

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning _____ 20 _____ ;
 ending _____ 20 _____

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

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): Madison High Crossing Lodging Investors II, LLC

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>Managing Member - David A. Lenz</u>	<u>3500 Cty Road M, Madison, WI</u>	<u>53719</u>
Vice President/Member	_____	_____	_____
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent	<u>Agent - Eric Rottier, 5313 Queensbridge Road, Madison, WI</u>	<u>53714</u>	_____
Directors/Managers	<u>Manager - Jeff Ryan - 215 Pinnacle Drive, Lake Mills, WI</u>	<u>53551</u>	<u>See attached</u>

- 3 Trade Name Fairfield Inn & Suites Business Phone Number 608-661-2700
 4 Address of Premises 2702 Crossroads Drive, Madison, WI Post Office & Zip Code 53718

- 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 03/11/05 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)

- 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) 130 rm limited svc hotel. Sold from pantry. Secured storage rm.

- 10 Legal description (omit if street address is given above): see 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 8th day of February, 2005
Sarvare S. Fitcher (Clerk/Notary Public)
 My commission expires March 17, 2005
David A. Lenz (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	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

#2. Directors/Managers – (Asst General Manager) Seth Frisbee, 2464 E Milwaukee Street,
Janesville, WI 53545

City of Madison Supplemental Class B License Application

<input type="checkbox"/> Seller's Permit Number <input type="checkbox"/> Federal Employer Identification # <input type="checkbox"/> Notarized Original Application Form <input type="checkbox"/> Notarized Supplemental Form <input type="checkbox"/> Orange Sign (Clerk's Office provides at time of application)	<input type="checkbox"/> Written Description of Premise <input type="checkbox"/> Background Investigation Form(s) <input type="checkbox"/> Notarized Transfer of Ownership <input type="checkbox"/> *Articles of Incorporation <input type="checkbox"/> *Notarized Appointment of Agent * Corporation/LLC only	<input type="checkbox"/> Floor Plans <input type="checkbox"/> Lease <input type="checkbox"/> Sample Menu <input type="checkbox"/> Business Plan
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1 Name of Applicant/Partner/Corporation/LLC Madison High Crossing Lodging Investors II, LLC

2 Address of Licensed Premise 2702 Crossroads Drive, Madison, WI 53718

3 Telephone Number: 608-661-2700 4. Anticipated opening date: 8/14/09

5 Mailing address if not opening immediately _____

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: Hotel - 24 hours a day.

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.**

The premise is a 4 story, 130 room hotel with limited food and beverage Alcohol will be housed in a secure storage room Sold from the market Building sq ft - 67,095.

Breakfast seating area is for 51 people

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 131 parking spaces at the facility.
Parking is for hotel guests.

13 Describe your management experience, staffing levels, duties and employee training.
North Central Management has 25+ years experience running hotels with responsible liquor operations. Several layers of management, Regional, General, Asst. GM. Server training.

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.

Eric Rottier North Central Management, Inc 1600 Aspen Commons, Suite 200, Middleton, WI 53562
Name Address

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

Hotel guests.

16. What age range would you hope to attract to your establishment? Business and Leisure Travelers - ages vary.

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

N/A

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

19. Owner of building where establishment is located: Madison High Crossing Lodging Investors II, LLC

Address of Owner: 1600 Aspen Commons, Suite 200 Middleton, WI 53562 Phone Number 836-6060

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

see attached.

Name Address

Name Address

Name Address

22. List the Stockholders of your Corporation/LLC

see attached

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. Hotel

24. What type of food will you be serving, if any? Continental Breakfast

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 N/A

26. During what hours of your operation do you plan to serve food? Continental Breakfast 6:30 - 9:30 AM

27. What hours, if any, will food service not be available? N/A
28. Indicate any other product/service offered. Snacks available - Sweet Shop - 24 hours
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? N/A
During what hours do you anticipate they will be on duty? _____
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? 51 people
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?
N/A
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? 0%
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
Member of WI Innkeepers - Madison Chapter
Member of Greater Madison Convention & Visitors Bureau
Member of Madison Chamber of Commerce
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42. What is your estimated capacity? 51 people

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	< 2 %
Gross Receipts from Food and Non-Alcoholic Beverages	< 2 %
Gross Receipts from Other	> 96 %
Total Gross Receipts	100%

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.

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 8th day of February, 2010
Barbara S. Fletcher
(Clerk/Notary Public)
My commission expires March 17, 2013

[Signature]

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

BARBARA S. FLETCHER
NOTARY PUBLIC
STATE OF WISCONSIN

21. List all directors/officers, controlling stockholders or members in Corporation/L.L.C.:

North Central Management, Inc. Officers

Last	First	Middle	Title	Residence Address
Lenz	David	Alan	Chairman and Chief Executive Officer	3500 County Road M Madison, WI 53719
Bogatay	Jonathan	David	President and Chief Operating Officer	W501 Oak Shore Drive Fall River, WI 53932
Lenz	Jeffrey	Scott	Vice President, Chief Development Officer	1002 River Birch Rd. Middleton, WI 53562
Braatz	Jane	Francis	Vice President, Chief Financial Officer and Treasurer	140 Fairbrook Drive Waunakee, WI 53597
Gillman	Catherine	Marie	Vice President, General Counsel and Secretary	602 Ozark Trail Madison, WI 53705
Jaggi	Laura	Lynn	Vice President, Human Resources	2036 Erb Road Verona, WI 53593

North Central Management, Inc. Directors

Last	First	Middle	Title	Residence Address
Lenz	David	Alan	Director	3500 County Road M Madison, WI 53719
Lenz	Kris	n/a	Director	3500 County Hwy M Madison, WI 53719

Appointment of New Liquor/Beer Agent

To be completed by Corporate Officer or Member of LLC

I, David A. Lenz, officer/member for Madison High Crossing Lodging Investors II, LLC
(Corporation/LLC), doing business as Fairfield Inn & Suites, authorize and appoint
Eric Rottier (Name) as the liquor/beer agent for the premise
located at 2702 Crossroads Drive, Madison, WI

Subscribed and sworn to before me this 14th Day of October, 2009
Barbara S. Fletcher Signature of Officer/Member

Barbara S. Fletcher
Notary Public, Dane County, Wisconsin

My Commission Expires March 17, 2013

To be completed by appointed Liquor/Beer Agent

I, Eric Rottier, appointed liquor/beer agent for
Madison High Crossing Lodging Investors II, LLC (name of Corporation or LLC), being first duly sworn
say I have vested in me, by properly authorized and executed written delegation, full authority
and control of the premise described in the license of such corporation or limited liability
company, and I am involved in the actual conduct of the business as an employee, or have a
direct financial interest in the business of the licensee, therein relating to the intoxicating
liquor/fermented malt beverage. The interest I have in the business is 0 %.

Subscribed and sworn to before me this 14th Day of October, 2009
Barbara S. Fletcher Signature of Agent

Barbara S. Fletcher
Notary Public, Dane County, Wisconsin

My Commission Expires March 17, 2013

The appointed Liquor/Beer Agent must complete the other side of this form.