

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk

For the license period beginning July 1st 20 07 ;
ending June 30th 20 08

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): ▶

Erin's Snug of Madison 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>Member</u>	<u>Jeffry Schluter</u>	<u>S9430 Valley View Road</u>	<u>Plain, WI 53577</u>
Vice President/Member <u>Member</u>	<u>Jerry Waller</u>	<u>4672 Signature Drive</u>	<u>Middleton, WI 53562</u>
Secretary/Member			
Treasurer/Member			
Agent ▶	<u>David Eisner-Kleye</u>		
Directors/Managers			

- 3 Trade Name ▶ Erin's Snug Irish Pub Business Phone Number 608-242-7616

- 4 Address of Premises ▶ 4601 American Parkway Post Office & Zip Code ▶ Madison, WI 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 Wisconsin and date 2/26/07 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) Locked Basement & Storage for Alcohol Only

- 10 Legal description (omit if street address is given above): Entire Premise & Outsie Patio 8400 sq ft, No Living Quarters

- 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? Erin's Snug of Madison

- 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 22 day of JUNE

Daniel W. Scallon
(Clerk/Notary Public)

Daniel W. Scallon Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual

NOTARY PUBLIC

STATE OF WISCONSIN

Officer of Corporation/Member/Manager of Limited Liability Company /Partner

My commission expires 6/6/2010

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>6/22/07</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued <u>74937</u>	

Registrar # 06850

Applicant's Wisconsin Seller's Permit Number: <u>004-0003277228-01</u>	
Federal Employer Identification Number (FEIN): <u>203526353</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>20</u>
<input type="checkbox"/> Wholesale beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$ <u>[scribble]</u>
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$
TOTAL FEE	\$ <u>20</u>

8C) JERRY WALLER & SCHLUTER CONSTRUCTION OWN 50/50 ERIN'S
SNUG IN REEDSBURG WI

LEGISTAR # 04053

City of Madison Liquor/Beer Original Supplemental Form

Office Use Only

- | | |
|--|--|
| <input checked="" type="checkbox"/> Seller's Permit Number
<input checked="" type="checkbox"/> Federal Employer Identification Number
<input checked="" type="checkbox"/> Notarized Original Application Form (AT-106)
<input checked="" type="checkbox"/> Notarized Supplemental Form
<input checked="" type="checkbox"/> Description of Licensed Premise
<input checked="" type="checkbox"/> Notarized Auxiliary Questionnaire(s) (AT-103)
<input checked="" type="checkbox"/> Background Investigation Form(s)
<input checked="" type="checkbox"/> Floor Plans | <input type="checkbox"/> Lease
<input type="checkbox"/> Notarized Transfer of Ownership Letter
<input checked="" type="checkbox"/> *Schedule of Appointment of Agent (AT-104)
<input checked="" type="checkbox"/> *Notarized Agent Appointment/Acceptance Form
<input type="checkbox"/> *Articles of Incorporation/ Organization
<input type="checkbox"/> Sample Menu, if possible
<input type="checkbox"/> Business Plan, if one exists
* Forms required of Corporation/LLC only |
|--|--|

- ✓ All applicants must provide an adequate premise plan that includes exterior and interior dimensions, position of stairs and all entrances and exits, normal and customary use of each room, placement of major appliances, furniture and large gaming tables, placement and dimensions of all bar(s), and graphic representation of the normal position of booths, bar stools, tables and chairs **Premise plans must be no larger than 8 ½ x 14.**
- ✓ New structures must submit to Building Inspection two sets of plans, signed and sealed by a registered architect or engineer.
- ✓ **Applicant/partners/Liquor Agent must be enrolled in or have completed the Beverage Server Training course before appearing before the Alcohol License Review Committee.**

Prior to your hearing before the Alcohol License Review Committee (ALRC), you must contact the Alderperson of the District in which you intend to do business, the representative of the appropriate neighborhood association (if any), the Madison Police Department, and the Alcohol Policy Coordinator.

- Alderperson SANTIAGO ROSAS can be reached at 274-9197 at the Common Council Office (266-4071), or via e-mail at council@cityofmadison.com.
- The name of the neighborhood association representative can be obtained by calling the Planning and Development Department at 266-4635 or online at www.ci.madison.wi.us/neighborhoods/contacts.htm.
- Police Department Central District Captain Mary Schauf (Sector 400) can be reached at 266-4316.
- Police Department East District Captain Jill Klubertanz (Sector 600) can be reached at 267-2100.
- Police Department North District Captain Richard Bach (Sector 500) can be reached at 245-3652.
- Police Department West District Captain Jay Lengfeld (Sectors 100-200) can be reached at 288-6152.
- Police Department South District Captain James Wheeler (Sector 300) can be reached at 267-8687.
- Alcohol Policy Coordinator Joel Plant can be reached at 264-9295.

1. 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

2. Are there any special conditions desired by the neighborhood? Yes No

Explain. _____

3. Name of Applicant/Partner/Corporation/LLC ERIN'S SMUG OF MADISON

4. Telephone Number: 608-546-2671

5. Address of Licensed Premise 4601 AMERICAN PARKWAY MADISON, WI 53718

6. Anticipated opening date: 7/15/07

7. Mailing address if not opening immediately PO BOX 45 PLAIN WI 53577

8. What type of establishment is contemplated? Tavern Nightclub Restaurant
 Liquor Store Grocery Store Convenience Store – Gas Pumps Yes No
 Other Please explain IRISH PUB + RESTAURANT

9. Business Description including hours of operation and if entertainment is part of your venue, what type:
PUB + RESTAURANT WITH ACOUSTICAL ENTERTAINMENT OPEN FROM 11 AM TO BAR TIME

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.**

8700 SQ FT BUILDING W/ 230 PERSON CAPACITY AND OUTDOOR PATIO. APPROXIMATELY 22x30 BAR WHICH SEATS ABOUT 45 PERSONS. Alcohol stored behind bar and in locked storage in basement.

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. PLANNED 30 CAR PARKING LOT MONITORED BY SECURITY CAMERAS

13. Describe your management experience, staffing levels, duties and employee training.
MANAGEMENT HAS OPERATED SEVERAL SUCCESSFUL RESTAURANT/BARS. FULLY STAFF @ PEAK TIME WITH 18-20 PERSONS TRAINING IS 2 WEEK PROCESS

14. 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. DAVID EISNER-KLEYE

Name

7718 RADCLIFF DRIVE

Address

MADISON

City

WI 53719

State

Zip

15. Excluding pre-packaged snacks, how late will food be served? 1 HOUR BEFORE CLOSING

16. What type of food will you be serving, if any? IRISH, AMERICAN, WIDE VARIETY SEE ATTACHED MENU

17. Indicate any other product/service offered: BANQUET FACILITIES, CORPORATE MEETING ROOMS

18. Describe your target market. 27-62, INCOME \$32,000 ANNUAL SINGLE \$75,000 DUAL INCOME

19. What is your estimated capacity? 230

20. Are you operating under a lease or franchise agreement? Yes No (If yes, attach a copy)

21. Owner of building where establishment is located: ERIN'S SMUG OF MADISON

Address of Owner: 4601 AMERICAN PARKWAY Phone Number 608-546-2671

22. Individual or Partnership: Have individual/partners completed the Beverage Server Training Course? Yes No If Yes, indicate names: _____

License cannot be issued until proof of Beverage Server Training completion is shown.

23. Corporation/LLC: Will liquor/beer agent be a Wisconsin resident at the time of granting? Yes No

24. Corporation/LLC: Agent must disclose interest held in business: 0 %

25. Corporation/LLC: Has agent completed the Beverage Server Training Course? Yes No

License cannot be issued until proof of Beverage Server Training completion is shown.

26. Corporation/LLC: List Directors, Stockholders, and Managers below.

Director(s) Name	Home Address

Stockholder's Name	Address	Extent of Ownership%
SCHULTER CONST	510 MAIN STREET PLAIN WI 53577	50%
JERRY WALLER	4672 SIGNATURE DRIVE MIDDLETON WI 53562	50%

Manager's Name	Address	Business Phone	Home Phone
DAVID EISNER-KLEYLE	7718 RAOLIFF DRIVE MADISON WI 53719	608-220-5540	

27. 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
28. 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.**

Calendar/fiscal year: January 1 – December 31 July 1 – June 30

Percent Gross Receipts from Alcohol Beverages	40	%
Percent Gross Receipts from Food	60	%
Percent Gross Receipts from Other		%
Total Gross Receipts	100	%

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.

29. What type of establishment are you? (Check all that apply) Tavern Restaurant Nightclub
 Other Please explain: _____

30. Will your establishment have a kitchen manager? Yes No

31. Will your establishment be a member of the Wisconsin Restaurant Association? Yes No

32. How many wait staff will be employed at the establishment? 25-30

33. What hours, if any, will food service not be available? LAST HOUR OF BUSINESS DAILY

34. Describe how you plan to advertise/promote your business. What products will you be advertising?
BILLBOARD, PRINT, LIMITED RADIO

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 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 must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.) 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.

DANIEL W. SCALLON
 NOTARY PUBLIC
 STATE OF WISCONSIN

SUBSCRIBED AND SWORN TO BEFORE ME:

this 22 day of JUNE, 2007

Daniel W. Scallon
 (Clerk/Notary Public)

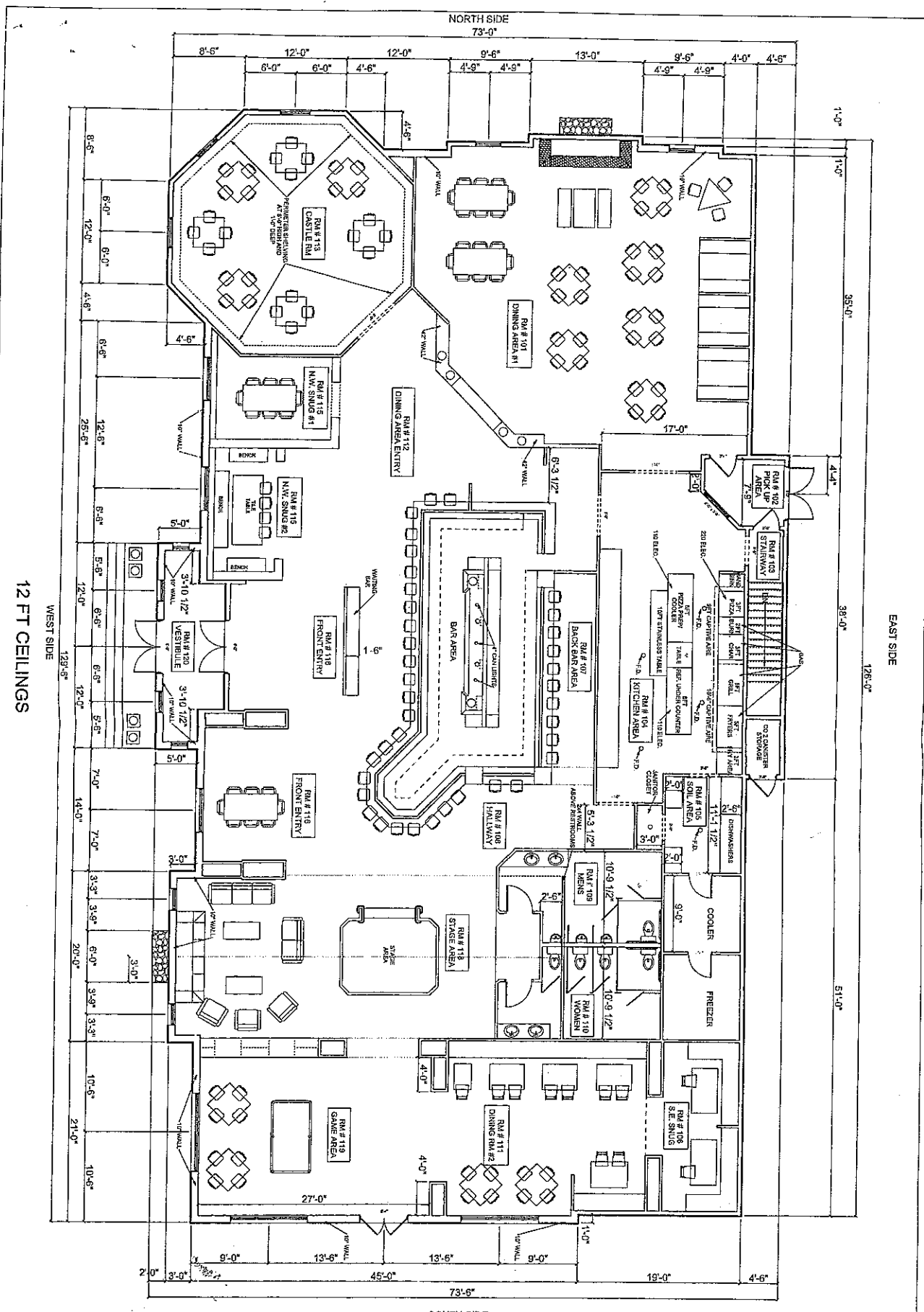
My commission expires 6/6/2010

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


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

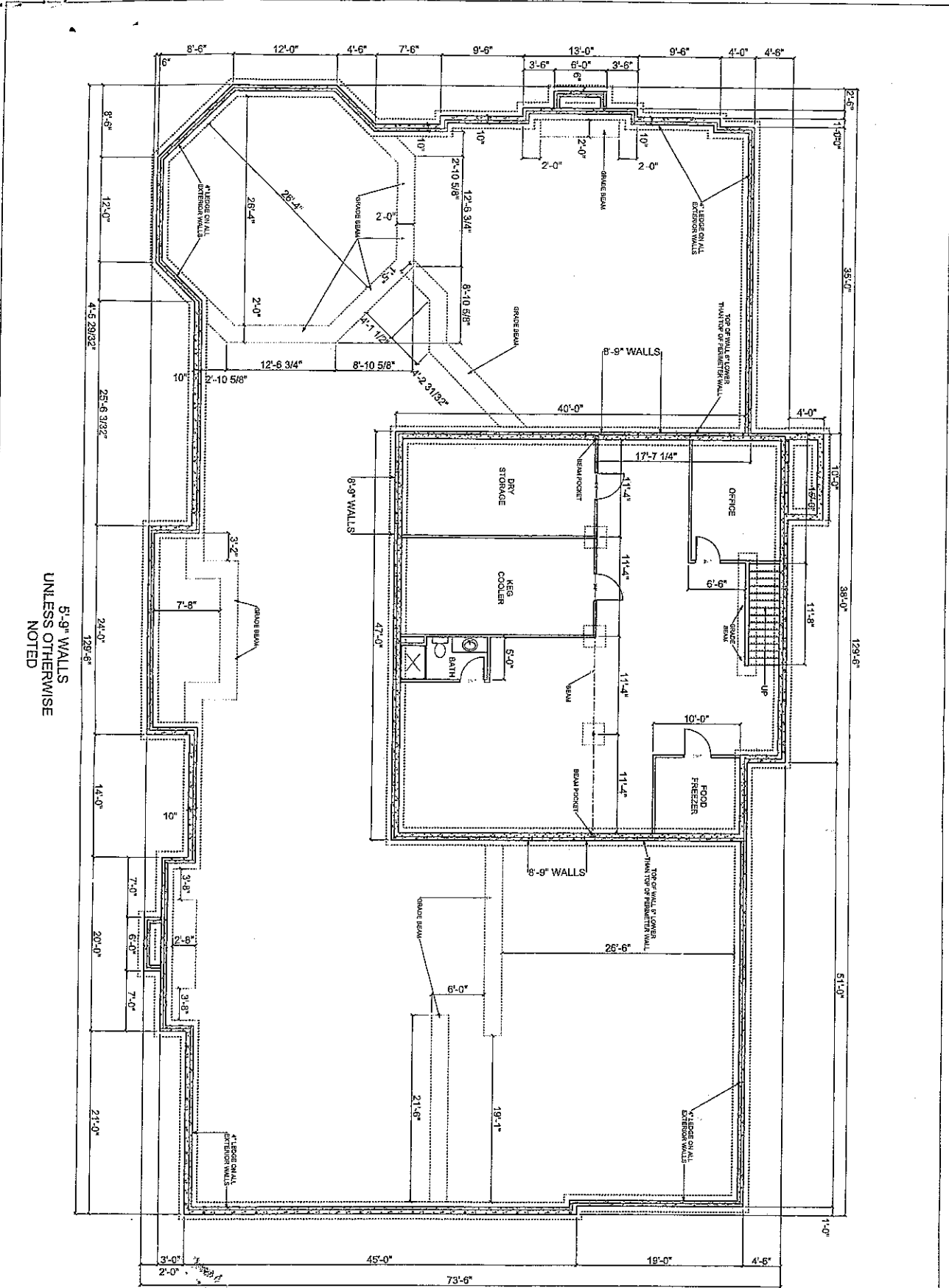
[Signature]
 (Officer of Corporation/Member/Manager of LLC/Partner/Individual)

If you have any questions, please contact the City Clerk's Office at (608) 266-4601.



12 FT CEILINGS

 Schluter Construction, Inc. GENERAL CONTRACTOR 510 MAIN STREET P.O. BOX 45 PLAIN, WI 53577 408/546-2271 FAX 408/546-2107 www.schlutercoast.com	ERINS SNUG #2	THIS DRAWING AND DESIGN IS MADE EXCLUSIVELY FOR THE PARTY NAMED IN THE TITLE BLOCK. IT REMAINS THE PROPERTY OF SCHLUTER CONSTRUCTION, INC. AND MAY NOT BE REPRODUCED OR COPIED IN WHOLE OR PART BY ANY METHOD WITHOUT PRIOR CONSENT OF SCHLUTER CONSTRUCTION INC.	DATE 3/30/06 REVISED 6/07/06
	FLOOR PLAN - 8577 SQ FT	SCALE: 3/32" = 1'-0"	DRAWN BY WAR



5-9" WALLS
UNLESS OTHERWISE
NOTED

SCI Schluter Construction, Inc.
GENERAL CONTRACTOR
510 MAIN STREET P.O. BOX 45
PLAIN, WI 53577
608/546-2571
FAX 608/544-9107
www.schluterconst.com

ERINS SNUG #2
FOUNDATION PLAN - 2082 SQ FT

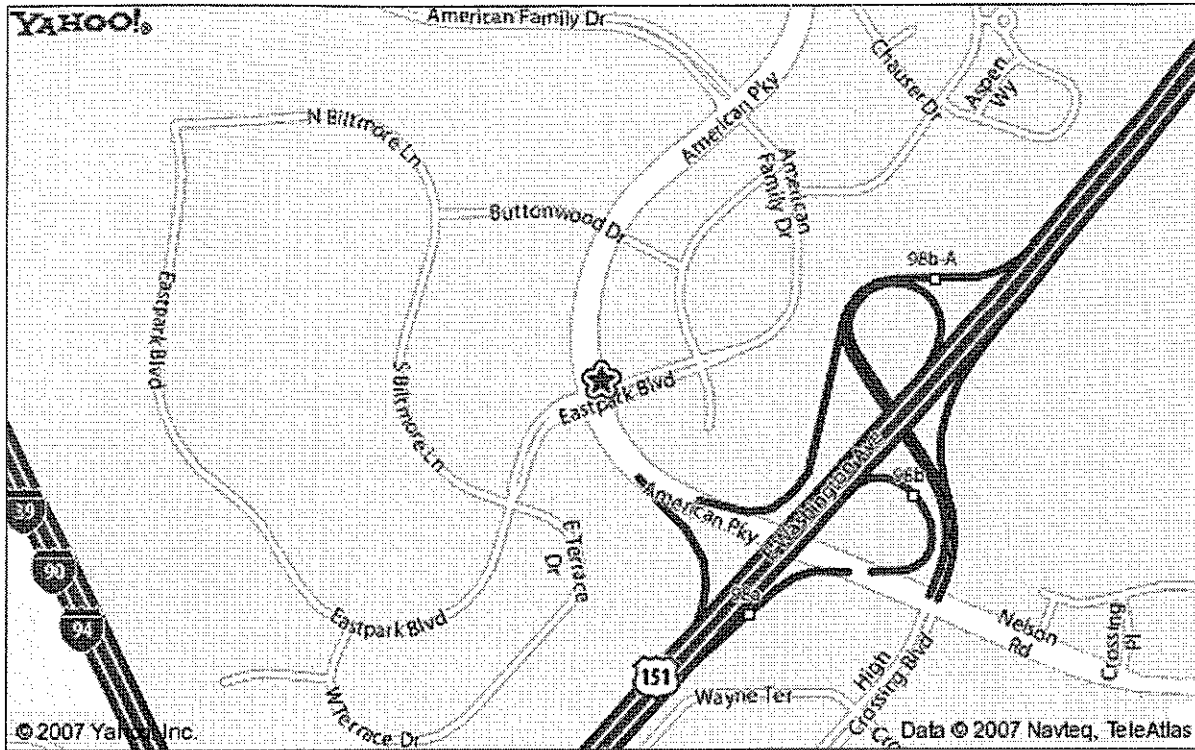
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SCALE: 3/32" = 1'-0"

DRAWN BY
WAR

DATE 3/30/06
REVISED 6/21/06
DRAWING # 4

Yahoo! Maps - 4601 AMERICAN PKWY, Madison, WI 53718, US **YAHOO!** LOCAL
Maps



Your Points of Interest

- 1. Pool Barn (608) 246-9192
5311 Wayne Ter Madison, WI 53718

- 3. Burke Station (608) 249-7777 ★★
5291 Felland Rd Madison, WI 53718

When using any driving directions or map, it's a good idea to do a reality check and make sure the road still exists, watch out for construction, and follow all traffic safety precautions This is only to be used as an aid in planning

