

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning _____ 20 _____
ending JUNE 30 20 09

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): MOVIA NORTH 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>Thomas Alswager</u> | <u>30 newbury circle</u> | <u>Madison WI 53711</u> |
| Vice President/Member | | | |
| Secretary/Member | | | |
| Treasurer/Member | | | |
| Agent | <u>Rob Burns</u> | <u>6015 Williamsburg Way</u> | <u>Madison, WI 53719</u> |
| Directors/Managers | | | |

3 Trade Name upstairs downstairs / last of lounge Business Phone Number 608 256 4600

4 Address of Premises 1617 N Staughton Rd Post Office & Zip Code 53704

- 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 _____ 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 attached sheet

10 Legal description (omit if street address is given above): 1617 N Staughton Rd Madison WI 53704

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 23 day of DECEMBER, 20 08

[Signature]
(Clerk/Secretary/Notary Public)
My commission expires 5-6-2012

[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 | Date reported to council/board | Date provisional license issued | Signature of Clerk / Deputy Clerk |
| <u>12-23-08</u> | <u>1-21-09</u> | | |
| Date license granted | Date license issued | License number issued | |
| | | <u>84656</u> | |

City of Madison Supplemental Class B License Application

| | | |
|--|---|--|
| <input checked="" type="checkbox"/> Seller's Permit Number <input checked="" type="checkbox"/> Federal Employer Identification Number <input checked="" type="checkbox"/> Notarized Original Application Form <input checked="" type="checkbox"/> Notarized Supplemental Form | <input checked="" type="checkbox"/> Description of Licensed Premise <input checked="" type="checkbox"/> *Notarized Appointment of Agent <input checked="" type="checkbox"/> Background Investigation Form(s) <input checked="" type="checkbox"/> Notarized Transfer of Ownership <input checked="" type="checkbox"/> *Articles of Incorporation | <input type="checkbox"/> Floor Plans <input type="checkbox"/> Lease <input type="checkbox"/> Sample Menu <input type="checkbox"/> Business Plan * Corporation/LLC only |
|--|---|--|

1. Name of Applicant/Partner/Corporation/LLC MOVIN North LLC
 2. Address of Licensed Premise 1617 N Staughton Rd
 3. Telephone Number: 608 256 4600 4. Anticipated opening date: Feb 20th
 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 / also catering, bar

9. Do you plan to have live entertainment? No Yes—What kind? music

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.**

see attached

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. Shared parking lot with different business / By staff

13. Describe your management experience, staffing levels, duties and employee training.
5 years mgr AT PIZZA HUT, Five years mgr chi chi mexican bar
Five years mgr upstairs downtown rest, 10 years upstairs catering

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.

Thomas Alswager 1617 N Staughton Rd
 Name Address

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

Business lunch crowd and evening Bar crowd

16. What age range would you hope to attract to your establishment? 25-50

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

Fun relaxed atmosphere Lounge that serves an upper scale Bar type food/pizza
we also are a full service caterer

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

19. Owner of building where establishment is located: _____

Address of Owner: _____ Phone Number _____

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

Thomas Alswager 30 newbury circle madison WI 53711
Name Address

Name Address

Name Address

22. List the Stockholders of your Corporation/LLC

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 caterer

24. What type of food will you be serving, if any? _____

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? 11 am to 10 pm

27. What hours, if any, will food service not be available? 10pm to Bar Time
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? 10
During what hours do you anticipate they will be on duty? 11 to 2 / 5pm to 8pm
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? 75
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? 50%
What percentage of your advertising budget do you anticipate will be drink related? 50%
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? 125

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.

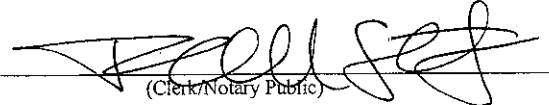
| | |
|--|-------------|
| Gross Receipts from Alcoholic Beverages | 50 % |
| Gross Receipts from Food and Non-Alcoholic Beverages | 50 % |
| Gross Receipts from Other | % |
| Total Gross Receipts | 100% |

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 23 day of DEC, 2008


(Clerk/Notary Public)


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

My commission expires 5-6-2012

liquor will be served in bar area and
patio (in warmer weather) also there will
be liquor stored in basement in locked
storage area

Appointment of New Liquor/Beer Agent

To be completed by Corporate Officer or Member of LLC

I, Thomas Alswager, officer/member for MOVIE NORTH LLC
(Corporation/LLC), doing business as LAY CAF LOUNGE, authorize and appoint
Rob Burns (Name) as the liquor/beer agent for the premise
located at 1617 N STOUTEN RD

Subscribed and sworn to before me this

23 Day of DEC, 20 08


Notary Public, Dane County, Wisconsin

My Commission Expires 5-6-2012


Signature of Officer/Member

To be completed by appointed Liquor/Beer Agent

I, Rob Burns, appointed liquor/beer agent for
Movie North 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 0 %.

Subscribed and sworn to before me this

23 Day of DEC, 20 08


Notary Public, Dane County, Wisconsin

My Commission Expires 5-6-2012


Signature of Agent

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