

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning July 1, 20 09 ;
ending June 30, 20 10 ;

TO THE GOVERNING BODY of the: Town of
 Village of } Madison
 City of

County of _____ 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): Hooters of East Madison, 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 Manager **Name** Hooters of America, Inc. **Home Address** 1815 The Exchange, Atlanta, GA 30339 **Post Office & Zip Code**
~~President/Member~~
 Vice President/Member _____
 Secretary/Member _____
 Treasurer/Member _____
 Agent General Manager Phillip D Bull 2723 Citation Dr., Jonesville, WI 53546
 Directors/Managers _____

3. Trade Name Hooters of East Madison Business Phone Number _____
 4. Address of Premises 2639 East Springs Dr. Post Office & Zip Code Madison, WI 53704

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 Georgia and date 3/10/05 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) Alcohol sold throughout dining area and stored in storage area.

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? _____
 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 9 day of April
Shirley O. Siss (Clerk/Notary Public)
Phillip D Bull (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
Samuel D. Bull (Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

My commission expires September 7, 2012
 _____ (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

Applicant's Wisconsin Seller's Permit Number:	<u>9561026736728-02</u>
Federal Employer Identification Number (FEIN):	<u>26-4498666</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	\$

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

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 checked="" type="checkbox"/> Description of Licensed Premise <input checked="" type="checkbox"/> *Notarized Appointment of Agent <input checked="" type="checkbox"/> Background Investigation Form(s) <input type="checkbox"/> Notarized Transfer of Ownership <input checked="" type="checkbox"/> *Articles of Incorporation	<input checked="" type="checkbox"/> Floor Plans <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Sample Menu <input type="checkbox"/> Business Plan * Corporation/LLC only
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1. Name of Applicant/Partner/Corporation/LLC Hooters of East Madison, LLC
2. Address of Licensed Premise 2639 East Springs Dr., Madison, WI 53704
3. Telephone Number: _____ 4. Anticipated opening date: September 1, 2009
5. Mailing address if not opening immediately 1815 The Exchange, Atlanta, GA 30339
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
Please see attached informational sheet.
7. Are there any special conditions desired by the neighborhood? Yes No
 Explain. See attachment to 6 for contact with neighborhood representative.
8. Business Description, including hours of operation: Restaurant with bar and merchandise sales; open seven days a week from 11:00am to 2:00am.
9. Do you plan to have live entertainment? No Yes—What kind? Not on a regular basis, however a DJ or Live Band may be used for special events.
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.**
Please see 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 The site plan is attached.
13. Describe your management experience, staffing levels, duties and employee training.
We have over 10 years of service in the state of Wisconsin. We will hire about 100 employees for preparation and service of food, alcohol and merchandise sales.
Additional information attached.
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.
CT Corporation System 8040 Excelsior Drive, Suite 200
 Name Address Madison, WI 53717

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

Please see attached response.

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

All ages.

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

Through media outlets including print, radio, tv and grassroots efforts

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

19. Owner of building where establishment is located: JTF East Grand Springs, LLC

Address of Owner: 2203 N. Stoughton Rd. Madison, WI 53704 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 N/A

21. List the Directors of your Corporation/LLC

Name _____ Address _____

Name _____ Address _____

Name _____ Address _____

22. List the Stockholders of your Corporation/LLC

Hooters of America, Inc. 1815 The Exchange, Atlanta, GA 30339 100%

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

Other Please Explain. _____

24. What type of food will you be serving, if any? Copy of menu is attached

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 of operation,

when establishment is open to the public.

27. What hours, if any, will food service not be available? Prior to opening and after closing.
28. Indicate any other product/service offered. Merchandise counter (t-shirts, memorabilia, etc.)
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? 75
During what hours do you anticipate they will be on duty? 10:30am to 2:00am
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? 17
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? 201 seats
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?
95%
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
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42. What is your estimated capacity? 201 seated; 241 total

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	<u>28</u>	%
Gross Receipts from Food and Non-Alcoholic Beverages	<u>69</u>	%
Gross Receipts from Other	<u>3</u>	%
Total Gross Receipts		100%

44. Do you have written records to document the percentages shown? Yes No Estimate.
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.

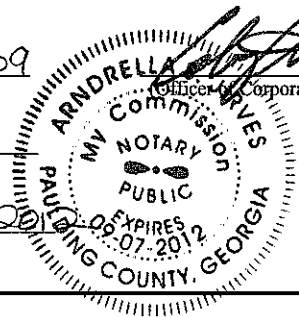
Subscribed and Sworn to before me:

this 9 day of April, 2009
[Signature]

Officer of Corporation/Member of LLC/Partner/Individual

[Signature]

(Clerk/Notary Public)



My commission expires September 7, 2012

Hooters of East Madison, LLC
License Application – Additional Responses

10.

Building:

The building footprint is approximately 70 feet by 76 feet and has external walk in coolers beyond that on the back of the building of about 30 feet by 10 feet. The building is stick framed with vinyl siding, a standing seam roof and stands approximately 24 feet tall. It has windows, doors and a covered exterior waiting area.

The seating capacity is 201 with additional building capacity allowances of about 40 people. The seating is distributed through the approximant 2700 square feet of dining room which includes the bar. The seating is an arrangement of 4 top tables, 6 top tables, 8 top tables, 6 top booths, 4 top booths and bar counter seating. This space includes a waiting area and a merchandise sales area at the entrance of the space.

The bar itself is not a separated area but is inclusive of the dining environment and has a foot print of about 200 square feet which includes service space and the sell window for table distribution. Distribution will consist of alcoholic beverages being dispensed in the controlled service space being the bar and set in a sell window for the staff to pick up and carry to the tables. Bar counter customers will be served directly from the hooters girl behind the bar.

Alcohol will be stored in usable portions behind the bar in the service space and in bulk in a dedicated, locked walk in cooler of approximately 150 square feet of space

Parking Lot:

The existing parking lot consists of approximately 80 spaces which are located on the north and west sides of the building with drive lanes circling the building and accessing the access road on the northwest corner.

13.

We have over 10 years of service in the state of Wisconsin with Hooters restaurants. We will have approximately 100 full and part time employees. The employees will be responsible for preparation of food, alcohol and non-alcohol beverages and the sale of merchandise. All employees who work in the front of the restaurant are certified through ServSafe Alcohol, a program sponsored by the Wisconsin Restaurant Association and the National Restaurant Association. We also provide On-The-Job Training to all employees.

15.

The Target Audience for Hooters is similar to that of many Casual Dining Chains. Because our average check is less than \$15 and because alcohol makes up less than 30% of sales it is obvious guest are coming to enjoy our great food, friendly service and outstanding value. Hooters attracts guest who are males, females, executives, blue collar workers, young and old.

In terms of age appeal there are no limits. Hooters offers a fun child's menu and sells youth oriented merchandise including baby bibs and infant t-shirts. The company's research shows that 10% of parties include children. Because of the great price value Hooters also appeals to seniors and in many markets offers a "Silver and Sexy" discount program.

Appointment of New Liquor/Beer Agent

To be completed by Corporate Officer or Member of LLC

I, Cody G. Brooks, officer/member for Hooters of America, Inc.
member/manager of Hooters of East Madison, LLC
(Corporation/LLC), doing business as Hooters, authorize and appoint

Phillip D. Bull (Name) as the liquor/beer agent for the premise

located at 2639 East Springs Dr., Madison, WI 53704

Subscribed and sworn to before me this

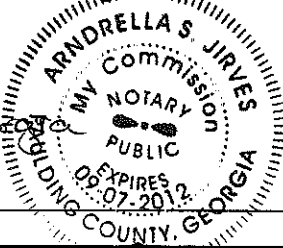
9 Day of April, 2009

Andreella S. Jirves

Notary Public, Dane County, Wisconsin

My Commission Expires 9/1/2012

Cody G. Brooks
Signature of Officer/Member



To be completed by appointed Liquor/Beer Agent

I, Phillip D. Bull, appointed liquor/beer agent for
Hooters of East Madison (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 0 %.

Subscribed and sworn to before me this

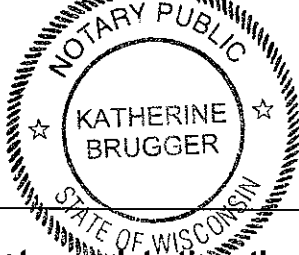
16 Day of April, 2009

Katherine Brugger

Notary Public, Dane County, Wisconsin

My Commission Expires 3-25-2012

Phillip D. Bull
Signature of Agent



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