35360

| City of Madison Liquor/Beer License Application On-Premises Consumption: Class B Beer Class B Liquor Class C Wind Off-Premises Consumption: Class A Beer Class A Liquor Off-Premises Consumption: Class A Beer Class A Liquor Class A L | |
|--|----------|
| Section A – Applicant 1. 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 mage delay your application process) Si usted requiere o necesita un/a intérprete, nosotros podemos proveer un/a intérprete sin | |
| ☐ 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 | aux |
| solicitud. 2. This application is for the license period ending June 30, 20_ <i>15</i> | |
| List the name of your □ Sole Proprietor, □ Partnership, □ Corporation/Nonprofit Organizatio ☑ Limited Liability Company exactly as it appears on your State Seller's Permit. | n o |
| Molen Hotel Investment LLC | |
| 4. Trade Name (doing business as) Holisay Inn Express & Suites | |
| 5. Address to be licensed 610 John Molen Drive | |
| 6. Mailing address | |
| 7. Anticipated opening date | ******** |
| 8. Is the applicant an employee or agent of, or acting of behalf of anyone except the applicant named in question 2? □ No ☑ Yes (explain) | |
| 9. Does another alcohol beverage licensee or wholesale permitee have interest in this business | ? |
| No □ Yes (explain) | |
| Section B—Premises 10. 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 records. Alcohol beverages may be sold are stored only on the premises as approved by Common Council and described on license. Of I - premise consumption sales of Beer + Wine in the hotel gift shop, adjacent to the function. Desk | s, nd |
| DesK 0-212 | |

P-313 A-14 (Strasser)

| 11. | . ☑ Attach a floor plan, no larger than 8 ½ by 14, showing the space described above. | | | | | |
|--|---|----------------------------|---|--|--|--|
| 12. | Applicants for on-premises consumption: list estimated capacity 1) A | | | | | |
| 13. | | arking and how parking low | et is to be monitored. | | | |
| 14. Was this premises licensed for the sale of liquor or beer during the past license yea | | | | | | |
| | No □ Yes, lice | ense issued to | (name of licensee | | | |
| 15. | ☐ Attach copy of le | ease. | | | | |
| This | | | anizations, and Limited Liability Companies only. tion D. | | | |
| 16. | Name of liquor lices | nse agent <u>Meil D</u> a | nsmore | | | |
| 17. | City, state in which | agent resides Mt. L | oreb WI | | | |
| 18. | How long has the agent continuously resided in the State of Wisconsin? 20 JR. | | | | | |
| 19. | ☑ Appointment of | agent form and backgrou | nd check form are attached. | | | |
| 20. | Has the liquor license agent completed the responsible beverage server training course? | | | | | |
| | ☐ No, but will com | plete prior to ALRC meeti | ng ⊠ Yes, date completed <u>∜∽ ३२∼।</u> ∀ | | | |
| 21. | | | | | | |
| 22. In the table below list the directors of your corporation or the members of your LLC. ☑ Attach background check forms for each director/member. | | | | | | |
| | Title | Name | City and State of Residence | | | |
| | MNG Member | 1/eil Densmore | Mt. Horeb, WI | | | |
| | MNG Member | MARK LANGGRAPH | Madison, WI | | | |
| | MNG Member | JOHN ROTHE | Madison, WI Madison, WI (Madis)uff) Madison, WD | | | |
| | MING MEMBER | Kevine 1790 | 7,100.701, 00 2 | | | |
| | | | | | | |
| 23. | demand required or same as your liquor | permitted by law to be se | This is your agent for service of process, notice of process, notice of process, notice of process arily the corporation. This is not necessarily the | | | |

| 24. | Is applicant a subsidiary of any other corporation or LLC? ☑ No □ Yes (explain) |
|-----------|--|
| 25. | 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 (explain) |
| | etion D—Business Plan What type of establishment is contemplated? □ Tavern □ Nightclub □ Restaurant □ Liquor Store □ Grocery Store |
| | ☐ Convenience Store without gas pumps ☐ Convenience Store with gas pumps |
| | 1 Other Gift Shop/Convenience Shop in hotel |
| 27. | Business description <u>selling</u> off. premise Been of wink in |
| | A gift shop to guests strying in the hotel |
| | |
| | |
| 28. | Hours of operation 9:00 pm |
| 29. | Describe your management experience Moltiple years managing |
| | |
| | hotels W/ Restaurants & BARS |
| 30. | List names of managers below, along with city and state of residence. |
| | Jessies Johnson Edgerton, WI |
| | Diserce Constitution of the Constitution of th |
| | |
| 31. | Describe staffing levels and staff duties at the proposed establishment |
| | Sold @ Front Desk - 1-2 people working |
| | purery hours of apendin |
| 32 | Describe your employee training Complete Perposite Bonnage |
| <i></i> . | Seven Truining Course |
| | - CHAINITY COLOR |
| | |

| 48. | Do your plans call for a full-service bar? □ No □ Yes If yes, how many barstools do you anticipate having at your bar? How many bartenders do you anticipate having work at one time on a busy night? | | | | | |
|-------------------|---|--|--|--|--|--|
| 49. | Will there be a kitchen facility separate from the bar? ☐ No ☐ Yes | | | | | |
| 50. | Will there be a separate and specific area for eating only? | | | | | |
| | □ No □ Yes, capacity of that area | | | | | |
| 51. | What type of cooking equipment will you have? □ Stove □ Oven □ Fryers □ Grill □ Microwave | | | | | |
| 52. | Will you have a walk-in cooler and/or freezer dedicated solely to the storage of food products? ☐ No ☐ Yes | | | | | |
| 53. | What percentage of payroll do you anticipate devoting to food operation salaries? | | | | | |
| 54. | If your business plan includes an advertising budget: | | | | | |
| | What percentage of your advertising budget do you anticipate will be related to food? | | | | | |
| | What percentage of your advertising budget do you anticipate will be drink related? | | | | | |
| 55. | Are you currently, or do you plan to become, a member of the Madison—Dane County Tavern League or the Tavern League of Wisconsin? □ No □ Yes | | | | | |
| 56. | Are you currently, or do you plan to become, a member of the Wisconsin Restaurant Association or the National Restaurant Association? \square No \square Yes | | | | | |
| 57. | All restaurants and taverns serving alcohol must substantiate their gross receipts for food and alcohol beverage sales broken down by percentage. New establishments estimate percentages: | | | | | |
| | % Alcohol % Food % Other | | | | | |
| 58. | | | | | | |
| Sec 59. | tion F—Required Contacts and Filings I understand that liquor/beer license renewal applications are due April 15 of every year, regardless of when license was initially granted. No Yes | | | | | |
| 60. | I understand that I am required to host an information session at least one week before the ALRC meeting. No Yes | | | | | |
| 61. | I agree to contact the Alderperson for this location to discuss my application and to invite the Alderperson to my information session. □ No ▼Yes | | | | | |
| 62. | I agree to contact the Police Department District Captain for this location prior to the ALRC meeting. ☐ No ☑ Yes | | | | | |
| 63. | I agree to contact the Alcohol Policy Coordinator prior to the ALRC meeting. No Wes | | | | | |
| 64. | I agree to contact the neighborhood association representative prior to the ALRC meeting. ☐ No Yes | | | | | |

| 65. | I understand we must file a business. [phone 1-800-93] | Special Occupational Tax return (TTB form 5630 7-8864] □ No 愛 Yes | .5) before beginning | | | |
|---|---|--|--|--|--|--|
| 66. | | eller's Permit must be applied for and issued in thve. [phone 608-266-2776] □ No ₩ Yes | ne same name as | | | |
| 67. | Is the applicant indebted to No □ Yes | any wholesaler beyond 15 days for beer or 30 da | ays for liquor? | | | |
| Sec | tion G—Information fo | r Clerk's Office | | | | |
| 68. | State Seller's Permit <u>4</u> <u>5</u> | 66-10285668 | 60-02 | | | |
| 69. | Federal Employer Identificat | tion Number <u>46 - 26/9889</u> | | | | |
| 70. | Who may we contact between 8 a.m. and 4:30 p.m. regarding this license? | | | | | |
| | Contact person 1/21 | Densmore | | | | |
| | E-mail address <u>nel. t</u> | sensmore e glas hotels. com | | | | |
| | Phone 608-848-2 | 995 Preferred language <u>English</u> | | | | |
| 71. | | able: Name | | | | |
| | Phone | E-mail | | | | |
| the a to op gran will b | bove information has been trutherate the business according to ted, will not be assigned to anot | ront of a notary: Under penalty provided by law, the ofully completed to the best of the knowledge of the so law, and that the rights and responsibilities conferred her. Lack of access to any portion of licensed premisspection. Such refusal is a misdemeanor and ground | igner. Signer agrees d by the license(s), if ses during inspection | | | |
| Subs | cribed and Sworn to before me | : | | | | |
| this | 25 day of August | _, 20 <u>/4</u> | | | | |
| <u>(h</u> | Gilis of Oldenling (Notary Public) | A THE STREET STR | C/Destroy/Colo Descritory | | | |
| | ommission expires <u>0510</u> | HOTANIS OF Corporation/Member of LL | .C/Partner/Sole Proprietor) | | | |
| Cler | k's Office checklist for complete | applications | | | | |
| 区 区 V V | Orange sign VI Seller's Permit Certificate matching articles of incorporatio EIN lotarized application /ritten description of premises | Background investigation form(s) Form forest Parties of previous license n) *Articles of history of previous license *Notarized Appointment of Agent * Corporation/LLC only | Floor Plans Lease Sample Menu Business Plan | | | |
| Date | complete application filed with Cler | k's Office 8-25-14 | | | | |
| Date of ALRC meeting Date license granted by Common Council | | | | | | |
| Date | provisional issued | Date license issued License number | | | | |

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