| ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION | | | | Seller's Permit | Applicant's Wisconsin Seller's Permit Number: Federal Employer Identification Number (FEIN): LICENSE REQUESTED | | | | |
|---|--|--|--|---|---|---|---------------------------------------|--------------------|--------------------------|
| Submit to municipal clerk | | | | | | | | | |
| For the license period beginning 20 ; ending 20 20 09 | | | | | | | | | |
| | end | dingJUNE | 30 20 (| 29 | | TYPE | | | FEE |
| | | • | | | Class A | | | \$ | |
| | THE COVERNING BOD | Town of | Madison | | 🔀 Class I | 3 beer | | \$ | |
| 10 | THE GOVERNING BOD | Y of the: Village of | IVIAUISOII | | — X. Wholes | ale beer | | \$ | |
| | | ☑ City of | | | Class 0 | Cwine | | \$ | |
| Соп | inty of Dane | Aldermanic Dist | No 19 (fr | equired by ordinan | ce) Class | \ liguor | | \$ | |
| | | | | equitor by ordinar | Class E | 3 liquor | | \$ | |
| 1 | The named INDIVIDU | AL PARTNERSHIP | | ABILITY COMPANY | | e Class B liquo | · · · · · · · · · · · · · · · · · · · | \$ | |
| • | | ATION/NONPROFIT ORGANIZA | | | | blication fee | | \$ | |
| | i | the alcohol beverage license(s) | | | TOTAL | FEE | | \$ | |
| 2. | Name (individual/partners giv | ve last name, first, middle; corpo | | lity companies give | registered name): | > | | | |
| | R & T Enterprises, | | | | | | | | |
| | partnership, and by each of liability company. List the r | e," Form AT-103, must be com flicer, director and agent of a c name, title, and place of resident Title | ce of each person. Name | profit organization | , and by each me ome Address | mber/manager a Post | ind ag | ent of & Zip | a limited Code |
| | President/Member Memb | per Tom Y | | 8250 W. Ĥ | | Mequon | | _ 53 | |
| | Vice President/Member \underline{M} | ember Ron N | <i>Mellantine</i> | 100 Lynnw | ood Lane | Brookfield | WI | <u>_53</u> (| 005 |
| | Secretary/Member | | | | | | | | |
| | Treasurer/Member | | | · · | | | | | |
| | Agent > | Richa | rd E. Becker | 3621 Turni | ng Leaf Dr | Madison | W | I 53 | 3719 |
| | Directors/Managers | | | | | | | | |
| 3. | Trade Name J.T. Whi | tney's Pub & Brewery | | Busines | s Phone Number | 608-274-1 | 776 | | |
| 4. | Address of Premises 5 67 | 4 S. Whintey Way | | Post Of | fice & Zio Code 🕨 | Madison, | WI | 537 | 111 |
| 5. | Is individual, partners or age | nt of corporation/limited liability o | company subject to | completion of the re | esponsible beveraç | je server | | | □ No |
| 6. | | or agent of, or acting on behalf o | | | | | | | ✓ No |
| 7. | | rage retail licensee or wholesale | | | | | | | ✓ No |
| 8. | (a) Perperate/limited liabili | ity company applicants only: | Income ototo Wis | CONSID and a | vi vi una puanteaa Iata | of registration | ш, | .63 | IX) NU |
| O. | - · · · | ny company appheants omy. Imited liability company a subsid | | | | | | /00 | ✓ No |
| | | any officer, director, stockholder | | | | | ا ليا ا | 65 | (X) MO |
| | | any other alcohol beverage lice | | | | | 7 | 100 | C No. |
| | | r any other alcohol beverage lice In fully on reverse side of this fort | | | | | [V] | 69 | ☐ No |
| | • | • | - | | • | | | | |
| 9 | all rooms including living qua | be building or buildings where al irters, if used, for the sales, servi on the premises described) So | ice, and/or storage | of alcohol beverage | ored. The applicant is and records. (Al | cohol beverages | | · | |
| 10 | Legal description (omit if stre | et address is given above): | | | | | | | |
| 11. | (a) Was this premises licens | ed for the sale of liquor or beer (| during the past lice | nse year? | 1 10 - 1 | | . 🗹 Y | /es | 🔲 No |
| | (b) If yes, under what name | was license issued? | | | | | | | |
| 12. | Does the applicant understar before beginning business? | nd they must file a Special Occup [phone 1-800-937-8864] | | (TTB form 5630 5) | | | . [/] \ | /es | ☐ No |
| 13. | | nd a Wisconsin Seller's Permit m | | | | | | | |
| | Section 2, above? [phone (60 | 08) 266-2776] | | | | | √ | /es | No |
| 14. | Is the applicant indebted to a | ny wholesaler beyond 15 days t | or beer o <mark>r 30</mark> days | for liquor? | | | . 🔲 Y | /es | ☑ No |
| of the (Indiv | e signers. Signers agree to operal ridual applicants and each membe | IG: Under penalty provided by law th te this business according to law an er of a partnership applicant must sig ing inspection will be deemed a refu | d that the rights and on; corporate officer(: | responsibilities confer ;), members/managers | red by the license(s), of Limited Liability C | if granted, will not ompanies must sig | be ass n) Any | igned t lack of | to another faccess to |
| | SCRIBED AND SWORN TO E | | | <u> </u> | | フ | | | |
| this | 24th day of TV | Wich .: | 20 <u>09</u> | tra | 71 / | - | | | |
| Nu | Uly I Pleaner | (Mary I. Hin | ner) | | on/Member/Manager of | | | | ndividual) |
| Му с | ommission expires 06 28 | (Notary Public) 3/3009 Walle Co | | | n/Member/Manager of)/Member/Manager of L | • | | - | |
| TO P | E COMPLETED BY CLERK | vuie 40 | my (i) | (4) | | | | | |
| Date | received and filed | Date reported to council/board | Date provisional li | cense issued | Signature of Clerk / De | puty Clerk | | | |
| | nunicipal clerk | | | | | | | | |
| Date | license granted | Date license issued | License number is | sued | I | | | | J |

City of Madison Supplemental Class B License Application Description of Licensed Premise *Notarized Appointment of Agent Seller's Permit Number Floor Plans Federal Employer Identification Lease ☐ Background Investigation Form(s) Number Sample Menu Notarized Original Application Form ☐ Business Plan * Corporation/LLC only Notarized Supplemental Form ☐ *Articles of Incorporation 1. Name of Applicant/Partner/Corporation/LLC RAT Enterprises, L.L.C. Address of Licensed Premise 674 S. Whitney Way, Madison, WI 53711 608-274-1776 4. Anticipated opening date: April 16, 2009 Telephone Number: Go Richard E Becker 5. Mailing address if not opening immediately Ratenterprises, LLC, 3621 Turning Leaf Dr. Madison, WI 53711 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: ?lease see Attachments | | | | |
| 9. | Do you plan to have live entertainment? \(\subseteq \text{No } \subseteq \text{Yes-What kind?} \) \(\subseteq \sub | | | | |
| 10 | Detailed <u>written</u> 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. | | | | |
| | Please sec affichments | | | | |
| | 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. Please see attackments. | | | | |
| 13 | Describe your management experience, staffing levels, duties and employee training. | | | | |

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.

Richard E Becker 3621 TurningLeaf Dr., Madison, WI 53719

Name Address

| 27. What hours, if any, will food service not be available? Full menu available until 10pm |
|--|
| 28. Indicate any other product/service offered. Mugs an +-stirds and other branding items. |
| 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? 2 |
| During what hours do you anticipate they will be on duty? Mon-Sat 10:30 - 1200 am Sun 9:30 - 1200 am |
| 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?35 |
| 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 |
| 35. Will there be a separate and specific area for eating only? (Yes) No |
| If yes, what will be the seating capacity for that area? 200 |
| 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? 46% |
| 39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? 75%, |
| What percentage of your advertising budget do you anticipate will be drink related? 25% |
| |
| 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 |
| |

| | Prolossional People between the ages of 25 to 55 that live in the surrounding neighborhoods |
|-----|---|
| 16 | What age range would you hope to attract to your establishment? 25-55 |
| | Describe how you plan to advertise/promote your business. What products will you be advertising? Primarily Word of Month, Web Page, Targefed Mailings Wer will be advertising Food a Hand Croffed Ales. Are you operating under a lease or franchise agreement? Yes (attach a copy) No |
| 19 | Owner of building where establishment is located: J. Herzog a Sons, Inc |
| | dress of Owner: 1720 S. Bellqire St., Ste 1209, Denver, CO 80222 Phone Number 303-757-8811 |
| 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 |
| 21. | List the Directors of your Corporation/LLC |
| | Tom Volke 8250 W. Holly Rd, Mequon, WI 53097 Name Address Ron Mellantine 100 Lynnwood Lane Brookfield, WI 53005 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 |
| | What type of establishment are you? (Check all that apply) Tavern Nightclub Restaurant Other Please Explain Brewpub |
| 24 | |
| | Other Please Explain Brewpub What type of food will you be serving, if any? American Pub Fare Breakfast Lunch Dinner |
| | Other Please Explain Brewpub What type of food will you be serving, if any? American Pub Fare Breakfast Lunch Dinner Sunday only 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 |
| 25 | Other Please Explain Brewpub What type of food will you be serving, if any? American Pub Fare Breakfast Lunch Dinner Sunday only 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 |
| 25 | Other Please Explain Brewpub What type of food will you be serving, if any? American Pub Fare Breakfast Lunch Dinner Sunday only 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 |

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

- 42. What is your estimated capacity? 410 Occupancy Limit Established per State Building Code.
- 43. 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.

| Gross Receipts from Alcoholic Beverages | 35 % | |
|--|------|--|
| Gross Receipts from Food and Non-Alcoholic Beverages | 65 % | |
| Gross Receipts from Other | 5 % | |
| Total Gross Receipts | 100% | |

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 $\frac{244}{2009}$ day of March, 2009 | Officer of Corporation/Member of LLC/Partner/Individual) |
|--|--|
| Maly I Alexa Mary I Hinner (Clerk/Notary Public) | |
| My commission expires <u>06/28/2009</u> Wake County/Wi | |

- 8. J.T. Whitney's Pub & Brewery is a full service restaurant with an attached brewery. We will be serving lunch and dinner seven days a week. J.T. Whitney's will also be serving breakfast on Sunday morning. Our hours of operation for customer service will be from 11 am to 2 pm Monday through Saturday and 9 am to 2 pm Sundays. The brewery will be in operation when necessary to produce the beer required for sale at the Pub and a limited amount of distribution. Distribution will be in the form of Growlers, and Kegs.
- 10. J.T. Whitney's Pub & Brewery is a stand alone building located at 674 South Whitney Way, Madison, WI within the Westgate Shopping Mall. The building is 10960 square feet. The max capacity of the Brewpub is 410 people per the building code. The bar areas seats approximately 40 people. The shelving behind the bar is the primary area that alcohol is stored. There is a limited amount along the rail of the bar that is out of reach of customers. Any excess is stored in a small 2nd story storage room in locked cabinets. The main dining area seats approximately 200 people and consists of booths along the walls and tables and chairs in the middle area. The banquet room seats approximately 60 people and consists of tables and chairs. Around the bar area a bar tables and booths along the east wall by the Brewery.
- 12. J.T. Whitney's is within the Westgate Shopping Mall, west side of Whitney Way, and we share parking with the other tenants. There is a 40 car parking lot located in the front, north side, of J.T. Whitney's that is separated by dividers. There is also parking along the west side of the building. There is a main thurofare on the west side of the building. There are dividers on the west side of the thurofare that separate it form the shared parking area of the mall. There are numerous lights throughout the parking lot. The mall has a private security company to monitor the parking lot. We do escort individual customers to there cars if they request us to. Male employees will also escort female employees to there cars after dark.
- 13. Richard E. Becker will be the General Manager/Brewmaster. He has been with J.T. Whitney's Pub & Brewery since shortly after opening in November 1995. He has managed the Brewery the entire time and has been the Assistant Manager of the Pub for the last year. Josh Pyrne, the Kitchen Manager, who is very familiar with accounting principle and knowledgeable in the operation of QuickBooks, will assist Richard. He has managed the kitchen with 12 employees for the last 2 years. Josh also manages the Banquet and Catering portion of the business. Josh will be setting J.T. Whitney's Pub & Brewery up on QuickBooks for greater control of all aspects of the business including

payroll, accounts receivable, and accounts payable. Chris Phillips will be the Assistant Manager. He has been with J.T. Whitney's for the past 8 years and is currently the Bar Manager. Chris will be in charge of personnel hiring and scheduling for both the 20 wait and support staff and the 10 bartenders. He will also be responsible for managing the various special events, such as bands, and customer appreciation programs, such as our Mug Club. J.T. Whitney's will also have a Wait Staff supervisor who will be responsible for assisting the Wait Staff in understanding their tasks. All of the above mentioned managers are responsible for the training of personnel on a continuous basis. Understanding of our products, which include not only our menu but also our hand crafted ales, and services will be imperative for our success. We need to be better that the other brewpubs in the area in order to retain our current customer base, but to increase our market share.

Appointment of New Liquor/Beer Agent

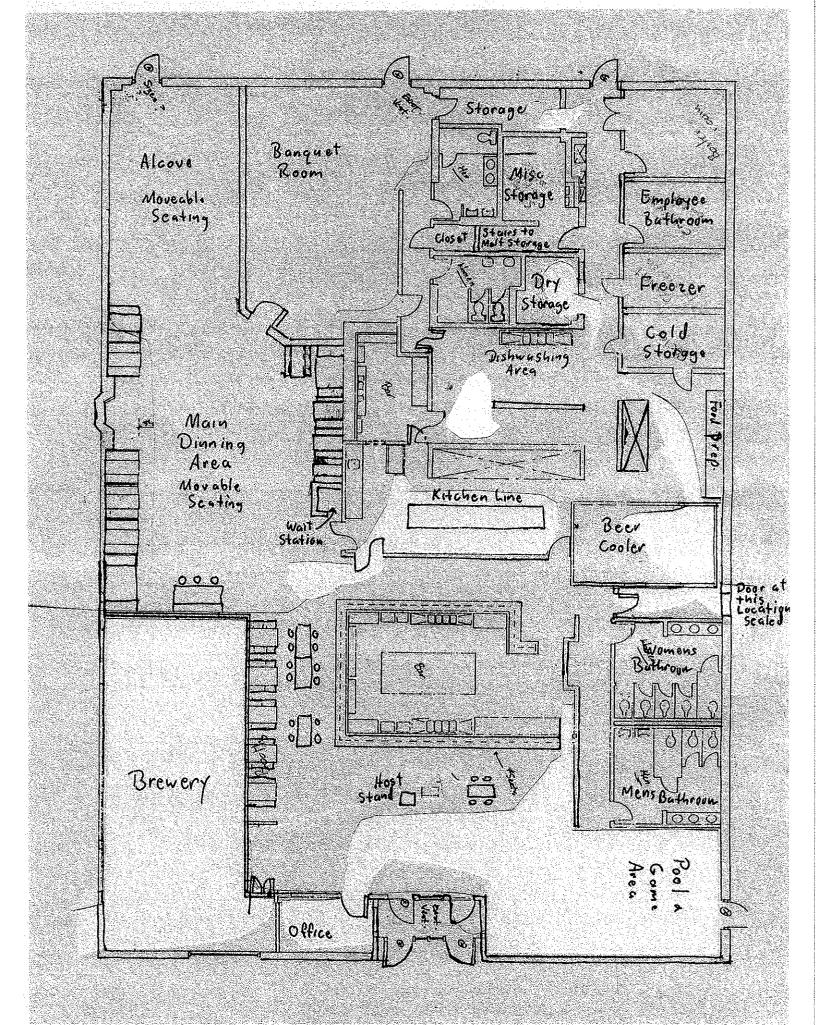
| To be completed by Corporate Officer or Member of LLC |
|--|
| I, THOMAS C. VOLKE, officer/member for R & T ENTERPRISES LLC |
| (Corporation/LLC), doing business as I T WHITNEY'S authorize and appoint |
| RICHARD BECKER (Name) as the liquor/beer agent for the premise |
| located at 674 S. WHITNEY WAY |
| Subscribed and sworn to before me this 21/2h Day of March 20 00 Notary Public, Dane County Wisconsing My Commission Expires 8/7/11 |
| The state of the s |
| To be completed by appointed Liquor/Beer Agent |
| |
| I,, appointed liquor/beer agent for |
| I,, appointed liquor/beer agent for (name of Corporation or LLC), being first duly sworn |
| |
| (name of Corporation or LLC), being first duly sworn |
| (name of Corporation or LLC), being first duly sworn say I have vested in me, by properly authorized and executed written delegation, full authority |
| (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 |
| (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 |
| (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 |
| (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%. Subscribed and sworn to before me this |
| (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% |
| (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%. Subscribed and sworn to before me this% Signature of Agent |
| (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%. Subscribed and sworn to before me this Signature of Agent |

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

Appointment of New Liquor/Beer Agent

| I,, office | er/member for | | |
|--|--|--|--|
| (Corporation/LLC), doing business as | , authorize and appoint | | |
| (N | ame) as the liquor/beer agent for the premise | | |
| located at | · | | |
| Subscribed and sworn to before me this | Signature of Officer/Member | | |
| Notary Public, Dane County, Wisconsin | | | |
| My Commission Expires | | | |
| To be completed by appointed Liquor/Be | er Agent | | |
| I, Richard E. Becker | , appointed liquor/beer agent for | | |
| ROT Enterprises, L.L.C. (name | | | |
| say I have vested in me, by properly authorized a | and executed written delegation, full authority | | |
| and control of the premise described in the license of such corporation or limited liability | | | |
| and control of the premise described in the licens | • | | |
| and control of the premise described in the licens company, and I am involved in the actual conductions | e of such corporation or limited liability | | |
| - | te of such corporation or limited liability | | |
| company, and I am involved in the actual conduc | et of the business as an employee, or have a nsee, therein relating to the intoxicating | | |
| company, and I am involved in the actual conduction direct financial interest in the business of the lice | et of the business as an employee, or have a nsee, therein relating to the intoxicating | | |
| company, and I am involved in the actual conduct direct financial interest in the business of the lice liquor/fermented malt beverage. The interest I has Subscribed and sworn to before me this | et of the business as an employee, or have a nsee, therein relating to the intoxicating | | |
| company, and I am involved in the actual conduction direct financial interest in the business of the lice liquor/fermented malt beverage. The interest I has | the of such corporation or limited liability of the business as an employee, or have a consee, therein relating to the intoxicating to the business is | | |

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



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 of License | license for the premise located at |
|---|---|
| 674 S. Whitney Way, Madison, | will be relinquished upon the |
| approval of the application and the issuance | of the same type of license for the same |
| premises to R +T Enterprises, LLC License Applicant | <u></u> . |
| There have been no convictions for violation | ns during the current license year, nor are |
| there any pending violations against the pres | sent licensee except as follows: |
| None | |
| | |
| Signature of Present License Holder | 3/24/09 Date |
| Signature of Freschi License Holder | Date |