

Liquor/Beer License Application

City of Madison Clerk

(Age	enda Ite	em Num	iber)		
		ie numb 3~2.0		\sim	> -
(Lice	ense nu	ımber)		o 8	<i>(,</i>
(Ald	- B €N er Disti C	rict #) Iffice l	(Pol	ce Sect	cv)

210 MLK Jr Blvd, Room 103 S A: □ Beer, □ Liquor, □ Cider Madison, WI 53703	(Alder District #) (Police Sector) Office Use Only
S B: N Beer, □ Liquor, licensing@cityofmadison.com Class C Wine 608-266-4601	BASSICAL ARTHUR SIGNA AND STATE AND ARTHUR A
Trade Name (doing business as) Double 10 Mini F	lot Pot
Address to be licensed . 600 Williamson St. E.	Madison WI 5377
Mailing address 600 Williamson St. E. Madiso	n WI 53703
Anticipated opening date 0/ /01 /2022	
Is the applicant an employee or agent of, or acting of behalf on named in question 1? No Yes (explain)	f anyone except the applicant
Does another alcohol beverage licensee or wholesale permitee business? No Yes (explain)	have interest in this
stored. Include all rooms including living quarters, if used, and the sales, service, and/or storage of alcohol beverages and receive sold and stored only on the premises as approved by Complicense. We have one beverages cooler next we will olar sale alcohol beverage.	t any outdoor seating used for ceipts. Alcohol beverages may non Council and described on the Cashier register, inside of
	SA: Beer, Liquor, Cider Madison, WI 53703 SB: Weer, Liquor, Class C Wine Bos-266-4601 tion A - Applicant List the name of your Sole Proprietor, Partnership, Coorganization or Limited Liability Company exactly as it apprepermit. Suffaver Double 10 LLC Trade Name (doing business as) Double 10 Mini haddress to be licensed 600 Williamson St. E. Madiso Anticipated opening date 01 101 12022 Is the applicant an employee or agent of, or acting of behalf on named in question 1? No Yes (explain) Does another alcohol beverage licensee or wholesale permittee business? No Yes (explain) tion B—Premises Describe in words the building or buildings where alcohol beverages and repeated and stored only on the premises as approved by Compilicense. We have one beverages Cooler next well will oling Sale Alcohol heverages.

9.	Applicants for on-premises consumption only. Estimated capacity (patrons and emplo				
	Indoor:O				
10.	Describe existing parking and how parking lot is to be monitored.				
	Six Public Parking, space				
11.	Was this premises licensed for the sale of liquor or beer during the past license year?				
	□ No □ Yes, license issued to (name of licensee)				
This only	section C—Corporate Information section applies to corporations, nonprofit organizations, and Limited Liability Companies Sole proprietorships and partnerships, skip to Section D.				
12.	Name of liquor license agent <u>Yun Fens</u> <u>Pan</u>				
13.	City, state in which agent resides Verona WZ				
	How long has the agent continuously resided in the State of Wisconsin?				
15.	Has the liquor license agent completed the responsible beverage server training course?				
	☐ No, but will complete prior to ALRC meeting ☐ Yes, date completed				
16.	State and date of registration of corporation, nonprofit organization, or LLC. $\sqrt{ SCans n}$				
17.	In the table below list the directors of your corporation or the members of your LLC. □ Attach background check forms for each director/member. □ Title				
18.	Registered agent for your corporation or LLC. This is your agent for service of process, notice or demand required or permitted by law to be served on the corporation. This is not necessarily the same as your liquor agent. You Pan				
19.	Is applicant a subsidiary of any other corporation or LLC?				
	No				
20.	Does the corporation, any officer, any director, any stockholder, liquor agent, LLC, any member, or any manager hold any interest in any other alcohol beverage license or permit in Wisconsin?				
	No 🗆 Yes (explain)				

Section D—Business Plan 21. What type of establishment is contemplated? ☐ Tavern ☐ Nightclub ☐ Restaurant ☐ Liquor Store ☐ Grocery Store								
	☐ Convenience Store without gas pumps ☐ Convenience Store with gas pumps							
	Other							
22.	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? No Yes							
23.	Hours of operation: please enter opening and closing times in the table below.							
	Sunday Monday, Tuesday Wednesday Thursday Friday Saturday							
	1130-930 7 10 11-10 11-10 11-10 11-10							
	(Class B only) Enter below any hours when food service will not be available, if applicable							
This (cor 24.	consumption on Premises his section applies to Class B and Class C applicants only. Class A license applicants consumption off premises) may skip to Section F. Indicate any other product/service offered. All restaurants and taverns serving alcohol must substantiate their gross receipts for food and alcohol beverage sales broken down by percentage. (Note: Non-alcoholic drinks are classified as "Food.") New establishments estimate percentages:							
26.	Do you have written records to document the percentages shown? No Yes You may be required to submit documentation verifying the percentages indicated. Do you plan to have live entertainment? No Yes—what kind?							
	If planned entertainment includes live music (except solo acoustic), a DJ, or a designated dance floor, please also complete an Entertainment License.							
	ection F—Required Contacts and Filings 7. I understand that liquor/beer license renewal applications are due April 15 of every year, regardless of when license was initially granted. No Yes							
28.	. I understand that I am required to host an information session at least one week before the ALRC meeting. \Box No \Box Yes							
29.	I agree to contact the Alderperson for this location to discuss my application and to invite the Alderperson to my information session. \square No \square Yes							

30.	I agree to contact the Police Department District Captain for this location prior to the ALRC meeting. ☐ No ☐ Yes
31.	I agree to contact the Deputy Clerk prior to the ALRC meeting. No Yes
32.	I agree to contact the neighborhood association representative prior to the ALRC meeting. \Box No \Box Yes
33.	I intend to operate under the alcohol license within 180 days of the Common Council granting this license. The license shall be considered surrendered if not issued within 180 days of being granted. \square No \square Yes
34.	I understand we must file a Special Occupational Tax return (TTB form 5630.5) before beginning business. [phone 1-800-937-8864] \square No \bowtie Yes
35.	I understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in question 1, above. [phone 608-266-2776] \square No \square Yes
36.	Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? No Yes
Sec	ction G—Information for Clerk's Office
37.	This application is for the license period ending June 30, 20 22.
38.	State Selier's Permit 4 5 6 - 1 0 3 0 9 4 10 8 7 9 - 0 2
39.	Federal Employer Identification Number 85-2075508
40.	Who may we contact between 8 a.m. and 4:30 p.m. regarding this license?
	Contact person Pan
	Business phone 608630988 Z Business e-mail address Double 10 Marison agn
	Preferred language Chinese, Mandarin
	If needed, a qualified interpreter can be provided at no charge to you. Would you like an interpreter? Yes (language:
	Si usted requiere o necesita un/a intérprete, nosotros podemos proveer un/a intérprete sin costo alguno. ¿Le gustaría tener un/a intérprete? ☐ Sí, lenguaje: ☐ No. Si usted escoge "no" en la solicitud/aplicación, y usted sí requiere un/a intérprete, el comité remitirá su solicitud para una nueva junta y esto puede atrasar el proceso de su solicitud.
41.	Corporate attorney, if applicable: Name
	Phone F-mail

NOTICE: Completed application are due by noon of the third Monday (fourth, if the Clerk's office is closed on the third Monday) to get on the agenda for the proceeding months Alcohol License Review Committee. A completed application must be accompanied by the following items:				
☐ Member background investigation form	ness Tax Registration Certificate), Appointment s, Articles of Incorporation (if Corp/LLC), Fig. Sample Menu (if applying for Class B license)			
If required items are missing, the application Office until all requirements are submitted.	on will not be considered complete and will not be a No exceptions are made.	ccepted by the Clerk's		
been truthfully completed to the best of the to law, and that the rights and responsibilit	enalty provided by law, the applicant states that the e knowledge of the signer. Signer agrees to operate ies conferred by the license(s), if granted, will not be emises during inspection will be deemed a refusal to s for revocation of this license.	the business according pe assigned to another.		
Penalty for materially false application infor on this application may be required to forfe	mation: Any person who knowingly provides mater it not more than \$1,000.	ially false information		
(Officer of Corporation/Member of LLC/Partner/S	8 12/14/2	2021		
Clerk's Office checklist for complete a	(Date)			
 □ WI Seller's Permit Certificate (matching articles of incorporation) □ FEIN □ Written description of premises 	☐ Background investigation form(s) ☐ Form for surrender of previous license ☐ *Articles of Incorporation ☐ *Appointment of Agent * Corporation/LLC only	☐ Floor Plans ☐ Lease ☐ Business Plan ☐ **Sample Menu ** Class B only		
silonino il come della comparazioni di la comparazioni di la comparazioni di la comparazioni di la comparazione	Clerk's Office issued to the application:			
☐ Orange sign ☐ Orange business ☐ "Applying for a Liguor/Beer License	s card e in the City of Madison" brochure with contact	information		
Date complete application filed with Clerk's		IIIOIIIauoii		
	ate license granted by Common Council			
Date provisional issued	♥####################################			