



Change of Officers

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)

LICLIA-2019-01247
(License number)

#3, Field
(Alder District # and Name)
Office Use Only

- o This application is to inform the city of any changes in corporate structure.
- o **The fee** for filing this application is \$25.00.
- o Please include a completed a **Background Investigation Form** and copy of a **picture ID** for each **new** officer/member/director with this application (not necessary for title changes).

Licensed Premises Information

This application modifies existing alcohol license number: LICLIA - 2019-01247

Business dba Name: CITY VIEW LIQUOR

Licensed Address: 10420 COTTAGE GROVE RD. STE. 105

Liquor/Beer Agent Name: JESSE BEIERLE Alder, District #: 3

Corporate Information

Business Legal Name (as on WI State Sellers Permit): HJ LIQUORS LLC

Business Mailing Address: 525 UNIVERSITY AVE MADISON, WI 53703

Business Contact Name, Position: HERBERT W. TAYLOR, OWNER
(608-255-7900 (8))

Business Phone: 920-428-6787 (C) Business Email: hjliquors@gmail.com

List New Officers/Members/Directors, if applicable (attach background check form for each):

Name	Title
HERBERT W. TAYLOR	OWNER
NO NEW MEMBERS	

Officers/Members/Directors who will no longer hold their positions:

Name	Former Title
JOEL R. KOUSA	OWNER / PRESIDENT

continued on page two -OVER

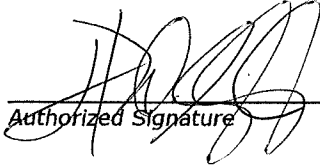
Do any of the officers/members/directors possess any interest or control in any other Class A, B or C license?

☐ No ☒ Yes, explain: ANOTHER CLASS A LUBRIC STORE, UNIVERSITY AVE LUBRIC

After this change, how many total officers/members/directors will be in the organization?: 1

Will this change alter your business plan? ☒ No ☐ Yes, please attach new business plan with application.

Penalty for materially false application information: Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.


Authorized Signature

06/10/2025
Date

☐ Form submitted by mail/e-mail
Office Use Only

ASSIGNMENT OF MEMBERSHIP INTEREST

This Assignment of Membership Interest ("*Assignment*") is made effective as of May 31, 2025 be and between Joel Kouba ("*Assignor*") and HJ Liquors LLC ("*Assignee*").

RECITALS

WHEREAS, Assignor and Assignee are parties to that certain Redemption and Release Agreement (the "Agreement") of even date herewith pursuant to which Assignee agreed to sell, convey and assign to Assignor and Assignor agreed to purchase, acquire and buys from Assignee a 50% Percentage Interest in the Assignor (the "Redeemed Interest").

NOW, WHEREFORE, in consideration of the foregoing recitals and Assignee's interest in Assignor, Assignor and Assignee agree as follows:

1. Assignor hereby assigns to Assignee, and Assignee accepts from Assignor, the Redeemed Interest.
2. All representations, warranties and covenants from the Agreement are hereby incorporated by reference.

IN WITNESS WHEREOF, the parties hereto have duly executed this Assignment on the date first above written.

ASSIGNOR



Joel Kouba

ASSIGNEE
HJ Liquors LLC

By: Herbert Taylor

Herbert Taylor, Authorized Member



Liquor/Beer License Application

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Class A: ☒ Beer, ☒ Liquor, ☒ Cider
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LICLIA-2019-01247

(License number)

#3, Field 627
(Alder District #) (Police Sector)
Office Use Only

Section A – Applicant

- List the name of your ☐ Sole Proprietor, ☐ Partnership, ☐ Corporation/Nonprofit Organization or ☒ Limited Liability Company exactly as it appears on your State Seller's Permit.
HJ LIQUORS LLC
- Trade Name (doing business as) CITY VIEW LIQUOR
- Address to be licensed 6420 COTTAGE GROVE RD MADISON, WI 53718 SUITE 105
- Mailing address 6420 COTTAGE GROVE RD SUITE 105 MADISON, WI 53718
- Anticipated opening date 02/21/2020
- Is the applicant an employee or agent of, or acting of behalf of anyone except the applicant named in question 1?
☒ No ☐ Yes (explain)

- Does another alcohol beverage licensee or wholesale permittee have interest in this business? ☒ No ☐ Yes (explain)

Section B—Premises

- Describe in words the building or buildings where alcohol beverages are to be sold and stored. Include all rooms including living quarters, if used, and any outdoor seating used for the sales, service, and/or storage of alcohol beverages and receipts. Alcohol beverages may be sold and stored only on the premises as approved by Common Council and described on license.
FIRST FLOOR, ROUGHLY 3500 FT² COUNSEL SPACE AND OFFICE. TWO LARGE WALK-IN COOLERS FOR BEER, TWO THREE DOOR UPRIGHT COOLERS FOR RTDS. STORAGE IN BACK ROOM. SALES FLOOR CONSISTS OF SHELVING AND DISPLAY SPACE.

9. Applicants for on-premises consumption only. Estimated capacity (patrons and employees):

Indoor: _____ Outdoor: _____

10. Describe existing parking and how parking lot is to be monitored.

11. Was this premises licensed for the sale of liquor or beer during the past license year?

☐ No ☒ Yes, license issued to HJ LIQUORS LLC (name of licensee)

Section C—Corporate Information

This section applies to corporations, nonprofit organizations, and Limited Liability Companies only. Sole proprietorships and partnerships, skip to Section D.

12. Name of liquor license agent JESSE BEIERLE

13. City, state in which agent resides STOUGHTON, WI

14. How long has the agent continuously resided in the State of Wisconsin? 25+ YEARS

15. Has the liquor license agent completed the responsible beverage server training course?

☐ No, but will complete prior to ALRC meeting ☒ Yes, date completed 2020

16. State and date of registration of corporation, nonprofit organization, or LLC.

09/2009, WISCONSIN

17. In the table below list the directors of your corporation or the members of your LLC.

☐ Attach background check forms for each director/member.

Title	Name	City and State of Residence
OWNER	HERBERT W. TAYLOR	Mc FARRLAND, WI

18. Registered agent for your corporation or LLC. This is your agent for service of process, notice or demand required or permitted by law to be served on the corporation. This is not necessarily the same as your liquor agent.

HERBERT W. TAYLOR

19. Is applicant a subsidiary of any other corporation or LLC?

☒ No ☐ Yes (explain) _____

20. Does the corporation, any officer, any director, any stockholder, liquor agent, LLC, any member, or any manager hold any interest in any other alcohol beverage license or permit in Wisconsin?

☐ No ☒ Yes (explain) UNIVERSITY AVE LIQUOR, ANOTHER DBA

Section D—Business Plan

21. What type of establishment is contemplated?

- ☐ Tavern ☐ Nightclub ☐ Restaurant ☒ Liquor Store ☐ Grocery Store
☐ Convenience Store without gas pumps ☐ Convenience Store with gas pumps
☐ Other _____

22. 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? ☒ No ☐ Yes

23. Hours of operation: please enter opening and closing times in the table below.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
9 - 9	9 - 9	9 - 9	9 - 9	9 - 9	9 - 9	9 - 9
(Class B only) Enter below any hours when food service will not be available, if applicable						
-	-	-	-	-	-	-

Section E—Consumption on Premises

This section applies to Class B and Class C applicants only. Class A license applicants (consumption off premises) may skip to Section F.

24. Indicate any other product/service offered. _____

25. All restaurants and taverns serving alcohol must substantiate their gross receipts for food and alcohol beverage sales broken down by percentage. (Note: Non-alcoholic drinks are classified as "Food.") New establishments estimate percentages:

_____ % Alcohol _____ % Food _____ % Other

If applicable, describe "Other": _____

Do you have written records to document the percentages shown? ☐ No ☐ Yes
You may be required to submit documentation verifying the percentages indicated.

26. Do you plan to have live entertainment? ☐ No ☐ Yes—what kind? _____

If planned entertainment includes live music (except solo acoustic), a DJ, or a designated dance floor, please also complete an Entertainment License.

Section F—Required Contacts and Filings

27. I understand that liquor/beer license renewal applications are due April 15 of every year, regardless of when license was initially granted. ☐ No ☒ Yes

28. I understand that I am required to host an information session at least one week before the ALRC meeting. ☐ No ☒ Yes

29. I agree to contact the Alderperson for this location to discuss my application and to invite the Alderperson to my information session. ☐ No ☒ Yes

30. I agree to contact the Police Department District Captain for this location prior to the ALRC meeting. ☐ No ☒ Yes
31. I agree to contact the Deputy Clerk prior to the ALRC meeting. ☐ No ☒ Yes
32. I agree to contact the neighborhood association representative prior to the ALRC meeting. ☐ No ☒ Yes
33. I intend to operate under the alcohol license within 180 days of the Common Council granting this license. The license shall be considered surrendered if not issued within 180 days of being granted. ☐ No ☒ Yes
34. I understand we must file a Special Occupational Tax return (TTB form 5630.5) before beginning business. [phone 1-800-937-8864] ☐ No ☒ Yes
35. I understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in question 1, above. [phone 608-266-2776] ☐ No ☒ Yes
36. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☒ No ☐ Yes

Section G—Information for Clerk's Office

37. This application is for the license period ending June 30, 202025.
38. State Seller's Permit 4 5 6 - 1 0 2 6 7 3 3 6 9 8 - 0 3
39. Federal Employer Identification Number 27-0781257
40. Who may we contact between 8 a.m. and 4:30 p.m. regarding this license?

Contact person HERBERT W. TAYLOR

Business phone 920-428-6787 Business e-mail address _____

Preferred language ENGLISH

If needed, a qualified interpreter can be provided at no charge to you. Would you like an interpreter?

☐ Yes (language: _____)

☐ No (If you answer no and you do require an interpreter, the ALRC will refer your application to a subsequent meeting and this may delay your application process)

Si usted requiere o necesita un/a intérprete, nosotros podemos proveer un/a intérprete sin costo alguno. ¿Le gustaría tener un/a intérprete?

☐ Sí, lenguaje: _____

☐ No. Si usted escoge "no" en la solicitud/aplicación, y usted sí requiere un/a intérprete, el comité remitirá su solicitud para una nueva junta y esto puede atrasar el proceso de su solicitud.

41. Corporate attorney, if applicable: Name _____

Phone _____ E-mail _____

NOTICE: Completed application are due by noon of the third Monday (fourth, if the Clerk's office is closed on the third Monday) to get on the agenda for the proceeding months Alcohol License Review Committee. A completed application **must** be accompanied by the following items:

- ☐ Copy of State Seller's Permit (Not Business Tax Registration Certificate), ☐ Appointment of Agent (if Corp/LLC),
☐ Member background investigation forms, ☐ Articles of Incorporation (if Corp/LLC), ☐ Floor Plans,
☐ Copy of Lease, ☐ Business Plan, and ☐ Sample Menu (if applying for Class B license)

If required items are missing, the application will not be considered complete and will not be accepted by the Clerk's Office until all requirements are submitted. No exceptions are made.

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 the business according to law, and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. Lack of access to any portion of licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

Penalty for materially false application information: Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.


 (Officer of Corporation/Member of LLC/Partner/Sole Proprietor)

06/10/2025
 (Date)

Clerk's Office checklist for complete applications

- | | | |
|---|---|--|
| <input type="checkbox"/> WI Seller's Permit Certificate
(matching articles of incorporation) | <input type="checkbox"/> Background investigation form(s) | <input type="checkbox"/> Floor Plans |
| <input type="checkbox"/> FEIN | <input type="checkbox"/> Form for surrender of previous license | <input type="checkbox"/> Lease |
| <input type="checkbox"/> Written description of premises | <input type="checkbox"/> *Articles of Incorporation | <input type="checkbox"/> Business Plan |
| | <input type="checkbox"/> *Appointment of Agent | <input type="checkbox"/> **Sample Menu |
| | * Corporation/LLC only | ** Class B only |

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

- ☐ Orange sign ☐ Orange business card
☐ "Applying for a Liquor/Beer License in the City of Madison" brochure with contact information

Date complete application filed with Clerk's Office _____

Date of ALRC meeting _____ Date license granted by Common Council _____

Date provisional issued _____ Date license issued _____