

**APPLICATION FOR TRANSFER OF LICENSES FOR SALE OF FERMENTED MALT BEVERAGES
AND/OR INTOXICATING LIQUOR FROM ONE PREMISES TO ANOTHER**

MADISON, Wisconsin
1/20, 2009

To the governing body of the (City) (Village) (Town) of MADISON
County of DANE Wisconsin.

The undersigned hereby applies for a transfer of Class B license from
2827 AINWOOD AV. MADISON, WI 53704 (present location) to 2425 AINWOOD AV. MADISON, WI 53704 (proposed location)
on or about 4/1/2009 (date)

1. APPLICANT: (print name and address plainly)

- (a) Full name of applicant TERESA PULLARA- OUABEL
- (b) Address 1621 MAYFIELD LN. MADISON, WI 53704

2. LOCATION AND DESCRIPTION OF PREMISES TO WHICH APPLICATION FOR TRANSFER IS MADE:
Describe building or buildings where alcohol beverages are to be sold, served and stored.

- (a) Street number 2425 AINWOOD AV
- (b) Trade name of establishment BUNKY'S LLC, BUNKY'S CAFE
- (c) Physical description of building, buildings and/or land area comprising licensed premises.
BUILDING IS 2 STORY BRICK, BASEMENT WILL HOUSE SPECIAL EVENTS, MAIN FLOOR WILL BE CAFE, WINE BEER WILL BE STORED IN A LOCKED CLOSET
- (d) Legal description (omit if street address is given above.) _____

(e) Is any other business conducted on same premises? Yes No If so, what? _____

(f) Was this location licensed for beer or liquor during the past year? Yes No

(g) Give name and address of previous licensee. NA

(h) Will the previous licensee surrender its license? Yes No

ALL APPLICANTS FOR TRANSFER OF CLASS B LICENSES MUST ANSWER THE FOLLOWING:

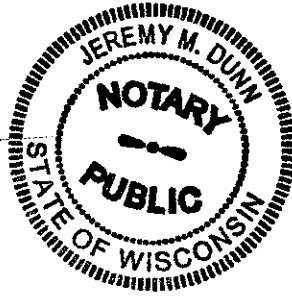
- 3. If granted, state any interest, directly or indirectly, that any brewer, bottler, wholesaler, manufacturer, or rectifier will hold in the premises for which you are applying
NONE
- 4. If you do not own the fixtures, state the manner, terms and conditions under which said fixtures are held
WE OWN FIXTURES

Jeremy M. Dunn
 (Signature)

State of Wisconsin }
 County of } ss

(I) (We), Jeremy M. Dunn and _____
 being first duly sworn on oath says that (he/she is) (they are) the person(s) above named and that the answers to the questions in each instance are complete and true.

Subscribed and sworn to before me this
21st day of January, 2009
Jeremy M. Dunn
 Notary Public, Dane County, Wis.
 My Commission Expires 9-16-2017



CLASS OF BUSINESS

Name BUNKY'S
 Original Location 2827 ATWOOD AVE
 Ward _____
 Proposed Location 2425 ATWOOD AVE
 Ward _____
 License No. 68077 ; 67684
 Treasurer's Receipt No. _____
 Filed 1-23-09
 Submitted to Council or Board
2-18-09
 Approved _____ Date _____
 Denied _____ Date _____

City of Madison Supplemental Class B License Application

<input checked="" type="checkbox"/> Seller's Permit Number <input checked="" type="checkbox"/> Federal Employer Identification Number <input checked="" type="checkbox"/> Notarized Original Application Form <input checked="" type="checkbox"/> Notarized Supplemental Form	<input type="checkbox"/> Description of Licensed Premise <input type="checkbox"/> *Notarized Appointment of Agent <input type="checkbox"/> Background Investigation Form(s) <input type="checkbox"/> Notarized Transfer of Ownership <input type="checkbox"/> *Articles of Incorporation	<input type="checkbox"/> Floor Plans <input checked="" type="checkbox"/> Lease <input checked="" type="checkbox"/> Sample Menu <input checked="" type="checkbox"/> Business Plan * Corporation/LLC only
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1. Name of Applicant/Partner/Corporation/LLC TERESA PULLARA-OUABEL-BUNKY'S LLC
2. Address of Licensed Premise 2425 ARLWOOD AVE, MADISON, WI 53704
3. Telephone Number: 608-204-7004 4. Anticipated opening date: APRIL 1, 2009
5. Mailing address if not opening immediately 1621 MAYFIELD LN, MADISON, WI 53704
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: CAFE - 80 SEATS -
TUES-THURS (11-2)(5-9) FRI - (11-2)(5-10) SAT (11-10) SUN(5-9)
MONDAY - CLOSED

9. Do you plan to have live entertainment? No Yes—What kind? WE WILL CONTINUE TO HAVE A BELLY DANCER EVERY OTHER FRIDAY - 1 HOUR

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.**

OUR NEW BUILDING IS SOLID BRICK, TWO STORIES. THE MAIN FLOOR WILL HOUSE BUNKY'S OUR SEATING CAPACITY AS NOTED ABOVE WILL BE THE SAME. WE WILL NOT HAVE A BAR, ALL ALCOHOL WILL BE STORED IN A LOCKED CLOSET. THE DINING ROOM - KITCHEN WILL BE 3000 SQ FT. SEATING ARRANGEMENTS WILL BE SIMILAR. 19 TABLES

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. WE WILL BE ADDING A PARKING LOT IN THE SPRING - 7 STALLS - 1 HC

13. Describe your management experience, staffing levels, duties and employee training.
I HAVE OWNED - OPERATED BUNKY'S FOR THE PAST

FIVE YEARS, I HAVE ONE FULL-TIME MANAGER (DAYS) WE TRAIN NEW EMPLOYEES TOGETHER. MY HUSBAND MANAGES KITCHEN

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.
TERESA PULLARA-OUABEL - 1621 MAYFIELD LN - MADISON WI 53704

Name _____ Address _____

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

50% NEIGHBORHOOD - 30% MADISON - 20% OUT OF TOWN

16. What age range would you hope to attract to your establishment? 2-90!
BECAUSE OF OUR LARGE "GLUTEN FREE" WE SERVE ALL AGES

17. Describe how you plan to advertise/promote your business. What products will you be advertising?
WE HAVE NEVER ADVERTISED, NOT EVEN A YELLOW PAGE AD!
WORD OF MOUTH, NEIGHBORHOOD FUNDRAISERS,

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

19. Owner of building where establishment is located: TERESA PULLARA OUABEL | RACHID OUABEL

Address of Owner: 1621 MAYFIELD LN. Phone Number 347-6690
- WE WILL LIVE UPSAIRS - IN THE FALL 778-6664

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 No

21. List the Directors of your Corporation/LLC

TERESA PULLARA - OUABEL - 1621 MAYFIELD LN, MADISON WI 53704

RACHID OUABEL - 1621 MAYFIELD LN, - MADISON, WI 53704

22. List the Stockholders of your Corporation/LLC

Name Address % of Ownership
11 11 100%

Name Address % of Ownership
11 11 100%

Name Address % of Ownership

23. What type of establishment are you? (Check all that apply) Tavern Nightclub Restaurant

Other Please Explain _____

24. What type of food will you be serving, if any? _____

Breakfast Lunch Dinner

25. 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

26. During what hours of your operation do you plan to serve food? ALL HOURS WE ARE OPEN, WE WILL SERVE FOOD

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

28. Indicate any other product/service offered. CATERING

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? 12
During what hours do you anticipate they will be on duty? ALL OPEN HOURS

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? N/A

How many bartenders do you anticipate you would have working at one time on a busy night? N/A

34. Will there be a kitchen facility separate from the bar? Yes No N/A

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? 80

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?
30%

39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? 10%
What percentage of your advertising budget do you anticipate will be drink related? N/A

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

42. What is your estimated capacity? 80

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	25 %
Gross Receipts from Food and Non-Alcoholic Beverages	50 %
Gross Receipts from Other	25 %
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:

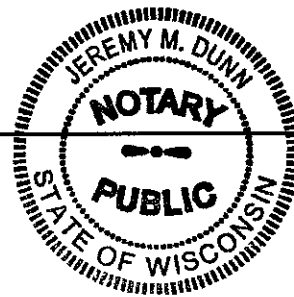
this 21st day of January, 2009

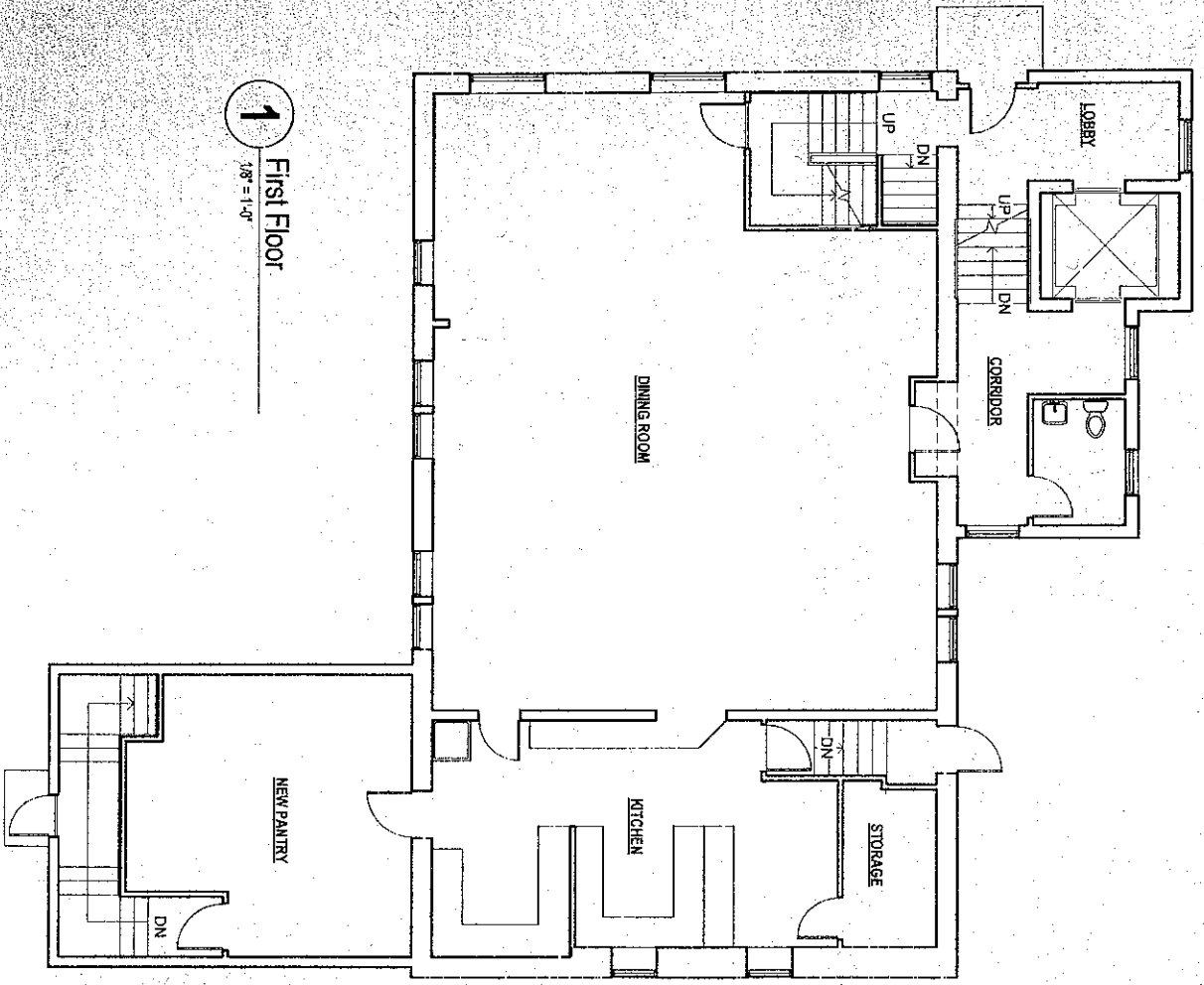
Gene Sullivan

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

[Signature]
(Clerk/Notary Public)

My commission expires 9-16-2012





1 First Floor
 1/8" = 1'-0"

BUNKY'S CAFE

2425 ATWOOD AVENUE MADISON, WISCONSIN



eppstein urban : architects
 817238
 73653071
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