

ORIGINAL

ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning July 1, 2008 ending June 30, 2009

TO THE GOVERNING BODY of the: [] Town of [] Village of [X] City of Madison

County of Dane Aldermanic Dist No n/a (if required by ordinance)

CHECK ONE [] Individual [] Partnership [] Limited Liability Company [X] Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code Wal-Mart Stores East, LP 702 SW 8th St Bentonville, AR 72716-0500

B Full Name of Corporation/Nonprofit Organization/Limited Liability Company

Address of Corporation/Limited Liability Company (if different from licensed premises)

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title Name (Inc Middle Name) Home Address Post Office & Zip Code President/Member See Attached officer listing

Vice President/Member

Secretary/Member

Treasurer/Member

Agent Paggly Wilson W2451 Gillette Rd Dalton, WI 53926

Directors/Managers See Attached

C. 1 Trade Name Wal-Mart Store #2335 Business Phone Number 608-241-8808

2 Address of Premises 4198 Nakoosa Trail Post Office & Zip Code Madison, WI 53714

3 Is agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? [X] Yes [] No

4 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) One room, one story building approx 133444 sqft

5 Legal description (omit if street address is given above): on file Backroom, by Registers

6 a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any municipality? If yes, complete reverse side [X] Yes [] No

b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side [] Yes [X] No

7 Except for questions 6a and 6b have there been any changes in the answers to the questions as submitted by you on your last application for this license? [] Yes [X] No If yes, explain.

8 Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? [X] Yes [] No If not, explain.

9 Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] [X] Yes [] No

10 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 [X] No

11 Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? [] Yes [X] 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.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 8 day of May, 2008

July Sudaan (Clerk/Notary Public)

My commission expires 4/9/2017

Lori Cottrell

Assistant Secretary

Michelle McCall Assistant Sec (Official Capacity/Member/Manager of Limited Liability Company/Partner/Individual) Director 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

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

10658

**City of Madison
Liquor and/or Beer Original Supplemental Form**

Office Use Only	
<input checked="" type="checkbox"/> Seller's Permit Number	<input type="checkbox"/> Lease
<input checked="" type="checkbox"/> Federal Employer Identification Number	<input type="checkbox"/> Notarized Transfer of Ownership Letter
<input checked="" type="checkbox"/> Notarized Original Application Form (AT-106)	<input checked="" type="checkbox"/> *Schedule of Appointment of Agent (AT-104)
<input checked="" type="checkbox"/> Notarized Supplemental Form	<input checked="" type="checkbox"/> *Notarized Agent Appointment/Acceptance Form
<input checked="" type="checkbox"/> Description of Licensed Premise	<input type="checkbox"/> *Articles of Incorporation/ Organization
<input checked="" type="checkbox"/> Notarized Auxiliary Questionnaire(s) (AT-103)	<input type="checkbox"/> Sample Menu, if possible
<input type="checkbox"/> Background Investigation Form(s) <i>Need copies of FDLs</i>	<input type="checkbox"/> Business Plan, if one exists
<input type="checkbox"/> Floor Plans	<input type="checkbox"/> * 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 Wal-Mart Stores East, LP DBA: Store #2335
4. Telephone Number: 608-241-8808
5. Address of Licensed Premise 4198 Nakoosa Trail Madison, WI 53714
6. Anticipated opening date: Open since 1997
7. Mailing address if not opening immediately 702 SW 8th ST Bentonville, AR 72716-0500

8. What type of establishment is contemplated? Tavern Nightclub Restaurant
 Liquor Store Grocery Store Convenience Store – Gas Pumps Yes No
 Other Please explain Retail Discount Merchandiser

9 Business Description including hours of operation and if entertainment is part of your venue, what type:
Open 6am to 11pm

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.**
Sold by registers 15 and 16.

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 South and West exits
Nakoosha Trail. Monitored with Cameras.

13. Describe your management experience, staffing levels, duties and employee training
One year store manager, 8 managers

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. Peggy Wilson

Name

Address

City

State

Zip

15. Excluding pre-packaged snacks, how late will food be served? N/A

16. What type of food will you be serving, if any? N/A

17. Indicate any other product/service offered: Retail Store

18. Describe your target market. _____

19. What is your estimated capacity? 133444 sqft
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: Wal-Mart Stores East, LP
 Address of Owner: 702 SW 8th St Bentonville, AR Phone Number 479-204-8709
72716-0500
22. Individual or Partnership: Have individual/partners completed the Beverage Server Training Course? Yes No If Yes, indicate names: _____
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: _____ %
25. Corporation/LLC: Has agent completed the Beverage Server Training Course? Yes No
 Sauk County
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
See Attached	

Stockholder's Name	Address	Extent of Ownership%

Manager's Name	Address	Business Phone	Home Phone
Peggy Wilson	W2451 Gillette Rd Dalton, WI	608-241-8808	920-394-3620

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	%
Percent Gross Receipts from Food	%
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: Retail Discount Merchandiser

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? _____

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?

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 6 day of May, 2008

J. Kelly Sandlan
(Clerk/Notary Public)

My commission expires 4/9/2011

Lori Cottrell
Assistant Secretary

Lori Cottrell
(Officer of Corporation/Member/Manager of LLC/Partner/Individual)
Michelle McCall
(Officer of Corporation/Member/Manager of LLC/Partner/Individual)

(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.

Cigarette/
Tobacco B
ulpen

wine
8 ft

Warm Beer..
12 ft

Cig/Tob
16 ft

095	0050	0	2.0	Mkrs
095	0077	0	4.0	Water
085	0085	0	2.0	DSD Soft Drink
095	0177	0	2.0	Jug Water
096	0013	0	2.0	Warm Beer
096	0030	0	2.0	Liquor