ORIGINAL ALCOHOL BEVERAGE LICEN	SE APPLICATION	Applicant's Wisconsin Seller's Permit Number:	
Submit to municipal clerk.		Federal Employer Identification Number (FEIN): 27-174	75-6-6
For the license period beginning JVLY IST	20 09 ;		
ending JUNE 30Th	20 1()	LICENSE REQUEST	_,`
Cilding SONE SOTI		Class A beer	FEE S
Town of 1	^	Class B beer	\$
TO THE GOVERNING BODY of the: To Village of	ADISON	123	
Eity of		— Wholesale beer	\$
		Class C wine	\$
County of DANE Aldermanic Dist No	O (if required by ordinance	e) Class A liquor	\$
	_	Class B liquor	\$
	LIMITED LIABILITY COMPANY	Reserve Class B liquor	\$
CORPORATION/NONPROFIT ORGANIZATIO	N	Publication fee	\$
hereby makes application for the alcohol beverage license(s) cher	cked above	TOTAL FEE	\$
2 Name (individual/partners give last name, first, middle; corporation		stered name):	
Vice President/MemberSecretary/MemberTreasurer/Member	poration or nonprofit organization, each person Name Hor STOOPHER J. KALMRACH	and by each member/manager a ne Address Post 105 N. SHERMAN AVE.	y each member of a nd agent of a limited Office & Zip Code
Agent CHRISTOPHER KALMBACH			
Directors/Managers			
3. Trade Name \ KNUCKLE Down SALOON	Business	Phone Number <u>608 - 272</u>	7800
4 Address of Premises > 2513 SEIFERTH RE	Post Offic	ce & Zip Code 53716	-
5 Is individual, partners or agent of corporation/limited liability comp			
training course for this license period?		sile.b.b.b.torugo oortor	Yes No
6 Is the applicant an employe or agent of, or acting on behalf of any	one except the named applicant?		Yes No
7. Does any other alcohol beverage retail licensee or wholesale perr		f this business?	Yes No
8 (a) Corporate/limited liability company applicants only: Ins			☐ 103 ☐ 140
(b) Is applicant corporation/limited liability company a subsidiary of			Yes No
(c) Does the corporation, or any officer, director, stockholder or a			□ 1e2 1⊼ 140
agent hold any interest in any other alcohol beverage license		y member/manager of	□Vaa □ebl=
(NOTE: All applicants explain fully on reverse side of this form eve		10 ahaya 1	Yes No
		•	
9 Premises description: Describe building or buildings where alcoho all rooms including living quarters, if used, for the sales, service, a may be sold and stored only on the premises described)	nd/or storage of alcohol beverages ar 40° x 60° / ALC. Secuso	The applicant must include nd records. (Alcohol beverages BAな、SeanいくAcca、)	SECK, PARKING L
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? HABBET	, INC.		
Does the applicant understand they must file a Special Occupation before beginning business? [phone 1-800-937-8864]	nal Tax return (TTB form 5630 5)		✓Yes □ No
13 Does the applicant understand a Wisconsin Seller's Permit must b	e applied for and issued in the same i	name as that shown in	□ 103 □ 140
Section 2, above? [phone (608) 266-2776]		THE THE STATE OF T	Talvas III Na
14 Is the applicant indebted to any wholesaler beyond 15 days for be	er or 30 days for liquor?	• • • • • • • • • • • • • • • • • • • •	Yes No
	, ,		Yes 140
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law the ap of the signers. Signers agree to operate this business according to law and the (Individual applicants and each member of a partnership applicant must sign; c any portion of a licensed premises during inspection will be deemed a refusal to	at the rights and responsibilities conferred orporate officer(s) members/managers bi	d by the license(s), if granted, will not Limited Liability Companies must sign	be assigned to another) Any lack of access to
SUBSCRIBED AND SWORN TO BEFORE ME	////	1/1	
this 26th day of January , 20	10 / 1/h	10	
	(Officer of Corporation)	Member/Manager of Limited Liability Com	pany/Partner/Individual)
Ju- /			··
My commission expires 9 - 23 - 2012	(Officer of Corpore	ation/Member/Manager of Limited Liability	Company/Partner)
	(Additional Partn	er(s)/Member/Manager of Limited Liability	Company if Any)
TO BE COMPLETED BY CLERK			
Date received and filed with municipal clerk / - 26 - 17	Date provisional license issued S	ignature of Clerk / Deputy Clerk	
			I
Date license granted Date license issued		<u> </u>	
Date license granted Date license issued AT-106 (R. 4-09)	Ucense number issued 88827		

City of Madison Supplemental Class B License Application

Federal Employer Identification Number Notarized Original Application Form Notarized Supplemental Form	□ Description of Licensed Premise □ *Notarized Appointment of Agent □ Background Investigation Form(s) □ Notarized Transfer of Ownership □ *Articles of Incorporation	☑ Floor Plans ☑ Lease ☑ Sample Menu □ Business Plan * Corporation/LLC only
1 Name of Applicant/Partner/Corporation	ON/LLC VEN KULMBACH LL	<u>C </u>
2. Address of Licensed Premise Z5	13 SEIFERTH RD. MADISON	1, Win 53716
3 Telephone Number: 608 - 222	-7800 4. Anticipated opening date:	MARCH 185 2010
5. Mailing address if not opening immedia	ately 405 N. SHERMAN A	VE. MADISON, WI 53704
6. Have you contacted the Alderperson, F the neighborhood association represent	Police Department District Captain, Alcohortative for the area in which you intend to l	
7 Are there any special conditions desire	d by the neighborhood? Yes No	
Explain		
8. Business Description, including hours	of operation: BAR & GRILL 10AM -> ZAM /2:30,	www.enas
	g, including overall dimensions, seating an ages are to be sold and stored. The license	rangements, capacity, bar
	nged without the approval of the Commo	
_ 1	D', BAR APPROX 25'LONG, TABL	,
CAPACITY 99PPL. ALCOHO	L WILL BE SOLD AT BAR. FOR SP	EGIAL EVENTS ALCOHOL
CAPACITY 99PPL. ALCOHOL WILL BE SED ON BACK DEC	•	EGIAL EVENTS ALCOHOL
CAPACITY 99PPL. ALCOHOL WILL BE SUD ON BACK DEN AND WALK-IN COULER 11 Are any living quarters directly or indi	L WILL BE SOLD AT BAR. FOR SARK PARKING AREA. ALCOHOL WILL B	ECIAL EVANTS ALGHOL E STORED IN STORAGE ROO Applicant? Yes XNo
CAPACITY 99PPL. ALCOHOL WILL BE SUD ON BACK DEN AND WALK-IN COULER 11 Are any living quarters directly or indi	K PARKING AREA. ALCOHOL WILL Edirectly accessible and under control of the and stored only on the licensed premise, no	ECIAL EVANTS ALGHOL E STORED IN STORAGE REO Applicant? Yes XNo t in living quarters
CAPACITY 99pp. A LCOHO WILL BE SUD ON BACK DEN AND WALK-IN COULER 11 Are any living quarters directly or indi Please note that alcohol may be sold at 12 Describe existing parking and how par	K PARKING AREA. ALCOHOL WILL Edirectly accessible and under control of the and stored only on the licensed premise, no	ECIAL EVENTS ALGEROL E STORED IN STORAGE RED Applicant? Yes ANO t in living quarters Lot is Approx 3000 sq Ft.
CAPACITY 99 PPL. A LOHO WILL BE SED ON BACK DECE AND WALK-IN COULER 11 Are any living quarters directly or indi Please note that alcohol may be sold at 12 Describe existing parking and how par WILL BE MONITORES BY 13 Describe your management experience	Through Area. Acong will a directly accessible and under control of the and stored only on the licensed premise, not king lot is to be monitored. PARKING CAMERAS AND/OR SECURITY ST.	ECIAL EVANTS ALCOHOL STORED IN STORAGE REO applicant? Yes XNO t in living quarters LOT IS APPROX 30,000 SQ FT.
CAPACITY 99PL. A LOHO WILL BE SED ON BACK DECE AND WALK-IN COULER 11 Are any living quarters directly or indi Please note that alcohol may be sold as 12 Describe existing parking and how par WILL BE MONITORED BY 13 Describe your management experience Work AS MANAGEMENT IN THE	THE SAL AT BAR. FOR SPACED WILL BE IT STORED AT BAR. FOR SPACED WILL BE IT STORED WILL BE IT STORED AT BAR. FOR SECURITY STORED AT BAR NIGHT CLUB INDUSTRY FOR	ECIAL EVANTS ALCOHOL STORED IN STORAGE REO applicant? See MNo t in living quarters Lot as Approx 3000 sq Ft. ATT ning. CVER ZSYEARS
CAPACITY 99PPL. ALCOHOL WILL BE SUD ON BACK DEAR AND WALK-IN COULER 11 Are any living quarters directly or indirectly or indi	THE BAR /NIGHTCLUB INDUSTRY FOR	ECIAL EVANTS ALGHOL ESTORED IN STORAGE ROO applicant? See XNO t in living quarters LOT IS APPROX 30,000 SQ FT. AFF ning OVER 25 YEARS ENUE COPPORATE EUTITIES
CAPACITY 99PPL. A LOHO WILL BE SED ON BACK DECENTATION AND WALK-IN COLER 11 Are any living quarters directly or individed Please note that alcohol may be sold at 12 Describe existing parking and how particles BY 13 Describe your management experience World As Management experience World As Management in The Have Management Everything F. 14 Identify the registered agent for your	THE BAR / NIGHTCLUB INDUSTRY FOR STORM MOM- N-POP BARS TO MULTING CORPORATION OF LLC. This is your corporation of LLC.	ECHAL EVANTS ALCOHOL STORED IN STORAGE ROO applicant? — Yes MNO t in living quarters LOT IS APPROX 30,000 SQ FT. AFF ning. CVER Z5YEARS LENUE CORPORATE EUTITIES ution's agent for service of
CAPACITY 99pp. A LONG WILL BE SED ON BACK DECENTARY 11 Are any living quarters directly or individed Please note that alcohol may be sold at 12 Describe existing parking and how particles. BY 13 Describe your management experience World AS MANAGEMENT IN THE HAVE MANAGEMEN	THE BAR /NIGHTCLUB INDUSTRY FOR	ECHAL EVANTS ALCOHOL STORED IN STORAGE REO applicant? See XNo t in living quarters. LOT IS APPROX 3000 SQ FT. THE ning. CVER ZSYEARS LENUE CORPORATE FUTURES ution's agent for service of oration.

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 adver-	ertising?
	MAILERS, ENTERTAINMENT PERIODICALS, NEWSDADERS	
	FOOD Specials, Bands	
18	Are you operating under a lease or franchise agreement? Yes (attach a copy) No	
	Owner of building where establishment is located: Commercial PARTHERS II L	
Ad	ddress of Owner: P.O. Box 46425, MADISON, WE, 53572 Phone Number 609	(-275-7000
20	Private organizations (clubs): Do your membership policies contain any requirement of "Ir to give offense) discrimination in regard to race, creed, color, or national origin? Ye	` "
21.	List the Directors of your Corporation/LLC	
	CHRIS KALMBACH 405 V. SHERMAN A.E. MADISON WI S	3704
	Name Address	
	Name Address	· · · · · · · · · · · · · · · · · · ·
22		
22.	List the Stockholders of your Corporation/LLC	1000
22.		10075 % of Ownership
22.	List the Stockholders of your Corporation/LLC CHRIS KALMBACH 405 N. SHERMAN AVE. MADISON WI Name Address	10076 % of Ownership
22.	List the Stockholders of your Corporation/LLC CHRIS KALMBACH 405 N. SHEZMAN AVE. MADISON WI	% of Ownership
22.	List the Stockholders of your Corporation/LLC CHRIS KALMBACH 405 N. SHERMAN AVE. MADISON WI Name Address	% of Ownership
	List the Stockholders of your Corporation/LLC CHRIS KALMBACH 405 N. SHERMANI AVE. MADISON WI Name Address Address	% of Ownership
	List the Stockholders of your Corporation/LLC CHRIS KALMBACH Address Name Address Address Address	% of Ownership
23.	List the Stockholders of your Corporation/LLC CHRIS KALMBACH Address Name Address What type of establishment are you? (Check all that apply) Other Please Explain	% of Ownership staurant
23.	List the Stockholders of your Corporation/LLC CHRIS KALMBACH 405 N. SHEZMAN AVE. MADISON WE Name Address Name Address What type of establishment are you? (Check all that apply) Flavern Nightclub Re Other Please Explain What type of food will you be serving, if any? Burgers, Loose Meat Sanduches, Rez	% of Ownership staurant
23.	List the Stockholders of your Corporation/LLC CHRIS KALMBACH Address Name Address What type of establishment are you? (Check all that apply) Other Please Explain	% of Ownership staurant
23.	List the Stockholders of your Corporation/LLC CHRIS KALMBACH Address Name Address Name Address What type of establishment are you? (Check all that apply) What type of food will you be serving, if any? Burgers, Lower Meat Sanduches, Restricted by Breakfast Lunch Dinner WILL EXPLORE POTENTIAL FOR BREAKFAST Please submit a sample menu with your application, if possible What might eventually be	% of Ownership staurant A, Deep Fay included on your
23.	List the Stockholders of your Corporation/LLC CHRIS KARMENCH Address Name Address What type of establishment are you? (Check all that apply) What type of food will you be serving, if any? Burgers, Losse Meat Sammentes, Rzz Breakfast Lunch Dinner WHAT SAMMENTES, Rzz Breakfast Lunch Dinner WHAT SAMMENTES, Rzz Breakfast Lunch Dinner WHAT SAMMENTES, Rzz Breakfast Please submit a sample menu with your application, if possible What might eventually be operational menu when you open? Appetizers Salads Soups Sandwiches	% of Ownership staurant A, Deep Fay included on your
23.	List the Stockholders of your Corporation/LLC CHRIS KALMBACH Address Name Address Name Address What type of establishment are you? (Check all that apply) What type of food will you be serving, if any? Burgers, Lower Meat Sanduches, Restricted by Breakfast Lunch Dinner WILL EXPLORE POTENTIAL FOR BREAKFAST Please submit a sample menu with your application, if possible What might eventually be	% of Ownership staurant A, Deep Fay included on your
23.24.25.	List the Stockholders of your Corporation/LLC CHRIS KALMBACH Address Name Address Name Address What type of establishment are you? (Check all that apply) What type of food will you be serving, if any? Burgers, Losse Meat Sandaches, Researches Breakfast Lunch Dinner WIL Explair Please submit a sample menu with your application, if possible What might eventually be operational menu when you open? Appetizers Salads Soups Sandwiches Desserts Pizza Full Dinners	% of Ownership staurant A, Deep Fay included on your
23.24.25.	List the Stockholders of your Corporation/LLC CHRIS KALMBACH Address Name Address What type of establishment are you? (Check all that apply) What type of food will you be serving, if any? Burgers / Loose Meat Saddress What type of food will you be serving, if any? Burgers / Loose Meat Saddress Please submit a sample menu with your application, if possible What might eventually be operational menu when you open? Appetizers Salads Soups Sandwiches	% of Ownership staurant A, Deep Fay included on your

27. What hours, if any, will food service not be available?
28. Indicate any other product/service offered Nove
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? During what hours do you anticipate they will be on duty?
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
What percentage of your overall payroll do you anticipate will be devoted to food operation salaries?
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
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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.

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

44. Do you have written records to document the percentages shown? You may be required to submit documentation verifying the percentages you've indicated.

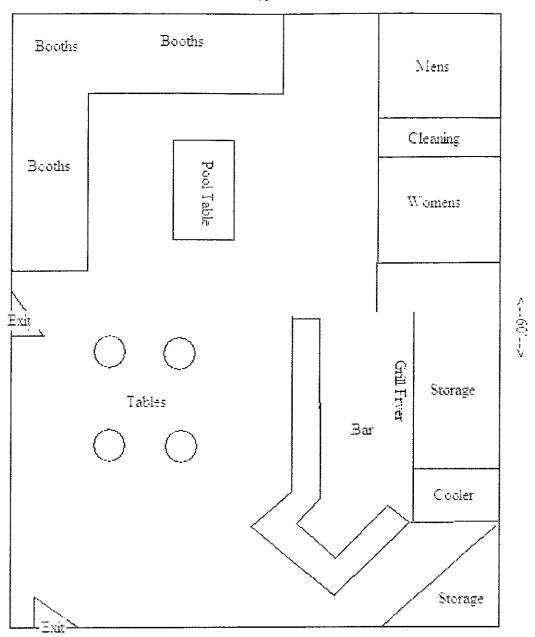
Read carefully before signing: Under penalty provided by law, the applicant states that the above information has been truthfully completed to the best of the knowledge of the signer. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s),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

day of January, 2010

My commission expires 9-23-20/2

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



Knuckle Down Saloon 2513 Seiferth Rd.