

Liquor/Beer License Application

City of Madison Clerk 210 MLK Jr Blvd, Room 103

(Agenda Item Num	ber)
(Legistar file numbe	er)
10418,202	500945
(License number)	
16	620
(Alder District #)	(Police Sector)
	Jse Only

	ss A: DBeer, DLiquor, DCider ss B: Beer, DLiquor, DClass CWine	210 MLK Jr Blvd, Room 103 Madison, WI 53703 licensing@cityofmadison.com 608-266-4601	Office Use Only		
Sec 1.	ction A – Applicant List the name of your 🏻 Sole I	Proprietor, Partnership, Copility Company exactly as it appe	ears on your State Seller's		
2.	Trade Name (doing business a	s) <u>Sleep Inn/MainStay</u>			
3.	Address to be licensed 4802 Tradewinds Pkwy, Madison, WI. 53718				
4.	Mailing address 4802 Tradewinds Pkwy, Madison, WI. 53718				
5.	Anticipated opening date				
6. Is the applicant an employee or agent of, or acting of behalf of anyone except the ap named in question 1?					
	No 🗖 Yes (explain)				
7.	Does another alcohol beverage business? No Yes (e licensee or wholesale permitee explain)	have interest in this		
Sec	tion B—Premises				

8. Describe in words the building or buildings where alcohol beverages are to be sold and stored. Include all rooms including living quarters, if used, and any outdoor seating used for the sales, service, and/or storage of alcohol beverages and receipts. Alcohol beverages may be sold and stored only on the premises as approved by Common Council and described on license.

Our Sleep Inn/MainStay is a 157 room hotel located on the southeast corner of Madison. The only are used for sales is our lobby and common breakfast room.

All purchases must be made at our front desk. There is a small paths over

Next of our breakfast Room.

9.	Applicants for on-pr	remises consumption of	nly. Estimated	. ,	s and employees):
	Indoor: 40	Outdoor	:	\$ 15	
10.	Describe existing pa	arking and how parking	lot is to be n	nonitored.	
	Our beverages w	vill only be available	for sale to o	ur in house gues	sts.
11.	Was this premises I	icensed for the sale of	liquor or beer	during the past li	cense year?
	No 🗆 Yes, lic	ense issued to			(name of licensee)
This		e Information orporations, nonprofit o s and partnerships, ski			lity Companies
12.	Name of liquor licer	nse agent <u>Bhavin Pat</u>	el		
13.	City, state in which	agent resides Oregor	n, WI		
14.	. How long has the agent continuously resided in the State of Wisconsin? 20 years				
15.	. Has the liquor license agent completed the responsible beverage server training course?				
	☐ No, but will complete prior to ALRC meeting				
16.	State and date of re	egistration of corporation	on, nonprofit	organization, or LL	_C.
	Wisconsin/July 2	023			
17.	In the table below li	ist the directors of you	r corporation	or the members o	f your LLC.
		ind check forms for each			1
	Title Member	Name Bhavin Patel		tate of Residence	1
	Member	Jagdish Patel	Oregon, Waunake		-
	Member	Hitendra Patel	Janesvill		-
]
18.	notice or demand re	r your corporation or L equired or permitted by e as your liquor agent.	law to be se	_	•
	Bhavin Patel	***************************************			
19.	Is applicant a subsid	diary of any other corp	oration or LLC)?	
	✓ No □ Yes (ex	(plain)			
20.	Does the corporation, any officer, any director, any stockholder, liquor agent, LLC, any member, or any manager hold any interest in any other alcohol beverage license or permit in Wisconsin?				
	✓ No ☐ Yes (ex	rplain)			

Section D—Business Plan 21. What type of establishment is contemplated? ☐ Tavern ☐ Nightclub ☐ Restaurant ☐ Liquor Store ☐ Grocery Store							
	☐ Convenie	nce Store wit	hout gas pur	nps 🏻 Conv	enience Store	e with gas pu	mps
	Other <u>H</u>	otel					
22.	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? \square No \square Yes						
23.	Hours of ope	ration: please	e enter openi	ng and closing	times in the t	cable below.	
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	-	-	-	-	-	-	-
	(Class B on	ly) Enter belo	w any hours	when food ser	vice will not b	e available,	if applicable
		-	-	-	-	-	-
This (con 24.	is section E—Consumption on Premises is section applies to Class B and Class C applicants only. Class A license applicants onsumption off premises) may skip to Section F. Indicate any other product/service offered. All restaurants and taverns serving alcohol must substantiate their gross receipts for food and alcohol beverage sales broken down by percentage. (Note: Non-alcoholic drinks are classified as "Food.") New establishments estimate percentages:						
20	You may be i	required to s	ubmit docum	ent the percent entation verifyi	ng the percer	ntages indica	
26.	Do you plan	to have live e	entertainmen	t? ✔ No □	Yes—what k	ind?	
	•			music (except : ntertainment L	•	, a DJ, or a d	designated
	ection F—Required Contacts and Filings 7. I understand that liquor/beer license renewal applications are due April 15 of every year, regardless of when license was initially granted. No Yes						
28.	. I understand that I am required to host an information session at least one week before the ALRC meeting. \Box No $\mbox{ \ \ }\mbox{ \ \ \ }\mbox{ \ \ \ }\mbox{ \ \ }\m$						
29.				this location to sion. 🗖 No 🤞		pplication an	d to invite

30.	I agree to contact the Police Department District Captain for this location prior to the ALRC meeting. \square No \checkmark Yes
31.	I agree to contact the Deputy Clerk prior to the ALRC meeting. \square No $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$
32.	I agree to contact the neighborhood association representative prior to the ALRC meeting. $\hfill\square$ No \hfill Yes
33.	I intend to operate under the alcohol license within 180 days of the Common Council granting this license. The license shall be considered surrendered if not issued within 180 days of being granted. ☐ No ¥ Yes
34.	I understand we must file a Special Occupational Tax return (TTB form 5630.5) before beginning business. [phone 1-800-937-8864] \square No \checkmark Yes
35.	I understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in question 1, above. [phone 608-266-2776] \square No \checkmark Yes
36.	Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? No \square Yes
Sec	ction G—Information for Clerk's Office
37.	This application is for the license period ending June 30, 20 <u>26</u> .
38.	State Seller's Permit <u>4 5 6 - 1 0 3 1 4 4 9 5 5 5 - 0 2</u>
39.	Federal Employer Identification Number 93-2125698
40.	Who may we contact between 8 a.m. and 4:30 p.m. regarding this license?
	Contact person Bhavin Patel
	Business phone 608-695-8450 Business e-mail address BobPatel@branchhotelmanaç ment.com
	Preferred language <u>English</u>
	If needed, a qualified interpreter can be provided at no charge to you. Would you like an interpreter? ☐ Yes (language:)
	No (If you answer no and you do require an interpreter, the ALRC will refer your application to a subsequent meeting and this may delay your application process)
	Si usted requiere o necesita un/a intérprete, nosotros podemos proveer un/a intérprete sin costo alguno. ¿Le gustaría tener un/a intérprete? ☐ Sí, lenguaje:
	□ No. Si usted escoge "no" en la solicitud/aplicación, y usted sí requiere un/a intérprete, el comité remitirá su solicitud para una nueva junta y esto puede atrasar el proceso de su solicitud.
41.	Corporate attorney, if applicable: Name
	Phone F-mail

	y noon of the third Monday (fourth, if the Clerk's off eeding months Alcohol License Review Committee. ms:	
lacksquare Member background investigation form	ness Tax Registration Certificate), Appointment as, Articles of Incorporation (if Corp/LLC), Floral Sample Menu (if applying for Class B license)	
If required items are missing, the application of the control of t	on will not be considered complete and will not be a No exceptions are made.	accepted by the Clerk's
been truthfully completed to the best of the to law, and that the rights and responsibility	enalty provided by law, the applicant states that the e knowledge of the signer. Signer agrees to operate ties conferred by the license(s), if granted, will not a remises during inspection will be deemed a refusal t is for revocation of this license.	e the business according be assigned to another.
Penalty for materially false application info on this application may be required to forfe	rmation: Any person who knowingly provides materelet not more than \$1,000. 11/14/2024	rially false information
(Officer of Corporation/Member of LLC/Partner/		
Clerk's Office checklist for complete	applications	
WI Seller's Permit Certificate (matching articles of incorporation) FEIN	☐ Background investigation form(s) ☐ Form for surrender of previous license ☐ *Articles of Incorporation ☐ *Appointment of Agent	☐ Floor Plans☐ Lease☐ Business Plan☐ **Sample Menu
☑ Written description of premises	* Corporation/LLC only	** Class B only
Upon Application Submission, the	Clerk's Office issued to the application:	
☑ Orange sign ☐ Orange busines		
	e in the City of Madison" brochure with contac	t information
Date complete application filed with Clerk		
	Pate license granted by Common Council	
Date provisional issued D		