

Olson

Application Date: 9/5/06

Proof of WI Seller's Permit No 004-0000388469-01

Name of Corporation, Limited Liability Company, Individual Owner, Private Club or Partner(s) <u>Blue Plate Catering, Inc.</u>	Liquor/Beer Agent <u>Jodi Fowler</u>
Mailing Address <u>8401 Greenway Blvd.</u>	Liquor/Beer Agent Address <u>8401 Greenway Blvd.</u>
City/State/Zip Code <u>Middleton, WI 53562</u>	Liquor/Beer City/State/Zip Code <u>Middleton, WI 53562</u>
Name of Registered Agent or General Partner <u>Jodi Fowler, pres</u>	Local Contact Person Phone Number <u>Jodi Fowler 608 827-7200</u>
Trade Name <u>Blue Plate Catering, Inc.</u>	Estimated Opening Date <u>11/1/2007</u>
Business Address (location) <u>3330 Ahwood Ave.</u>	Signature of Owner/Operator <u>Jodi Fowler, president</u>

Private Club? Yes No

License Description	Type	Fee	Number
<u>Class B Combination</u>	<u>108</u>	<u>20.00</u>	<u>76082</u>
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.

Ald. G (Olson)

Sector 602

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning 1/1 20 07 ;
ending 12/31 20 12

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): Blue Plate Catering, 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>President</u>	<u>Jodi J. Fowler</u>	<u>1671 Cty. Rd K</u>	<u>Hollandale 53544</u>
Vice President/Member	<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>
Secretary/Member	<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>
Treasurer/Member	<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>
Agent	<u>President</u>	<u>Jodi J. Fowler</u>	<u>1671 Cty Rd. K</u>	<u>Hollandale 53544</u>
Directors/Managers	<u>N/A</u>	<u>---</u>	<u>---</u>	<u>---</u>

3 Trade Name Blue Plate Catering, Inc. Business Phone Number 608 827 7200
4 Address of Premises Olbrich 3330 Atwood 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 Wisconsin and date 1991 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 snacks. (Alcohol beverages may be sold and stored only on the premises described) Olbrich Gardens
- 10 Legal description (omit if street address is given above): 3330 Atwood Ave
- 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? Whitehorse Catering??
- 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 Sept., 20 06

Wendy E. Barton
(Clerk/Notary Public)

My commission expires 7-13-08

Jodi J. Fowler president
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
Jodi J. Fowler
(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>9-26-06</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>76082</u>	

Legistar # 04619

Applicant's Wisconsin Seller's Permit Number: <u>004-000388469-01</u>	
Federal Employer Identification Number (FEIN): <u>39-1759874</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	\$

Olbriich

City of Madison
Liquor and/or Beer Original Supplemental Form

Office Use Only

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

- ✓ 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 1/2 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 Judy Olson can be reached at 245-0557 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 Blue Plate Catering, Inc.

4. Telephone Number: 608 827 7200

5. Address of Licensed Premise 3330 Alwood Ave.

6. Anticipated opening date: 1/1/07

7. Mailing address if not opening immediately 2401 Greenway Blvd., 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 Banquet Facility

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

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.**
~~See diagram attached~~

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.
Facility has existing parking lot maintained by city

13. Describe your management experience, staffing levels, duties and employee training.
20 years of bar/restaurant management + catering ~ both on + off premise

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. Jodi Fowler, president
Name
8401 Greenway Blvd Middleton WI 53562
Address City State Zip

15. Excluding pre-packaged snacks, how late will food be served? N/A

16 What type of food will you be serving, if any? private, catered parties when contracted to cater

17. Indicate any other product/service offered: N/A

18. Describe your target market private, catered parties

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

20. What is your estimated capacity? see diagram attached

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: N/A
Address of Owner: _____ Phone Number _____

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

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 9/21/06

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
Jodi Fowler, president	1671 Chy Rd k, Hollandale, WI 53544

Stockholder's Name	Address	Extent of Ownership%
Jodi Fowler	1671 Chy Rd k, Hollandale, WI 53544	100%

Manager's Name	Address	Business Phone	Home Phone
Jodi Fowler	8401 Greenway Blvd.	608 827 7200	608 967 2517

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 **N/A**

29. Restaurant/Tavern Establishment Alcohol Beverage & Food Sales Report 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.**

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

Percent Gross Receipts from Alcohol Beverages	45 %
Percent Gross Receipts from Food	55 %
Percent Gross Receipts from Other	0 %
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: Private banquet facility

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 Sept, 2006

Wendy E Barta
(Clerk/Notary Public)

My commission expires 7-13-08

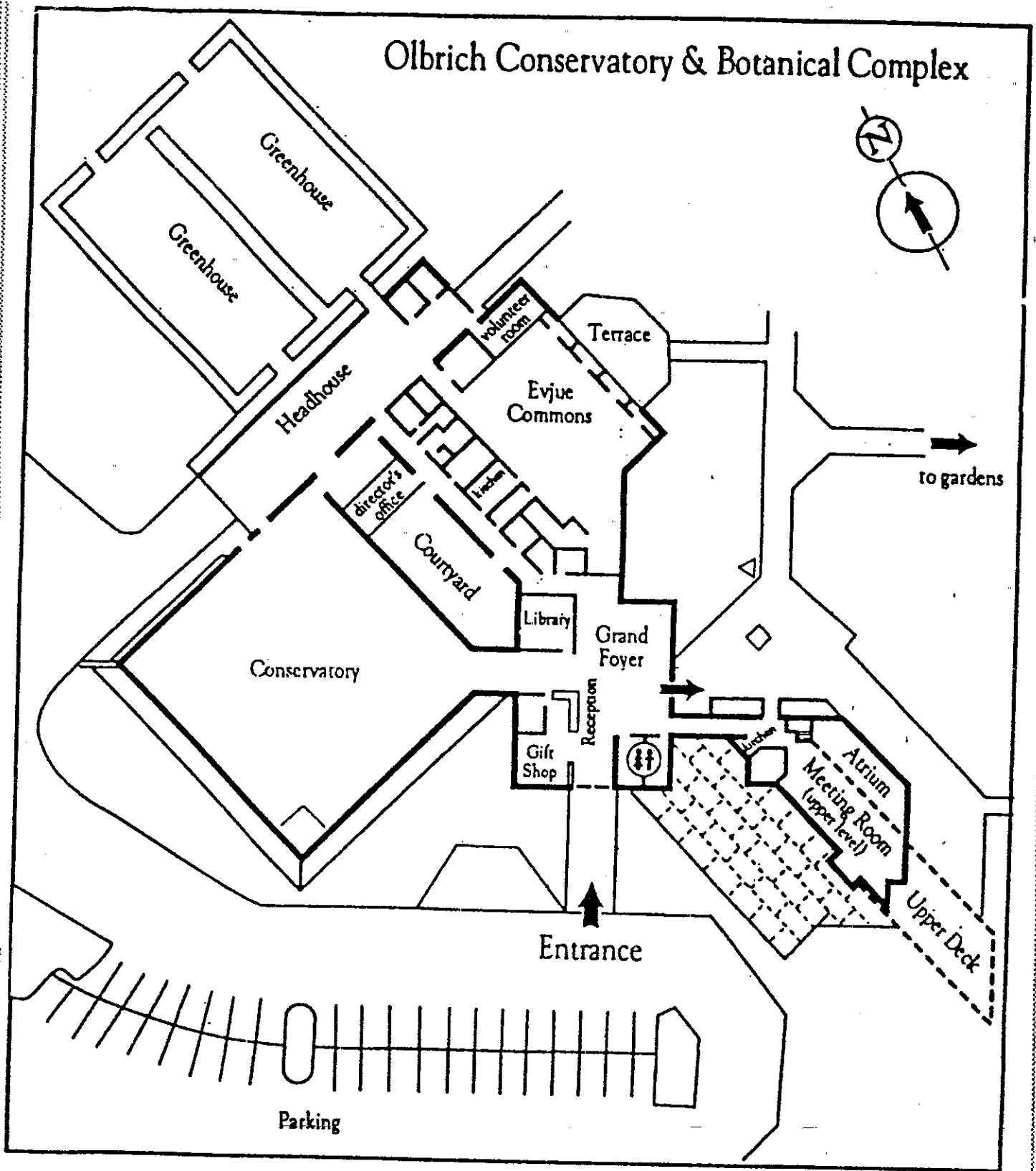
[Signature] President
(Officer of Corporation/Member/Manager of LLC/Partner/Individual)

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

(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.

Olbrich Conservatory & Botanical Complex



Floor Plan



OLBRICH GARDENS ROOM SET-UP

Evjue Commons



❖ Event: Standard Reception set-up for 150

❖ Date of Event: _____

❖ Rental Time: _____ ❖ Event Time: _____

❖ Number of Guests: _____

❖ Food Caterer: _____ ❖ Bar Caterer: _____

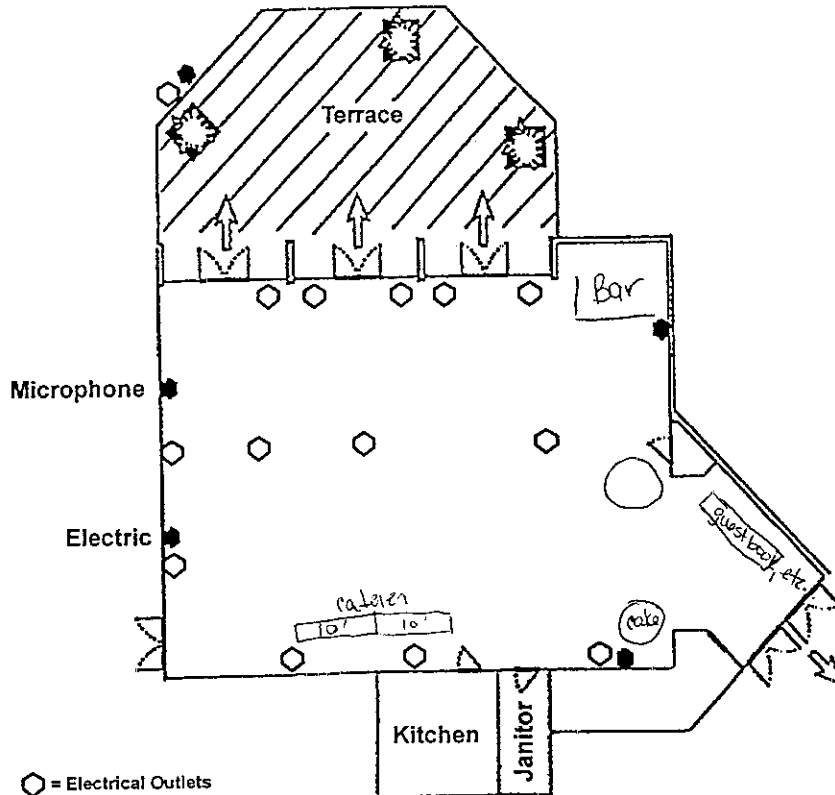
Please Note. Tablecloths are not available through the Gardens.

- Chairs 8 per table
- Tables
 - (10) 10' _____
 - (10) 6' _____
 - (29) 5' round 19
- Hold a maximum of 8 chairs per table.*
- Coffee Makers (55c)
 - 1 lb. of coffee makes 55c & takes 1 hour to perk. No filters are needed. Available with catered event or kitchen rental.*
- Kitchen (\$50 w/o catered event)

- Slide Projector (\$25)
 - Please provide your own slide carousel.*
- Overhead (\$25)
- Projector Cart (\$15)
 - (free with rental of A/V equipment)*
- Projector Screen (6' or 8') (\$15)
- TV/VCR (\$25)
 - 32" color monitor/VCR on a 6' tall stand*
- Flip Chart Stands (\$10 ea.)
- Dry Erase Boards (3) _____
 - Please provide your own paper & pens*

- Risers (\$25 ea.)
 - 4' x 8' x 1' with steps*
- Microphone (select one) (free)
 - Handheld Cordless
 - Lavalier Cordless
 - Standard
- Microphone Stand (free)
- Floor Podium (free)
- Wooden Easels (3) (free) _____
- Extension Cord (free)
- Piano
 - Wurlitzer Upright on casters; tuning is your responsibility.*

Special Needs: _____



May return by fax to (608) 246-4719.



OLBRICH GARDENS ROOM SET-UP

Atrium



❖ Event: _____

❖ Date of Event: _____

❖ Rental Time: _____ ❖ Event Time: _____

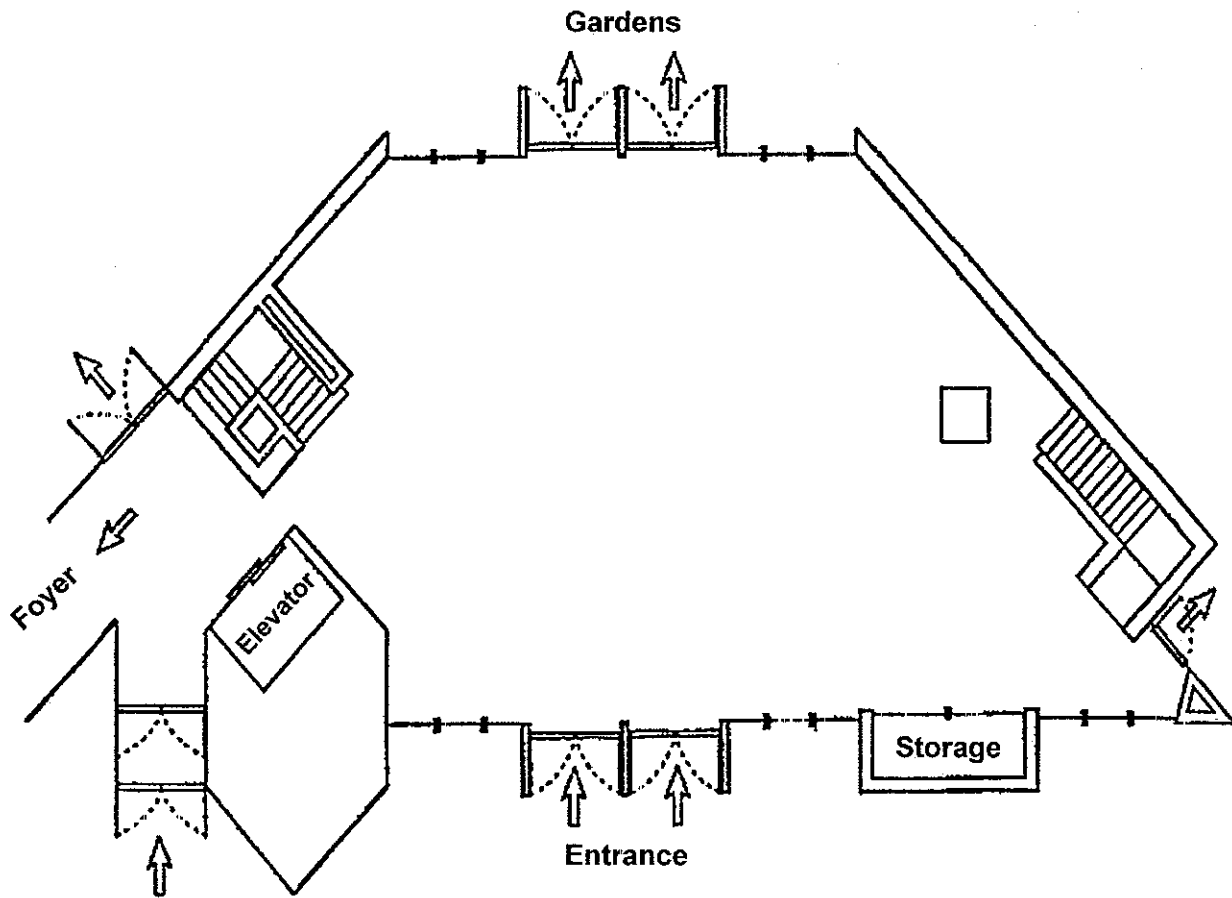
❖ Number of Guests: _____

❖ Food Caterer: _____ ❖ Bar Caterer: _____

Please Note: Tablecloths are not available through the Gardens.

- | | | |
|---|---|--|
| <input type="checkbox"/> Chairs _____
<input type="checkbox"/> Tables
(10) 10'x30" _____
(10) 6'x30" _____
(10) 5' round _____
<input type="checkbox"/> Coffee Makers (55c)
<i>1 lb. of coffee makes 55c & takes 1 hour to perk. No filters are needed. Available with catered event or kitchen rental</i>
<input type="checkbox"/> Kitchen (\$30 w/o catered event) | <input type="checkbox"/> Slide Projector (\$25)
<i>Please provide your own slide carousel</i>
<input type="checkbox"/> Projector Cart (\$15)
<input type="checkbox"/> Projector Screen (\$15 or free with rental of A/V equipment)
<input type="checkbox"/> Flip Chart Stands (\$10 ea.)
Dry Erase Boards (3) _____
<i>Please provide your own paper & pens</i> | <input type="checkbox"/> Risers (\$25 ea)
4'x8'x1' with steps
<input type="checkbox"/> TV/VCR (\$25)
32" color monitor/VCR on a 6' tall stand.
<input type="checkbox"/> Overhead (\$25)
<input type="checkbox"/> Piano
<i>Upright on casters; tuning is your responsibility</i>
<input type="checkbox"/> Wooden Easels (3) (free)
<input type="checkbox"/> Floor Podium (free) |
|---|---|--|

Special Needs: _____



May return by fax to (608) 246-4719.

@ 35' x 46'



OLBRICH GARDENS ROOM SET-UP Upstairs Meeting Room

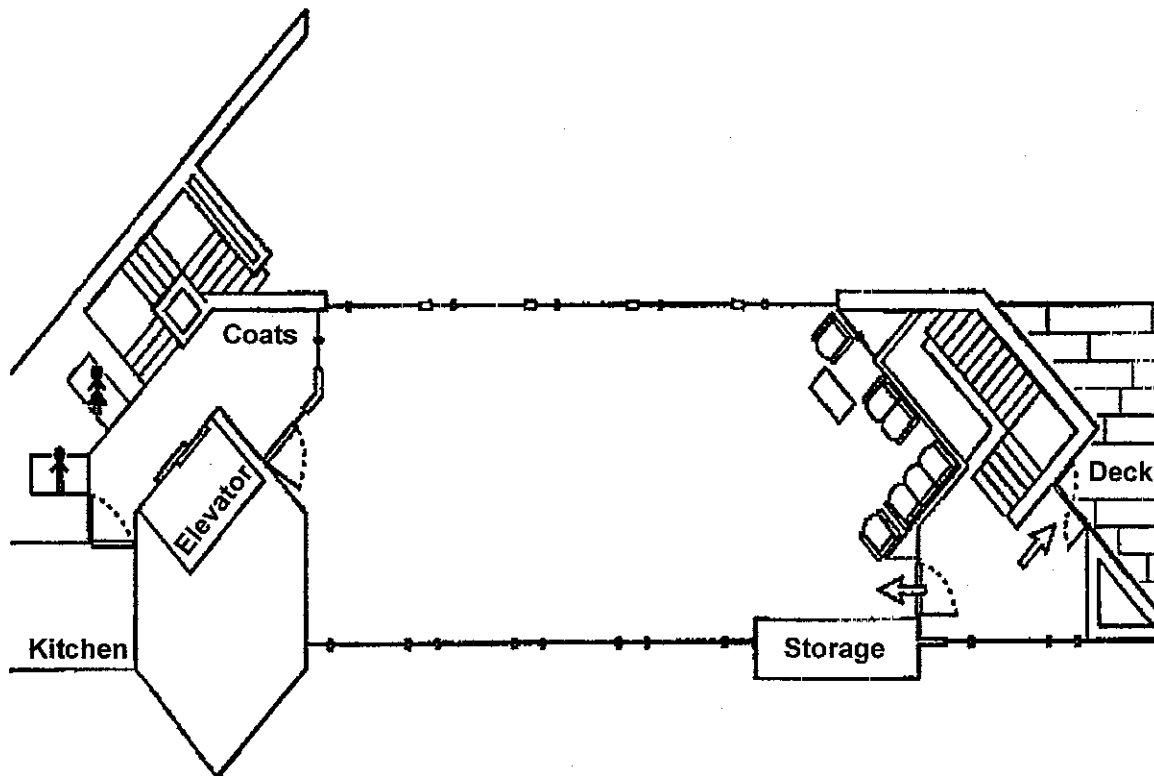


- ❖ Event: _____
- ❖ Date of Event: _____
- ❖ Rental Time: _____ ❖ Event Time: _____
- ❖ Number of Guests: _____
- ❖ Food Caterer: _____ ❖ Bar Caterer: _____

Please Note: Tablecloths are not available through the Gardens

- | | | |
|--|---|---|
| <input type="checkbox"/> Chairs _____
<input type="checkbox"/> Tables _____
(14) 6' x 2.5"
<input type="checkbox"/> Coffee Makers (55c)
<i>1 lb of coffee makes 55c & takes 1 hour to perk. No filters are needed. Available with catered event or kitchen rental.</i>
<input type="checkbox"/> Kitchen (\$30 w/o catered event)
<input type="checkbox"/> Blackboard
<i>Please provide your own chalk & erasers</i> | <input type="checkbox"/> Slide Projector (\$25)
<i>Please provide your own slide carousel</i>
<input type="checkbox"/> Projector Cart (\$15)
<input type="checkbox"/> Projector Screen (\$15 or free with rental of A/V equipment)
<input type="checkbox"/> Flip Chart Stands (\$10 ea.)
<input type="checkbox"/> Dry Erase Boards (3) _____
<i>Please provide your own paper & pens.</i> | <input type="checkbox"/> Floor Podium (free)
<input type="checkbox"/> TV/VCR (\$25)
<i>32" color monitor/VCR on a 6' tall stand.</i>
<input type="checkbox"/> Overhead (\$25)
<input type="checkbox"/> Wooden Easels (3) (free) |
|--|---|---|

Special Needs: _____



May return by fax to (608) 246-4719

20.5' x 42.5'