

ORIGINAL

ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk Read instructions on reverse side.

For the license period beginning July 1, 2008; ending June 30, 2009

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

County of Dane Aldermanic Dist No 4 (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A Individual or Partnership:

Full Name(s) (Last, First and Middle Name)

Home Address

Capitol Lakes, Inc. (f/k/a Meriter Retirement Services Inc) 333 W Main Street Madison WI 53703

B Full Name of Corporation/Nonprofit Organization/Limited Liability Company Capitol Lakes, Inc.

Address of Corporation/Limited Liability Company (if different from licensed premises) Capitol Lakes, Inc.

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>William R. Bagley, Chair</u>	<u>272 Island Pointe Drive Medford OR 97504</u>	<u>97504</u>
Vice President/Member	<u>Lenton R. Merryman, Vice Chair</u>	<u>468 Sterling Point Ct Medford OR 97504</u>	<u>97504</u>
Secretary/Member	<u>Larry J. Boeck, Secretary</u>	<u>930 Town Center Drive Medford OR 97504</u>	<u>97504</u>
Treasurer/Member	<u>Larry J. Boeck, Treasurer</u>	<u>930 Town Center Drive Medford OR 97504</u>	<u>97504</u>
Agent	<u>Blair Clark</u>	<u>1018 S Midvale Blvd Madison WI 53711</u>	<u>53711</u>
Directors/Managers			

C 1 Trade Name Capitol Lakes Inc.

Business Phone Number 608-283-2000

2 Address of Premises 333 W Main Street, Madison WI 53703

Post Office & Zip Code 53703

3 Is agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? Yes No

4 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 Liquor/Beer Supplemental Form

5 Legal description (omit if street address is given above): See street address given above.

6 a Since filing of the last application, has the named licensee, any member of a partnership licensee or any member, officer, director manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any municipality? **If yes, complete reverse side** Yes No

b Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side** Yes No

7 Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** New ownership but committee approved change 1/22/08 - see attached. Yes No

8 Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? Yes No
If not, explain.

9 Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No

10 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

11 Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

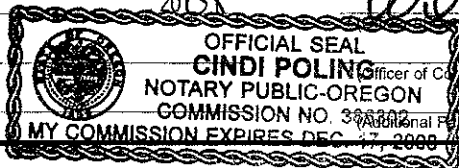
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the 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)

SUBSCRIBED AND SWORN TO BEFORE ME

this 15th day of May, 2008

Cindi Poling
(Clerk/Notary Public)

My commission expires 12/17 2008



TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>6-3-08</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Beth Lori - Liquor license change is on track -- ALRC has approved officer switch

From: "Christianson, Peter C." <PCC@quarles.com>
To: "Beth Lori" <blori@retirement.org>
Date: 1/30/2008 5:15:33 AM
Subject: Liquor license change is on track -- ALRC has approved officer switch
CC: "Moskol, Kerry L." <KMOSKOL@quarles.com>, "Page, Paul M." <PPAGE@quarles.com>, "Ehrmann, Mark T." <MEHRMANN@quarles.com>



City of Madison

Legislative File ID 08790

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version

print

email

Type:	License	Status: Passed
Enactment Date:		Enactment No.:
Title:	Change of Corporate Control - 3 new officers Meriter Retirement Services, Inc. • 2% alcohol, 96% food, 2% other 333 W. Main Street • Agent: Blair Clark Class B Beer, Class C Wine Aldermanic District 4 (Alder Verveer) • Police Sector 405	
Controlling Body:	ALCOHOL LICENSE REVIEW COMMITTEE	
Introduced:	1/13/2008	Version: 1
Final Action:	1/22/2008	Contact: mwitzel-behi@cityofmadison.com
Name:	Meriter Change of Corporate Control	
Extra Date 1:		
Requester:		
Sponsors:		
Attachments:	Legislative File Text	

Legislative History (* Unpublished Data)

Date	Acting Body	Action Taken	Motion
1/16/2008	Unpublished Meeting Data	Pending*	
1/22/2008	Unpublished Meeting Data	Pending*	

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Liquor/Beer Renewal Supplemental Form

Corporation or LLC

- 1 Name of Corporation or LLC Capitol Lakes, Inc.
- 2 Address of Licensed Premise 333 W. Main Street, Madison, WI 53703
- 3 State Seller's Permit Number 004 - 0 0 0 0 2 7 0 6 9 7 0 1
- 4 Federal Employer Identification Number 39-1412320
- 5 Approximate square footage of licensed premise 2960(Dining) 750(Kitchen)
- 6 Capacity 85
- 7 Areas where alcohol beverages are sold/permitted (include outdoor seating, if applicable)
- Dining Room
- 8 Areas where alcohol beverages are stored Kitchen
- 9 Indicate the estimated percent of liquor/beer vs. food business, based on gross sales
- 1 % Alcohol 99 % Food % Other
10. **Establishments with a capacity of 100 or more:**
- (a) Do you offer or allow live music performances? Yes X No
- (b) Do you have a designated dance floor area? Yes X No
- (c) Do you offer or allow the use of a disc jockey? Yes X No
11. **Establishments that currently hold Nightclub Licenses:**
- Does your approved Security Plan remain in force and unchanged? Yes No
12. **Establishments that currently hold Centers for Visual & Performing Arts Licenses:**
- Do your underage identification and security procedures remain in force and unchanged, as approved on your initial application? Yes No
13. Notify me when Tavern Safety Training sessions have been scheduled. No notice needed.

14 How long has the Liquor/Beer Agent resided in the State of Wisconsin? 30 yrs.

15 Percentage of the business owned by the Liquor/Beer Agent -0- %

16 Has the Agent completed the Beverage Server Training Course? Yes No

17 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.

Law Dock Inc.
Name

411 E. Wisconsin Ave. Suite 2040 Milwaukee, WI 53202
Address City State Zip

18 List names and addresses of all directors, stockholders, members, and managers below

Names of Directors/Members	Home Address, City, State, Zip
William R. Bagley, Chair	272 Island Point Drive, Medford, OR 97504
Lenton R. Merryman, Vice Chair	468 Sterling Point Ct., Medford, OR 97504
Larry J. Boeck, Secretary/Treasurer	930 Town Center Drive, Medford, OR 97504

Names of Stockholders (Corporation Only)	Home Address, City, State, Zip	% of Ownership (must = 100%)
 		
 		
 		

Name(s) of Manager(s)	Home Address, City, State, Zip	Phone #
 		
 		
 		

19. Beth Lori 541-857-7223
Who to contact 8 a.m - 4:30 p.m. regarding problems with application Contact Phone Number

blori@retirement.org
Contact E-mail Address, if possible

X 
Signature of Officer/Member

5-15-2008
Date