



City of Madison Liquor/Beer License Application

On-Premises Consumption: ☒ Class B Beer ☒ Class B Liquor ☐ Class C Wine
Off-Premises Consumption: ☐ Class A Beer ☐ Class A Liquor ☐ Class A Cider

Section A – Applicant

1. If needed, a qualified interpreter can be provided at no charge to you. Would you like an interpreter?
☐ Yes (language: _____)
☒ No (If you answer no and you do require an interpreter, the ALRC will refer your application to a subsequent meeting and this may delay your application process)

Si usted requiere o necesita un/a intérprete, nosotros podemos proveer un/a intérprete sin costo alguno. ¿Le gustaría tener un/a intérprete?

- ☐ Sí, lenguaje _____
☐ No. Si usted escoge “no” en la solicitud/aplicación, y usted sí requiere un/a intérprete, el comité remitirá su solicitud para una nueva junta y esto puede atrasar el proceso de su solicitud.

2. This application is for the license period ending June 30, 2017.
3. List the name of your ☐ Sole Proprietor, ☐ Partnership, ☐ Corporation/Nonprofit Organization or ☒ Limited Liability Company exactly as it appears on your State Seller's Permit.

Madison Express, LLC

4. Trade Name (doing business as) Holiday Inn Express & Suites Madison
5. Address to be licensed 5150 High Crossing Blvd Madison WI 53718
6. Mailing address 1351 O'Keeffe Ave Sun Prairie WI 53590
7. Anticipated opening date 6/1/16
8. Is the applicant an employee or agent of, or acting on behalf of anyone except the applicant named in question 2?
☒ No ☐ Yes (explain) _____
9. Does another alcohol beverage licensee or wholesale permittee have interest in this business?
☒ No ☐ Yes (explain) _____

Section B—Premises

10. Describe in words the building or buildings where alcohol beverages are to be sold and stored. Include all rooms including living quarters, if used, and any outdoor seating used for the sales, service, and/or storage of alcohol beverages and records. Alcohol beverages may be sold and stored only on the premises as approved by Common Council and described on license.

106 room limited service hotel. The beer and/or wine will be sold in the convenience store adjacent to the front desk in the lobby. The front desk is staffed 24 hours.

11. ☒ Attach a floor plan, no larger than 8 ½ by 14, showing the space described above.

12. Applicants for on-premises consumption: list estimated capacity 517

13. Describe existing parking and how parking lot is to be monitored.

Parking Surrounds two sides of the hotel.

14. Was this premises licensed for the sale of liquor or beer during the past license year?

☒ No ☐ Yes, license issued to _____ (name of licensee)

15. ☐ Attach copy of lease. NA

Section C—Corporate Information

This section applies to corporations, nonprofit organizations, and Limited Liability Companies only. Sole proprietorships and partnerships, skip to Section D.

16. Name of liquor license agent Luke Stauffacher

17. City, state in which agent resides Sun Prairie, WI

18. How long has the agent continuously resided in the State of Wisconsin? 35 years

19. ☒ Appointment of agent form and background check form are attached.

20. Has the liquor license agent completed the responsible beverage server training course?

☒ No, but will complete prior to ALRC meeting ☐ Yes, date completed _____

21. State and date of registration of corporation, nonprofit organization, or LLC.

Wisconsin 9-16-14

22. In the table below list the directors of your corporation or the members of your LLC.

☒ Attach background check forms for each director/member.

Title	Name	City and State of Residence
Owner	Luke Stauffacher	Sun Prairie WI
owner	John Stauffacher	Sun Prairie WI
VP of Operations	John Hartman	Sun Prairie WI

23. Registered agent for your corporation or LLC. This is your agent for service of process, notice or demand required or permitted by law to be served on the corporation. This is not necessarily the same as your liquor agent.

John Hartman

24. Is applicant a subsidiary of any other corporation or LLC?

☒ No ☐ Yes (explain) _____

25. Does the corporation, any officer, any director, any stockholder, liquor agent, LLC, any member, or any manager hold any interest in any other alcohol beverage license or permit in Wisconsin?

☐ No ☒ Yes (explain) Holiday Inn Madison at The American Center
5109 West Terrace Drive Madison WI 53718

Section D—Business Plan

26. What type of establishment is contemplated?

☐ Tavern ☐ Nightclub ☐ Restaurant ☐ Liquor Store ☐ Grocery Store

☐ Convenience Store without gas pumps ☐ Convenience Store with gas pumps

☒ Other Limited Service Hotel.

27. Business description This is a hotel. Beer/Wine would be sold
in individual containers from the convenience
store as an amenity only for hotel guests.

28. Hours of operation Hours per city ordinance

29. Describe your management experience The management company operates
the hotel bar and restaurant described in # 25. The hotel
also sells beer/wine in individual containers from the
convenience store.

30. List names of managers below, along with city and state of residence.

John Hartman - Sun Prairie, WI

31. Describe staffing levels and staff duties at the proposed establishment NA

32. Describe your employee training Responsible Beverage Online Course

33. Utilizing your market research, describe your target market.

NA

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

Only the hotel will be advertised. There is no bar or restaurant as a part of the hotel.

35. Are you operating under a lease or franchise agreement? ☐ No ☒ Yes

36. 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?
☐ No ☐ Yes

NA

Section E—Consumption on Premises

This section applies to Class B and Class C applicants only. Class A license applicants (consumption off premises) may skip to Section F.

37. Do you plan to have live entertainment? ☒ No ☐ Yes—what kind? _____

38. What age range do you hope to attract to your establishment? NA

39. What type of food will you be serving, if any? Complimentary Breakfast
☒ Breakfast ☐ Brunch ☐ Lunch ☐ Dinner

40. Submit a sample menu if applicable. What will be included on your operational menu?
☐ Appetizers ☐ Salads ☐ Soups ☐ Sandwiches ☐ Entrees ☐ Desserts
☐ Pizza ☐ Full Dinners limited breakfast items. No kitchen.

41. During what hours of operation do you plan to serve food? 6:30 - 10:00 am

42. What hours, if any, will food service not be available? 10:00 am - 6:30 am

43. Indicate any other product/service offered. NA

44. Will your establishment have a kitchen manager? ☒ No ☐ Yes

45. Will you have a kitchen support staff? ☐ No ☒ Yes

46. How many wait staff do you anticipate will be employed at your establishment? NA

During what hours do you anticipate they will be on duty? NA

47. Do you plan to have hosts or hostesses seating customers? ☒ No ☐ Yes

48. Do your plans call for a full-service bar? ☒ No ☐ Yes
If yes, how many barstools do you anticipate having at your bar? _____
How many bartenders do you anticipate having work at one time on a busy night? _____
49. Will there be a kitchen facility separate from the bar? ☒ No ☐ Yes
There will be a separate breakfast station in the lobby.
50. Will there be a separate and specific area for eating only?
☒ No ☐ Yes, capacity of that area _____
51. What type of cooking equipment will you have?
☐ Stove ☐ Oven ☐ Fryers ☐ Grill ☒ Microwave
52. Will you have a walk-in cooler and/or freezer dedicated solely to the storage of food products?
☐ No ☒ Yes *limited refrigerator & freezer.*
53. What percentage of payroll do you anticipate devoting to food operation salaries? NA
54. If your business plan includes an advertising budget:
What percentage of your advertising budget do you anticipate will be related to food? NA
What percentage of your advertising budget do you anticipate will be drink related? NA
55. Are you currently, or do you plan to become, a member of the Madison—Dane County Tavern League or the Tavern League of Wisconsin? ☒ No ☐ Yes
56. Are you currently, or do you plan to become, a member of the Wisconsin Restaurant Association or the National Restaurant Association? ☒ No ☐ Yes
57. All restaurants and taverns serving alcohol must substantiate their gross receipts for food and alcohol beverage sales broken down by percentage. New establishments estimate percentages:
21 % Alcohol _____ % Food 799 % Other
58. Do you have written records to document the percentages shown? ☒ No ☐ Yes
You may be required to submit documentation verifying the percentages you've indicated.

Section F—Required Contacts and Filings

59. I understand that liquor/beer license renewal applications are due April 15 of every year, regardless of when license was initially granted. ☐ No ☒ Yes
60. I understand that I am required to host an information session at least one week before the ALRC meeting. ☐ No ☒ Yes
61. I agree to contact the Alderperson for this location to discuss my application and to invite the Alderperson to my information session. ☐ No ☒ Yes
62. I agree to contact the Police Department District Captain for this location prior to the ALRC meeting. ☐ No ☒ Yes
63. I agree to contact the Alcohol Policy Coordinator prior to the ALRC meeting. ☐ No ☒ Yes
64. I agree to contact the neighborhood association representative prior to the ALRC meeting.
☐ No ☒ Yes

**HOLIDAY INN
EXPRESS**

5150 HIGH CROSSING BLVD.
MADISON, WI

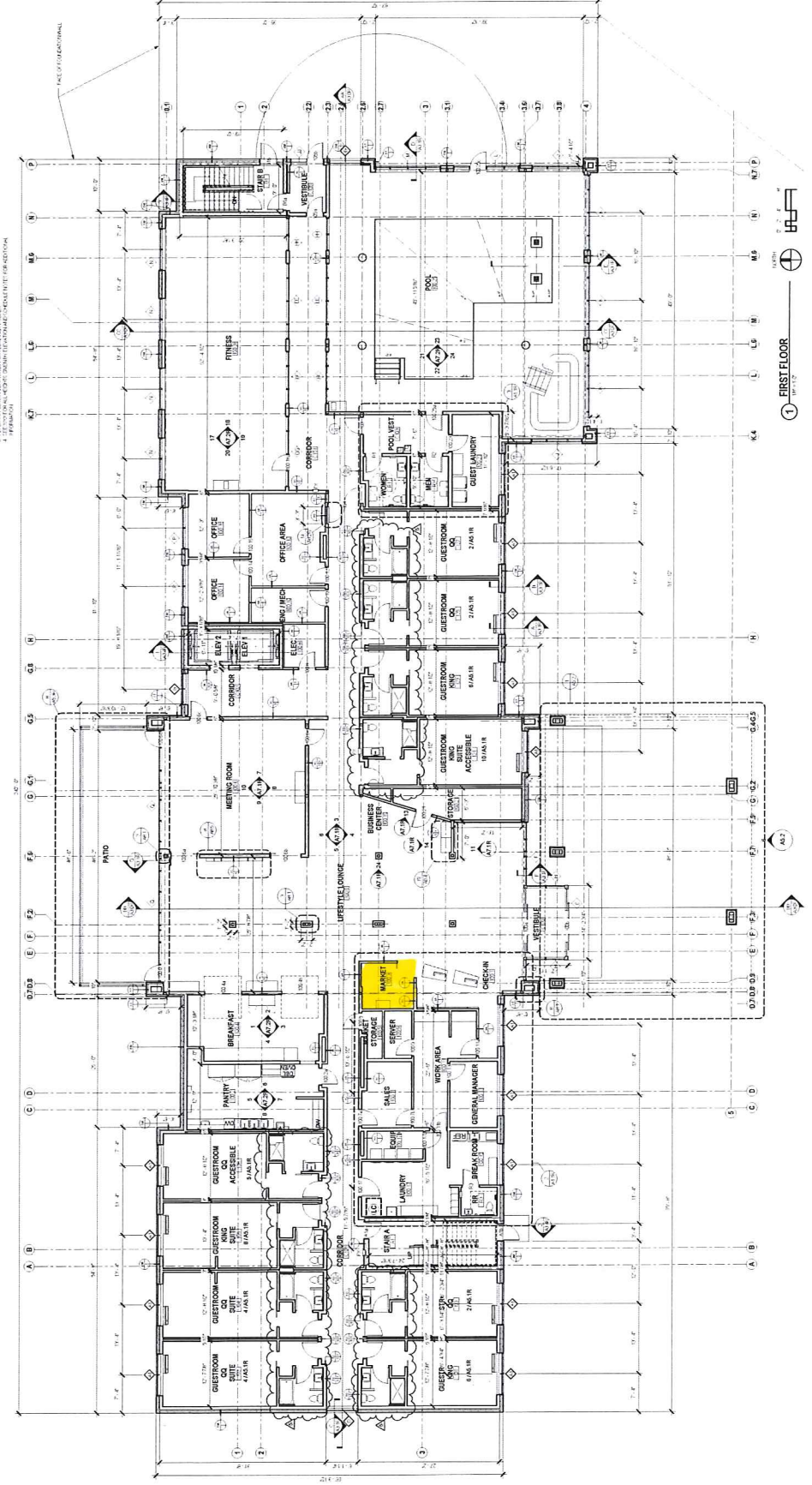
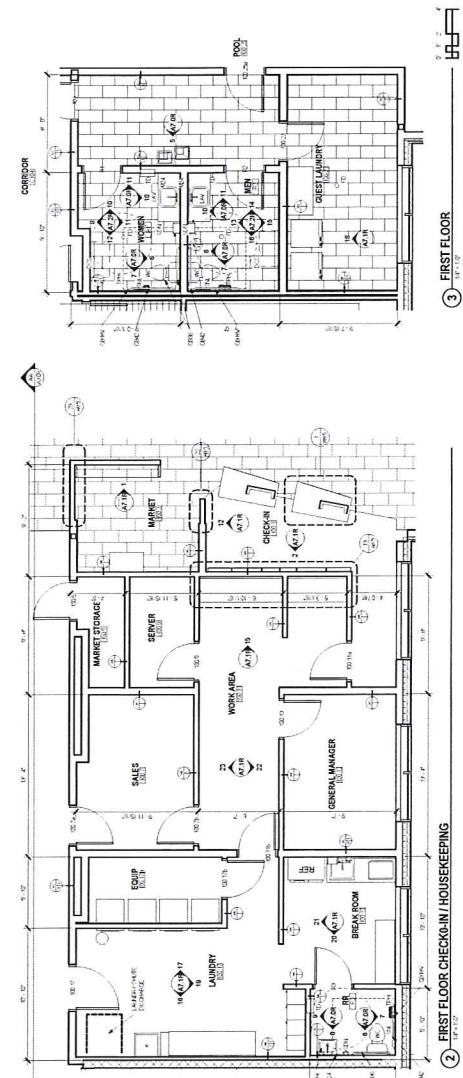
DATE OF ISSUE:	07/16/2015
REVISIONS:	
1	ISSUED FOR PERMIT
2	CONSTRUCTION
3	TRACED
4	CHG
5	REVISIONS

PROJECT #	14130
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FIRST FLOOR PLAN

A1.1R

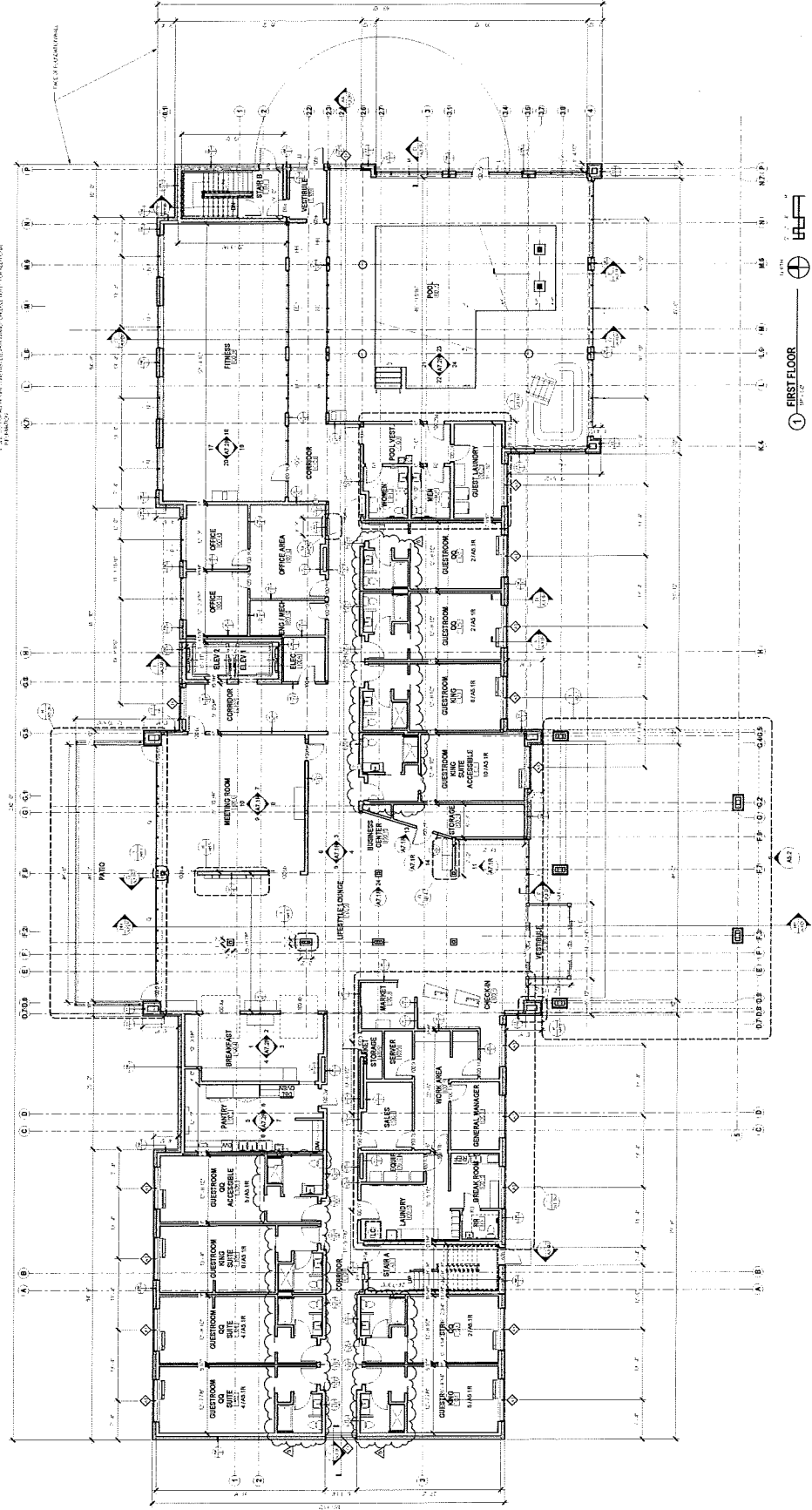
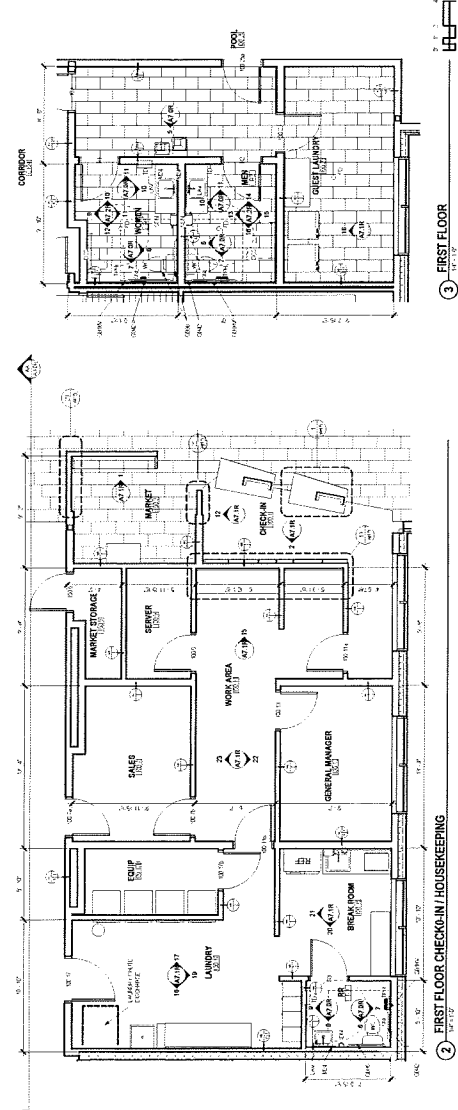
FLOOR PLAN GENERAL NOTES	
1.	SEE ARCHITECT'S GENERAL NOTES FOR ADDITIONAL INFORMATION.
2.	ALL FINISHES TO BE AS SHOWN ON FINISH SCHEDULE.
3.	ALL WALLS TO BE 1/2" THICK CONCRETE BLOCK.
4.	ALL FLOORS TO BE 4" THICK CONCRETE ON 6" THICK GRAVEL.
5.	ALL ROOFS TO BE 6" THICK CONCRETE ON 12" THICK GRAVEL.
6.	ALL ROOFING TO BE 30 YEAR Warranted Asphalt/Flt Shingles.
7.	ALL ROOF VENTS TO BE 18" DIA. GALV. STEEL.
8.	ALL ROOF FLASHINGS TO BE 18" DIA. GALV. STEEL.
9.	ALL ROOF DRAINAGE TO BE 18" DIA. GALV. STEEL.
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99.	ALL ROOF DOWNSPUTS TO BE 18" DIA. GALV. STEEL.
100.	ALL ROOF FLASHINGS TO BE 18" DIA. GALV. STEEL.



ACCESSORY SCHEDULE PUBLIC TOILET ROOMS		
ACCESSORY	QTY	UNIT PRICE
1	100	100.00
2	100	100.00
3	100	100.00
4	100	100.00
5	100	100.00
6	100	100.00
7	100	100.00
8	100	100.00
9	100	100.00
10	100	100.00
11	100	100.00
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96	100	100.00
97	100	100.00
98	100	100.00
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FLOOR PLAN GENERAL NOTES

1. SEE SECTION 05 10 00 FOR FINISHES.
2. SEE SECTION 05 20 00 FOR PARTITION WALLS.
3. SEE SECTION 05 30 00 FOR CEILING.
4. SEE SECTION 05 40 00 FOR FLOORING.
5. SEE SECTION 05 50 00 FOR DOORS AND WINDOWS.
6. SEE SECTION 05 60 00 FOR ELEVATORS.
7. SEE SECTION 05 70 00 FOR STAIRS.
8. SEE SECTION 05 80 00 FOR ROOFING.
9. SEE SECTION 05 90 00 FOR EXTERIOR FINISHES.
10. SEE SECTION 06 10 00 FOR MECHANICAL.
11. SEE SECTION 06 20 00 FOR ELECTRICAL.
12. SEE SECTION 06 30 00 FOR TELECOMMUNICATIONS.
13. SEE SECTION 06 40 00 FOR SPECIALTIES.
14. SEE SECTION 06 50 00 FOR FURNITURE.
15. SEE SECTION 06 60 00 FOR EQUIPMENT.
16. SEE SECTION 06 70 00 FOR SIGNS.
17. SEE SECTION 06 80 00 FOR SECURITY.
18. SEE SECTION 06 90 00 FOR OTHERS.



DATE OF ISSUE: 07/16/2015	
REVISIONS: 1. 05/05/2015 2. 05/05/2015 3. 05/05/2015 4. 05/05/2015	

PROJECT # 14130