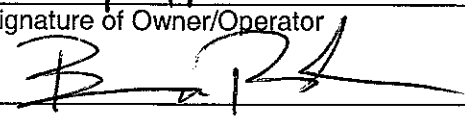


Application Date: 12/19/06

Proof of WI Seller's Permit No. _____

Name of Corporation, Limited Liability Company, Individual Owner, Private Club or Partner(s) <u>Circolo, LLC</u>		Liquor/Beer Agent <u>Benjamin Roberts</u>	
Mailing Address <u>6745 Phil Lewis Way</u>		Liquor/Beer Agent Address <u>6745 Phil Lewis Way</u>	
City/State/Zip Code <u>Middleton, WI 53562</u>		Liquor/Beer City/State/Zip Code <u>Middleton, WI 53562</u>	
Name of Registered Agent or General Partner <u>Benjamin Roberts</u>		Local Contact Person <u>Benjamin Roberts</u>	Phone Number <u>608 445-1676</u>
Trade Name <u>Circolo Espresso & Wine Bar</u>		Estimated Opening Date <u>1/29/07</u>	
Business Address <u>8410 Old Sank Rd</u>		Signature of Owner/Operator 	
Type of Business <input checked="" type="checkbox"/> Restaurant <input type="checkbox"/> Tavern <input type="checkbox"/> Grocery Store <input type="checkbox"/> Caterer <input type="checkbox"/> Cafeteria <input type="checkbox"/> Other _____			
Food and Drink License? Needed for: _____			
Private Club? <input type="checkbox"/> Yes <input type="checkbox"/> No			
License Description	Type	Fee	Number
<u>CLASS B COMBINATION</u>	<u>108</u>		
Pre-Inspection & License Fees Non-Refundable		TOTAL	\$

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

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk

For the license period beginning December 18 20 07 ;
ending _____ 20 _____

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

County of DANE Aldermanic Dist No _____ (if required by ordinance)

Applicant's Wisconsin Seller's Permit Number:	
Federal Employer Identification Number (FEIN): <u>20-8055799</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	\$
TOTAL FEE	\$

- 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): ▶ CIRCOLO, 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>MANAGING</u>	<u>BENJAMIN ROBERTS</u>	<u>6745 Phil Lewis Way</u>	<u>MIDDLETON WI 53562</u>
Vice President/Member		<u>CHRISTY ROBERTS</u>	<u>same as above</u>	
Secretary/Member				
Treasurer/Member				
Agent ▶		<u>Benjamin Roberts</u>		
Directors/Managers				

Sector 127 A Id 9 (Skidmore)

3 Trade Name ▶ CIRCOLO Business Phone Number 608-445-1676
4 Address of Premises ▶ 8410 Old Sauk Rd MIDDLETON WI Post Office & Zip Code ▶ 53562

- 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 12/18/06 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.) Dining room, kitchen, office

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

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 December, 2006

Melinda E. Barta
(Clerk/Notary Public)

My commission expires 7-13-08

[Signature]
(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>12/19/06</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

Register # 05309

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), the Madison Police Department, and the Alcohol Policy Coordinator.

- 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.
- Police Department District Captain _____ can be reached at _____.
- Alcohol Policy Coordinator Joel Plant can be reached at 264-9295.

1. 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
2. Are there any special conditions desired by the neighborhood? Yes No

Explain. _____

3. Name of Applicant/Partner/Corporation/LLC Circolo LLC

4. Telephone Number: 608 445 1676

5. Address of Licensed Premise 8410 Old Sauk Rd. MIDDLETON WI 53562

6. Anticipated opening date: Jan. 30, 2007

7. Mailing address if not opening immediately 6745 Phil Lewis Way 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:
 Open 6a.m - 11 p.m. Cafe serving food, coffee, beer, wine

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.**

no attached 1986 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. Building is owned & managed by Flad Development

13. Describe your management experience, staffing levels, duties and employee training.
 15 years restaurant management experience, up to 20 employees, one on one and on-the-job training.

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. BENJAMIN ROBERTS

Name

6745 Phil Lewis Way MIDDLETON WI 53562

Address

City

State

Zip

15. Excluding pre-packaged snacks, how late will food be served? 11 p.m.

16. What type of food will you be serving, if any? Wide variety of small plates

17. Indicate any other product/service offered: coffee, espresso, bakery, chocolate

18. Describe your target market. 25-70 year old people that eat & drink

19. What is your estimated capacity? 50

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

21. Owner of building where establishment is located: Flad Development

Address of Owner: 7941 Tree Ln Suite 105 Madison 53717 Phone Number

22. Individual or Partnership: Have individual/partners completed the Beverage Server Training Course? Yes No If Yes, indicate names: Ben ROBERTS, Maleah Moskoff

License cannot be issued until proof of Beverage Server Training completion is shown.

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

24. Corporation/LLC: Agent must disclose interest held in business: 100 %

25. Corporation/LLC: Has agent completed the Beverage Server Training Course? Yes No

License cannot be issued until proof of Beverage Server Training completion is shown.

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

Director(s) Name	Home Address

Stockholder's Name	Address	Extent of Ownership%

Manager's Name	Address	Business Phone	Home Phone
BEN ROBERTS	6745 Phil LEWIS WAY Middleton WI 53562	608-445-1676	608-831-6745

27. 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
28. 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	10 %
Percent Gross Receipts from Food	90 %
Percent Gross Receipts from Other	%
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.

29. What type of establishment are you? (Check all that apply) Tavern Restaurant Nightclub
 Other Please explain: _____

30. Will your establishment have a kitchen manager? Yes No

31. Will your establishment be a member of the Wisconsin Restaurant Association? Yes No

32. How many wait staff will be employed at the establishment? upto 20

33. What hours, if any, will food service not be available? —

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

yellow pages, periodicals, etc.

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 19th day of December, 2006

[Signature]
 (Clerk/Notary Public)

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

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

My commission expires MARCH 01, 2009

 (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.

EXHIBIT B, page 2
Premises Floor Plan
(Draft only – to be revised)

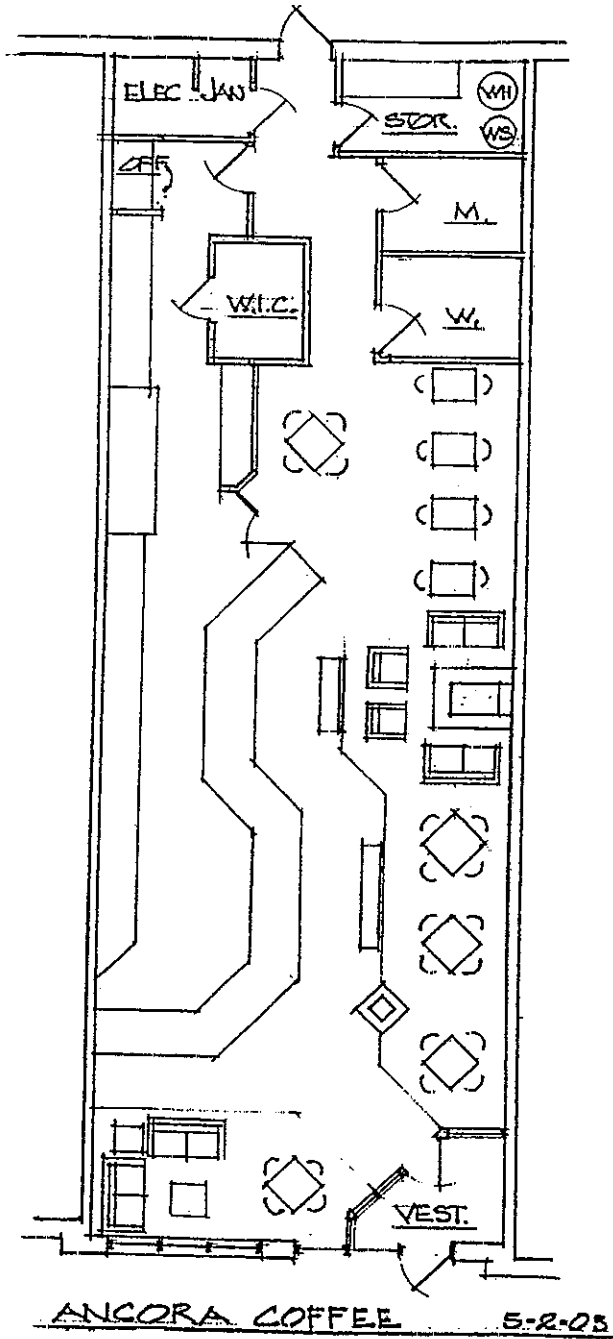


Exhibit B

Initial RH
GC
AT