

# ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning July 20 09 ;  
ending June 30 20 10

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

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

Applicant's Wisconsin Seller's Permit Number: <u>456-1026996965-03</u>	
Federal Employer Identification Number (FEIN): <u>23-4393243</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" 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	\$
<b>TOTAL FEE</b>	<b>\$</b>

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): Fat Sandwich Company, 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 Adam Pearlman</u>	<u>555 State Street</u>	<u>Madison, WI 53703</u>
Vice President/Member	<u>Member Nicholas Lewko</u>	<u>555 State Street</u>	<u>Madison, WI 53703</u>
Secretary/Member			
Treasurer/Member			
Agent	<u>ADAM PEARLMAN</u>		
Directors/Managers			

- 3 Trade Name Fat Sandwich Company Business Phone Number 732-939-1509  
4 Address of Premises 555 State Street Post Office & Zip Code Madison, WI 53703

- 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 03/03/09 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.) Food storage and dining area of 2,567 sq ft at 555 State Street.
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?
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 14th day of May, 20 09  
Melinda E. Berto  
(Clerk/Notary Public)  
My commission expires 5/6/2012

[Signature]  
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)  
[Signature]  
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)  
[Signature]  
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <u>5/14/09</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	



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

Students, Young professionals, Bar Traffic

16. What age range would you hope to attract to your establishment? 18-34

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

Thumbtack, Newspapers, Online ordering sites. Unique Menu of Fat Sandwiches.

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

19. Owner of building where establishment is located: State Street Associates, LLC

Address of Owner: 401 N. Carroll St. Madison, WI 53703 Phone Number 608-285-8090

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

Adam Pearlman 555 State Street, Madison, WI 53703  
Name Address

Nicholas Lewko 555 State Street, Madison, WI 53703  
Name Address

Name Address

22. List the Stockholders of your Corporation/LLC

Adam Pearlman 555 State Street, Madison, WI 53703 50%  
Name Address % of Ownership

Nicholas Lewko 555 State Street, Madison, WI, 53703 50%  
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 \_\_\_\_\_

24. What type of food will you be serving, if any? Fat sandwiches, Cheesesteaks, Burgers

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

26. During what hours of your operation do you plan to serve food? 11:00 AM - 3:30 AM

27. What hours, if any, will food service not be available? \_\_\_\_\_

28. Indicate any other product/service offered. Tobacco Products, T-shirts.

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? 30-40

During what hours do you anticipate they will be on duty? 10:30 AM - 9:30 AM

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? \_\_\_\_\_

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?  
100%

39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? 100%

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

42. What is your estimated capacity? 72

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	97 %
Gross Receipts from Other	1 %
<b>Total Gross Receipts</b>	<b>100%</b>

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 14<sup>th</sup> day of May, 2009

Wendy E Barton  
(Clerk/Notary Public)

My commission expires 5/6/2012

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

# Appointment of New Liquor/Beer Agent

## To be completed by Corporate Officer or Member of LLC

I, Adam Pearlman, officer/member for Fat Sandwich Company, LLC  
(Corporation/LLC), doing business as Fat Sandwich Company authorize and appoint  
Adam Pearlman (Name) as the liquor/beer agent for the premise  
located at 555 State Street, Madison

Subscribed and sworn to before me this

14<sup>th</sup> Day of May, 2009

Wendy E. Bactor  
Notary Public, Dane County, Wisconsin

My Commission Expires 5/6/2012

AP  
Signature of Officer/Member

## To be completed by appointed Liquor/Beer Agent

I, Adam Pearlman, appointed liquor/beer agent for  
Fat Sandwich Company, 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

14<sup>th</sup> Day of May, 2009

Wendy E. Bactor  
Notary Public, Dane County, Wisconsin

My Commission Expires 5/6/2012

AP  
Signature of Agent

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