

# ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning July, 1 20 07 ;  
ending June, 30 20 08

TO THE GOVERNING BODY of the:  Town of } Madison  
 Village of }  
 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): Spot Liquor 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>Member</u>	<u>Jeff Rodefeld</u>	<u>103 Donegal Drive</u>	<u>Cottage Grove WI 53527</u>
Vice President/Member <u>Member</u>	<u>Jodi Rodefeld</u>	<u>103 Donegal Drive</u>	<u>Cottage Grove WI 53527</u>
Secretary/Member			
Treasurer/Member			
Agent <u>Jeff Rodefeld</u>			
Directors/Managers			

- 3 Trade Name Spot Liquor Business Phone Number 608-222-9622  
4 Address of Premises 4521 Cottage Grove Road Post Office & Zip Code 53716

- 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 03-09-07 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) 4521 Cottage Grove Road

10 Legal description (omit if street address is given above): retail space

- 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? Robert Rodefeld DBA Spot Liquor

- 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

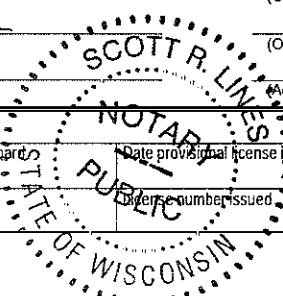
this 4 day of April, 20 07 [Signature]  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

[Signature]  
(Clerk/Notary Public)

My commission expires 2/3/08  
(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>04/04/07</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	



Alder Compton  
Police Sector 614

Applicant's Wisconsin Seller's Permit Number: <u>0003193887</u>	
Federal Employer Identification Number (FEIN): <u>83-0476660</u>	
<b>LICENSE REQUESTED</b>	
<b>TYPE</b>	<b>FEE</b>
<input checked="" type="checkbox"/> Class A beer	\$ <u>20</u>
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Wholesale beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$
<b>TOTAL FEE</b>	\$

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

Office Use Only	
<input checked="" type="checkbox"/> Seller's Permit Number <input checked="" type="checkbox"/> Federal Employer Identification Number <input checked="" type="checkbox"/> Notarized Original Application Form (AT-106) <input checked="" type="checkbox"/> Notarized Supplemental Form <input checked="" 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 checked="" 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 Judy Compton can be reached at \_\_\_\_\_  
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 Jill Klubertanz can be reached at 614.

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 SPOT LIQUOR LLC
4. Telephone Number: 608-222-9622
5. Address of Licensed Premise 4521 Cottage Grove Road MADISON WI 53716
6. Anticipated opening date: transfer July 1, 2007
7. Mailing address if not opening immediately IS OPEN / Transfer from father to son changing to an LLC.

8. What type of establishment is contemplated?  Tavern  Nightclub  Restaurant  
 Liquor Store  Grocery Store  Convenience Store – Gas Pumps  Yes  No  
 Other Please explain \_\_\_\_\_

9. Business Description including hours of operation and if entertainment is part of your venue, what type:  
Monday - Saturday 9AM - 9pm Sunday 10AM - 9pm

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.**

A 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. \_\_\_\_\_

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

Have worked at spot Liquor for 10 years. Also have a insurance Agency in Cottage Grove.

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. Jeff Rodefeld

103 Donegal Drive Cottage Grove WI 53527  
Address City State Zip

15. Excluding pre-packaged snacks, how late will food be served? —

16. What type of food will you be serving, if any? —

17. Indicate any other product/service offered: —

18. Describe your target market. \_\_\_\_\_

## Description of Licensed premise

Spot Liquor is on the corner of Cottage Grove Road and Acewood Blvd. It's located in a strip mall that occupies three other businesses. The other businesses are Cost Cutters, a Flower shop and a space yet to be rented. The unit that Spot Liquor is located in has two entrances. One is the main entrance located in the front of the business on 4521 Cottage Grove Road the other entrance is located in the back off the building. The back entrance is used for the purpose of deliveries only. The inside of the store there are liquor shelves, walk-in cooler, two stand-alone coolers, and a cashiers counter. The store sells Liquor, Wine, Beer, Chips, soda, Jerky, candy, cigarettes also some miscellaneous party accessories. The total square feet are around twelve hundred. The space has one bathroom not open to the public. The walk-in cooler takes up around 400 square feet, the sales floor stock area takes about 400 Square feet, with the remaining 400 square feet are the bathroom and back stock area.

19 What is your estimated capacity? \_\_\_\_\_

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: Robert Rodefelf

Address of Owner: 4700 Kristy RD Cottage Grove WI 53527 Phone Number 608-839-0058

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

**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: 100 %

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
Jeff Rodefelf	103 Donegal Drive Cottage Grove WI 53527

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	%
Percent Gross Receipts from Food	%
Percent Gross Receipts from Other	%
<b>Total Gross Receipts</b>	<b>100 %</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: Liquor Store

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? - 0 -

33. What hours, if any, will food service not be available? - 0 -

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

- 0 -

**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.

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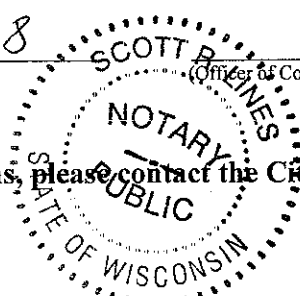
this 4 day of April, 2007

[Signature]  
(Clerk/Notary Public)

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

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

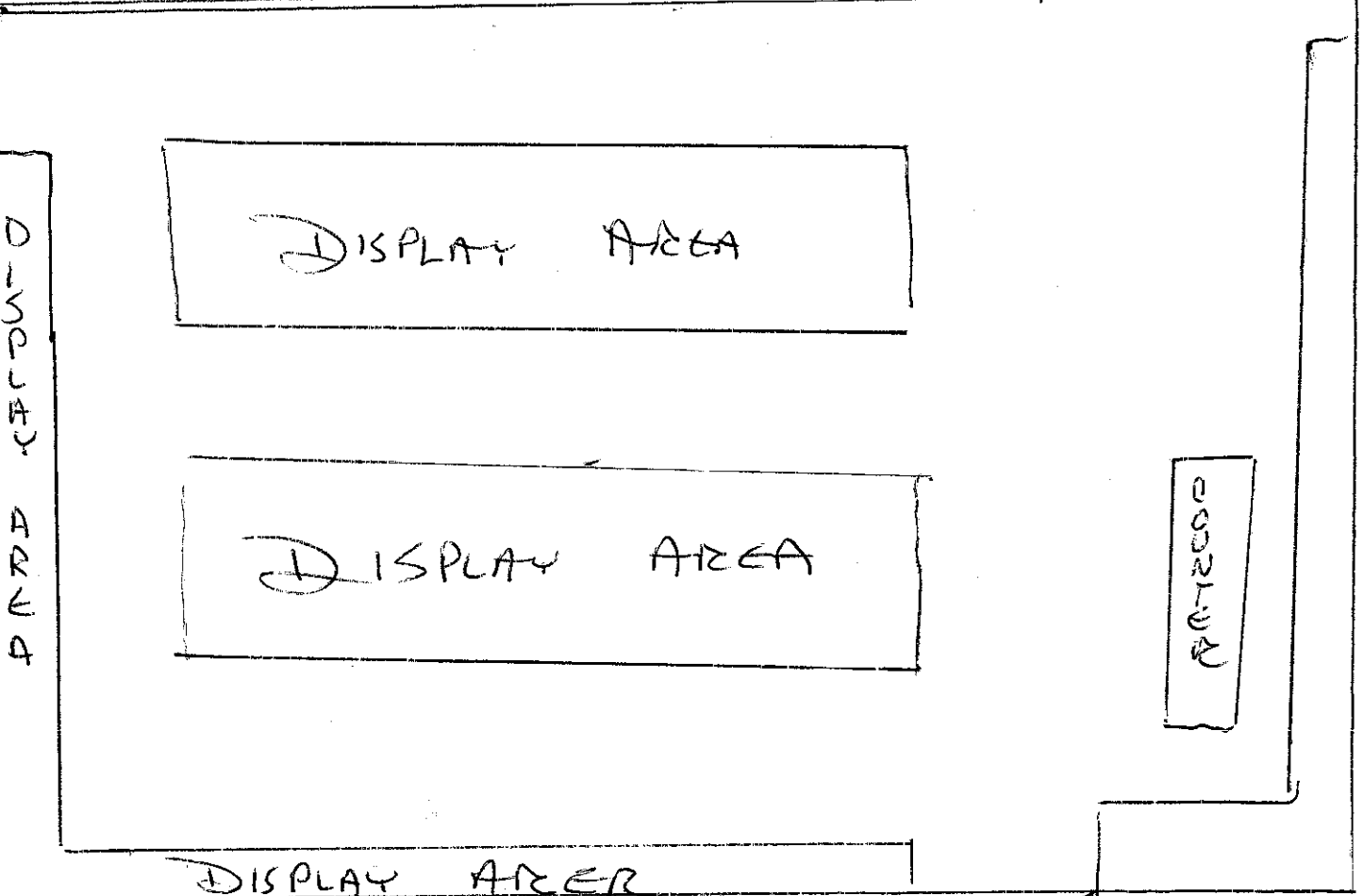
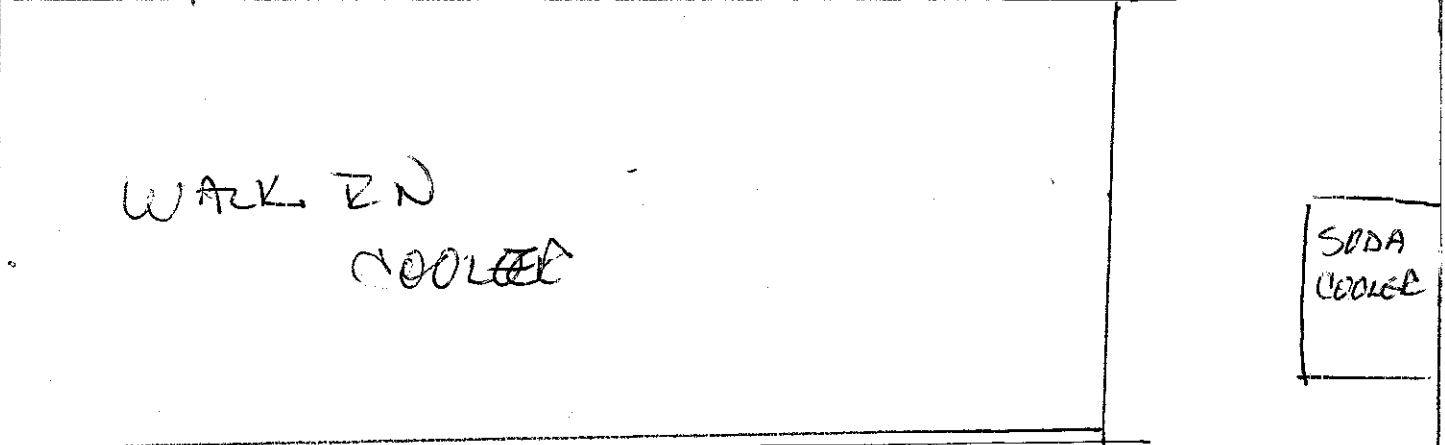
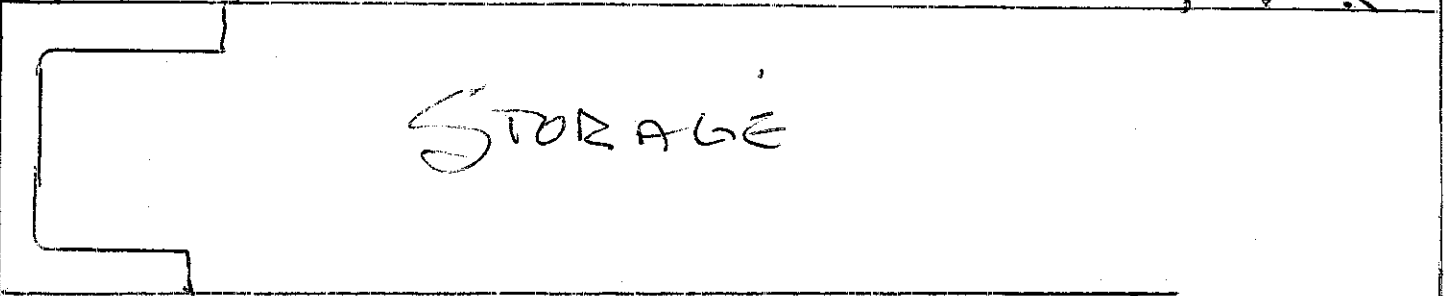
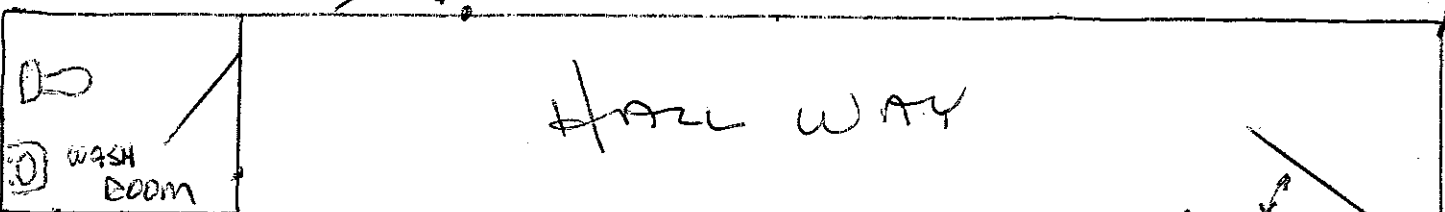
My commission expires 2/3/08



(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.**

REAR DOOR 30" x 40"



FRONT DOOR

DOORWAY

DOORWAY

SODA COOLER

WALK IN COOLER

DISPLAY AREA

DISPLAY AREA

DISPLAY AREA

HALLWAY

WASH ROOM

STORAGE