


Application Date: 6/27/06

Proof of WI Seller's Permit No. \_\_\_\_\_

Name of Corporation, Limited Liability Company, Individual Owner, Private Club or Partner(s) <u>PP'S PASTA COMPANY</u>	Liquor/Beer Agent <u>PETER ROBERTSON</u>
Mailing Address <u>1133 EAST WILSON ST</u>	Liquor/Beer Agent Address <u>1133 EAST WILSON ST</u>
City/State/Zip Code <u>MADISON WI 53703</u>	Liquor/Beer City/State/Zip Code <u>MADISON WI 53703</u>
Name of Registered Agent or General Partner <u>PETER ROBERTSON</u>	Local Contact Person   Phone Number <u>PETER ROBERTSON 6082577216</u>
Trade Name <u>PP'S PASTA COMPANY</u>	Estimated Opening Date <u>6/1/06</u>
Business Address <u>1133 EAST WILSON ST</u>	Signature of Owner/Operator 

Private Club?  Yes  No

License Description	Type	Fee	Number
Class B Beer	102	\$20- publication fee	74910
Class C Wine	106	\$20- publication fee	74911
<b>Pre-Inspection &amp; License Fees Non-Refundable</b>	<b>TOTAL</b>	<b>\$</b>	

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

- New Application
- Transfer of Ownership Application
- Transfer of Location Application

Date 6-28-06

You are hereby notified that the following application(s) has been filed in the City Clerk's Office. Investigation and report back on approval or disapproval for the granting of license(s) is requested by your department as required by Ordinance.

To:  Assessor Personal Property \$ \_\_\_\_\_

City Attorney (Pending Charges) \_\_\_\_\_  
Names of Previous License Holder \_\_\_\_\_

Building Inspection Date of Last Inspection \_\_\_\_\_  
 Zoning Classification  
 Specify distance from schools, churches, libraries and hospitals if under 300 feet \_\_\_\_\_

Fire Date of Last Inspection \_\_\_\_\_

Health Date of Last Inspection \_\_\_\_\_

Police

Treasurer (Hotel/Motel or Bed & Breakfast) (Information Only)

Accounting (Hotel/Motel or Bed & Breakfast)(Information Only)

Alderperson Judy Olson \_\_\_\_\_

Please return this notice with any comments you might have regarding the above application to the City Clerk's Office.

- Approved
- Disapproved
- No Recommendation

Comments:

\_\_\_\_\_  
Signature of Dept/Div Head or Auth. Rep.

# ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning \_\_\_\_\_ 20\_\_\_\_; ending June 30 2007

TO THE GOVERNING BODY of the:  Town of  Village of  City of } Madison

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): RP'S PASTA COMPANY

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>PRESIDENT PETER ROBERTSON</u>	<u>1137 EAST DAYTON ST</u>	<u>MADISON WI 53703</u>
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<u>PETER ROBERTSON</u>	<u>1137 EAST DAYTON ST</u>	<u>MADISON WI 53703</u>
Directors/Managers			

3 Trade Name RP'S PASTA COMPANY Business Phone Number 608 257 7216  
 4 Address of Premises 1133 EAST WILSON ST Post Office & Zip Code MADISON WI 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 WI and date 1996 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) BUILDING IS 11,000 SQ FT / SERVING IS 800 FT<sup>2</sup>
- 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 June, 2006

[Signature]  
(Clerk/Notary Public)

My commission expires 8/5/07

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

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

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

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <u>6/27/06</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>74910, 74911</u>	

Registar # 04058

Applicant's Wisconsin Seller's Permit Number: <u>applied for</u>	
Federal Employer Identification Number (FEIN): <u>39-1857059 230112</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u>
<input type="checkbox"/> Wholesale beer	\$
<input checked="" type="checkbox"/> Class C wine	\$ <u>100</u>
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ <u>20</u>
<b>TOTAL FEE</b>	\$ <u>220</u>

PLASTIC STRIP  
WALK-THROUGH  
CURTAIN

BULKHEAD @ 8'-6"

ALT @ 9'-0"

STRUCT. BEAM @ 10'-0" AFF

WEB TRUSSES @ 10'-6" AFF

200 Amp 3 Phase  
9 drops 3-hardwire

2x4 FLOURESCENT FIXTURES

TENANT #1

flush  
birch  
pre finished  
natural.

EXIST FURNACE (RETAIL AREA)

PROVIDE SERVICE COUNTER  
36" WIDE @ 36" HT. OR PROVIDE  
ALTERNATE ACCESSIBLE SERVING AREA

Alternate install window

PRODUCTION

NEW 3'-0" DOOR

NEW 3'-0" DOOR

NEW 3'-0" DOOR

NEW 3'-0" OPG.

NEW 3'-0" OPG.

NEW 2x4  
OR 3 5/8"  
STEEL  
STUD  
PARTITIONS  
TYP.  
HATCHED

AUX RETAIL

EXISTING FURNACE (PRODUCTION AREA)  
(SEALED COMBUSTION)

TOILET ROOMS  
SERVE BOTH  
TENANTS

HAND SINK

veg sink

HVAC  
CONCRETE  
ADD 1/1

KITCHEN

48x80"  
NEW  
OPG.

20'

19'-6"

NEW 3'-0" DOOR

NEW 3'-0" DOOR

NEW 3'-0" DOOR

NEW 3'-0" DOOR

MEN

WOMEN

7'-2"

7'-2"

EXISTING  
FREEZER

EXISTING  
COOLER

EXISTING  
MECH.

EXISTING  
MECH.

OF SLOPE

OUT OF  
SLOPE

NO ACT

14'-0" clear between  
Kitchen wall & HVAC

owner  
proposed  
instead  
july

RESTAURANT  
SPACE

AUX RETAIL

EXISTING FURNACE (PRODUCTION AREA)  
(SEALED COMBUSTION)

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# City of Madison

## Liquor and/or Beer Original Supplemental Form

### Office Use Only

- |  |  |
|--|--|
| <input type="checkbox"/> Seller's Permit Number<br><input checked="" type="checkbox"/> Federal Employer Identification Number<br><input checked="" type="checkbox"/> Notarized Original Application Form (AT-106)<br><input type="checkbox"/> Notarized Supplemental Form<br><input checked="" type="checkbox"/> Description of Licensed Premise<br><input type="checkbox"/> Notarized Auxiliary Questionnaire(s) (AT-103)<br><input type="checkbox"/> Background Investigation Form(s)<br><input checked="" type="checkbox"/> Floor Plans | <input type="checkbox"/> Lease<br><input type="checkbox"/> Notarized Transfer of Ownership Letter<br><input checked="" type="checkbox"/> Schedule of Appointment of Agent (AT-104)<br><input checked="" type="checkbox"/> *Notarized Appointment of Agent Letter<br><input checked="" type="checkbox"/> *Notarized Agent Authorization Letter<br><input type="checkbox"/> *Articles of Incorporation/ Organization<br><input type="checkbox"/> Sample Menu, if possible <i>Working on</i><br><input type="checkbox"/> Business Plan, if one exists <i>Does not exist</i> |
|--|--|

- ✓ 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), and the Madison Police Department.**

- Alderperson Judy Olson can be reached at \_\_\_\_\_ at the Common Council Office (266-4071), or via e-mail at [council@cityofmadison.com](mailto: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](http://www.ci.madison.wi.us/neighborhoods/contacts.htm).
- The Police Department Liaison, Sergeant Emil Quast, can be reached at 266-4451.

1. Have you contacted the Alderperson, Police Department Liaison and 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 RP'S PASTA COMPANY

4. Telephone Number: 608 257 7216

5. Address of Licensed Premise 1133 E WILSON 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?  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:

PASTA REST. MON - FRI 11:30 AM - 2 PM AND FRIDAY NIGHT 6-11  
No entertainment

10. Describe building in detail, 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.**

BUILDING IS 11,000 FT<sup>2</sup> w/ MOST FOR PASTA PRODUCTION  
REST. SEATING IS APPROX 800 FT<sup>2</sup> / NO BAR 12-3X3 Tables  
Capacity - 45, no bar, walk in cooler on 1st floor

11. Are any living quarters directly or indirectly accessible and under control of the applicant?  Yes  No  
 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. PARKING LOT ADJACENT TO BUILDING w/ 14 SPACES (1 HANDICAPED)

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

BUSINESS OWNER FOR 11 YEARS / 10 EMPLOYEES / MORE TO HIRE FOR REST.

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. PETER ROBERTSON

Name			
<u>PETER ROBERTSON</u>			
Address			
<u>1133 EAST WILSON ST</u>	<u>MADISON</u>	<u>WI</u>	<u>53703</u>
Address	City	State	Zip

15. Excluding pre-packaged snacks, how late will food be served? FRI 10:30

16. What type of food will you be serving, if any? BOWLS OF PASTA

17. Indicate any other product/service offered: \_\_\_\_\_

18. Describe your target market. Average General population

19. Describe how you plan to advertise/promote your business. WORD OF MOUTH + FLYERS

20. What is your estimated capacity? 42

21. Are you operating under a lease or franchise agreement?  Yes <sup>lease</sup>  No (If yes, attach a copy.)

22. Owner of building where establishment is located: BOB SHEPHERD

Address of Owner: 1398 WILLIAMSON ST MADISON Phone Number 257 1630

23. Individual or Partnership only: 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.**

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

25. Corporation/LLC only: Agent must disclose interest held in business: 80 %

26. Corporation/LLC only: Has agent completed the Beverage Server Training Course?  Yes  No scheduled

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

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

Director(s) Name	Home Address
PETER ROBERTSON / PRESIDENT	1137 EAST DAYTON ST MADISON WI

Stockholder's Name	Address	Extent of Ownership%
HEBE ROBERTSON	581 SAND HILL RD, HERSHEY PA	10 %
CHARLIE ROBERTSON	519 CLAREMONT CRANFORD NJ	10 %

Manager's Name	Address	Business Phone	Home Phone
PETER ROBERTSON	1133 E WILSON ST	257 7216	260 0286

28. 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

29. Restaurant/Tavern Establishment Alcohol Beverage & Food Sales Report

Pursuant to Sections 23.05(3)(s) and 23.05(7)(f) 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	2 %
Percent Gross Receipts from Food	8 %
Percent Gross Receipts from Other	90 %
<b>Total Gross Receipts</b>	<b>100 %</b>

→ distribution & production

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.

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

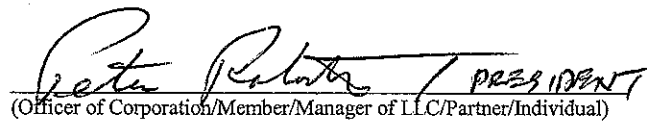
Other Please explain: FACTORY w/ RESTAURANT

**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 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 must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.) 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 26 day of JUNE, 2006

  
(Clerk/Notary Public)

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

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

My commission expires 8/5/07

\_\_\_\_\_  
(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.