53211</u>
Secretary/Member			
Treasurer/Member			
Agent	<u>Greg G. Meyers</u>		
Directors/Managers			

- 3 Trade Name Buffalo Wild Wings Grill and Bar Business Phone Number 608-848-1616  
4 Address of Premises 240 East Towne Mall Post Office & Zip Code Madison, 53704

- 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 10/03/07 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

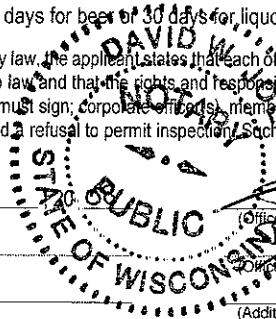
(NOTE All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above)

- 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) Dining Room with 23' Bar on 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 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 officers, 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 22<sup>nd</sup> day of April  
[Signature]  
(Clerk/Notary Public)  
My commission expires May 3<sup>rd</sup>, 2009



[Signature]  
(Official of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)  
[Signature]  
(Official 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>4-23-08</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued <u>80643</u>	

10355

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



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

People who love great food and watch 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/Print Great Food and Fun!

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

19. Owner of building where establishment is located: Madison/EAST TOWNE, LLC.

Address of Owner: 89 EAST 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

Name Address

Paul M. Berlin 2419 East Marion Shorewood, WI 53211

Name Address

Name Address

22. List the Stockholders of your Corporation/LLC

Greg G. Meyers 2984 Cassidy Ct. Fitchburg, WI 53711

Name Address

53%

% of Ownership

Paul M. Berlin 2419 East Marion Shorewood, WI 53211

Name Address

47%

% 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? Mon 11<sup>00</sup> AM → 2<sup>00</sup> AM, Tues 11<sup>00</sup> AM → 2<sup>00</sup> AM,

Wed 11<sup>00</sup> AM → 2<sup>00</sup> AM, Thur 11<sup>00</sup> AM → 2<sup>00</sup> AM, Fri 11<sup>00</sup> AM → 2<sup>00</sup> AM, Sat 11<sup>00</sup> AM → 2<sup>00</sup> AM, Sun 11<sup>00</sup> AM → 2<sup>00</sup> 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
31. 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<sup>00</sup> Am → 2<sup>00</sup> Am
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? 16  
How many bartenders do you anticipate you would have working at one time on a busy night? 2-3
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?  
75%
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
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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.

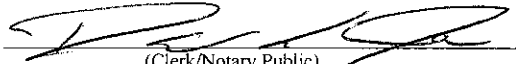
Gross Receipts from Alcoholic Beverages	22 %
Gross Receipts from Food and Non-Alcoholic Beverages	78 %
Gross Receipts from Other	%
<b>Total Gross Receipts</b>	<b>100%</b>

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.

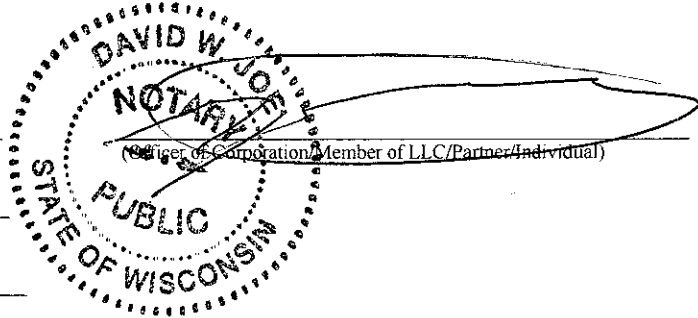
**Read carefully before signing:** Under penalty provided by law, the applicant states that the above information has been truthfully completed to the best of the knowledge of the signer. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the 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:

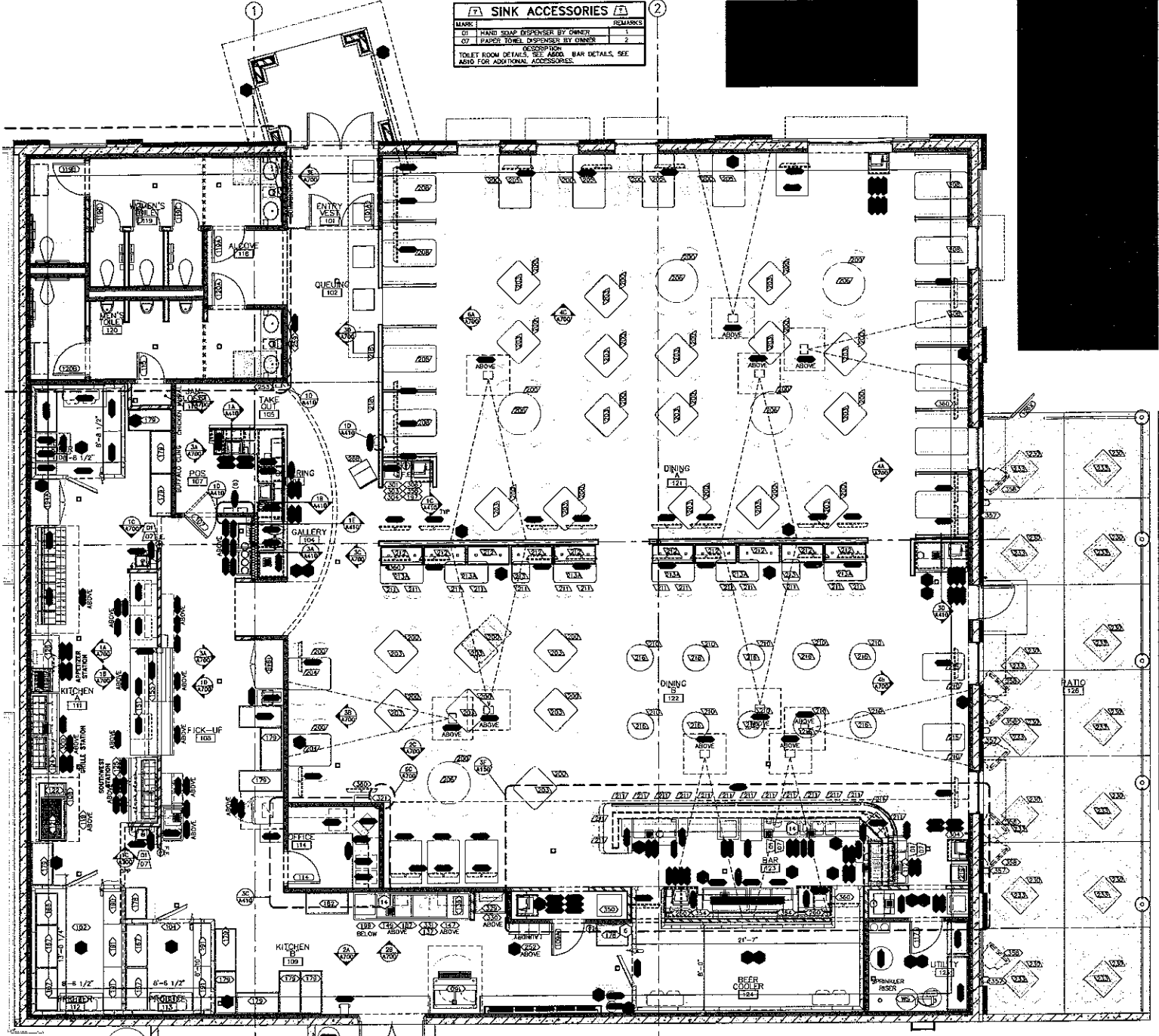
this 22<sup>nd</sup> day of April, 2008

  
(Clerk/Notary Public)

My commission expires May 3<sup>rd</sup>, 2009



SINK ACCESSORIES		2
MARK	DESCRIPTION	REMARKS
C6	HAND SOAP DISPENSER BY OWNER	1
C7	PAPER TOWEL DISPENSER BY OWNER	2
TOILET ROOM DETAILS, SEE ABOVE. BAR DETAILS, SEE ABOVE FOR ADDITIONAL ACCESSORIES.		



AND FURNITURE PLAN

7380 Sq FT 150 Dining Seats  
 + 128 Bar Dining Seats  
 278 Indoors Seats  
 + 56 Patio Seats  
 334 TOTAL SEAT COUNT