


Application Date: 02/27/07

Proof of WI Seller's Permit No. 000015681-01

Name of Corporation, Limited Liability Company, Individual Owner, Private Club or Partner(s) <del>#253</del> <u>Stop-N-Go of Madison, Inc</u>		Liquor/Beer Agent <u>Andrew Bowman</u>	
Mailing Address <u>2934 Fish Hatchery Rd</u>		Liquor/Beer Agent Address <u>4213 Somerset Ln</u>	
City/State/Zip Code <u>Madison, WI 53713</u>		Liquor/Beer City/State/Zip Code <u>Madison WI 53711</u>	
Name of Registered Agent or General Partner <u>Andrew Bowman</u>		Local Contact Person Phone Number <u>Andrew Bowman 271-4433</u> <span style="float: right;">ex 116</span>	
Trade Name <u>Stop-N-Go # 253</u>		Estimated Opening Date <u>currently open</u>	
Business Address <u>5445 University Ave.</u>		Signature of Owner/Operator 	
Type of Business <input type="checkbox"/> Restaurant <input type="checkbox"/> Tavern <input type="checkbox"/> Grocery Store <input 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
<u>Class A Beer publication fee</u>	<u>104</u>	<u>20.00</u>	<u>70927</u>
<b>Pre-Inspection &amp; License Fees Non-Refundable</b>	<b>TOTAL</b>	<b>\$</b>	

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

# ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning Feb 27, 2007 2007 ;  
ending June 30 2007 ;

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): Stop-N-Go of Madison, Inc.

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				
Vice President/Member	<u>V. President</u>	<u>Andrew J. Bowman</u>	<u>4213 Somerset Lane</u>	<u>Madison, WI 53711</u>
Secretary/Member	<u>Secretary</u>	<u>Dan Driscoll</u>	<u>221 Crystal Drive</u>	<u>Hartland, WI 53029</u>
Treasurer/Member	<u>Treasurer</u>	<u>Andrew J. Bowman</u>	<u>4213 Somerset Lane</u>	<u>Madison, WI 53711</u>
Agent		<u>Andrew J. Bowman</u>	<u>4213 Somerset Lane</u>	<u>Madison, WI 53711</u>
Directors/Managers		<u>Andrew J. Bowman</u>	<u>4213 Somerset Lane</u>	<u>Madison, WI 53711</u>

- 3 Trade Name Stop-N-Go #253 Business Phone Number 608-238-0200  
4 Address of Premises 5445 University Avenue Post Office & Zip Code Madison, WI 53705

- 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 9/14/62 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.) 100 x 40, storage room behind bakery, walk in cooler

- 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? Stop-N-Go of University Avenue, Inc. d/b/a Stop-N-Go #253

- 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

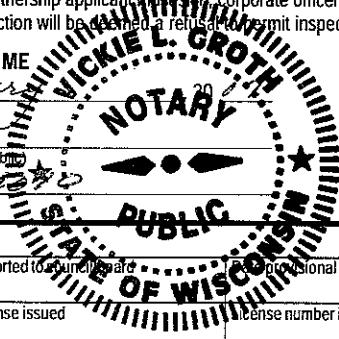
**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by 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 27 day of February 2007

[Signature]  
(Clerk/Notary Public)

My commission expires 3-28-2008



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

[Signature]  
(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>2/27/07</u>	Date reported to municipal clerk	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

**Liquor/Beer Agent Authorization**

I, Daniel J. Driscoll, officer/member for Stop-N-Go of Madison, Inc.  
(Corporation/LLC), doing business as Stop-N-Go #253, authorize and appoint  
Andrew J. Bowman (Name) as the liquor/beer agent for the premise  
located at 5445 University Avenue, Madison, WI 53705

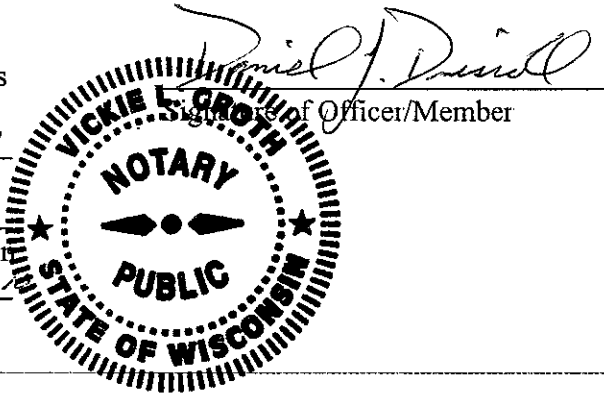
Subscribed and sworn to before me this

27 Day of February, 20 07

Vickie L. Groth

Notary Public, Dane County, Wisconsin

My Commission Expires 3-28-2010



**Acceptance of Liquor/Beer Agent Appointment**

I, Andrew J. Bowman, appointed **liquor/beer agent** for  
Stop-N-Go of Madison, Inc. (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 %.

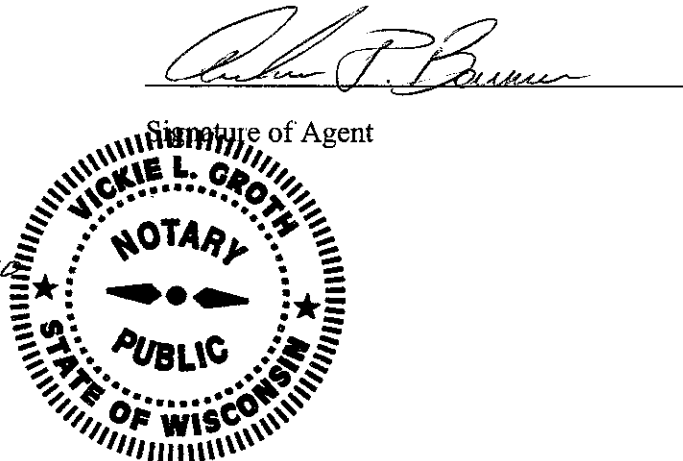
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27 Day of February, 20 07

Vickie L. Groth

Notary Public, Dane County, Wisconsin

My Commission Expires 3-28-2010



**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 type="checkbox"/> Notarized Original Application Form (AT-106) <input type="checkbox"/> Notarized Supplemental Form <input type="checkbox"/> Description of Licensed Premise <input type="checkbox"/> Notarized Auxiliary Questionnaire(s) (AT-103) <input type="checkbox"/> Background Investigation Form(s) <input type="checkbox"/> Floor Plans	<input type="checkbox"/> Lease <input type="checkbox"/> Notarized Transfer of Ownership Letter <input type="checkbox"/> *Schedule of Appointment of Agent (AT-104) <input type="checkbox"/> *Notarized Agent Appointment/Acceptance Form <input 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 \_\_\_\_\_ 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 \_\_\_\_\_ can be reached at \_\_\_\_\_.

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 Stop-N-Go of Madison, Inc.
4. Telephone Number: 608-271-4433 ext. 111
5. Address of Licensed Premise 5445 University Avenue, Madison, WI 53705
6. Anticipated opening date: Currently open and operating as Stop-N-Go #253  
Stop-N-Go of University Avenue, Inc.
7. Mailing address if not opening immediately Corp office: 2934 Fish Hatchery Road  
Madison, WI 53713

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:  
Retail convenience store open 24/7

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.**  
100' x 40' building. Beer stored in cooler. Sold from 4 cooler doors.

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 Parking lot in front of store with gasoline island. Parking lot is monitored by cameras and visible from register.

13. Describe your management experience, staffing levels, duties and employee training.  
Manager John Corey hired 9/29/2006. fully staffed, beverage training course though Madison Tavern League.

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. Andrew J. Bowman

Address	City	State	Zip
<u>2934 Fish Hatchery Road</u>	<u>Madison</u>	<u>WI</u>	<u>53713</u>

15. Excluding pre-packaged snacks, how late will food be served? n/a

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

17. Indicate any other product/service offered: gasoline and other convenience store items.

18. Describe your target market. Neighborhood, local residence

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: Stop-N-Go of Madison, Inc.

Address of Owner: 2934 Fish Hatchery Road Madison, WI 53713 Phone Number 608-271-4433

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

**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
Andrew J. Bowman	4213 Somerset Lane Madison, WI 53711
Robert Wilson	806 Cabot Lane Madison, WI 53711
Daniel J. Driscoll	221 Crystal Drive Hartland, WI 53029

Stockholder's Name	Address	Extent of Ownership%
Bowman Farms	2934 Fish Hatchery Road Madison, WI 53713	100%

Manager's Name	Address	Business Phone	Home Phone
John Corey	2301 South Park St. #7 Madison, WI 53713	608-238-0200	608-661-8153

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: Convenience 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? \_\_\_\_\_

33. What hours, if any, will food service not be available? \_\_\_\_\_

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.

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this 27 day of February, 2007

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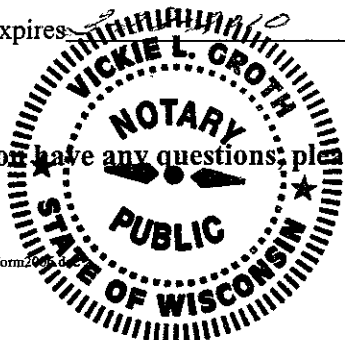
[Signature]  
(Officer of Corporation/Member/Manager of LLC/Partner/Individual)

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

My commission expires 2/28/10

\_\_\_\_\_  
(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.



#253  
University Ave  
Madison, WI

Sink Food Service Sink Mop Sink

Ladies Restroom Backroom Freezer Backroom Freezer

Mens Restroom

Fountain Drinks

Food Service

Freezer Door Freezer Door Freezer Door Freezer Door Isotonic Door Water Door Juice Door Energy Door

4 Freezer Door

Coffee Bar

Coffee Condiments

Bakery Frozen Drinks

12' Gondola

20' Gondola

16' Gondola

Soda Cooler  
Soda Cooler  
Soda Cooler  
Soda Cooler

Beer Cooler  
Beer Cooler  
Beer Cooler  
Beer Cooler  
Open Air Dairy Case

Check-Out  
Check-Out  
Check-Out

Front Doors

Side Door