

# ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning MARCH 20 2007 ;  
ending MAY 1 2007

TO THE GOVERNING BODY of the:  Town of }  
 Village of } MADISON  
 City of }

County of DAVE Aldermanic Dist. No. 4 (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): MAJESTIC THEATRE, LLC

Applicant's Wisconsin Seller's Permit Number:	
Federal Employer Identification Number (FEIN):	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>20.00</u>
<input type="checkbox"/> Wholesale beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$ <u>20.00</u>
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$
<b>TOTAL FEE</b>	\$

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/MANAGER</u>	<u>MATTHEW D. GERDING</u>	
Vice President/Member	<u>OWNER/MANAGER</u>	<u>SCOTT G. LESLIE</u>	
Secretary/Member	<u>OWNER</u>	<u>BYLAN A. ELLIFSON</u>	
Treasurer/Member			
Agent ▶	<u>OWNER/MANAGER</u>	<u>SCOTT G. LESLIE</u>	<u>MATTHEW D. GERDING</u>
Directors/Managers			

3 Trade Name ▶ MAJESTIC THEATRE Business Phone Number TBD / 312-505-5545 (temp)

4 Address of Premises ▶ 115 KING STREET 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 3/19/07 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) MAJESTIC THEATRE IS A LIVE ENTERTAINMENT VENUE, COOLER AND BAR ON MAIN FLOOR

10 Legal description (omit if street address is given above): 115 KING STREET, 53703

- 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? ANTHONY & NICHOLAS SCHMIDT, LLC
- 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 19th day of March, 2007

*[Signature]*  
(Notary Public)

My commission expires 2/7/10

*[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/Member/Manager of Limited Liability Company if Any)

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <u>5/19/07</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted <u>577049</u>	Date license issued	License number issued	

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

### Office Use Only

- |   |   |
|---|---|
| <input type="checkbox"/> Seller's Permit Number<br><input type="checkbox"/> Federal Employer Identification Number<br><input checked="" type="checkbox"/> Notarized Original Application Form (AT-106)<br><input checked="" type="checkbox"/> Notarized Supplemental Form<br><input type="checkbox"/> Description of Licensed Premise<br><input checked="" type="checkbox"/> Notarized Auxiliary Questionnaire(s) (AT-103)<br><input checked="" type="checkbox"/> Background Investigation Form(s)<br><input checked="" type="checkbox"/> Floor Plans | <input type="checkbox"/> Lease<br><input checked="" type="checkbox"/> <del>Notarized Transfer of Ownership Letter</del><br><input checked="" type="checkbox"/> *Schedule of Appointment of Agent (AT-104)<br><input checked="" type="checkbox"/> *Notarized Agent Appointment/Acceptance Form<br><input checked="" type="checkbox"/> *Articles of Incorporation/ Organization<br><input type="checkbox"/> Sample Menu, if possible<br><input checked="" type="checkbox"/> Business Plan, if one exists<br><small>* Forms required of Corporation/LLC only</small> |
|---|---|

- ✓ 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 MICHAEL VERVEER 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 MARY SCHAUF 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 TBD
3. Name of Applicant/Partner/Corporation/LLC MAJESTIC THEATRE, LLC
4. Telephone Number: 312-505-5545 / 818-430-9790
5. Address of Licensed Premise 115 KING STREET, MADISON, WI 53703
6. Anticipated opening date: TBD / FALL 2007
7. Mailing address if not opening immediately 5391 MARLOWERS COVE DRIVE #207, WESTPORT 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 LIVE ENTERTAINMENT VENUE, PLEASE SEE ATTACHED DOCUMENTS

9. Business Description including hours of operation and if entertainment is part of your venue, what type:  
MAJESTIC THEATRE WILL BE A LIVE ENTERTAINMENT VENUE, SPECIALIZING IN LIVE MUSIC, MOVIES, AND ALTERNATIVE PROGRAMMING - PLEASE SEE ATTACHED DOCUMENTS.  
HOURS OF OPERATION WILL VARY PER EVENT, RANGING FROM 6PM TO BARTIME

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.**

HISTORIC BUILDING, BUILT IN 1904 WITH STAGE ON MAIN FLOOR AND BARS ON MAIN FLOOR AND BALCONY.  
MAIN FLOOR SHALL BE STANDING ROOM GENERAL ADMISSION. SEATED BALCONY TO BE GENERAL ADMISSION WITH RESERVED MEZZANINE BOXES. APPROPRIATE EVENTS WILL HAVE TNON-FIXED TABLES AND CHAIRS ON MAIN FLOOR.  
CAPACITY TBD BY INSPECTOR MAIN FLOOR BAR LENGTH APPROX, 20 FEET. BALCONY BAR LENGTH APPROX 12 FEET. PROPOSED ALTERATIONS ARE 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. PUBLIC GARAGE LOCATED BEHIND PREMISE ON DOTY ST, OPERATED, MAINTAINED AND MONITORED BY CITY OF MADISON

13. Describe your management experience, staffing levels, duties and employee training.  
BOTH OWNERS HAVE MANAGED MULTIPLE LIVE EVENTS WITH CAPACITIES RANGING FROM 500-16,000.  
PLEASE SEE ATTACHED SECURITY AND EMPLOYMENT PLAN.

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 MATTHEW DAVID GERDING

Name			
<u>5391 MARINERS COVE DRIVE #207</u>	<u>WESTPORT</u>	<u>WI</u>	<u>53704</u>
Address	City	State	Zip

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

16. What type of food will you be serving, if any? CATERED PIZZA TO BE SERVED BY THE SLICE (NOT PREPARED ON PREMISES)

17. Indicate any other product/service offered: ARTIST AND BUILDING APPAREL AND MARKETING MERCHANDISE (T-SHIRTS, HATS, ETC...)

18. Describe your target market. ENTIRE MADISON COMMUNITY, VARIES PER EVENT, BUT MOST EVENTS WILL APPEAL TO THE 18-35 DEMOGRAPHIC.

ALCOHOLIC BEVERAGES WILL BE SERVED IN TWO AREAS; ONE BAR IS LOCATED ON THE MAIN FLOOR AND THE OTHER ON THE SECOND FLOOR UNDERNEATH THE BALCONY. COOLERS WILL BE LOCATED BEHIND THE MAIN FLOOR BAR WITH A NON-FIXED COOLER ON THE SECOND FLOOR. BOTH BARS WILL BE COUNTER-SERVICE AS WELL AS SERVICED BY A WAITSTAFF. ALCOHOL WILL BE ALLOWED IN ALL PUBLIC SPACES AS WELL AS THE STAGE AND DRESSING ROOMS, (ONLY BY THE ARTIST.) THE SQUARE FOOTAGE IS AS FOLLOWS,

BUILDING: 9,100 GSF/ALL LEVELS

LOT: 4030 GSF

COOLER: 87 GSF

MAIN FLOOR BAR LENGTH: 24 FT

BALCONY BAR LENGTH: 12 FT

19. What is your estimated capacity? TBD, 600

20. Are you operating under a lease or franchise agreement?  Yes  No (If yes, attach a copy.)  
(LEASE TO BE DRAFTED UPON CLOSING)

21. Owner of building where establishment is located: ROBERT GERDING

Address of Owner: 20 S. 5<sup>TH</sup> STREET, COLWAHA, MO 65201 Phone Number 573-449-1599

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: 1 %

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
SCOTT LESLIE	5391 MARINERS COVE DR # 207
MATT GERDING	WESTPORT, WI 53704

Stockholder's Name	Address	Extent of Ownership%
SCOTT LESLIE		49.5
MATT GERDING		49.5
BRYAN ELLERSON		1

Manager's Name	Address	Business Phone	Home Phone
SCOTT LESLIE		TBD	312-505-5545 (cell)
MATT GERDING		TBD	818-430-9790 (cell)

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	40 %
Percent Gross Receipts from Food	1 %
Percent Gross Receipts from Other	59 %
<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: LIVE ENTERTAINMENT VENUE

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? 10-20 / 2-3 per night

33. What hours, if any, will food service not be available? NO FOOD SERVICE (PIZZA SLICES ONLY)

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

ADVERTISING WILL BE PLACED IN PRINT AND RADIO WITH FLYERS TO BE POSTED ON UW CAMPUS/DOWNTOWN; ADVERTISEMENTS TO BE FOR LIVE EVENTS AND ALTERNATIVE PROGRAMMING.

**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 19<sup>th</sup> day of March, 2007

Bonnie Dusha  
(Clerk/Notary Public)

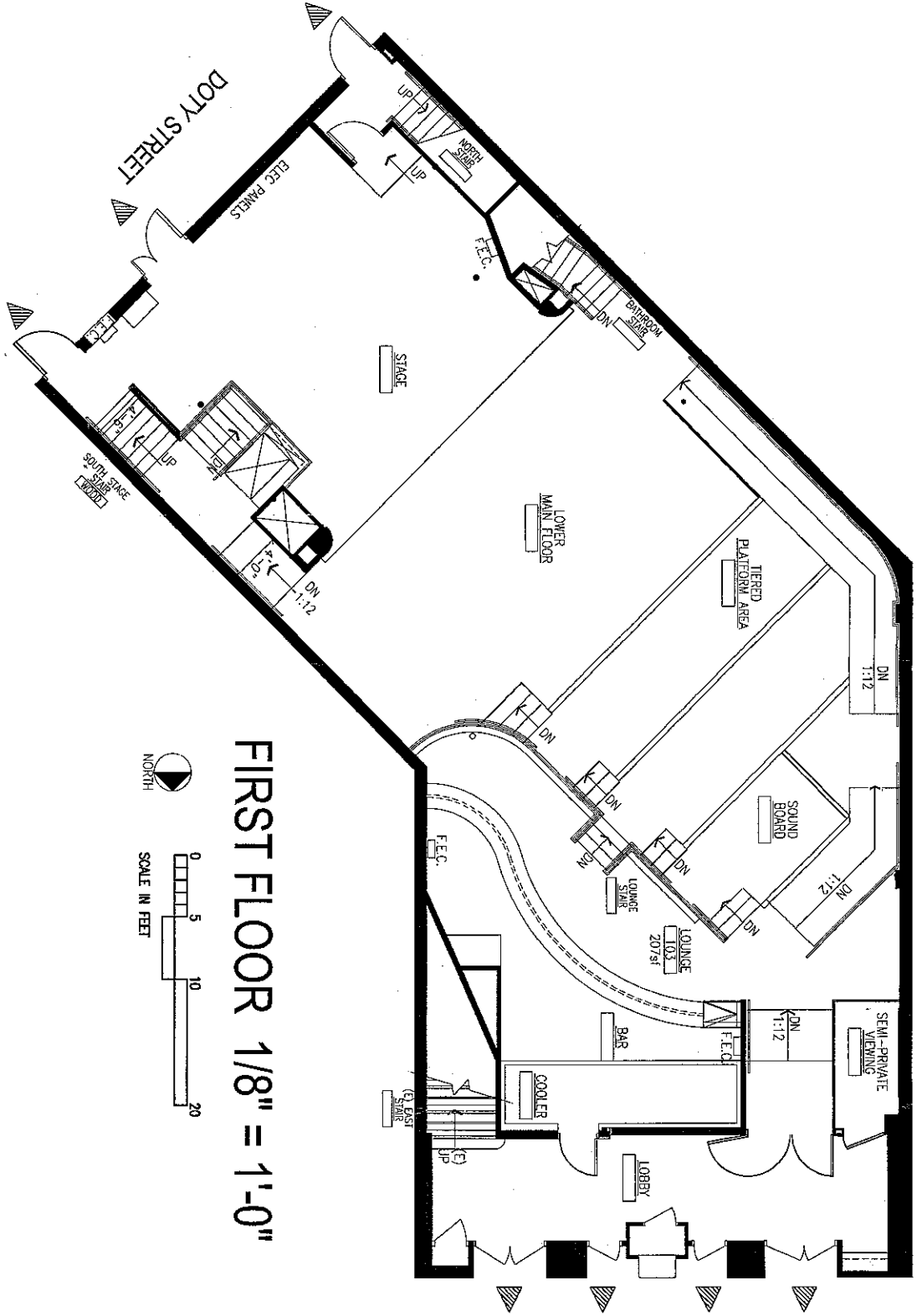
[Signature]  
(Officer of Corporation/Member/Manager of LLC/Partner/Individual)

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

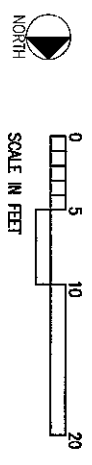
My commission expires 2/7/10

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

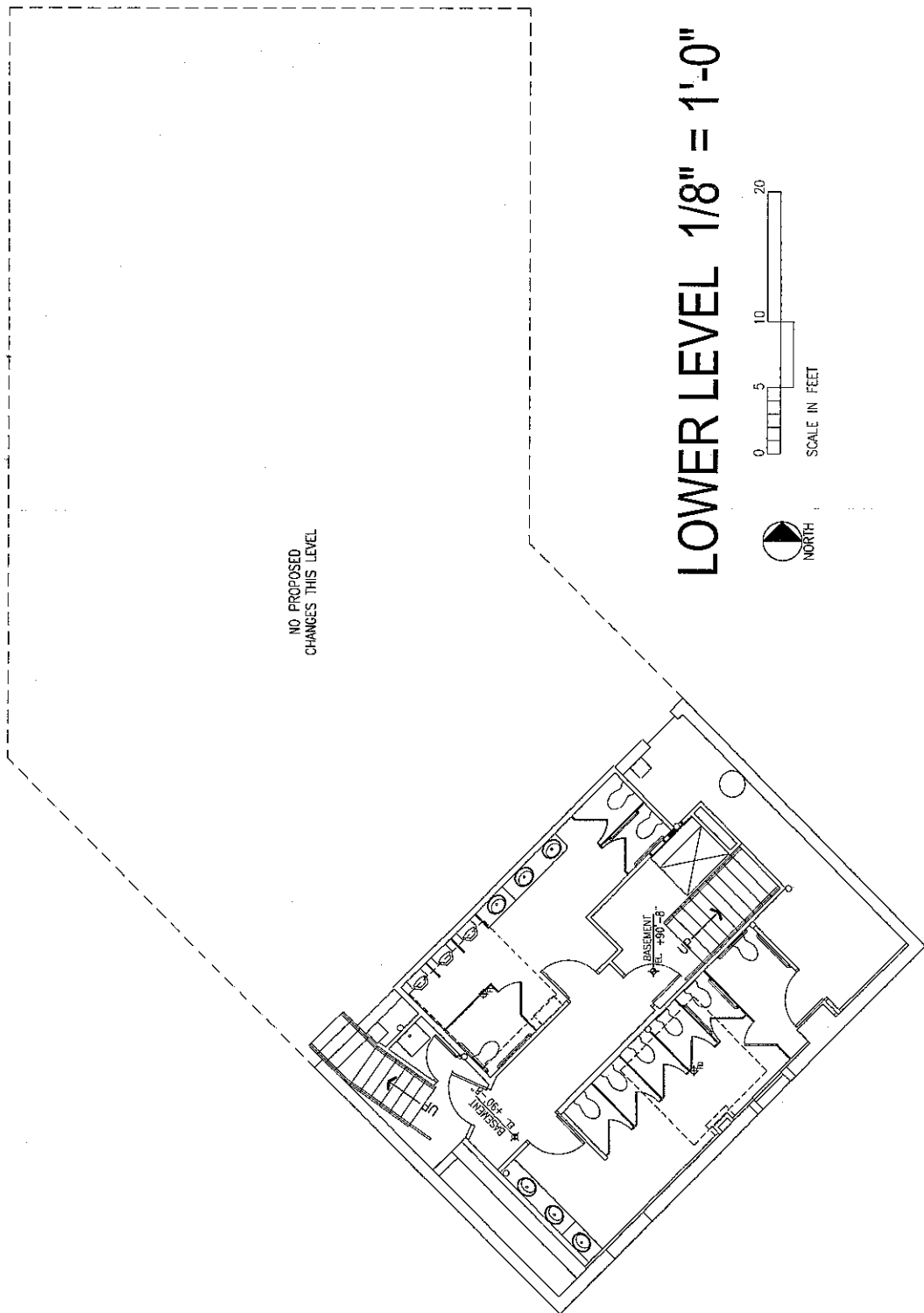
**If you have any questions, please contact the City Clerk's Office at (608) 266-4601.**



FIRST FLOOR 1/8" = 1'-0"

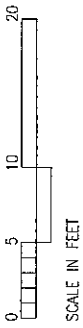


KING STREET

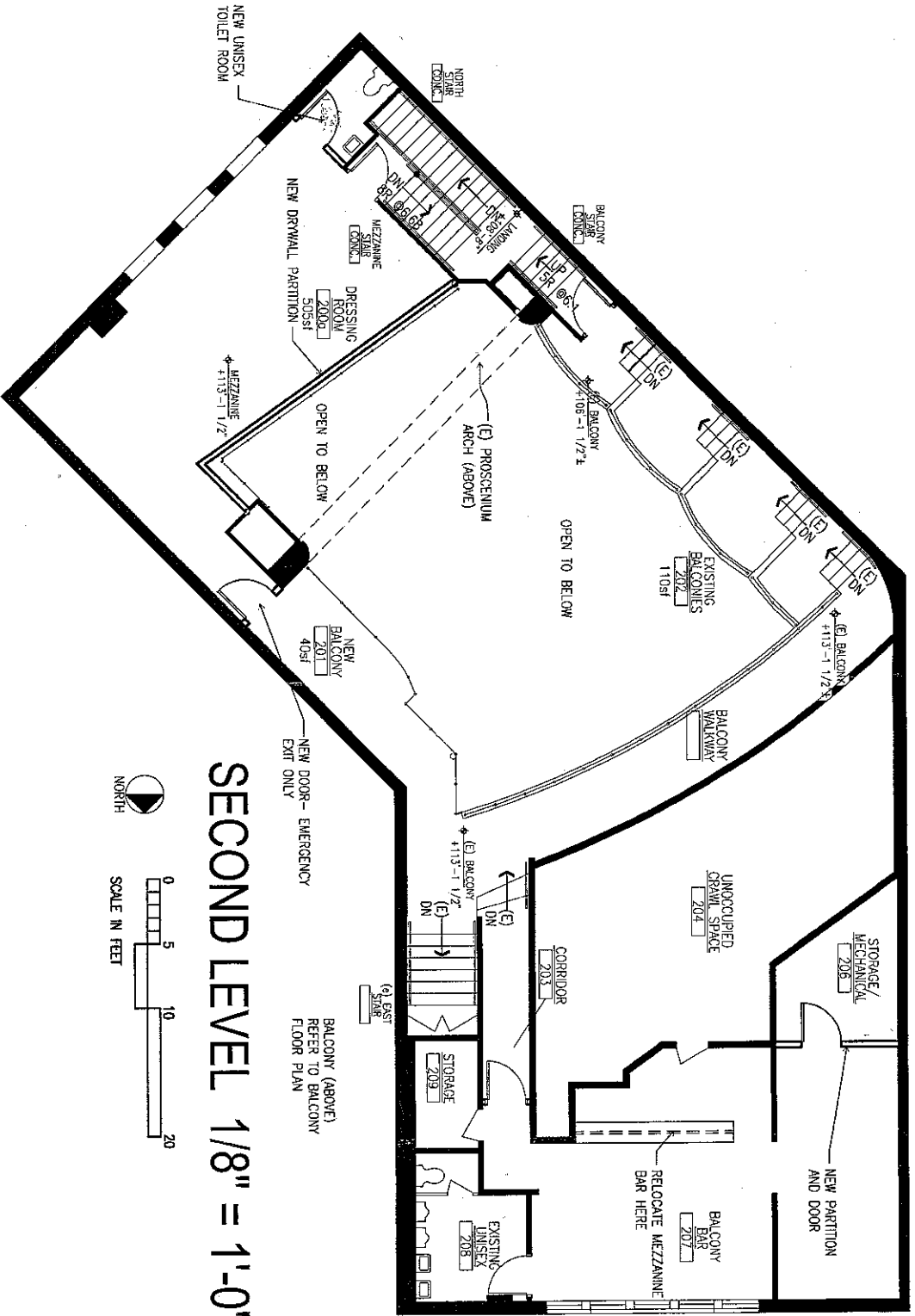


NO PROPOSED  
CHANGES THIS LEVEL

LOWER LEVEL 1/8" = 1'-0"



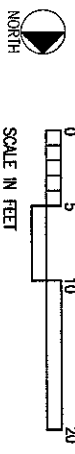


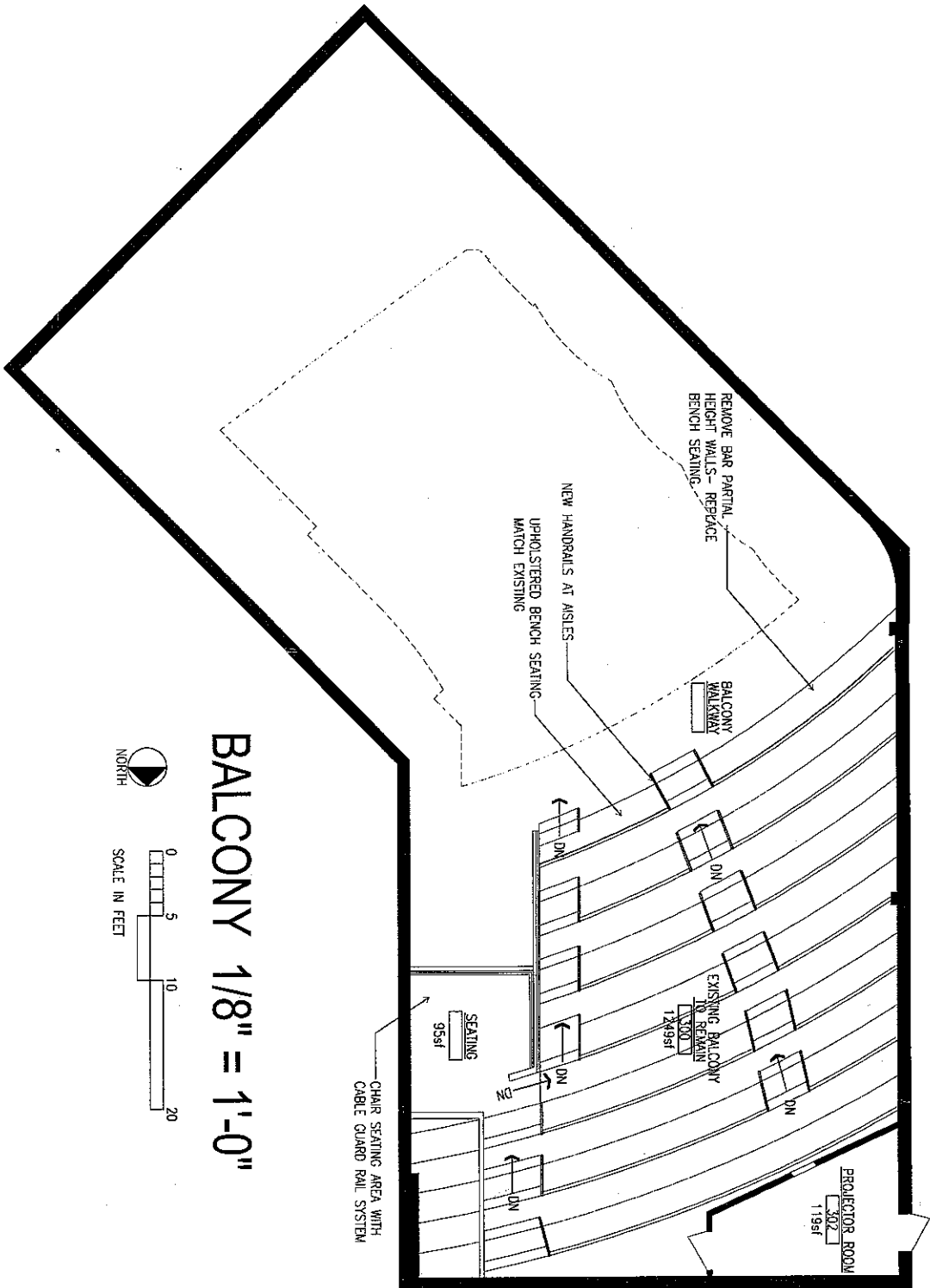


BALCONY (ABOVE)  
REFER TO BALCONY  
FLOOR PLAN

BALCONY (ABOVE)  
REFER TO BALCONY  
FLOOR PLAN

**SECOND LEVEL 1/8" = 1'-0"**





BALCONY 1/8" = 1'-0"

