

61001B.2012.00355
26508

ORIGINAL ALCOHOL BEVERAGE RETAIL 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): Netalee Sheinman
BANZO 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			
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<u>Netalee Sheinman</u>	<u>601 S. Baldwin St. #1</u>	<u>Madison, WI 53703</u>
Directors/Managers			

3. Trade Name BANZO Business Phone Number (608) 441-2002
4. Address of Premises 2105 Sherman Av. 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.)

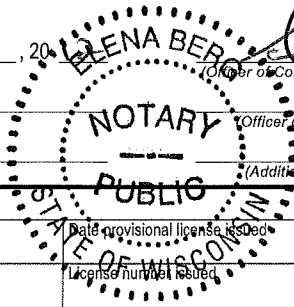
9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 2105 Sherman Av. Madison, WI 53704

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? _____
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. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? 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 25 day of May, 2012
Elmer Berg (Clerk/Notary Public)
My commission expires 2-24-13
[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	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

A-12-Rhodes-Conway
P-501

City of Madison Supplemental Class B License Application

<input checked="" type="checkbox"/> Seller's Permit Number <input checked="" type="checkbox"/> Federal Employer Identification # <input checked="" type="checkbox"/> Notarized Original Application Form <input checked="" type="checkbox"/> Notarized Supplemental Form <input checked="" type="checkbox"/> Orange Sign (Clerk's Office provides at time of application)	<input checked="" type="checkbox"/> Written Description of Premise <input checked="" type="checkbox"/> Background Investigation Form(s) <input checked="" type="checkbox"/> Notarized Transfer of Ownership <input checked="" type="checkbox"/> *Articles of Incorporation <input checked="" type="checkbox"/> * Notarized Appointment of Agent <small>* Corporation/LLC only</small>	<input checked="" type="checkbox"/> Floor Plans <input checked="" type="checkbox"/> Lease <input checked="" type="checkbox"/> Sample Menu <input type="checkbox"/> Business Plan
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1. Name of Applicant/Partner/Corporation/LLC BANZO LLC
2. Address of Licensed Premise 2105 Sherman Av. Madison, WI 53704
3. Telephone Number: (608) 441-2002 4. Anticipated opening date: June 10, 2012
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: Mediterranean food, dine in, takeout, delivery
9. Do you plan to have live entertainment? No Yes—What kind? possibly open mic.
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.**
Attached. Small dining area in front with large porch for outdoor seating. Beer + wine will be stored behind the front counter in a cooler. and locked in the basement also in the walk in cooler.
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. We have a lot in the back that can accommodate 60 cars, monitored by staff.
13. Describe your management experience, staffing levels, duties and employee training.
We have 2 managers/owners with servsafe certification, 1 manager with bartending license and kitchen manager all times.
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.
Nekalee Sherman 2105 Sherman Av.
Name Address

27. What hours, if any, will food service not be available? any other than 11⁰⁰pm-11⁰⁰pm
28. Indicate any other product/service offered. Food, Beer, wine,
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? 4
 During what hours do you anticipate they will be on duty? 11⁰⁰-11⁰⁰
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? _____
 How many bartenders do you anticipate you would have working at one time on a busy night? _____
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? indoor-25 outside-25
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?

39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? 95%
 What percentage of your advertising budget do you anticipate will be drink related? 5%
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

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

young professionals, families, North+East side neighborhood,

16. What age range would you hope to attract to your establishment? 25-75

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

local paper, social media mediterranean cuisine

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

19. Owner of building where establishment is located: Michael Natty

Address of Owner: _____ Phone Number (608) 770-7054

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

Natalie Sheinman 001 S. Baldwin St. Madison, WI 53703

Name Address

Name Address

Name Address

22. List the Stockholders of your Corporation/LLC

Natalie Sheinman 205 Sherman Av 100%

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. Cafe

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

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? 11⁰⁰am - 10⁰⁰pm

42. What is your estimated capacity? 60

43. Pursuant to Chapter 38.02 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	25 %
Gross Receipts from Food and Non-Alcoholic Beverages	70 %
Gross Receipts from Other	5 %
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.

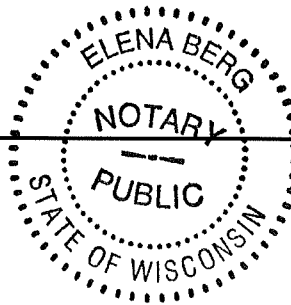
Subscribed and Sworn to before me:

this 25 day of May, 2012


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


(Clerk/Notary Public)

My commission expires 2-24-13



Appointment of New Liquor/Beer Agent

To be completed by Corporate Officer or Member of LLC

I, ~~Thomas Lund~~ Natalie Sheinman, officer/member for Banzo LLC

(Corporation/LLC), doing business as Banzo, authorize and appoint

Natalie Sheinman (Name) as the liquor/beer agent for the premise

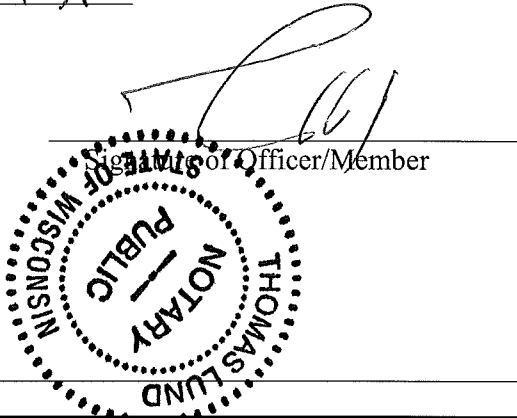
located at 2105 Sherman Av.

Subscribed and sworn to before me this

21st Day of May, 2012

Thomas Lund
Notary Public, Dane County, Wisconsin

My Commission Expires 05/25/15



To be completed by appointed Liquor/Beer Agent

I, Natalie Sheinman, appointed liquor/beer agent for Banzo (name of Corporation or LLC), being first duly sworn

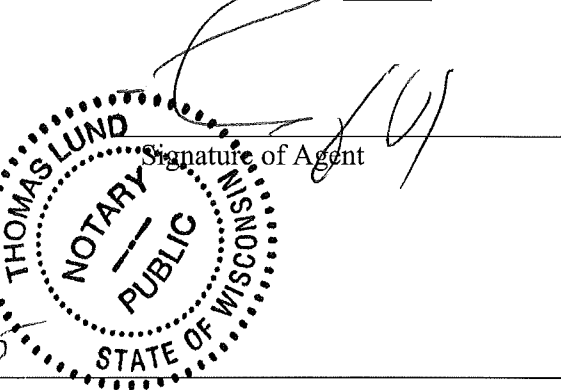
say I have vested in me, by properly authorized and executed written delegation, full authority and control of the premise described in the license of such corporation or limited liability company, and I am involved in the actual conduct of the business as an employee, or have a direct financial interest in the business of the licensee, therein relating to the intoxicating liquor/fermented malt beverage. The interest I have in the business is 100 %.

Subscribed and sworn to before me this

21st Day of May, 2012

Thomas Lund
Notary Public, Dane County, Wisconsin

My Commission Expires 05/25/15



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

This document is not yet filed.

Sec. 183.0202
Wis. Stats.



State of Wisconsin
Department of Financial Institutions

ARTICLES OF ORGANIZATION - LIMITED LIABILITY COMPANY

Executed by the undersigned for the purpose of forming a Wisconsin Limited Liability Company under Chapter 183 of the Wisconsin Statutes:

- Article 1. **Name of the limited liability company:**
 Banzo, LLC
- Article 2. **The limited liability company is organized under Ch. 183 of the Wisconsin Statutes.**
- Article 3. **Name of the initial registered agent:**
 Netalee Sheinman
- Article 4. **Street address of the initial registered office:**
 8010 Excelsior Dr.
 #201
 Madison, WI 53717
 United States of America
- Article 5. **Management of the limited liability company shall be vested in:**
 A member or members
- Article 6. **Name and complete address of each organizer:**
 David F. Grams & Associates, S.C.
 8010 Excelsior Dr.
 #201
 Madison, WI 53717
 United States of America

Other
Information.

This document was drafted by:

Eric D Christoffersen

Organizer Signature:

Eric D Christoffersen

(Signing on behalf of David F. Grams & Associates, S.C.)

Date & Time of Receipt:

8/11/2011 1:31:36 PM

Credit Card Transaction Number:

201108112695444

Banzo LLC

Seller's Permit #: 456-1027381968-02



WISCONSIN DEPARTMENT OF REVENUE
 PO BOX 8902
 MADISON, WI 53708-8902

State of Wisconsin • DEPARTMENT OF REVENUE

REGISTRATION UNIT
 2135 RIMROCK RD PO BOX 8902 MADISON, WI 53708-8902
 PHONE: 608-266-2776 FAX: 608-261-6248
 EMAIL: sales10@revenue.wi.gov WEBSITE: www.revenue.wi.gov

ERIC CHRISTOFFERSEN
 BANZO LLC OWNED BY NETALEE SHEINMAN
 8010 EXCELSIOR DR # 201
 MADISON WI 53717

Letter ID: L1088965056
 Batch Index: 1850673664-52

Wisconsin Department of Revenue

Seller's Permit

LEGAL/REAL NAME: BANZO LLC OWNED BY NETALEE SHEINMAN
 BUSINESS NAME: BANZO
 8010 EXCELSIOR DR
 # 201
 MADISON WI 53717

The seller whose name appears above is authorized to engage in the business of selling tangible personal property and taxable services at the location shown. This permit is not transferable and is not valid at any other location. This permit must be conspicuously displayed at the place of business for which issued. Return this permit to the Department if you discontinue sales of taxable property and services at this location.

If your business is not operated from a fixed location, such as craft shows, flea markets, etc., this permit should be displayed or carried with you to the various events.

Tax Type	Account Type	Account Number
Sales & Use Tax	Seller's Permit	456-1027381968-02