

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

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): Tempest LLC

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>President</u>	<u>Henry Doane</u>	<u>523 E Verhanna Madison WI</u>	<u>53703</u>
Vice President/Member				
Secretary/Member				
Treasurer/Member				
Agent		<u>Henry Doane</u>		
Directors/Managers				

3. Trade Name Tempest oyster Bar Business Phone Number 608 952-7523
4. Address of Premises 120 E Wilson Madison WI Post Office & Zip Code 53703

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 WI and date _____ 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.) Main Dining Room, Bar Room, Liquor Storage/Basement

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? Magnus
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 18 day of March, 20 11

Wendy E Banta
(Clerk/Notary Public)

My commission expires 5/20/2014

[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

(Officer 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

Date received and filed with municipal clerk <u>3-18-11</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

456-1027195515-02

Applicant's Wisconsin Seller's Permit Number:	
Federal Employer Identification Number (FEIN): <u>27-4619933</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Wholesale beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$
TOTAL FEE	\$

City of Madison Supplemental Class B License Application

<input type="checkbox"/> Seller's Permit Number <input checked="" type="checkbox"/> Federal Employer Identification # <input type="checkbox"/> Notarized Original Application Form <input type="checkbox"/> Notarized Supplemental Form <input type="checkbox"/> Orange Sign (Clerk's Office provides at time of application)	<input checked="" type="checkbox"/> Written Description of Premise <input checked="" type="checkbox"/> Background Investigation Form(s) <input checked="" type="checkbox"/> Notarized Transfer of Ownership <input checked="" type="checkbox"/> *Articles of Incorporation <input type="checkbox"/> *Notarized Appointment of Agent <small>* Corporation/LLC only</small>	<input checked="" type="checkbox"/> Floor Plans <input checked="" type="checkbox"/> Lease <input checked="" type="checkbox"/> Sample Menu <input checked="" type="checkbox"/> Business Plan
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1. Name of Applicant/Partner/Corporation/LLC Tempest LLC

2. Address of Licensed Premise 120 E Wilson Madison WI 53703

3. Telephone Number: 608 852-7523 4. Anticipated opening date: April

5. Mailing address if not opening immediately 523 E. Gorham Madison WI 53703

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: 5pm to 1pm

9. Do you plan to have live entertainment? No Yes—What kind? _____

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.**

Main Dining Room 35'-20' Small Dining Room 20'-20' Bar Room
50'-20' Front Salon 25'-20' out Door Patio 290 SF / Basement 500
Capacity 220 Sqft

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. on street and
Ramp parking

13. Describe your management experience, staffing levels, duties and employee training.
owner of Restaurants for over 20 years Blue Marlin
Tornado Orpheum, This will be similar to Tornado operation

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.

Henry Doane 523 E Gorham Madison WI 53703
 Name Address

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

Downtown Diners casual to upscale

16. What age range would you hope to attract to your establishment? 1-99

17. Describe how you plan to advertise/promote your business. What products will you be advertising?

Media Blitz before opening Then word of mouth

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

19. Owner of building where establishment is located: John Shapiro

Address of Owner: _____ Phone Number _____

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

Henry Deane 523 E. Gorham Madison WI 53703

Name Address

Name Address

Name Address

22. List the Stockholders of your Corporation/LLC

Henry Deane 523 E. Gorham Madison WI 53703 100 % of Ownership

Name Address

Name Address

Name Address

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? Seafood

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? 5-1 AM

27. What hours, if any, will food service not be available? None
28. Indicate any other product/service offered. _____
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? 20
During what hours do you anticipate they will be on duty? most 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? 20
How many bartenders do you anticipate you would have working at one time on a busy night? 3
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? _____
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?
70%
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? ~~at~~ 100%
What percentage of your advertising budget do you anticipate will be drink related? 0
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
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42. What is your estimated capacity? 228

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	50 %
Gross Receipts from Food and Non-Alcoholic Beverages	50 %
Gross Receipts from Other	%
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 18 day of March, 2011

Wendy E. Barton
(Clerk/Notary Public)

My commission expires 5/6/2012

[Signature]
(Officer of Corporation/Member of LLC/Partner/Individual)

Appointment of New Liquor/Beer Agent

To be completed by Corporate Officer or Member of LLC

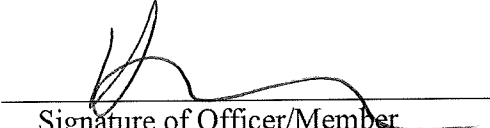
I, Henry Doune, officer/member for Tempest LLC
(Corporation/LLC), doing business as Tempest, authorize and appoint
Henry Doune (Name) as the liquor/beer agent for the premise
located at 120 E Wilson.

Subscribed and sworn to before me this

18 Day of March, 2011

Wendy E Bardo
Notary Public, Dane County, Wisconsin

My Commission Expires 5/6/2012


Signature of Officer/Member

To be completed by appointed Liquor/Beer Agent


I, Henry Doune, appointed liquor/beer agent for
Tempest LLC (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 100 %.

Subscribed and sworn to before me this

18 Day of March, 2011

Wendy E Bardo
Notary Public, Dane County, Wisconsin

My Commission Expires 5/6/2012


Signature of Agent

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 B license for the premise located at
Class of License
120 E. Wilson will be relinquished upon the
Street Address
approval of the application and the issuance of the same type of license for the same
premises to Henry Dean / Tempest LLC
License Applicant

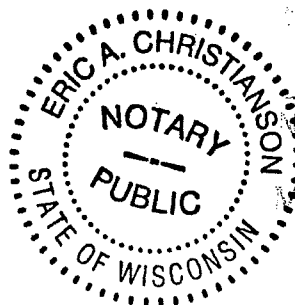
There have been no convictions for violations during the current license year, nor are there any pending violations against the present licensee except as follows:

[Signature]
Signature of Present License Holder

2/22/11
Date

SUBSCRIBED AND SWORN TO BEFORE ME

this 22 day of FEBRUARY, 2011



[Signature]
Notary Public
My Commission Expires 6/29/2014

Payment of Taxes on Liquor/Beer License Transfer

I, Henry Donne, owner, applicant for
Name Title

a liquor and/or beer license for the premise located at 120 E Wilson, have
Address

read the provisions in the attached copy of Madison General Ordinance Section 9.01, and understand that payment of all personal property taxes, special assessments, room taxes, forfeitures and judgments must be paid before the Office of the City Clerk can issue said license.

[Signature]
Signature of Applicant

3/18/11
Date

Subscribed and sworn to before me this

18 day of March, 2011

Wendy E Barton
Notary Public, Dane County, State of Wisconsin

My Commission Expires 5/6/2012

Sec. 183.0202
Wis. Stats.



State of Wisconsin
Department of Financial Institutions

ARTICLES OF ORGANIZATION - LIMITED LIABILITY COMPANY

Executed by the undersigned for the purpose of forming a Wisconsin Limited Liability Company under Chapter 183 of the Wisconsin Statutes:

- Article 1. **Name of the limited liability company:**
Tempest, LLC
- Article 2. **The limited liability company is organized under Ch. 183 of the Wisconsin Statutes.**
- Article 3. **Name of the initial registered agent:**
Henry Doane
- Article 4. **Street address of the initial registered office:**
523 East Gorham Street
Madison, WI 53703
United States of America
- Article 5. **Management of the limited liability company shall be vested in:**
A member or members
- Article 6. **Name and complete address of each organizer:**
Henry Doane
523 East Gorham Street
Madison, WI 53703
United States of America
- Other Information. **This document was drafted by:**
John W. Van Note

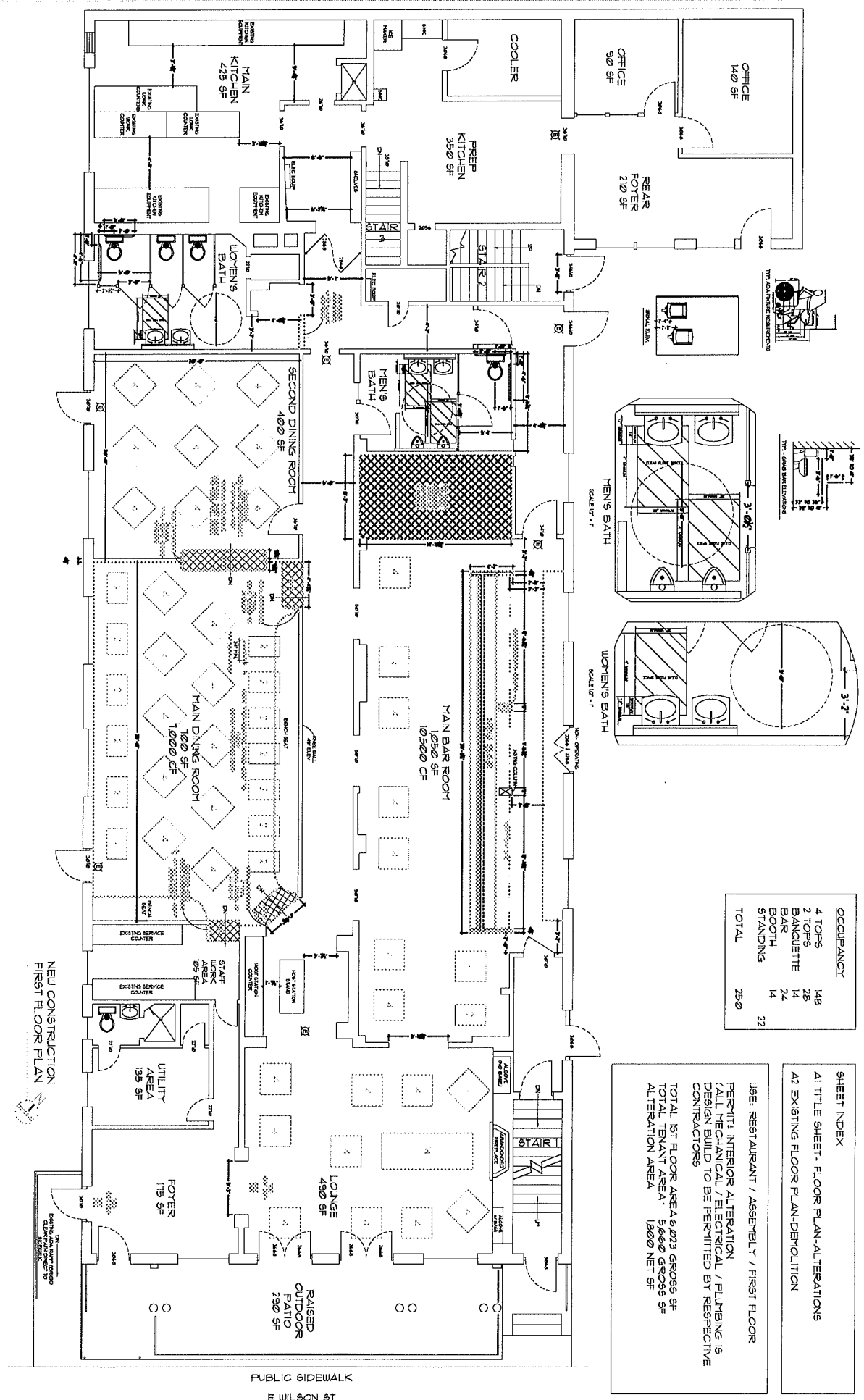
Organizer Signature:

Henry Doane

A handwritten signature in black ink, appearing to be 'H Doane', written over a horizontal line.

Date & Time of Receipt:

1/21/2011 4:40:12 PM



OCCUPANCY	
4 TOPS	148
2 TOPS	28
BANQUETTE	14
BAR	24
BOOTH	14
STANDING	22
TOTAL	250

SHEET INDEX
 A1 TITLE SHEET - FLOOR PLAN-ALTERATIONS
 A2 EXISTING FLOOR PLAN-DEMOLITION

USE: RESTAURANT / ASSEMBLY / FIRST FLOOR
 PERMITTED INTERIOR ALTERATION
 (ALL MECHANICAL / ELECTRICAL / PLUMBING IS
 DESIGN BUILT TO BE PERMITTED BY RESPECTIVE
 CONTRACTORS)
 TOTAL 1ST FLOOR AREA & 213 GROSS SF
 TOTAL TENANT AREA 5660 GROSS SF
 ALTERATION AREA 1800 NET SF

ICON, LLC
 Project Designer and Management - Capital Administration
 120 E WILSON ST MADISON, WI 53703
 PHONE (608) 233-1131 FAX (608) 233-6500

TITLE SHEET - FLOOR PLAN - ALTERATIONS
 THE TEMPEST
 120 E WILSON ST 53703
 MADISON - WISCONSIN

DATE	DESIGNED BY	DATE
DATE	CHECKED BY	DATE
DATE	PROJECT NO.	DATE
DATE	SHEET NO.	DATE
DATE	SHEET NUMBER	DATE
DATE	SCALE	DATE

A1

Tempest

Oyster Bar

Raw

Kumamoto California 2.75

Barron point Washington 2.75

Hama Hama Washington 3

Snow Creek Washington 3

Razor Clam Oregon 4

Barlett Bristish Columbia 2.75

Wionna Massachusetts 3

Blue Point Long Island Sound 3

Fischer Island Long Island Sound 3

Cherry Stone Maine 3

Starters

Large White Gulf Shrimp Cocktail poached in sweet savory broth with house cocktail sauce 12

Crab Cakes with watercress, caper aioli & mignonette 12

Mussels with shallots, garlic, white wine, lemon & parsley 8

Scallops Pan seared with lardon, apple and brandy 13

Oysters Rockefeller Broiled with spinach, bacon, fennel & breadcrumbs 12

Fruits De Mer Crispy Fried scallops, oysters, shrimp & clams with caper aioli 14

Clams Casino Broiled with garlic, lemon butter, thyme & parmesan 9

Smoked Fish platter with chub, whitefish, trout, caviar, horseradish cream 14

Fish & Corn Chowder with garlic crouton 7

Dinners

Blue Marlin pan seared with peppercorn crust, braised leeks & caper aioli 23

Striped Sea Bass sautéed with arugula, sunchoke & grapefruit 21

Sturgeon roasted with bacon, egg, bread crumbs, caviar & crème fraiche 26

Flounder Pan fried with caramelized fennel, lemon, butter & white wine 23

Mackerel Grilled with olives, garlic & anchovies 18

Salmon grilled with lemon tarragon butter & wild mushrooms 24

Fish & Chips 14

Venison chop broiled with brown butter braised razor clams 32

Grass fed beef tenderloin broiled with gulf shrimp 32

1 ½ to 2lb. Live Maine lobster steamed or broiled 20 per lb.

1 ½ King Crab 42

Salads

Chopped Iceberg blue cheese, French 4

Spinach hot bacon dressing, hard boiled egg 4

Caesar white anchovy crouton 4

Sides Family Style

Hash Browns 5

Matchstick Fries 5

Brussel sprouts 5

Asparagus 5

Market Vegetable 5