

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning _____ 20____ ;
ending June 30 2008

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): BOJ LLC

Applicant's Wisconsin Seller's Permit Number: <u>004-0083371556001</u>	
Federal Employer Identification Number (FEIN): <u>26-0390879</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 type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$
TOTAL FEE	\$

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 <u>(Member)</u>	<u>Joshua Basinger</u>	<u>515 N. Lake St. 5C</u>	<u>53703</u>
Vice President/Member	<u>Brian Plotkin</u>	<u>515 N. Lake St. 5C</u>	<u>53702</u>
Secretary <u>(Member)</u>	<u>Steve Fiala</u>	<u>2401 Windward Blvd #206</u>	<u>Champaign IL 61821</u>
Treasurer/Member			
Agent <u>▶</u>	<u>Joshua Basinger</u>	<u>515 N. Lake St. 5C</u>	<u>53703</u>
Directors/Managers			

3. Trade Name ▶ D.P. Dough Business Phone Number 608-259-9663
4. Address of Premises ▶ 244 W. Gilman Post Office & Zip Code ▶ 53703

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 Wisconsin and date July/07 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) 800 sqft dinner area, sidewalk cafe, Dry storage in basement, walk in Ref. Agent
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 26 day of Dec., 2007

[Signature]
(Clerk/Notary Public)

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

(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

My commission expires 7/24/11

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>12-28-07</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued <u>79899</u>	

08686

City of Madison Liquor/Beer Original Supplemental Form

Office Use Only

- | | |
|---|--|
| <input checked="" type="checkbox"/> Seller's Permit Number
<input checked="" type="checkbox"/> Federal Employer Identification Number
<input type="checkbox"/> Notarized Original Application Form (AT-106)
<input checked="" type="checkbox"/> Notarized Supplemental Form
<input checked="" type="checkbox"/> Description of Licensed Premise
<input checked="" type="checkbox"/> Notarized Auxiliary Questionnaire(s) (AT-103)
<input checked="" type="checkbox"/> Background Investigation Form(s)
<input checked="" type="checkbox"/> Floor Plans | <input type="checkbox"/> Lease
<input checked="" type="checkbox"/> Notarized Transfer of Ownership Letter
<input checked="" type="checkbox"/> *Schedule of Appointment of Agent (AT-104)
<input checked="" type="checkbox"/> *Notarized Agent Appointment/Acceptance Form
<input checked="" type="checkbox"/> *Articles of Incorporation/ Organization
<input type="checkbox"/> Sample Menu, if possible <i>N/A</i>
<input checked="" type="checkbox"/> Business Plan, if one exists
* Forms required of Corporation/LLC only |
|---|--|

- ✓ All applicants must provide an adequate premise plan that includes exterior and interior dimensions, position of stairs and all entrances and exits, normal and customary use of each room, placement of major appliances, furniture and large gaming tables, placement and dimensions of all bar(s), and graphic representation of the normal position of booths, bar stools, tables and chairs. **Premise plans must be no larger than 8 ½ x 14.**
- ✓ New structures must submit to Building Inspection two sets of plans, signed and sealed by a registered architect or engineer.
- ✓ **Applicant/partners/Liquor Agent must be enrolled in or have completed the Beverage Server Training course before appearing before the Alcohol License Review Committee.**

Prior to your hearing before the Alcohol License Review Committee (ALRC), you must contact the Alderperson of the District in which you intend to do business, the representative of the appropriate neighborhood association (if any), the Madison Police Department, and the Alcohol Policy Coordinator.

- Alderperson Eli Judge can be reached at 322-6358 at the Common Council Office (266-4071), or via e-mail at council@cityofmadison.com.
- The name of the neighborhood association representative can be obtained by calling the Planning and Development Department at 266-4635 or online at www.ci.madison.wi.us/neighborhoods/contacts.htm.
- Police Department Central District Captain Mary Schauf (Sector 400) can be reached at 266-4316.
- Police Department East District Captain Jill Klubertanz (Sector 600) can be reached at 267-2100.
- Police Department North District Captain Richard Bach (Sector 500) can be reached at 245-3652.
- Police Department West District Captain Jay Lengfeld (Sectors 100-200) can be reached at 288-6152.
- Police Department South District Captain James Wheeler (Sector 300) can be reached at 267-8687.
- Alcohol Policy Coordinator Katherine Plominowski 266-4661 can be reached at 264-9295.

1. 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

2. Are there any special conditions desired by the neighborhood? Yes No

Explain. _____

3. Name of Applicant/Partner/Corporation/LLC BOJ LLC

4. Telephone Number: 608-259-9663

5. Address of Licensed Premise 244 W. Gilman

6. Anticipated opening date: Oct 20, 2007 - licensed for food

7. Mailing address if not opening immediately _____

8. What type of establishment is contemplated? Tavern Nightclub Restaurant
 Liquor Store Grocery Store Convenience Store - Gas Pumps Yes No
 Other Please explain _____

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/Delivery

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 area. About 600 sqft of Dining and another 600 sqft (not including in 1800sqft) of Storage we have a 5 seated bar/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 bar/food service area and sidewalk cafe area (4 tables)

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

13. Describe your management experience, staffing levels, duties and employee training

owner of the store - Managed a DP DOUTH in Champaign IL. about 30 employees and all employees who would serve the 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

Name
515 N. Lake St. SC Madison WI 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? Calzones, cheese bread, chicken wing & tenders

17. Indicate any other product/service offered: _____

18. Describe your target market. College to early thirties

19. What is your estimated capacity? 50 ppl

20. Are you operating under a lease or franchise agreement? Yes No (If yes, attach a copy)

21. Owner of building where establishment is located: Steve Brown
Address of Owner: 120 W. Gorham Phone Number 255-7100

SA Individual or Partnership: Have individual/partners completed the Beverage Server Training Course? Yes No If Yes, indicate names: _____

License cannot be issued until proof of Beverage Server Training completion is shown.

23. Corporation/LLC: Will liquor/beer agent be a Wisconsin resident at the time of granting? Yes No

24. Corporation/LLC: Agent must disclose interest held in business: 50 %

25. Corporation/LLC: Has agent completed the Beverage Server Training Course? Yes No *will complete in January*

License cannot be issued until proof of Beverage Server Training completion is shown.

26. Corporation/LLC: List Directors, Stockholders, and Managers below.

Director(s) Name	Home Address
Joshua Basinger	515 N. Lake St SC Madison
Brian Plotkin	515 N. Lake St SC Madison
Steve Fiala	2461 Winward Blvd Apt 206 Champaign IL 61821

Stockholder's Name	Address	Extent of Ownership%

Manager's Name	Address	Business Phone	Home Phone

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? Yes No
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	10	%
Percent Gross Receipts from Food	90	%
Percent Gross Receipts from Other	-	%
Total Gross Receipts	100	%

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.

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? 0

33. What hours, if any, will food service not be available? 0

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

We plan to advertise using coupons for catzones/cookies.

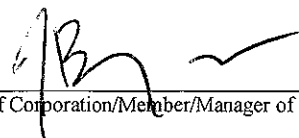
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this 26 day of Dec., 2007


(Clerk/Notary Public)

My commission expires 7/24/11


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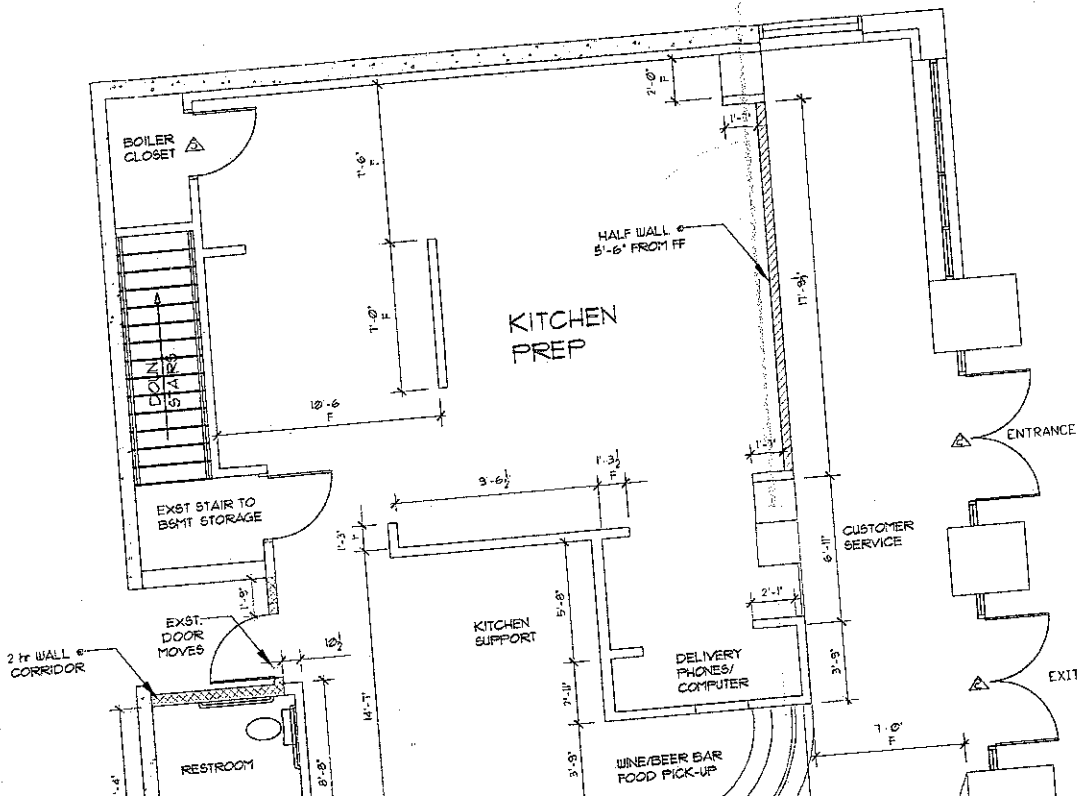
(Officer of Corporation/Member/Manager of LLC/Partner/Individual)

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:

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

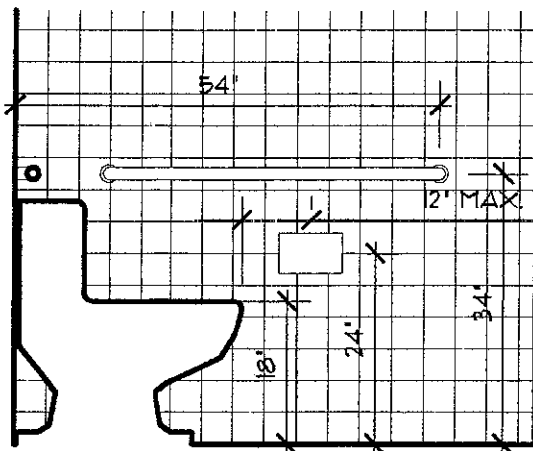
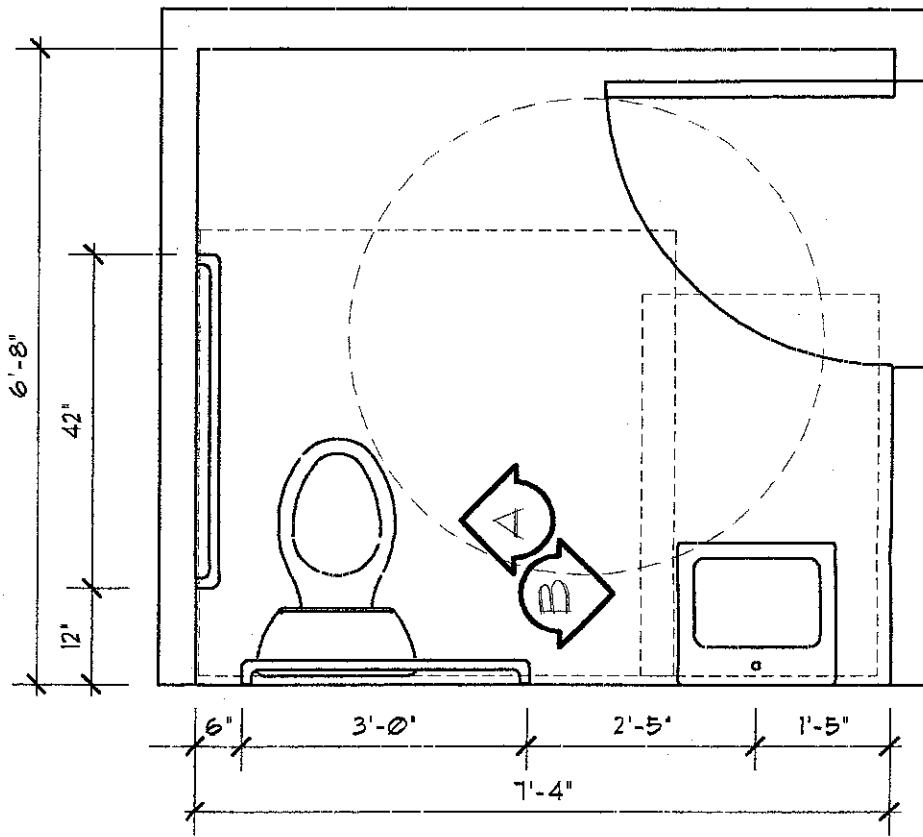


Kavanaugh Restaurant Supply, Inc.
2920 Bryant Road Madison, WI 53713 608-271-8504

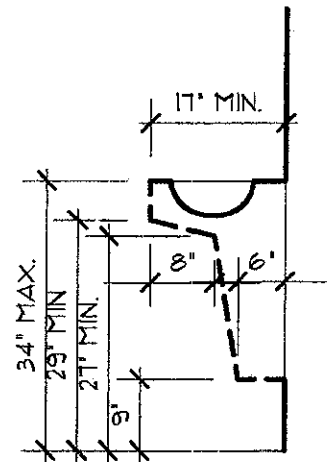
SEVERN ENGINEERING
Structural Engineering • Building Design • Contract Administration
5944 SEMINOLE CENTRE CT. SUITE 10 • MADISON, WI 53711
PHONE (608) 270 - 0088 • FAX (608) 270-0084

4 WEST GILMAN STREET

LAN
STREET
SCONSIN



A TOILET ROOM WALL ELEVATION



B ADA LAV CLEARANCES

1 TYPICAL A.D.A. ACCESSIBLE TOILET RM. DETAILS
 $\frac{1}{2}" = 1'-0"$