

ALCOHOL BEVERAGE LICENSE APPLICATION

to municipal clerk.

the license period beginning 20 ;
ending 6-30-09 20

TO THE GOVERNING BODY of the: Town of } Madison
 Village of }
 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): Mongo Management, 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>Managing Partner Ryan Golinvaux</u>	<u>W207N16237 Elliot Dr Jackson WI</u>	<u>53037</u>
Vice President/Member	<u>Partner Jim Golinvaux</u>	<u>1109 Melody Hills Fulton IL</u>	<u>61252</u>
Secretary/Member			
Treasurer/Member			
Agent	<u>Branden Warner</u>	<u>2129 Muir Field rd Madison WI</u>	<u>53719</u>
Directors/Managers			

3 Trade Name bd's Mongolian Grill Business Phone Number _____
4 Address of Premises 4718 East Town Blvd Post Office & Zip Code 53704

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 IA and date _____ 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) _____
- 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

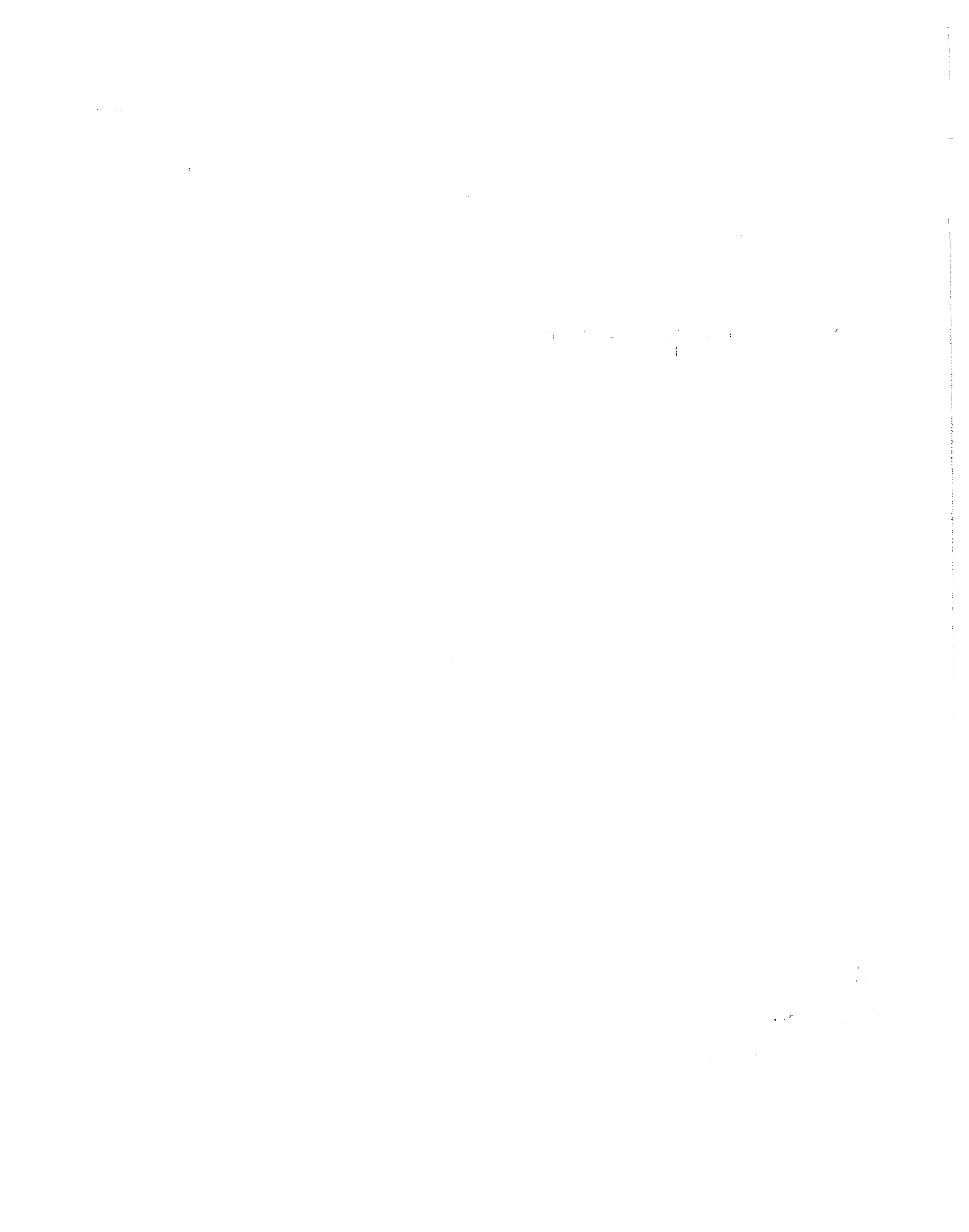
Applicant's Wisconsin Seller's Permit Number: <u>004-6003035934-01</u>	
Federal Employer Identification Number (FEIN): <u>20-4403956</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Wholesale beer	\$
<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	\$ 20-

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 7th day of OCTOBER 2008
Carla M. Beach
(Clerk/Notary Public)
My commission expires APRIL 26, 2009

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

TO BE COMPLETED BY CLERK			
Date received and filed with municipal clerk	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
<u>12/5/08</u>	<u>1-21-09</u>		
Date license granted	Date license issued	License number issued	
		<u>84490</u>	



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

25-50 years old- total house hold income \$75,000 - \$125,000

16. What age range would you hope to attract to your establishment? 25, 50

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

LSM, Local Store Marketing

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

19. Owner of building where establishment is located: ~~PH East Town~~ Mango Management LLC

Address of Owner: W207 N16237 Elliot Dr Jackson WI, 53037 Phone Number 262-677-0403

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

Ryan Galindaux W207 N16237 Elliot Dr Jackson WI 53037

Jim Galindaux 1109 Melody Hills Fulton IL 61252

Name Address

22. List the Stockholders of your Corporation/LLC

Ryan Galindaux W207 N16237 Elliot Dr, Jackson WI 53037 80

Jim Galindaux 1109 Melody Hills Fulton IL 61252 20

Name Address % of Ownership

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

Other Please Explain _____

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? Sun-Thurs- 11am to 10pm
Fri-Sat 11AM to 11PM

27. What hours, if any, will food service not be available? NONE

28. Indicate any other product/service offered. -

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? 22
During what hours do you anticipate they will be on duty? 10AM to 11:30 PM

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? 10

How many bartenders do you anticipate you would have working at one time on a busy night? 2

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? 132

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?
28%

39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? 100%

What percentage of your advertising budget do you anticipate will be drink related? -

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? 170 + 30 patio seats

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.

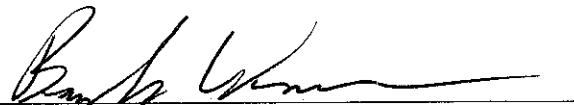
Gross Receipts from Alcoholic Beverages	8 %
Gross Receipts from Food and Non-Alcoholic Beverages	92 %
Gross Receipts from Other	%
Total Gross Receipts	100%

44. Do you have written records to document the percentages shown? Yes No
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

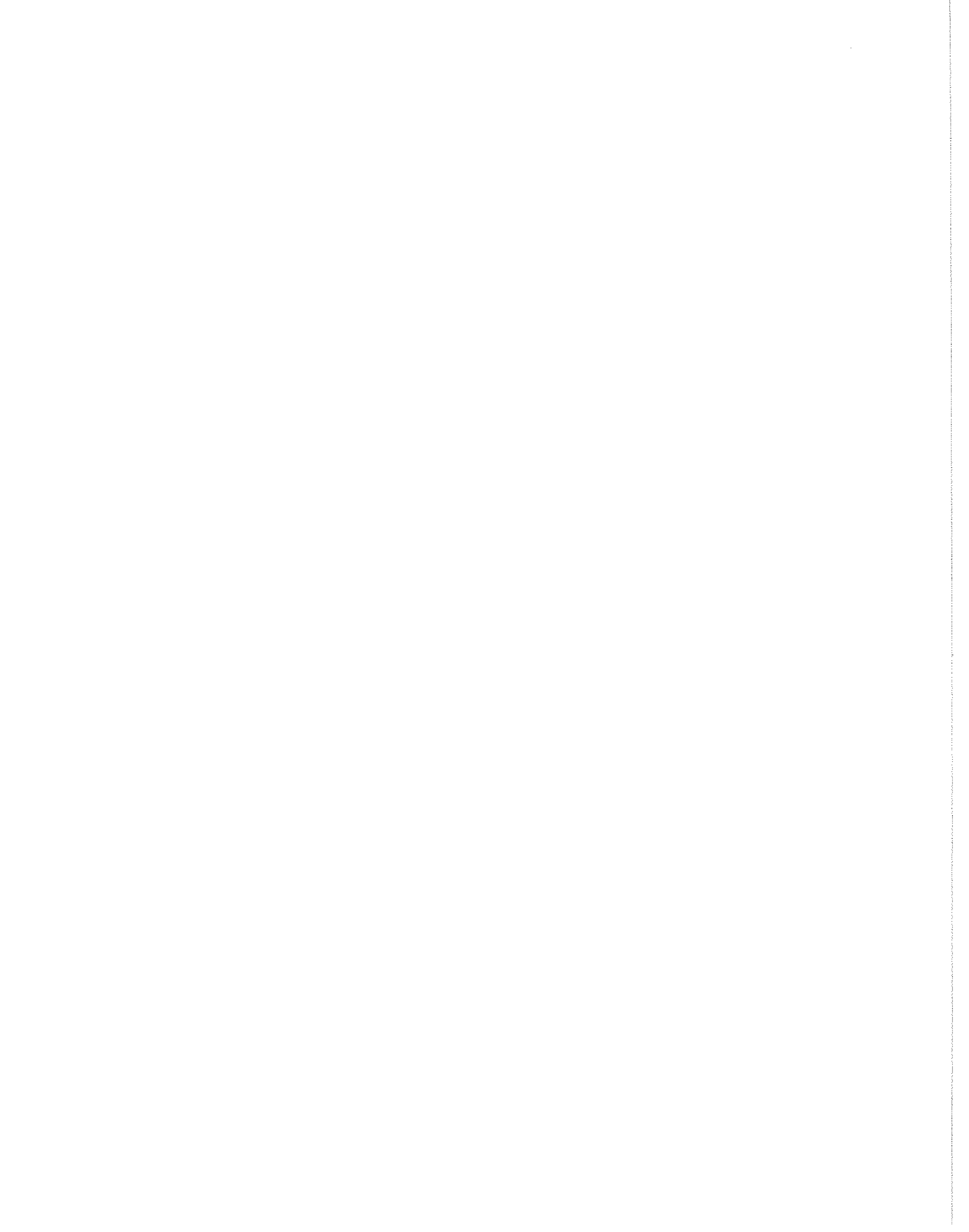
Subscribed and Sworn to before me:

this 5 day of Dec, 2008


(Officer of Corporation/Member of LLC/Partner/Individual)


(Clerk/Notary Public)

My commission expires 7/24/11



Appointment of New Liquor/Beer Agent

To be completed by Corporate Officer or Member of LLC

I, Ryan Grolinvaux, officer/member for Mongo Management
(Corporation/LLC), doing business as bd's Mongolian Grill authorize and appoint
Branden Warner (Name) as the liquor/beer agent for the premise
located at _____

Subscribed and sworn to before me this

18 Day of NOVEMBER 2008

Chela M. Bell

Notary Public, Dane County, Wisconsin

My Commission Expires April 26, 09

[Signature]
Signature of Officer/Member

To be completed by appointed Liquor/Beer Agent

I, Branden Warner, appointed liquor/beer agent for
Mongo Management (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 0 %.

Subscribed and sworn to before me this

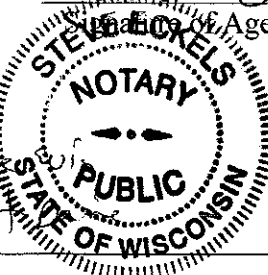
15 Day of Oct, 202008

[Signature] Steve Fokel

Notary Public, Dane County, Wisconsin State

My Commission Expires 11/1/2009 County

[Signature]
Liquor/Beer Agent



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

