

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 Village of City of Madison

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): TK JMPK, LLC

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 JOHN KAUL</u> | <u>28225 MUNZ RD</u> | <u>LOME ROCK WI 53556</u> |
| Vice President/Member | | | |
| Secretary/Member | | | |
| Treasurer/Member | | | |
| Agent | <u>ROBERT RYNES</u> | <u>1496 NORTH PEARL</u> | <u>RICHLAND CENTER WI 53581</u> |
| Directors/Managers | | | |

3. Trade Name TILTED KILT - WEST Business Phone Number 608-826-5554
 4. Address of Premises 420 GAMMON PLACE Post Office & Zip Code MADISON WI 53719

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.) 1-STORY DINING ROOM/BAR KITCHEN/COOLERS/STORAGE

10. Legal description (omit if street address is given above): SEE 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? WEST TOWNE TK
 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 17 day of April, 2009

Sandra Melby
(Clerk/Notary Public)

My commission expires 10-16-11

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

(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>4-17-09</u> | Date reported to council/board | Date provisional license issued | Signature of Clerk / Deputy Clerk |
| Date license granted | Date license issued | License number issued | |

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

Typically male 24-58 with disposable income

16. What age range would you hope to attract to your establishment? 24-58

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

Newspaper, Internet, & other various types of advertising

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

19. Owner of building where establishment is located: PARV TOWN MGMT

20. Address of Owner: 102 GANES PL MADISON 53717 Phone Number _____

21. 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

22. List the Directors of your Corporation/LLC

JOHN KAUL 1450 Veterans Dr. Fitchburg Center 53581
Name Address

Name Address

Name Address

23. List the Stockholders of your Corporation/LLC

Name Address % of Ownership

Name Address % of Ownership

Name Address % of Ownership

24. What type of establishment are you? (Check all that apply) Tavern Nightclub Restaurant

Other Please Explain. _____

25. What type of food will you be serving, if any? _____

Breakfast Lunch Dinner

26. 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

27. During what hours of your operation do you plan to serve food? 11A-2A

27. What hours, if any, will food service not be available? N/A
28. Indicate any other product/service offered. LIMITED RETAIL (BLANCO APPACI)
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? 28
During what hours do you anticipate they will be on duty? 9A-2A
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? 21
How many bartenders do you anticipate you would have working at one time on a busy night? 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? 174
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?
78%
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? 65%
What percentage of your advertising budget do you anticipate will be drink related? 35%
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

42. What is your estimated capacity? 199

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 | 40 % |
| Gross Receipts from Food and Non-Alcoholic Beverages | 58 % |
| Gross Receipts from Other | 2 % |
| Total Gross Receipts | 100% |

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 17th day of April, 2009

Thomas M DeGraaf
(Clerk/Notary Public)

My commission expires 3-10-13

[Signature]
(Officer of Corporation/Member of LLC/Partner/Individual)

Sec. 183.0202
Wis. Stats.



State of Wisconsin
Department of Financial Institutions

ARTICLES OF ORGANIZATION - LIMITED LIABILITY COMPANY

Executed by the undersigned for the purpose of forming a Wisconsin Limited Liability Company under Chapter 183 of the Wisconsin Statutes:

- Article 1. **Name of the limited liability company:**
TK JMPK, LLC
- Article 2. **The limited liability company is organized under Ch. 183 of the Wisconsin Statutes.**
- Article 3. **Name of the initial registered agent:**
John R. Kaul
- Article 4. **Street address of the initial registered office:**
1450 Veterans Drive
Richland Center, WI 53581
United States of America
- Article 5. **Management of the limited liability company shall be vested in:**
A member or members
- Article 6. **Name and complete address of each organizer:**
Thomas P. Solheim
One South Pinckney Street
Suite 301
Madison, WI 53703
United States of America
- Other Information. **This document was drafted by:**
Thomas P. Solheim

Organizer Signature:

Thomas P. Solheim

Contact Information:

Thomas P. Solheim
One South Pinckney Street

Appointment of New Liquor/Beer Agent

To be completed by Corporate Officer or Member of LLC

I, JOHN KAUL, officer/member for TK JMPK, LLC
(Corporation/LLC), doing business as TILTED KILT, authorize and appoint
ROBERT RYNES (Name) as the liquor/beer agent for the premise
located at 420 GAMMON PLACE MADISON, WI 53719

Subscribed and sworn to before me this

17 Day of April, 2009

Spina Melby
Notary Public, ~~Dane~~ Richland County, Wisconsin
My Commission Expires 10-16-11

[Signature]
Signature of Officer/Member

To be completed by appointed Liquor/Beer Agent

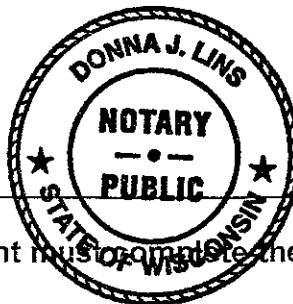
I, ROBERT RYNES, appointed liquor/beer agent for
TK JMPK, LLC (name of Corporation or LLC), being first duly sworn
say I have vested in me, by properly authorized and executed written delegation, full authority
and control of the premise described in the license of such corporation or limited liability
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 0 %.

Subscribed and sworn to before me this

16th Day of April, 2009

Donna J. Lins
Notary Public, ~~Dane~~ Richland County, Wisconsin
My Commission Expires 2-26-2012

[Signature]
Signature of Agent



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