

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning ~~June 30~~ July 1 20 07 ;
ending ~~June 30~~ 30 20 08

TO THE GOVERNING BODY of the: Town of } MADISON
 Village of }
 City of }
County of Dane Aldermanic Dist No 4 (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): PROMAGINATION 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

President/Member	<u>OWNER</u>	<u>Ken Monteleone</u>	<u>634 Emerson St</u>	<u>MADISON WI 53715</u>
Vice President/Member				
Secretary/Member				
Treasurer/Member				
Agent	<u>Kenneth Monteleone</u>			
Directors/Managers				

- 3 Trade Name PROMAGINATION Business Phone Number 608.255.0869
4 Address of Premises 12 South CARROLL ST Post Office & Zip Code 53715 53703

- 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 NOV, 2006 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

- 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 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 2007
[Signature]
(Clerk/Notary Public)
My commission expires 2/1/09
[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>6/25/07</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk <u>[Signature]</u>
Date license granted	Date license issued	License number issued	

Leg. star # 06848

Applicant's Wisconsin Seller's Permit Number: <u>000328 0408-01</u>	
Federal Employer Identification Number (FEIN): <u>43-2114648</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>20.00</u>
<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	\$

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 type="checkbox"/> Notarized Transfer of Ownership Letter <i>MT</i> <input checked="" type="checkbox"/> *Schedule of Appointment of Agent (AT-104) <input checked="" type="checkbox"/> *Notarized Agent Appointment/Acceptance Form <input checked="" type="checkbox"/> *Articles of Incorporation/ Organization <input type="checkbox"/> Sample Menu, if possible <input checked="" type="checkbox"/> Business Plan, if one exists * 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 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), the Madison Police Department, and the Alcohol Policy Coordinator.

Alderperson Mike Verwee can be reached at _____, 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. *ledell*

Police Department District Captain MARt Schauf can be reached at 266-4316. *Perms*

Alcohol Policy Coordinator Joel Plant can be reached at 264-9295.

1. 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
2. Are there any special conditions desired by the neighborhood? Yes No
Explain. _____

3. Name of Applicant/Partner/Corporation/LLC FROMAGINATION, LLC
4. Telephone Number: 608. 255. 0869
5. Address of Licensed Premise 12 South Carroll Street, Madison WI
6. Anticipated opening date: SEPTEMBER 1st, 2007 53743
7. Mailing address if not opening immediately 634 EMERSON ST. MADISON WI

53715

8. What type of establishment is contemplated? Tavern Nightclub Restaurant
 Liquor Store Grocery Store Convenience Store - Gas Pumps Yes No
 Other Please explain SPECIALTY CHEESE STORE

9. Business Description including hours of operation and if entertainment is part of your venue, what type:
SEVEN DAYS A WEEK, M-F 9:00 AM to 9:00 PM.
SATURDAY 6:00 AM to 9:00 PM, Sunday 12:00 - 5:00 PM
Artisan cheese, gourmet product + accessories, wine + beer.

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.**

Building 1400 sq ft. Dimensions of retail space 50 X 17,
outdoor seating capacity 12 people, indoor seating for 6,
special events (wine, cheese tastings up to 14 people) Plan
8 cheese tastings a month, 2 special events a month, open house
cheese events, meet the artisan. (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. off street parking
metered controlled

13. Describe your management experience, staffing levels, duties and employee training.
23 years of management retail buying, merchandising
experience, staff has worked in food service, one week
training before opening

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. Kenneth A. Montelaine
Name
634 EMERSON STREET MADISON VT 53715
Address City State Zip

15. Excluding pre-packaged snacks, how late will food be served? 9:00 PM

16. What type of food will you be serving, if any? to-go cheese, ~~and~~ and cheese
accommodations

17. Indicate any other product/service offered: CAPITAL Neighbor hood, Foodies of

18. Describe your target market. FARMERS MARKET customer, MADISON

Original Alcohol Beverage License Application

9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stores. The applicant must include all rooms including living quarter, 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.

1400 sq feet, Specialty food store specializing in artisan and farmhouse cheese and products that pair with cheese., beer , wine, bread, olives, jams, crackers, cheese plates, and other accessories .

Retail selling space is 50x17

Legal capacity of space if 49 people

Outdoor seating capacity is 12, indoor seating area for 6 people, special events (cheese and wine tasting up to 14 people)

Wine and beer sales: will represent 10% of the retail sales, of which 90% will be taking out and 10% drink on premises.

Cheese and Wine Tasting

We will have up to 8 cheese/wine tastings a month

2 special events a month to include Artisan of the month, open house

Wine and beer will be stored in the back of the house on shelving,

We will have a wine and beer wall in the front of the house where wine and beer will be sold in bins, and we will have two refrigerators one for chilled wine and one for beer. For sale

LEGAL CAPACITY

19. What is your estimated capacity? 49 people (1400 sq ft)

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

21. Owner of building where establishment is located: CAPITAL PARK ASSOCIATES
Address of Owner: 401 North Carroll Street Phone Number 257-0681
Madison, WI 53703

22. Individual or Partnership: 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.

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

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

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

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

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

Director(s) Name	Home Address
Ken A. Monteleone	634 Emerson St Madison, WI 53710

Stockholder's Name	Address	Extent of Ownership %

Manager's Name	Address	Business Phone	Home Phone

27. 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

28. 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	10 %
Percent Gross Receipts from Food	80 %
Percent Gross Receipts from Other	10 %
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.

29. What type of establishment are you? (Check all that apply) Tavern Restaurant Nightclub

Other Please explain: SPECIALTY CHEESE STORE

30. Will your establishment have a kitchen manager? Yes No Gourmet Manager

31. Will your establishment be a member of the Wisconsin Restaurant Association? Yes No

32. How many wait staff will be employed at the establishment? 3 full time, 8 part time

33. What hours, if any, will food service not be available? Food will be available during hrs of operation.

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

LOCAL PUBLICATIONS, CHEESE

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, 2007

[Signature]
(Clerk/Notary Public)

Ken L. Montelone
(Officer of Corporation/Member/Manager of LLC/Partner/Individual)

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

My commission expires 2/11/09

[Signature]
(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.

FROMMAGINATION

INTERIOR BUILD-OUT

JUNE 5, 2007

12 SOUTH CARROLL STREET

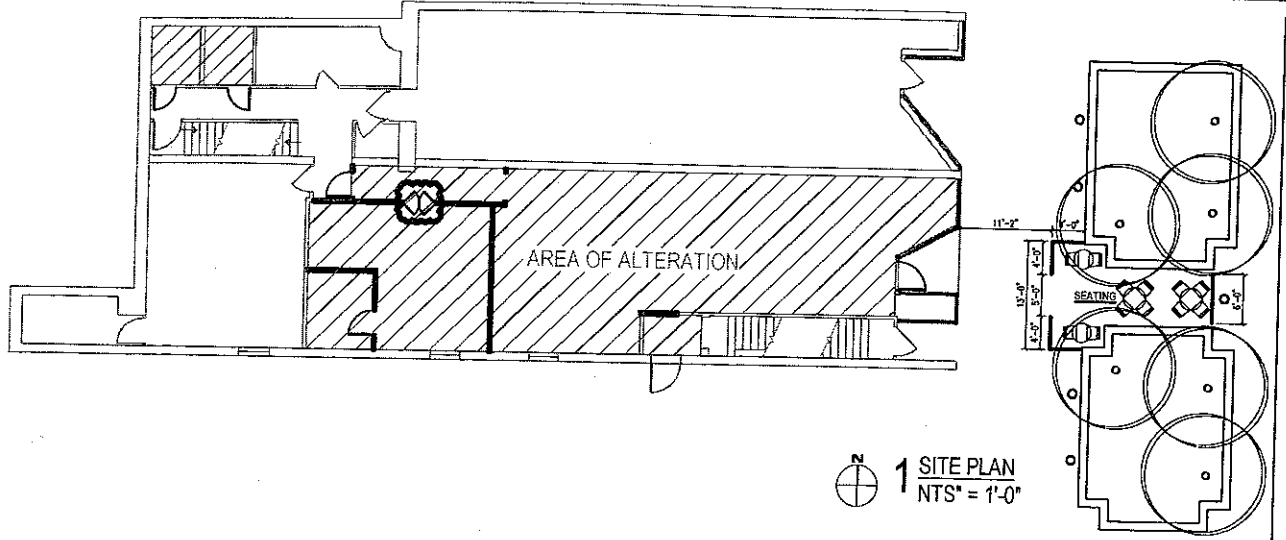
MADISON, WI 53703

ARCHITECTS

222 West Washington Ave
Suite 310
Madison, WI 53703
ph: 608.268.1499
fax: 608.268.1498
www.destreearchitects.com

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SPECIFICALLY IDENTIFIED HEREIN.

FROMMAGINATION
INTERIOR BUILD-OUT
 12 SOUTH CARROLL STREET
 MADISON, WI 53703



DEFINITIONS:

- F E C - FIRE EXTINGUISHER CABINET
- E W C - ELECTRIC WATER COOLER
- GWB - GYPSUM WALL BOARD
- T F C I - TENANT FURNISHED CONTRACTOR INSTALLED
- T F T I - TENANT FURNISHED TENANT INSTALLED
- O F C I - OWNER FURNISHED CONTRACTOR INSTALLED
- C F C I - CONTRACTOR FURNISHED CONTRACTOR INSTALLED
- TYP - TYPICAL
- XTG - EXISTING

ARCHITECT:

DESTREE DESIGN ARCHITECTS
 222 WEST WASHINGTON AVE SUITE 310
 MADISON, WI 53703
 PH 608.268.1499
 FAX 608.268.1498
 WWW.DESTREEARCHITECTS.COM

BUILDING OWNER:

CAPITOL PARK ASSOCIATES LLP
 401 N CARROLL STREET
 MADISON, WI 53713
 PH: 608 285 8090

CONTRACTOR:

WYLDWOOD CONSTRUCTION
 4222 MILWAUKEE ST SUITE 4
 MADISON, WI 53714
 PH: 608.206.7932
 FAX: 608 846 8619

Tenant:

Ken Monteleone
 PH: 608.255.0869

SYMBOL LEGEND:

- P-X
DETAIL AND WALL PARTITION TYPE CALLOUT
- XX
INTERIOR ELEVATION CALLOUT
- XXXX
DETAIL CALLOUT
- [Square with X]
KEYNOTE CALLOUT
- [Circle with X]
WINDOW CALLOUT
- [Dashed line]
DEMO WALL
- [Double line]
XTG WALL
- [Single line]
NEW WALL
- [Dashed arc]
DEMO DOOR
- [Solid arc]
NEW DOOR

GENERAL NOTES:

1. FIELD VERIFY ALL DIMENSIONS, CONSULT ARCHITECT W/ INCONSISTENCIES
2. CONTRACTOR TO COMPLY WITH ALL APPLICABLE BUILDING CODES.
3. DIMENSIONS ARE FROM EDGE OF METAL STUD TO EDGE OF METAL STUD, EXISTING PARTITION DIMENSIONS ARE FROM GWB WALL FINISH TO EDGE OF NEW METAL STUD.
4. PROVIDE BLOCKING FOR ALL CABINETRY, SHELVING, WOOD BASE AND PHOTO AREAS, COORDINATE SIZE AND LOCATION OF BLOCKING W/ ARCHITECT.
5. ALL CABINET AND MILLWORK DRAWINGS TO BE APPROVED BY ARCHITECT PRIOR TO FABRICATION.
6. MATERIAL SAMPLES OF ALL FINISHES TO BE SUBMITTED TO ARCHITECT FOR APPROVAL.
7. AWNINGS INSTALL BY TENANT HIRED SIGNAGE COMPANY
8. G.C. TO PROVIDE ALLOWANCE TO HANG TENANT PHOTOS.
9. CONTRACTOR TO PREP AND LEVEL ALL FLOORS FOR 1/8" TOLERANCE.
10. G.C. TO PROVIDE LIMITED BUILT-IN FIXTURES, INCLUDING TABLES, CONCEALED STANDARDS, SHELVING ETC AS NOTED ON PLANS AND ELEVATION, COORDINATE W/ ARCHITECT.
11. CONTRACTOR TO RELOCATE EXISTING RADIATOR PIPING ELECTRICAL ETC IN CLG. COORDINATE W/ ARCHITECT.
12. THIS PROJECT IS TO FOLLOW HEALTHY ENVIRONMENT GUIDELINES AND USE OF SUSTAINABLE MATERIALS.
13. SEE 8 5x11 CUT SHEETS FOR ADDITIONAL INFORMATION.

ELECTICAL/DATA NOTES:

1. CONTRACTOR TO HAVE NEW ELECTRICAL SERVICE RUN TO BUILDING. TENANT REQUIRES 400 AMPS. COORDINATE W/ BUILDING OWN REQUIREMENTS OF OTHER BUILDING TENANTS.
2. SCHEDULE PRELIMINARY WALK-THRU W/ TENANT OWNER & ARCHITECT PRIOR TO INSTALL.
3. ELECTRICAL CONTRACTOR TO PROVIDE ALL NECESSARY CALCULATIONS AND SUBMITTALS TO THE CITY PER ENERGY CODE.
4. SEE REFLECTED CEILING PLAN FOR LAYOUT PURPOSES ENGINEERING OF LIGHTING, SWITCHING AND CIRCUITS BY ELECTRICIAN.
5. ELECTRICIAN TO PROVIDE, LOCATE AND INSTALL EMERGENCY EGRESS LIGHTING AND EXIT SIGNS AS REQUIRED BY FIRE MARSHALL.
6. COORDINATE POWER REQUIREMENTS WITH TENANT PROPERTY OWNER/ARCHITECT
7. G.C. TO PROVIDE COORDINATION AND REQUIRED ROUGH-INS FOR SECURITY CONTRACTOR. TENANT TO PROVIDE SECURITY CONTRACTOR.
8. COORDINATE ROUGH-IN FOR TENANT PROVIDED SOUND SYSTEM.
9. OUTLET/SWITCH COVER TO MATCH FINISH AT LOCATION VERIFY W/ ARCHITECT

PLUMBING NOTES:

1. INSTALL WATER SHUT OFF AT SINKS/PLUMBING LINES.
2. SOFFITS REQUIRED TO CONCEAL PLUMBING IN BASEMENT COORDINATE W/ BUILDING OWNER AND ARCHITECT.
3. CONTRACTOR TO VERIFY XTG BUILDING DRAIN LINE LOCATIONS IN BASEMENT

HVAC NOTES:

1. BUILDING OWNER PREFERS SPLIT HVAC SYSTEM W/ HUMIDIFICATION HVAC SYSTEM TO BE DESIGNED.
2. HVAC CONTRACTOR TO SIZE PROVIDE AND INSTALL HVAC UNIT OWNER/ARCHITECT/TENANT TO APPROVE.
3. ALL EXPOSED DUCTS TO BE OVAL SPIRAL
4. SEE REFLECTED CEILING PLAN FOR DUCT LOCATION AT EXPOSED CEILING. SPIRAL DUCT LAYOUT TO BE APPROVED BY ARCHITECT AND COORDINATED W/ LIGHTING.
5. REUSE EXISTING BASEBOARD HEAT AS REQ. REPLACE COVERS.

FIRE ALARM NOTES:

1. MODIFY EXISTING ALARM LAYOUT USING THE DESIGN/BUILD METHOD. CONTRACTOR TO INSTALL CODE COMPLIANT ADA FIRE ALARM SYSTEM W/ STROBES.
2. INSTALL FIRE DETECTION PER CODE
3. VERIFY WALL LOCATIONS OF ALL STROBE AND HORN LOCATIONS W/ ARCHITECT PRIOR TO INSTALLATION

CODE SUMMARY:

PROJECT DESCRIPTION TENANT BUILD-OUT OF EXISTING MERCANTILE SPACE, TOILET ROOM UPGRADES.
OCCUPANCY MERCANTILE NON-SEPERATED USE
CONSTRUCTION TYPE IIIB
HEIGHT:
 STORIES: 3 FLOORS: 3
SQUARE FOOTAGES
 BUILDING FOOTPRINT = 4280 SF
 BUILDABLE AREA = 1463 SF

SHEET INDEX:

TITLE	COVER
A1.0	FLOOR PLAN, DEMO PLAN
A2.0	REFLECTED CEILING PLANS, EXTERIOR ELEVATIONS
A7.0	INTERIOR ELEVATIONS
A9.0	SCHEDULES, WALL PARTITION DETAIL

ISSUANCES:

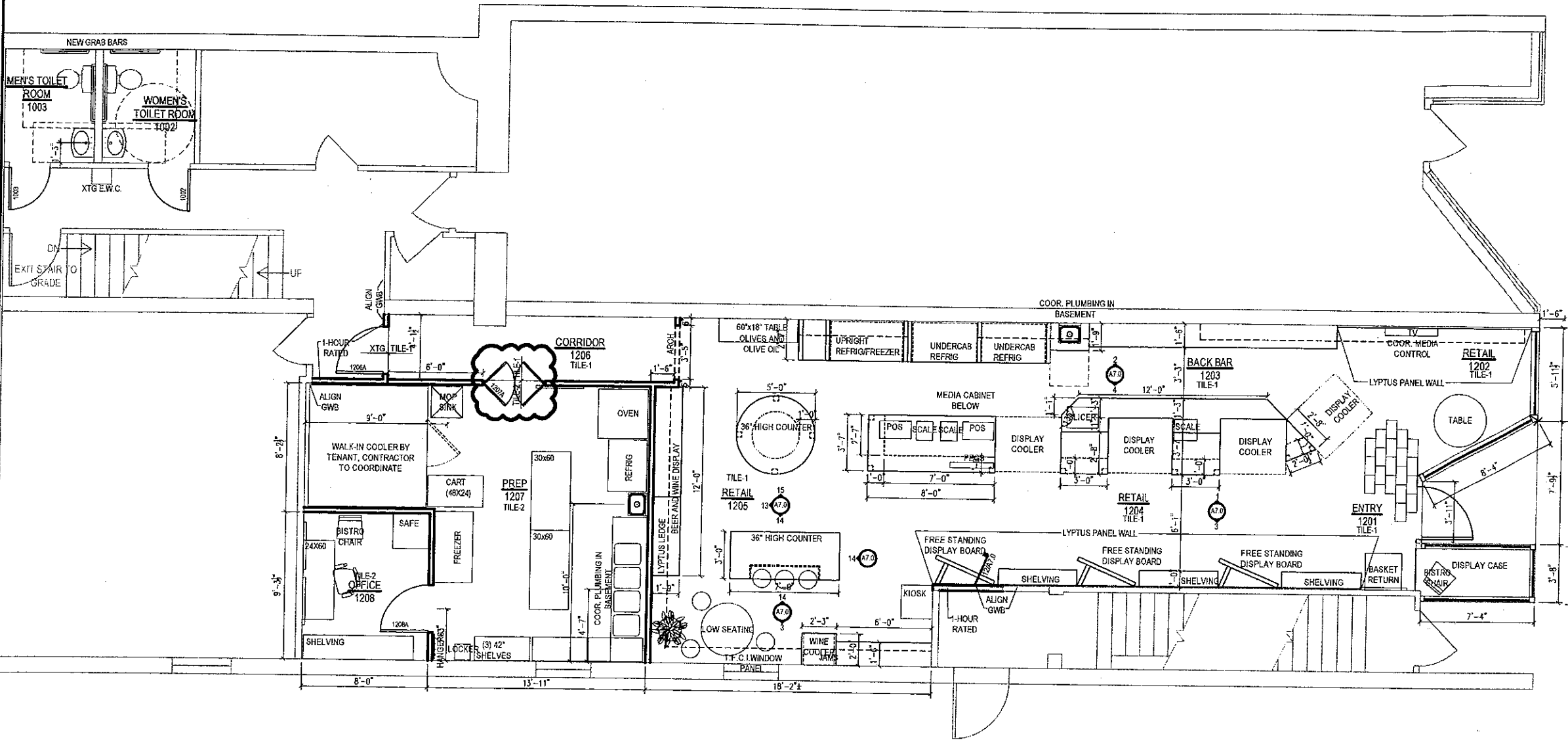
CDS	06.05.07
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PROJECT:

NUMBER:	070328.00
DATE:	06.05.07
REV:	

SHEET:

TO.0



1 FIRST FLOOR PLAN
1/8" = 1'-0"

DESTREE DESIGN ARCHITECTS

222 West Washington Ave. Suite 310
Madison, WI 53703
ph: 608.268.1499 fax: 608.268.1498
www.destreedesign.com

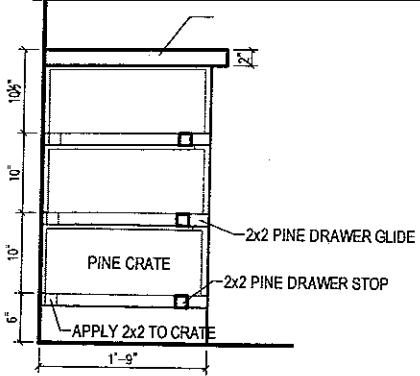
**FROM IMAGINATION
INTERIOR BUILD-OUT**
12 SOUTH CARROLL STREET
MADISON, WI 53703

PROJECT:

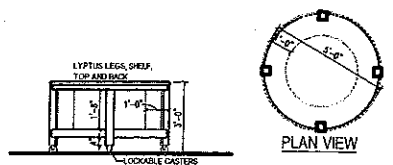
NUMBER:	070328.00
DATE:	06.05.07
REV:	

SHEET:
A1.0

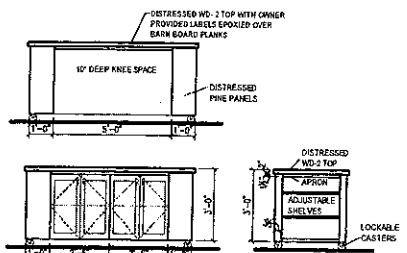
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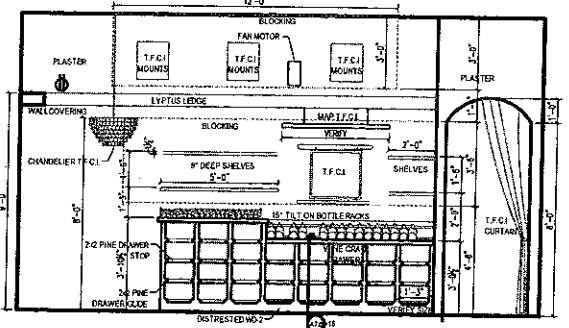
16 SECTION @ DISPLAY TABLE
1/2" = 1'-0"



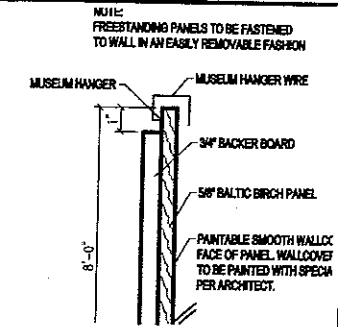
15 ELEVATION @ DISPLAY TABLE
1/8" = 1'-0"



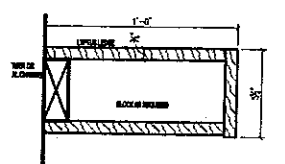
14 ELEVATION @ COUNTER
1/8" = 1'-0"



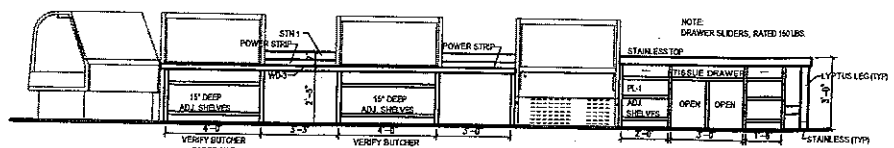
13 ELEVATION @ WINE RACK
1/8" = 1'-0"



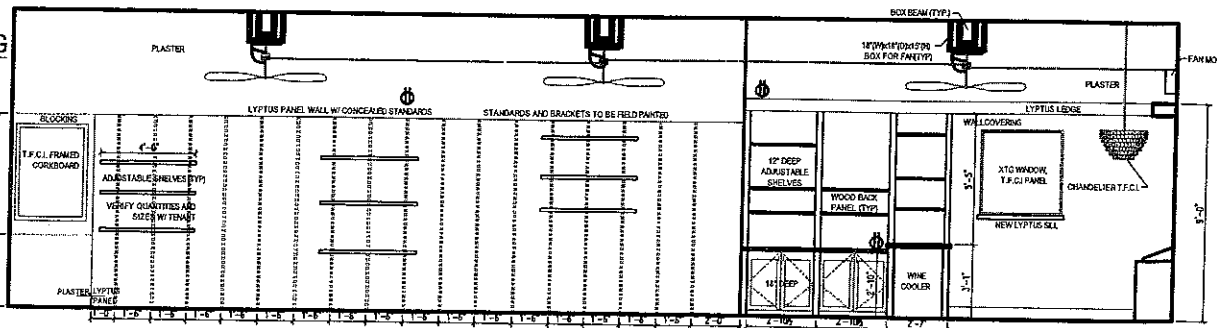
12 DETAIL @ FREESTANDING DISPLAY PANELS
1 1/2" = 1'-0"



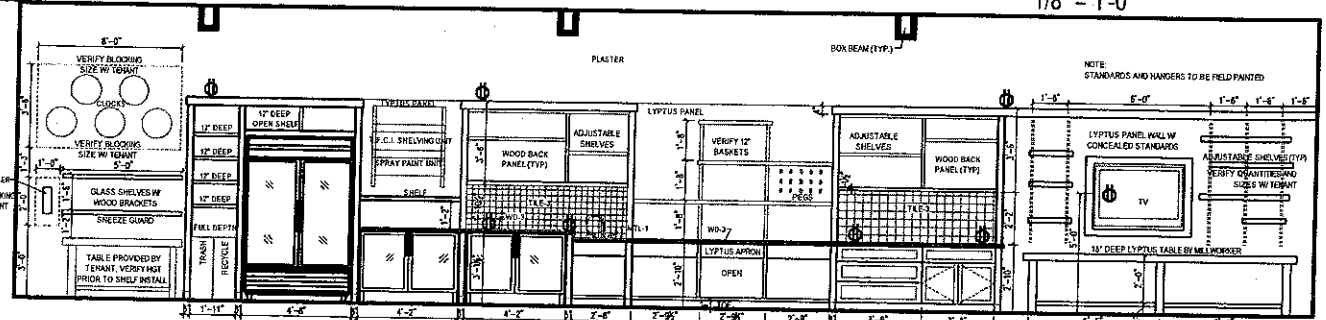
11 DETAIL @ LYPTUS LEDGE
1" = 1'-0"



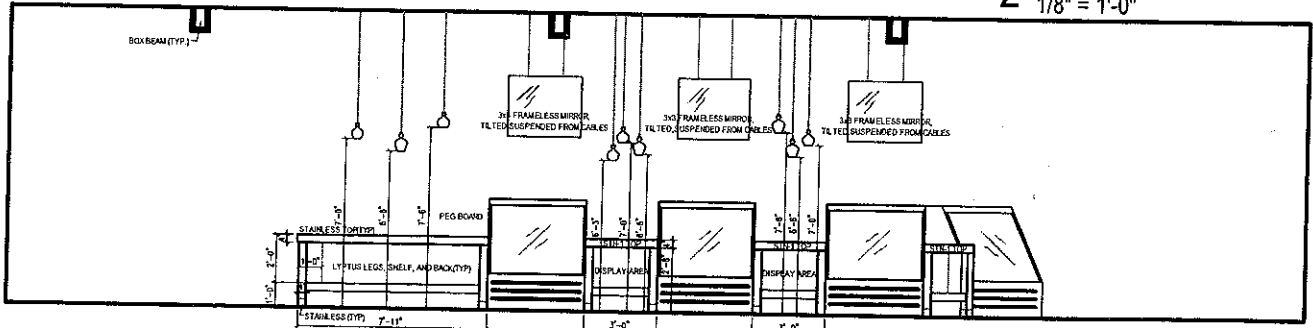
4 BACK OF DISPLAY/CASH WRAP
1/8" = 1'-0"



3 ELEVATION @ RETAIL AREA
1/8" = 1'-0"



2 ELEVATION @ BACK BAR
1/8" = 1'-0"

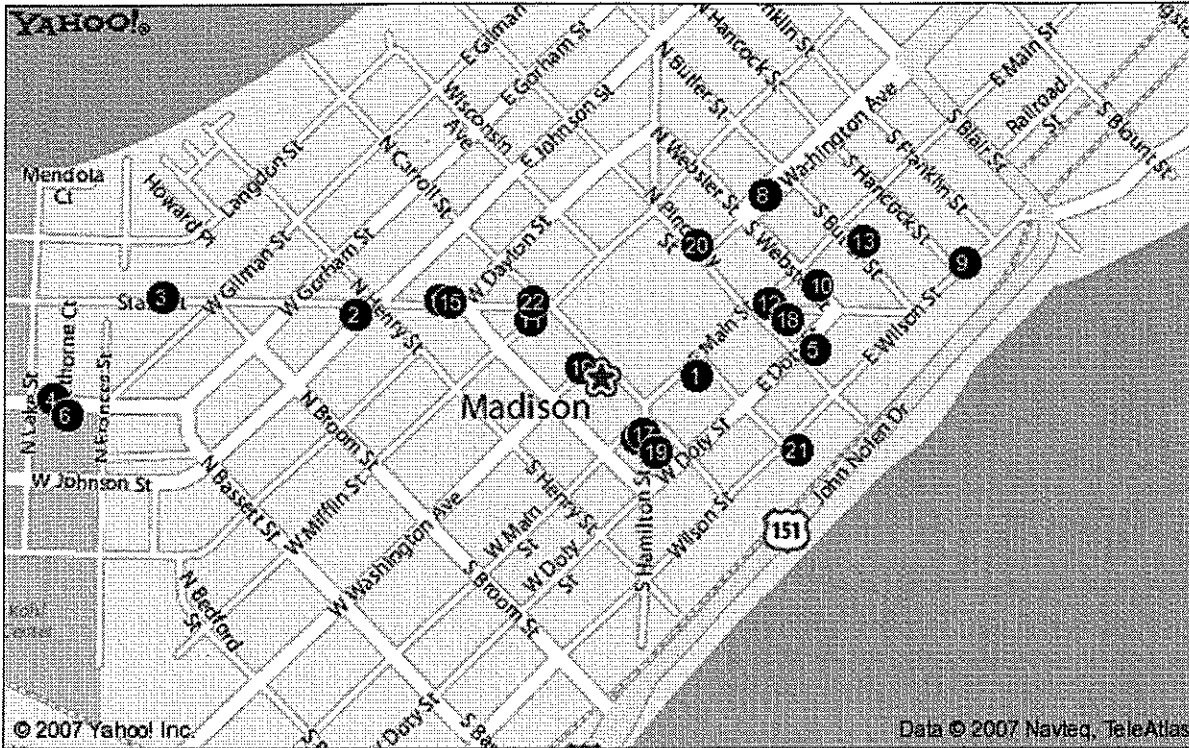


1 ELEVATION @ DISPLAY CASES
1/8" = 1'-0"

PROJECT:

NUMBER:	070328.00
DATE:	06.05.07
REV:	

Yahoo! Maps - 12 S CARROLL ST, Madison, WI 53703, US



Your Points of Interest

- 1 Brocach Irish Pub (608) 255-2015 ★★★★★
- 7 W Main St Madison, WI 53703

- 2 Irish Pub (608) 256-6071
- 317 State St Madison, WI 53703

- 3 Pub (608) 256-2464 ★★★★★
- 552 State St Madison, WI 53703

- 4 Madison Avenue (608) 257-1122
- 624 University Ave Madison, WI 53715

- 5 Great Dane Brew Pub (608) 284-0000 ★★★★★
- 123 E Doty St Madison, WI 53703

- 6 Church Key Pub & Grill (608) 259-0444 ★★★★★
- 626 University Ave Madison, WI 53715

- 7 Willy Street Pub & Grill (608) 256-8211 ★★★★★
- 852 Williamson St Madison, WI 53703

- 8 Slipper Club (608) 268-0909
- 121 W Main St Madison, WI 53703

- 9 Wisconsin Stat of Emplye Trst Funds Department of Pub Emp (608) 264-6633
- 201 E Washington Ave Madison, WI 53703

- 10. Cardinal **Bar** (608) 251-0080
418 E Wilson St Madison, WI 53703
- 11. Board-Commissioners Public (608) 266-0034
125 S Webster St Ste 200 Madison, WI 53702
- 12. Comedy Club (608) 256-0099 ★★★★★
119 State St Madison, WI 53703
- 13. King Club Incorporated (608) 251-5464
114 King St Madison, WI 53703
- 14. Kens **Bar** & Grill (608) 257-1176
117 S Butler St Madison, WI 53703
- 15. Nick's Restaurant (608) 255-5450 ★★★★★
226 State St Madison, WI 53703
- 16. Paul's Club (608) 257-5250 ★★★★★
212 State St Madison, WI 53703
- 17. Sierra Club Midwest Ofc (608) 257-4994
122 W Washington Ave # 830 Madison, WI 53703
- 18. Gennas Lounge (608) 255-4770 ★★★★★
105 W Main St Madison, WI 53703
- 19. Opus Lounge (608) 441-6787 ★★★★★
116 King St Madison, WI 53703
- 20. Shamrock **Bar** (608) 255-5029 ★★★★★
117 W Main St Madison, WI 53703
- 21. Lions Club Madison Central (608) 442-5814
7 N Pinckney St Madison, WI 53703
- 22. Madison Club (608) 255-4861
5 E Wilson St Madison, WI 53703
- 23. State **Bar** & Grill (608) 294-9988
118 State St Madison, WI 53703
- 24. Brass Ring **Bar** & Restaurant (608) 256-9359 ★★★★★
701 E Washington Ave Madison, WI 53703
- 25. High Noon Saloon (608) 268-1122 ★★★★★
701 E Washington Ave Madison, WI 53703

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

