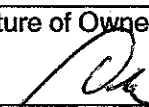


004-0002964842-01

Application Date: 7/17/16

Proof of WI Seller's Permit No. ~~0040002964842001~~

Name of Corporation, Limited Liability Company, Individual Owner, Private Club or Partner(s) 787 Food LLC 1 & 1 Food LLC	Liquor/Beer Agent Gilmer chan
Mailing Address 6315 Century Av. #4	Liquor/Beer Agent Address 6315 Century Av. #4
City/State/Zip Code Middleton, WI 53562	Liquor/Beer City/State/Zip Code Middleton, WI 53562
Name of Registered Agent or General Partner Gilmer chan	Local Contact Person Phone Number Gilmer chan 608 8313768
Trade Name Ay! Caramba	Estimated Opening Date Oct 1/16
Business Address 702 N Midvale Blvd suite W-198 Madison, WI 53705	Signature of Owner/Operator 

Private Club? Yes No

License Description	Type	Fee	Number
Publication Fee	108	\$20-	75402
Pre-Inspection & License Fees Non-Refundable	TOTAL	\$	

IT IS MANDATORY THAT ALL APPLICABLE INFORMATION BE COMPLETED. INACCURATE INFORMATION MAY RESULT IN SUSPENSION OR REVOCATION OF LICENSE.

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 } Madison
 Village of }
 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): Trifood LLC

Applicant's Wisconsin Seller's Permit Number: <u>004000296484201</u>	
Federal Employer Identification Number (FEIN): <u>205225660</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	\$
TOTAL FEE	\$

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>Gilmer Chau</u>	<u>6315 Century Ave #4 Middleton, WI 53562</u>	<u>53562</u>
Vice President/Member	<u>Alberto Flores</u>	<u>Rosas 341 Island Dr #3 Madison WI 53705</u>	<u>53705</u>
Secretary/Member			
Treasurer/Member			
Agent	<u>Gilmer Chau</u>	<u>6315 Century Ave #4 Middleton WI 53562</u>	
Directors/Managers			

- 3 Trade Name AY! Coramba Business Phone Number 608 8313768
 4 Address of Premises 702 N Midvale Blvd suite W-198 Post Office & Zip Code Madison, WI 53705

- 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 3/30/06 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) see supplement
 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? La Merced
 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 25th day of July, 20 06

Jacques A. Gruher
 (Clerk/Notary Public)

My commission expires 6-29-2008

[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>7-25-06</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>75402</u>	

Registrar # 04239


(11) Gruber

Sector 108

Hildale Shopping Center Madison, Wisconsin

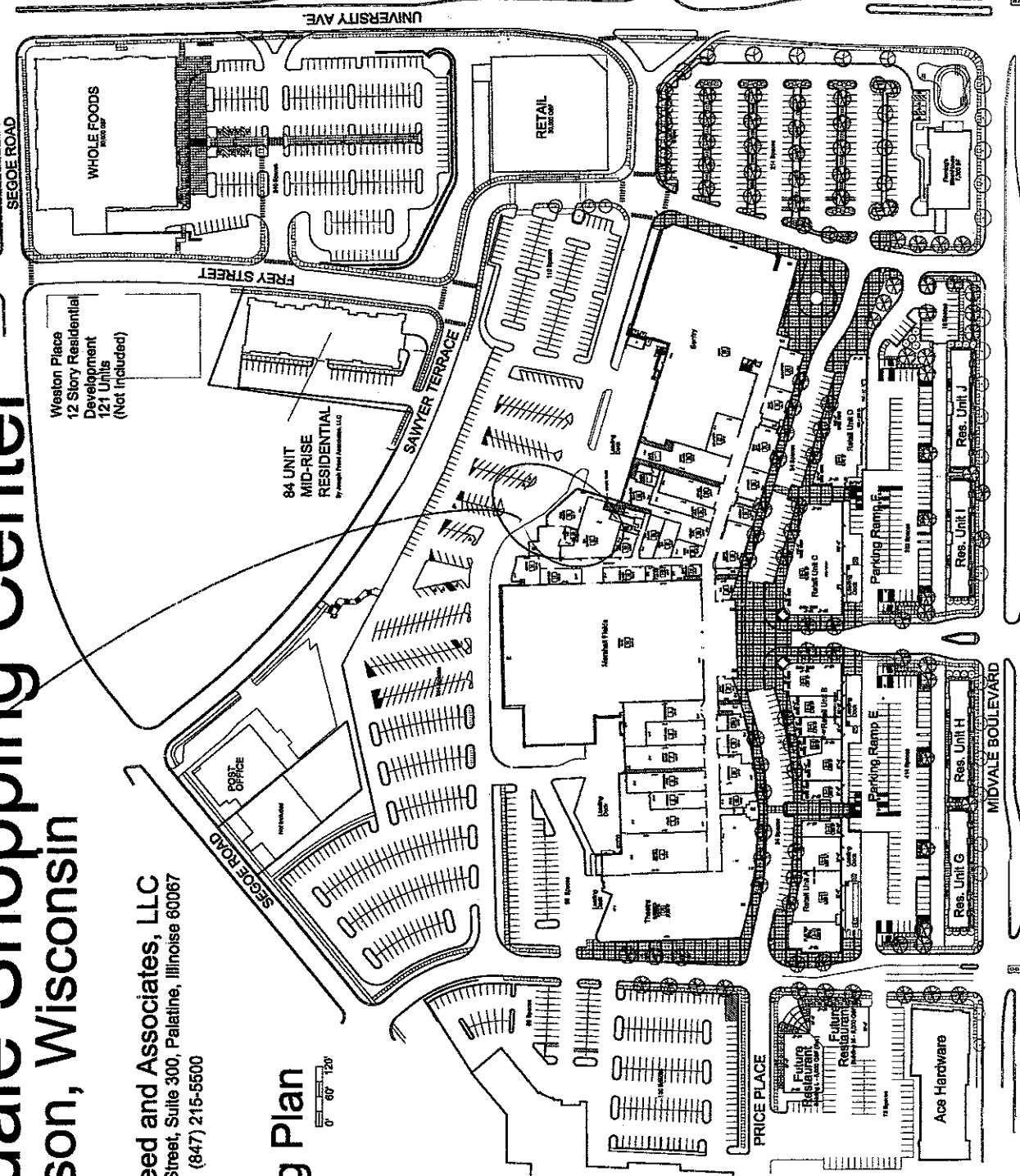
Joseph Freed and Associates, LLC
220 North Smith Street, Suite 300, Palatine, Illinois 60067
(847) 215-5500

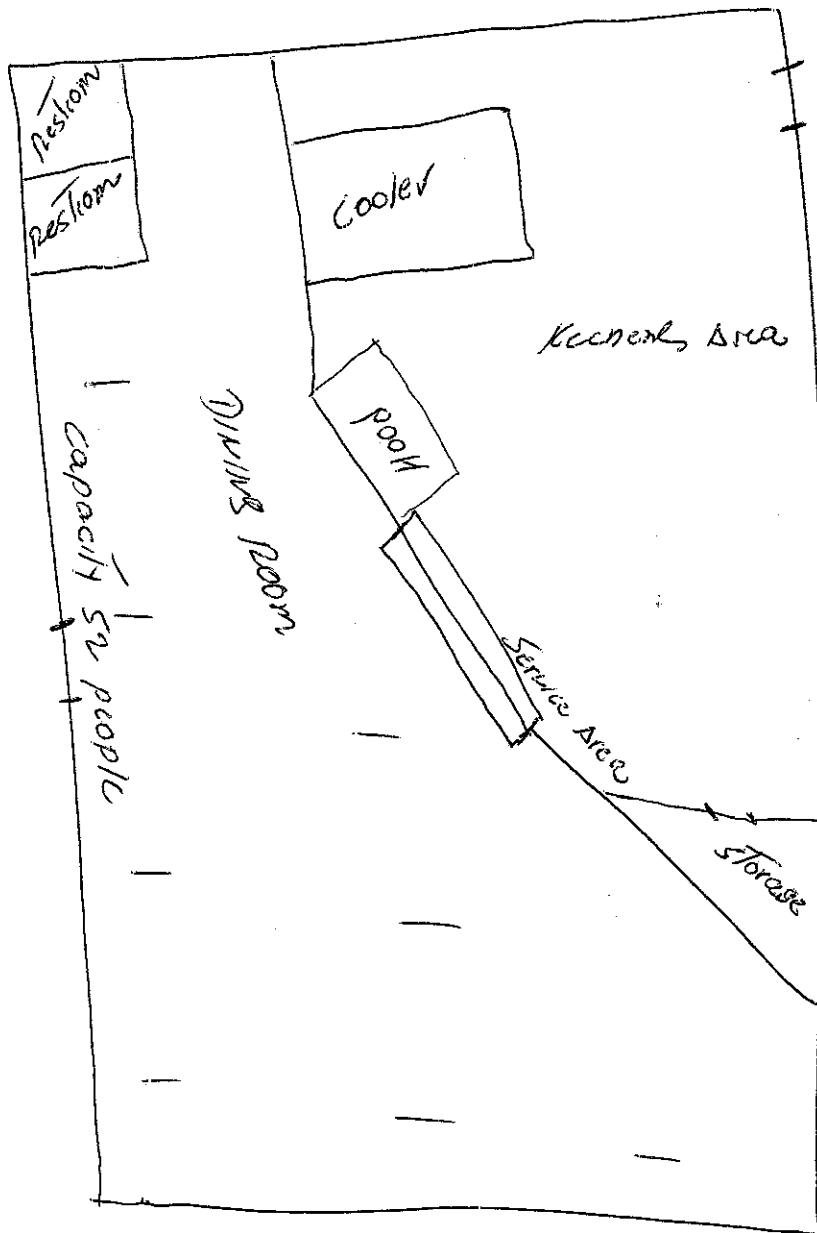
Leasing Plan

Scale: 1" = 60'-0"


Retail Area	432,000 GSF	Existing Mall
Building A	13,375 GSF	
Building B	15,045 GSF	
Building C	13,000 GSF	
Building D	9,860 GSF	
Building K	10,000 GSF (Est.)	
Building L	5,000 GSF (Est.)	
Building M	5,000 GSF (Est.)	
Building N	30,000 GSF (Est.)	
Humana Parcel	50,000 GSF (Est.)	
Residential	40 Units	
Parking	2028 Spaces	
Parking Ratio	5.0 Cars per 100,000 GSF of ground floor area.	
Symbol Key		
	Controlled Translocation	
	Entrance	
	Common Area	

BravAAssociates ARCHITECTS, INC.	
1438 Brown Lake West Road Madison, WI 53717 Phone: (608) 834-2275 Fax: (608) 834-2287	
Project No.	1000000000
Sheet No.	1000000000
Date	10/1/00
Scale	1" = 60'
Author	
Checker	
Designer	
Project Manager	





City of Madison Liquor and/or Beer Original Supplemental Form

Office Use Only

- | | |
|--|--|
| <input checked="" type="checkbox"/> Seller's Permit Number
<input checked="" type="checkbox"/> Federal Employer Identification Number
<input checked="" type="checkbox"/> Notarized Original Application Form (AT-106)
<input checked="" type="checkbox"/> Notarized Supplemental Form
<input checked="" type="checkbox"/> Description of Licensed Premise
<input checked="" type="checkbox"/> Notarized Auxiliary Questionnaire(s) (AT-103)
<input checked="" type="checkbox"/> Background Investigation Form(s)
<input checked="" type="checkbox"/> Floor Plans | <input type="checkbox"/> Lease
<input checked="" type="checkbox"/> Notarized Transfer of Ownership Letter
<input checked="" type="checkbox"/> *Schedule of Appointment of Agent (AT-104)
<input checked="" type="checkbox"/> *Notarized Appointment of Agent Letter
<input checked="" type="checkbox"/> *Notarized Agent Authorization Letter
<input type="checkbox"/> *Articles of Incorporation/ Organization
<input type="checkbox"/> Sample Menu, if possible
<input type="checkbox"/> Business Plan, if one exists |
|--|--|

- ✓ All applicants must provide an adequate premise plan that includes exterior and interior dimensions, position of stairs and all entrances and exits, normal and customary use of each room, placement of major appliances, furniture and large gaming tables, placement and dimensions of all bar(s), and graphic representation of the normal position of booths, bar stools, tables and chairs. **Premise plans must be no larger than 8 ½ x 14.**
- ✓ New structures must submit to Building Inspection two sets of plans, signed and sealed by a registered architect or engineer.
- ✓ **Applicant/partners/Liquor Agent must be enrolled in or have completed the Beverage Server Training course before appearing before the Alcohol License Review Committee.**

Prior to your hearing before the Alcohol License Review Committee (ALRC), you must contact the Alderperson of the District in which you intend to do business, the representative of the appropriate neighborhood association (if any), and the Madison Police Department.

- Alderperson (D) Tim Gruber can be reached at 608-5264 at the Common Council Office (266-4071), or via e-mail at council@cityofmadison.com.
- The name of the neighborhood association representative can be obtained by calling the Planning and Development Department at 266-4635 or online at www.ci.madison.wi.us/neighborhoods/contacts.htm.
- The Police Department Liaison, Sergeant Emil Quast, can be reached at 266-4451.

1. Have you contacted the Alderperson, Police Department Liaison and neighborhood association representative for the area in which you intend to locate? Yes No

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

Explain. _____

3. Name of Applicant/Partner/Corporation/LLC T & T Food LLC

4. Telephone Number: 608 8313768

5. Address of Licensed Premise 702 N Midvale Blvd suite W-198 MADISON, WI 53705

6. Anticipated opening date: Oct 1/16

7. Mailing address if not opening immediately 6315 Century Ave #4 Middleton, WI 53562

8. What type of establishment is contemplated? Tavern Nightclub Restaurant
 Liquor Store Grocery Store Convenience Store – Gas Pumps Yes No Other

Please explain _____

9. Business Description, including hours of operation and if entertainment is part of your venue, what type:

Mexican Restaurant
hours 10:00 - 12:00 PM

10. Describe building in detail, 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.**

building 2300 sq ft
capacity 52 people
Area alcohol to be sold and stored, Food service / 4x4 storage

11. Are any living quarters directly or indirectly accessible and under control of the applicant? Yes No
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. _____

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

3 year handle Grocery store
5 year supervisor

14. Identify the **registered agent** for your Corporation or LLC. This is not necessarily the same person as your liquor/beer agent. This is your corporation's agent for service of process, notice or demand required or permitted by law to be served on the corporation. Alberto Flores

Name

341 Island Dr. #3 Madison WV 25705
Address City State Zip

15. Excluding pre-packaged snacks, how late will food be served? _____

16. What type of food will you be serving, if any? Mexican Food

17. Indicate any other product/service offered: _____

18. Describe your target market. _____

19. Describe how you plan to advertise/promote your business. newspaper

20. What is your estimated capacity? 52

21. Are you operating under a lease or franchise agreement? Yes No (If yes, attach a copy)

22. Owner of building where establishment is located: Joseph Freed And Associates LLC

Address of Owner: 220 North Smith Street Suite 300 Phone Number 847 215 5323
Peelville, Illinois 60067

23. Individual or Partnership only: Have individual/partners completed the Beverage Server Training Course? Yes No If Yes, indicate names: Gilmer Chan

License cannot be issued until proof of Beverage Server Training completion is shown.

24. Corporation/LLC only: Will liquor/beer agent be a Wisconsin resident at the time of granting? Yes No

25. Corporation/LLC only: Agent must disclose interest held in business: 100 %

26. Corporation/LLC only: Has agent completed the Beverage Server Training Course? Yes No

License cannot be issued until proof of Beverage Server Training completion is shown.

27. Corporation/LLC only: List Directors, Stockholders, and Managers below.

Director(s) Name	Home Address
<u>Gilmer Chan</u>	<u>6215 Centurion Ln #4 Middleton, WI 53562</u>
<u>Alberto Flores</u>	<u>341 Island Dr #3 Madison, WI 53705</u>

Stockholder's Name	Address	Extent of Ownership%

Manager's Name	Address	Business Phone	Home Phone

28. 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

29. Restaurant/Tavern Establishment Alcohol Beverage & Food Sales Report
Pursuant to Sections 23.05(3)(s) and 23.05(7)(f) 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.**

Calendar/fiscal year: January 1 – December 31 July 1 – June 30

Percent Gross Receipts from Alcohol Beverages	25%
Percent Gross Receipts from Food	75%
Percent Gross Receipts from Other	%
Total Gross Receipts	100 %

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.

30. What type of establishment are you? (Check all that apply) Tavern Restaurant Nightclub
 Other Please explain: _____

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 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 must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.) 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 25th day of July, 2006

Jacqueline A. Smith
(Clerk/Notary Public)

[Signature]
(Officer of Corporation/Member/Manager of LLC/Partner/Individual)

[Signature]
(Officer of Corporation/Member/Manager of LLC/Partner/Individual)

My commission expires 6-29-2008

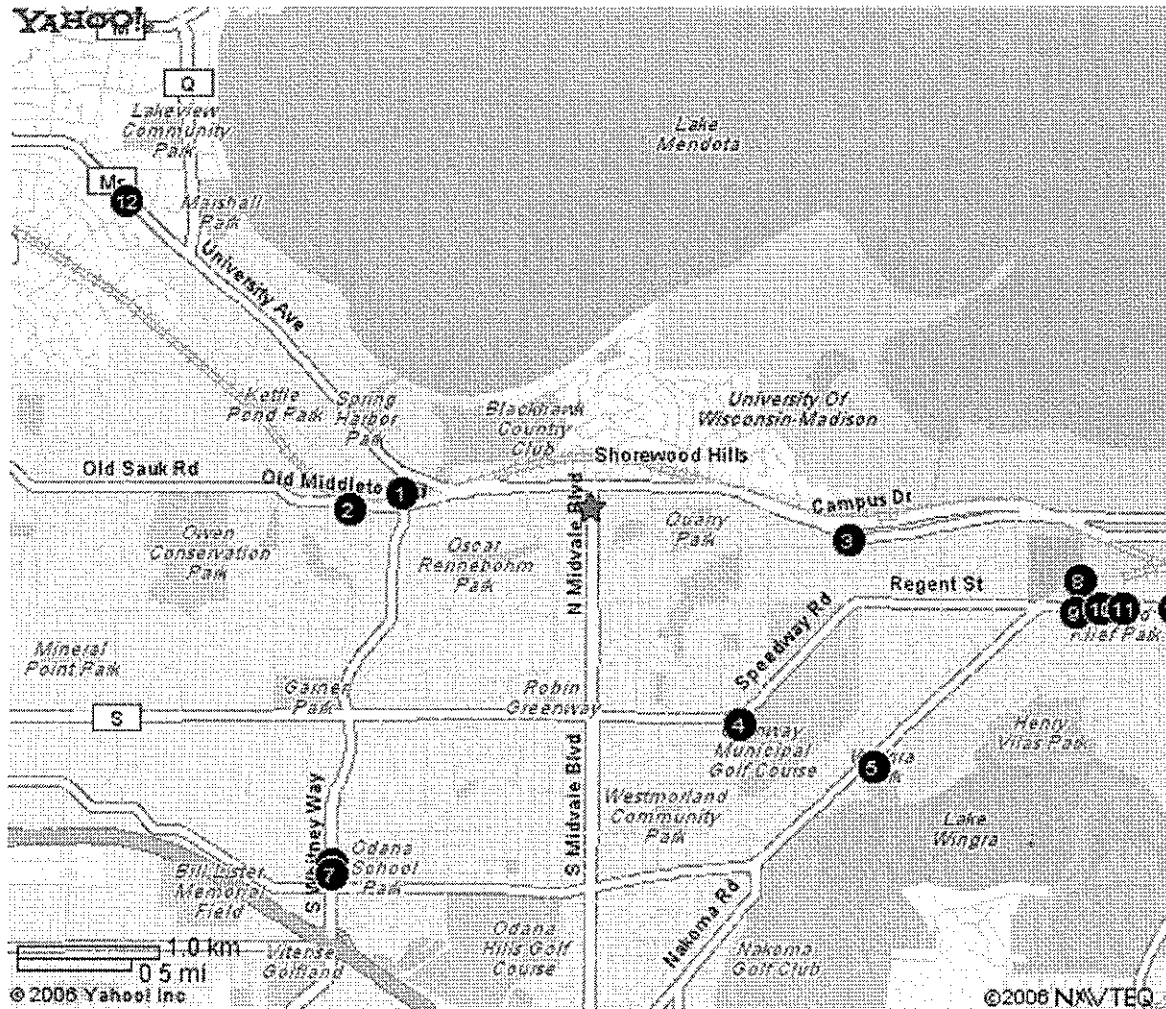
(Officer of Corporation/Member/Manager of LLC/Partner/Individual)

If you have any questions, please contact the City Clerk's Office at (608) 266-4601.

Yahoo! Maps - Madison, WI 53705-3261

« [Back to Map](#)

702 N Midvale Blvd Madison, WI 53705-3261



Map#	Business/Landmark Info	Distance
1	Irish Waters 702 N Whitney Way Madison, WI Phone: (608) 233-3398	0.8 miles
2	Sweeney's Oakcrest Tavern 5371 Old Middleton Rd Madison, WI Phone: (608) 233-1243	1.0 miles
3	Blue Moon Bar & Grill 2535 University Ave Madison, WI Phone: (608) 233-0441	1.1 miles
4	Village Bar 3801 Mineral Point Rd Madison, WI	1.1 miles

ADVERTI

- | | |
|----------|--|
| 5 | <p>Phone: (608) 233-9956</p> <p>Laurel Tavern 1.6 miles
 2505 Monroe St
 Madison, WI
 Phone: (608) 233-1043</p> |
|----------|--|
- | | |
|----------|---|
| 6 | <p>Applebee's Neighborhood Grill 1.9 miles
 660 S Whitney Way
 Madison, WI
 Phone: (608) 271-5450</p> |
|----------|---|
- | | |
|----------|---|
| 7 | <p>J T Whitney's Pub & Brewery 1.9 miles
 674 S Whitney Way
 Madison, WI
 Phone: (608) 274-1776</p> |
|----------|---|
- | | |
|----------|--|
| 8 | <p>Stadium Sports Bar & Eatery 2.1 miles
 1419 Monroe St
 Madison, WI
 Phone: (608) 256-2544</p> |
|----------|--|
- | | |
|----------|---|
| 9 | <p>Lucky's Bar & Grille 2.1 miles
 1421 Regent St
 Madison, WI
 Phone: (608) 250-8989</p> |
|----------|---|
- | | |
|-----------|--|
| 10 | <p>Big Ten Pub 2.2 miles
 1330 Regent St
 Madison, WI
 Phone: (608) 251-6375</p> |
|-----------|--|
- | | |
|-----------|--|
| 11 | <p>Regent Street Retreat 2.3 miles
 1206 Regent St
 Madison, WI
 Phone: (608) 256-7750</p> |
|-----------|--|
- | | |
|-----------|---|
| 12 | <p>Rusty's 2.4 miles
 6413 University Ave
 Middleton, WI
 Phone: (608) 836-1766</p> |
|-----------|---|
- | | |
|-----------|---|
| 13 | <p>Greenbush Bar 2.5 miles
 914 Regent St
 Madison, WI
 Phone: (608) 257-2874</p> |
|-----------|---|

When using any driving directions or map, it's a good idea to do a reality check and make sure the road still exists, watch out for construction, and follow all traffic safety precautions. This is only to be used as an aid in planning.