



# 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

## 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 16.
- 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.

~~\_\_\_\_\_~~ Fired Up, LLC

- Trade Name (doing business as) FIRE UP POTTERY

- Address to be licensed 4112 Monona Drive Madison WI 53716

- Mailing address same

- Anticipated opening date store is already open as a pottery painting studio

- Is the applicant an employee or agent of, or acting of behalf of anyone except the applicant named in question 2?  
 No  Yes (explain) \_\_\_\_\_

- Does another alcohol beverage licensee or wholesale permittee have interest in this business?  
 No  Yes (explain) \_\_\_\_\_

## 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.

Alcoholic beverages (wine) will be sold + stored  
in the store, on premises.  
at 4112 Monona Drive, approximate 2900  
sq. feet. Alcohol will be in locked refrigerator.

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 70

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

Existing parking is in front of the building with clear views through our windows

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

No  Yes, license issued to \_\_\_\_\_ (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 Fined Up Pottery / Kim Stanfill-McMillan

17. City, state in which agent resides Cottage Grove, WI 53527

18. How long has the agent continuously resided in the State of Wisconsin? 23 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 \_\_\_\_\_

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

Wisconsin 2005

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
owner	Kim Stanfill-McMillan	Cottage Grove, WI

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.

Kim Stanfill-McMillan

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) \_\_\_\_\_

### 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 Art Studio
27. Business description We are a walk-in make Art Studio, in  
business since 2005.
28. Hours of operation current. M-Sat 10-7pm except Thurs, Fri Night open until 9pm  
We may add hours until 9pm Saturday open 10-7 Sundays 11-5
29. Describe your management experience  
10 years owning my own business
30. List names of managers below, along with city and state of residence.  
None
31. Describe staffing levels and staff duties at the proposed establishment  
I have over 10 staff, and some of the  
older staff will be getting certified.
32. Describe your employee training I train extensively on customer  
service. I plan to sell no more than 2 drinks  
per person per day. They have to buy drink tickets  
with their name on them upon arrival.  
I don't want to serve alcohol before 2pm.

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

Moms with kids that want some time off to bond with other Moms + do art while having wine

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

I already advertise ART.  
~~wine mostly.~~  
Art.  
I plan to promote using internet.

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 N/A

**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? \_\_\_\_\_

38. What age range do you hope to attract to your establishment? 25-70

39. What type of food will you be serving, if any? None  
 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? None

42. What hours, if any, will food service not be available? \_\_\_\_\_

43. Indicate any other product/service offered. walk in Make Art. Pottery wheels,

44. Will your establishment have a kitchen manager?  No  Yes glass fusing, pottery painting, canvas painting

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

46. How many wait staff do you anticipate will be employed at your establishment? 8  
During what hours do you anticipate they will be on duty? All the time

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? \_\_\_\_\_  
 How many bartenders do you anticipate having work at one time on a busy night? \_\_\_\_\_
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? 0%
54. If your business plan includes an advertising budget: AP + 95%  
 What percentage of your advertising budget do you anticipate will be related to food? 0  
 What percentage of your advertising budget do you anticipate will be drink related? 5%
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:  
5 % Alcohol 0 % Food 95 % Other AP
58. Do you have written records to document the percentages shown?  No  Yes *Have not served Alcohol yet.*  
 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 Alcohol Policy Coordinator 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 understand we must file a Special Occupational Tax return (TTB form 5630.5) before beginning business. [phone 1-800-937-8864]  No  Yes
66. 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
67. 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**

68. State Seller's Permit 600-1028733-894-03

69. Federal Employer Identification Number 20-3484236

70. Who may we contact between 8 a.m. and 4:30 p.m. regarding this license?

Contact person Kim Stanfill-McMillan

E-mail address Kim@FIREDDUPPottery.com

Phone 608 442-9900 Preferred language English

71. Corporate attorney, if applicable: Name N/A

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**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 27<sup>th</sup> day of July, 2015

Michael Quinn  
 (Clerk/Notary Public)

Kir App-Memo  
 (Officer of Corporation/Member of LLC/Partner/Sole Proprietor)

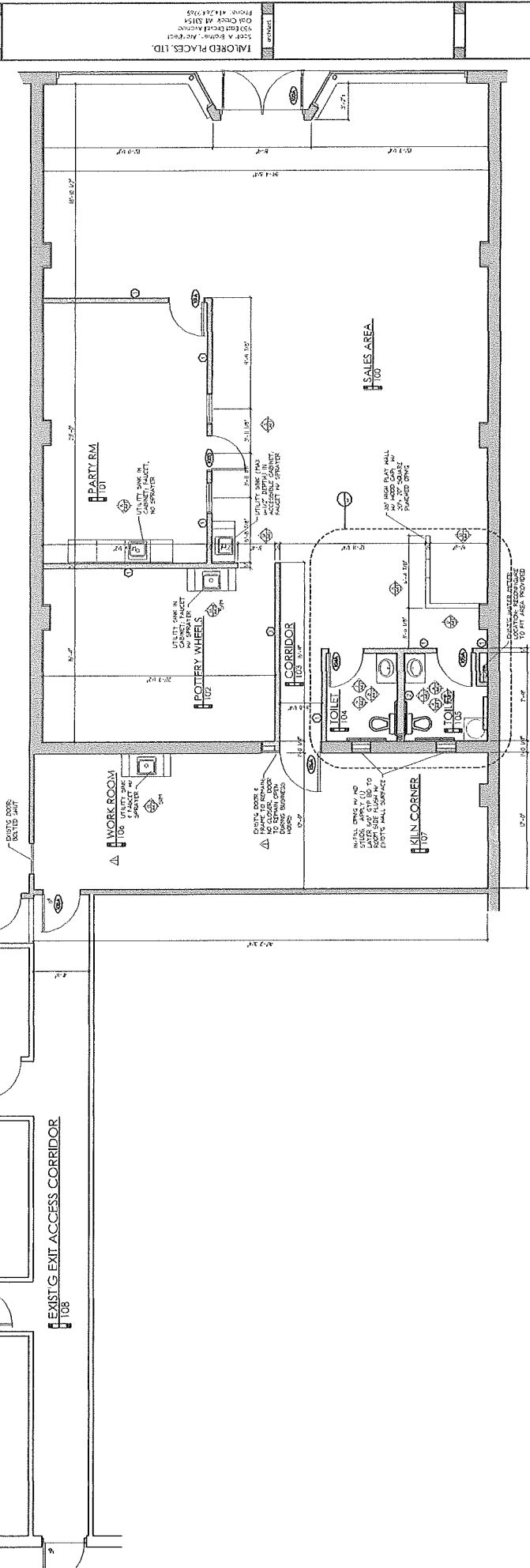
My commission expires 3-13-16

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

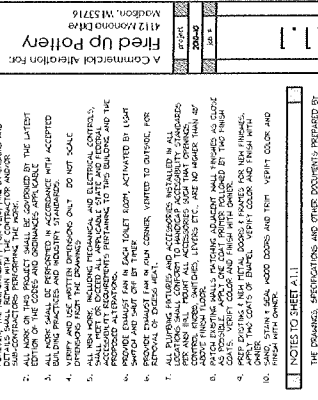
P 613 A 15

Fired Up Pottery  
 4112 Monona Drive  
 Madison, WI 53716

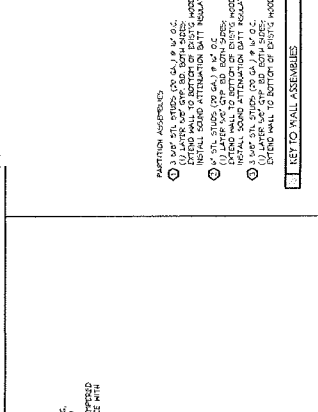
NO.	REVISION	DATE	BY
1	ISSUED FOR PERMITS	07/20/22	MM
2	ISSUED FOR PERMITS	07/20/22	MM
3	ISSUED FOR PERMITS	07/20/22	MM
4	ISSUED FOR PERMITS	07/20/22	MM
5	ISSUED FOR PERMITS	07/20/22	MM
6	ISSUED FOR PERMITS	07/20/22	MM
7	ISSUED FOR PERMITS	07/20/22	MM
8	ISSUED FOR PERMITS	07/20/22	MM
9	ISSUED FOR PERMITS	07/20/22	MM
10	ISSUED FOR PERMITS	07/20/22	MM



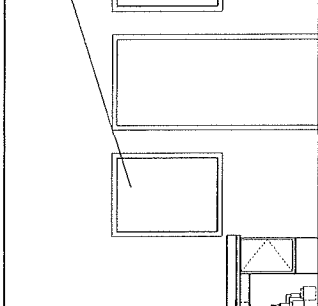
1. PROPOSED FLOOR PLAN  
 SCALE: 1/4" = 1'-0"  
 2,906 SQ. FT.



2. MINIMUM TURNING SPACE ALTERNATIVES  
 SCALE: 1/2" = 1'-0"



3. PARTY ROOM WALL ELEVATION  
 SCALE: 1/2" = 1'-0"



NOTES TO SHEET A.1.1

THE FRAMES, SPECIFICATIONS AND OTHER COMMENTS REFERRED TO IN THE NOTES FOR THIS PROJECT ARE INDICATED BY THE PROJECT. ALL OTHER COMMENTS AND OTHER INDICATED NOTES, INCLUDING COPYRIGHT, ARE RETURNED BY THE ARCHITECT.

COPYRIGHT NOTICE

A Commercial Alteration For  
 4112 Monona Drive  
 Madison, WI 53716

Fired Up Pottery

5200 North 1st Street  
 Suite 100  
 Madison, WI 53705  
 Phone: 608.261.1234  
 Fax: 608.261.1235  
 Email: info@fireduppottery.com

Fired Up Pottery Business Plan July 2015

4112 Monona Drive

Madison, WI 53716

608-442-9900

[www.FiredUpPottery.com](http://www.FiredUpPottery.com)

My business plan is pretty simple. We are a painting studio, and our customers mostly paint on pottery, and some paint on canvas. We have clay and pottery wheels, and glass fusing. We may have other crafts such as knitting or candle making in the future. We work with our customers to create art on the premises. However, we have seen recently there is increased competition from other painting studios, where people may drink wine while creating art. Therefore I am pursuing my liquor license so we may serve alcohol while people are making art.

Kim Stanfill-McMillan, owner