

Application Date: 8.10.06

Proof of WI Seller's Permit No 004.0000221802.01

Name of Corporation, Limited Liability Company, Individual Owner, Private Club or Partner(s) <u>PQR FOOD STORES, INC.</u>	Liquor/Beer Agent <u>Tom Hoffman</u> LOFT JUNGBLUTH
Mailing Address <u>P.O. BOX 620997</u>	Liquor/Beer Agent Address <u>7525 Tree Ln. #115</u> 826 ANN COURT
City/State/Zip Code <u>MIDDLETON, WI 53562</u>	Liquor/Beer City/State/Zip Code <u>Madison</u> WATERLOO, WI 53594
Name of Registered Agent or General Partner	Local Contact Person Phone Number <u>RACHEL LAREAU 828 2172</u>
Trade Name <u>PQR STORE #135</u>	Estimated Opening Date <u>OCTOBER 2006</u>
Business Address <u>401 N. 3RD ST. MADISON, WI 53704</u>	Signature of Owner/Operator

Private Club? Yes No

License Description	Type	Fee	Number
<u>CLASS A LIQUOR</u>	<u>105</u>	<u>500 - 20</u>	<u>75666</u>
<u>CLASS A BEER</u>	<u>104</u>	<u>425 - 20</u>	<u>75667</u>
Pre-Inspection & License Fees Non-Refundable	TOTAL	\$ <u>925 -</u>	

IT IS MANDATORY THAT ALL APPLICABLE INFORMATION BE COMPLETED. INACCURATE INFORMATION MAY RESULT IN SUSPENSION OR REVOCATION OF LICENSE.

Ald 12 (Benford)

Sector 501

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk

For the license period beginning JULY 1 20 06 ;
ending JUNE 30 20 07

TO THE GOVERNING BODY of the: Town of } MADISON
 Village of }
 City of }

County of DAKE 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): ▶ _____

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>SEE EXHIBIT A</u>		
Vice President/Member			
Secretary/Member			
Treasurer/Member	<u>Tom Hoffman, 7525 Tree Lane #115 Madison</u>		
Agent	<u>LOTT JUNG BEVITT 026 MONK COURT, WATER LOO, WI 53594</u>		
Directors/Managers			

3 Trade Name ▶ PDR STORE # 136 Business Phone Number _____

4 Address of Premises ▶ 401 N 3RD STREET Post Office & Zip Code ▶ MADISON, WI 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 _____ and date _____ 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) _____

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

Applicant's Wisconsin Seller's Permit Number: <u>004-0000227802-01</u>	
Federal Employer Identification Number (FEIN): <u>311196741</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Wholesale beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ <u>40-</u>
TOTAL FEE	\$ <u>40-</u>

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 15 day of November, 20 06

[Signature]
Clerk/Notary Public

[Signature] MIKE ARNOLD, CFO
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

My commission expires 7-26-2010

(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>8-18-2006</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>75000 75007</u>	

Legistar # 04621

City of Madison Liquor and/or Beer Original Supplemental Form

Office Use Only

- | | |
|--|--|
| <input type="checkbox"/> Seller's Permit Number
<input type="checkbox"/> Federal Employer Identification Number
<input type="checkbox"/> Notarized Original Application Form (AT-106)
<input type="checkbox"/> Notarized Supplemental Form
<input type="checkbox"/> Description of Licensed Premise
<input type="checkbox"/> Notarized Auxiliary Questionnaire(s) (AT-103)
<input type="checkbox"/> Background Investigation Form(s)
<input type="checkbox"/> Floor Plans | <input type="checkbox"/> Lease
<input type="checkbox"/> Notarized Transfer of Ownership Letter
<input type="checkbox"/> *Schedule of Appointment of Agent (AT-104)
<input type="checkbox"/> *Notarized Agent Appointment/Acceptance Form
<input type="checkbox"/> *Articles of Incorporation/ Organization
<input type="checkbox"/> Sample Menu, if possible
<input type="checkbox"/> Business Plan, if one exists
* Forms required of Corporation/LLC only |
|--|--|

- ✓ All applicants must provide an adequate premise plan that includes exterior and interior dimensions, position of stairs and all entrances and exits, normal and customary use of each room, placement of major appliances, furniture and large gaming tables, placement and dimensions of all bar(s), and graphic representation of the normal position of booths, bar stools, tables and chairs. **Premise plans must be no larger than 8 ½ x 14.**
- ✓ New structures must submit to Building Inspection two sets of plans, signed and sealed by a registered architect or engineer.
- ✓ **Applicant/partners/Liquor Agent must be enrolled in or have completed the Beverage Server Training course before appearing before the Alcohol License Review Committee.**

Prior to your hearing before the Alcohol License Review Committee (ALRC), you must contact the Alderperson of the District in which you intend to do business, the representative of the appropriate neighborhood association (if any), and the Madison Police Department.

- Alderperson _____ can be reached at _____ at the Common Council Office (266-4071), or via e-mail at council@cityofmadison.com.
- The name of the neighborhood association representative can be obtained by calling the Planning and Development Department at 266-4635 or online at www.ci.madison.wi.us/neighborhoods/contacts.htm.
- The Police Department Liaison, Sergeant Emil Quast, can be reached at 266-4451.

1. Have you contacted the Alderperson, Police Department Liaison and neighborhood association representative for the area in which you intend to locate? Yes No

2. Are there any special conditions desired by the neighborhood? Yes No

Explain _____

3. Name of Applicant/Partner/Corporation/LLC PDQ FOOD STORES, INC.

4. Telephone Number: 608 2112

5. Address of Licensed Premise 401 N. 3RD STREET, MADISON, WI 53704

6. Anticipated opening date: OCTOBER 1, 2006

7. Mailing address if not opening immediately P.O. BOX 620997, MIDDLETON, WI 53562

8. What type of establishment is contemplated? Tavern Nightclub Restaurant
 Liquor Store Grocery Store Convenience Store – Gas Pumps Yes No
 Other Please explain _____

9. Business Description, including hours of operation and if entertainment is part of your venue, what type:
CONVENIENCE STORE W/ GASOLINE AND CAR WASH.
5 AM - 12 MIDNIGHT

10. Describe building in detail, 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.

6000 SQ FT. 5 WINDOW STOOLS AND 2 BOOTHS.
STORAGE IN COOLERS AND SALES FLOOR.

11. Are any living quarters directly or indirectly accessible and under control of the applicant? Yes No
 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. OVERHEAD LIGHTING
AND SECURITY CAMERAS.

13. Describe your management experience, staffing levels, duties and employee training.
PDQ FOOD STORES, INC. OWNS 20 OTHER STORES IN MADISON AND
SURROUNDING AREAS. A TRAINING PROGRAM IS REQUIRED FOR ALL
EMPLOYEES

14. Identify the registered agent for your Corporation or LLC. This is not necessarily the same person as your liquor/beer agent. This is your corporation's agent for service of process, notice or demand required or permitted by law to be served on the corporation. MICHAEL S. ARNOLD, CFO

Name
1155 BITTERSWEET COURT, MIDDLETON, WI 53562
 Address City State Zip

15. Excluding pre-packaged snacks, how late will food be served? MIDNIGHT

16. What type of food will you be serving, if any? POWER GRILL ITEMS, DELI STYLE SANDWICHES

17. Indicate any other product/service offered: BAKERY ITEMS, SNACKS, FOOD & CAR WASH

18. Describe your target market. LOCAL RESIDENTS AND COMMUTERS.

19. Describe how you plan to advertise/promote your business WE TYPICALLY DO NOT ADVERTISE

20. What is your estimated capacity? _____

21. Are you operating under a lease or franchise agreement? Yes No (If yes, attach a copy.)

22. Owner of building where establishment is located: PDQ FOOD STORES, INC.
 Address of Owner: P.O. BOX 620997, MIDDLETON, WI 53562 Phone Number 836.3335

23. Individual or Partnership only: Have individual/partners completed the Beverage Server Training Course? Yes No If Yes, indicate names: _____
License cannot be issued until proof of Beverage Server Training completion is shown.

24. Corporation/LLC only: Will liquor/beer agent be a Wisconsin resident at the time of granting? Yes No

25. Corporation/LLC only: Agent must disclose interest held in business: 0 %

26. Corporation/LLC only: Has agent completed the Beverage Server Training Course? Yes No
License cannot be issued until proof of Beverage Server Training completion is shown.

27. Corporation/LLC only: List Directors, Stockholders, and Managers below.

Director(s) Name	Home Address
SEE EXHIBIT A	

Stockholder's Name	Address	Extent of Ownership%
MICHAEL ARNOLD	SEE EXHIBIT A	4
JEFFREY JACOBSEN	↓	96

Manager's Name	Address	Business Phone	Home Phone
TOM KOFFMAN	1525 TREE LN #15 MADISON, WI 53717	278-8166	541-8089

28. 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

29 Restaurant/Tavern Establishment Alcohol Beverage & Food Sales Report 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.

Calendar/fiscal year: January 1 - December 31 July 1 - June 30

Percent Gross Receipts from Alcohol Beverages	2.5 %
Percent Gross Receipts from Food	77.5 %
Percent Gross Receipts from Other	20.0 %
Total Gross Receipts	100 %

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.

30. What type of establishment are you? (Check all that apply) Tavern Restaurant Nightclub
 Other Please explain: CONVENIENCE STORE W/ GASOLINE & CAR WASH

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 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 must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.) 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 30th day of AUGUST, 2006

[Signature]
(Clerk/Notary Public)

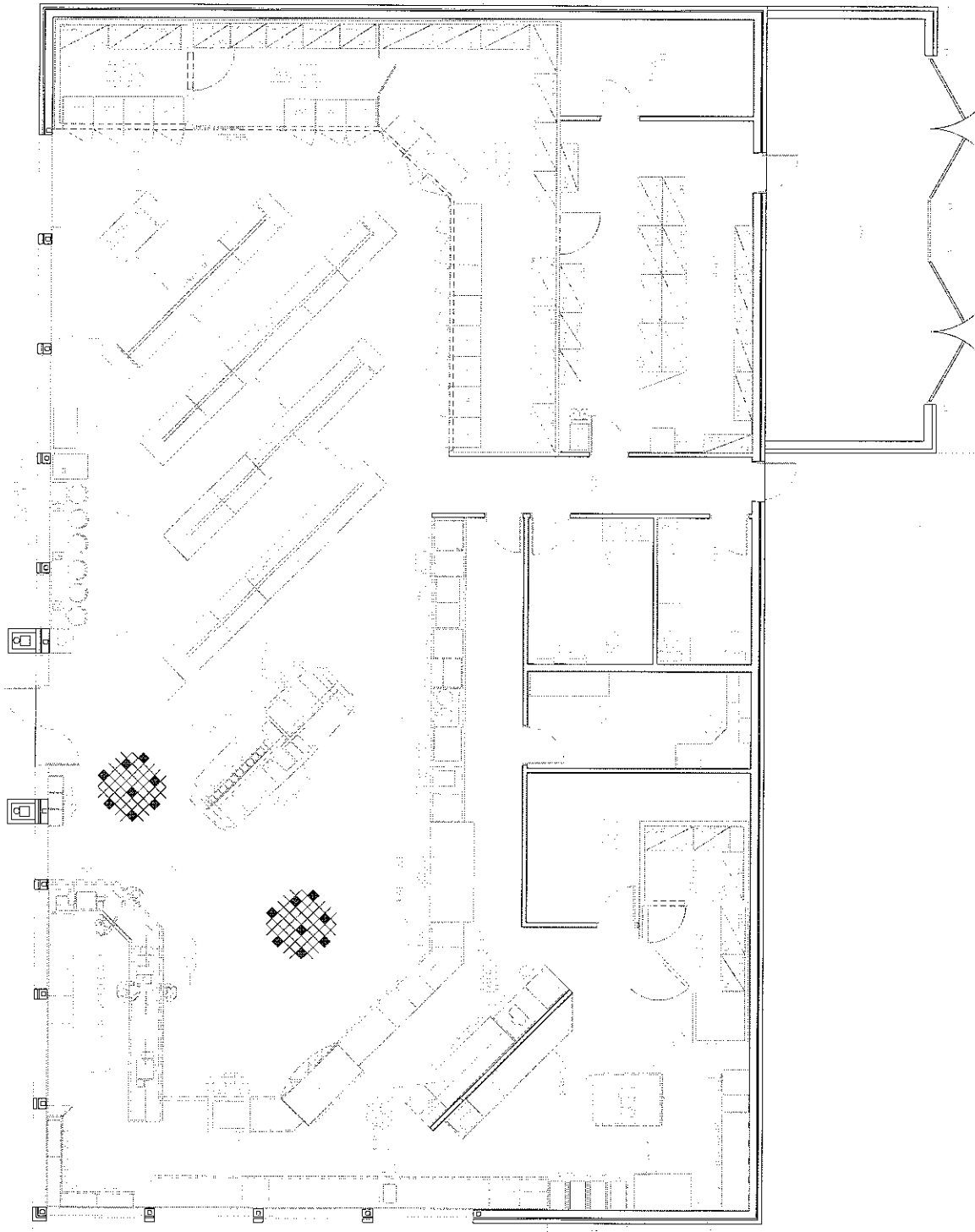
[Signature]
(Officer of Corporation/Member/Manager of LLC/Partner/Individual)
MICHAEL ARNOLD, CFO

(Officer of Corporation/Member/Manager of LLC/Partner/Individual)

My commission expires 3-29-2010

(Officer of Corporation/Member/Manager of LLC/Partner/Individual)

If you have any questions, please contact the City Clerk's Office at (608) 266-4601.



PRELIMINARY DESIGN
NOT FOR CONSTRUCTION

CONSTRUCTION OF THIS PLAN IS SUBJECT TO THE APPROVAL OF THE LOCAL BUILDING DEPARTMENT. THE DESIGNER ASSUMES NO LIABILITY FOR ANY CHANGES OR OMISSIONS.

Drawing No.	Date	Rev. Date	Revised/Revision	By
000	05-23-08	06-06-08	ADD NEW OPTION 'D' WITH 2000 CAFE AND FREEZER LAYOUT	J. J. RUSSELL
SO FT	06-06-08	06-06-08	REVISED NEW OPTION 'S' TO SHOW 10' CHASE OVER CAFE	J. J. RUSSELL
000	06-15-08	06-15-08	ADD MECHANICAL AND THERMAL SERVICE, S.A.E. AND ADJUST TO	J. J. RUSSELL
SP 11102	07-15-08	07-15-08	REVISE MECHANICAL, THERMAL, BREAK PLANS, ADD WALL PLAN	J. J. RUSSELL
000	08-05-08			
Scale:	1/4" = 1'-0"			

Project Name:
PDQ 3RD AND PENN
PDQ
 3RD ST. & PENNSYLVANIA AVE
 MADISON, WI 53704
PROPOSED FLOOR PLAN

Store SYSTEMS
 CONVENIENCE STORE DESIGN & EQUIPMENT SPECIALISTS

5817 FENWICK DRIVE
 MADISON, WI 53705-1417
 PHONE: (608) 222-4547
 FAX: (608) 222-6481
 E-MAIL: GRS@RUSSELLRUSSELL.COM
RUSSELLRUSSELL