

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning _____ 20 _____ ;
ending 06/30 20 07

TO THE GOVERNING BODY of the: Town of
 Village of } Madison
 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): ISA KHAN,
NEEK BANO KHAN, SALEEM & SABENA, 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>PRESIDENT - ISA KHAN</u>	<u>10 STONE CORNER CIR., MADISON, WI 53704</u>	<u>53704</u>
Vice President/Member	<u>VICE PRESIDENT - NEEK BANO KHAN</u>	<u>10 STONE CORNER CIR., MADISON, WI 53704</u>	<u>53704</u>
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent	<u>NEEK BANO KHAN</u>	_____	_____
Directors/Managers	_____	_____	_____

3. Trade Name MADISON PANTRY FOOD MART Business Phone Number _____
4. Address of Premises 2201 S. PARK ST., MADISON, WI 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 _____ of registration Yes No
(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) 2201 S. PARK ST., MADISON, WI 53716
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? OPEN PANTRY FOOD MART OF WISCONSIN, INC.
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

Applicant's Wisconsin Seller's Permit Number: <u>0000396533</u>	
Federal Employer Identification Number (FEIN): <u>20-8004360</u>	
LICENSE REQUESTED	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$ <u>20.00</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	\$ <u>20.00</u>
Publication fee	\$
TOTAL FEE	\$ <u>40.00</u>

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 5th day of April, 2007
[Signature]
(Clerk/Notary Public)

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

My commission expires 2/1/09

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>3/5/07</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued <u>070952+070953</u>	

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 type="checkbox"/> Lease <u>own</u>
<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 <u>NA</u>
<input type="checkbox"/> Business Plan, if one exists <u>NA</u>
* 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 Tim Bauer can be reached at 298-6660 at the Common Council Office (266-4071), or via e-mail at 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.
- Police Department District Captain Wheeler 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 NEEK BANU KHAN / SALEEM & SABENA, LLC
4. Telephone Number: 608-249-8101
5. Address of Licensed Premise 2201 S. PARK ST., MADISON, WI 53716
6. Anticipated opening date: TO BE SCHEDULED March 15 2009
7. Mailing address if not opening immediately 2022 FORDEN AV., MADISON, WI 53704

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:
CONVENIENCE STORE/GAS STATION SELLING FOOD, BEER, SOFT DRINKS, LOTTO,
TOBACCO, AND GAS OPEN 5AM-11PM 7 DAYS PER WEEK

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.**

SEE ADDENDUM ATTACHED TO THIS FORM

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. _____

SEE ADDENDUM ATTACHED TO THIS FORM

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

14 YEARS CO-OWNER HUNZA, INC/MADISON PANTRY AS VICE PRESIDENT
RESPONSIBLE FOR ALL ASPECTS OF RUNNING BUSINESS

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. NEEK BANO KHAN

Name

10 STONE CORNER CIR., MADISON, WI 53704

Address

City

State

Zip

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

16. What type of food will you be serving, if any? N/A

17. Indicate any other product/service offered: N/A

18. Describe your target market. COMMUNITY RESIDENT & LOCAL BUSINESS EMPLOYEES

Addendum to the City of Madison Liquor and/or Beer Original Supplemental Form

Responses for items 10 and 12 of the attached Supplemental Form.

10. Written description of the licensed premise is as follows;
Approximately 2000 square foot, one story building, with three 30"x 80" cooler doors for beer, 3'x 6' sales floor beer display, and 8'x 6' liquor cabinet directly behind the transaction/point of purchase area.

12. Written description of existing parking and its monitoring is as follows;
9 parking spaces parallel and adjacent to storefront, 1 of which is for handicap parking, and 3 parking spaces perpendicular to building on south side of lot. The parking lot is monitored by video surveillance.

19. What is your estimated capacity? N/A

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: E&K LAND, LLC & OPEN PANTRY FOOD MARTS OF WI, INC

Address of Owner: 10505 CORPORATE DR, #101 Phone Number 262-857-1156
PLEASANT PRAIRIE, WI 53158-9909

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

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: 50 %

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
PRESIDENT, ISA KHAN	10 STONE CORNER CIR, MADISON, WI 53704
VICE-PRESIDENT, NEEK BANO KHAN	10 STONE CORNER CIR, MADISON, WI 53704

Stockholder's Name	Address	Extent of Ownership%
ISA KHAN	10 STONE CORNER CIR, MADISON, WI 53704	50
NEEK BANO KHAN	10 STONE CORNER CIR, MADISON, WI 53704	50

Manager's Name	Address	Business Phone	Home Phone
ISA KHAN	10 STONE CORNER CIR, MADISON, WI 53704	608-249-8101	608-241-4133

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	10	%
Percent Gross Receipts from Food	80	%
Percent Gross Receipts from Other	10	%
Total Gross Receipts	100	%

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 / GAS STATION

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? 6 PM - 11 PM


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

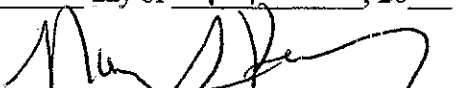
WINDOW ADVERTISING AT SUBJECT PROPERTY FOR ALCOHOLIC BEVERAGE SPECIALS

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 March, 2007


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


(Clerk/Notary Public)

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

My commission expires 2/1/09

(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.

