

RETAIL LICENSE TRANSFER - PREMISES TO PREMISES

Wisconsin Department of Revenue

FEE \$ \_\_\_\_\_

APPLICATION FOR TRANSFER OF LICENSES FOR SALE OF FERMENTED MALT BEVERAGES AND/OR INTOXICATING LIQUOR FROM ONE PREMISES TO ANOTHER

MADISON, Wisconsin

SEPTEMBER 30, 2009

To the governing body of the (City) (Village) (Town) of Madison

County of Dane Wisconsin.

The undersigned hereby applies for a transfer of Class B-C license from 745 N. High point Rd. Madison, WI 53711 to 751 N. High point Rd. Madison, WI 53711 on or about 11-01-2009

1. APPLICANT: (print name and address plainly)

(a) Full name of applicant Mehmet Dayi

(b) Address 1022 pleasant view Rd. Middleton, WI 53562

2. LOCATION AND DESCRIPTION OF PREMISES TO WHICH APPLICATION FOR TRANSFER IS MADE: Describe building or buildings where alcohol beverages are to be sold, served and stored.

(a) Street number 751 N. High point Rd.

(b) Trade name of establishment Leziz LLC

(c) Physical description of building, buildings and/or land area comprising licensed premises. Building 4109 sq. capacity approximately 90 sitting Alcohol beverages will be sold at the tables by waitress

(d) Legal description (omit if street address is given above.) Restaurant

(e) Is any other business conducted on same premises? [ ] Yes [X] No If so, what?

(f) Was this location licensed for beer or liquor during the past year? [ ] Yes [X] No

(g) Give name and address of previous licensee. N/A

(h) Will the previous licensee surrender its license? [ ] Yes [X] No

ALL APPLICANTS FOR TRANSFER OF CLASS B LICENSES MUST ANSWER THE FOLLOWING:

3. If granted, state any interest, directly or indirectly, that any brewer, bottler, wholesaler, manufacturer, or rectifier will hold in the premises for which you are applying

None

4. If you do not own the fixtures, state the manner, terms and conditions under which said fixtures are held

OWN



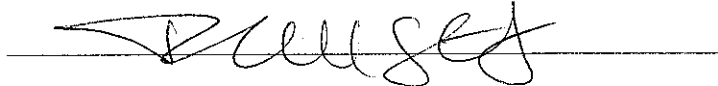
(Signature)

State of Wisconsin }  
County of Dane } ss.

(I) (We), \_\_\_\_\_ and \_\_\_\_\_  
being first duly sworn on oath says that (he/she is) (they are) the person(s) above named and that the answers to the questions in each instance are complete and true.

Subscribed and sworn to before me this

30 day of SEPTEMBER, 20 09



Notary Public, DANE County, Wis.

My Commission Expires 5-6-2012

CLASS OF BUSINESS

Name LEZIZ LLC  
Original Location 745 N. HIGH POINT RD  
Ward \_\_\_\_\_  
Proposed Location 751 N. HIGH POINT RD  
Ward \_\_\_\_\_  
License No. 84051 & 84052  
Treasurer's Receipt No. \_\_\_\_\_  
Filed 9/30/09  
Submitted to Council or Board 10/21/09  
Approved \_\_\_\_\_ Date \_\_\_\_\_  
Denied \_\_\_\_\_ Date \_\_\_\_\_