

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): _____

Applicant's Wisconsin Seller's Permit Number: <u>456-1027144248-03</u>	
Federal Employer Identification Number (FEIN): <u>27-2052312</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Wholesale beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$
TOTAL FEE	\$

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>George Radkovich</u>	<u>209 Willingham Dr Thiensville WI</u>	<u>53092</u>
Vice President/Member	<u>Tom Baertschy</u>	<u>3101 Stratton Way #106 Madison WI</u>	<u>53719</u>
Secretary/Member	<u>Tom Baertschy</u>		
Treasurer/Member	<u>Tom Baertschy</u>		
Agent ▶	<u>Tom Baertschy</u>		
Directors/Managers	<u>Mich. Baertschy</u>		

3 Trade Name ▶ Jo's Cafe Business Phone Number 608.819.1082
4 Address of Premises ▶ 45 S Bassett st Madison, WI 53708 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 3/12/10 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) Served inside the dining room and patio. Stored in locked basement

- 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? Jo Chern / Jo's Tazlana Cafe
- 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 12 day of March, 20 10

[Signature]
Clerk/Notary Public

Tom Baertschy
(Officer of Corporation/Member/Manager of Limited Liability Company/Partne/Individual)

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

My commission expires 5-6-2012

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>3-25-10</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 Supplemental Class B License Application

<input type="checkbox"/> Seller's Permit Number <input type="checkbox"/> Federal Employer Identification Number <input type="checkbox"/> Notarized Original Application Form <input type="checkbox"/> Notarized Supplemental Form	<input type="checkbox"/> Description of Licensed Premise <input type="checkbox"/> *Notarized Appointment of Agent <input type="checkbox"/> Background Investigation Form(s) <input type="checkbox"/> Notarized Transfer of Ownership <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 * Corporation/LLC only
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1. Name of Applicant/Partner/Corporation/LLC Baer Excellence Group, Ltd.
 2. Address of Licensed Premise 45 S Russell St Madison, WI 53703
 3. Telephone Number: 608.819.1082 4. Anticipated opening date: April 27, 2010
 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. not open late night

8. Business Description, including hours of operation: General Restaurant
Monday - Saturday 7:00AM - 10:00pm Sunday 8:00AM - 5:00pm

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.**

There will be an eight stool bar, dining room, and brick patio where we would enjoy serving alcoholic beverages. A small liquor inventory will be kept behind the bar and the majority in a locked basement.

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. There are six stalls 100 ft from the establishment and are checked hourly.

13. Describe your management experience, staffing levels, duties and employee training.
The staff will be trained directly under myself, Tom J Baertschy. My parents have owned three restaurants and I have managed three myself.

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.

Tom J Baertschy 3101 Stratton Way #106 Madison, WI 53719
 Name Address

27. What hours, if any, will food service not be available? After 10:00 PM

28. Indicate any other product/service offered. _____

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? 8
During what hours do you anticipate they will be on duty? 10:00 AM - 10:00 PM

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? 8
How many bartenders do you anticipate you would have working at one time on a busy night? 2

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? 38-40

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?
80%

39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? 100%
What percentage of your advertising budget do you anticipate will be drink related? 0%

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

Appointment of New Liquor/Beer Agent

To be completed by Corporate Officer or Member of LLC

I, Tom J Baertschy, officer/member for BacPa Excellence Group, LLC
(Corporation/LLC), doing business as Jo's Cafe, authorize and appoint
Tom J Baertschy (Name) as the liquor/beer agent for the premise
located at 45 S Rossett St Madison, WI 53703

Subscribed and sworn to before me this

25 Day of March, 20 10

[Signature]
Notary Public, Dane County, Wisconsin

My Commission Expires 5-6-2012

[Signature]
Signature of Officer/Member

To be completed by appointed Liquor/Beer Agent

I, Tom J Baertschy, appointed liquor/beer agent for
BacPa Excellence Group, 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 50%.

Subscribed and sworn to before me this

25 Day of MARCH, 20 10

[Signature]
Notary Public, Dane County, Wisconsin

My Commission Expires 5-6-2012

[Signature]
Signature of Agent

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

Amuse Buche

Steak Tartar

A trio of beef tenderloin tartar

Crab Cakes

New England style crab cakes served with a tomato chutney

Carpaccio of Tuna

Paper thin Ahi Tuna served with wasabi wonton chips

Lobster Ravioli

Mini lobster stuffed raviolis in an anduille cream sauce

Thia Chicken Satay

Peanut and horseradish marinated chicken satay with Thia peanut aoli.

Luncheon

Croque Missiur

Virginia Ham with gureye cheese topped with an over easy egg and more gureye cheese.

Croque Madame

The Croque Missiur without the egg

The Cuban

Smoked pulled pork, swiss cheese, pickles and gourmet mustard.

California

Grilled chicken breast topped with avacado, butter lettuce, tomato, and citrus aoli

New York

Piled high pastrami bentepe mustard on marble rye

Texas

Smoked pulled pork with haystack onion rings and sweet barbeque sauce

Fish Tacos

Fresh fish of the day served ceviche style with a ctrus vinaigrette dicon salad

Jo's Café

(Watch us Change, Guess Our Name)

**45 South Bassett St
Madison, WI 53703**

**S Bassett St and W Main St
(At the Corner)**

Under new ownership!

Grilled Sandwiches

With chips and a pickle

Crouque Monsieur

Virginia Ham layered with Muenster cheese, topped with more cheese and a poached egg.

Napoleon

Roasted vegetables stacked and topped with provolone cheese

And an olive tapenade

Grilled Cheese (out standing)

Bacon, roasted red pepper and four cheeses

Italian Sandwich

Italian breaded chicken with fresh, mozzarella and Nick's famous zesty sauce

SALADS

Louis Salad

Chopped greens, choice of crab or chicken salad with toast points

Lyonaise

Mixed greens tossed, citrus vinaigrette, roasted fingerling potatoes, and a poached egg topping

Caprese

Tomatoes, basil, fresh mozzarella and balsamic glaze - What a different look!

House salad

Mixed greens tossed with pistachio currant vinaigrette topped with shaved Parmesan and wonderful candied pistachios

SOUPS

(Yes, we make everything)

Roasted Tomato Bisque

Soup de jour

Coffee-Hot Chocolate-Cappuccino- Unique Flavors- Wine-Beer
