

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning _____ 20____ ;
ending June 30 2008

TO THE GOVERNING BODY of the: Town of
 Village of } Madison
 City of }

County of Dane Aldermanic Dist. No. 12 (if required by ordinance)

Applicant's Wisconsin Seller's Permit Number:	
Federal Employer Identification Number (FEIN): <u>41-2252782</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	\$ <u>40.00</u>
TOTAL FEE	\$

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): NOE ENTERPRISES 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>PRESIDENT</u>	<u>NICHOLAS ZABEL</u>	<u>8540 GERRARD AVE BLDG #113</u>	<u>53562</u>
Vice President/Member				
Secretary/Member				
Treasurer/Member				
Agent		<u>NICHOLAS ZABEL</u>		
Directors/Managers				

3. Trade Name THE SANDLOT Business Phone Number 608-244-3535
4. Address of Premises 301 NORTH STREET Post Office & Zip Code 53704-4820

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 3/22/07 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) 2ND FLOOR, BART RESTAURANT AREAS, PATIO, STORED/LOCKED IN BASEMENT
10. Legal description (omit if street address is given above): FULL SERVICE RESTAURANT
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? THE SANDLOT
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 September, 2007

[Signature]
(Clerk/Notary Public)

[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

My commission expires July 31, 2011

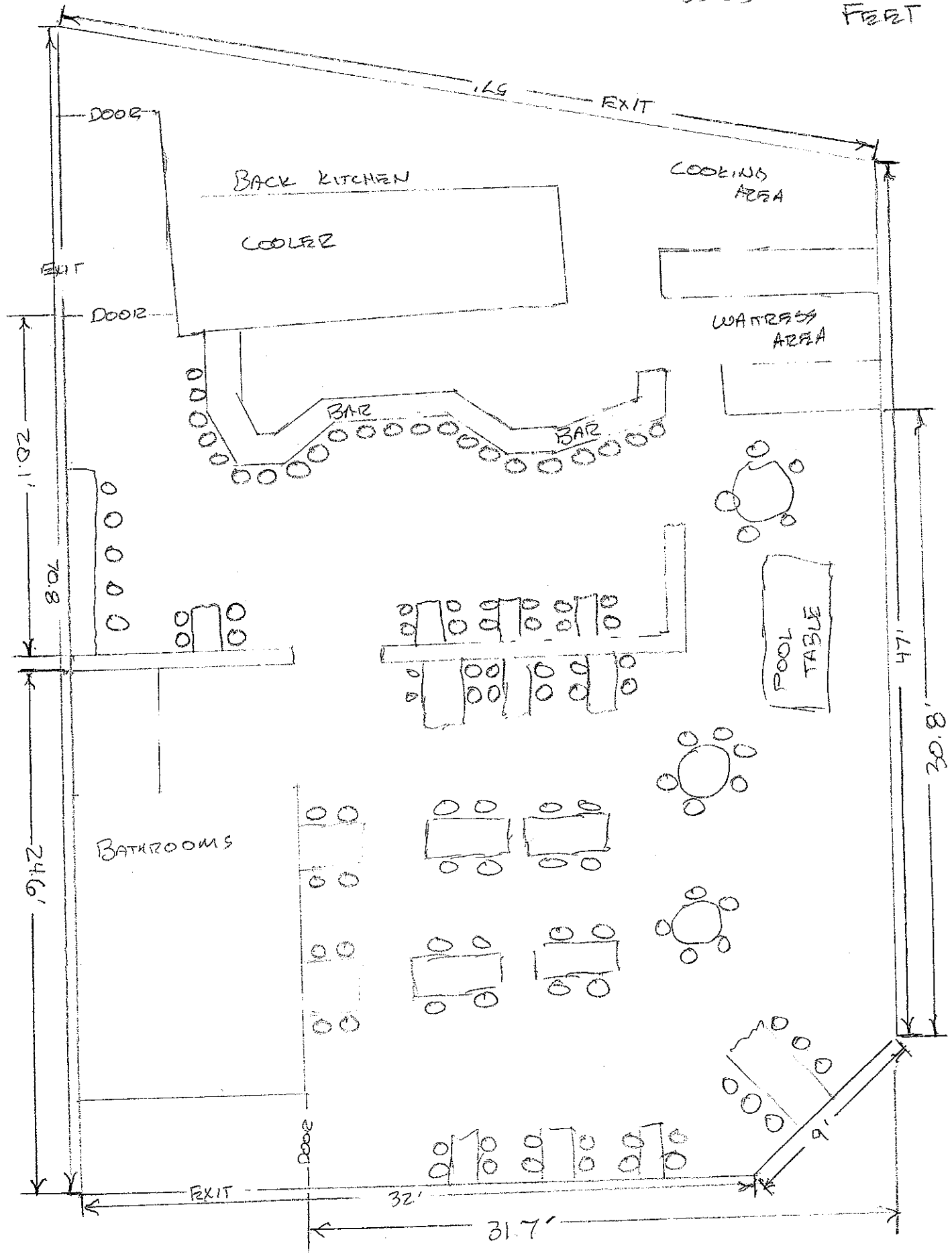
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>9-25-07</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>79409</u>	

301 NORTH STREET
CAPACITY 143
3325 SQUARE
FEET



City of Madison Supplemental Class B License Application

<input 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 type="checkbox"/> *Articles of Incorporation	<input checked="" type="checkbox"/> Floor Plans <input checked="" type="checkbox"/> Lease <input type="checkbox"/> Sample Menu <input checked="" type="checkbox"/> Business Plan * Corporation/LLC only
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1. Name of Applicant/Partner/Corporation/LLC NDZ ENTERPRISE LLC
 2. Address of Licensed Premise 301 NORTH STREET, MADISON, WI 53704
 3. Telephone Number: (608) 244-3535 4. Anticipated opening date: NOV 7TH, 2007
 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: FULL SERVICE BAR / RESTAURANT
SERVING LUNCH AND DINNERS. HOURS 11-2 (SUN-THUR) 11-2:30 (FRI/SAT)

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

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.**

3325 SQ FOOT BUILDING, DINING AREA = 800 SQ FEET, BAR AREA = 640 SQ FEET
20-25 SEATS IN BAR AREA, 65-70 SEATS IN DINING AREA. ALCOHOL WILL BE
SOLD IN BAR AND DINING AREA AND PATIO PER CONDITIONAL USE PERMIT
BEER STORED IN COOLER ON MAIN FLOOR, WINE AND LIQUOR STORED IN BASEMENT

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. ONE LARGE LOT, ONE SMALL LOT
WILL BE CONTINUOUSLY LIT AND WALKED THRU

13. Describe your management experience, staffing levels, duties and employee training.
BAR MANAGER FOR 7 YEARS AT BIG D PUB. INITIALLY 10-15 EMPLOYEES
I WILL BE GENERAL MANAGER AND BAR MANAGER. AVERAGE EMPLOYEE TRAINING
IS 40 HOURS

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.
NICHOLAS D ZABEL 8540 GREENWAY BLVD #113, MIDDLETON WI 53562
 Name Address

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

NEIGHBORHOOD, HIGH-END BEER DRINKERS, VOLLEYBALL PLAYERS
SPORTS TEAMS, COMMUTERS

16. What age range would you hope to attract to your establishment? 21-60

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

WEBSITE, WILL PUSH FOOD AND BEER QUALITY AND SELECTION

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

19. Owner of building where establishment is located: VITO CERUIGLIA

Address of Owner: 7437 SAUNILL RD MADISON, WI 53717 Phone Number 608-831-6047

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

NICHOLAS ZABEL 8540 GREENWAY BLVD #113 MIDDLETON, WI 53562
Name Address

Name Address

Name Address

22. List the Stockholders of your Corporation/LLC

NICHOLAS ZABEL 8540 GREENWAY BLVD #113 MIDDLETON, WI 53562 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. FULL SERVICE RESTAURANT / BAR

24. What type of food will you be serving, if any? BURGERS, SALADS, APPS, REUBENS,

Breakfast Lunch Dinner HOMEMADE SOUPS, PIZZA

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? 11AM - 1AM (SUN - THUR)
11AM - 1:30AM (FRI/SAT)

27. What hours, if any, will food service not be available? THE 1/2 HOUR BEFORE 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? 10AM TO CLOSE
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? 30-36
How many bartenders do you anticipate you would have working at one time on a busy night? 2-3
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?
30 TO 40%
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? _____
What percentage of your advertising budget do you anticipate will be drink related? _____
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? 143

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	40 ⁵⁰ %
Gross Receipts from Food and Non-Alcoholic Beverages	60 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.

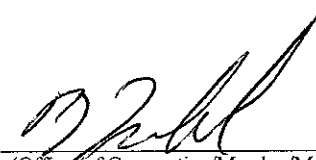
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