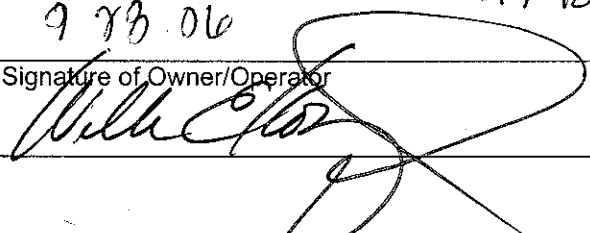


Application Date: 8.17.06

Proof of WI Seller's Permit No 709878

Name of Corporation, Limited Liability Company, Individual Owner, Private Club or Partner(s) <u>COGI, INC.</u>	Liquor/Beer Agent <u>NATHAN HEENEY</u>	
Mailing Address <u>1751 LAKE COOK RD, STE 650</u>	Liquor/Beer Agent Address <u>2733 COMMERCIAL AVE</u>	
City/State/Zip Code <u>DEERFIELD, IL 60015</u>	Liquor/Beer City/State/Zip Code <u>MADISON, WI 53704</u>	
Name of Registered Agent or General Partner <u>CT CORPORATION SYSTEM</u>	Local Contact Person <u>NATHAN HEENEY</u>	Phone Number <u>608-772-4472</u>
Trade Name <u>COGI</u>	Estimated Opening Date <u>9.28.06</u>	
Business Address <u>250 STATE ST. MADISON, WI 53703</u>	Signature of Owner/Operator 	

Private Club? Yes No

License Description	Type	Fee	Number
<u>CLASS B BEER/WINE LICENSE</u>	<u>102 CLASS B</u>	<u>20.00</u>	<u>75668</u>
<u>CLASS C WINE</u>	<u>AND 106 CLASS C</u>	<u>PUBLICATION FEE</u>	<u>75669</u>
Pre-Inspection & License Fees Non-Refundable	TOTAL	\$ <u>20.00</u>	

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 _____ 20 _____ ;
ending _____ 20 _____

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

County of DANE Aldermanic Dist. No _____ (if required by ordinance)

Applicant's Wisconsin Seller's Permit Number: <u>709878</u>	
Federal Employer Identification Number (FEIN): <u>101393749</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Wholesale beer	\$
<input checked="" type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ <u>80</u>
TOTAL FEE	\$ <u>80</u>

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): ▶ COSI, 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	<u>PRESIDENT KEVIN ARMSTRONG</u>	<u>210 N. 4TH ST. DELAWARE, WI 53115</u>	
Vice President/Member			
Secretary/Member	<u>CEO, SECRETARY AND TREASURER</u>		
Treasurer/Member	<u>WILLIAM KOZIEL</u>	<u>1440 MONARCH CR, NAPERVILLE, IL 60564</u>	
Agent	<u>NATHAN HEENEY</u>		
Directors/Managers	<u>MANAGER, NATHAN HEENEY</u>	<u>2733 COMMERCIAL AVE. MADISON, WI</u>	

3 Trade Name ▶ COSI Business Phone Number TBD
4 Address of Premises ▶ 250 STATE ST, MADISON, WI Post Office & Zip Code ▶ 53703-8240

- 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 DE and date 9-19-98 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) PLEASE SEE ATTACHED DRAWING

10 Legal description (omit if street address is given above): ADDRESS PROVIDED

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 17th day of August
Kerry A. MatESP
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES: 08/21/09
(Clerk/Notary Public)
My commission expires 8/21/2009

[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>8-18-06</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>75068175669</u>	

Registrar # 04445

Sector 403
Aid. 4 (Verveer)

* Needs a real premise description *

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), and the Madison Police Department.

- ✓ Alderperson DIST. 4 MIKE VERVEER can be reached at DISTRICT4@CITYOFMADISON.COM, 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.
CAPITOL NEIGHBORHOODS INC # 608.231.1526
- ✓ The Police Department Liaison, Sergeant Emil Quast, can be reached at 266-4451.
LEDELL ZELLER'S

1 Have you contacted the Alderperson, Police Department Liaison and 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 COYL, INC.

4 Telephone Number: 847 444 3700

5 Address of Licensed Premise 250 STATE STREET - MADISON, WI 53703

6 Anticipated opening date: SEPTEMBER 28, 2006

7 Mailing address if not opening immediately 1751 LAKE COOK ROAD, STE 650
DEERFIELD, IL 60015

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:
PREMIUM CONVENIENCE RESTAURANT THAT OFFERS BREAKFAST, LUNCH, AFTERNOON COFFEE, DINNER & DESSERT.

10 Describe building in detail, 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.**
PLEASE SEE ATTACHED FLOOR PLAN

11. Are any living quarters directly or indirectly accessible and under control of the applicant? Yes No
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. 10 PARKING SPOTS NEXT TO BUILDING PER THE LEASE - COSI PAYS SALES TAX ON SPOTS

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

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 CT CORPORATION SYSTEM
Name
8005 EXCELSIOR DR., SUITE 200 MADISON, WI 53717
Address City State Zip

15 Excluding pre-packaged snacks, how late will food be served? 10PM SUN-THUR. 11PM FRI & SAT

16 What type of food will you be serving, if any? SANDWICHES, SALADS, MELTS, SOUP. . . SAN

17. Indicate any other product/service offered: PLEASE SEE ATTACHED MENU

18. Describe your target market. ADULTS AGED 18-34 WITHOUT CHILDREN & UPSCALE SUBURBANITES & METRO ELITES OF ALL AGES.

19 Describe how you plan to advertise/promote your business. STANDARD MARKETING

20 What is your estimated capacity? 116

21. Are you operating under a lease or franchise agreement? Yes No (If yes, attach a copy)

22. Owner of building where establishment is located: HENRY JOHNSON FAMILY LP
Address of Owner: 401 N. CARROLL ST. MADISON, WI Phone Number 608.757.0681

23 Individual or Partnership only: 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.

24 Corporation/LLC only: Will liquor/beer agent be a Wisconsin resident at the time of granting? Yes No

25 Corporation/LLC only: Agent must disclose interest held in business: 0 %

26. Corporation/LLC only: Has agent completed the Beverage Server Training Course? Yes No

License cannot be issued until proof of Beverage Server Training completion is shown.

27 Corporation/LLC only: List Directors, Stockholders, and Managers below

Director(s) Name	Home Address
KEVIN ARMSTRONG	216 N 4TH ST, DELAVAN, WI
WILLIAM KOZIEL	1440 MONARCH CR. NAPERVILLE, ILLINOIS

Stockholder's Name	Address	Extent of Ownership%
PUBLIC COMPANY - PLEASE SEE ATTACHED		

Manager's Name	Address	Business Phone	Home Phone
NATHAN HEENEY	2733 COMMERCIAL AVE. MADISON, WI 53704	608.778.4477	608.778.4478

28 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 **NA**

29. Restaurant/Tavern Establishment Alcohol Beverage & Food Sales Report 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	2 %
Percent Gross Receipts from Food ^{NON-ALCOHOL} & BEVERAGE	98 %
Percent Gross Receipts from Other	%
Total Gross Receipts	100 %

Do you have written records to document the percentages shown? Yes No **—ESTIMATES AS**
 You may be required to submit documentation verifying the percentages you've indicated. **STORE IS NOT OPEN YET.**

30. What type of establishment are you? (Check all that apply) Tavern Restaurant Nightclub
 Other Please explain: _____

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 17th day of August, 2006

Kerry A. Matesi
 (Clerk/Notary Public)

My commission expires 8/21/06

[Signature] **PRESIDENT/CEO**
 (Officer of Corporation/Member/Manager of LLC/Partner/Individual)
[Signature]
 (Officer of Corporation/Member/Manager of LLC/Partner/Individual)
[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.