

Application for Change of Licensed Premise

\$25 non-refundable filing fee is charged at time of application. Complete application is due at 12 noon two weeks before ALRC meeting. Applicants must appear before the ALRC.

Please contact City Zoning (MMB LL-100, 608-266-4560). A Conditional Use Permit may be required.

- Detailed floor plans (no larger than 8 ½ x 14) must accompany this form, or the request will not be presented to the ALRC.
- Orange sign- You must display the public notice sign within three days of your application at the current premise until the Common Council makes a final determination.

Prior to your appearance 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.

Alderperson VERVEER can be reached at 255-6858 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 Carl Gloede (Sector 400) can be reached at 261-9694.

Police Department East District Captain Tom Snyder (Sector 600) can be reached at 267-2100.

Police Department North District Captain Cam McLay (Sector 500) can be reached at 245-3652.

Police Department West District Captain Jay Lengfeld (Sectors 100-200) can be reached at 243-0503.

Police Department South District Captain Joe Balles (Sector 300) can be reached at 267-8687.

The Alcohol Policy Coordinator, Mark Woulf can be reached at 264-9295

Corporate/Owner Name Teddy Stevens

DBA T-Sushi

Address 301 W. JOHNSON ST. MADISON WI. 53703

Current Capacity (Indoor): 99 Proposed Capacity (Indoor): _____

Current Capacity (Outdoor): 0 Proposed Capacity (Outdoor): 28

Description of Proposed Changes: OUT DOOR CAFE SETTING

Signature of Applicant Teddy Stevens Date 4-10-12

Application to be considered at the 4/25 ALRC meeting and the 5/1 Council meeting.

License Number LICPCH-2012 00253 Legistar # _____

Routed: City Zoning Building Inspection Madison Police Sector _____ Alder _____ (District _____)

Application for Sidewalk Café License

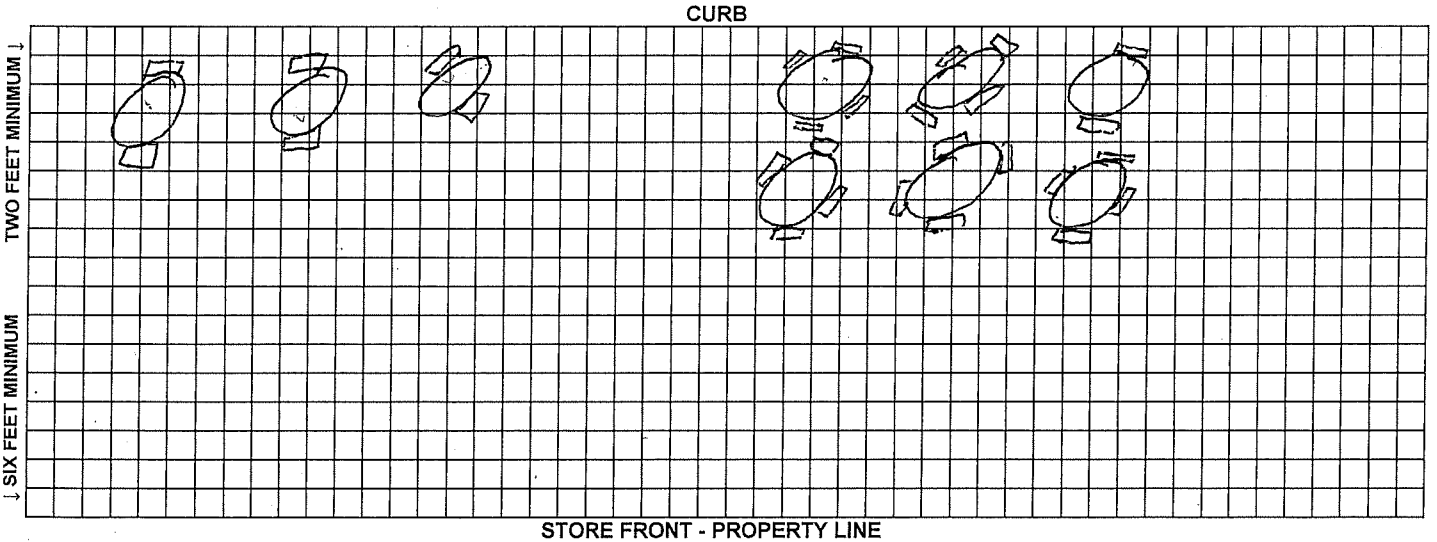
For Year: April 15, 2012 to April 14, 2013

All new applicants and returning sidewalk café operators who wish to make any changes to their sidewalk café must schedule an appointment with the Street Vending Coordinator, who will meet with you at the café site. Include a photo or detailed rendering of your sidewalk café furniture and barrier with your application *whether you are new or returning*. Complete this application and diagram for approval. *Note: Set-up may not obstruct the pedestrian right-of-way. Approved tables, chairs and enclosure must be placed on the contiguous property in front of the business applying for the outdoor location. Owners must set up table area 2 feet from the curb. Tables, chairs and equipment must be removed nightly. A covered trash receptacle must be provided on site.* On the diagram below, identify trees, planter, bus shelter, posts/poles, in front of your business. All equipment such as tables and chairs must be shown on this application. All applications must be approved by the Street Vending Coordinator, 261-9171. **Make checks payable to: City Treasurer (Fees: 1 to 10 chairs: \$300; 11 to 20 chairs: \$400; 21 or more chairs: \$500)**

Name of Corporation or Limited Liability Company <u>T-SASH</u>		Name of Registered Agent <u>Teddy Stevens</u>	Signature/Date <u>[Signature]</u> <u>4-10-12</u>
Restaurant Name <u>T-SASH</u>		License Number Assigned/Date	
Address (Include Zip Code) <u>301 W. JOHNSON ST. MADISON, WI. 53703</u>			
Email Address <u>T.SASH608@YMAIL.COM</u>			
Manager <u>MAT REYNOLDS</u>		Phone <u>608-886-7791</u>	Date of Birth <u>11-10-1973</u>
Driver's License Number <u>5315-8007-3410-00</u>		License Plate Number <u>217-246-7951</u>	
Hours of Operation From: 11:00 AM <u>11:00 AM</u> To: <u>12:00 AM</u>			
Alcohol <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		You are required to have an approved enclosure.	
Employee(s) in Charge of Outdoor Operation <u>4</u>		A.L.R.C. Approval Date	

Diagram Below

Number of Tables <u>9</u>	Number of Chairs <u>28</u>	Display Equipment <u>PATIO SEAT</u>
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Insurance Certificate Date <u>3-15-12</u>	Company <u>CAPITAL INSURANCE</u>	Expiration Date <u>3-15-13</u>
Policy Number		City Approval Date

Write the name of your business on your insurance certificate. Insurance coverage for contiguous property set-up must be approved by City Risk Manager (266-5965).

Signed _____ Date _____
Vending Coordinator

PLEASE SEE REVERSE

WHITE - OBR COPY

PLEASE SEE REVERSE

YELLOW - APPLICANT