

# ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning 20 ;  
ending JUNE 20 10

TO THE GOVERNING BODY of the:  Town of }  
 Village of } MADISON  
 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): LUCKY'S MADISON 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</u>	<u>RODNEY J. RIPLEY</u>	<u>5625 COBBLESTONE LN WAUNAKEE 53597</u>
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<u>RODNEY J. RIPLEY</u>	<u>(SEE ABOVE)</u>	
Directors/Managers			

- 3 Trade Name LUCKY'S BAR & GRILLE Business Phone Number 608-250-8989

- 4 Address of Premises 1421 REGENT ST Post Office & Zip Code MADISON 53711

- 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 WI and date 11/16/09 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) SEE ATTACHED

- 10 Legal description (omit if street address is given above): N/A

- 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? RIP VAN LUCKY, LLC

- 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 19TH day of NOVEMBER, 20 09

L. J. [Signature]  
(Clerk/Notary Public)

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

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

My commission expires 10/31/2010

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

## TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>11-20-09</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued <u>88479</u>	

Applicant's Wisconsin Seller's Permit Number:	
Federal Employer Identification Number (FEIN): <u>27-1315336</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	\$ <u>20</u>
<b>TOTAL FEE</b>	\$

## City of Madison Supplemental Class B License Application

<input checked="" type="checkbox"/> Seller's Permit Number <input checked="" type="checkbox"/> Federal Employer Identification # <input checked="" type="checkbox"/> Notarized Original Application Form <input checked="" type="checkbox"/> Notarized Supplemental Form <input type="checkbox"/> Orange Sign (Clerk's Office provides at time of application)	<input checked="" type="checkbox"/> Written Description of Premise <input checked="" type="checkbox"/> Background Investigation Form(s) <input checked="" type="checkbox"/> Notarized Transfer of Ownership <input checked="" type="checkbox"/> *Articles of Incorporation <input checked="" type="checkbox"/> *Notarized Appointment of Agent * Corporation/LLC only	<input checked="" type="checkbox"/> Floor Plans <input checked="" type="checkbox"/> Lease <input checked="" type="checkbox"/> Sample Menu <input checked="" type="checkbox"/> Business Plan
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1. Name of Applicant/Partner/Corporation/LLC LUCKYS MADISON LLC
2. Address of Licensed Premise 1421 REGENT ST, MADISON 53711
3. Telephone Number: 608-250-8989 4. Anticipated opening date: JANUARY 2010
5. Mailing address if not opening immediately 5625 COBBLESTONE LANE, WAUNAKEE 53597
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 NOT SURE, LEFT MESSAGE 11/19  
 Explain \_\_\_\_\_
8. Business Description, including hours of operation: 8:00 A.M - 2:00 A.M SUNDAY  
THRU THURSDAY, 9:00 A.M - 2:30 A.M. FRIDAY & SATURDAY
9. Do you plan to have live entertainment?  No  Yes—What kind? BANDS, D.J., KARAOKE
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.**  
2 STORY BRICK BUILDING, 1ST FLOOR: BAR ROOM, SEATING SECTIONS,  
DART BOARDS, REST ROOMS, BAR AREA, KITCHEN/GRILL, SOUP AREA,  
WALK-IN COOLER & OFFICE; BASEMENT: COOLER & STORAGE, OUTDOOR  
BEER GARDEN AREA FOR SPECIAL EVENTS PER CONDITIONAL USE PERMIT.
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. 13 STALLS MONITORED  
PERIODICALLY BY EMPLOYEES.
13. Describe your management experience, staffing levels, duties and employee training  
PRINCIPLE OWNER HAS BEEN INVOLVED WITH MANAGEMENT OVERSIGHT  
FOR THE PAST 5 YEARS. CUMULATIVE EXPERIENCE OF CURRENT MANAGEMENT  
TEAM IS IN EXCESS OF 30 YEARS
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  
RODNEY J. RIPLEY 5625 COBBLESTONE LANE, WAUNAKEE, WI 53597

Name

Address

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

SPORTS CROWD, STUDENTS, NEIGHBORS, AREA EMPLOYEES

16. What age range would you hope to attract to your establishment? 21-75 (PRIMARYLY 21-50)

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

RADIO, NEWSPAPER, E-MAIL, WEB SITE, MAILINGS

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

19 Owner of building where establishment is located: CAPITOL JFK, LLC

Address of Owner: 123 N. BLOUNT ST #604 Phone Number 608-712-4769  
MADISON, WI 53703

20. 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

N/A

21. List the Directors of your Corporation/LLC

RODNEY J. RIPLEY 5625 COBBLESTONE LN, WAUNAKEE, WI 53597  
Name Address

Name Address

Name Address

22. List the Stockholders of your Corporation/LLC

RODNEY J. RIPLEY 5625 COBBLESTONE LN, WAUNAKEE, WI 53597 20%  
Name Address % of Ownership

LUCKYS MADISON INVESTOR LLC " " 80%  
Name Address % of Ownership

Name Address % of Ownership

CURRENTLY OWNED 100% BY RIPLEY

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

Other Please Explain \_\_\_\_\_

24 What type of food will you be serving, if any? SANDWICHES, WRAPS, SALADS, SOUP, FRIED FOOD

Breakfast  Lunch  Dinner

↳ ONLY ON SPECIAL OCCASION

25. 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

26 During what hours of your operation do you plan to serve food? 9:00 A.M. - 12:30 A.M.

27. What hours, if any, will food service not be available? 12:30 A.M. - 2:30 A.M.
28. Indicate any other product/service offered DARTS, VIDEO GAME, JUKE BOX
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? 12  
During what hours do you anticipate they will be on duty? 10:00 A.M. - 10:00 P.M.
32. Do you plan to have hosts or hostesses seating customers?  Yes  No  
BUT ONLY WHEN REALLY BUSY
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? 25  
How many bartenders do you anticipate you would have working at one time on a busy night? 5
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? NIA CUSTOMERS CAN DRINK WITHOUT EATING AT TABLES
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?  
25%
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? 50% +  
What percentage of your advertising budget do you anticipate will be drink related? 25% -
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? 160

GAME DAY 160 INSIDE  
1204 OUTSIDE

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	66 %
Gross Receipts from Food and Non-Alcoholic Beverages	33 %
Gross Receipts from Other	1 %
<b>Total Gross Receipts</b>	<b>100%</b>

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 19TH day of Nov., 2009

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

  
(Clerk/Notary Public)

My commission expires 10/31/2010

Original Alcohol Beverage License Application  
Luckys Madison LLC  
DBA Lucky's Bar & Grille

9. Premises Description:

Main level: 2 bar areas, several seating areas, grill and food preparation area, office, kitchen, walk in cooler, dish cleaning area;

Basement: cooler & storage;

Outside: beer garden with serving areas, portable coolers, food preparation area approved under a Conditional Use Permit for limited events.

# Transfer of Ownership

(letter to surrender previous license)

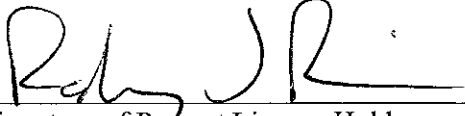
*To be filed with the City Clerk at the time a new application is submitted  
for a change of ownership for any liquor and/or beer establishment*

The CLASS B BEER & LIQUOR license for the premise located at  
Class of License  
1421 REGENT ST, MADISON will be relinquished upon the  
Street Address  
approval of the application and the issuance of the same type of license for the same  
premises to LUCKYS MADISON LLC  
License Applicant

There have been no convictions for violations during the current license year, nor are  
there any pending violations against the present licensee except as follows:

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Signature of Present License Holder

11/18/09  
Date

# Payment of Taxes on Liquor/Beer License Transfer

I, RODNEY J. RIPLEY, MEMBER, applicant for  
Name Title  
a liquor and/or beer license for the premise located at 1421 REGENT ST, MADISON, have  
Address  
read the provisions in the attached copy of Madison General Ordinance Section 9.01, and understand  
that payment of all personal property taxes, special assessments, room taxes, forfeitures and judgments  
must be paid before the Office of the City Clerk can issue said license

Rodney J. Ripley  
Signature of Applicant

11/19/09  
Date

Subscribed and sworn to before me this

19th day of November, 20 09

Lawrence  
Notary Public, Dane County, State of Wisconsin

My Commission Expires 10/31/2010



# Appointment of New Liquor/Beer Agent

## To be completed by Corporate Officer or Member of LLC

I, RODNEY J. RIPLEY, officer/member for LUCKYS MADISON LLC

(Corporation/LLC), doing business as LUCKY'S BAR & GRILLE, authorize and appoint

RODNEY J. RIPLEY (Name) as the liquor/beer agent for the premise

located at 1421 REGENT ST, MADISON

Subscribed and sworn to before me this

19th Day of NOV, 2009

La. Wautts

Notary Public, Dane County, Wisconsin

My Commission Expires 01/31/2010

Rodney J. Ripley  
Signature of Officer/Member

## To be completed by appointed Liquor/Beer Agent

I, RODNEY J. RIPLEY, appointed liquor/beer agent for  
LUCKYS MADISON 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 20% DIRECT

80% INDIRECT  
LUCKYS MADISON  
INVESTOR LLC

Subscribed and sworn to before me this

19th Day of NOV, 2009

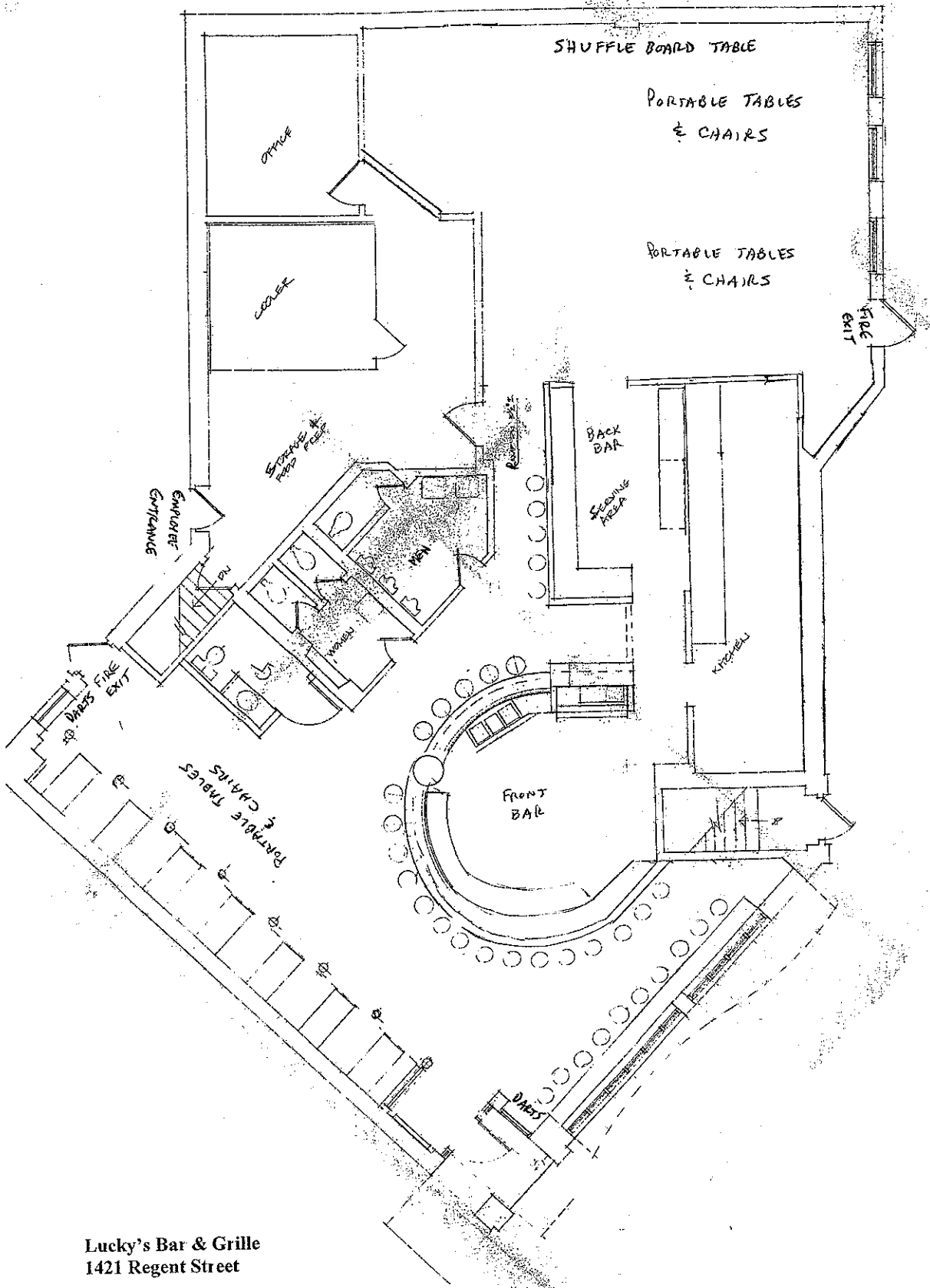
La. Wautts

Notary Public, Dane County, Wisconsin

My Commission Expires 01/31/2010

Rodney J. Ripley  
Signature of Agent

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



Lucky's Bar & Grille  
1421 Regent Street

Schematic Floor Plan  
(1/8" = 1')

Seating Capacity = 160  
Drawing as of 2006

NOTE: DRAWING AS OF  
2006 REPRESENTS THE  
CURRENT FLOOR PLAN,  
AND LUCKY'S MADISON LLC  
PLANS ON MAINTAINING THE  
FLOOR PLAN.