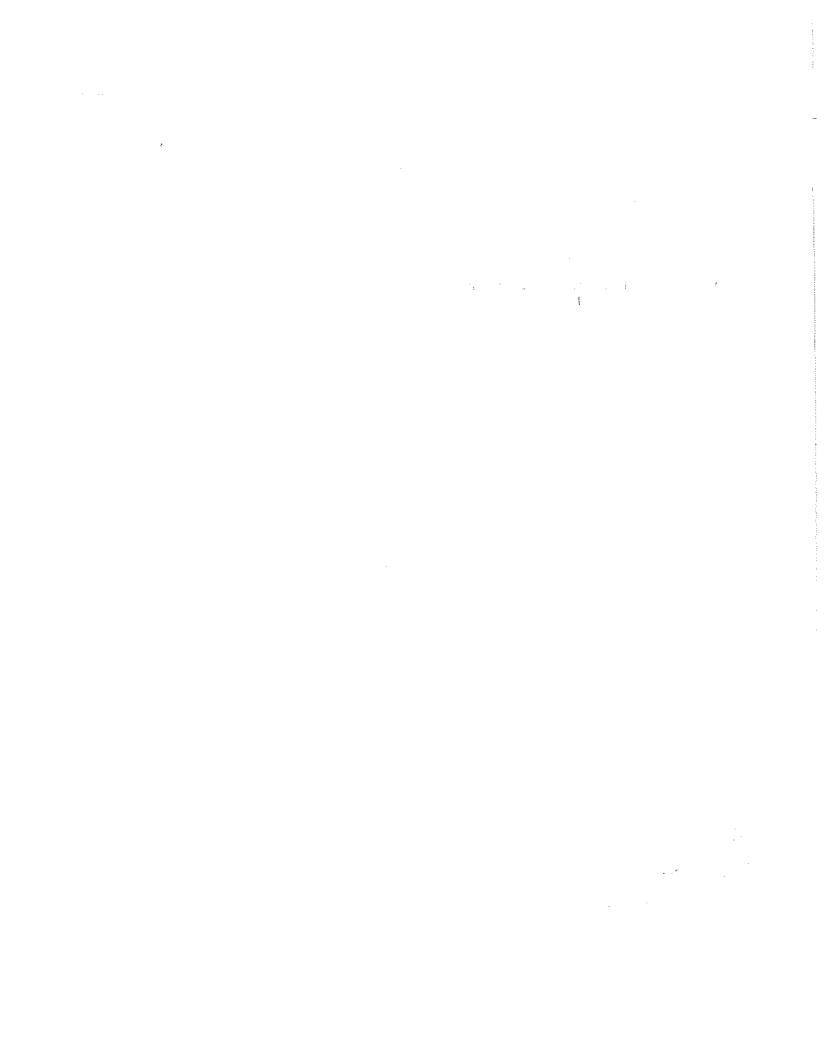
TO THE GOVERNING BODY of the:   Tidings of   20   TYPE   FEE   Gless A bear   \$   Cleves of   Cleves o	AL ALCOHOL BEVERAGE LICENSE APPLICATION	Applicant's Wisconsin Seller's Permit Number: 004 - 600303S934-01
LICENSE REQUESTED	to municipal clerk.	Federal Employer Identification 20 - 440 3951
TO THE GOVERNING BODY of the: Town of Clay of Male Son Country of Danue Aldermania Diest. No. (if required by cordinance)  Town of Clay of Country of Danue Aldermania Diest. No. (if required by cordinance)  The named Not/DuAL PARTNERSHIP CLIMITED LIABILITY COMPANY hereby moles application for the alcohole beering Series Series Series (Series database)  The named Not/DuAL PARTNERSHIP CLIMITED LIABILITY COMPANY hereby moles application for the alcohole beering Series (Series database)  Note of the alcohole Deering Series Statemer, Inst. middle, corporations/finited sibility companies give registered name). Note of the application of the male partnership and by sech officer, direction and agent of a limited liability company. List the name, tife, and place of recisiones described and attached to this application by each individual applicant, by each member of a partnership and by sech officer, direction and agent of a limited liability company. List the name, tife, and place of recisiones described and attached to this application by each individual applicant, by each member of a partnership and by sech officer, direction and agent of a limited liability company. List the name, tife, and place of recisiones described and attached to this application by each individual applicant, by each member of a partnership and by sech officer, direction and agent of a limited liability company. List the name tife, and place of recisiones described and the company membership and the name and place of recisiones described by the sech person.  North President Manuel Part List and List the name of the partnership and the name and partnership. The survey of the partnership and the name and paper of agent of the partnership and the partne		
TO THE GOVERNING BODY of the Wilege of Wilege of County of David Aldermanic Dist No. (if required by ordinance)  I The named MINDIVIDUAL PARTHERSHIP LIMITED LABILITY COMPANY Companies and the Companies of the C	ending <u>6-30-09</u> 20	
TO THE GOVERNING BODY of the:    City of   Cit		
Country of Daniel Adermanic Dist No	TO THE COVERNING PORY of the COVERNING PORY	Class B beer \$
County of Dame   Addermanic Dist No   (f required by ordinance)   Class Cuive   S	TO THE GOVERNING BODY of the: Village of 177401507	☐ Wholesale beer \$
The named MOIVIDUAL PARTNESSHP LIMITED LIBILITY COMPANY   Service Class B figure   Service Class S figure Class S figure   Service Class S figure Class	Name of the state	
The named MOIVIDUAL PARTNESSHP LIMITED LIBILITY COMPANY   Service Class B figure   Service Class S figure Class S figure   Service Class S figure Class	County of Dane Aldermanic Dist No. (if required by ordinance)	
The named   NOVIDUAL   PARTIMERSHIP   PARTIMERSHIP   Publication for the alcohol boverage license(s) checked above   TOTAL FEE   \$ ZO	(1. rogalists b) Stallianos/	
Image (individual/parters give last name, iss., middle corporations/limited liability companies give registered name):	1 The named INDIVIDUAL PARTNERSHIP IX LIMITED HABILITY COMPANY	
Name (individual) partners of the alcohol beverage license(s) thesteed above  Name (individual) partners of the alcohol beverage license(s) thesteed and attached to this application by each member of a partnership, and by each individual applicant, by each member of a partnership, and by each individual applicant, by each member of a partnership, and by each individual applicant, by each member of a partnership, and by each individual applicant, by each member of a partnership, and by each individual applicant, by each member of a partnership, and by each individual applicant, by each member of a partnership, and by each individual applicant, by each member of a partnership, and by each individual applicant, by each member of a partnership, and by each individual applicant, by each member of a partnership, and by each member of a partnership and by each partnership and by each member of a partnership and by each partnership and by each member of a partnership and by each partnership and	CORPORATION/NONPROFIT ORGANIZATION	
2 Nage (individual)partners sive last anene first, middle; corporations/limited liability companies give registered name):  An "Auxiliary duestionnaire," Form AT 103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officere, director and agent of a comporation or nonprofit organization, and by each member manager and agent of a liability company. List the name, title, and place of residence of each person  Henne Address of Partnership and Company and Company and State of State o		TOTAL FEE \$ 20 -
An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnershy, and by each officer, director and agent of a comporation or nonprofit organization, and by each member of a partnershy, and by each officer, director and agent of a comporation or nonprofit organization, and by each member of a partnershy, and by each officer, director and agent of a comporation or nonprofit organization, and by each member of a partnershy applicant must be applicant to each person.  President/Member Partner Jim Golfavarux 109 Mulody Hulls Fulton 12 61552  Secretary/Member Partner Jim Golfavarux 109 Mulody Hulls Fulton 12 61552  Secretary/Member Partner Jim Golfavarux 109 Mulody Hulls Fulton 12 61552  Treasurem/Member Agent Partner Jim Golfavarux 119 Mulody Hulls Fulton 12 61552  Treasurem/Member Agent Partner Jim Golfavarux 119 Mulody Hulls Fulton 12 61552  Treasurem/Member 120 Mulody Fulton 120 Mulody Hulls Fulton 120 Mulody Hulls Fulton 120 Mulody Fulton 1	2 Name (individual/partners give last name, first, middle; corporations/limited liability companies give regist	ered name): >
precises in any operation of a limited liability company. List the name, title, and place of residence of each person  President/Member   Managing   Partner   Ryan Self Invalux   Destruction   Destr	An "Auxiliary Questionnaire." Form AT-103, must be completed and attached to this application by	tooch individual applicant by each member of
President/Member   Maraging   Partner   Ryan Splin   Nature   Natu	parties stip, and by each officer, director and agent of a corporation or nonprofit organization, and	hv each member/manager and agent of a limited
President/Member   Marthur   Synthesis   Name   Date   Sa3331     Vice President/Member   Aurhur   Sin   Soliny/Juna   Name   Marthur   Sa3331     Vice President/Member   Aurhur   Sin   Soliny/Juna   Na Willody   Hill   Fulton   L   Ga352     Secretary/Member   Aurhur   Sin   Soliny/Juna   Na Willody   Hill   Fulton   L   Ga352     Secretary/Member   Aurhur   Sin   Soliny/Juna   Name   Date   Marthur   Sa331     Treasurer/Member   Aurhur   Sa314     Directors/Member   Aurhur   Sa314     Directors/Member   Sin	liability company. List the name, title, and place of residence of each person	by each member manager and agent of a limited
Secretary/Member Agent   Branden Warrel   3129 Moir feld   Mades UF 53719    Business Phone Number Post Office & Zip Code   53709    Business Phone Number Post Office & Zip Code   50709    Business Phone Number Post Office & Zip Code   50709    Business Phone Number Post Office & Zip Code   50709    Business	Name Home /	ddress Post Office & Zip Code
Secretary/Member Agent   Branden Warrel   3129 Moir feld   Mades UF 53719    Business Phone Number Post Office & Zip Code   53709    Business Phone Number Post Office & Zip Code   50709    Business Phone Number Post Office & Zip Code   50709    Business Phone Number Post Office & Zip Code   50709    Business	President/Member 1 arraying Partner Kyan bolivivaux w207N16237	Illiotor Jackson WI 53037
Secretary/Member Agent   Branden Warrel   3129 Moir feld   Mades UF 53719    Business Phone Number Post Office & Zip Code   53709    Business Phone Number Post Office & Zip Code   50709    Business Phone Number Post Office & Zip Code   50709    Business Phone Number Post Office & Zip Code   50709    Business	Vice President/Member Partner Jim Golinvaux 1109 Melody Hills	Fulton 12 61252
Agent   Branden Warner 2129   Musir E eld   Wooksen UT 53719    Trade Namagers   Date:   Mongoli on 60   Business Phone Number   Post Office & Zip Code   \$3709    Address of Premises   TILE CAST   R.M.   Post Office & Zip Code   \$3709    Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period?  Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant?  Does any other alcohol beverage retail licensee or windlesslage permittee have any interest in or control of this business?   Yes   No    (a) Corporate/limited liability company applicants only: Insert state   Post office & Zip Code   Yes   No    (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 of limited liability company?   Yes   No    (d) Explicant corporation/limited liability company a subsidiary of any other corporation or limited liability company?   Yes   No    (e) Does the corporation or any officer director, stockholder or agent of limited liability company?   Yes   No    (h) To Explicant corporation or agent of limited liability company?   Yes   No    (NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5.6 or 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; it 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):    (a) Was this premises ficensed for the sale of liquor or beer during the past license year?    (b) If yes, under what name was license issued?    10 Does the applicant understand a Wisconsin Sell	Secretary/Member	
3 Trade Manne Date: Mongotion 5CIII Business Phone Number Post Office & Zip Code Address of Premises & TII & East Tenn Elva Post Office & Zip Code S3704  5 Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this icense period?  6 Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant?  7 Does any other alcohol beverage retail icensee or wholesale permittee have any interest in or control of this business?  8 (a) Corporate/fimited liability company a subsidiary of any other corporation or amplicants only: Insert state LPM and date of registration (b) is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company?  9 Premises description: Describe building or buildings where alcohol beverages are to be sold and stored In applicant must include all rooms including bring 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: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including bring 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)  11 Legal description (omit if street address is given above):  12 Does the applicant understand they must life a Special Occupational Tax return (TTB form 5630.5)  13 before beginning business? (phone 1-800-937-8864)  14 Is the applicant understand a Wisconsin Selers Permit must be applied for and issued in the same name as that shown in Section 2, above? (phone (608) 266-2776)  14 Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  15 John Scholar Publish Company Partnership applicant must sign corporate efficiency. membershanagers of L	Treasurer/Member	
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(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?  (NOTE All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)  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.)  Legal description (omit if street address is given above):  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?  (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)  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? [Iphone (608) 266-2776]  14 Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  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 Company /Partner/ (Individual applicants and each member of a partnership applicant must sign, corporate officer(s), members/managers of Limited Liability Company /Partner/ (Office of Clerk/Depuly Clerk  Wy commission expires  15 OBE COMPLETED BY CLERK  Date inc	(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability	v company?
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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?  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]  13. Does the applicant understand a Wisconsin Selter's Permit must be applied for and issued in the same name as that shown in Section 2, above? [phone (608) 266-2776]  14. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  15. No  16. The same name as that shown in Section 2, above? [phone (608) 266-2776]  16. It is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  17. No  18. The same name as that shown in Section 2, above? [phone (608) 266-2776]  18. It is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  18. The same name as that shown in Section 2, above? [phone (608) 266-2776]  19. No  19. Yes No  10. No  10. Yes No  10. No  10. Yes No  11. No  11. Yes No  12. No  12. No  13. Does the applicant understand a Wisconsin Selter's Permit must be applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers signer to great 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) member/manager of Limited Liability Company if Any) Any lack of access to any pertion of a licensed premises during inspection will be deemed a refus		B above )
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(Clerk/Notary Public)  My commission expires  My commission expires  My commission expires  My commission expires  Date received and filed with municipal clerk  Date license granted  Date license issued  AT 106 (P. 1.05)  Any partnership applicant must sign; corporate officer(s). members/managers of Limited Liability Companies must sign; have a corporated of a partnership applicant must sign; corporate officer(s). members/managers of Limited Liability Company in spection of this license to permit inspection. Such refusal is a misdemeaner and grounds for evocation of this license to permit inspection. Such refusal is a misdemeaner and grounds for evocation of this license to permit inspection. Such refusal is a misdemeaner and grounds for evocation of this license to permit inspection. Such refusal is a misdemeaner and grounds for evocation of this license to permit inspection. Such refusal is a misdemeaner and grounds for evocation of this license to permit inspection. Such refusal is a misdemeaner and grounds for evocation of this license inspection. Such refusal is a misdemeaner and grounds for evocation of this license inspection. Such refusal is a misdemeaner and grounds for evocation of this license.  (Officer of corporation/Member/Manager of Limited Liability Company /Partner/Individual)  (Officer of corporation/Member/Manager of Limited Liability Company /Partner/Individual)  (Officer of corporation/Member/Manager of Limited Liability Company if Any)  To BE COMPLETED BY CLERK  Date received and filed with municipal clerk   Date provisional license issued   Date provisional license   Date provisional	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
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My commission expires APCLING (Clerk/Notary Public)  (Additional Partner(s)/Member/Manager of Limited Liability Company /Partner)  (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)  TO BE COMPLETED BY CLERK  Date received and filed with municipal clerk   2   5   08   Date reported to council/board   Date provisional license issued   Signature of Clerk / Deputy Clerk  Date license granted   Date license issued   Date provisional license issued   Date provisional license issued   Date provisional license issued   Date license number issued   Date provisional license	this Tth day of Qurose 2000	( ) M
My commission expires APRIL 26, 2009  (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)  TO BE COMPLETED BY CLERK  Date received and filed with municipal clerk   2   5   08   Date reported to council/board   Date provisional ficense issued   Signature of Clerk / Deputy Clerk    Date license granted   Date license issued   Dat	(Officer of emporation/Mem	per/Manager of Limited Liability Company /Partner/Individual)
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Date license granted  Date license issued  Date license number issued  License number issued	Date received and filed   Date reported to council/board   Date provisional license issued   Signal	ure of Clerk / Deputy Clerk
AT 106 (P. 1 05)	With multicipal clerk 12,5 08 1-2-()4	
AT-106 (R 1-05) Wisconsin Department of Revenue	Date license granted	
	AT-106 (R 1-05)	Wisconsin Department of Revenue



## City of Madison Supplemental Class B License Application

<ul> <li>□ Seller's Permit Number</li> <li>□ Federal Employer Identification Number</li> <li>□ Notarized Original Application Form</li> <li>□ Notarized Supplemental Form</li> </ul>	<ul> <li>□ Description of Licensed Premise</li> <li>□ *Notarized Appointment of Agent</li> <li>□ Background Investigation Form(s)</li> <li>□ Notarized Transfer of Ownership</li> <li>□ *Articles of Incorporation</li> </ul>	<ul> <li>☐ Floor Plans</li> <li>☐ Lease</li> <li>☐ Sample Menu</li> <li>☐ Business Plan</li> <li>* Corporation/LLC only</li> </ul>
1 Name of Applicant/Partner/Corporatio	3 <b>3</b>	
2 Address of Licensed Premise 472		
	4 Anticipated opening date:	
	ately 4722 East Towns B	5 3 26
6 Have you contacted the Alderperson, P the neighborhood association represent	olice Department District Captain, Alcoho tative for the area in which you intend to le	ol Policy Coordinator, and
7. Are there any special conditions desire	d by the neighborhood? □ Yes □No	
Explain		
8. Business Description, including hours	of operation: Wongolan Restucce	ant, Create
Your own Stir fry	- Sun-Thurs- 11 Am. 10	opm- Frit Sot 11 to11
9. Do you plan to have live entertainment	? №No □ Yes—What kind?	
size and all areas where alcohol beverable below shall not be expanded or chart 4,999 Sq. Ft.  Hat is Drect Bar	g, including overall dimensions, seating are ages are to be sold and stored. The license aged without the approval of the Common Seating Copacity 170, to to seating an Electrical Control of the Common Seating Copacity.	ed premise described on Council.  al, 10 of all 26 table
Sects located in th	e bar alea	
11. Are any living quarters directly or indi- Please note that alcohol may be sold a	irectly accessible and under control of the nd stored only on the licensed premise, no	
12. Describe existing parking and how parkers between between	cking lot is to be monitored It is	as Short lot
18 years of fishered 2  70 Employers NRs I  14 Identify the registered agent for your process, notice or demand required or	c, staffing levels, duties and employee training the staff of the served on the corporation of the served on the ser	of operation's agent for service of oration.

15. Utilizing your market research, who would you project your target market to be?
25-50 years old- total house hold incom \$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: PHEast Foun Manga Manghad US
Address of Owner: <u>W207 N 16237 Ellist Dr</u> Phone Number <u>262-677-0403</u> Jackson WI, 53037
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
21 List the Directors of your Corporation/LLC
Ryan Galinday w207 N16237 Elliot pr Jacksmwit 5303
Tim bolin vavy 1109 Melocky Hills falton III 61252 Name Address
Name Address
22 List the Stockholders of your Corporation/LLC
Ryan balinuauy w207 N16237 Ellotpr, Jaken WI 80 Namo Address Woof Ownership
Name Address Address
J.m Bolinvary 1169 Melocky Halls Fulter IL 61252 20 Name Address Address
Name Address Address % of Ownership  Name Address % of Ownership
J.m Lalindary 1169 Melocky Hills Lutter IL 61252 20 Name Address % of Ownership
Im bolindary 1169 Melocky Hills Fulter IL 61252 20 Name Address % of Ownership  Name Address % of Ownership
J. m. belinder 1169 Melocky Halls Fulter II (6125) 20 % of Ownership  Name Address % of Ownership  23 What type of establishment are you? (Check all that apply) Tavern Nightclub Restaurant  Other Please Explain
Name  Address  Name  Address  Name  Address  Name  Address  No of Ownership  Tavern  Nightclub  Restaurant  Other Please Explain
Name  Address  Name  Address  Name  Address  Nof Ownership  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
Name   Address   Helical Hel
Name  Address  Name  Address  Address  Name  Address  Name  Address  Address  Name  Address  Nof Ownership  Tavern  Nightclub  Restaurant  Other Please Explain  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

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
During what hours do you anticipate they will be on duty? IOAM to 11.3c. 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?
How many bartenders do you anticipate you would have working at one time on a busy night?
34 Will there be a kitchen facility separate from the bar? Wes 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 will Microwave
37 Will you have a walk-in cooler and/or freezer dedicated solely to the storage of food products? Yes No
What percentage of your overall payroll do you anticipate will be devoted to food operation salaries?
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you
anticipate will be related to food?/60 %
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 pato sects
- 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 %	<u></u>
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.

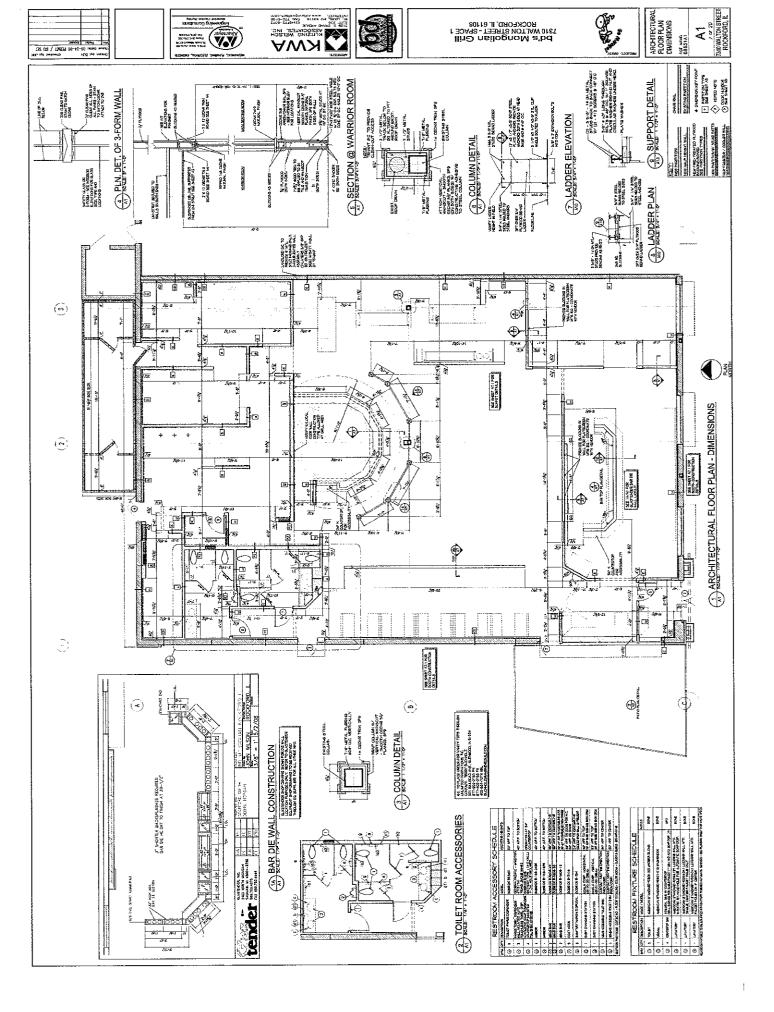
Read carefully before signing: Under penalty provided by law, the applicant states that the above information has been truthfully completed to the best of the knowledge of the signer. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), 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:

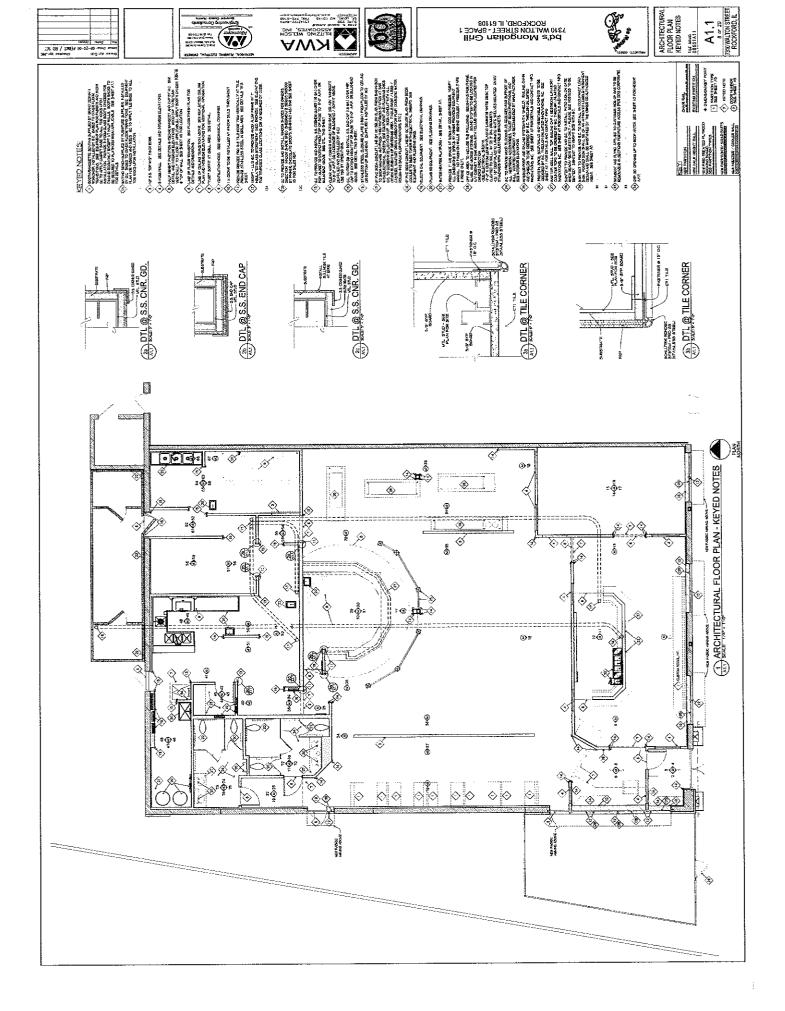
this 5 day of Dec , 2008

My commission expires

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



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## **Appointment of New Liquor/Beer Agent**

To be completed by Corporate Officer or Member of LLC
I, Ryan Gulinvaux, officer/member for Mongo Managunti (Corporation/LLC), doing business as bd's Mongolicus Grifauthorize and appoint  Branden Warre (Name) as the liquor/beer agent for the premise
Subscribed and sworn to before me this  Bay of NEMBER20 08  Notary Public, Dane County, Wisconsin  Washington  My Commission Expires April 246, 09
My Commission Expires April 26, 09
To be completed by appointed Liquor/Beer Agent
I, Branden Warner, appointed liquor/beer agent for Many Many ment (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%

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

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