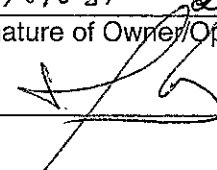


Application Date: 7-25-06

Proof of WI Seller's Permit No. _____

Name of Corporation, Limited Liability Company, Individual Owner, Private Club or Partner(s) LA BELLITALIA INC	Liquor/Beer Agent PIETRO PIPITONE
Mailing Address 1026 N SHERMAN AVE.	Liquor/Beer Agent Address 1026 612 INVERHURST DR
City/State/Zip Code MADISON 53704	Liquor/Beer City/State/Zip Code SON PRAIRIE WI 53590
Name of Registered Agent or General Partner PIETRO PIPITONE	Local Contact Person Phone Number PIETRO (414) 841-1616 ESTAB AGOST
Trade Name LA BELLITALIA INC	Estimated Opening Date AGOST 28
Business Address 1026 N SHERMAN AV.	Signature of Owner/Operator 

Private Club? Yes No

License Description	Type	Fee	Number
Class B Beer	102	20- publication fee	75408
Class C Wine	106	20- publication fee	75409
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 JULY 2006 ;
ending JUNE 2007

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): LA BELLITALIA, INC. LABELLITALIA, INC.

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>Pietro Pipitone</u>	<u>President 612 Invermere</u>	<u>Sun Prairie 53590</u>
Vice President/Member	<u>GIUSEPPA PIPITONE</u>	<u>612 INVERMERE</u>	<u>SUN PRAIRIE 53590</u>
Secretary/Member	<u>GIUSEPPE PIPITONE</u>	<u>612 INVERMERE</u>	<u>SUN PRAIRIE 53590</u>
Treasurer/Member	_____	_____	_____
Agent	<u>Pietro Pipitone</u>	_____	_____
Directors/Managers	_____	_____	_____

- 3 Trade Name La Bellitalia Business Phone Number _____
4 Address of Premises 1026 N. SHERMAN AVE Post Office & Zip Code MADISON, WI 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 4/03 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? OLE & RICK'S NORTHSIDE TAP

- 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 36th day of June, 2006
Nancy Moch
(Clerk/Notary Public)
My commission expires 8-10-08

[Signature] 6/26/06
(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 _____	

Registrar #04241 (12) Benford

Sector 503

Applicant's Wisconsin Seller's Permit Number: _____	
Federal Employer Identification Number (FEIN): _____	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Wholesale beer	\$
<input checked="" type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$
TOTAL FEE	\$

City of Madison Liquor and/or Beer Original Supplemental Form

For Office Use Only

- | | |
|--|---|
| <input type="checkbox"/> Seller's Permit Number
<input 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 checked="" 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

<i>*Required of Corporation/LLC Only</i> |
|--|---|

- ✓ All applicants are required to provide an adequate premise plan which must include 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), graphic representation of the normal position of booths, bar stools, tables and chairs. New structures must submit two sets of plans, signed and sealed by a registered architect or engineer to Building Inspection. **Premise plans must be submitted no larger than 8 ½ x 14.**
- ✓ **The 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 Brian Benford can be reached at 332-3098 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 going to the City's webpage at www.ci.madison.wi.us/neighborhoods/contacts.htm.
- ✓ The Police Department Liaison, Sergeant Emil Quast, can be reached at 266-4451.

Have you contacted the Alderperson, Police Department Liaison and neighborhood association representative in the area in which you intend to locate?

Yes No (Comments: _____)

Are there any special conditions desired by the neighborhood? _____

The ALRC will ask questions of you in several areas with regard to your application. The following questions must be completed. The information provided will assist the committee in making a recommendation to the Common Council:

1. Name of Applicant/Partner/Corporation/Limited Liability Company (LLC): ~~LABELLITALIA, INC~~ LABELLITALIA, INC.
2. Telephone Number: CELL-444-8416
3. Address of Licensed Premise: 10216 N. SHERMAN AVE, MADISON
53704

4. What type of establishment is contemplated? Tavern Nightclub Restaurant
 Liquor Store Grocery Store Convenience Store – Gas Pumps Yes No
 Other Please explain: _____

5. Business Description, including hours of operation and if entertainment is part of your venue, what type:
DINE IN + CARRY OUT INCLUDING DELIVERY OF FINE ITALIAN PIZZA + CUISINE, NO LIVE ENTERTAINMENT

6. Describe (in detail) building to include overall dimensions, seating arrangements, capacity, bar size and where alcohol beverages are to be sold and stored. All rooms, including living quarters that are directly or indirectly accessible and under control of the applicant must be included. (Alcohol beverages may be sold and stored only on the premise described but does not include living quarters). BUILDING WAS ~~PREVIOUSLY~~ BAR 35x60 BUILDING, 2100 SQ FT. WE ARE REMOVING BAR AND CONVERTING TO DINING ROOM WITH BEER + WINE SERVED. BUILDING WILL CONSIST OF DINING ROOM 56'x24', KITCHEN 22'x18, STORAGE ROOM, REST ROOMS. PARKING LOT 21-35 SPACES.

The licensed premise as described above shall not be expanded or changed during the license year without approval of the Common Council.

7. Describe existing parking and how parking lot is to be monitored: 28 PARKING STALLS IN A LIGHTED PARKING LOT

8. Describe all management positions, including previous experience, staffing levels/duties and employee training:
OWNER HAS OWNED + OPERATED 3 SUCCESSFUL RESTAURANTS OVER A PERIOD OF 15 YEARS. HOURS OF OPERATION 11:00AM - 11:00PM WEEKDAYS PERHAPS LATER ON WEEKENDS. LICENSED SERVERS IN FOOD + ALCOHOL ON DUTY DURING BUSINESS HOURS.

9. Excluding pre-packaged snacks, how late will food be served? ALL HOURS OF OPERATION
 If so, what type of food? PIZZA, ITALIAN DINNERS, DESSERTS
 Indicate any other product & services offered: FOOD SERVICE IN HOUSE, CARRY-OUT + DELIVERY

If possible, provide a sample menu: _____

10. Please describe your target market; what is your customer profile? NEIGHBORHOOD RESIDENTS WHO WISH TO EAT GOOD ITALIAN FOOD AT HOME OR AT THE RESTAURANT

If you have a Business Plan, please submit a copy.

11. Describe how you plan on advertising and promoting your business: NEWSPAPER, DIRECT MAIL, NEIGHBORHOOD ASSN. NEWSLETTERS

12. What is your estimated capacity? 50

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

Name of owner of building where establishment is located: _____

Address of Owner: _____ Phone Number: _____

14. "Individual" or "Partnership" only: Have individual/partners completed the Beverage Server Training Course?

Yes No If Yes, indicate names: _____

(Note: License cannot be issued until proof of completion of Beverage Server Training Course is shown)

15. "Corporation" or "LLC" only: Will agent be a resident of Wisconsin at the time of granting? Yes No

Agent must disclose interest held in business: OWNER

Has agent completed the Beverage Server Training Course? Yes No
 (Note: License cannot be issued until proof of completion of Beverage Server Training Course is shown)

Director(s) Name	Home Address
PIETRO PIPITONE	612 INVERMERE DR. SUN PRAIRIE, WI 53590
JOSEPHINE PIPITONE	SAME
JOSEPH PIPITONE	SAME

Stockholder's Name	Address	Extent of Ownership%

Manager's Name	Address	Business Phone	Home Phone
JOSEPH PIPITONE	612 INVERMERE DR SUN PRAIRIE, WI	843-1584	825-6428

16. Anticipated opening date: Aug. 1, 2006

Mailing address if not opening immediately: 612 INVERMERE DR, SUN PRAIRIE 53590

Contact person for appearance before the ALRC: PIETRO PIPITONE

Private organizations (clubs) applying for a new liquor license must answer the following question:

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

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	15%
Percent Gross Receipts from Food	85%
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 produce and submit documentation verifying the percentages you've indicated.

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 26th day of June, 2006

Nancy Muel
(Clerk/Notary Public)

[Signature] 6/26/06
(Officer of Corporation/Member/Manager of LLC/Partner/Individual)

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

My commission expires 8-10-08

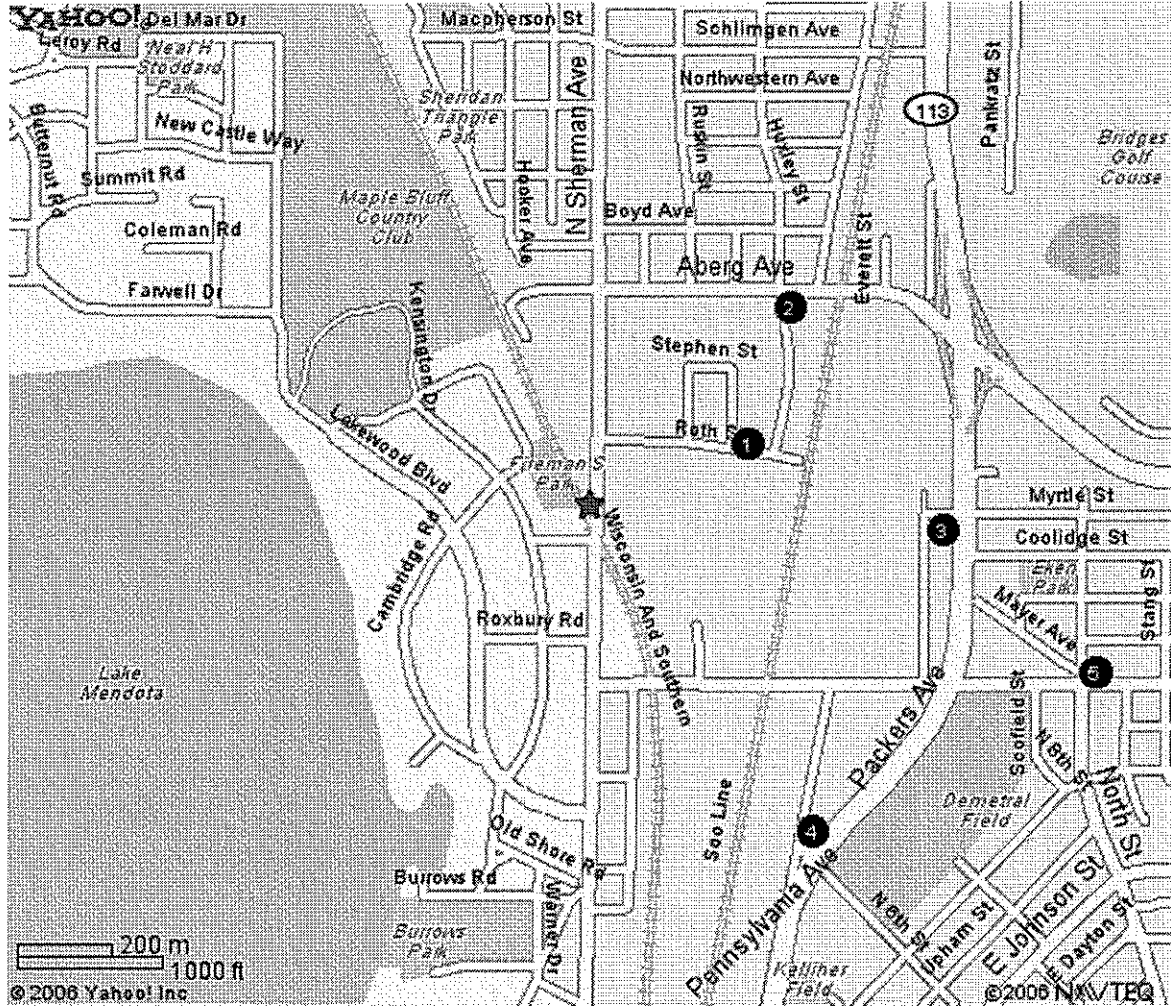
(Officer of Corporation/Member/Manager of LLC/Partner/Individual)

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

Yahoo! Maps - Madison, WI 53704-4233

<< Back to Map

1026 N Sherman Ave Madison, WI 53704-4233



ADVERTI

Map#	Business/Landmark Info	Distance
1	Locker Room Sports Bar & Grill 1810 Roth St Madison, WI Phone: (608) 246-2010	0.2 miles
2	Wiggie's 1901 Aberg Ave Madison, WI Phone: (608) 241-0544	0.3 miles
3	Simm's Place 2231 Myrtle St Madison, WI Phone: (608) 244-9719	0.4 miles
4	Slices 2417 Pennsylvania Ave Madison, WI	0.5 miles

Phone: (608) 243-6925

5

Tip Top Tavern

601 North St

Madison, WI

Phone: (608) 249-2468

0.6 miles

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.

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