

# 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:	
Federal Employer Identification Number (FEIN):	
LICENSE REQUESTED ▶	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Wholesale beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$
<b>TOTAL FEE</b>	<b>\$</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): IMPACT LIQUOR SPECIAL 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.

President/Member MANAGER DAVID K. KUDJAWU Home Address 736 BRAXTON PL. MADISON 53715 Post Office & Zip Code Box 14311 MADISON WI, 53708  
Vice President/Member \_\_\_\_\_  
Secretary/Member \_\_\_\_\_  
Treasurer/Member \_\_\_\_\_  
Agent ▶ DAVID K. KUDJAWU  
Directors/Managers \_\_\_\_\_

3. Trade Name ▶ IMPACT LIQUOR SPECIAL LLC Business Phone Number 608-212-1649  
4. Address of Premises ▶ 745 S. GAMMON RD, MADISON, WI 53719 Post Office & Zip Code ▶ Box 14311, MADISON, WI 53708

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 WISCONSIN and date 06-18-10 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 ) 745 S. GAMMON RD, MADISON, WI 53719

10. Legal description (omit if street address is given above): \_\_\_\_\_  
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 29th day of June, 20 10

Jane Tute 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)  
[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>6/29/10</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>90355, 90356</u>	

## City of Madison Supplemental Class A License Application

<input type="checkbox"/> Seller's Permit Number <input type="checkbox"/> Federal Employer Identification # <input checked="" type="checkbox"/> Notarized Original Application Form <input checked="" type="checkbox"/> Notarized Supplemental Form <input type="checkbox"/> Orange Sign (Clerk's Office provides at time of application)	<input checked="" type="checkbox"/> Description of Licensed Premise <input checked="" type="checkbox"/> *Notarized Appointment of Agent <input type="checkbox"/> Background Investigation Form(s) <input type="checkbox"/> Notarized Transfer of Ownership <input checked="" type="checkbox"/> *Articles of Incorporation	<input checked="" type="checkbox"/> Floor Plans <input checked="" type="checkbox"/> Lease <input type="checkbox"/> Sample Menu <input checked="" type="checkbox"/> Business Plan <small>* Corporation/LLC only</small>
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1. Name of Applicant/Partner/Corporation/LLC IMPACT LIQUOR SPECIAL LLC
2. Address of Licensed Premise 745 S GAMMON RD, MADISON WI 53719
3. Telephone Number: 608-212-1649 4. Anticipated opening date: 01-09-2010
5. Mailing address if not opening immediately P.O. Box 14311, MADISON, WI 53708
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. What type of establishment is contemplated?  Liquor Store  Grocery Store  
 Convenience Store - Gas Pumps  Yes  No  Other—Explain \_\_\_\_\_

9. Business Description: LIQUOR STORE - RETAILING

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.**

LIQUOR STORE - RETAIL COUNTER AREA

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. ADEQUATE CAR PARKING AREA FOR SHOPPERS

13. Describe your management experience, staffing levels, duties and employee training.  
WIDE EXPERIENCE IN MANAGEMENT POSITION IN INDUSTRIES AND ONE TIME OWNER AND MANAGER OF OWN PRINTING PRESS.

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  
DAVID K. KUNJAWU, 745 S. GAMMON ROAD, MADISON WI 53719  
 Name Address

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

ADULT PUBLIC GROUP

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

NET, MASS MEDIA FOR ADULTS

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

18. Owner of building where establishment is located: VITTHAL SHAH d/b/s YAMUNA LLC

Address of Owner: 2001 FULLERTON DR, PRAIRE DU SAC WI 53578 Phone Number 608-469-6399

19. 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

20. List the Directors of your Corporation/LLC

DAVID K. KUDJAWU 745 S. GAMMON RD, MADISON, WI 53719

Name Address

Name Address

Name Address

21. List the Stockholders of your Corporation/LLC

DAVID K. KUDJAWU 745 S. GAMMON RD, MADISON, WI 53719

Name Address % of Ownership

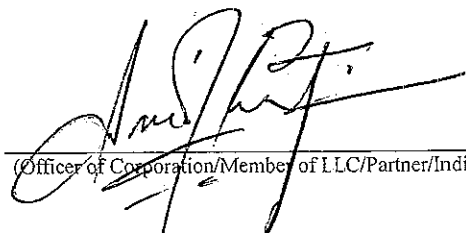
Name Address % of Ownership

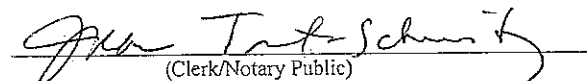
Name Address % of Ownership

**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:

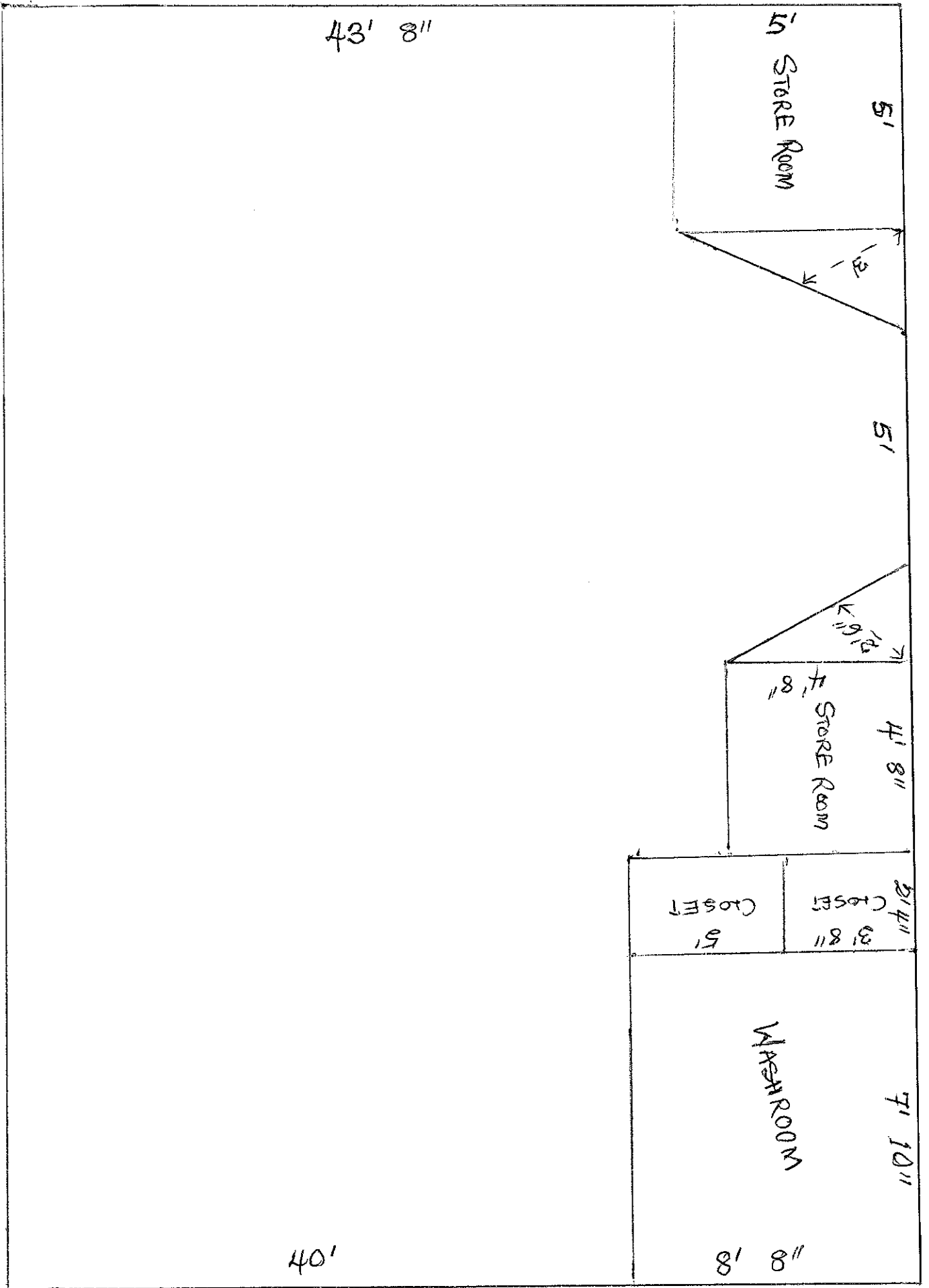
this 29th day of June, 2010

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

  
(Clerk/Notary Public)

My commission expires 9-23-2012

FLOOR PLAN - IMPACT LIQUOR SPECIAL



**BUSINESS PLAN**

**IMPACT LIQUOR SPECIAL LLC**

**JUNE 28, 2010**

# **Business Plan**

## **The Business Profile**

Products, liquor, beer, snack, soda and tobacco products.

## **Targeted Market and Customers**

Adult of all ages, gender, social and educational standing.

## **Growth Trends in This Business**

The market for my product is growing.

## **Pricing power**

Quick services will give me advantage over my competitors.

Pricing will go according to standard regulation.

## **The Vision and The People**

I love to own a business. I know I can be passionate, because anything I set out to do I always do it well. I enjoy working with the public.

## **Work Experience Related to My intended Business**

Successful managing proprietor of a small printing press. Has rich diverse experience in printing, publishing, marketing and advertising production.

## **Personal Background and Education credentials**

Well trained and educated in general printing, management in printing, costing and estimating, advertising and marketing. Have a Certificate in Management in Printing. Holds Full Technology Certificate in Printing, equivalent to a BS and a Diploma in Advertising and Marketing.

**Organization**

I plan to hire a Sales Associate to assist to handle day-to-day operations. This will be necessary for my business. I will start with 1-2 employees and as business grow I will employ more staff. All employees will go through criminal background check, work history and personal background before employment.

**Licenses, Permits and Business Name**

Impact Liquor Special LLC is located at 745 South Gammon Road Madison, Wisconsin 53719. Impact will seek Liquor, beer and tobacco products licenses, Seller permit and FIN before operation.

**Insurance**

Business will be fully insured. We are currently shopping for insurance.

**Premises**

Floor plan is attached with the lease agreement.

**Internal Controls**

Regular stock audit will be conducted with modern equipments to be installed to assist in maintaining the process.

**Financing**

I have to use some of my savings and bank loans or small business loans being sorted from US Bank and Wells Fargo.

**E-Commerce**

To create information about my business.

### **Acquisitions**

Procedure for acquisitions, bankers will be establish and other agents such attorney, and accountant will be appointed to work together in order to establish good recording system so that Sellers records can be inspected, Financial statements, income tax returns, sale backlog, cash deposit records, utility bills, accounts payable and receivable, backlog, financial comparisons of similar businesses, etc.

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### **Marketing Plan**

Using the internet and all other kinds of mass media available.