

Application Date: 12/21/06

Proof of WI Seller's Permit No. 004-000029386-01

Name of Corporation, Limited Liability Company, Individual Owner, Private Club or Partner(s) <i>West Towne PMG, LLC</i>		Liquor/Beer Agent <i>Drew Roznowski</i>	
Mailing Address <i>801 Deming Way</i>		Liquor/Beer Agent Address <i>1816 Masten Lane</i>	
City/State/Zip Code <i>MADISON WI 53717</i>		Liquor/Beer City/State/Zip Code <i>MADISON WI 53719</i>	
Name of Registered Agent or General Partner <i>Drew Roznowski</i>		Local Contact Person <i>Drew Roznowski</i>	Phone Number <i>608 575 3739</i>
Trade Name <i>CULINARY CONCEPTS OF MADISON</i>		Estimated Opening Date <i>Feb 2007</i>	
Business Address <i>201 State St.</i>		Signature of Owner/Operator <i>[Signature]</i>	
Type of Business <input type="checkbox"/> Restaurant <input type="checkbox"/> Tavern <input type="checkbox"/> Grocery Store <input checked="" type="checkbox"/> Caterer <input type="checkbox"/> Cafeteria <input type="checkbox"/> Other			
Food and Drink License? Needed for:			
Private Club? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
License Description	Type	Fee	Number
<i>Class B Comb. Pub. Fee</i>	<i>108</i>	<i>\$ 20</i>	<i>76516</i>
<b>Pre-Inspection &amp; License Fees Non-Refundable</b>	<b>TOTAL</b>	<b>\$</b>	

Ald. 4 (Versee) Sector 405

IT IS MANDATORY THAT ALL APPLICABLE INFORMATION BE COMPLETED. INACCURATE INFORMATION MAY RESULT IN SUSPENSION OR REVOCATION OF LICENSE.



Pepper Hill Grill - MADISON WI. WEST TOWER PMG, LLC

HI BANQUETS, LLC. - MARSHFIELD WI

CF Restaurants Inc ABA Menomonee - Sparta & Rice LAKE

Deaver Dam LLC, WI

OTTAWA CK LLC. ILL.

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

Office Use Only	
<input type="checkbox"/> Seller's Permit Number <input type="checkbox"/> Federal Employer Identification Number <input checked="" type="checkbox"/> Notarized Original Application Form (AT-106) <input checked="" type="checkbox"/> Notarized Supplemental Form <input type="checkbox"/> Description of Licensed Premise <input checked="" type="checkbox"/> Notarized Auxiliary Questionnaire(s) (AT-103) <input checked="" type="checkbox"/> Background Investigation Form(s) <input type="checkbox"/> Floor Plans	<input checked="" type="checkbox"/> Lease <input checked="" type="checkbox"/> Notarized Transfer of Ownership Letter <input checked="" type="checkbox"/> *Schedule of Appointment of Agent (AT-104) <input checked="" type="checkbox"/> *Notarized Agent Appointment/Acceptance Form <input checked="" type="checkbox"/> *Articles of Incorporation/ Organization <input type="checkbox"/> Sample Menu, if possible <input type="checkbox"/> Business Plan, if one exists * 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 M. J. Verveen can be reached at 265 6498  
at the Common Council Office (266-4071), or via e-mail at [council@cityofmadison.com](mailto: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](http://www.ci.madison.wi.us/neighborhoods/contacts.htm).

Police Department District Captain Mary Shaw can be reached at 266 4316

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 West Towne PAB, LLC
4. Telephone Number: 608 833 9633
5. Address of Licensed Premise 201 STATE STREET
6. Anticipated opening date: 2/07
7. Mailing address if not opening immediately 801 DOWLING WAY 53717

8. What type of establishment is contemplated?  Tavern  Nightclub  Restaurant  
 Liquor Store  Grocery Store  Convenience Store - Gas Pumps  Yes  No  
 Other Please explain Adventure Hall Food/Beverage Provision

9. Business Description including hours of operation and if entertainment is part of your venue, what type:  
Provide All Food & Beverage For events AT  
Adventure Hall - covering 8:00 AM - 12:00 PM

\*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.**

Adventure Hall (attached)

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. City Parking

13. Describe your management experience, staffing levels, duties and employee training.

SUPERVISOR MANAGER - DR. ROZMARIS, 35 YEARS IN FOOD INDUSTRY  
CINDY SIMON - GENERAL MANAGER, 25 YEARS IN FOOD INDUSTRY

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. DR. ROZMARIS

801 Prairie Way MADISON WI 53717  
Address City State Zip

15. Excluding pre-packaged snacks, how late will food be served? ± 10 PM

16. What type of food will you be serving, if any? Full Provision & APPETIZERS

17. Indicate any other product/service offered:

18. Describe your target market Adventure Hall CUSTOMER

19. What is your estimated capacity? 2000

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: MCAD  
Address of Owner: \_\_\_\_\_ Phone Number \_\_\_\_\_

22. Individual or Partnership: Have individual/partners completed the Beverage Server Training Course?  Yes  No If Yes, indicate names: Drew Roznowski

**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
Chuck Myers President	4606 SIGNATURE DR NW WILSONVILLE OR 97156
Drew Roznowski VP	1816 WASTICUS LAKE WILSONVILLE OR 97156

Stockholder's Name	Address	Extent of Ownership%

Manager's Name	Address	Business Phone	Home Phone

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	30	%
Percent Gross Receipts from Food	70	%
Percent Gross Receipts from Other		%
<b>Total Gross Receipts</b>	<b>100</b>	<b>%</b>

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: CATERING
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? 20-30
33. What hours, if any, will food service not be available? none
34. Describe how you plan to advertise/promote your business. What products will you be advertising?

**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 5th day of December, 2006

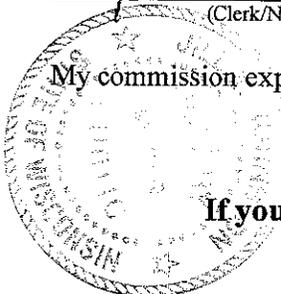
John M. Johnston  
 (Clerk/Notary Public)

My commission expires 1/24/2010

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

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

[Signature]  
 (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.**

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Caterer for the Overture Center:

- a. Footprint of the building, excluding 227 State Street;
- b. Starting at the west end of the tower of the Old Capitol Theatre on State Street, up to 201 State Street entrance, approximately 128 feet;
- c. Continuing south, the length of 100 block of N. Fairchild to W. Mifflin, approximately 284 feet;
- d. Continuing west, the length of 200 block of W. Mifflin, approximately 263 feet;
- e. Continuing northwest to the north side of the 201 N. Henry Street entrance, approximately 370 feet;
- f. Continuing through the building to the starting point on State Street, approximately 172 feet;

Names of internal spaces where liquor will be served:

1. Overture Hall Lobby (all levels)
2. Promenade Hall
3. Promenade Terrace
4. Promenade Lounge
5. Wisconsin Studio
6. Watrous Gallery
7. Rotunda (all levels)
8. Community Galleries I, II, and III
9. Audubon Room

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10. Overture Hall back stage
11. Rotunda Studio
12. The Boardroom
13. Overture Hall Greenroom
14. Capitol Theater Foyer (2 levels)
15. Capitol Theater back stage
16. Capitol Theater Greenroom
17. Playhouse Greenroom
18. Playhouse backstage
19. Crossroads (2 levels)

Granted by Common Council on June 15, 2004.

End of Report