



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

1. This application is for the license period ending June 30, 20 13.
2. 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.
Crescendo LLC
3. Trade Name (doing business as) Crescendo Espresso Bar & Music Cafe
4. Address to be licensed 1859 Monroe Street
5. Mailing address 1859 Monroe Street
6. Anticipated opening date March 1st, 2013
7. State Seller's Permit 456-1027795953-02
8. Federal Employer Identification Number 46-1943851
9. Is the applicant an employee or agent of, or acting of behalf of anyone except the applicant named in question 2?
 No Yes (explain) _____
10. Does another alcohol beverage licensee or wholesale permittee have interest in this business?
 No Yes (explain) _____

Section B—Premises

11. 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.
1859 Monroe Street is a coffee shop currently. We will be installing a two tap Kegorator^(1/4 barrels) behind the retail counter. We have a commercial refrigerator where we will store 1 backup 1/4 barrel and spotted cow bottles. All back~~up~~ stock, if not being chilled, will be kept in the locked office.
12. Attach a floor plan, no larger than 8 ½ by 14, showing the space described below.
13. Applicants for on-premises consumption: list estimated capacity 70

09 261

LICL1B-2013-00111

14. Describe existing parking and how parking lot is to be monitored.

There is metered street parking available. There are no parking spots reserved for patrons.

15. Was this premises licensed for the sale of liquor or beer during the past license year?

No Yes, license issued to _____ (name of licensee)

16. 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.

17. Name of liquor license agent Caitlin Shanahan

18. City and state in which agent resides Madison, WI

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 Dec 2007

21. State and date of registration of corporation, nonprofit organization, or LLC.

Wisconsin, January 28th, 2012

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
Manager	Caitlin Shanahan	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.

Caitlin Shanahan

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) _____

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 Coffee Shop and intimate acoustic music venue

27. Business description Crescendo Espresso Bar & Music Cafe will be a high end coffee shop specializing in niche espresso beverages and small food menu, we will also have live music in the evenings on a small stage.

28. Hours of operation 10:30am-midnight.

29. Describe your management experience I have managed Gallup!!! Coffee & Bakehouse since May of 2012 and before that, I was the General Manager at Barrigou Wine & Spirits for 2 years and assistant manager

30. List names of managers below, along with city and state of residence. for 1.

Owner - Cait Shanahan will be managing

31. Describe staffing levels and staff duties at the proposed establishment There will be about 8 employees and duties will include cleaning, preparing coffee drinks, food prep, customer service, cash handling. There will be 2 people working 80% of the time.

32. Describe your employee training Employees will spend 1-2 weeks training with me (owner, manager) in all of the above mentioned areas.

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

Our target market will be in the 23-40 yo age range. Grad students, young professionals and mature, cultured individuals that appreciate a comfortable atmosphere, relaxing environment, a great cup of artisan coffee and above average music, live and recorded.

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

We will be professionally branding the business, utilizing our connections at the Lithmus, Square 77, social media outlets.

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? Acoustic

music amplified with a small respectful PA, spoken word.

38. What age range do you hope to attract to your establishment? ~~18-25~~ 15-85

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

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? all

42. What hours, if any, will food service not be available? Food will always be available.

43. Indicate any other product/service offered. Espresso drinks, brewed coffee, fresh juice

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? 2-7

During what hours do you anticipate they will be on duty? _____

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? _____

How many bartenders do you anticipate having work at one time on a busy night? 2-3

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 _____
51. What type of cooking equipment will you have?
 Stove Oven Fryers Grill Microwave
panini
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? NA
54. If your business plan includes an advertising budget:
 What percentage of your advertising budget do you anticipate will be related to food? _____
 What percentage of your advertising budget do you anticipate will be drink related? _____
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:
15 % Alcohol 35 % Food 50 % 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—Contact Information for Clerk’s Office

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

Contact person Caitlin Shanahan

E-mail address caits-music@yahoo.com

Phone 608 335 2489

Preferred language for correspondence english

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 18th day of February, 20

Eric A. [Signature]
(Clerk/Notary Public)

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

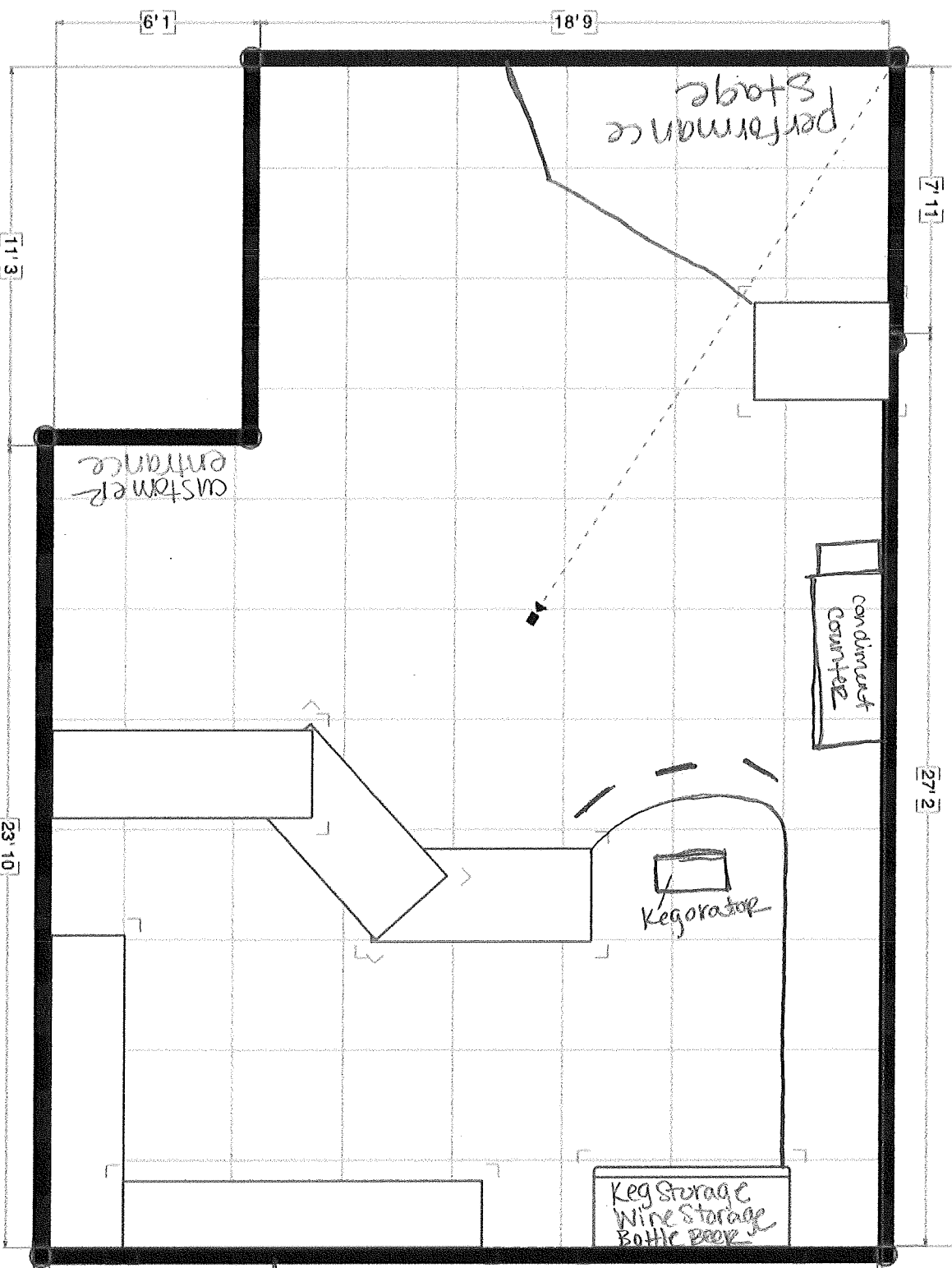
My commission expires 6/29/2014

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 type="checkbox"/> Lease <input type="checkbox"/> Sample Menu
Date complete application filed with Clerk’s Office _____ Date of ALRC meeting _____ Date license granted by Common Council _____ Date provisional issued _____ Date license issued _____ License number _____		

pd 303
ad 13

Open Space

Undo



unchilled
beer/wine
Storage

locked
office

delivery
hallway

Ladies
Bathroom

Mens
Bathroom

