

# ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning 20 ending June 30 20 13

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: <u>456-102788695-02</u>	
Federal Employer Identification Number (FEIN): <u>46-186-8024</u>	
LICENSE REQUESTED	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$
<b>TOTAL FEE</b>	\$

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): Mann 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>LAKHIVIR KAUR</u>	
Vice President/Member	<u>MEMBER</u>	<u>GURBAX KAUR</u>	
Secretary/Member			
Treasurer/Member			
Agent			
Directors/Managers			

3. Trade Name TRB Business Phone Number 608-848-2285

4. Address of Premises 6640 MINERAL POINT Rd Post Office & Zip Code 53705

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 \_\_\_\_\_ of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? MADISON OIL LLC  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.) Building will have storage room, cooler's liquor & beer will be stored there

10. Legal description (omit if street address is given above): 6640 Mineral Point Rd.

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. 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 28th day of January, 2013

Wendy E. Baith  
 (Clerk/Notary Public)

My commission expires 5/15/2016

Amrdeep Grewal  
 (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>1/28/2013</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>WQLIA-2013-00070</u>	

#29256

# City of Madison Supplemental Class A License Application

<input checked="" type="checkbox"/> Seller's Permit Certificate- (Entity must match Articles of Incorporation)	<input checked="" type="checkbox"/> Description of Licensed Premise	<input checked="" type="checkbox"/> Floor Plans
<input type="checkbox"/> Federal Employer Identification #	<input checked="" type="checkbox"/> *Notarized Appointment of Agent	<input checked="" type="checkbox"/> Lease
<input checked="" type="checkbox"/> Notarized Original Application Form	<input checked="" type="checkbox"/> Background Investigation Form(s)	<input type="checkbox"/> Sample Menu N/A
<input checked="" type="checkbox"/> Notarized Supplemental Form	<input type="checkbox"/> Notarized Transfer of Ownership	<input type="checkbox"/> Business Plan
<input type="checkbox"/> Orange Sign (Clerk's Office provides at time of application)	<input type="checkbox"/> *Articles of Incorporation	* Corporation/LLC only

1. Name of Applicant/Partner/Corporation/LLC LAKHVIR KAUR & Gurbax KAUR

2. Address of Licensed Premise 6640 MINERAL POINT ROAD, MADISON WI

3. Telephone Number: 608-692-6520 4. Anticipated opening date: MARCH 2018

5. Mailing address if not opening immediately 103 S. MAIN ST. VERONA, WI 53593

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. Alderperson Mr. Clear will set up meetings with Neighborhood Association

8. What type of establishment is contemplated?  Liquor Store  Grocery Store  
 Convenience Store - Gas Pumps Yes  No Other—Explain \_\_\_\_\_

9. Business Description: Stone will sell Micro Brewery Beer, SPIRITS, WINE, Tobacco Products, packaged food. Hours be 7 days a week 9AM-9PM

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.

Stone is located in Clock tower mall on 6640 Mineral Point Road Stone Size 1087 sq. ft, will have bathroom, Storage area. Beer will be stored in coolers, liquor will be on shelves or back in storage room.

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. Parking located in mall front of the Stone.

13. Describe your management experience, staffing levels, duties and employee training.

Currently own a liquor store in Verona WI, (Verona Liquor). Gurbox Kaur currently works at liquor store and HELP Mangems Family Gas Station on 3510 Fuller Ave, Madison

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.

LAKHVIR KAUR "MADISON OIL" WI LLC

Name Address

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

Local Neighborhood around Mineral Point area

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

Big sign in front of the store

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

18. Owner of building where establishment is located: Apex Property Management

Address of Owner: 1741 Commercial Ave Madison WI 53704 Phone Number 608-255-3753

19. 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

20. List the Directors of your Corporation/LLC

LAKHVIK KAUR Name Address

GURBAX KAUR Name Address

Name Address

21. List the Stockholders of your Corporation/LLC

NA Name Address % of Ownership

Name Address % of Ownership

Name Address % of Ownership

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:

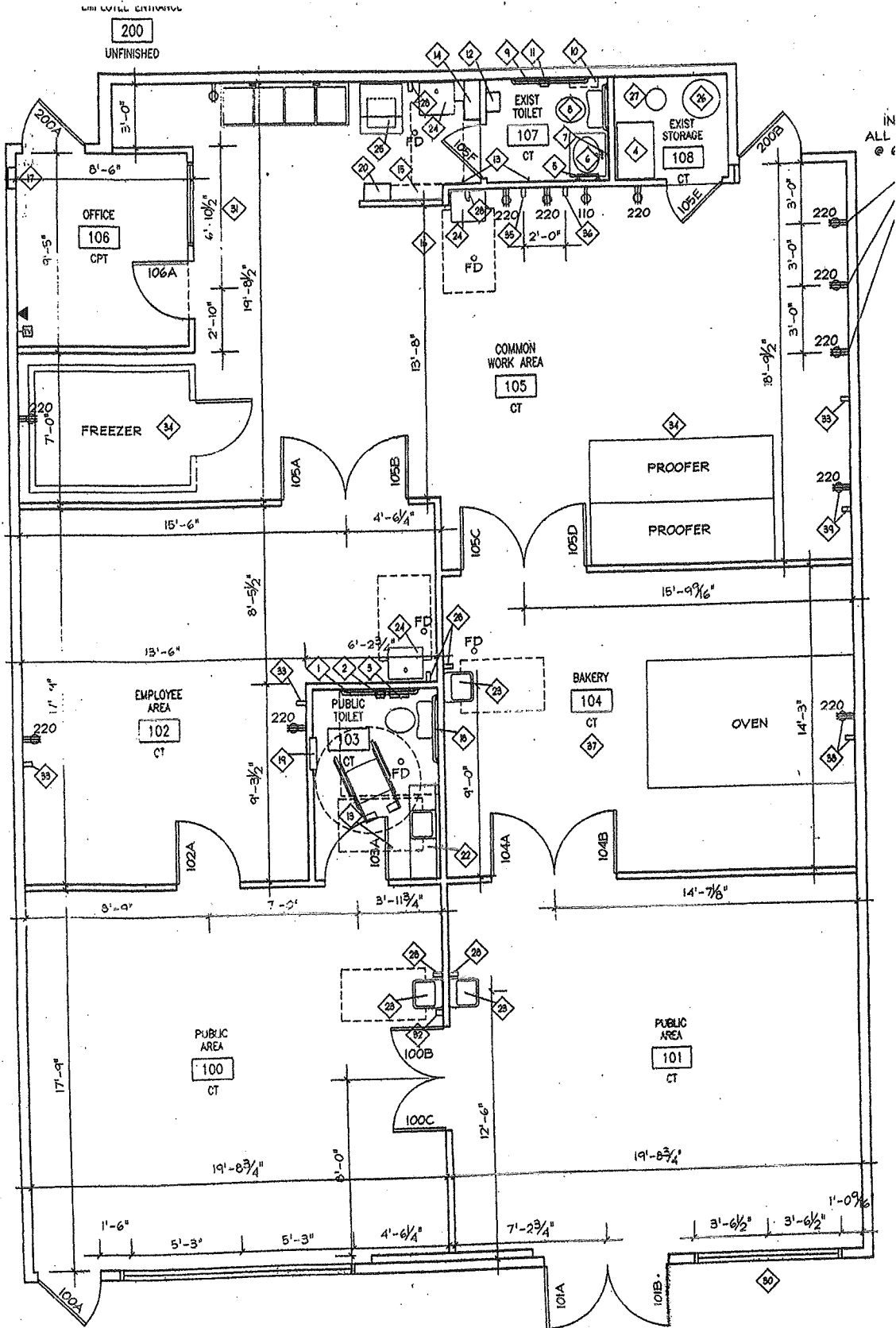
this 28th day of January, 2013

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

Mindy E. Banta (Clerk/Notary Public)

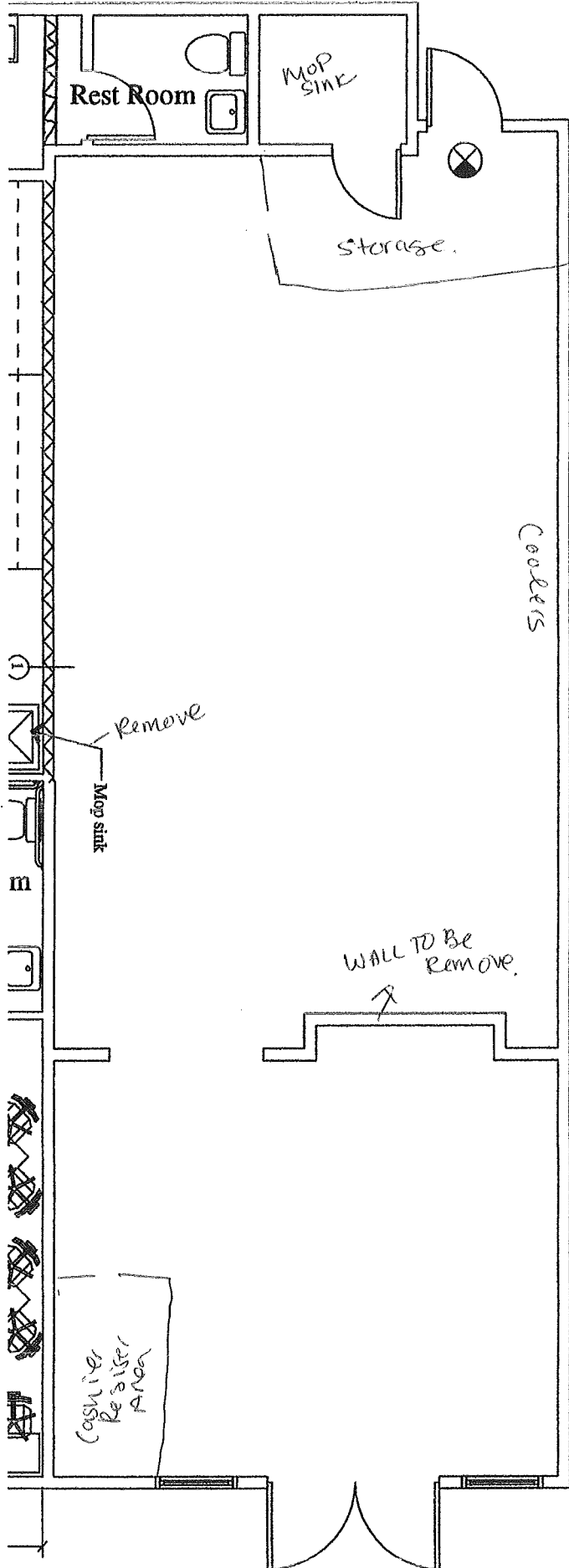
My commission expires 5-15-2018

# Building Floor Plan



NEW FLOOR PLAN

Liquor store space to be  
Floor Plan.



Jeffery Groenier, Architect  
830 S. Main Street  
Oregon, WI 53575  
608-835-3196

This document contains confidential or proprietary information of Concepts in Architecture, LLC. Neither

**C**  
**I**  
**n**

Proposed for: **Apex Property Management, Inc**

Address: 1741 Commercial Avenue  
Madison WI 53704

Project: **6640 Mineral Point Rd.**

Address: **Madison, WI**

Client: **Timberline A Co Co**

# Bussiness Summary

The property in interest is located in the City of Madison at 6640 Mineral Point Road in a shopping center “ Clock Tower ” and area of 1,087 square feet. This liquor store intends to sell beer, spirits, a wine selection, and a number of packaged goods that customers can take away at reasonable prices. The store will also sell some tobacco products, non-alcoholic beverages, ice and lottery ticket sales.

The store hours will be 7 days a week from 9Am- 9pm. This store will be managed by owner “Lakhvir Kaur, Madison oil LLC” and “Gurbax Kaur, Mann LLC”. We are also planning to hire 2 part time employee. This Liquor store will have 1 cash register and security cameras inside and outside the store, and we will have excellent customer service, and competitive prices.

**Experience:** I (Lakhvir Kaur) Own a Liquor store in Verona WI, since March 2012. I manage all aspects of business for example order store supplies, auditing, inventory control, some payroll, vendor contracts, and manage other employees. I understand all aspects of the business which are required for it to be a successful business. My business partner Gurbax Kaur, also work at “Verona Liquor” store and already have excellent skills to own her own store. We are very hard working and we strongly believe that we make a great success out of the venture.