

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning JULY 1st 20 09 ;
ending JUNE 30th 20 10

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

County of DANE Aldermanic Dist No. _____ (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): VON KULMBACH 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

	Title	Name	Home Address	Post Office & Zip Code
President/Member	<u>MEMBER</u>	<u>CHRISTOPHER J. KALMBACH</u>	<u>405 N. SHERMAN AVE.</u>	<u>53704</u>
Vice President/Member				
Secretary/Member				
Treasurer/Member				
Agent		<u>CHRISTOPHER KALMBACH</u>		
Directors/Managers				

- 3 Trade Name ▶ KNUCKLE DOWN SALOON Business Phone Number 608-222-7800
4 Address of Premises ▶ 2513 SEIFERTH RD. Post Office & Zip Code ▶ 53716

- 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 1-25-10 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) BLG. 40' x 60' / ALC. SERVED BAR, SEATING AREA, DECK, PARKING LOT

- 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? HABDET, INC.
- 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 26th day of January, 20 10

[Signature]
(Clerk/Notary Public)

My commission expires 9-23-2012

[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

(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>1-26-10</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>88827</u>	

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

NEARBY RESIDENTIAL, EMPLOYEES OF LOCAL BUSINESSES

16. What age range would you hope to attract to your establishment? 21 AND UP

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

MAILERS, ENTERTAINMENT PERIODICALS, NEWSPAPERS
FOOD SPECIALS, BANDS

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

19. Owner of building where establishment is located: COMMERCIAL PARTNERS II LLC

Address of Owner: P.O. Box 46425, MADISON, WE. 53572 Phone Number 608-275-7000

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

CHRIS KALMBACH 405 N. SHERMAN AVE. MADISON WE 53704

Name

Address

Name

Address

Name

Address

22. List the Stockholders of your Corporation/LLC

CHRIS KALMBACH 405 N. SHERMAN AVE. MADISON WE 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? BURGERS, LOOSE MEAT SANDWICHES, PIZZA, DEEP FRY

Breakfast Lunch Dinner WILL EXPLORE POTENTIAL FOR BREAKFAST

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? 11AM - 1AM

27. What hours, if any, will food service not be available? 1 AM TO CLOSE
28. Indicate any other product/service offered NONE
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? ~~ONE TO FIVE~~ 1-2
During what hours do you anticipate they will be on duty? 11 AM - 2 PM
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? 20
How many bartenders do you anticipate you would have working at one time on a busy night? 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?
50%
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? _____
What percentage of your advertising budget do you anticipate will be drink related? _____
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

42. What is your estimated capacity? 99

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.

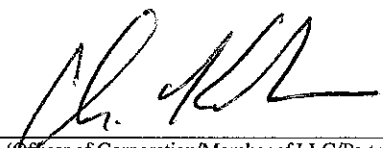
Gross Receipts from Alcoholic Beverages	50 %
Gross Receipts from Food and Non-Alcoholic Beverages	50 %
Gross Receipts from Other	%
Total Gross Receipts	100%

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.

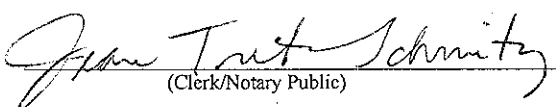
Read carefully before signing: Under penalty provided by law, the applicant states that the above information has been truthfully completed to the best of the knowledge of the signer. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), 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 ^{26th}~~25th~~ day of JANUARY, 2010

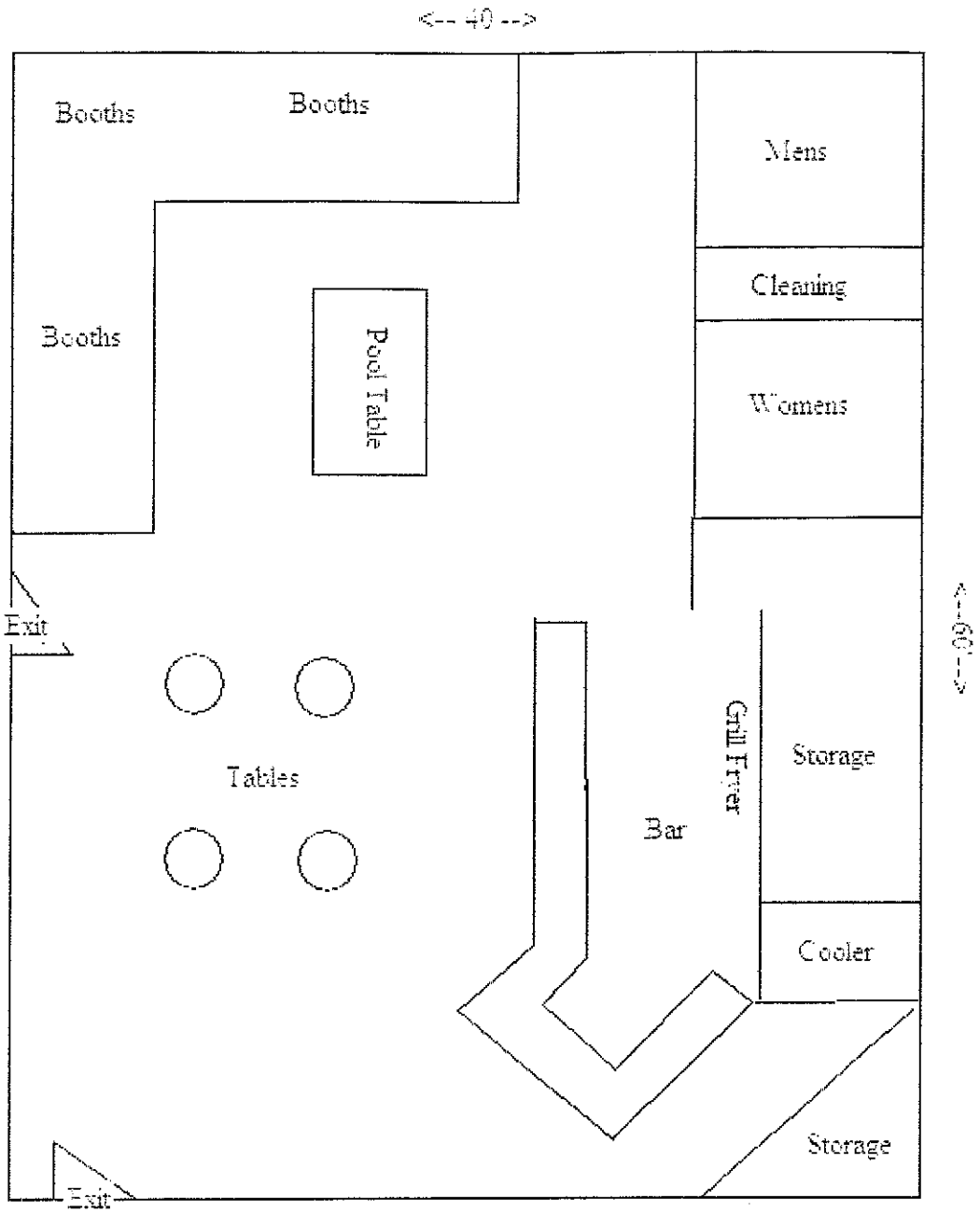


(Officer of Corporation/Member of LLC/Partner/Individual)



(Clerk/Notary Public)

My commission expires 9-23-2012



Knuckle Down Saloon
 2513 Seiferth Rd.