

Liquor/Beer License **Application**

City of Madison Clerk

(Agen	da Item Nui	mber)
(Legis	tar file num	ber)
LIC	CLIB -	205-009
San Contract	se number)	
9 G	uequiei	re 218
(Aldei	District #)	(Police Sector)
	Office	Use Only

210 MLK Jr Blvd, Room 105 Class A: ☐ Beer, ☐ Liquor, ☐ Cider

Class B: ⊠ Beer, ⊠ Liquor,

☐ Class C Wine

licensing@cityofmadison.com 608-266-4601

Madison, WI 53703

Sec 1.	Partion A – Applicant List the name of your \square Sole Proprietor, \square Partnership, \boxtimes Corporation/Nonprofit Organization or \square Limited Liability Company exactly as it appears on your State Seller's Permit.					
	BOMBAY BLUES, INC					
2.	Trade Name (doing business as) BOMBAY BLUES					
3.	Address to be licensed 6617 ODANA ROAD, MADISON, WI 53719					
4.	Mailing address 212 E VERONA AVENUE, WI 53593					
5.	Anticipated opening date 10/01/2025					
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 permitee 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 receipts. Alcohol beverages may be sold and stored only on the premises as approved by Common Council and described on license.

THE TOTAL SIZE OF THE PREMISE IS 9687 SQ/FT WITH A DINING CAPACITY OF 50 PERSONS.

THE ALCOHOL WILL BE SERVED AT THE DINNER TABLES ONLY WITH FOOD. NO ALCOHOL SHALL

BE SERVED WITHOUT FOOD. WE WILL CARRY NO MORE THAN 10 CASES OF BEER, WHICH WILL

BE STORED IN THE WALK-IN COOLER INSIDE THE KITCHEN.

9.	Applicants for on-premises consumption only. Estimated capacity (patrons and employees):						
	Indoor: <u>50</u>	Outdoor:	N/A				
10. Describe existing parking and how parking lot is to be monitored.							
	Shared parking with c	Shared parking with other Tenants on the western end of the building.					
11. Was this premises licensed for the sale of liquor or beer during the past lice				icense year?			
	☑ No ☐ Yes, lic	cense issued to		(name of licensee)			
This			ganizations, and Limited Liabi to Section D.	lity Companies			
12.	Name of liquor licer	nse agent <u>Babandeep Gab</u>	ba				
13.	. City, state in which agent resides <u>WAUNAKEE, WISCONSIN</u>						
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						
16.	State and date of re	egistration of corporation	n, nonprofit organization, or Ll	LC.			
WISCONSIN & 08/27/2025							
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				
	PRESIDENT	MANMOHAN PASRICHA	WAUNAKEE, WI				
	VICE PRESIDENT	BABANDEEP GABBA	WAUNAKEE, WI				
]			
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. BABANDEEP GABBA						
10	Is applicant a subsidiary of any other corporation or LLC?						
10,		rplain)					
20.	Does the corporatio	n, any officer, any direct	or, any stockholder, liquor ag in any other alcohol beverage				
	☑ No ☐ Yes (ex	(plain)					

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 ope	ration: pleas	e enter openi	ing and closing	times in the	table below.	
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	10AM-12AM	10AM -12AM	10AM -12AM	10AM -12AM	10AM -12AM	10AM - 12AM	10AM-12AM
	(Class B on	ly) Enter belo	ow any hours	when food ser	vice will not L	be available,	if applicable
	-	-	-	-	-	-	-
This (con 24.	ection E—Consumption on Premises is section applies to Class B and Class C applicants only. Class A license applicants consumption off premises) may skip to Section F. 4. Indicate any other product/service offered. Indian Food and Drinks 5. 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:						
26.	Do you have written records to document the percentages shown? ☑ No ☐ Yes You may be required to submit documentation verifying the percentages indicated. 6. 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.				designated		
	ection F—Required Contacts and Filings 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. \square No \boxtimes Yes						
29.	-		•	this location to sion. No	discuss my a Yes	pplication an	d to invite

30.	I agree to contact the Police Department District Captain for this location prior to the ALRC meeting. \square No \square Yes				
31.	I agree to contact the Deputy Clerk prior to the ALRC meeting. \square No \square Yes				
32.	I agree to contact the neighborhood association representative prior to the ALRC meeting. $\hfill\square$ No \hfill 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. \square No \square Yes				
34.	I understand we must file a Special Occupational Tax return (TTB form 5630.5) before beginning business. [phone 1-800-937-8864] $\ \square$ No $\ \boxtimes$ 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] $\ \square$ No $\ \boxtimes$ Yes				
36.	Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? \square No \square Yes				
Sec	ction G—Information for Clerk's Office				
37.	This application is for the license period ending June 30, 20 <u>26</u> .				
38.	State Seller's Permit <u>4 5 6 - 1 0 3 2 1 5 6 5 9 3 - 0 4</u>				
39.	Federal Employer Identification Number <u>39-4012846</u>				
40.	Who may we contact between 8 a.m. and 4:30 p.m. regarding this license?				
	Contact person MANMOHAN S PASRICHA				
	Business phone 6083547872 Business e-mail address MAXCUSTOMTAILOR@GMAIL.CO				
	Preferred language ENGLISH				
	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.				
41.	Corporate attorney, if applicable: Name				
	Dhono E mail				

NOTICE: Completed application are due by noon of the third Monday (fourth, if the Clerk's office is closed on the third Monday) to get on the agenda for the proceeding months Alcohol License Review Committee. A completed application must be accompanied by the following items:				
□ Copy of State Seller's Permit (Not Business Tax Registration Certificate), □ Appointment of Agent (if Corp/LLC), □ Member background investigation forms, □ Articles of Incorporation (if Corp/LLC), □ Floor Plans, □ Copy of Lease, □ Business Plan, and □ Sample Menu (if applying for Class B license)				
If required items are missing, the application Office until all requirements are submitted.	n will not be considered complete and will not be ac No exceptions are made.	ccepted by the Clerk's		
been truthfully completed to the best of the to law, and that the rights and responsibility	enalty provided by law, the applicant states that the e knowledge of the signer. Signer agrees to operate ies conferred by the license(s), if granted, will not be emises during inspection will be deemed a refusal to s for revocation of this license.	the business according e assigned to another.		
Penalty for materially false application information: Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.				
09/11/2025				
(Officer of Corporation/Member of LLC/Partner/S	Sole Proprietor) (Date)			
Clerk's Office checklist for complete a	pplications			
□ WI Seller's Permit Certificate (matching articles of incorporation)□ FEIN	□ Background investigation form(s) □ Form for surrender of previous license □ *Articles of Incorporation □ *Appointment of Agent	☐ Floor Plans ☐ Lease ☐ Business Plan ☐ **Sample Menu		
☐ Written description of premises	* Corporation/LLC only	** Class B only		
☐ Orange sign ☐ Orange business	Clerk's Office issued to the application: s card e in the City of Madison" brochure with contact	information		
Date complete application filed with Clerk's Office				
Date of ALRC meeting Date license granted by Common Council				
Date provisional issued Date license issued				