



Change of Premises

Fee: \$25.00

City of Madison Clerk
210 MLK Jr Blvd, Room 103
Madison, WI 53703
licensing@cityofmadison.com
608-266-4601

Class A: Beer, Liquor, Cider
Class B: Beer, Liquor,
 Class C Wine

(Agenda Item Number)

(Legistar file number)

LICPCA-2021-00153
(License number)

9
(Alder District #)

127
(Police Sector)

Office Use Only

Licensed Premises Information

This application modifies existing alcohol license number: 58322-52349

Business dba Name: Benvenuto's Italian Grill

Licensed Address: 1109 Fourier Dr. Madison, WI 53717

Liquor/Beer Agent Name: David P. Phaneuf

30 % Alcohol, 70 % Food, 0 % Other Alder, District #: _____ Police Sector: _____

Corporate Information

Business Legal Name (as on WI State Sellers Permit): Cafe Rigoletto, LLC

Business Mailing Address: 1109 Fourier Dr. madison, WI 53717

Business Contact Name, Position: Raul Quintana

Business Phone: 608-220-3371 Business Email: mquintana@wiscohoteles.com

Current Capacity (indoor): _____ Current Capacity (outdoor): 32

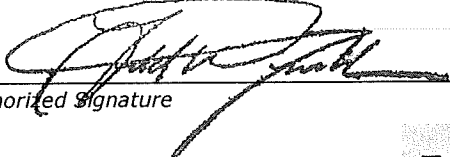
Proposed Capacity (indoor): _____ Proposed Capacity (outdoor): 32

If your capacity is increasing, contact Building Inspection: (608) 266-4551, binspection@cityofmadison.com

Description of Proposed Changes: On 6/19/2020 we completed a streatory extension of Premises Application & a Temporary

outdoor seating Application due to the Covid 19 Pandemic. We documented 8 tables each with a seating of 4 persons.

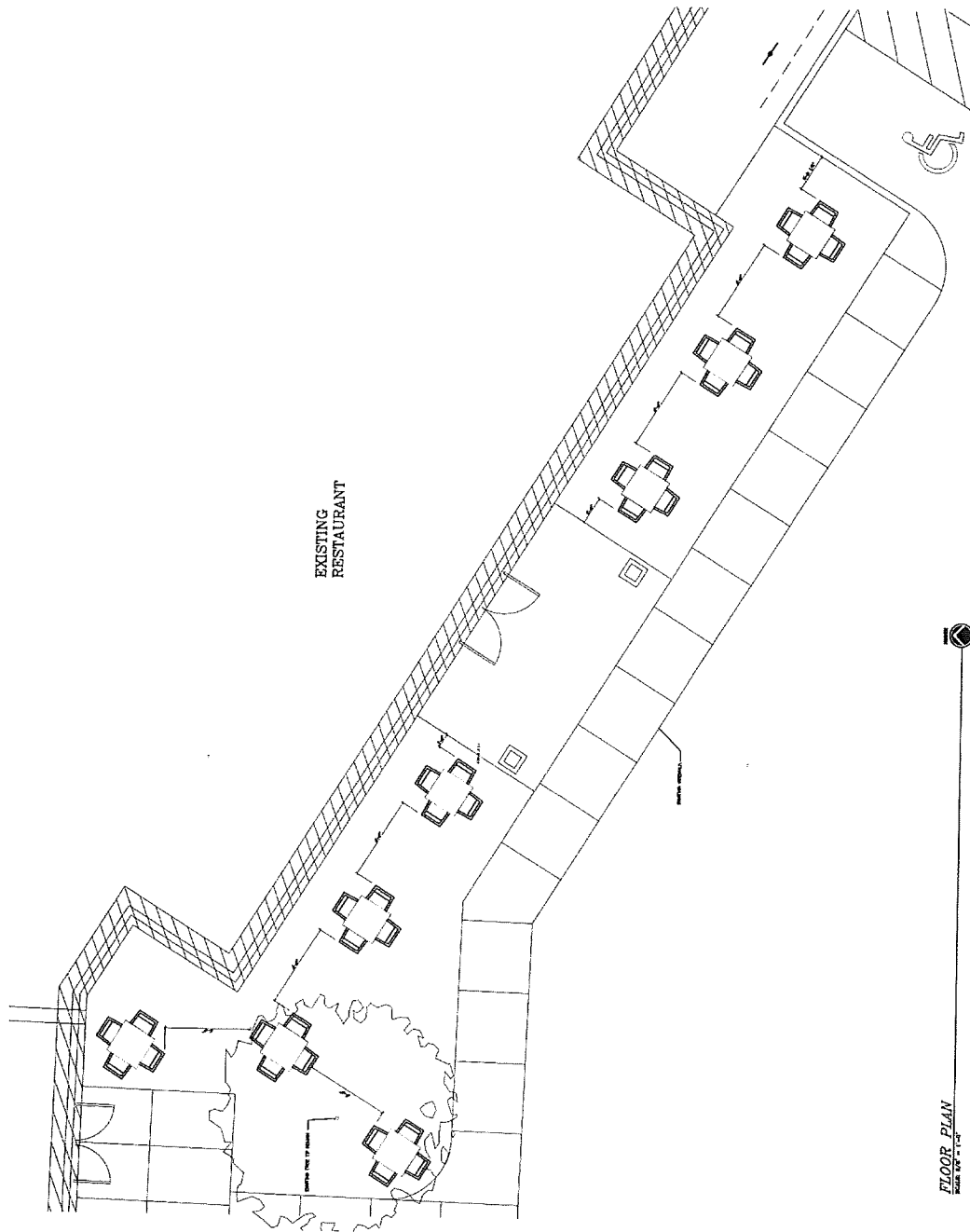
Detailed Floor Plans included (required)


Authorized Signature

04/19/2021

Date

Orange sign and business card issued
 "License Renewals & Changes" brochure with next steps issued
Office Use Only





Streatery Extension of Premises

Fee: Waived

Class A: Beer, Liquor, Cider
Class B: Beer, Liquor,
 Class C Wine

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210 MLK Jr Blvd, Room 103
Madison, WI 53703
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(Agenda Item Number)
(Legistar file number)
(License number)
(Alder District #) (Police Sector)
Office Use Only

Streatery extension of premises is available for existing licensed premises only. Extensions will not be granted for vertical drinking or beer garden additions. Application must be submitted to the Clerk's office. Staff will review the application and if it is complete and approved by Zoning and/or the street vending coordinator, provisionally approve and forward to the Alcohol License Review Committee for final approval recommendation. Any licensed establishment applying to extend their premises onto City property must provide a certificate of insurance for liquor liability including a separate additional insured endorsement naming the City of Madison with this application.

Are you requesting this temporary extension of licensed premises, in compliance with Emergency Order Resolution Legistar #60695 (Madison Streatery Program), adopted by the Common Council on June 16, 2020?: Yes No

Required detailed floor plans of extension area **included**: Yes

Required approval of expanded eating area obtained from Street Vending Coordinator or Zoning Administrator **included**: Yes, date approved: _____

Street Occupancy Permit obtained from Traffic Engineering: Yes No N/A

Does lease/deed cover area request for temporary extension?: Yes No
If no, **must attach** letter from landlord or property owner authorizing use of the property.

Licensed Premises Information

This application modifies existing alcohol license number: _____

Business dba Name: Boulevard

Licensed Address: 1109 ~~Fearless~~ Fournier Dr Madison

Liquor/Beer Agent Name: Dave Phueauf

____% Alcohol, ____% Food, ____% Other Alder, District #: 9 Police Sector: 127

Corporate Information

Business Legal Name (as on WI State Sellers Permit): Care Rissalato

Business Mailing Address: 1109 Fournier Dr Madison

Business Contact Name, Position: Todd Walker Pres, Cody Galrud GM

Business Phone: 608-770-7105 Business Email: Todd Walker @ wiscohotels.com

-Continue on Back- cgalrud@wiscohotels.com

Extension Details

Current Capacity (indoor): _____

Current Capacity (outdoor): _____

Proposed Capacity (outdoor): _____

Description of Proposed Changes: _____

Signature

Authorized Signature of Agent or Establishment Owner

Date

Clerk's Office checklist for complete applications

- Floor Plans
- Copy of approval from Street Vending/Zoning
- Copy of Street Occupancy Permit included *if applicable*
- Letter from landlord/property owner authorizing temporary extension of lease area *if applicable*
- Certificate of Insurance for liquor liability with City of Madison named *if extending on city property*

Upon Application Submission, the Clerk's Office issued to the application:

- Orange sign Orange business card
- "License Renewals & Changes" brochure with next steps issued



City of Madison Building Inspection Division
 215 Martin Luther King Jr Blvd, Suite 017 PO Box 2984 Madison, WI 53701-2984
 608.266.4551 <http://www.cityofmadison.com/dpced/bi/>

Temporary Outdoor Seating Application

BE SURE TO INCLUDE THE FOLLOWING WITH YOUR APPLICATION:

- ✓ Site Plan showing location of outdoor seating. If you do not have a site plan, please email Zoning@cityofmadison.com to request a PDF copy.
- ✓ Property owner's approval

OFFICE USE ONLY	
Permit Number: LND	_____ -20_____ - _____
Application Date	_____
Issued Date	_____
Approved by	_____
Zoning District	_____

Location Address 1109 FARMER W Madison
 Business Name Cafe Riggetto DBA Benvenuto
 Contact Person Todd Winkler
 Telephone 608-770-7105 Email Todd Winkler @ wislohotels.com

Which of the following best describes the Use?

- Brewpub
 Coffee shop or Tea House
 Restaurant (You do NOT have an alcohol license)
 Restaurant-nightclub (You have an entertainment license)
 Restaurant-tavern (You have an alcohol license)

Do you have an existing outdoor seating Conditional Use approval? Yes No

Do you have an existing liquor license? Yes No

Your capacity limit set by Building Inspections: 161

I understand the temporary outdoor eating area requirements as listed on the following page and understand once this application is approved, it is only valid until **October 25, 2020**. Any violations of the temporary accessory outdoor eating area approved by the Zoning Administrator shall be enforceable by the Zoning Administrator as ordinance violations under Chapter 28, Madison General Ordinances.

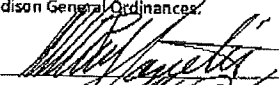
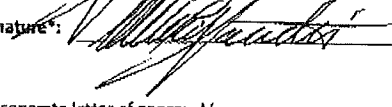
Applicant signature: [Signature] Date: 6/18/20

Property Owner's signature*: See next page Date: _____

* Or attached separate letter of approval from owner

*** Please see following page for temporary outdoor seating requirements and Site Plan requirements ***

area approved by the Zoning Administrator shall be enforceable by the Zoning Administrator as ordinance violations under Chapter 28, Madison General Ordinances.

Applicant signature:  Date: 06/19/2020
Property Owner's signature*:  Date: 06/19/2020

* Or attached separate letter of approval from owner

*** Please see following page for temporary outdoor seating requirements and Site Plan requirements ***