



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, 2015.
- 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.

DASIA FOOD LLC

- Trade Name (doing business as) To Be Determined
- Address to be licensed 10 North Livingston, Madison WI, 53703
- Mailing address 1 South Pinckney, Suite 107, Madison WI, 53703
- Anticipated opening date July 1st, 2014
- Is the applicant an employee or agent of, or acting of behalf of anyone except the applicant named in question 2?
 No Yes (explain) Co-Proprietor of Deja Food LLC (d/b/a Graze and L'Etoile Restaurants)
- Does another alcohol beverage licensee or wholesale permittee have interest in this business?
 No Yes (explain) Co-Proprietors of Deja Food LLC (d/b/a Graze and L'Etoile Restaurants)

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.

Beverages are to be sold at 10 North Livingston in the following locations: a full service bar providing service to 10-12 patrons; a noodle bar serving between 8-10 patrons; a full service dining room with approximately 40 seats; a full service patio with approximately 40 seats. Liquor Storage behind the full service bar and in back storage.

@2800 sq. ft

A-2

P-407

11. Attach a floor plan, no larger than 8 ½ by 14, showing the space described above.
12. Applicants for on-premises consumption: list estimated capacity 132
13. Describe existing parking and how parking lot is to be monitored.
Parking lot is an attached parking structure for the constellation building. The lot will be monitored by the owners of the Constellation and their property management company, Madison Property Management.
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 Kristopher M. Wachowiak
17. City, state in which agent resides Madison, Wisconsin
18. How long has the agent continuously resided in the State of Wisconsin? 33 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 2008
21. State and date of registration of corporation, nonprofit organization, or LLC.
Wisconsin, January 7th, 2014

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
Director of Operations	Kristopher Wachowiak	Madison, WI.
Executive Chef	Tory Miller	Madison, WI.
Financial Officer	Tracey Solverson	Middleton, WI.
Member	Dianne Christensen	Madison, 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.
Kristopher M. Wachowiak

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) Deja Food LLC - Same Principal Owners

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 _____
27. Business description A full service restaurant providing Asian inspired cuisine. We will be looking at providing
Lunch, Brunch, Dinner and Late Night Food.

28. Hours of operation Monday through Thursday 11:00 AM - 2:00 AM; Friday 11:00 AM - Saturday 2:30AM;
Saturday 9:00AM - Sunday 2:30AM; Sunday 9:00AM - Monday 2:00AM
29. Describe your management experience I have been in food and beverage management positions since 1998.
During the last 16 years, I have managed a range of taverns and restaurants ranging from Sports Bars to fine dining
establishments.
30. List names of managers below, along with city and state of residence.
Janelle Engel Madison, WI

31. Describe staffing levels and staff duties at the proposed establishment We will look to maintain a ratio
(approximately) of servers to guests at 1:20, bartenders to guests at 1:50, hosts to guests at 1:30, and cooks at 1:30
Duties will include cooking; food service; cleaning; responsible beverage service; cashiering; and food preparation
32. Describe your employee training Staff will receive extensive food handling and responsible beverage service
training consistent with industry identified best practices. Additional training will include first aid; first responder (for
managers at least); cash handling; point of sale entry; and guest relations.

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

Our target market will be composed of the individuals living in the Tenney-Lapham and Williamson Street neighborhoods
with specific focus on the soon to be created corridor community. Additionally, foodies of all ages and locations.

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

We will utilize social and print media; as well as word of mouth. We will be advertising Asian inspired cuisine produced
using locally sourced items. The primary items of focus will be Korean Barbecue; Hot Pots; Noodle Bowls and

Dim Sum Brunch

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? _____

38. What age range do you hope to attract to your establishment? All ages

39. What type of food will you be serving, if any? Asian Cuisine
 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? Same as above listed operation hours
Monday-Friday 2:00 AM -10:30AM; Saturday 2:30 AM-

42. What hours, if any, will food service not be available? 9:00 AM; Sunday 2:30 AM - 9:00 AM

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? 30

During what hours do you anticipate they will be on duty? 9:00AM - 3:00AM

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? 12
 How many bartenders do you anticipate having work at one time on a busy night? 3
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 60
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? 75%
54. If your business plan includes an advertising budget:
 What percentage of your advertising budget do you anticipate will be related to food? 80%
 What percentage of your advertising budget do you anticipate will be drink related? 20%
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:
22 % Alcohol 77 % Food 1 % 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 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 4 5 6 - 1 0 2 8 2 7 4 3 7 8 - 0 2

69. Federal Employer Identification Number 46-4532631

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

Contact person Krys Wachowiak

E-mail address Krys@Letoile-Restaurant.com

Phone 608.345.4371 Preferred language English

71. Corporate attorney, if applicable: Name Jeffery Storch

Phone 608.283.1781 E-mail jstorch@boardmanclark.com

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 27th day of January, 2014

[Signature]
 (Clerk/Notary Public)

[Signature]
 (Officer of Corporation/Member of LLC/Partner/Sole Proprietor)

My commission expires 6.29.2014

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 type="checkbox"/> Form for surrender of previous license <input checked="" type="checkbox"/> *Articles of Incorporation <input 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 type="checkbox"/> Business Plan
Date complete application filed with Clerk's Office <u>1.27.2014</u> Date of ALRC meeting <u>2/2014</u> Date license granted by Common Council _____ Date provisional issued _____ Date license issued _____ License number <u>21CC1B-2014-00064</u>		



WISCONSIN DEPARTMENT OF REVENUE
 PO BOX 8902
 MADISON, WI 53708-8902

Contact Information:

2135 RIMROCK RD PO BOX 8902
 MADISON, WI 53708-8902
 ph: 608-266-2776 fax: 608-264-6884
 email: DORBusinessTax@revenue.wi.gov
 website: revenue.wi.gov

Letter ID L1426491552

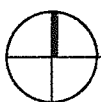
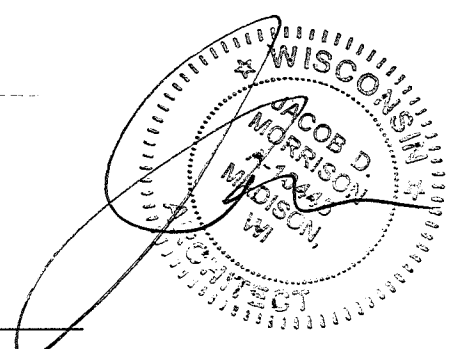
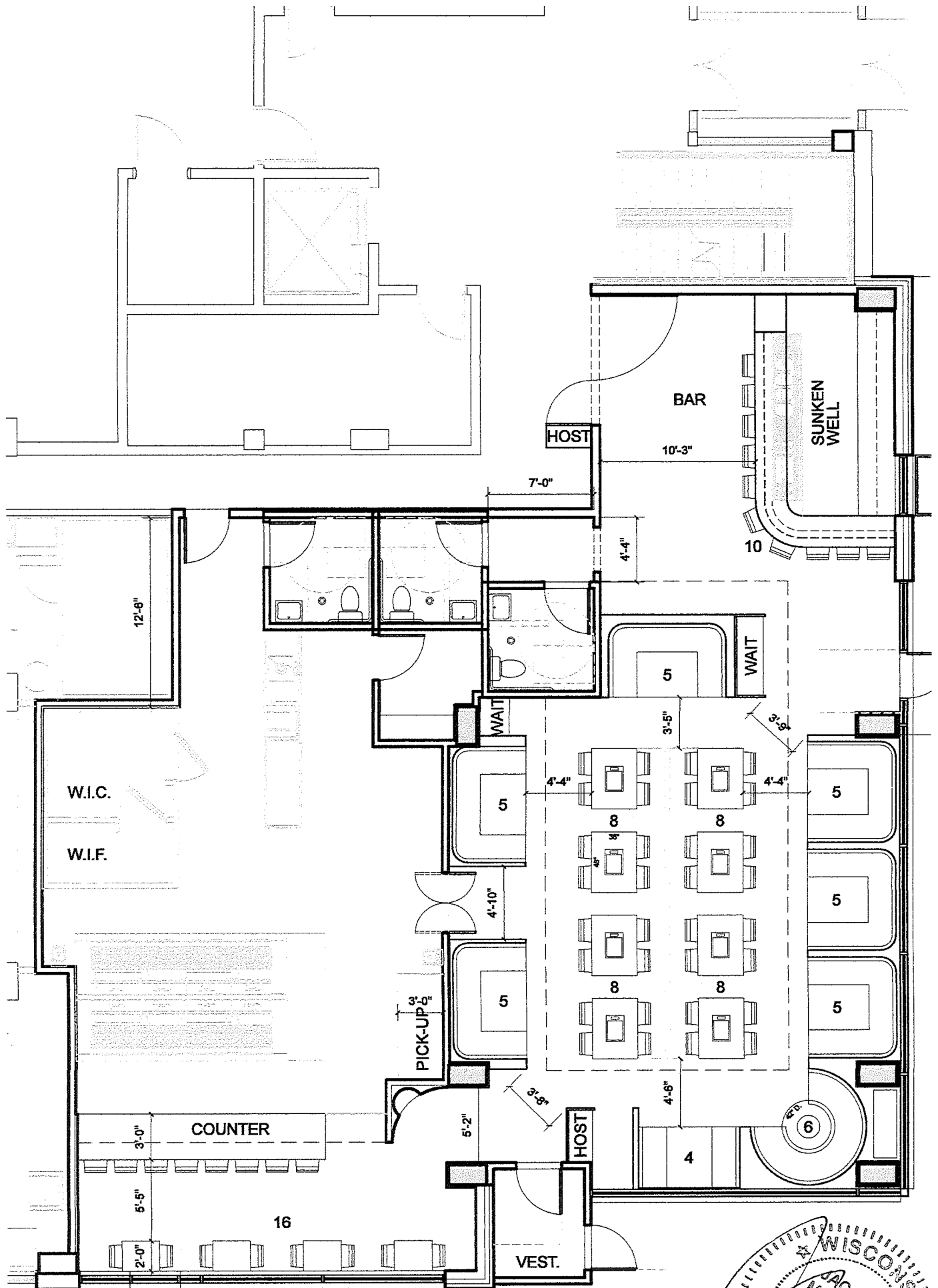
TRACEY SOLVERSON
 DASIA FOOD LLC
 1 S PINCKNEY STREET STE 107
 MADISON WI 53703

Wisconsin Department of Revenue Seller's Permit

Legal/real name: DASIA FOOD LLC
Business name: 10 N LIVINGSTON
 MADISON WI 53703

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

Tax Type	Account Type	Account Number
Sales & Use Tax	Seller's Permit	456-1028274378-02



FLOOR PLAN

1/8" = 1'-0"



MORRISON ARCHITECTURE STUDIO
 1933 KEYES AVE | MADISON, WI 53711 | (608)320-2258

D'ASIA LLC
800 EAST WASHINGTON

TITLE: FLOOR PLAN
 DATE: 01/24/14
 PROJECT #: 1404

DRAWING NO.

1