

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk

For the license period beginning 06/01 20 09 ;
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)

Applicant's Wisconsin Seller's Permit Number:	
Federal Employer Identification Number (FEIN):	
LICENSE REQUESTED ▶	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<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	\$
TOTAL FEE	\$

- 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): ▶ Chetan 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>President</u>	<u>Resham Singh</u>	<u>1301 Starr Grass Dr. Madison, WI</u>	<u>53719</u>
Vice President/Member	<u>Vice President</u>	<u>Manjinder Kaur</u>	<u>1301 Starr Grass Drive, Madison, WI</u>	<u>53719</u>
Secretary/Member				
Treasurer/Member				
Agent ▶		<u>Resham Singh</u>	<u>1301 Starr Grass Dr. Madison, WI</u>	<u>53719</u>
Directors/Managers		<u>Resham Singh</u>	<u>1301 Starr Grass Dr. Madison, WI</u>	<u>53719</u>

- 3 Trade Name ▶ Swagat Groceries Business Phone Number 608-827-7188
4 Address of Premises ▶ 6717 Odana Road Post Office & Zip Code ▶ 53719

- 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 03/26/09 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) _____

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? Resham & Manjit LLC

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 20th day of June, 2009

(Clerk/Notary Public)

My commission expires 03/21/2010

Resham Singh
(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)

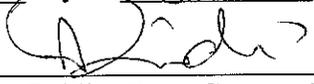
TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>6-30-09</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

Liquor/Beer Agent Authorization

I, MANJINDER KAUR, officer/member for Chetan LLC
(Corporation/LLC), doing business as Swagat Indian Groceries, authorize and appoint
RESHAM SINGH (Name) as the liquor/beer agent for the premise
located at 6717 Odana Rd. Madison, WI 53719.

Subscribed and sworn to before me this

20th Day of June, 2009


Notary Public, Dane County, Wisconsin
My Commission Expires 03/21/2010

Manjinder Kaur
Signature of Officer/Member

Acceptance of Liquor/Beer Agent Appointment

I, RESHAM SINGH, appointed **liquor/beer agent** for
Chetan 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 50 %

Subscribed and sworn to before me this

20 Day of 06, 2009


Notary Public, Dane County, Wisconsin
My Commission Expires 03/21/2010

Resham Singh
Signature of Agent