

004-0002747900

RETAIL LICENSE TRANSFER - PREMISES TO PREMISES  
Wisconsin Department of Revenue

FEE \$ 30<sup>00</sup>

APPLICATION FOR TRANSFER OF LICENSES FOR SALE OF FERMENTED MALT BEVERAGES  
AND/OR INTOXICATING LIQUOR FROM ONE PREMISES TO ANOTHER

MADISON, Wisconsin

MAY 5, 2008

To the governing body of the (City) (Village) (Town) of MADISON

County of DAVE Wisconsin.

The undersigned hereby applies for a transfer of Class B license from 3 UNIVERSITY  
sq Madison 53715 (present location) to 328 ~~315~~ W. GORHAM ST (proposed location)  
on or about AUG 2008 (date)

1. APPLICANT: (print name and address plainly)

(a) Full name of applicant TED GERVASI BAT, INC

(b) Address 5754 Modernway St. MADISON, WI 53711

2. LOCATION AND DESCRIPTION OF PREMISES TO WHICH APPLICATION FOR TRANSFER IS MADE:  
Describe building or buildings where alcohol beverages are to be sold, served and stored.

(a) Street number 315 W. GORHAM ST

(b) Trade name of establishment MADHATTER

(c) Physical description of building, buildings and/or land area comprising licensed premises.  
3 story building on corner of beam st and gorham st  
take up to occupy 1/2 of 1st floor and the vacant  
2nd floor

(d) Legal description (omit if street address is given above.) 315 W. Gorham St

(e) Is any other business conducted on same premises?  Yes  No If so, what?  
Silver mine sub shoppe on 1st floor, Badger Herald on 3rd

(f) Was this location licensed for beer or liquor during the past year?  Yes  No

(g) Give name and address of previous licensee. BAT inc dba Madhatter  
at 3 UNIVERSITY sq MADISON 53715

(h) Will the previous licensee surrender its license?  Yes  No No license at  
this address

10325

ALL APPLICANTS FOR TRANSFER OF CLASS B LICENSES MUST ANSWER THE FOLLOWING:

3. If granted, state any interest, directly or indirectly, that any brewer, bottler, wholesaler, manufacturer, or rectifier will hold in the premises for which you are applying

0%

4. If you do not own the fixtures, state the manner, terms and conditions under which said fixtures are held

do not hold any

*[Signature]*  
(Signature)

State of Wisconsin

County of

} ss.

(I) (We), City Clerk's Office and \_\_\_\_\_  
being first duly sworn on oath says that (he/she is) (they are) the person(s) above named and that the answers to the questions in each instance are complete and true.

*[Signature]*

Subscribed and sworn to before me this

5 day of May, 20 08  
*[Signature]*

Notary Public, Dene County, Wis.

My Commission Expires 8-30-2009

CLASS OF BUSINESS

Class B Combination Liquor + Beer

Name BAT Inc

Original Location 3 University Sq

Ward -

Proposed Location 328 W. Garbana St

Ward \_\_\_\_\_

License No. 80133

Treasurer's Receipt No. \_\_\_\_\_

Filed 5-5-2008

Submitted to Council or Board

ALRC: May 21, 2008, Council: 6-3-2008

Approved \_\_\_\_\_ Date \_\_\_\_\_

Denied \_\_\_\_\_ Date \_\_\_\_\_

## City of Madison Supplemental Class B License Application

<input type="checkbox"/> Seller's Permit Number <input type="checkbox"/> Federal Employer Identification Number <input type="checkbox"/> Notarized Original Application Form <input type="checkbox"/> Notarized Supplemental Form	<input type="checkbox"/> Description of Licensed Premise <input type="checkbox"/> *Notarized Appointment of Agent <input type="checkbox"/> Background Investigation Form(s) <input type="checkbox"/> Notarized Transfer of Ownership <input type="checkbox"/> *Articles of Incorporation	<input type="checkbox"/> Floor Plans <input type="checkbox"/> Lease <input type="checkbox"/> Sample Menu <input type="checkbox"/> Business Plan * Corporation/LLC only
--	--	--

1. Name of Applicant/Partner/Corporation/LLC BAT INC
2. Address of Licensed Premise 328 Gorham St 53703
3. Telephone Number: 608 274 6258 4. Anticipated opening date: Aug 20 2008
5. Mailing address if not opening immediately 5754 Modernaire St Madison, WI 53711
6. 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
7. Are there any special conditions desired by the neighborhood?  Yes  No  
 Explain. \_\_\_\_\_
8. Business Description, including hours of operation: Open daily at 4pm M-Sat with food service and tavern
9. Do you plan to have live entertainment?  No  Yes—What kind? \_\_\_\_\_
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.**  
2 levels 1st floor 1200 square ft 2nd floor 2850 sq ft. small bar on 1st floor larger bar on 2nd floor cap. 200 seating includes tables and booth along with bar stools approx 28
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. no parking
13. Describe your management experience, staffing levels, duties and employee training  
have owned and operated a tavern in downtown madison since 1981 I've done all the hiring training and managemy
14. Identify the **registered agent** for your Corporation or LLC. This is your corporation's agent for service of process, notice or demand required or permitted by law to be served on the corporation.  
TED GERIASI 5754 Modernaire St MADISON, 53711  
 Name Address

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

Downtown residents, students, Kohl Center attendees

16. What age range would you hope to attract to your establishment? 21-31

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

Event planning food + drink specials

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

19. Owner of building where establishment is located: BARRY BERMAN

Address of Owner: 2947 University Ave S3705 Phone Number 209-0860

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

Name Address

Name Address

Name Address

22. List the Stockholders of your Corporation/LLC

TED GERIASI 5954 Madeline Madison S3711 100  
Name Address % of Ownership

Name Address % of Ownership

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? FOOD FOR KOHL CENTER EVENTS

Breakfast  Lunch  Dinner

+ FOOTBALL GAMES

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? KOHL CENTER EVENTS +

FOOTBALL GAMES

27. What hours, if any, will food service not be available? NON-KOHL CENTER EVENTS
28. Indicate any other product/service offered N/A
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? 25 parttime  
During what hours do you anticipate they will be on duty? 4-clos Mon-SAT
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? 36  
How many bartenders do you anticipate you would have working at one time on a busy night? 4
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? \_\_\_\_\_
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?  
5%
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? 10%  
What percentage of your advertising budget do you anticipate will be drink related? 90%
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? 200

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.

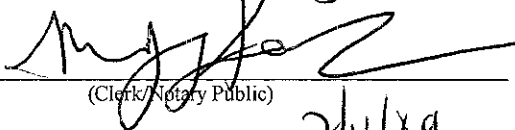
<b>Gross Receipts from Alcoholic Beverages</b>	95%
<b>Gross Receipts from Food and Non-Alcoholic Beverages</b>	5%
<b>Gross Receipts from Other</b>	-%
<b>Total Gross Receipts</b>	<b>100%</b>

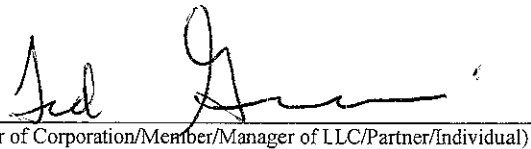
44. Do you have written records to document the percentages shown?  Yes  No  
You may be required to submit documentation verifying the percentages you've indicated.

**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 5th day of MAY, 2008

  
(Clerk/Notary Public)

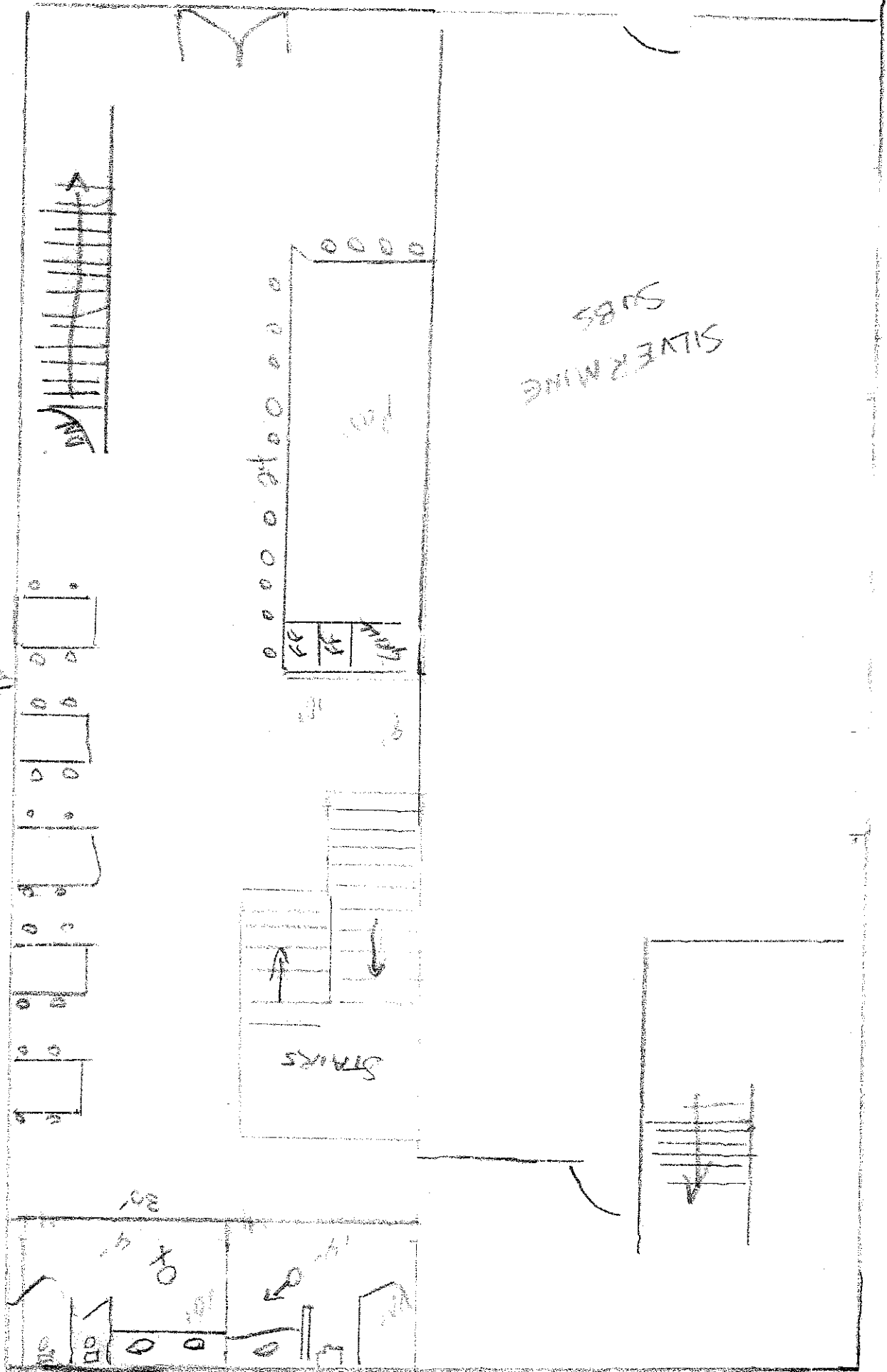
  
(Officer of Corporation/Member/Manager of LLC/Partner/Individual)

My commission expires 2/11/09

328 ~~328~~ W. Gorkham St

MADHATTER

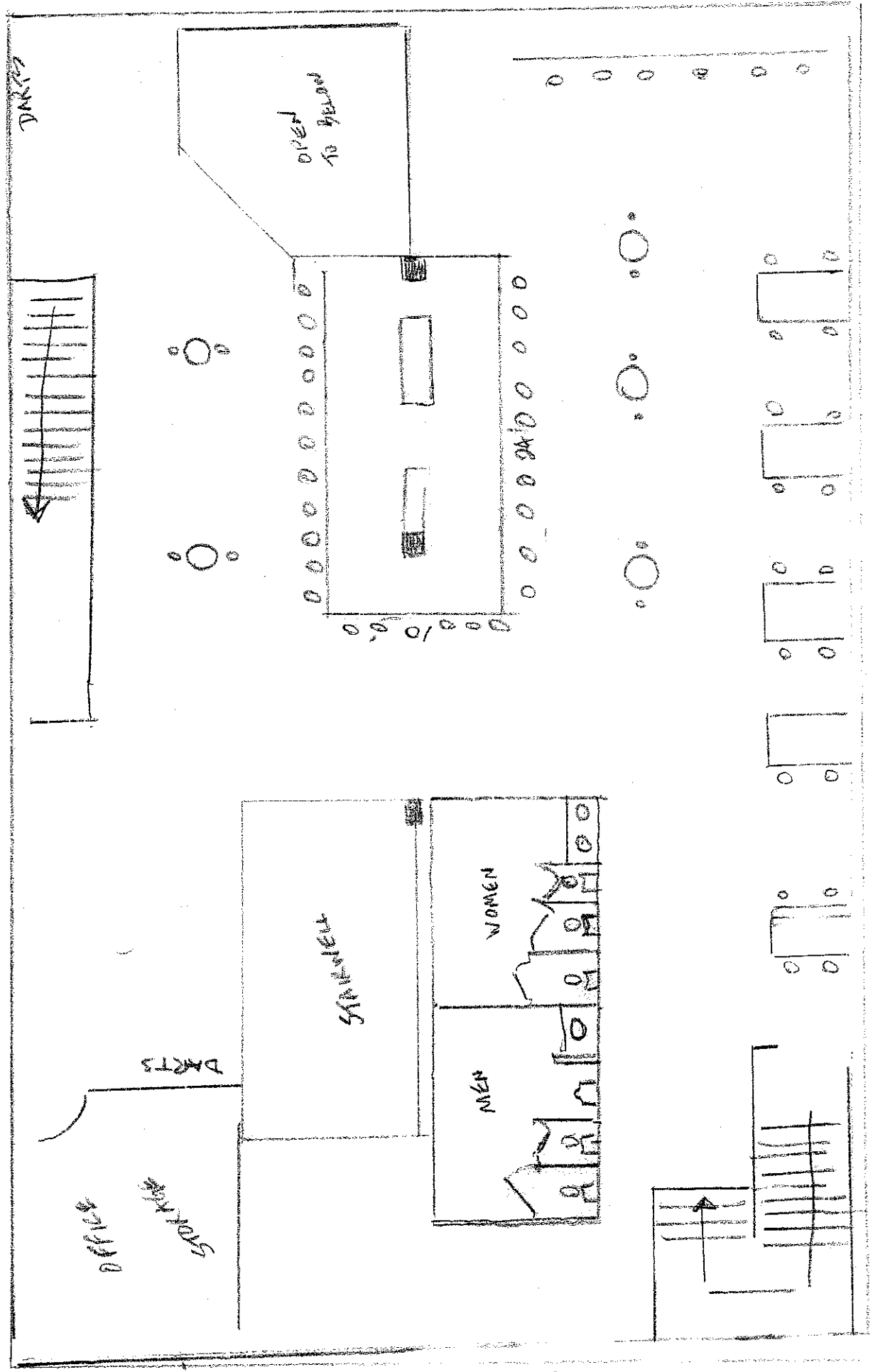
# FIRST FLOOR PLAN



Room

315 W. Gorman St.  
2nd Floor Plan

167  
LW 44205



167  
BL 200 A



**B.A.T., INC.**  
**MADHATTERS**  
**Business Plan**  
**May 19, 2008**

1. *Executive and Company Summary*

Madhatters has been locally-owned and operated since 1986. It previously resided in 3 University Square until the building's destruction in May, 2006. Ted Gervasi, owner and general manager of Madhatters has held a liquor license since 1981.

*Objectives*

- Provide a safe and friendly environment for our clientele
- Open at 4:00 p.m. for food service Monday through Saturday

*Keys to Success*

- Strong management and staff: major investment on training and supervision of employees

2. *Services*

- Open daily at 4:00 p.m. Monday-Saturday
- Full bar service
- Private parties

3. *Management Summary*

- Owner(s) will have an active role in supervision and surveillance of Madhatters' staff and facilities.
- Madhatters will have a General Manager in charge of scheduling, inventory, payroll, and staff training
- After staff probationary period some staff members may be promoted and receive extra responsibilities including supervision and shift management responsibilities.

4. *Mission*

Madhatters will provide State Street and the community with a long lasting, locally-owned business that will attract a variety of clientele with its' affordable menu and excellent service