



LIC/B-2018-00978
A-9 1-128

City of Madison Liquor/Beer License Application

On-Premises Consumption: Class B Beer Class B Liquor Class C Wine
Off-Premises Consumption: Class A Beer Class A Liquor Class A Cider

Section A – Applicant

- If needed, a qualified interpreter can be provided at no charge to you. Would you like an interpreter?
 Yes (language: _____)
 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.

- This application is for the license period ending June 30, 20 19.
- 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.
Brews TapHouse Junction Road, LLC
- Trade Name (doing business as) Brews TapHouse Junction Rd
- Address to be licensed 610 Junction Rd Madison, WI. 53717
- Mailing address 610 Junction Rd Madison, WI. 53717
- Anticipated opening date 5/30/17
- Is the applicant an employee or agent of, or acting of behalf of anyone except the applicant named in question 3?
 No Yes (explain) _____
- Does another alcohol beverage licensee or wholesale permittee have interest in this business?
 No Yes (explain) MR Brews TapHouse MONONA

Section B—Premises

- 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 records. Alcohol beverages may be sold and stored only on the premises as approved by Common Council and described on license.

Dining Area, Bar Area And Outdoor Patio
Walkin Cooler And Beverage Cooler

11. Attach a floor plan, no larger than 8 1/2 by 14, showing the space described above.
12. Applicants for on-premises consumption: list estimated capacity 50 Inside, 16 Outside
13. Describe existing parking and how parking lot is to be monitored.
RESTAURANT IS IN A STRIP MALL: PARKING LOT TO BE MONITORED BY INDIVIDUAL BUSINESSES.
14. Was this premises licensed for the sale of liquor or beer during the past license year?
 No Yes, license issued to BREWS TRYPHASE JUNCTION RD (name of licensee)
15. Attach copy of lease.

Section C—Corporate Information

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

16. Name of liquor license agent OZZIE CLEMMONS
17. City, state in which agent resides LODI, WI. 53555
18. How long has the agent continuously resided in the State of Wisconsin? 70 YEARS
19. Appointment of agent form and background check form are attached.
20. Has the liquor license agent completed the responsible beverage server training course?
 No, but will complete prior to ALRC meeting Yes, date completed 8/18/2015
21. State and date of registration of corporation, nonprofit organization, or LLC.
WISCONSIN 5/3/2017
22. 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
MEMBER	OZZIE CLEMMONS	LODI, WISCONSIN
MEMBER	JAYE CLEMMONS	MT HOREB, WISCONSIN

23. 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.
JAYE CLEMMONS

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

No Yes (explain) _____

25. 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) MR BREWS TAPHOUSE MONONA

Section D—Business Plan

26. What type of establishment is contemplated?

- Tavern Nightclub Restaurant Liquor Store Grocery Store
- Convenience Store, without gas pumps Convenience Store with gas pumps

Other BAR & RESTAURANT

27. Business description SELL CRAFT BEERS, WINE AND GOURMET BURGERS
IF CLASS B LIQUOR Q1M130 - CRAFTED COCKTAILS TO BE
ADDED.

28. Hours of operation 11:00 AM TO 11:00 PM

29. Describe your management experience OWNED AND OPERATED MR BREWS
TAPHOUSE MONONA SINCE NOVEMBER 2015

30. List names of managers below, along with city and state of residence.

<u>DZIE CHAMMONS</u>	<u>WISCONSIN</u>
<u>JAYE CHAMMONS</u>	<u>MT PLEASANT, WISCONSIN</u>

31. Describe staffing levels and staff duties at the proposed establishment 10 TO 11 SERVERS

4 TO 5 COOKS AND A MANAGER. COOKS WILL PREPARE FOOD,
SERVERS WILL TAKE CUSTOMER ORDERS AND MANAGER WILL HELP OUT WHERE
NEEDED.

32. Describe your employee training USE MR BREWS FRANCHISE HANDBOOK
AND ON SITE TRAINING.

33. Utilizing your market research, describe your target market.

BUSINESSES AND FAMILIES LOCATED IN THE MADISON AND MIDDLETON AREA.

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

BILL BOARDS, ROAD SIGNS, FACEBOOK, TWITTER AND RADIO.
CRAFTED BEERS, COCKTAILS AND BURGERS.

35. Are you operating under a ~~lease~~ or franchise agreement? No Yes

36. 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

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.

37. Do you plan to have live entertainment? No Yes—what kind? A COUSTIC GUITAR PERFORMER

38. What age range do you hope to attract to your establishment? ADULTS, KIDS AND FAMILIES

39. What type of food will you be serving, if any?
 Breakfast Brunch Lunch Dinner

40. Submit a sample menu if applicable. What will be included on your operational menu?
 Appetizers Salads Soups Sandwiches Entrees Desserts
 Pizza Full Dinners

41. During what hours of operation do you plan to serve food? 11:00AM TO 10:00PM

42. What hours, if any, will food service not be available? 10:00PM TO 11:00PM

43. Indicate any other product/service offered. NONE

44. Will your establishment have a kitchen manager? No Yes

45. Will you have a kitchen support staff? No Yes

46. How many wait staff do you anticipate will be employed at your establishment? 12-15

During what hours do you anticipate they will be on duty? 11:00AM TO 11:00PM

47. Do you plan to have hosts or hostesses seating customers? No Yes

48. Do your plans call for a full-service bar? No Yes
 If yes, how many barstools do you anticipate having at your bar? 16-17
 How many bartenders do you anticipate having work at one time on a busy night? 0
49. Will there be a kitchen facility separate from the bar? No Yes
50. Will there be a separate and specific area for eating only?
 No Yes, capacity of that area _____
51. What type of cooking equipment will you have?
 Stove Oven Fryers Grill Microwave
52. Will you have a walk-in cooler and/or freezer dedicated solely to the storage of food products?
 No Yes
53. What percentage of payroll do you anticipate devoting to food operation salaries? 40%
54. If your business plan includes an advertising budget: 4%
 What percentage of your advertising budget do you anticipate will be related to food? 60%
 What percentage of your advertising budget do you anticipate will be drink related? 40%
55. Are you currently, or do you plan to become, a member of the Madison—Dane County Tavern League or the Tavern League of Wisconsin? No Yes
56. Are you currently, or do you plan to become, a member of the Wisconsin Restaurant Association or the National Restaurant Association? No Yes
57. All restaurants and taverns serving alcohol must substantiate their gross receipts for food and alcohol beverage sales broken down by percentage. New establishments estimate percentages:
40 % Alcohol 60 % Food _____ % Other
58. Do you have written records to document the percentages shown? No Yes
 You may be required to submit documentation verifying the percentages you've indicated.

Section F—Required Contacts and Filings

59. I understand that liquor/beer license renewal applications are due April 15 of every year, regardless of when license was initially granted. No Yes
60. I understand that I am required to host an information session at least one week before the ALRC meeting. No Yes
61. I agree to contact the Alderperson for this location to discuss my application and to invite the Alderperson to my information session. No Yes
62. I agree to contact the Police Department District Captain for this location prior to the ALRC meeting. No Yes
63. I agree to contact the Deputy Clerk prior to the ALRC meeting. No Yes
64. I agree to contact the neighborhood association representative prior to the ALRC meeting.
 No Yes
65. I intend to operate under the alcohol license within 90 days of the Common Council granting this license. The license shall be considered surrendered if not issued within 90 days of being granted. No Yes

66. I understand we must file a Special Occupational Tax return (TTB form 5630.5) before beginning business. [phone 1-800-937-8864] No Yes
67. I 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] No Yes
68. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?
 No Yes

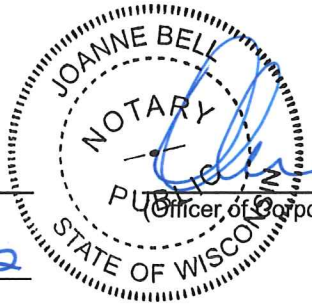
Section G—Information for Clerk's Office

69. State Seller's Permit 456-1029636290-02
70. Federal Employer Identification Number 82-1538902
71. Who may we contact between 8 a.m. and 4:30 p.m. regarding this license?
 Contact person JAYE CLEMMONS
 E-mail address JAYEC@MRBREWSTAPHOUSE.COM
 Phone 414-333-2510 Preferred language ENGLISH
72. Corporate attorney, if applicable: Name TIM HOMAR
 Phone 608-370-7175 E-mail TIM@WISLAW.NET

Read carefully before signing in front of a notary: 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 the business according to law, and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. Lack of access to any portion of 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 30 day of AUGUST, 2018

Joanne Bell
 (Clerk/Notary Public)



My commission expires MAY 21, 2022

Clerk's Office checklist for complete applications

<input type="checkbox"/> Orange sign	<input type="checkbox"/> Background investigation form(s)	<input type="checkbox"/> Floor Plans
<input type="checkbox"/> WI Seller's Permit Certificate (matching articles of incorporation)	<input type="checkbox"/> Form for surrender of previous license	<input type="checkbox"/> Lease
<input type="checkbox"/> FEIN	<input type="checkbox"/> *Articles of Incorporation	<input type="checkbox"/> Sample Menu
<input type="checkbox"/> Notarized application	<input type="checkbox"/> *Notarized Appointment of Agent	<input type="checkbox"/> Business Plan
<input type="checkbox"/> Written description of premises	* Corporation/LLC only	

Date complete application filed with Clerk's Office _____
 Date of ALRC meeting _____ Date license granted by Common Council _____
 Date provisional issued _____ Date license issued _____ License number _____