

# ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning July 1, 20 09 ;  
ending June 30, 20 10

Applicant's Wisconsin Seller's Permit Number:	
Federal Employer Identification Number (FEIN):	
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 checked="" type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$
<b>TOTAL FEE</b>	<b>\$ 20-</b>

TO THE GOVERNING BODY of the:  Town of }  
 Village of } MADISON  
 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):  
CAPITOL HOSPITALITY, LLC DBA SPRECHER'S

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/Member	<u>MANAGING MEMBER - KEVIN S. LEIDER</u>	<u>7203 STONEWOOD CT. MADISON, WIS.</u>	
Vice President/Member	<u>MEMBER - FELIX B. RICHARDS</u>	<u>4565 HUNTER CT. MADISON, WIS. 53562</u>	
Secretary/Member	<u>MEMBER - ALFONSO TEUSCHER</u>	<u>3856 CARIBBEAN, VERONA, WI 53593</u>	
Treasurer/Member			
Agent ▶	<u>SUSAN GETZEL</u>	<u>51756 STEVENS COURT, WISCONSIN, WI, 53965</u>	

3 Trade Name ▶ CAPITOL HOSPITALITY, LLC DBA SPRECHER'S Business Phone Number (608) 287-0267  
4 Address of Premises ▶ 1262 JOAN W. HAMMONS DRIVE Post Office & Zip Code ▶ 53717

- 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? SEVERAL LICENSED EMPLOYEES  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 8/25/09 of registration  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 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) BACK LOCKED STORAGE ROOM / LOCKED WALK-IN COOLER

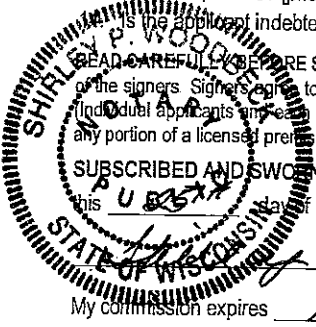
- 10 Legal description (omit if street address is given above): \_\_\_\_\_
- 11 (a) Was this premises licensed for the sale of liquor or beer during the past license year?  Yes  No  
(b) If yes, under what name was license issued? OUT RESTAURANT & NIGHT CLUB / FORMERLY HANLHAN'S
- 12 Does the applicant 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

Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

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. 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 25th day of AUGUST, 20 09  
P. Hoodbeck  
(Clerk/Notary Public)  
My commission expires 10-31-2012

Kevin S. Leider  
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)  
Kevin S. Leider  
(Officer of Corporation/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	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
<u>8/25/09</u>			
Date license granted	Date license issued	License number issued	

11:30a

# City of Madison Supplemental Class B License Application

<input type="checkbox"/> Seller's Permit Number <input type="checkbox"/> Federal Employer Identification # <input checked="" type="checkbox"/> Notarized Original Application Form <input checked="" type="checkbox"/> Notarized Supplemental Form <input type="checkbox"/> Orange Sign (Clerk's Office provides at time of application)	<input checked="" type="checkbox"/> Written Description of Premise <input checked="" type="checkbox"/> Background Investigation Form(s) <input type="checkbox"/> Notarized Transfer of Ownership <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 <input checked="" type="checkbox"/> Business Plan
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(SPEECHER'S)

1. Name of Applicant/Partner/Corporation/LLC CAPITOL HOSPITALITY, LLC
2. Address of Licensed Premise 1262 JOHN Q. HAMMONS DRIVE MADISON
3. Telephone Number: (608) 287-0267
4. Anticipated opening date: 10/07/2009
5. Mailing address if not opening immediately 90 CAPITOL REAL ESTATE P.O. BOX 44507  
MANAGEMENT CO. MADISON, WISCONSIN
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 53744
7. Are there any special conditions desired by the neighborhood?  Yes  No  
 Explain. ALREADY MET WITH GALAMAS CO. / GOING TO OLD SARK TRAILS
8. Business Description, including hours of operation: FULL RESTAURANT, BAR, & BOARD  
GIFT SHOP OPERATIONS / OPEN 7 DAYS WEEK, LUNCH M-F, DINNER M-S  
SUNDAY BRUNCH
9. Do you plan to have live entertainment?  No  Yes—What kind? LOCAL ARTISTS / MUSICIANS
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. (CAPITOL CUISINE)  
FORMER HOUULIHAN'S RESTAURANT LOCATION FOR 12 YEARS, WE ↑ LLC  
WERE THE PAST OPERATORS AND ARE THE BUILDING OWNER ALSO.  
RESTAURANT SEATING TABLES/BOOTHS CAPACITY IS WITH PATIOS.  
BAR SIZE IS APPROXIMATELY 900 SQ. FT. W/BOOTHS / WAS JUST RECENTLY  
W/OUT A RESTAURANT
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. CAMERA / DVR MONITORED  
WELL HIT PARKING LOT, STAFF / MANAGEMENT, ALSO USE MPT  
SECURITY CO.
13. Describe your management experience, staffing levels, duties and employee training.  
GENERAL MANAGER - 25+ YEARS MANAGING  
RESTAURANTS / BOTH HAVE MANY YEARS OF HIRING, TRAINING, & STAFFING EXP.  
MANAGING PARTNER KEVIN LEDERER 15+ YEARS (CURRENTLY OWN 25 COMPANIES)
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.  
KEVIN S. LEDERER

Name \_\_\_\_\_ Address \_\_\_\_\_

(WWW.CAPITOLREALESTATE.NET) L

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

FAMILIES / 25-60 (AGES) + Young PROFESSIONALS

16. What age range would you hope to attract to your establishment? 1 - 70+ years old

FULL RANGE OF FOODS BEER SOBA

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

Billboards Internet Channel N.W. NEWS/MAGS. CHANNEL 15 } ADVERTISING  
NEW PUB & GRILL WITH THE SPECTER BREWERY NAME. } SPECTER  
 } CONCEPT

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

LICENSING AGREEMENT W/ SPECTER

19. Owner of building where establishment is located: US / CAPITOL CUISINE, LLC

Address of Owner: c/o CAPITAL REAL ESTATE MANAGEMENT CO. P.O. BOX 44507 Phone Number (608) 289-0267

MADISON, WISCONSIN 53744

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 N/A

21. List the Directors of your Corporation/LLC

KEVIN S. LEDERER 7203 STONEWOOD COURT, MIDDLETON, WIS. 53562  
Name Address

FELIX B. RICHBELS 4565 HACKBERRY COURT, MIDDLETON, WIS. 53562  
Name Address

Name Address

22. List the Stockholders of your Corporation/LLC

KEVIN S. LEDERER 7203 STONEWOOD CT., MIDDLETON, WIS. 53562 35%  
Name Address % of Ownership

FELIX B. RICHBELS 4565 HACKBERRY COURT, MIDDLETON, WIS. 3.5%  
Name Address % of Ownership

AFFLEDO TEUSCHER 3856 CARABORDEL VERONA, WIS. 10%  
Name Address % of Ownership

(PENDING) 20% % of Ownership

23. What type of establishment are you? (Check all that apply)  Tavern  Nightclub  Restaurant  BAR

Other Please Explain. CASUAL FAMILY DINING + (SPORTS) THEME

24. What type of food will you be serving, if any? WISCONSIN TYPE BASIC MENU

Breakfast  Lunch  Dinner

BRUNCH (SUNDAY) ONLY SANDWICHES / BURRITOS / PIZZA SALADS, ETC.

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? ALL HOURS OF OPERATION

(CHANGE TO LATER NIGHT MENU LATER P.M.)

27. What hours, if any, will food service not be available? NONE
28. Indicate any other product/service offered. SPEAKER BIFTWARE / GLASSWARE
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? 20-30  
 During what hours do you anticipate they will be on duty? 10:00 AM - 12:00 (mid.)
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? 25  
 How many bartenders do you anticipate you would have working at one time on a busy night? 3-4
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? AROUND 250
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?  
AROUND 35%
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? w/ SPEAKER NAME 50% +  
 What percentage of your advertising budget do you anticipate will be drink related? 20-30%  
(FOCUS ALSO ON SODA LINE)
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? 318

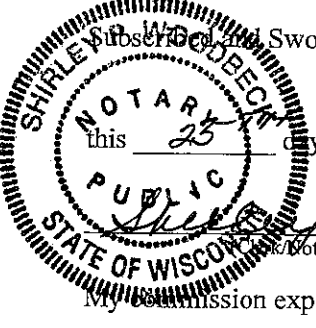
43. Pursuant to Chapter 23 of the Madison General Ordinances, all restaurants and taverns serving alcohol beverages shall substantiate their gross receipts for food and alcohol beverage sales broken down by percentage. For new establishments, the percentage will be an estimate.

Gross Receipts from Alcoholic Beverages	25-30%
Gross Receipts from Food and Non-Alcoholic Beverages	70%
Gross Receipts from Other	2-5% (CUTLERY, ETC., T-SHIRTS, GLASSWARE)
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.

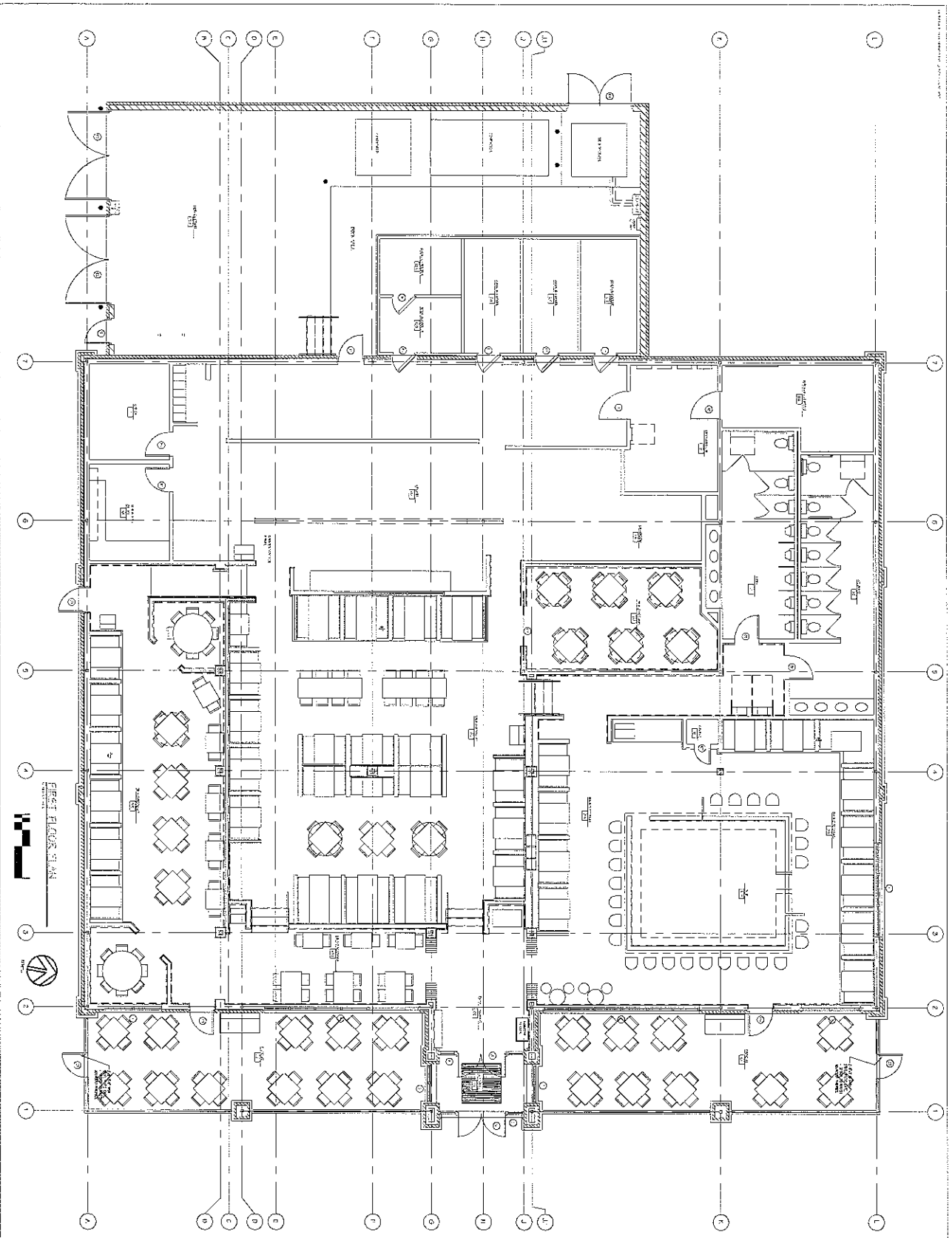
(TAKEN FROM OTHER OWNED RESTAURANTS.)

**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 25 day of AUGUST, 2009  
Shirley Woodbeck  
(Notary Public)  
My commission expires 10-21-2012

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



PROJECT #	211		
DATE	1/12/11		
DESIGNER	3/27/11		
REVISIONS			
NO.	DATE	BY	DESCRIPTION
1	1/11/11	PL	REVISED PER COMMENTS
2	1/11/11	PL	REVISED PER COMMENTS
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**HOULHAN'S**  
 1787 2nd St. Stevens Point, WI 53470  
 (715) 841-1111

**COPA RESTAURANTS LLC**  
 844 W. Main St. Stevens Point, WI 53470  
 (715) 841-1111

**PLANNING ASSOCIATES, INC.**  
 ARCHITECTURE/CONSTRUCTION DESIGN/BUILD  
 8025 EXCELSIOR DRIVE, MADISON, WI 53717-1900  
 PHONE (608) 838-8055 FAX (608) 838-5818

211

DATE: 1/11/11

PROJECT: 211

OWNER: COPA RESTAURANTS LLC

DESIGNER: PLANNING ASSOCIATES, INC.

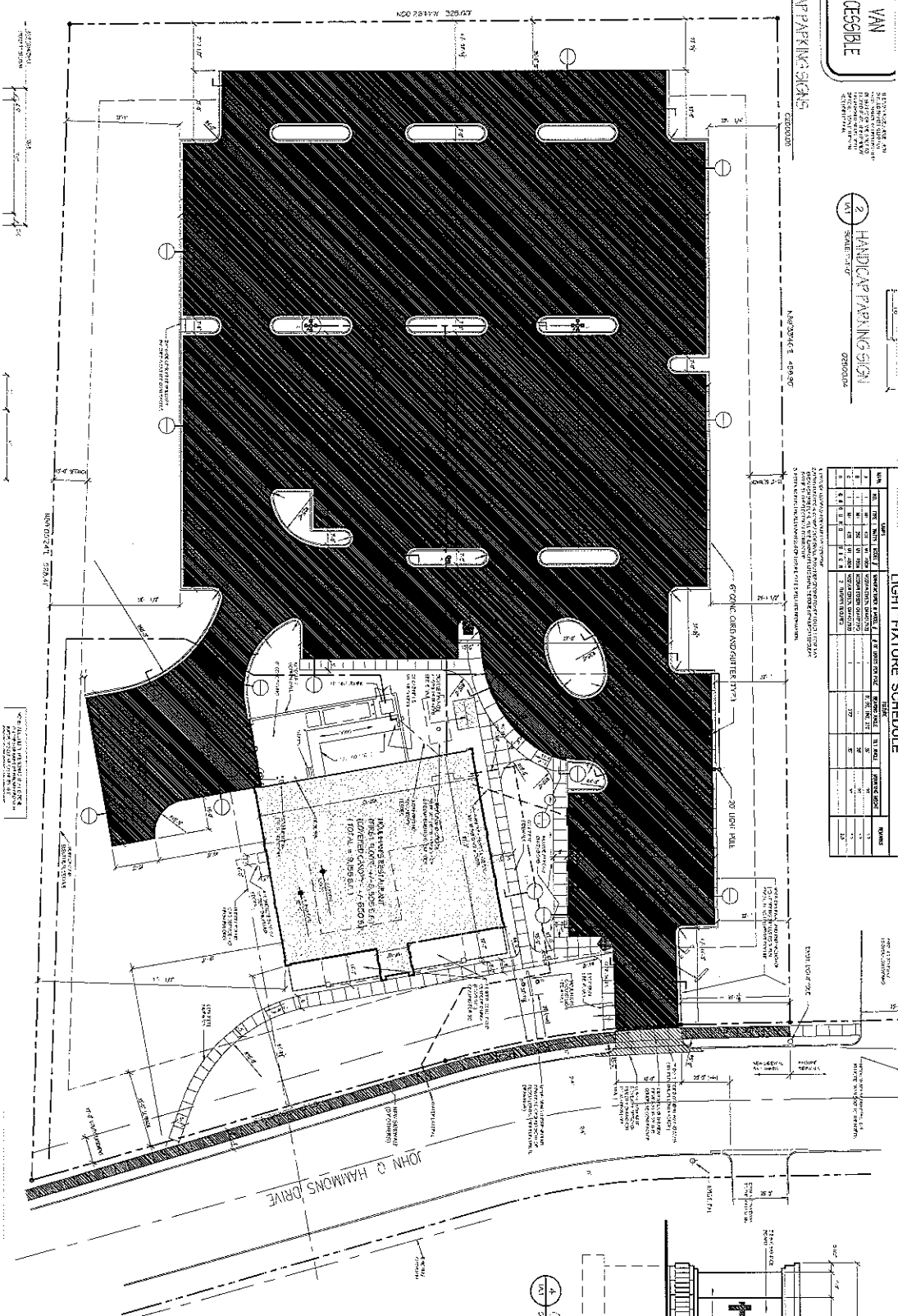
SCALE: AS SHOWN

VAN  
ACCESSIBLE

HANDICAP PARKING SIGN  
OPTIONAL

**LIGHT FIXTURE SCHEDULE**

NO.	TYPE	DESCRIPTION	QTY	REMARKS
1	RECESSED	4" x 4" SQUARE	12	IN REAR OF RESTROOM
2	RECESSED	4" x 4" SQUARE	12	IN REAR OF RESTROOM
3	RECESSED	4" x 4" SQUARE	12	IN REAR OF RESTROOM
4	RECESSED	4" x 4" SQUARE	12	IN REAR OF RESTROOM
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11	RECESSED	4" x 4" SQUARE	12	IN REAR OF RESTROOM
12	RECESSED	4" x 4" SQUARE	12	IN REAR OF RESTROOM



SITE PLAN  
SCALE: 1/8" = 1'-0"



<p><b>A100</b></p>	<p><b>ICONICA</b> True Design-Build</p>	<p><b>CAPITOL BUSINESS DEVELOPMENT - SPRECHER RESTAURANT</b></p>
<p>PROJECT # 2008001 SHEET # 2008001-01</p>	<p>10000 10th Street, NW Washington, DC 20007 Tel: 202-462-1000 www.iconicad.com</p>	<p>DATE: 07.10.08 SCALE: 1/8" = 1'-0"</p>