Name of Corporation, Limited Liability Company, Individual Owner, Private Club or Partner(s)	Liquor/Beer Agent
RP'S PASTA COMPANY	PETER ROBERTSON
Mailing Address	Liquor/Beer Agent Address
1133 BAST WILSON 95	1173 FART WILSON 87
City/State/Zip Code	Liquor/Beer City/State/Zip Code
MARISON WI 5>703	MADSON WI 53703
Name of Registered Agent or General Partner	Local Contact Person Phone Number
PETER ROSELTSON	PETER RABBUTION 6082577216
Trade Name	Estimated Opening Date
PP's PATAS Couppy	0/1/0G
Business Address	Signature of Owner/Operator
1133 EAST WASON TO	Mu

Private Club? Yes No

License Description	Туре	Fee	Number
Class B Beer	102	\$20- Publication fee	74910
Class C Wine	106	\$20 - Publication	74911
		fee	
Pre-Inspection & License Fees Non-Refundable	TOTAL	\$	

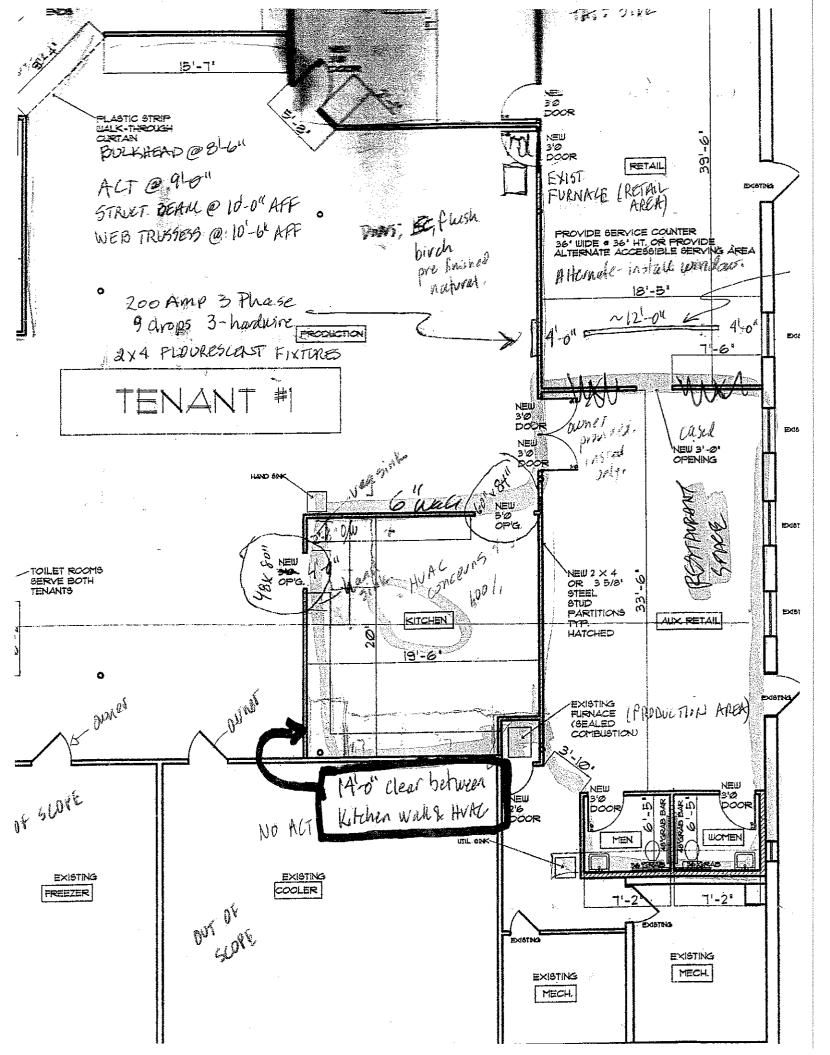
IT IS MANDATORY THAT ALL APPLICABLE INFORMATION BE COMPLETED. INACCURATE INFORMATION MAY RESULT IN SUSPENSION OR REVOCATION OF LICENSE.

* July 19 ALRC *

Notice of License Application for July 19 ALRC

		Office Use Only	
图目	Transfe	plication r of Ownership Application r of Location Application	Date (0-21-0(o
Inv	estigation a	by notified that the following application(s) land report back on approval or disapproval for the as required by Ordinance.	
То:	Ø	Assessor	Personal Property \$
	Ø	City Attorney (Pending Charges)Names of Previous License Holder	
		Building Inspection Zoning Classification Specify distance from schools, ch 300 feet	Date of Last Inspectionurches, libraries and hospitals if under
		Fire	Date of Last Inspection
	\boxtimes	Health	Date of Last Inspection
	凶	Police	
		Treasurer (Hotel/Motel or Bed & Breakfast	(Information Only)
		Accounting (Hotel/Motel or Bed & Breakfa	st)(Information Only)
	Ø	Alderperson Judy Olson	
	se return the Clerk's Of	his notice with any comments you might hav	ve regarding the above application to the
	Approved	☐ Disapproved	☐ No Recommendation
Con	iments:		
		Signature of I	Dept/Div Head or Auth Rep

The license period beginning ending we show a complete and supplementations of the state of the	Submit to municipal clerk.	Seller's Permit Number:	shied .	for	
The license period boginning ending lunes 30 20.77 THE GOVERNING BODY of the: Town of Town of Town of Town of Willage of		Federal Employer (dentitication)		59	2301
THE GOVERNING BODY of the: Village of Mad Lson Class A Body Village of Vi					
THE GOVERNING BODY of the: Village of Mad Lson Class A Body Village of Vi	ending June 30 20 0 7	TYPE		T	FEE
THE GOVERNING BODY of the Village of Vil	<u> </u>	Class A beer		\$	
Section Aldermanic Dist No		Class B beer		\$ /	ענ
Aldermanic Dist. No. (if required by ordinance) The named INDIVIDUAL PARTINERSHIP LIMITED LIABILITY COMPANY Glass & Rupor S The named INDIVIDUAL PARTINERSHIP LIMITED LIABILITY COMPANY Glass & Rupor S PRODUCTION OF COMPANY S Respect Class & Rupor S Respect Class & Rupor		Wholesale beer		\$	
The named INDIVIDUAL PARTNERSHIP LIMITED LIABRUTY COMPANY Reserver Class B liquor S Publication free S 2-6 Publication free Publication free S 2-6 Publication free	∑x City of J	Class C wine		\$ /	OU
The named NDIVIDUAL PARTINERSHIP LIMITED LIABILITY COMPANY Recomposition for the alcohol beverage iscarces (s) checked above Recomposition for the alcohol beverage iscarces (s) checked above Recomposition for the alcohol beverage iscarces (s) checked above Recomposition for the alcohol beverage iscarces (s) checked above Recomposition for the alcohol beverage iscarces (s) checked above Recomposition for the alcohol beverage iscarces (s) checked above Recomposition for the alcohol beverage iscarces (s) checked above Recomposition for the alcohol beverage iscarces (s) checked above Recomposition for the alcohol beverage iscarces (s) checked above Recomposition for the alcohol beverage iscarces (s) checked above Recomposition for the alcohol beverage iscarces (s) checked above Recomposition for the alcohol beverage related (s) and place of residence of each person. Recomposition for the alcohol beverage related (s) and place of residence of each person. Recomposition for the alcohol beverage related (s) and place of residence of each person. Recomposition for the alcohol beverage related (s) and place of recomposition for the responsibility company Recomposition for the responsibility company	inty of Dane Aldermanic Dist No (if required by ordinance)	Class A liquor		\$	
The name INDIVIDUAL PARTRESHIP	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Class B liquor		\$	
Petitionation for the alcohol beverage license(s) checked above Name (individual)partners give last name, first, middler, corporations/limited lability companies give registered name): } 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 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, this, and place of residence of each person. Title President/Member Scoretary/Member Scoretary/Member President/Member President/Member Scoretary/Member President/Member Scoretary/Member President/Member Pre	The named INDIVIDIAL PARTNERSHIP I LIMITED LIABILITY COMPANY	- 	uor	\$	
hereby makes application for the alcohol beverage license(s) checked above Name (individual)partiest give last name, first, middle: corporations/finited liability companies give registered name): } 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 offered for and gant of a corporation or nonprofit organization, and by each member financing and agent of a limited liability company. List the name, tile, and place of residence of each person. Name President/Member Petide Petide				\$ =	20
Name (individually partners give last name, first, middle, corporations/firnited liability companies give registered name): 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 efficer, director and agent of a corporation or nonprofit organization, and by each member manager and agent of a inimite liability company. List the name, the, and place of residence of each person. Home Address S Post Office & Zip Code POST TOP COMPANY FESTINAT PESSION 137 BAT DATTON ST NONLY ST Post Office & Zip Code POST TOP COMPANY Business Phone Number Trade Name PC S Individual, partners or agent of corporation/filmited liability company subject to completion of the responsible beverage server training course for this license period? Is individual, partners or agent of corporation/filmited liability company subject to completion of the responsible beverage server training course for this license period? Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Is the applicant and employe or agent of, or acting on behalf of anyone except the named applicant? Is the applicant and employe or agent of, or acting on behalf of anyone except the named applicant? Is the applicant and employe or agent of, or acting on behalf of anyone except the named applicant? Is the applicant and employe or agent of, or acting on behalf of anyone except the named applicant? Is the applicant and employe or agent of, or acting on behalf of anyone except the named applicant? Is the applicant and employe or agent of, or acting on behalf of anyone except the named applicant? Is the applicant and employe or agent of, or acting on behalf of anyone except the named applicant? Is the applicant and employe or agent of, or acting on behalf of anyone except the named applicant? Is the applicant and employe or agent of, or acting on behalf of anyone except the named applicant? Is th		TOTAL FEE		\$ 2	20
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Secretary/Member Agent PCHAR Replacion 107 BAT DATH 5T MMPLAN 57373 Directors/Managers Trade Name RP Dath Courable Business Phone Number 6104 2.5 7 3216 Address of Premises 1/33 BAT MUSA 5T Post Office & Tip Code PADISON W 52 Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? See Server training course for this license period? Yes PNO Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes PNO Obes any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? Yes PNO Obes any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? Yes PNO Obes any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? Yes PNO Obes any other alcohol beverage are and other Yes PNO (I) Is applicant corporation/fimited liability company a subsidiary of any other corporation or limited liability company? Yes PNO (I) Does the comparation, or any officer, director, subchode or agent or inimed liability company? Yes PNO (IVOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above) Yes PNO (IVOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above) Yes PNO (IVOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 2 and 8 above) Yes PNO (IVOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above) Yes PNO (IVOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above) Yes PNO (IVOTE: All applicants explain fully on reverse side of this form every	partnership, and by each officer, director and agent of a corporation or nonprofit organization, and liability company. List the name, title, and place of residence of each person. Title Name Home A President/Member PESWAT PETEL ROBELTSON 1137 SAST NA	by each member/manageddress Property ST M	er and ag ost Office	ent of a	a limited
Treasure/Member Agent PEWER RUSSIAN 1137 BAST DAYTHOUSEN ST 1978 Directors/Managers Trade Name RPS DISTRECUTORY Business Phone Number Address of Premises 113 BAST ST 1978 Business Phone Number Code PROSECTION Post Office & Zip Code PROSECTION P		*****		*	
Agent PETRA R96215 m 113 FAMT DAY TIN 5.T MN015 m 5.7 3.216 Directors/Managers 173 FAMT DAY TIN 5.T DAY TIN 5.T DAY TIN 5.T DAY TIN DAY	•				
Directors/Managers Trade Name PC PASTAL CONTINUED Address of Premises 113 Seast MUS on 5T Post Office & Zip Code PASTAL VIII Address of Premises 113 Seast MUS on 5T Post Office & Zip Code PASTAL VIII Stein dividual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? Is the applicant an employee or agent of, or acting on behalf of anyone except the named applicant? Yes No		MADILIN	WI	577	743
Business Phone Number Address of Premises 113	Directors/Managers	1. 111 - 1. 70			
Address of Premises 1/3 1/		N. J. Baris	2-1	22/1	,
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Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? (a) Corporate/limited liability company applicants only: Insert state			≥		
(a) Corporate/limited liability company applicants only: Insert state			□ \	/es	[≯ ≎No
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? yes			. 🗌 Y	/es	∑ ⇒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? (WOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.) 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.) Support 15			on		
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City of Madison Liquor and/or Beer Original Supplemental Form

Office Us	se Only
☐ Seller's Permit Number ☐ Federal Employer Identification Number ☐ Motarized 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 Appointment of Agent Letter □ *Notarized Agent Authorization Letter □ *Articles of Incorporation/ Organization □ Sample Menu, if possible Orkling on □ Business Plan, if one exists
furniture and large gaming tables, placement and dim- normal position of booths, bar stools, tables and chair	mary use of each room, placement of major appliances, ensions of all bar(s), and graphic representation of the x Premise plans must be no larger than x 1/2 x 14.
✓ New structures must submit to Building Inspection to architect or engineer.	vo sets of plans, signed and sealed by a registered
✓ Applicant/partners/Liquor Agent must be enrolled course before appearing before the Alcohol Licens	
Prior to your hearing before the Alcoho you must contact the Alderperson of the District in of the appropriate neighborhood association (which you intend to do business, the representative
at the Common Council Office (266-4071), or via e-1	can be reached at, mail at council@cityofmadison.com.
The name of the neighborhood association representate Development Department at 266-4635 or online at w	
☐ The Police Department Liaison, Sergeant Emil Quast	, can be reached at 266-4451.
1. Have you contacted the Alderperson, Police Department representative for the area in which you intend to local	
2. Are there any special conditions desired by the neighb	oorhood? 🗆 Yes 👺 No
Explain	
3. Name of Applicant/Partner/Corporation/LLC	
4. Telephone Number: 608 257 7216	
5 Address of Licensed Premise 1133 E W	ILSON ST MADISON WI 53703
6 Anticipated opening date: 7/15/06	
7. Mailing address if not opening immediately	

8. What type of establishment is contemplated? \Box	Tavern [Nightclub	Restauran	t
☐ Liquor Store ☐ Grocery Store ☐	Convenience St	ore – Gas Pumps	□ Yes □ No	☐ Other
Please explain				
				• • • • • • • • • • • • • • • • • • •
9. Business Description, including hours of operation				
PASTA REST. MON - FRI 11:3	OH- Z M	AND FRA	1047 N154	<u> </u>
No entertainment				
10. Describe building in detail, including overall din	nensions, seating	arrangements, cap	acity, bar size	and all
areas where alcohol beverages are to be sold and			7 '	
be expanded or changed without the approval				
BIBLE IN IS IL WIND ETTE W/ M	OST ENR B	ASTA DENOUCTED	<i>7</i> N	<u> </u>
Capacity-45, no bar	800 FT2	NO BAR	12-3X	3 Tables
Coorcity-45, no bor	walk in	rader on 15	Toor	
				- -
11 Are any living quarters directly or indirectly according				s No
Alcohol may be sold and stored only on the licer	nsed premise; no	t in living quarters.		
12. Describe existing parking and how parking lot is	s to be monitored	PARKING	LOT AD	MEENT
12. Describe existing parking and how parking lot is	5 (1 Hx	MDICAPED)		· · · · · · · · · · · · · · · · · · ·
		,		~
13 Describe your management experience, staffing				
BUSINERS OWHER FOR 11	18225 / 10	EMPLOYER.	1 / Nors	<u> 170 </u>
HILL FOR FLST.				
14. Identify the registered agent for your Corporation	on or LLC. This	s is not necessarily	the same pers	on as your
liquor/beer agent. This is your corporation's age				
permitted by law to be served on the corporation				
political sy tan to so perved on the corporation	Name	To super (see		· ····
1133 GAST WILSON ST	MA9150-	V	<u>T</u>	57703
Address	City		State	Zip
15. Excluding pre-packaged snacks, how late will fo	and ha settled?	FR 10-3	a	
15. Excluding pre-packaged shacks, now late will lo	out be serveu: _	71-1 10:2		
16. What type of food will you be serving, if any? _	Bowls	OF PASTA		
17 Indicate any other are dust/service offered.				
17 Indicate any other product/service offered:				
18. Describe your target market. ————————————————————————————————————	General	population		. ,
] •		

19. Describe how you plan to	advertise/promote your b	isiness word of Mrv	TH + FLYBRS
20. What is your estimated cap	pacity? 42	·	
21. Are you operating under a	lease or franchise agreen	nent? If yes, a	attach a copy.)
22. Owner of building where e	stablishment is located:	BOS SHEPHERD	
Address of Owner: 1398	WILLIAMSON ST MAD	Phone Phone	Number <u>257</u> 1630
23. Individual or Partnership or			
Course? Yes No	If Yes, indicate names: _		
License cannot be issued	until proof of Beverage	Server Training completion i	is shown.
24 Corporation/LLC only: Wi	ll liquor/beer agent be a V	Visconsin resident at the time (of granting? ≱Yes □ No
- "		,	
25. Corporation/LLC only: Ag	ent must disclose interest	held in business:	6
26. Corporation/LLC only: Has	s agent completed the Ber	verage Server Training Course	? Yes @No schoolube
License cannot be issued	until proof of Beverage	Server Training completion	is shown.
27 Corporation/LLC only: Lis	st Directors, Stockholders	, and Managers below	
27 Corporation/LLC only: Lis Director(s		, and Managers below Home A	Address
) Name		
Director(s) Name	Home A	
Director(s) Name	Home A	· · · · · · · · · · · · · · · · · · ·
Director(s PETER POBIERTSON Stockholder's Name	PRESIDENT	Home A 1137 GAST DAYTON Address	ST MANISON WI
Director(s	PRESIDENT	Home A	Extent of Ownership%
Director(s PETER POBERTSON Stockholder's Name NEW POBERTSON	PRESIDENT	Home A 1137 GAST DAYTON Address	Extent of Ownership%
Director(s PETER POBIERTSON Stockholder's Name HER POBIERTSON CAPACLIE POBIERTSON	Sei Sano H	Home A 1137 BAST DAYTON Address Me RD, HERSHEY PA ONT CRANFALD NJ	Extent of Ownership% 10% 10%
Director(s PETER POBERTSON Stockholder's Name NEW POBERTSON	PRESIDENT	Home A 1137 GAST DAYTON Address	Extent of Ownership%
Director(s PETER POBIERTSON Stockholder's Name HER POBIERSON CAPACLIE POBIERSON Manager's Name	Sei Sano H	Home A (137 BAST DAYTON Address MU ED, HEESHEY PA ONT CRANFALD NJ Business Phone	Extent of Ownership% // // // // Home Phone

	iscrimination in regard to race, creed, color, or r	tain any requirement of "Invidious" (likely national origin?
Pursuant to Section taverns serving al	n Establishment Alcohol Beverage & Food Sale ons 23.05(3)(s) and 23.05(7)(f) of the Madison Cohol beverages shall substantiate their gross re ercentage. For new establishments, the perce	General Ordinances, all restaurants and ceipts for food and alcohol beverage sales
Calendar/fiscal ye	ar: 🗆 January 1 – December 31 👺 July 1	- June 30
	Percent Gross Receipts from Alcohol Beverages	2 %
	Percent Gross Receipts from Food	8 %
	Percent Gross Receipts from Other	90 % > distribution & production
	Total Gross Receipts	100 %
You may be requi	n records to document the percentages shown? red to submit documentation verifying the p plishment are you? (Check all that apply) records to document the percentages shown? The control of the con	ercentages you've indicated. avern BoRestaurant □ Nightclub
has been truthfully co according to law and t assigned to another (members/managers of	e signing: Under penalty provided by law, the impleted to the best of the knowledge of the sign hat the rights and responsibilities conferred by Individual applicants and each member of a particular Liability Companies must sign.) Any tion will be deemed a refusal to permit inspecti	the license(s), if granted will not be the true this business the license(s), if granted will not be true the true that the license to any portion of a licensed

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