


Application Date: 2-26-7

Proof of WI Seller's Permit No. 76925

Name of Corporation, Limited Liability Company, Individual Owner, Private Club or Partner(s) <u>One-Eleven, Inc.</u>		Liquor/Beer Agent <u>Glenn K. Jahns</u>	
Mailing Address <u>117 W. Main ST.</u>		Liquor/Beer Agent Address <u>173 W. Washington Ave. Madison 53703</u>	
City/State/Zip Code <u>Madison, WI 53703</u>		Liquor/Beer City/State/Zip Code <u>Glenn K. Jahns 608-469-8365</u>	
Name of Registered Agent or General Partner		Local Contact Person <u>6-1-7</u>	Phone Number
Trade Name <u>Club One-Eleven</u>		Estimated Opening Date 	
Business Address <u>111 W. Main ST. 53703</u>		Signature of Owner/Operator	
Type of Business <input type="checkbox"/> Restaurant <input checked="" 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: <u>6-1-7</u>			
Private Club? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
License Description	Type	Fee	Number
<u>Class B B Liquor</u>		<u>20.00</u>	
Pre-Inspection & License Fees Non-Refundable		TOTAL	\$

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

City of Madison Liquor/Beer Original Supplemental Form

Office Use Only

- | | |
|---|--|
| <input type="checkbox"/> Seller's Permit Number
<input 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 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 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 Mike Decker can be reached at _____
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 Central District Captain Mary Schauf (Sector 400) can be reached at 266-4316.
- Police Department East District Captain Jill Klubertanz (Sector 600) can be reached at 267-2100.
- Police Department North District Captain Richard Bach (Sector 500) can be reached at 245-3652.
- Police Department West District Captain Jay Lengfeld (Sectors 100-200) can be reached at 288-6152.
- Police Department South District Captain James Wheeler (Sector 300) can be reached at 267-8687.
- 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 Glenn K. Jahns

4. Telephone Number: 608-469-8365

5. Address of Licensed Premise 111 W. Main St.

6. Anticipated opening date: 6-1-07 early 5-1-07

7. Mailing address if not opening immediately 117 W. Main St

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:

Night club/Lounge serving food from 11am to 1am daily.
Entertainment will be part of venue, DJ dance floor, DJ table
service flows

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.

9000 sqft. Three floored Brick building with first floor with bar seating
for 30 people and added seating in lounge for 64.
lower level bar can seat 16 people and lounge table seating for also 64 people

upper level or second floor would be used for live entertainment and
dancing with a walk up bar and 9 to 12 tables with 36 seats.
Alcohol will be sold on all three floors with storage behind bar and in
sub-basement liquor room and walk in cooler.

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. off street parking
with a city ramp across the street

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

Own and operate the Shamrock Bar for last several years
Expect 35 to 45 employees including shift managers.

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. Stenn K. Johns

Name

123 W. Washington Ave #203 Madison WI 53703

Address

City

State

Zip

15. Excluding pre-packaged snacks, how late will food be served? Food will be served to 1am

16. What type of food will you be serving, if any? Appetizers, Tapas, Small Plates, Soups, Salads

17. Indicate any other product/service offered: Cigaret Sales with pre-packaged snacks

18. Describe your target market 20 to 65 professionals.

19. What is your estimated capacity? 300
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: Larry E. Lichte
 Address of Owner: 123 W. Main St. Madison 53703 Phone Number 608-257-4808
22. Individual or Partnership: Have individual/partners completed the Beverage Server Training Course? Yes No If Yes, indicate names: Glenn K. Sahn
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
Glenn K. Sahn	123 W. Washington Ave. Madison 53703

Stockholder's Name	Address	Extent of Ownership%
Glenn K. Sahn	123 W. Washington Ave. Madison 53703	100%

Manager's Name	Address	Business Phone	Home Phone
Glenn K. Sahn	Madison, WI 53703	608-469-8365	608-255-5029

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	63+/- %
Percent Gross Receipts from Food	35+/- %
Percent Gross Receipts from Other	2 %
Total Gross Receipts	100 %

Do you have written records to document the percentages shown? Yes No *only est. Sale #15*
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: _____

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? 35 to 45

33. What hours, if any, will food service not be available? 1am to close or 2pm


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

word of mouth

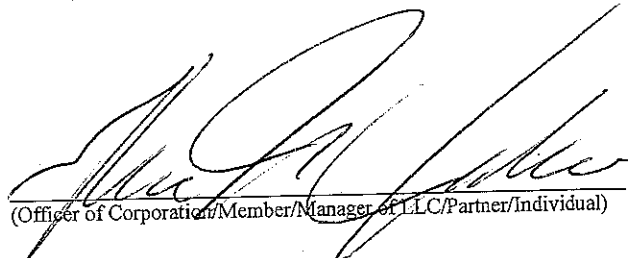
Read carefully before signing: Under penalty provided by law, the applicant states that the above information has been truthfully completed to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), 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 26 day of February, 2007


(Clerk/Notar Public)

My commission expires 8/5/07


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

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

(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.

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk

For the license period beginning _____ 20____ ;
ending 06/30 2007

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): One-Eleven 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>owner</u>	<u>Glenn K. Jahns</u>	<u>123 W. Washington Ave</u>	<u>Madison, WI 53703</u>
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent <u>DUNC</u>	<u>Glenn K. Jahns</u>	<u>123 W. Washington Ave</u>	<u>Madison, WI 53703</u>
Directors/Managers			

3. Trade Name Club One Eleven Business Phone Number 609-469-8365 current
4. Address of Premises 111 W Main St Post Office & Zip Code Madison, WI 53703

- 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 3-07 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) 9600 sqft three level w/3200 sqft of storage on premises
10 Legal description (omit if street address is given above): Lounge / Night club
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 26 day of February, 2007

[Signature]
(Clerk/Notary Public)

My commission expires 8/5/07

[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)

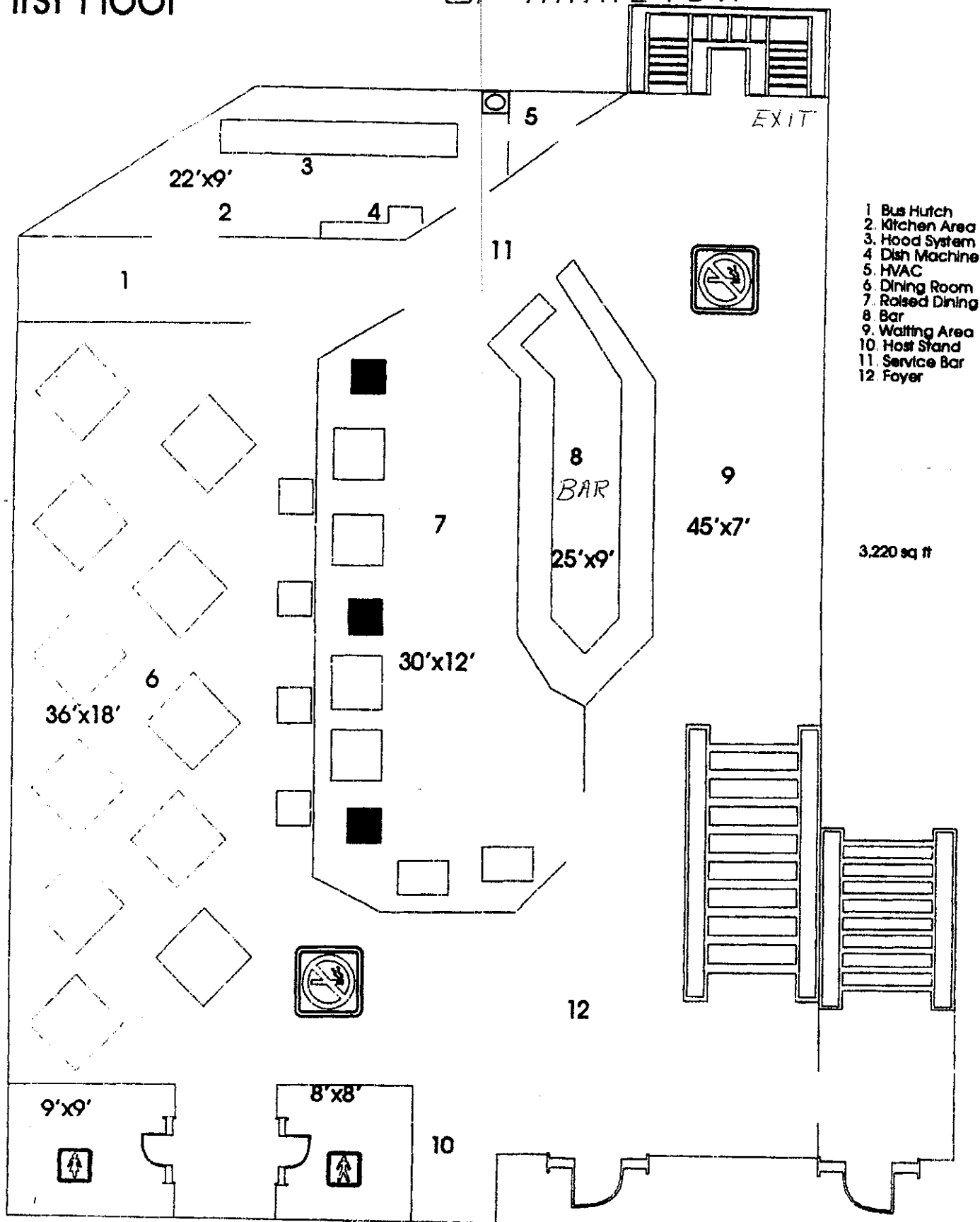
TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>02/23/07</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

#8 Rainbow Clover LLC
Shamrock Bar
117 W. Main St
Madison, WI 53703

First Floor

S. HAMILTON



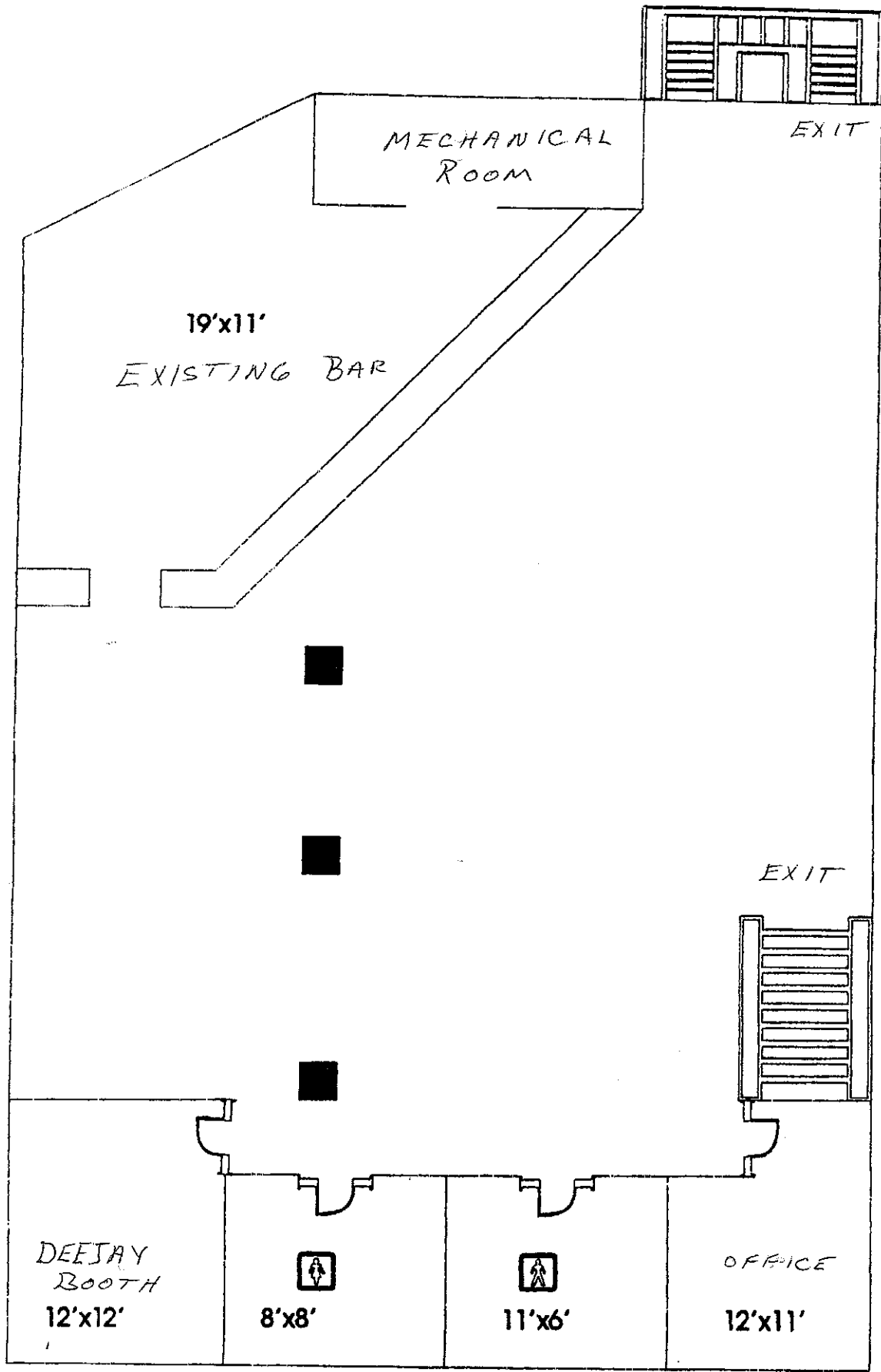
- 1 Bus Hutch
- 2 Kitchen Area
- 3 Hood System
- 4 Dish Machine
- 5 HVAC
- 6 Dining Room
- 7 Raised Dining
- 8 Bar
- 9 Waiting Area
- 10 Host Stand
- 11 Service Bar
- 12 Foyer

3,220 sq ft

111 WEST MAIN STREET

2-26-07
GKT

Second Floor



LOWER LEVEL

2-26-07
GRT

