

# ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning 7-1-10 20 6-30-11  
 ending 6-30-11 20 6-30-11

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>W001938200-01</u>	
Federal Employer Identification Number (FEIN): <u>90-0157234</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Wholesale beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$
<b>TOTAL FEE</b>	\$

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): Rainbow Clover LLC  
Janus Glenn K. 123 W. Washington Ave. Madison 53703

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			
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<u>Glenn K Janus</u>	<u>Owner 123 W. Washington Ave</u>	<u>Madison 53703</u>
Directors/Managers			

3. Trade Name Shamrock Bar Business Phone Number 608-255-5029  
 4. Address of Premises 127 W. Main St. Post Office & Zip Code Madison, 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 4-1-5 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) 2000sqft space with storage in basement.  
 10. Legal description (omit if street address is given above): Bar and Grill  
 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? Rainbow Clover 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 17th day of May, 20 10

Glenn Tatar Schmitz  
 (Clerk/Notary Public)

My commission expires 9-23-2012

[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>5-17-2010</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

## City of Madison Supplemental Class B License Application

<input checked="" type="checkbox"/> Seller's Permit Number <input checked="" type="checkbox"/> Federal Employer Identification # <input checked="" type="checkbox"/> Notarized Original Application Form <input checked="" type="checkbox"/> Notarized Supplemental Form <input checked="" type="checkbox"/> Orange Sign (Clerk's Office provides at time of application)	<input checked="" type="checkbox"/> Written Description of Premise <input checked="" type="checkbox"/> Background Investigation Form(s) <input type="checkbox"/> Notarized Transfer of Ownership <input checked="" type="checkbox"/> *Articles of Incorporation <input checked="" type="checkbox"/> *Notarized Appointment of Agent * Corporation/LLC only	<input checked="" type="checkbox"/> Floor Plans <input type="checkbox"/> Lease <input type="checkbox"/> Sample Menu <input type="checkbox"/> Business Plan
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1. Name of Applicant/Partner/Corporation/LLC Rainbow Clover LLC dba Shamrock Bar

2. Address of Licensed Premise 117 W. Main St. Madison WI 53703

3. Telephone Number: 608-255-5029 4. Anticipated opening date: 7-1-10

5. Mailing address if not opening immediately \_\_\_\_\_

6. 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

7. Are there any special conditions desired by the neighborhood?  Yes  No

Explain. \_\_\_\_\_

8. Business Description, including hours of operation: Bar and Grill 2pm - close Daily

9. Do you plan to have live entertainment?  No  Yes—What kind? DJ - Karaoke

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.**

2000 sqft, 2 floor space with seating on first floor and storage on 2nd-Basement level!

There is not lease on title of space month-to-month from Beging.

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. Street Parking and Dane County Parking Ramp.

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

20 plus years of restaurant experience using 20 employees

14 Identify the **registered agent** for your Corporation or LLC. This is your corporation's agent for service of process, notice or demand required or permitted by law to be served on the corporation.

Glenn K Johns 123 W. Washington Ave Madison, WI 53703  
Name Address

15. Utilizing your market research, who would you project your target market to be?

Existing LGBT market.

16. What age range would you hope to attract to your establishment? 21 - Retiree

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

Inhouse Advertising pushing food and drink

18. Are you operating under a lease or franchise agreement?  Yes (attach a copy)  No

19. Owner of building where establishment is located: Larry Litchie

Address of Owner: 123 W. Main St. Madison WI 53703 Phone Number 608-257-4806

20. 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

21. List the Directors of your Corporation/LLC

Glenn K Johns 123 W. Washington Ave #203 Madison 53703  
Name Address

Name Address

Name Address

22. List the Stockholders of your Corporation/LLC

Glenn K Johns 123 W. Washington Ave #203 100%  
Name Address % of Ownership

Name Address % of Ownership

Name Address % of Ownership

23. What type of establishment are you? (Check all that apply)  Tavern  Nightclub  Restaurant

Other Please Explain \_\_\_\_\_

24. What type of food will you be serving, if any? Breakfast on weekends, Lunch menu full bar

Breakfast  Lunch  Dinner

25. Please submit a sample menu with your application, if possible. What might eventually be included on your operational menu when you open?  Appetizers  Salads  Soups  Sandwiches  Entrees

Desserts  Pizza  Full Dinners

26. During what hours of your operation do you plan to serve food? 10am - 1am

27. What hours, if any, will food service not be available? after 1am - kitchen cleanup
28. Indicate any other product/service offered. \_\_\_\_\_
29. Will your establishment have a kitchen manager?  Yes  No
30. Will you have a kitchen support staff?  Yes  No
31. How many wait staff do you anticipate will be employed at your establishment? three  
During what hours do you anticipate they will be on duty? 10am - 2pm
32. Do you plan to have hosts or hostesses seating customers?  Yes  No
33. Do your plans call for a full-service bar?  Yes  No  
If yes, how many bar stools do you anticipate having at your bar? 22  
How many bartenders do you anticipate you would have working at one time on a busy night? 2-3
34. Will there be a kitchen facility separate from the bar?  Yes  No
35. Will there be a separate and specific area for eating only?  Yes  No  
If yes, what will be the seating capacity for that area? \_\_\_\_\_
36. What type of cooking equipment will you have?  Stove  Oven  Fryers  Grill  Microwave
37. Will you have a walk-in cooler and/or freezer dedicated solely to the storage of food products?  Yes  No
38. What percentage of your overall payroll do you anticipate will be devoted to food operation salaries?  
15%
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? 0  
What percentage of your advertising budget do you anticipate will be drink related? 0
40. Are you currently, or do you plan to become, a member of the Madison—Dane County Tavern League or the Tavern League of Wisconsin?  Yes  No
41. Are you currently, or do you plan to become, a member of the Wisconsin Restaurant Association or the National Restaurant Association?  Yes  No
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42. What is your estimated capacity? 120

43. 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.

Gross Receipts from Alcoholic Beverages	82 %
Gross Receipts from Food and Non-Alcoholic Beverages	15 %
Gross Receipts from Other	3 %
Total Gross Receipts	100%

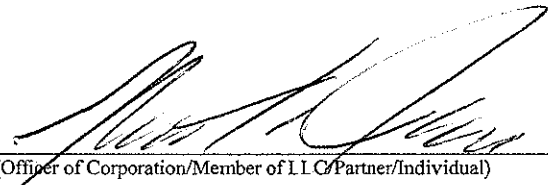
44. Do you have written records to document the percentages shown?  Yes  No  
You may be required to submit documentation verifying the percentages you've indicated.

**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 signer. Signer agrees 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. 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 17<sup>th</sup> day of May, 2010

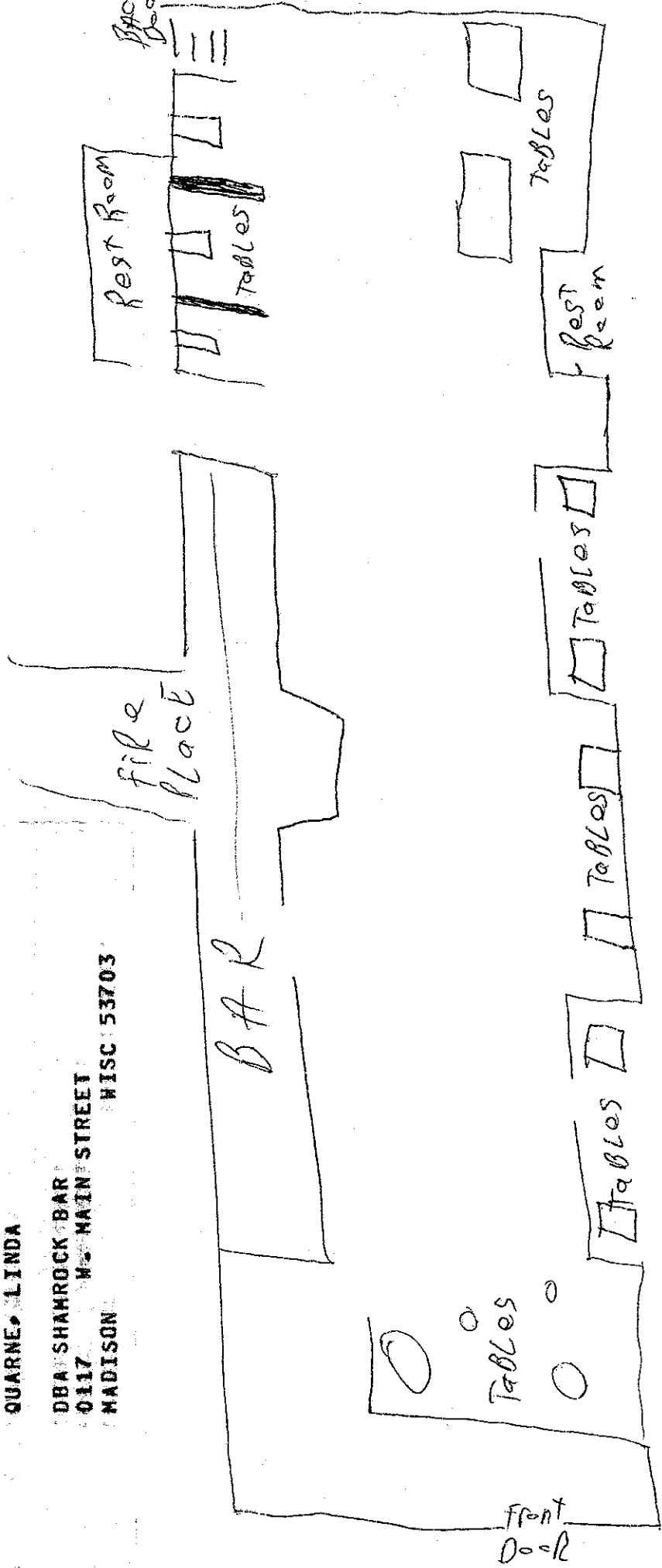
Juan Luis Schmitz  
(Clerk/Notary Public)

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

My commission expires 9-23-2010

QUARNE, LINDA

DBA SHAMROCK BAR  
0117 W. MAIN STREET  
MADISON WISC 53703



20' wide  
100' long

GKS

9-7-05

# Appointment of New Liquor/Beer Agent

## To be completed by Corporate Officer or Member of LLC

I, Glenn K Janus, officer/member for Rainbow Clover LLC

(Corporation/LLC), doing business as Shamrock Bar, authorize and appoint

Glenn K Janus (Name) as the liquor/beer agent for the premise

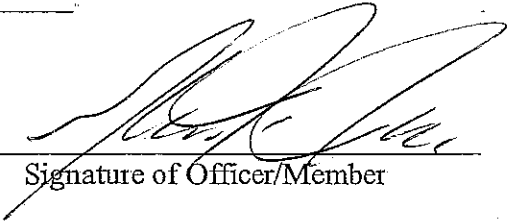
located at 117 W. Main St.

Subscribed and sworn to before me this

17<sup>th</sup> Day of May, 2010

Glenn Trest Schmitz  
Notary Public, Dane County, Wisconsin

My Commission Expires 9-23-2012

  
Signature of Officer/Member

## To be completed by appointed Liquor/Beer Agent

I, Glenn K. Janus, appointed liquor/beer agent for

Rainbow Clover LLC (name of Corporation or LLC), being first duly sworn

say I have vested in me, by properly authorized and executed written delegation, full authority

and control of the premise described in the license of such corporation or limited liability

company, and I am involved in the actual conduct of the business as an employee, or have a

direct financial interest in the business of the licensee, therein relating to the intoxicating

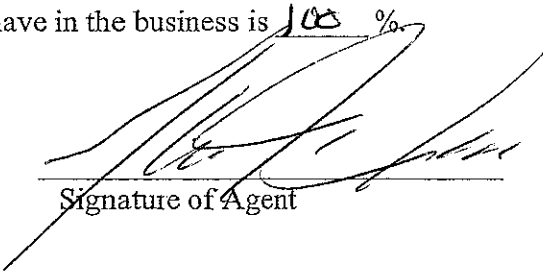
liquor/fermented malt beverage. The interest I have in the business is 100 %

Subscribed and sworn to before me this

17<sup>th</sup> Day of May, 2010

Glenn Trest Schmitz  
Notary Public, Dane County, Wisconsin

My Commission Expires 9-23-2012

  
Signature of Agent

The appointed Liquor/Beer Agent must complete the other side of this form.