

26516

LIC LIB 2012 00358

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning July 1 20 12 ; ending JUNE 30 20 13

Applicant's Wisconsin Seller's Permit Number: 456-1027773937-02 Federal Employer Identification Number (FEIN): 45-628486 LICENSE REQUESTED TYPE FEE Class A beer \$ Class B beer \$ Class C wine \$ Class A liquor \$ Class B liquor \$ Reserve Class B liquor \$ Publication fee \$ TOTAL FEE \$

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): Kate GB 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.

President/Member Cathy G Burmeister Name Home Address 5144 Mickelson Rd Black Earth 53515 Vice President/Member Secretary/Member Treasurer/Member Agent Cathy G Burmeister Directors/Managers

3. Trade Name LAKESIDE ST COFFEE HOUSE Business Phone Number 608-441-7599 4. Address of Premises 402 W. Lakeside St. Post Office & Zip Code 53715

- 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.) Coffee house counter, storage basement, cooler

- 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? Brian Vanduwalle Lak
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. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? 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 29 day of May, 20 12 Jeane Peterson (Clerk/Notary Public) My commission expires 05.04.2014

Cathy G Burmeister (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)

Table with 4 columns: Date received and filed with municipal clerk, Date reported to council/board, Date provisional license issued, Signature of Clerk / Deputy Clerk. Row 2: Date license granted, Date license issued, License number issued.

AD-13- ELLINGSOM PO-306

# City of Madison Supplemental Class B License Application

<input checked="" type="checkbox"/> Seller's Permit Certificate (Entity must match the Articles of Incorporation) <input checked="" type="checkbox"/> Federal Employer Identification # <input type="checkbox"/> Notarized Original Application Form <input 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 type="checkbox"/> Notarized Transfer of Ownership <input type="checkbox"/> *Articles of Incorporation <input checked="" type="checkbox"/> *Notarized Appointment of Agent * Corporation/LLC only	<input checked="" type="checkbox"/> Floor Plans <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Sample Menu <input type="checkbox"/> Business Plan
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1. Name of Applicant/Partner/Corporation/LLC KATE GB, LLC  
 2. Address of Licensed Premise 402 W. Lakeside St.  
 3. Telephone Number: 608-441-7599 4. Anticipated opening date: existing business  
 5. Mailing address if not opening immediately \_\_\_\_\_

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  
 Explain. \_\_\_\_\_

8. Business Description, including hours of operation: Coffeehouse food service, with beer & wine. 7am - 7pm - till 9:30 when music 3-6/monthly

9. Do you plan to have live entertainment?  No  Yes—What kind? Acoustic, small groups.

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.**

Upstairs/ground floor counter = food prep, seating 50, - downstairs seating 20, back storage area = office, freezer & refrigeration. Side deck of main floor seating 12, 3425 sq. ft.

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. Street parking, small lot (5 cars) motion lights.

13. Describe your management experience, staffing levels, duties and employee training.  
Managed restaurants since 1981, staff of 5-8, counter service, 2 week training period.

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.

Cathy Burmeister 5144 Mickelson Rd. Black Earth WI 53515  
 Name Address

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

Neighborhood families, students, professionals.

16. What age range would you hope to attract to your establishment? 18 - 80

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

Web pg. Facebook, Sandwich or Soup of the day

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

19. Owner of building where establishment is located: Brian Vandewalle

Address of Owner: 4585 Bishops Ct. Middletown Wi Phone Number \_\_\_\_\_

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

21. List the Directors of your Corporation/LLC

Cathy G. Burneister 5144 Mickelson Rd. Black Earth Wi  
Name Address 53515

\_\_\_\_\_  
Name Address

\_\_\_\_\_  
Name Address

22. List the Stockholders of your Corporation/LLC

\_\_\_\_\_  
Name Address % of Ownership

\_\_\_\_\_  
Name Address % of Ownership

\_\_\_\_\_  
Name Address % of Ownership

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

Other Please Explain. Coffee House - The business is running the same  
no changes

24. What type of food will you be serving, if any? Casual Light Fare

Breakfast  Lunch  Dinner

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? 7am - 7pm

27. What hours, if any, will food service not be available? 8 pm - 9 pm
28. Indicate any other product/service offered. Arts & crafts,
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? N/A  
During what hours do you anticipate they will be on duty? N/A
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? \_\_\_\_\_  
How many bartenders do you anticipate you would have working at one time on a busy night? \_\_\_\_\_
34. Will there be a kitchen facility separate from the bar?  Yes  No <sup>NA</sup>
35. Will there be a separate and specific area for eating only?  Yes  No <sup>NA</sup>  
If yes, what will be the seating capacity for that area? \_\_\_\_\_
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?  
80%
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? \_\_\_\_\_  
What percentage of your advertising budget do you anticipate will be drink related? \_\_\_\_\_
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? 65-80

43. Pursuant to Chapter 38.02 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.

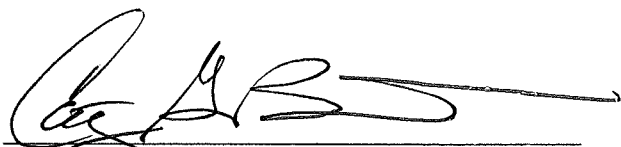
Gross Receipts from Alcoholic Beverages	10 %
Gross Receipts from Food and Non-Alcoholic Beverages	85 %
Gross Receipts from Other	5 %
<b>Total Gross Receipts</b>	<b>100%</b>

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 29 day of May, 2012

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

Jeane Peterson  
(Clerk/Notary Public)

My commission expires 05.04.2014



WISCONSIN DEPARTMENT OF REVENUE  
 PO BOX 8902  
 MADISON, WI 53708-8902

**State of Wisconsin • DEPARTMENT OF REVENUE**

REGISTRATION UNIT  
 2135 RIMROCK RD PO BOX 8902 MADISON, WI 53708-8902  
 PHONE: 608-266-2776 FAX: 608-264-6884  
 EMAIL: dorbusinessstax@revenue.wi.gov WEBSITE: www.revenue.wi.gov

Letter ID: L0899116064

KATE BURMEISTER  
 KATEGB LLC  
 402 W LAKESIDE ST  
 MADISON WI 53715



**State of Wisconsin • DEPARTMENT OF REVE**

Personal Wallet Copy

Seller's Permit: 456-1027773937-02  
 Expiration Date: May 31, 2014  
 Legal/Real Name: KATEGB LLC

Signature

**Wisconsin Business Tax Registration Certificate**

Expiration date: May 31, 2014  
 Legal/real name: KATEGB LLC

- This certificate confirms that you are registered with the Wisconsin Department of Revenue and authorized to engage in business activities for the tax types shown below.
- You may not transfer this certificate to any other individual or business.
- If your business is not operated from a fixed location, you must bring the wallet copy to all events.

Tax Type	Account Type	Number
Sales & Use Tax	Seller's Permit	456-1027773937-02
Withholding Tax	Withholding Tax	036-1027773937-04

# Appointment of New Liquor/Beer Agent

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

I, CATHY G. BURNEISTER, officer/member for Kate GB LLC  
(Corporation/LLC), doing business as Lakeside St. Coffee House, authorize and appoint  
Cathy G. Burneistr (Name) as the liquor/beer agent for the premise  
located at 402 W. Lakeside St. Madison

Subscribed and sworn to before me this

29 Day of May, 2012

Joanne Peterson  
Notary Public, Dane County, Wisconsin

My Commission Expires 05.04.2014



Signature of Officer/Member

## To be completed by appointed Liquor/Beer Agent

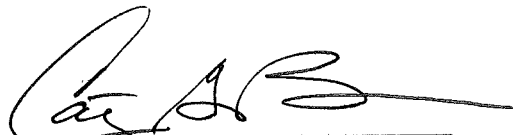
I, Cathy G. Burneistr, appointed liquor/beer agent for  
Kate GB LLC (name of Corporation or LLC), being first duly sworn  
say I have vested in me, by properly authorized and executed written delegation, full authority  
and control of the premise described in the license of such corporation or limited 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 100 %.

Subscribed and sworn to before me this

29 Day of May, 2012

Joanne Peterson  
Notary Public, Dane County, Wisconsin

My Commission Expires 05.04.2014



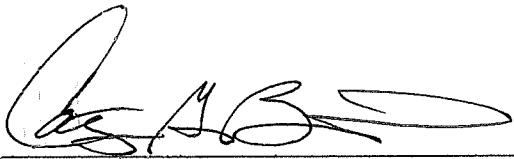
Signature of Agent

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

## Payment of Taxes on Liquor/Beer License Transfer

I, Cathy G. Burkmeister, Gen Mgr, applicant for  
Name Title  
a liquor and/or beer license for the premise located at 402 W. Lakeside St., 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.

  
Signature of Applicant

5-28-12  
Date

Subscribed and sworn to before me this

29 day of May, 2012

Jeanne Peterson  
Notary Public, Dane County, State of Wisconsin

My Commission Expires 05.04.2014



5-28-12

I have been the Gen. Mgr. of the Copper  
House for the past 3 years. I am now  
leasing the business under my own LLC.  
I have also been the liquor agent.

Nothing is changing in regard to how the  
business is functioning and operating.

Casey B

# Transfer of Ownership

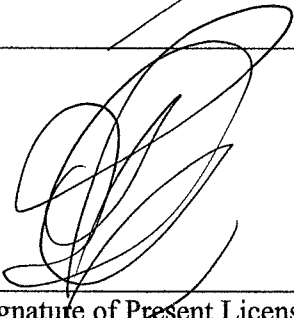
(letter to surrender previous license)

*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 license for the premise located at  
Class of License  
402 W. Lakeside St. 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 Cathy G. Burmeister.  
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:

\_\_\_\_\_  
\_\_\_\_\_

  
\_\_\_\_\_  
Signature of Present License Holder

5/29/02  
\_\_\_\_\_  
Date

## Breakfast

Served all day.

### **Toast** **3.65**

Two slices of one of toast served with your choice of fruit preserves.

- One slice is available for 1.95
- **Organic Yumbutter**
  - Straight Up Peanut **1.50**
  - Dark Chocolate Delish **1.65**

### **Yogurt Parfait** **3.95**

Organic vanilla yogurt, granola and fruit.

### **Quiche of the Day** **7.95**

Features local and seasonal vegetables baked in egg custard in a butter pastry. Served with green salad.

## Salad

### **Field and Fruit Salad** **8.95**

Fresh greens with slices of Wisconsin organic gala apples, dried cranberries, medium cheddar cheese, and walnuts with balsamic vinaigrette.

### **Side green salad** **4.00**

Fresh greens, with Sarvecchio parmesan cheese and vinaigrette.

### **Seasonal Salad Feature**

*Salads are served with a slice of bread.*

## Soup of the Day

Served with a slice of brick oven bread.

**Cup 3.00**

**Bowl 4.95**

## Fresh Bakery

From Heritage Bakery, family owned, here in Madison.

## Sandwiches

### **Coffee House Reuben** **9.95**

Pastrami, Doepler's baby swiss, Porchlight curtido and Thousand Island dressing.

### **Smoked Chicken & Cheddar** **9.50**

Pecatonica Valley Farm smoked chicken with our own cranberry cherry chutney, Vern's medium cheddar, mustard and mayonnaise.

### **Asian Peanut Tofu** **7.95**

A spicy blend of Yumbutter Asian peanut butter, tofu and broccoli slaw.

### **Organic Yum Butter** **4.95**

On your choice of bread with sliced apples or jam.

### **Butterkase & Pickled Peppers** **7.95**

A favorite of many—creamy Landhaus butterkase cheese with spicy pickled peppers.

### **Pepper Turkey** **8.25**

Sliced turkey with herb & olive cream cheese, lettuce.

### **Toasted Cheese** **5.95**

Your choice of two cheeses toasted in our oven on your choice of bread.

*All sandwiches are served with choice of side.*

## **Thursday Night Special**

**Flatbread Pizza  
With Two Side Salads  
\$15.**