

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning Aug 20th 20 09 ;
ending June 30th 20 10

TO THE GOVERNING BODY of the: Town of
 Village of } Madison
 City of }

County of Dane Aldermanic Dist. No. _____ (if required by ordinance)

1. The named INDIVIDUAL PARTNERSHIP LIMITED LIABILITY COMPANY
 CORPORATION/NONPROFIT ORGANIZATION

hereby makes application for the alcohol beverage license(s) checked above

2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): LSI Group LLC

An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the name, title, and place of residence of each person.

	Title	Name	Home Address	Post Office & Zip Code
President/Member	<u>Member</u>	<u>Kami Eshragh</u>	<u>10 Rosewood Cir</u>	<u>53711</u>
Vice President/Member	<u>None</u>			
Secretary/Member	<u>None</u>			
Treasurer/Member	<u>Same</u>			
Agent		<u>Kami Eshragh</u>		
Directors/Managers				

3. Trade Name EUROPA Business Phone Number N/A
4. Address of Premises 6676 Odana Rd Post Office & Zip Code 53719

5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? Yes No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? Yes No
8. (a) Corporate/limited liability company applicants only: Insert state WI and date 2008 of registration
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? Yes No
(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? Yes No

(NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above)

9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described) See attached diagram please

10. Legal description (omit if street address is given above): _____

11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No
(b) If yes, under what name was license issued?

12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630 5) before beginning business? [phone 1-800-937-8864] Yes No

13. Does the applicant 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] Yes No

14. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign) Any lack of access to any portion of a 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 21 day of April, 20 09
[Signature]
(Clerk/Notary Public)

[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

My commission expires IS PERMANENT

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK			
Date received and filed with municipal clerk <u>4-21-09</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

Applicant's Wisconsin Seller's Permit Number: <u>456-1026787297</u> -02	
Federal Employer Identification Number (FEIN): <u>26-2190604</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Wholesale beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$
TOTAL FEE	\$

City of Madison Supplemental Class B License Application

<input checked="" type="checkbox"/> Seller's Permit Number	<input checked="" type="checkbox"/> Description of Licensed Premise	<input checked="" type="checkbox"/> Floor Plans
<input checked="" type="checkbox"/> Federal Employer Identification Number	<input checked="" type="checkbox"/> *Notarized Appointment of Agent	<input type="checkbox"/> Lease
<input checked="" type="checkbox"/> Notarized Original Application Form	<input checked="" type="checkbox"/> Background Investigation Form(s)	<input checked="" type="checkbox"/> Sample Menu
<input checked="" type="checkbox"/> Notarized Supplemental Form	<input type="checkbox"/> Notarized Transfer of Ownership	<input type="checkbox"/> Business Plan
	<input type="checkbox"/> *Articles of Incorporation	* Corporation/LLC only

1 Name of Applicant/Partner/Corporation/LLC LSI Group LLC.

2 Address of Licensed Premise 6676 Odana Rd

3 Telephone Number: N/A 4. Anticipated opening date: 8-20-09

5 Mailing address if not opening immediately 10 Rosewood Cir. 53711

6 Have you contacted the Alderperson, Police Department District Captain, Alcohol Policy Coordinator, and the neighborhood association representative for the area in which you intend to locate? Yes No

7 Are there any special conditions desired by the neighborhood? Yes No
Explain. N/A

8 Business Description, including hours of operation: Dance Club + Banquet Facility

9 Do you plan to have live entertainment? No Yes—What kind? Bands in the wedding/banquet area

10 Detailed written description of building, including overall dimensions, seating arrangements, capacity, bar size and all areas where alcohol beverages are to be sold and stored **The licensed premise described below shall not be expanded or changed without the approval of the Common Council.**
Please see attached plan: Approx 16000 sq feet including main floor outside entry, VIP and upstairs Banquet facilities, kitchen & storage and Bathrooms as described in plan

11 Are any living quarters directly or indirectly accessible and under control of the applicant? Yes No
Please note that alcohol may be sold and stored only on the licensed premise, not in living quarters

12 Describe existing parking and how parking lot is to be monitored please see attached plan, through private security.

13 Describe your management experience, staffing levels, duties and employee training.
Over 25 years of experience w/ Bar & night club operation over half in mgt or ownership positions.

14 Identify the **registered agent** for your Corporation or LLC. This is your corporation's agent for service of process, notice or demand required or permitted by law to be served on the corporation.
Kami Eshraghi 10 Rosewood Cir. Madison WI 53711

Name

Address

15. Utilizing your market research, who would you project your target market to be?

Couples in late 20's to mid 40's and afterwork business neighbors

16. What age range would you hope to attract to your establishment? late 20's to mid 40's

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

TV, Print & direct mail

18. Are you operating under a lease or franchise agreement? Yes (attach a copy) No

19. Owner of building where establishment is located: Market Square Associates LLC

Address of Owner: APT 1741 Commercial Ave 53704 Phone Number 25537

20. 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? Yes No

21. List the Directors of your Corporation/LLC

Name Kami Estroghi Address 10 Rosewood Cir. Madison WI 53711

Name _____ Address _____

Name _____ Address _____

22. List the Stockholders of your Corporation/LLC

Name Kami Estroghi Address 10 Rosewood Cir % of Ownership 100%

Name _____ Address _____ % of Ownership _____

Name _____ Address _____ % of Ownership _____

23. What type of establishment are you? (Check all that apply) Tavern Nightclub Restaurant

Other Please Explain. Banquet/wedding

24. What type of food will you be serving, if any? _____

Breakfast Lunch Dinner

25. Please submit a sample menu with your application, if possible. What might eventually be included on your operational menu when you open? Appetizers Salads Soups Sandwiches Entrees

Desserts Pizza Full Dinners

26. During what hours of your operation do you plan to serve food? Open till an hour prior to closing

27. What hours, if any, will food service not be available? One hour prior to closing
28. Indicate any other product/service offered. (?) Shirts
29. Will your establishment have a kitchen manager? Yes No
30. Will you have a kitchen support staff? Yes No
31. 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? Open to close
32. Do you plan to have hosts or hostesses seating customers? Yes No
33. Do your plans call for a full-service bar? Yes No
If yes, how many bar stools do you anticipate having at your bar? 23
How many bartenders do you anticipate you would have working at one time on a busy night? 6
34. Will there be a kitchen facility separate from the bar? Yes No
35. Will there be a separate and specific area for eating only? Yes No
If yes, what will be the seating capacity for that area? _____
36. What type of cooking equipment will you have? Stove Oven Fryers Grill Microwave
37. Will you have a walk-in cooler and/or freezer dedicated solely to the storage of food products? Yes No
38. What percentage of your overall payroll do you anticipate will be devoted to food operation salaries?
N/A
39. If your business plan includes an advertising budget, 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? 20%
with adm. ambience + music
40. Are you currently, or do you plan to become, a member of the Madison—Dane County Tavern League or the Tavern League of Wisconsin? Yes No
41. Are you currently, or do you plan to become, a member of the Wisconsin Restaurant Association or the National Restaurant Association? Yes No

42. What is your estimated capacity? 420 main floor & 300 Banquet

43. Pursuant to Chapter 23 of the Madison General Ordinances, all restaurants and taverns serving alcohol beverages shall substantiate their gross receipts for food and alcohol beverage sales broken down by percentage. For new establishments, the percentage will be an estimate.

Gross Receipts from Alcoholic Beverages	89 %
Gross Receipts from Food and Non-Alcoholic Beverages	10 %
Gross Receipts from Other	1 %
Total Gross Receipts	100%

44. Do you have written records to document the percentages shown? Yes No *will have once open*
You may be required to submit documentation verifying the percentages you've indicated.

Read carefully before signing: 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 this business according to law and that the rights and responsibilities conferred by the license(s), if granted will not be assigned to another. Any lack of access to any portion of a licensed premise 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 21 day of APRIL, 20 09

[Signature]
(Clerk/Notary Public)

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

My commission expires IS PERMANENT

Appointment of New Liquor/Beer Agent

To be completed by Corporate Officer or Member of LLC

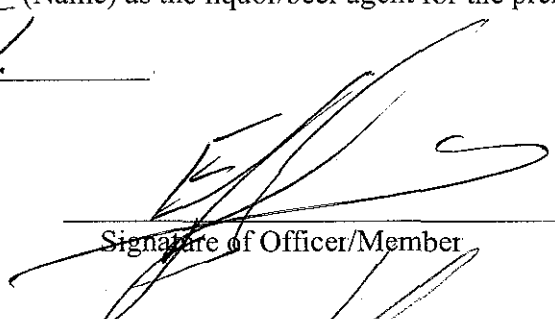
I, Kami Esbrahimi, officer/member for LSI Group LLC
(Corporation/LLC), doing business as Europa, authorize and appoint
Kami Esbrahimi (Name) as the liquor/beer agent for the premise
located at 6676 Odana Rd.

Subscribed and sworn to before me this

21st Day of April, 2009

Maibeth Witzel-Behl
Notary Public, Dane County, Wisconsin

My Commission Expires 8-26-12


Signature of Officer/Member

To be completed by appointed Liquor/Beer Agent

I, Kami Esbrahimi, appointed liquor/beer agent for
Europa LSI Group LLC (name of Corporation or LLC), being first duly sworn
say I have vested in me, by properly authorized and executed written delegation, full authority
and control of the premise described in the license of such corporation or limited liability
company, and I am involved in the actual conduct of the business as an employee, or have a
direct financial interest in the business of the licensee, therein relating to the intoxicating
liquor/fermented malt beverage. The interest I have in the business is 100 %.

Subscribed and sworn to before me this

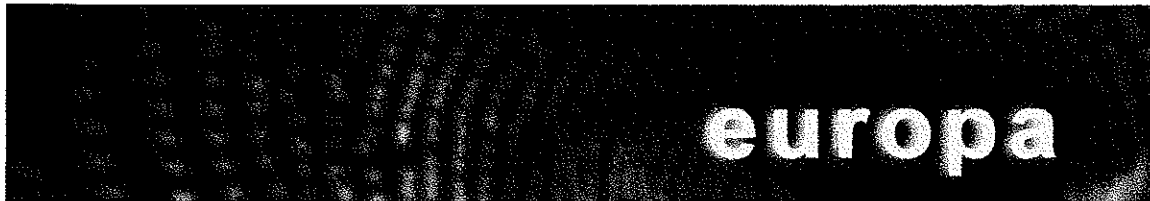
21st Day of April, 2009

Maibeth Witzel-Behl
Notary Public, Dane County, Wisconsin

My Commission Expires 8-26-12


Signature of Agent

The appointed Liquor/Beer Agent must complete the other side of this form.



TM

Snacks

Soup – It is so good the staff eat it before the guests get here. Order fast. \$6

Anastazia's Salad – We forgot what goes into it. It is big, has lots of greens and herbs and is served with our house dressing. \$8
With Shrimp. \$13

Shrimp Diana – Pretty like the princess but without the car chase. \$8

Focaccia – That is “hearth” in Latin. All the organic ambiance and flavor, making this the precursor to the modern Pizza. Fresh buffalo mozzarella, basil and tomatoes with a hint of extra virgin olive oil and feta. \$9

Peel & Eat Shrimp – The un-civilized never tasted so good. \$9

Roman Crayfish – They are a little difficult and somewhat spicy, but so are most beautiful people. \$10

Crab Cakes – Two patties of large chunks of crab served with Mediterranean capers. Yeah, you are worth it. \$10

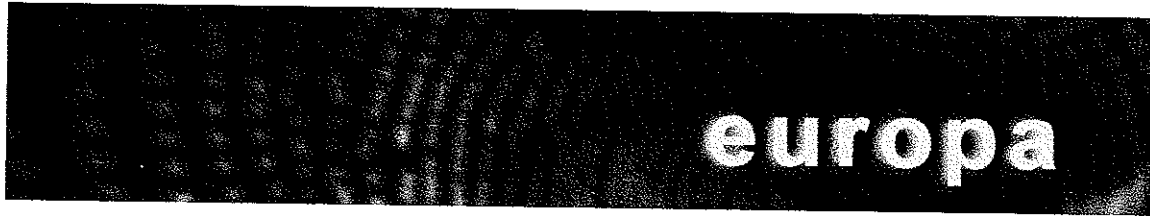
Greek Hummus – Chickpeas, olive oil and Tahini. A very large but delightful snack. \$10

Bread & Olives – A salty combination of olives, greens and feta. \$10

Flat bread pizza – Sausage, shrimp and cheese. Oh the Milan flavor, but the service is so much better. \$10

Escargot – Some may call them snails but delicious herbs and garlic makes this a truly continental affair. \$20

Soy Caviar – We love those pre-historic Sturgeons so why eat their eggs when the soy version is actually yummiier. Served with Belini pancakes and crème fresh. Calling you a Czar will cost extra. \$25



TM

Wine

Champagne and Sparkling

Brut, Perrier-Jouet, Fleur de Champagne

\$250

NV Moet white star \$80

NV Blanc de Blanc, Alain Robert, Mensil \$60

NV Blanc de Blanc, Kriter, Cote D'OR \$25

White

Cotes du Rhone, M. Chapoutier 2002 \$30

Pinot Gris, Trimbach 2003 \$40

Chardonnay, Chateau Ste. Michelle 2002 \$22

Pinot Grigio, Kris, Italy, 2005 \$22

Pinot Grigio, Castello di Spessa, Italy \$33

Chardonnay, Concha y Toro, Chile, 2001 \$50

Sauvignon Blanc, Jermann, Italy, 1999 \$44

Graves, Chateau Carbonnieux, 2004 \$50

Bordeaux (blanc), Chateau Bonnet, 2004 \$25

Red

Cote du Rhone, Domaine Court de Mautens,

2002 \$45

Shiraz, Lindemans Padthaway, Coonawarra,

Australia, 1999 \$35

Syrah, Francis Coppola Diamond Series, CA \$35

Bordeaux, Chateau Meyney, Saint-Estephe, 2001

\$70

Bordeaux, Chateau Lynch Bages, 1997

\$150

Merlot, Ferrari-Carano, CA \$40

Merlot, Bodega Norton, Argentina \$22

Merlot, Falesco, Italy, 2003 \$25

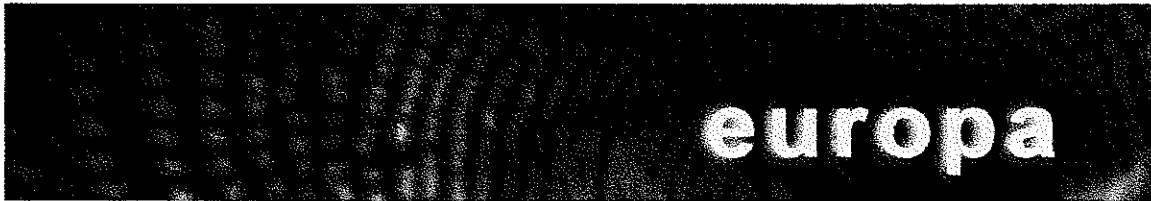
Pinot Noir, Keyhole Ranch, CA 2003 \$33

Port

Wares, Warriar \$5

Sanderman's Founder Reserve \$7

Sandeman's Tawny \$7



TM

Drinks

-Martinis-

The Imperial

Absolut, shaken.

The Empress

Bombay Sapphire, Precious, stirred.

French Riviera

Grand Marnier, Rum, and a hint of Raspberry. Swimsuit optional.

Cosmopolitan

Citrus vodka and fresh-squeezed Persian limes

Chocolate Martini

Imported Mont Blanc chocolate & Godiva liqueurs

Dirty Martini

Salt-ry vodka and an olive with attitude

Meine Liebe

Godiva chocolate and Framboise

Opium

It should be illegal. Absolute Mandarin & Orchid.

Eve's Apple

Bacardi Limon and Apple Pucker. Oh the temptation of a beautiful offering

King Kami Kong

Expensive & sweet, smooth yet strong. A Banana & Godiva delight will bring you in from the jungle. Sassy blond not included.

-Tequila-

Patron, Don Julios

Silver \$6

Resposado \$9

Anjeho \$10

-Scotches-

Johnny Walker (Blue, Gold, Green, Black),
Chivas Regal, Dewar's White Lable,
Glenlivet 12, Dalmore "Cigar Malt",
Laphroaig 10, Bruichladdich

-Beer-

On Tap:

- Haacker Pschorr
- Stella Artois
- Guinness
- Budweiser
- Miller Lite

Bottle:

- Amstel Light
- Bass Ale
- Becks's
- Carlsberg
- Corona
- Chimay "Grand Reserve"
- Dos Equis
- Haake Beck (non-alcoholic)
- Heineken
- Labatt's Blue
- Pacifico
- Sam Adams Boston Lager
- Sierra Nevada Pale Ale
- Smirnoff Triple Black

DIMENSION IW

Melvin R. Hansen Group
architects - engineers - interior design
866 Grand View Plaza, Suite 100
Madison, Wisconsin 53719
608.263.4444 608.263.4445
dimensionmadison.com

**EUROPA
APEX MANAGEMENT
MARKET SQUARE**

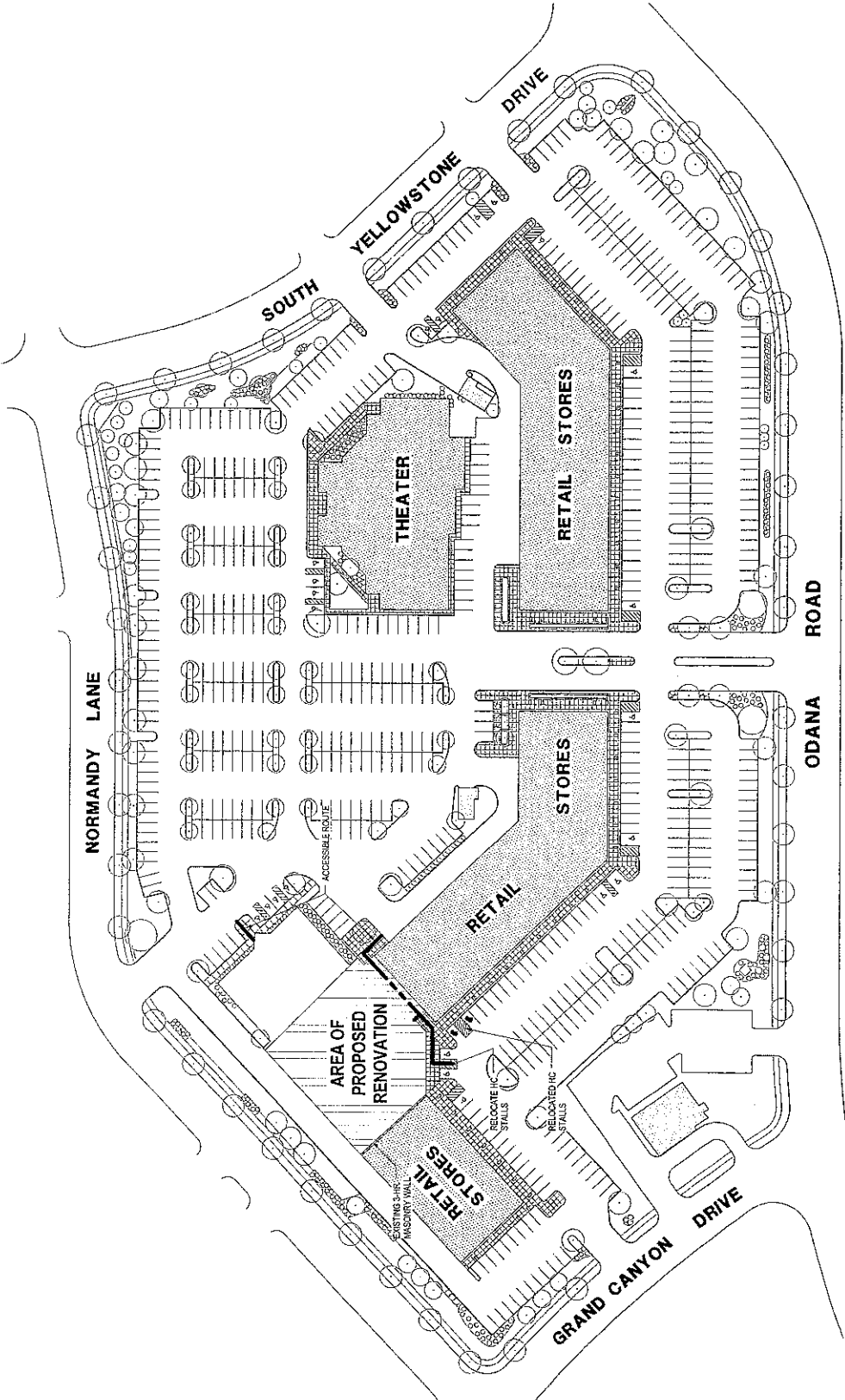
ODANA ROAD, MADISON, WI

DATE OF ISSUE:	04/21/09
REVISIONS:	

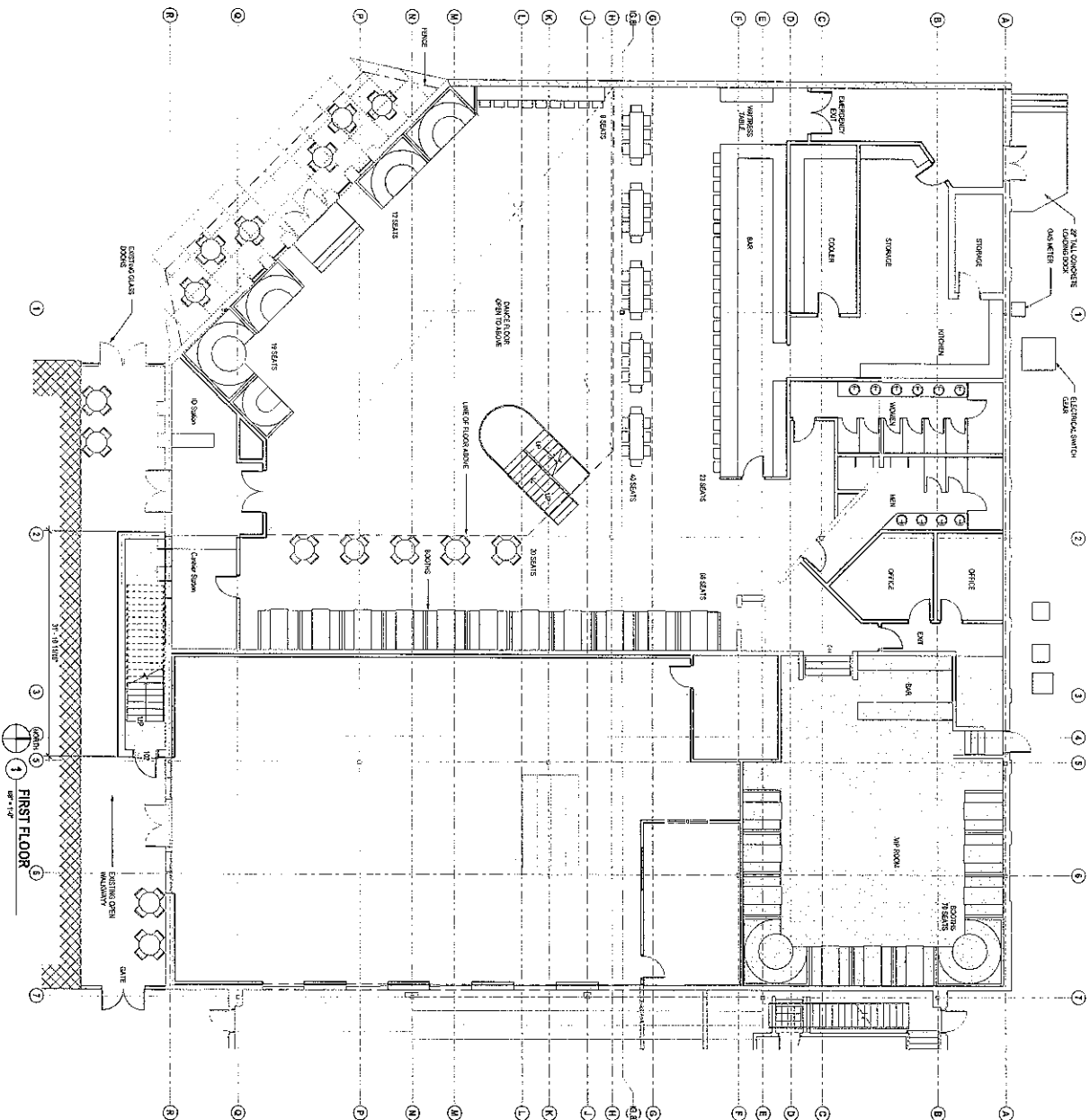
PROJECT # MK02177

SITE PLAN

C1.0



1 SITE PLAN
200-1178

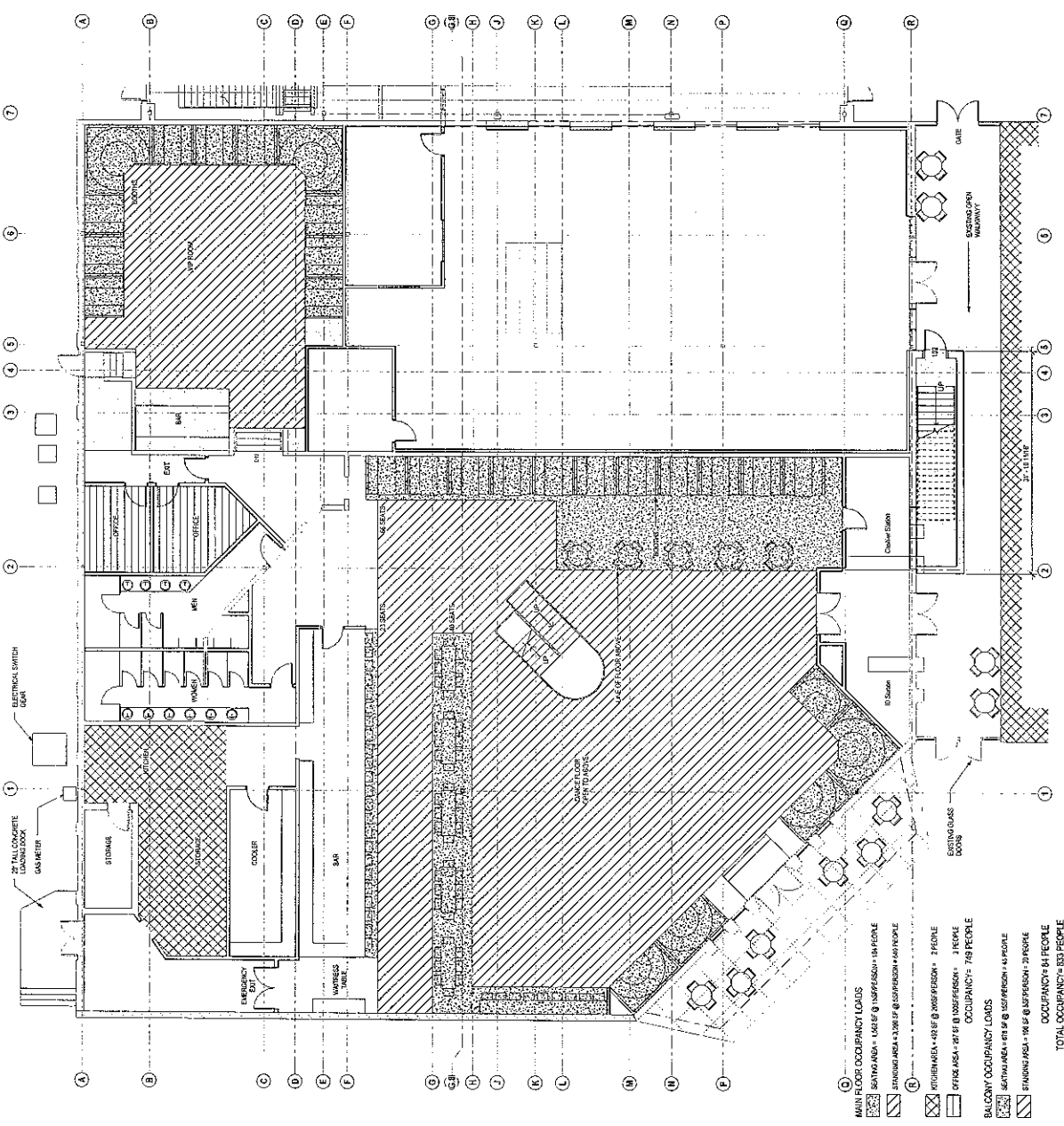


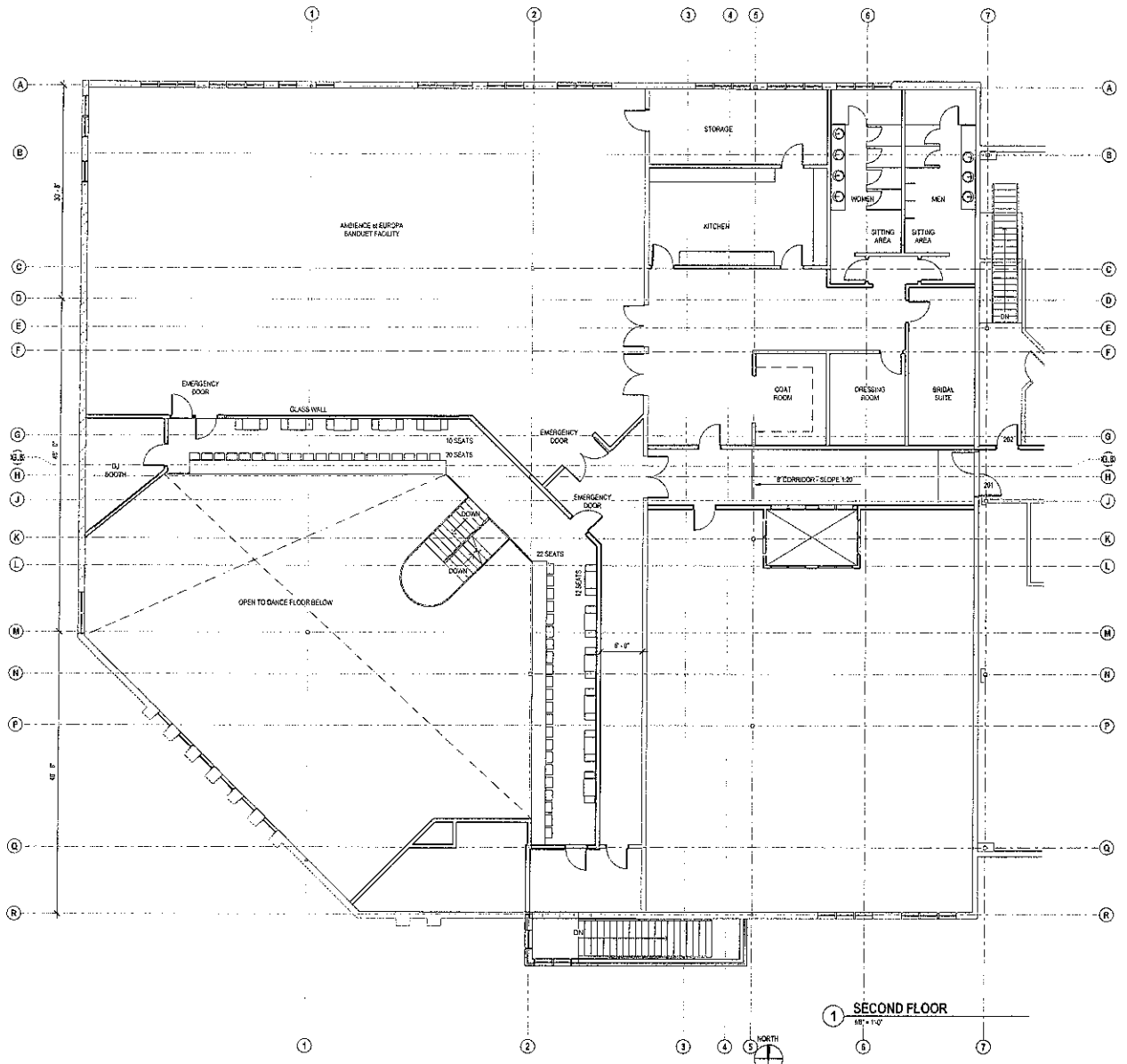
DIMENSION
 Madison Design Group
 Architecture • Engineering • Interior Design
 615 Grand Island Plaza, Suite 102
 Madison, Wisconsin 53719
 608.262.4444 608.262.4445
 dmadison@dimension.com

**EUROPA
 APEX MANAGEMENT
 MARKET SQUARE**
 ODANA ROAD, MADISON, WI
 2 STORY BUILDING
 CONSTRUCTION TYPE VB W/STRUKERS
 OCCUPANCY ASSEMBLY A2
 333 SEATS

DATE OF ISSUE:	04/21/09
REVISIONS:	
PROJECT #	MM02177
FIRST FLOOR	

A1.1





DIMENSION
 Madison Design Group
 architecture - engineering - interior design
 6515 Grand Teton Plaza, Suite 120
 Madison, Wisconsin 53719
 p608.828.4444 f608.828.4445
 dimension@madison.com

**EUROPA
 APEX MANAGEMENT
 MARKET SQUARE**
 ODANA ROAD, MADISON, WI

DATE OF ISSUE: 04/21/09

REVISIONS:

PROJECT # MK02177

SECOND FLOOR

A1.2

