

# ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning \_\_\_\_\_ 20\_\_\_\_ ;  
ending June 30 2009

TO THE GOVERNING BODY of the:  Town of }  
 Village of } Madison  
 City of }  
County of dane Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

Applicant's Wisconsin Seller's Permit Number: <u>004-0003073480-01</u>	
Federal Employer Identification Number (FEIN): <u>76-0756354</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 20
<input type="checkbox"/> Wholesale beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$
<b>TOTAL FEE</b>	<b>\$ 20</b>

- 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): ▶ Extreme Franchise Corporation

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</u>	<u>James Meyer</u>	<u>2 Canvasback Circle</u>	<u>Madison, WI 53719</u>
Vice President/Member	<u>None</u>			
Secretary/Member	<u>Secretary</u>	<u>James Meyer</u>	<u>2 Canvasback Circle</u>	<u>Madison, WI 53719</u>
Treasurer/Member	<u>None</u>			
Agent ▶		<u>Phillip Booras</u>	<u>1802 Mitchell Street</u>	<u>Oshkosh, WI 54901</u>
Directors/Managers				

- 3 Trade Name ▶ Pizza Extreme & Pizza Pit Business Phone Number (608) 271-3333  
4 Address of Premises ▶ 5706 Raymond Road Post Office & Zip Code ▶ Madison, WI 53711

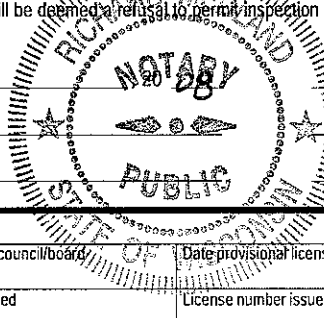
- 5 Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period?  Yes  No
- 6 Is the applicant an employee or agent of, or acting on behalf of anyone except the named applicant?  Yes  No
- 7 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 5/22/03 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) We lease approximately 2800 sq ft @ Meadowood Shopping Center

- 10 Legal description (omit if street address is given above): 2800
- 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 30th day of JUNE  
[Signature]  
(Clerk/Notary Public)  
My commission expires 1-25-09



[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	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
<u>7-1-08</u>			
Date license granted	Date license issued	License number issued	
		<u>82817</u>	

11164

# City of Madison Supplemental Class B License Application

<input checked="" type="checkbox"/> Seller's Permit Number <input checked="" type="checkbox"/> Federal Employer Identification Number <input checked="" type="checkbox"/> Notarized Original Application Form <input checked="" type="checkbox"/> Notarized Supplemental Form	<input type="checkbox"/> Description of Licensed Premise <input checked="" type="checkbox"/> *Notarized Appointment of Agent <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"/> Floor Plans <input checked="" type="checkbox"/> Lease <input checked="" type="checkbox"/> Sample Menu <input type="checkbox"/> Business Plan * Corporation/LLC only
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1. Name of Applicant/Partner/Corporation/LLC Extreme Franchise Corporation
2. Address of Licensed Premise 5706 RAYMOND ROAD MADISON, WI 53711
3. Telephone Number (608) 271-3333 4. Anticipated opening date: Open
5. Mailing address if not opening immediately N/A
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
7. Are there any special conditions desired by the neighborhood?  Yes  No  
Explain \_\_\_\_\_
8. Business Description, including hours of operation: See attached
9. Do you plan to have live entertainment?  No  Yes—What kind? \_\_\_\_\_
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
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. See attached
13. Describe your management experience, staffing levels, duties and employee training.  
See attached
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.

James E Meyer 2 Canvasback Circle Madison, WI  
Name Address 53719

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

Neighborhood Individuals

16. What age range would you hope to attract to your establishment? 35-55

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

Direct Mail - Pizza, pasta, sandwiches, chicken, etc.

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

19. Owner of building where establishment is located: MLG Capital/Meadowood LLC

Address of Owner: 13400 Bishop Lane Brookfield, WI 53005 Phone Number (262) 796-2636

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

21. List the Directors of your Corporation/LLC

James Meyer 2 Canvashack Circle MADISON, WI 53719

Name Address

Name Address

Name Address

22. List the Stockholders of your Corporation/LLC

James Meyer 2 Canvashack Circle MADISON, WI 53719 100%

Name Address % of Ownership

Name Address % of Ownership

Name Address % of Ownership

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

Other Please Explain. \_\_\_\_\_

24. What type of food will you be serving, if any? Pizza, chicken, pasta, sandwiches, Ice Cream, Donuts, coffee, salads

Breakfast  Lunch  Dinner

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 Attached

26. During what hours of your operation do you plan to serve food? 6AM - 12AM

27. What hours, if any, will food service not be available? None
28. Indicate any other product/service offered. Coffee, donuts, Ice Cream
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? 0 COUNTER SERVICE ONLY  
During what hours do you anticipate they will be on duty? N/A
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? \_\_\_\_\_  
How many bartenders do you anticipate you would have working at one time on a busy night? \_\_\_\_\_
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? \_\_\_\_\_
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?  
95-97%
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? 100  
What percentage of your advertising budget do you anticipate will be drink related? 0
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? 60

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	% <u>3</u>
Gross Receipts from Food and Non-Alcoholic Beverages	% <u>97</u>
Gross Receipts from Other	%
<b>Total Gross Receipts</b>	<b>100%</b>

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.  
*Once we begin serving beer we will be able to provide this information to you.*

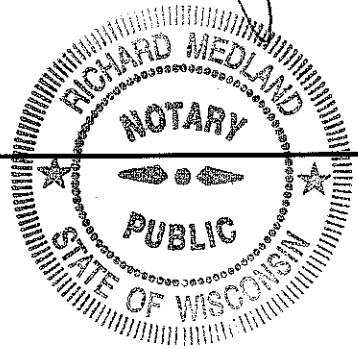
**Read carefully before signing:** Under penalty provided by law, the applicant states that the above information has been truthfully completed to the best of the knowledge of the signer. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the 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 30<sup>TH</sup> day of JUNE, 2008  
[Signature]  
(Clerk/Notary Public)

[Signature]  
(Officer of Corporation/Member of LLC/Partner/Individual)

My commission expires 1-25-09



**City of Madison Supplemental Class B License Application**  
**EXTREME FRANCHISE CORPORATION**  
**Additional Answers**

#8 Pizza restaurant offering sit down dining, delivery, and carryout service. We are currently open from 6 am to 10 pm (Sunday – Thursday) and from 6 am to 12 am on Fridays & Saturdays.

#10 We lease approximately 2,800 square feet of space in Meadowood Shopping mall. We have seven booths and six tables, there is no bar area. Approximately 65 % of the space is for kitchen, storage, etc, while the remaining 35 % is for seating. Capacity is 60 people.

#12 The parking lot is a standard strip mall arrangement with parking in front of each store, we have three front rows spots immediately in front of the store, with four more in the second row, and an additional four in the back row in front of our location. There are no reserved spots, i.e. our customers can park in front of other stores, while their customers can park in front of our location. The parking lot is monitored by JBM security.

#13 The owner of Extreme Franchise Corporation, James Meyer, brings over 25 year of restaurant experience to the operation. We have three different types of employees, first we have drivers whose primary responsibilities are to deliver food to customers, answer phones, and assist with shop clean up, secondly, we have sandwich people who prepare chicken, sandwiches, salads, pasta, finally, we have pizza makers who serve as shift managers and are responsible for making pizza. Typically pizza makers and sandwich personnel provide counter service.

Employees are trained by shift managers as to their job functions, while James Meyer trains shift managers. Staffing levels vary depending upon time of the day and day of the week. We generally have one employee on site between 6 am and 10 am, whose function is to serve coffee and donuts. We generally have three employees on site between 10 am and 5 pm, a driver, pizza maker, and sandwich person. During the evening hours we have two to five drivers working, and one to two sandwich people and one to two pizza makers. The exact number varies depending upon day of week, time of year, amount of advertising, special events, and other factors.