

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk

For the license period beginning July 1 20 07 ;
ending June 30 20 08

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

County of Dane Aldermanic Dist No 16 (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): Whiskey River, LLC

Applicant's Wisconsin Seller's Permit Number: <u>004-002196560-01</u>	
Federal Employer Identification Number (FEIN): <u>39-197549</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 checked="" type="checkbox"/> Class B liquor	\$
<input checked="" 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/Member	<u>Member</u>	<u>Rebecca L. Halbach</u>	<u>3337 S. Schuman Rd.</u>	<u>Orfordville, WI 53576</u>
Vice President/Member				
Secretary/Member				
Treasurer/Member				
Agent ▶	<u>Kevin Weaver</u>		<u>1143 Highland Ave.</u>	<u>Beloit, WI 53511</u>
Directors/Managers				

3 Trade Name ▶ REV. JIM'S Business Phone Number (608) 743-0000

4 Address of Premises ▶ 6402 Hillpond Road Post Office & Zip Code ▶ Madison, WI 537

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 10/28/07 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.) see attached Addendum A

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.) See attached Addendum A

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? Loyal Order of Moose Lodge 1451

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 16th day of April, 20 07

[Signature]
(Clerk/Notary Public)

My commission expires is permanent

Rebecca L. Halbach Member
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

(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 <u>09/10/07</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

Alder Compton
Police Sector 621

**ADDENDUM A
TO ORIGINAL ALCOHOL BEVERAGE
LICENSE APPLICATION DATED APRIL 16, 2007
AND FILED BY WHISKEY RIVER, LLC**

The following are responses to the corresponding questions found on the Original Alcohol Beverage License Application:

8(c) Rebecca L. Halbach, member of applicant, holds an interest in the alcohol beverage licenses for the following Wisconsin entities:

DJIQ, LLC – Alcohol License

Club 26, Inc. – Alcohol License

Wisconsin Dolls, LLC – Alcohol License

Gimpy & Gappy, LLC – Alcohol License

Totalpackage, Inc. – Alcohol License

Recroom of Stoughton, Inc. – Alcohol License

Stadium Bar, LLC – Alcohol License

9. Premises Description. The property is comprised of the following: a building approximately 3,800 sq. ft. in size that includes a kitchen (approx. 10'x27'), a bar area (approx. 24'x13'), a game/amusement center area (approx. 27'x27'), a socializing and dining area (approx. 36'x48'), an outdoor social area/patio (approx. 30'x24'), and two (2) locked storage rooms for storing alcoholic beverages.

END OF ADDENDUM A

City of Madison Liquor and/or Beer Original Supplemental Form

Office Use Only

- | | |
|--|--|
| <input checked="" type="checkbox"/> Seller's Permit Number
<input checked="" type="checkbox"/> Federal Employer Identification Number
<input checked="" type="checkbox"/> Notarized Original Application Form (AT-106)
<input checked="" type="checkbox"/> Notarized Supplemental Form
<input type="checkbox"/> Description of Licensed Premise
<input type="checkbox"/> Notarized Auxiliary Questionnaire(s) (AT-103)
<input type="checkbox"/> Background Investigation Form(s)
<input type="checkbox"/> Floor Plans | <input type="checkbox"/> Lease
<input type="checkbox"/> Notarized Transfer of Ownership Letter
<input type="checkbox"/> *Schedule of Appointment of Agent (AT-104)
<input type="checkbox"/> *Notarized Agent Appointment/Acceptance Form
<input type="checkbox"/> *Articles of Incorporation/ Organization
<input type="checkbox"/> Sample Menu, if possible
<input 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 _____ can be reached at _____, 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 District Captain _____ can be reached at _____
- Alcohol Policy Coordinator Joel Plant 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 Whiskey River, LLC
4. Telephone Number: (608) 774-3327
5. Address of Licensed Premise 6402 Millpond Road, Madison, WI
6. Anticipated opening date: June 1, 2007
7. Mailing address if not opening immediately P.O. Box 1840, Janesville, WI 53547-1840

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:
Tavern and food service; 11 am to 2 am (Sun.-Thurs.) and 11 am to 2³⁰ am (Fri. and Sat.);
live and non-live music; sports bar theme; pool tables and amusement devices

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.**

See attached Addendum A

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 Parking lot is intended to be
monitored via security cameras. Existing parking lot surrounds the building.

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

See attached Addendum A

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. Rebecca L. Halbach

Name			
<u>3337 S. Schuman Road</u>	<u>Orfordville</u>	<u>WI</u>	<u>53576</u>
Address	City	State	Zip

15. Excluding pre-packaged snacks, how late will food be served? until close

16. What type of food will you be serving, if any? Burgers, fish, fries, baked potatoes, candy, pizza

17. Indicate any other product/service offered: cigarettes, clothing, miscellaneous merchandise

18. Describe your target market. Madison area and Interstate 90 travelers

**ADDENDUM A
TO LIQUOR AND/OR BEER ORIGINAL
SUPPLEMENTAL FORM DATED APRIL 16, 2007
AND FILED BY WHISKEY RIVER, LLC**

The following are responses to the corresponding question found on the Liquor and/or Beer Original Supplemental Form:

10. The property is comprised of the following: a building approximately 3,800 sq. ft. in size that includes a kitchen (approx. 10'x27'), a bar area (approx. 24'x13'), a game/amusement center area (approx. 27'x27'), a socializing and dining area (approx. 36'x48'), an outdoor social area/patio (approx. 30'x24'), and two (2) locked storage rooms for storing alcoholic beverages.

13. Management Experience: The member of the applicant and agent have significant experience operating other taverns in the State of Wisconsin.

Staffing Levels: The applicant anticipates that bartenders, cocktail waitresses, security and bar backs will be required to staff this establishment.

Employee Training: Employees will be trained by the applicant on the job for at least two (2) weeks and shall be required to comply with applicant's policies and procedures. All training will be based on experience at or with other taverns.

END OF ADDENDUM A

19. What is your estimated capacity? 150 (or legal limit)

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: owner will be ~~the~~ Rebecca Halbach or assigns
Address of Owner: 3337 S. Schuman Road, Orfordville, WI Phone Number (608) 208-5080

22. 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: 0 %

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

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

Stockholder's Name Members	Address	Extent of Ownership%
Rebecca L. Halbach	3337 S. Schuman Rd., Orfordville, WI	100%

Manager's Name	Address	Business Phone	Home Phone
Rebecca L. Halbach	see above	(608) 743-0000	(608) 208-5080
James Halbach	see above	(608) 743-0000	(608) 208-5080

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	75	%
Percent Gross Receipts from Food	20	%
Percent Gross Receipts from Other	5	%
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? 6

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

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

Signs, radio and television ads, word of mouth

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 16th day of April, 2007


(Clerk/Notary Public)

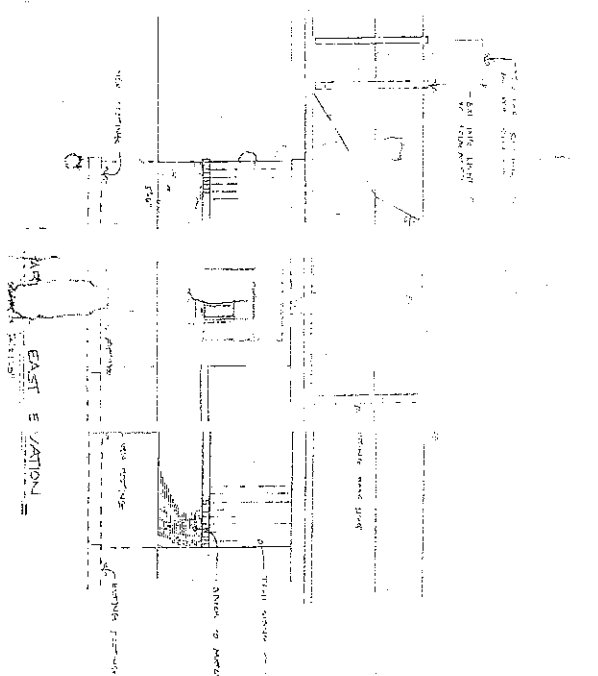
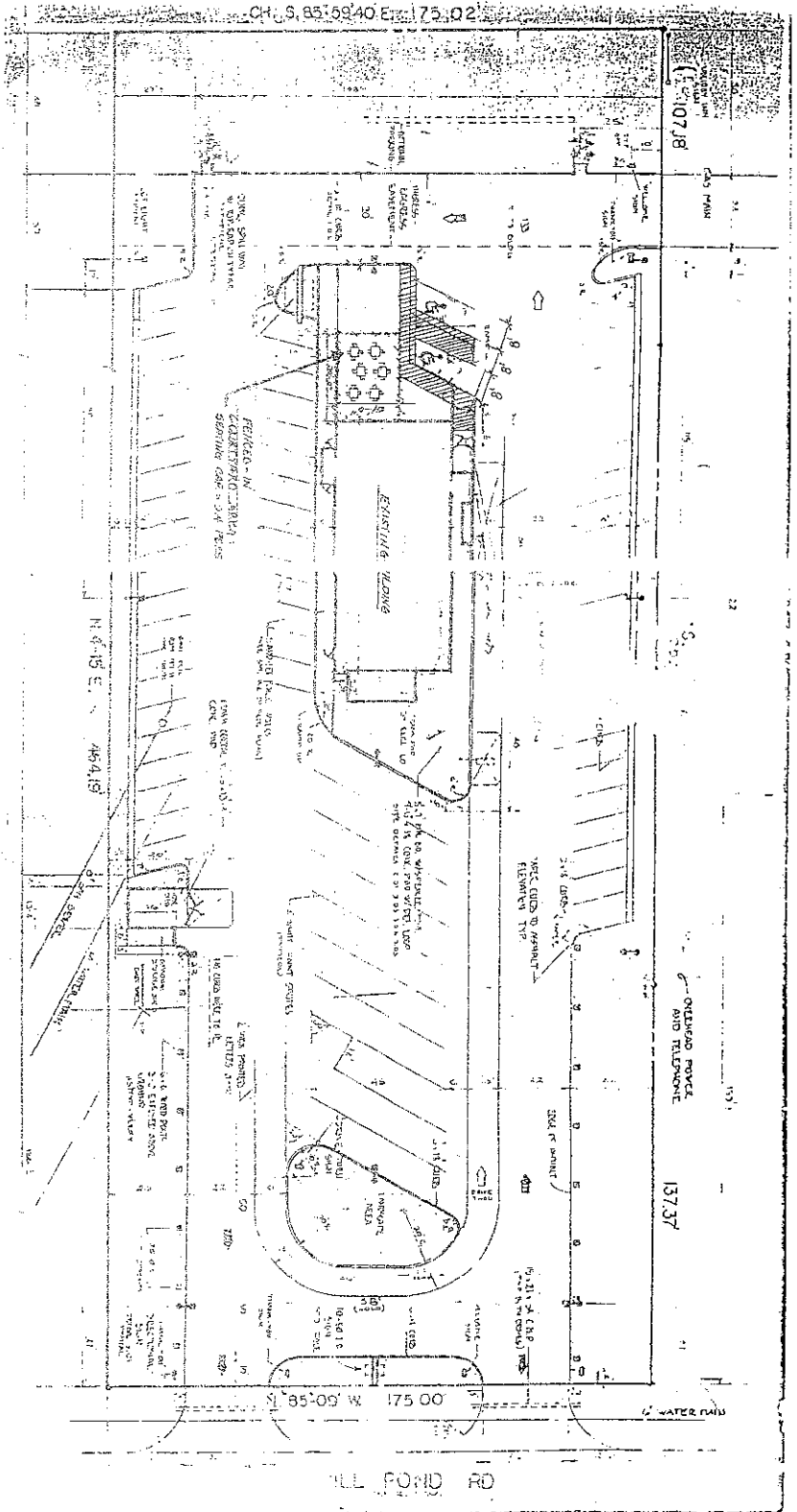
Rebecca L. Halbach, Member
(Officer of Corporation/Member/Manager of LLC/Partner/Individual)

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

My commission ~~expires~~ is permanent

(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.



SITE PLAN

NOTES:
 1. ALL DIMENSIONS ARE TO FACE UNLESS OTHERWISE NOTED.
 2. THE EXISTING WAREHOUSE IS TO BE DEMOLISHED AND A NEW BUILDING IS TO BE CONSTRUCTED IN ITS PLACE.
 3. THE NEW BUILDING IS TO BE CONSTRUCTED TO THE PERMITS OF THE CITY OF MILWAUKEE.
 4. THE PERMITS WILL BE OBTAINED BY THE ARCHITECT.
 5. THE OWNER SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS.
 6. THE ARCHITECT SHALL BE RESPONSIBLE FOR THE DESIGN AND CONSTRUCTION OF THE BUILDING.
 7. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE CONSTRUCTION OF THE BUILDING.
 8. THE OWNER SHALL BE RESPONSIBLE FOR THE PAYMENT OF ALL COSTS OF THE PROJECT.
 9. THE ARCHITECT SHALL BE RESPONSIBLE FOR THE PREPARATION OF ALL DRAWINGS AND SPECIFICATIONS.
 10. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE OBTAINING OF ALL NECESSARY PERMITS AND APPROVALS.

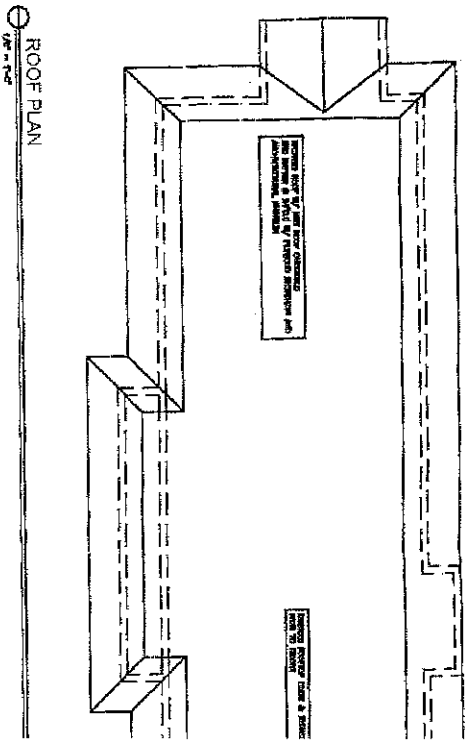
NO.	DATE	REVISION

PROJECT
 PROJECT NO. 100-100-100-100
 PROJECT NAME: 100-100-100-100

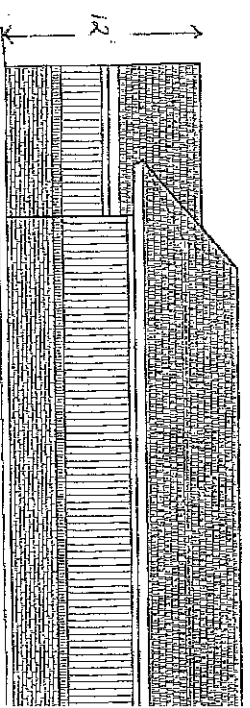
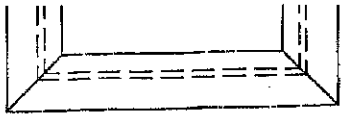
OWNER:
 GRAND MARK BROS.
 1000 W. WISCONSIN ST.
 MILWAUKEE, WI 53233

T & O SERVICES
 3120 Industrial Avenue
 Milwaukee, WI 53207
 414-225-9040

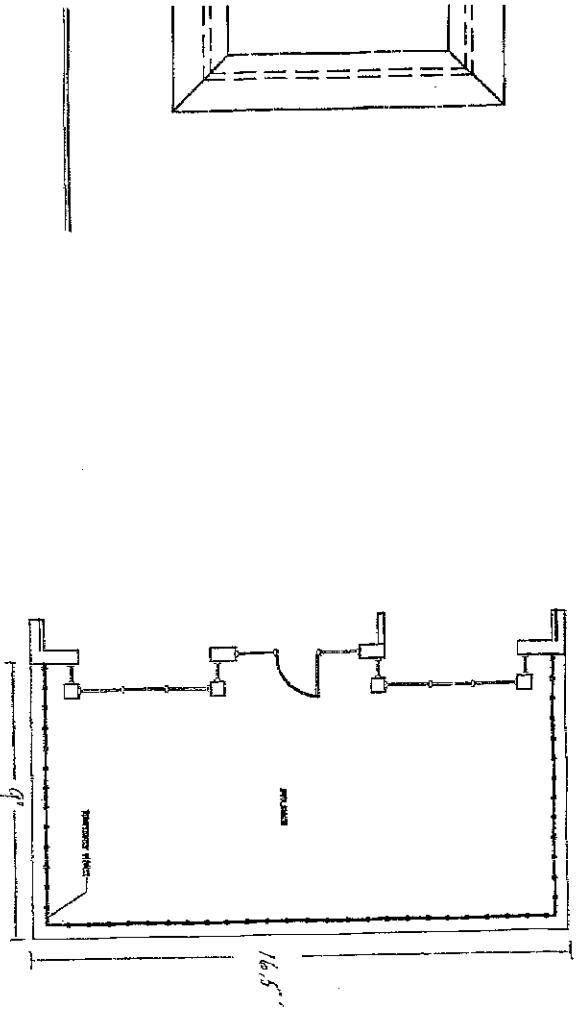
NO.	DATE	REVISION



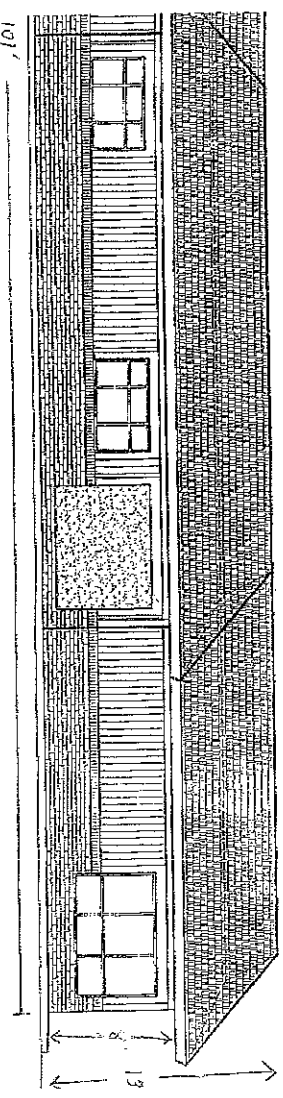
ROOF PLAN
1/8" = 1'-0"



EAST ELEVATION
1/8" = 1'-0"



PATIO / BEER GARDEN PLAN
1/8" = 1'-0"

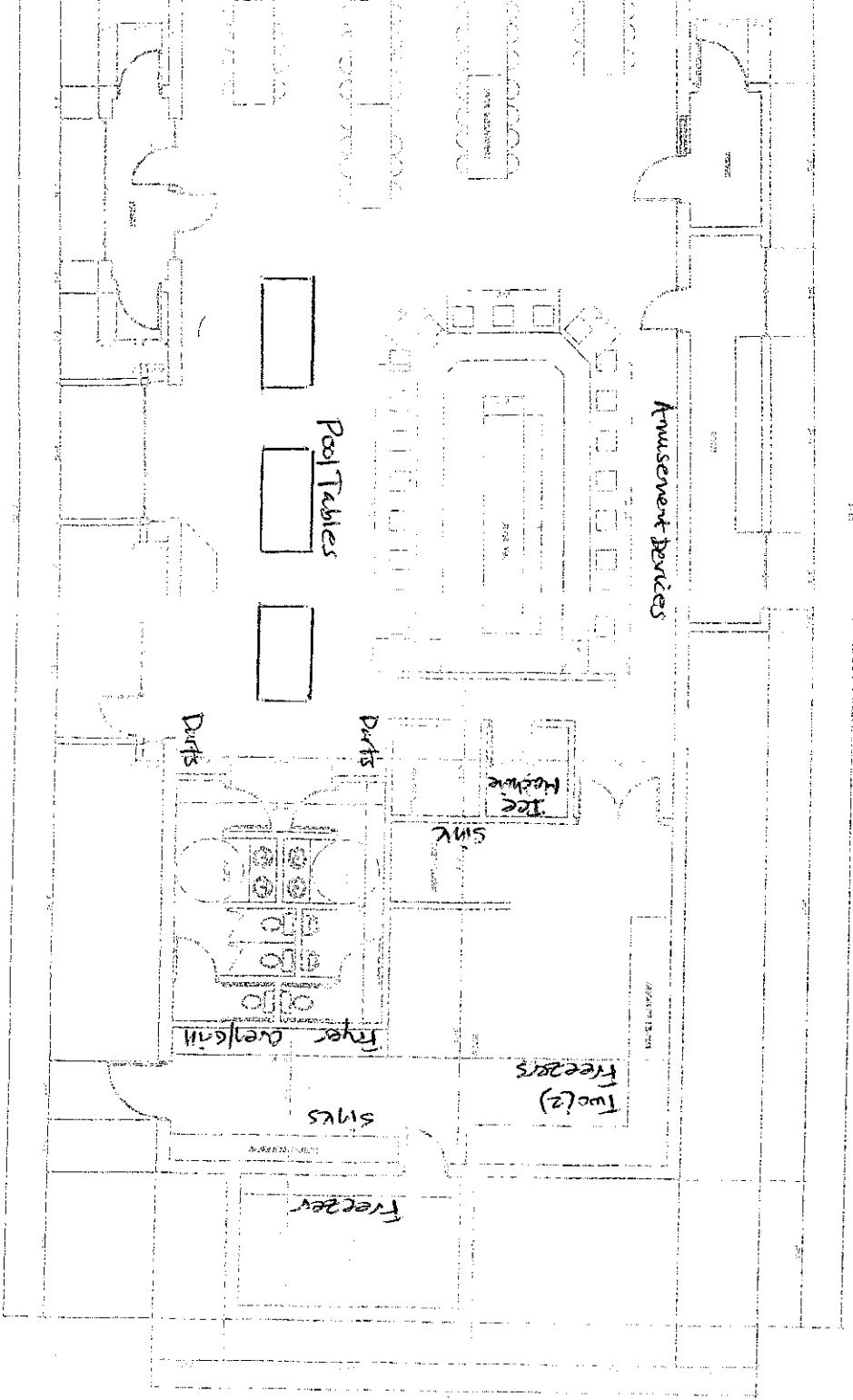


EAST ELEVATION
1/8" = 1'-0"

PR
NOT I

MINIARY
CONSTRUCTION

JOSE LOPEZ 3444 HILL ROAD MADISON, WI 53704	A Roberts Architectural Services, Inc. 101 S. MONROE ST. MADISON, WI 53703
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NEW FLOOR PLAN
DATE: 11-1-11

F **R** **E** **L** **I** **M** **I** **N** **A** **R** **Y**
 N I . FOR CONSTRUCTION