



Liquor/Beer License Application

City of Madison Clerk
210 MLK Jr Blvd, Room 103
Madison, WI 53703

Class A: Beer, Liquor, Cider
Class B: Beer, Liquor,
 Class C Wine

Comb :
licensing@cityofmadison.com
608-266-4601

(Agenda Item Number)
(Legistar file number) <i>LICLIB-2023-10391</i>
(License number)
<i>5</i> (Alder District #) <i>208</i> (Police Sector)
Office Use Only

Section A – Applicant

1. List the name of your Sole Proprietor, Partnership, Corporation/Nonprofit Organization or Limited Liability Company exactly as it appears on your State Seller's Permit.

Thai Basil LLC

2. Trade Name (doing business as) *Thai Basil*

3. Address to be licensed *3519 University Ave, Madison WI 53705*

4. Mailing address *3519 University Ave, Madison WI 53705*

5. Anticipated opening date *ASAP!*

6. Is the applicant an employee or agent of, or acting of behalf of anyone except the applicant named in question 1?
 No Yes (explain)

7. Does another alcohol beverage licensee or wholesale permittee have interest in this business? No Yes (explain)

Section B—Premises

8. Describe in words the building or buildings where alcohol beverages are to be sold and stored. Include all rooms including living quarters, if used, and any outdoor seating used for the sales, service, and/or storage of alcohol beverages and receipts. Alcohol beverages may be sold and stored only on the premises as approved by Common Council and described on license.

The alcohol will be sale in and dining hall and alcohol will be store at the bar.

9. Applicants for on-premises consumption only. Estimated capacity (patrons and employees):

Indoor: 70 Outdoor: -

10. Describe existing parking and how parking lot is to be monitored.

We have open space parking lot and we can look throy air window to monitor.

11. Was this premises licensed for the sale of liquor or beer during the past license year?

No Yes, license issued to _____ (name of licensee)

Section C—Corporate Information

This section applies to corporations, nonprofit organizations, and Limited Liability Companies only. Sole proprietorships and partnerships, skip to Section D.

12. Name of liquor license agent Krittaphol Poticharoen

13. City, state in which agent resides Madison WI

14. How long has the agent continuously resided in the State of Wisconsin? 4 years

15. Has the liquor license agent completed the responsible beverage server training course?

No, but will complete prior to ALRC meeting Yes, date completed 10/04/22

16. State and date of registration of corporation, nonprofit organization, or LLC.

17. In the table below list the directors of your corporation or the members of your LLC.

Attach background check forms for each director/member.

Title	Name	City and State of Residence
Owner	Krittaphol Poticharoen	Madison, Wisconsin
Assistant Manager	Suthasini Wisetkhan	Madison, Wisconsin

18. Registered agent for your corporation or LLC. This is your agent for service of process, notice or demand required or permitted by law to be served on the corporation. This is not necessarily the same as your liquor agent.

19. Is applicant a subsidiary of any other corporation or LLC?

No Yes (explain) _____

20. Does the corporation, any officer, any director, any stockholder, liquor agent, LLC, any member, or any manager hold any interest in any other alcohol beverage license or permit in Wisconsin?

No Yes (explain) _____

Section D—Business Plan

21. What type of establishment is contemplated?
 Tavern Nightclub Restaurant Liquor Store Grocery Store
 Convenience Store without gas pumps Convenience Store with gas pumps
 Other _____
22. 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? No Yes
23. Hours of operation: please enter opening and closing times in the table below.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
11.30 - 2.00 pm 4.30 - 9.00 pm	Closed	11.30 - 2.00 4.30 - 9.00 pm	11.30 - 2.00 pm 4.30 - 9.00 pm	11.30 - 2.00 pm 4.30 - 9.00 pm	11.30 - 2.00 pm 4.30 - 9.00 pm	11.30 - 2.00 pm 4.30 - 9.00 pm
<i>(Class B only) Enter below any hours when food service will not be available, if applicable</i>						
-	-	-	-	-	-	-

Section E—Consumption on Premises

This section applies to Class B and Class C applicants only. Class A license applicants (consumption off premises) may skip to Section F.

24. Indicate any other product/service offered. T-shirt
25. All restaurants and taverns serving alcohol must substantiate their gross receipts for food and alcohol beverage sales broken down by percentage. (Note: Non-alcoholic drinks are classified as "Food.") New establishments estimate percentages:
20 % Alcohol 70 % Food 10 % Other
- If applicable, describe "Other": _____
- Do you have written records to document the percentages shown? No Yes
 You may be required to submit documentation verifying the percentages indicated.
26. Do you plan to have live entertainment? No Yes—what kind? _____

If planned entertainment includes live music (except solo acoustic), a DJ, or a designated dance floor, please also complete an Entertainment License.

Section F—Required Contacts and Filings

27. I understand that liquor/beer license renewal applications are due April 15 of every year, regardless of when license was initially granted. No Yes
28. I understand that I am required to host an information session at least one week before the ALRC meeting. No Yes
29. I agree to contact the Alderperson for this location to discuss my application and to invite the Alderperson to my information session. No Yes

30. I agree to contact the Police Department District Captain for this location prior to the ALRC meeting. No Yes
31. I agree to contact the Deputy Clerk prior to the ALRC meeting. No Yes
32. I agree to contact the neighborhood association representative prior to the ALRC meeting. No Yes
33. I intend to operate under the alcohol license within 180 days of the Common Council granting this license. The license shall be considered surrendered if not issued within 180 days of being granted. No Yes
34. I understand we must file a Special Occupational Tax return (TTB form 5630.5) before beginning business. [phone 1-800-937-8864] No Yes
35. I understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in question 1, above. [phone 608-266-2776] No Yes
36. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? No Yes

Section G—Information for Clerk's Office

37. This application is for the license period ending June 30, 20_____.
38. State Seller's Permit 4 5 6 - 1 0 2 6 2 9 4 6 6 5 - 0 3
39. Federal Employer Identification Number 26-291-7049
40. Who may we contact between 8 a.m. and 4:30 p.m. regarding this license?

Contact person Krittaphol Poticharoen

Business phone 608 273-8890 Business e-mail address Thai basil foodmadison@gmail.com

Preferred language English

If needed, a qualified interpreter can be provided at no charge to you. Would you like an interpreter?

Yes (language: Thai)

No (If you answer no and you do require an interpreter, the ALRC will refer your application to a subsequent meeting and this may delay your application process)

Si usted requiere o necesita un/a intérprete, nosotros podemos proveer un/a intérprete sin costo alguno. ¿Le gustaría tener un/a intérprete?

Sí, lenguaje: _____

No. Si usted escoge "no" en la solicitud/aplicación, y usted sí requiere un/a intérprete, el comité remitirá su solicitud para una nueva junta y esto puede atrasar el proceso de su solicitud.

41. Corporate attorney, if applicable: Name _____

Phone _____ E-mail _____

