

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Applicant's Wisconsin Seller's Permit Number:	004-0000322069-01
Federal Employer Identification Number (FEIN):	36-1314080
LICENSE REQUESTED	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Wholesale 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	\$
TOTAL FEE	\$

For the license period beginning _____ 20____ ;
ending _____ 20____

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): Kelley Williamson Company

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>See Attached</u>		
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent			
Directors/Managers			

3 Trade Name Kelley Market Business Phone Number Not yet available
4 Address of Premises 901 S Gammon Rd Post Office & Zip Code Madison, WI 53719

- 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 Illinois and date 2/9/24 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.) 3,000 Sq ft Convenience Store Sold at Retail Only walk in cooler approx 550 sq ft Reach-in

- 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 10 day of April
Deana Watts
(Clerk/Notary Public)
My commission expires 5/9/10

20 OFFICIAL SEAL John E. Guffin President
DEANA WATTS (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
NOTARY PUBLIC - STATE OF WISCONSIN (Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
MY COMMISSION EXPIRES: 05/09/10
Asst. Secretary

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>04/10/07</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>77573</u>	

Aldor SARBORN
POLICE Sector 115

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

Office Use Only

- | | |
|--|---|
| <input type="checkbox"/> Seller's Permit Number | <input type="checkbox"/> Lease |
| <input type="checkbox"/> Federal Employer Identification Number | <input type="checkbox"/> Notarized Transfer of Ownership Letter |
| <input type="checkbox"/> Notarized Original Application Form (AT-106) | <input type="checkbox"/> *Schedule of Appointment of Agent (AT-104) |
| <input type="checkbox"/> Notarized Supplemental Form | <input type="checkbox"/> *Notarized Agent Appointment/Acceptance Form |
| <input type="checkbox"/> Description of Licensed Premise | <input type="checkbox"/> *Articles of Incorporation/ Organization |
| <input type="checkbox"/> Notarized Auxiliary Questionnaire(s) (AT-103) | <input type="checkbox"/> Sample Menu, if possible |
| <input type="checkbox"/> Background Investigation Form(s) | <input type="checkbox"/> Business Plan, if one exists |
| <input type="checkbox"/> Floor Plans | * 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 Jed Sanborn 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 Kelley Williamson Company
4. Telephone Number: (815) 397-9410
5. Address of Licensed Premise 901 S Gammon Rd Madison WI 53719
6. Anticipated opening date: 5/1/07
7. Mailing address if not opening immediately 1132 Harrison Ave Rockford IL 61104

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:
Retail gasoline & Convenience store

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.**

3000 Sq ft Convenience Store Sold at retail only
approx 550 Sq ft reach in/walk in cooler

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. _____
12 parking stalls, Security Cameras

13. Describe your management experience, staffing levels, duties and employee training.
See Attached alcohol/tobacco policies

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. John C Griffin

Name _____
9145 Meadowsweet Dr. Belvidere IL 61008
 Address City State Zip

15. Excluding pre-packaged snacks, how late will food be served? N/A 24 hours

16. What type of food will you be serving, if any? Hot dogs, donuts, bakery items, grab & go items

17. Indicate any other product/service offered: ATM, Phone Cards

18. Describe your target market. Consumers w/in a 2 to 3 mi Radius & commuters traveling in the area.

19. What is your estimated capacity? N/A

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 Capitol One Real Estate, LLC
Address of Owner: 1626 Oak St Lacrosse WI 54603 Phone Number 608-731-1588

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: 0 %

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
See Attached	

Stockholder's Name	Address	Extent of Ownership%
See Attached		

Manager's Name	Address	Business Phone	Home Phone
Suzanne Dorsey Sterling	2998 Fidelity Rd Deerfield WI 53531	(815) 397-9410	(815) 509-4648 cell

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	1.6	%
Percent Gross Receipts from Food	3.3	%
Percent Gross Receipts from Other	95.10	%
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 gasoline / convenience store

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

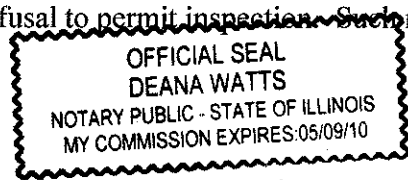
31. Will your establishment be a member of the Wisconsin Restaurant Association? Yes No

32. How many wait staff will be employed at the establishment? N/A

33. What hours, if any, will food service not be available? N/A

34. Describe how you plan to advertise/promote your business. What products will you be advertising?
Radio, newspaper, Billboard - Coffee, beer, Soda Specials

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 10 day of April, 2007

Deana Watts
 (Clerk/Notary Public)

John C. Guffin, President
 (Officer of Corporation/Member/Manager of LLC/Partner/Individual)

Kim Demme, Asst Secretary
 (Officer of Corporation/Member/Manager of LLC/Partner/Individual)

My commission expires 5/9/10

(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.



FDA TOBACCO CARDING: EMPLOYEE COMPLIANCE FORM

WE DO NOT CONDONE THE SALE OF CIGARETTES & SMOKELESS TOBACCO TO MINORS!!

Kelley Williamson employees are solely responsible for verifying the age of the customer who is trying to purchase cigarettes, lighters or smokeless tobacco products.

1. **The legal age to purchase tobacco is 18.**
2. **The FDA requires that anyone under the age of 27 attempting to purchase cigarettes, lighters or smokeless tobacco is to be carded. This also applies to pipe tobacco, chewing tobacco, and cigars.** Violations will be sent to the FDA who will issue a warning letter or fine. This will trigger additional sting operations. The FDA has the authority to impose fines up to \$15,000. There will be no fines or penalties to the minor.
3. The ID must include photo and date of birth.
4. Community activists, anti-tobacco groups and parents will be watchdogs in enforcing the regulations.

YOUR RESPONSIBILITIES ARE TO:

- a. **You must card anyone who looks under 40 -- to be safe.**
- b. If a customer objects, explain that this is the law and you will be fined and lose your job if you do not abide by the law.
- c. If any anti-tobacco groups, community activists, parent groups, etc., enter the store, call a manager immediately. Do not answer any questions. If they are handing out leaflets, accept them and give them directly to management.
- d. Always be polite, courteous, and professional. We do not expect you to engage in any discussions or arguments. Management will deal with this.

FAILURE TO MEET THESE RESPONSIBILITIES WILL RESULT IN SUSPENSION UP TO AND INCLUDING TERMINATION FOR A FIRST OFFENSE.

Carding and proofing are not new to our company. We have an excellent record regarding underage tobacco purchases, and we are committed to handling this equally well.

I HAVE READ, UNDERSTAND AND AGREE TO FOLLOW THE ABOVE POLICY.

SIGNATURES:

Employee

Date

Manager

Date

IF YOU ARE IN DOUBT WHETHER OR NOT TO MAKE A SALE -- YOU ARE BETTER OFF NOT MAKING THE SALE. KELLEY WILLIAMSON WILL BACK YOU IN THIS DECISION.



ALCOHOL SALES POLICY

KELLEY WILLIAMSON COMPANY DOES NOT CONDONE THE SALE OF ALCOHOL TO MINORS!!

Kelley Williamson cooperates fully with local law enforcement agencies and expects the same from all employees.

Kelley Williamson employees are solely responsible for verifying the age of the customer who is trying to purchase alcohol. This verification must be done **before** the merchandise is scanned

To ensure that we abide by the law, **all** customers who do not appear to be 40 years of age **MUST** show proof of their age in order to buy alcohol.

If an employee sells to an under-age customer, or if they violate any other liquor statute (such as selling after closing), the employee shall be responsible for their own bail, fines, and any court costs they might incur. The employee will also be immediately suspended pending investigation of the incident. If the employee is found to have sold alcohol in violation, they will be disciplined up to and including termination for this offense.

MANY LOCAL GOVERNMENT AGENCIES ARE TRYING TO ENTICE EMPLOYEES INTO SELLING LIQUOR TO MINORS. PLEASE BE AWARE OF THIS AND TAKE EXTRA CARE IN SELLING LIQUOR.

I HAVE READ, UNDERSTAND AND AGREE TO FOLLOW THE ABOVE POLICY.

SIGNATURES:

Sales Associate

Date

Manager

Date

IF YOU ARE IN DOUBT WHETHER OR NOT TO MAKE A SALE -- YOU ARE BETTER OFF NOT MAKING THE SALE. KELLEY WILLIAMSON WILL BACK YOU IN THIS DECISION.

Liquor/Beer Agent Authorization

I, John C Griffin, officer/member for Kelley Williamson Co.

(Corporation/LLC), doing business as Gammon Rd Mdsu, authorize and appoint

Ronald M Trachtenberg (Name) as the liquor/beer agent for the premise

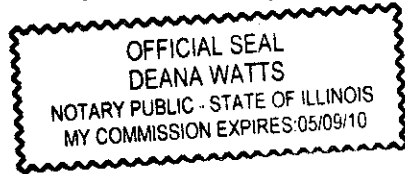
located at 901 S Gammon Rd Madison, WI

Subscribed and sworn to before me this

10 Day of April, 2007

Deana Watts
Notary Public, Dane County, Wisconsin
My Commission Expires 5/9/10

John C. Griffin, President
Signature of Officer/Member



Acceptance of Liquor/Beer Agent Appointment

I, Ronald M Trachtenberg, appointed liquor/beer agent for
Kelley Williamson Co. (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

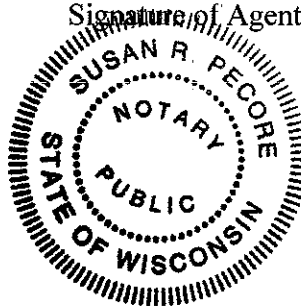
liquor/fermented malt beverage. The interest I have in the business is 0 %, Attly for Construction

Subscribed and sworn to before me this

12th Day of April, 2007

Susan R Pecore
Notary Public, Dane County, Wisconsin
My Commission Expires 10/25/09

Ronald M Trachtenberg
Signature of Agent





THE BOARD OF PROFESSIONAL STANDARDS FOR THE ILLINOIS
 JUDICIAL BRANCH, COURT OF JUDICIAL ADMINISTRATION
 REPORT FORM FOR PENDING BY THE BOARD OF STANDARDS
 DATE _____

Not eligible for license
 Only for extension

Number of years _____

REASON _____



Board Type _____
 Not for _____
 Extension _____
 Date _____

CERTIFICATE OF EXTENSION

License expires four (4) years from
 expiration date on the face of license.

Jesse White
 Illinois Secretary of State

Wisconsin Liquor Stores

#44	E WASHINGTON MOBIL 3859 E WASHINGTON MADISON WI 53704 608-244-3236	#75	WATTS RD MOBIL 8230 WATTS RD MADISON WI 53719 (608)8291186	#55	SPRINGFIELD MOBIL 6859 COUNTY TRUNK HWY K MIDDLETON WI 53562 (608)831-2675
#47	FISH HATCHERY RD MOBIL 2956 FISH HATCHERY ROAD MADISON WI 53713 608-274-7228	#76	WESTPORT MOBIL 5418 N BLUEBILL PARK DR WESTPORT WI 53597 (608)242-0526		
#48	W WASHINGTON MOBIL 636 W WASHINGTON MADISON WI 53715 608-441-8475	#77	ABERG AVE MOBIL 2601 SHOPKO DRIVE MADISON WI 53704 (608)244-8226		
#74	OLD SAUK MOBIL 33 JUNCTION COURT MADISON WI 53717 608-827-6697	#78	COLONIAL MOBIL 101 E VERONA AVE VERONA WI 53593 (608)848-5661		
#53	MIDDLETON MOBIL 8613 UNIVERSITY GREEN MIDDLETON WI 53562 608-829-3990	#63	SUN PRAIRIE MOBIL 1010 DAVISON DRIVE SUN PRAIRIE WI 53590 608-825-8250		