	to municipal clerk.	VERAGE LICE	NSE APPL	ICATION	Applicant's Wisconsin Seller's Permit Number: Federal Employer Identi	fication	
For the			20		Number (FEIN):	2le-0390	) <del>(</del>
or the i	license period beginning	June 3	2009	<del></del> ;	·	E REQUESTED	
	ending	June 3	2003	)	Class A beer	=	FEE \$
		Town of			Class B beer		\$
) THE	GOVERNING BODY of the:	☐ Village of <b>∫</b>	Madison		- Wholesale be		\$
		☐ City of		, , , , , , , , , , , , , , , , , , , ,		er	<del></del>
					Class C wine		\$
ounty o	of <b>Dane</b>	Aldermanic Dist. I	No (if req	uired by ordinance			\$
					Class B liquor		\$
. The	named   INDIVIDUAL	PARTNERSHIP	X LIMITED LIAB	ILITY COMPANY	Reserve Class	s B liquor	\$
	CORPORATION/NO	NPROFIT ORGANIZAT	TON		Publicatio	n fee	\$
herel	by makes application for the alcohol	ol beverage license(s) c	hecked above		TOTAL FEE		\$
Nam	ne (individual/partners give last nam	ne first, middle; corpora	tions/limited liability	companies give re	gistered name): 🕨 📙	107 FF	
partr	Auxiliary Questionnaire," Form Annership, and by each officer, dire lity company. List the name, title,	ctor and agent of a co	poration or nonpr	ofit organization, a	n by each individual ap and by each member/m ne Address	plicant, by each anager and age Post Office	ent of a limited
Presi	iden (Member)	105	wa Basing	er 5 (5	DN. Lake St.	50	53703
	President/Member:	Bri		v 515	N. Lake St.	5 e	53702
		Sta			JOS HPAIG PARAMAN		
	surer/Member					- C 10 A1 2	
Agen		10.	Shua Bas	51	5 N. Lake:	51 51	53703
•		ں ر	UNUN DE	singer si	) 10. LENC.	- ( , ) C ,	2010 3
	ctors/Managers					<i>" " " " " " " " " " " " " " " " " " " </i>	7
		· <u>19</u>		Business	Phone Number <u>601</u>	5-459-9	663
Addre	ess of Premises > 244	W. Gilman		Post Offic	e & Zip Code 🕨5.	37 <i>0</i> 5	
ls ind	dividual, partners or agent of corpor	ation/limited liability cor	npany subject to co	impletion of the resp	onsible beverage serve	г	
traini	ing course for this license period?			•			es 🖃 No
Is the	e applicant an employe or agent of,	or acting on behalf of a	nyone except the n	amed applicant?		🔲 Ye	es No
Does	any other alcohol beverage retail I	icensee or wholesale po	ermittee have any i	nterest in or control	of this business?		
(a) C	Corporate/limited liability compar	v applicants only: In	sert state Visc	On5(in and dat	e July 107 of ren	istration	00 (2) (10
	s applicant corporation/limited liabil					Ye	es 🕡 No
	Does the corporation, or any officer,						55 <u>Le</u> 145
	igent hold any interest in any other				ary memberahanaga or	_	-16-6
	igent note any interest in any other					Y€	
	TE. All applicants avalain fully on sa	varaa cida of thic form .	WARL VEC ANALYSE	manations C.C. 7 a	ad 0 ab \		es 🗹 No
(NOT	TE: All applicants explain fully on re		•		•	_	es [] No
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(NOT Premiall roo may b Legal (a) W (b) If Does before Does Section Is the AD CARE the signer ividual apportion of BSCRIB COMMISS	aises description: Describe building oms including living quarters, if use be sold and stored only on the prend description (omit if street address Vas this premises licensed for the street and the prend description (omit if street address Vas this premises licensed for the street and the prend description (omit if street address Vas this premises licensed for the street and the prend description (omit if street address Vas this premises (phone 1-8 the applicant understand they must be beginning business? [phone 1-8 the applicant understand a Wiscoron 2 above? [phone (608) 266-277 applicant indebted to any wholesa description and each member of a partne of a licensed premises during inspection data of a licensed premises during inspection data of the control of the premise during inspection data of the control of the premise during inspection data of the control of the premise during inspection data of the control of the premise during inspection data of the premise d	or buildings where alco d, for the sales, service nises described ) 600 is given above): ale of liquor or beer dur sissued? It file a Special Occupat 00-937-8864] Isin Seller's Permit mus file beyond 15 days for the sess according to law and the riship applicant must sign; in will be deemed a refusal  to council/board	hol beverages are to and/or storage of and/or storage of sufficense ing the past license ional Tax return (Tot be applied for and beer or 30 days for policant states that eal at the rights and response officer(s) in to permit inspection.	o be sold and store alcohol beverages a sycar?  FB form 5630 5)  Issued in the same liquor?  Ch of the above questions bilities conferred tembers/managers of Such refusal is a misconficer of Corporation/M  Officer of Corporation/M  Additional Partner(s)/Me  e issued Sig	d The applicant must in and records. (Alcohol be NCCafe Drysto)  name as that shown in ons has been truthfully ansuby the license(s), if granter Limited Liability Companies demeanor and grounds for a lember/Manager of Limited Liability Companies demeanor and grounds for a lember/Manager of Limited Liability Companies demeanor and grounds for a lember/Manager of Limited Liability Companies demeanor and grounds for a lember/Manager of Limited Liability Companies demeanor and grounds for a lember/Manager of Limited Liability Companies demeanor and grounds for a lember/Manager of Limited Liability Companies demeanor and grounds for a lember/Manager of Limited Liability Companies demeanor and grounds for a lember/Manager of Limited Liability Companies demeanor and grounds for a lember/Manager of Limited Liability Companies demeanor and grounds for a lember/Manager of Limited Liability Companies demeanor and grounds for a lember/Manager of Limited Liability Companies demeanor and grounds for a lember/Manager of Limited Liability Companies demeanor and grounds for a lember/Manager of Limited Liability Companies demeanor and grounds for a lember/Manager of Limited Liability Companies demeanor and grounds for a lember/Manager of Limited Liability Companies demeanor and grounds for a lember/Manager of Limited Liability Companies demeanor and grounds for a lember/Manager of Limited Liability Companies demeanor and grounds for a lember/Manager of Limited Liability Companies demeanor and grounds for a lember/Manager of Limited Liability Companies demeanor and grounds for a lember/Manager of Limited Liability Companies demeanor and grounds for a lember/Manager of Limited Liability Companies demeanor and grounds for a lember	verages  Ye  Ye  Ye  Ye  Wered to the best of the dest of the libitity Company /Part bility Company /Part	es No es No es No es No f the knowledge ned to another. ack of access to icense

## City of Madison Liquor/Beer Original Supplemental Form

Office	Use Only
Seller's Permit Number Federal Employer Identification Number Notarized Original Application Form (AT-106) Notarized Supplemental Form Description of Licensed Premise Notarized Auxiliary Questionnaire(s) (AT-103) Background Investigation Form(s) Floor Plans	Lease Notarized Transfer of Ownership Letter  Schedule of Appointment of Agent (AT-104) Notarized Agent Appointment/Acceptance Form Articles of Incorporation/ Organization Sample Menu, if possible Business Plan, if one exists Forms required of Corporation/LLC only
of stairs and all entrances and exits, normal and cust furniture and large gaming tables, placement and dir	an that includes exterior and interior dimensions, position comary use of each room, placement of major appliances, mensions of all bar(s), and graphic representation of the irs. Premise plans must be no larger than 8 ½ x 14.
✓ New structures must submit to Building Inspection to architect or engineer.	two sets of plans, signed and sealed by a registered
✓ Applicant/partners/Liquor Agent must be enrolle course before appearing before the Alcohol Licen	ed in or have completed the Beverage Server Training see Review Committee.
Alderperson of the District in which you intend to neighborhood association (if any), the Madison Pol	Review Committee (ALRC), you must contact the odo business, the representative of the appropriate ice Department, and the Alcohol Policy Coordinator,  can be reached at 322-6358,
at the Common Council Office (266-4071), or via e  The name of the neighborhood association represent Development Department at 266-4635 or online at y	tative can be obtained by calling the Planning and www.ci.madison.wi.us/neighborhoods/contacts.htm.
Police Department Central District Captain Mary S Police Department East District Captain Jill Kluber Police Department North District Captain Richard I Police Department West District Captain Jay Lengt Police Department South District Captain James W Alcohol Policy Coordinator Fort Plant Can be reach	tanz (Sector 600) can be reached at 267-2100.  Bach (Sector 500) can be reached at 245-3652.  feld (Sectors 100-200) can be reached at 288-6152.  heeler (Sector 300) can be reached at 267-8687.
1 Have you contacted the Alderperson, Police Department the neighborhood association representative for the	
2. Are there any special conditions desired by the neight Explain.	
3. Name of Applicant/Partner/Corporation/LLC	0) LLC
4. Telephone Number: 606 - 259 - 6	
5 Address of Licensed Premise 244 W.	
6. Anticipated opening date: Oct 20, 2	007 - licenson for Food
7 Mailing address if not opening immediately  12/29/06-F:\Cleonmon\text{Licensing & Misc\Application Forms\Original Supplemental Form 2006 doc}	

8	What type of establishment is contemplated? □ Tavern □ Nightclub ☑ Restaurant
	☐ Liquor Store ☐ Grocery Store ☐ Convenience Store — Gas Pumps ☐ Yes ☐ No
	□ Other Please explain
^	Desired Description in the line Learner of an areation and if automatic most of ways groups what trues
9.	Business Description including hours of operation and if entertainment is part of your venue, what type:
	Calzone Restaurant that also sells chicken tenders,
	chicken wings and Ice cream. Dine in /take out / Dehevery
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.
	There is 1800 sqft of kitchen/Dining even. About 600 sqft of
	Dining and another 600 sqft (not including in 1800 sqft) or of
	Storage we have a 5 seated ber/food service counters, we have
	30 seats in the Store. Capacity would be between 50-60 ppl Alcohol (Beer) will only be served at the barfood service area and Iside walk cute area (4) tobles
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 Employee Parking
	only
12	Describe your management experience stoffing levels duties and employee training
1.3.	Describe your management experience, staffing levels, duties and employee training
	Owner of the Store - Manager a DP Doubt in Champaign IC.
	beer would be BST trained
14.	Identify the registered agent for your Corporation or LLC. This is not necessarily the same person as your
	liquor/beer agent. This is your corporation's agent for service of process, notice or demand required or
	permitted by law to be served on the corporation Joshua Basinger
	515 N. Lake St. SC Madison W. 53703
	Address City State Zip
15	Excluding pre-packaged snacks, how late will food be served? * 3 a m
16	What type of food will you be serving, if any? (a) 70 nes, Cheese bread, Chicken wing & tenders
17.	Indicate any other product/service offered:
18	Describe your target market. College to carly thirties

19.	What is your estimated capacity? _	50 ppl	<u> </u>		
20.	Are you operating under a lease or	franchise agreemen	nt? Ves	□ No (If yes, attac	h a copy.)
21.	Owner of building where established	ment is located:	Steve	Brown	
	Address of Owner: 120 w	Corham		Phone Nun	1ber 255 - 7100
A.	Índividual or Partnership: Have ind Course? ☐ Yes ☐ No If Yes, i	lividual/partners co	mpleted the	Beverage Server Tra	nining
	License cannot be issued until pro				
23. 0	Corporation/LLC: Will liquor/beer	agent be a Wiscons	in resident a	t the time of granting	g? LYes 🗆 No
24. (	Corporation/LLC: Agent must discl	ose interest held in	business:	50_%	
25 (	Corporation/LLC: Has agent comple	eted the Beverage S	Server Traini	ng Course? □ Yes	12 will compl
1	License cannot be issued until pro	oof of Beverage Se	rver Trainii	g completion is sh	own.
26.	Corporation/LLC: List Directors, S	tockholders, and M	anagers belo	W.	
	Director(s) Name			Home Addre	
	Director(s) Name Joshua Basinga	or .	515 N.		
,		or N	515 N.		
	Joshua Basinge	or N	515 N. 515 N.		
	Joshua Basinga Brian Plotki Steve Fiala	n		Home Addre Lake Stsc r Lake Stsc r ward Blud Apt a agn to Gibra	nadison Nadison
	Joshua Basinga Brian Plotki	2 Y	515 N. 515 N. 2461 wint		
	Joshua Basinga Brian Plotki Steve Fiala	n			Madison 206  Extent of
	Joshua Basinga Brian Plotki Steve Fiala	n .			Madison 206  Extent of
	Joshua Basinga Brian Plotki Steve Fiala	n			Madison 206  Extent of
	Joshua Basinga Brian Plotki Steve Fiala Stockholder's Name		Address	Lake Stsc r Lake Stsc r ward Blud Apt	Nadison Nadison TO6  Extent of Ownership%
	Joshua Basinga Brian Plotki Steve Fiala	Address		Lake Stsc r Lake Stsc r ward Blud Apt	Madison 206  Extent of
	Joshua Basinga Brian Plotki Steve Fiala Stockholder's Name		Address	Lake Stsc r Lake Stsc r ward Blud Apt	Nadison Nadison TO6  Extent of Ownership%
	Joshua Basinga Brian Plotki Steve Fiala Stockholder's Name		Address	Lake Stsc r Lake Stsc r ward Blud Apt	Nadison Nadison TO6  Extent of Ownership%
	Joshua Basinga Brian Plotki Steve Fiala Stockholder's Name		Address	Lake Stsc r Lake Stsc r ward Blud Apt	Nadison Nadison TO6  Extent of Ownership%

27	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?
28	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.
	Calendar/fiscal year: ☐ January 1 — December 31 ☐ July 1 — June 30
	Percent Gross Receipts from Alcohol Beverages () %
	Percent Gross Receipts from Food 95 %
	Percent Gross Receipts from Other – %
	Total Gross Receipts 100 %
	Do you have written records to document the percentages shown?   Yes   You may be required to submit documentation verifying the percentages you've indicated.
29	What type of establishment are you? (Check all that apply) □ Tavern □ Restaurant □ Nightclub
	☐ Other Please explain:
30.	Will your establishment have a kitchen manager? □ Yes □ No
31.	Will your establishment be a member of the Wisconsin Restaurant Association? ☐ Yes ☐ No
32.	How many wait staff will be employed at the establishment?
33.	What hours, if any, will food service not be available?
34.	Describe how you plan to advertise/promote your business. What products will you be advertising?
	We plan to advertise using coppons for catabhes/cookies.
has acc ass me pre	ad carefully before signing: Under penalty provided by law, the applicant states that the above information is been truthfully completed to the best of the knowledge of the signers. Signers agree to operate this business cording to law and that the rights and responsibilities conferred by the license(s), if granted will not be igned to another. (Individual applicants and each member of a partnership must sign; corporate officer(s), mbers/managers of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed mise during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and bunds for revocation of this license.
SUI	BSCRIBED AND SWORN TO BEFORE ME:
this	Clerk Notary Public)  Officer of Corporation/Member/Manager of LLC/Partner/Individual)  (Officer of Corporation/Member/Manager of LLC/Partner/Individual)
Μv	commission expires 7/24/1/
.,	(Officer of Corporation/Member/Manager of LLC/Partner/Individual)

If you have any questions, please contact the City Clerk's Office at (608) 266-4601.

## PLANS SUBMITTED TO CITY OF MADISON BUILDING INSPECTION

## NOTES:

- CEILING HEIGHT IS 10' 0' TO GRID UNLESS OTHERWISE NOTED
- ALL CORRIDOR SEPARATION WALLS TO BE 3-5/8' MTL STUDE W/ 2 LAY 5/8' GYP BD BOTH SIDES
- ALL OTHER WALLS 3-5/8 MTL STUDS W/ 5/8' GYP BD BOTH SIDES
- EXISTING 2 × 2 ACOUSTICAL TILE AND FLORESCENTS WILL BE USED THROUGHOUT, WITH THE EXCEPTION IMPROCESSION, WITH THE EXCEPTION IN THE KITCHEN (VINYL) OR DAMAGED TILES THAT NEED TO BE REPLACED
- FLORESCENT LAMPS AND CEILING GRID TO BE VERFIED BY CONTRACTOR IN FIELD.

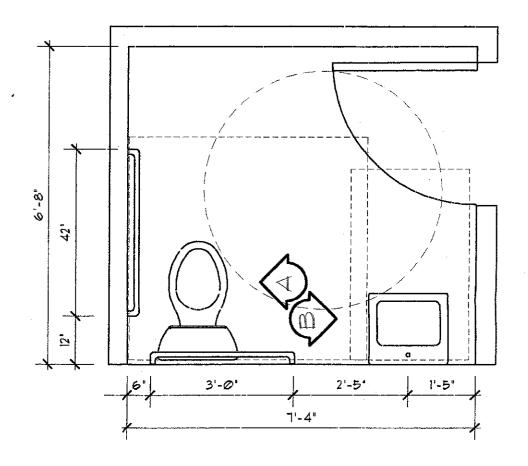
BOILER A KITCHEN PREP ENTRANCE KITCHEN SUPPORT DELIVERY PHONES/ COMPUTER WINE/BEER BAR FOOD PICK-UP

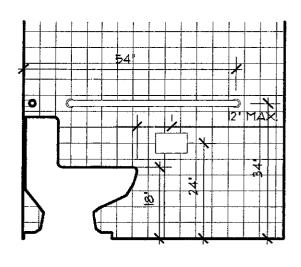
Kavanaugh Restaurant Supply, Inc. 2920 Bryant Road Madison, WI 53713 608-271-8514

SEVERN ENGINEERING Structured Engineering . Building Design . Contract Administration 5944 SEMINOLE CENTRE CT. SUITE 'D' • MADISON, WI 53711 PHONE (608) 270 - 0083

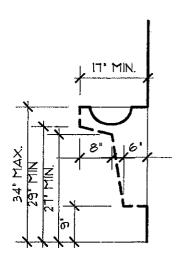
STREET Z

4 WEST GILMAN STREET









B ADA LAV CLEARANCES

TYPICAL A.D.A. ACCESSIBLE TOILET RM. DETAILS