

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning September 13 2007 ;
ending June 30 2008

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

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): Marra Kech, 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, Mourad Rguig</u>	<u>1825 Vahlen St. Madison, WI</u>	<u>53704</u>
Vice President/Member	<u>Member, Raehynn Mattie-Rguig</u>	<u>1825 Vahlen St. Madison, WI</u>	<u>53704</u>
Secretary/Member			
Treasurer/Member			
Agent	<u>Mourad Rguig</u>	<u>1825 Vahlen St. Madison, WI</u>	<u>53704</u>

- 3 Trade Name Casbah Restaurant + Lounge Business Phone Number 255-2272

- 4 Address of Premises 119 E. Main St. Madison, WI Post Office & Zip Code 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 7/17/07 of registration Yes No
- (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) 3 floors upstairs dining, main floor bar, lower level seating

- 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? Casbah, LLC
- 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 27 day of July, 2007

[Signature]
(Clerk/Notary Public)

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

My commission expires 7-30-09

[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

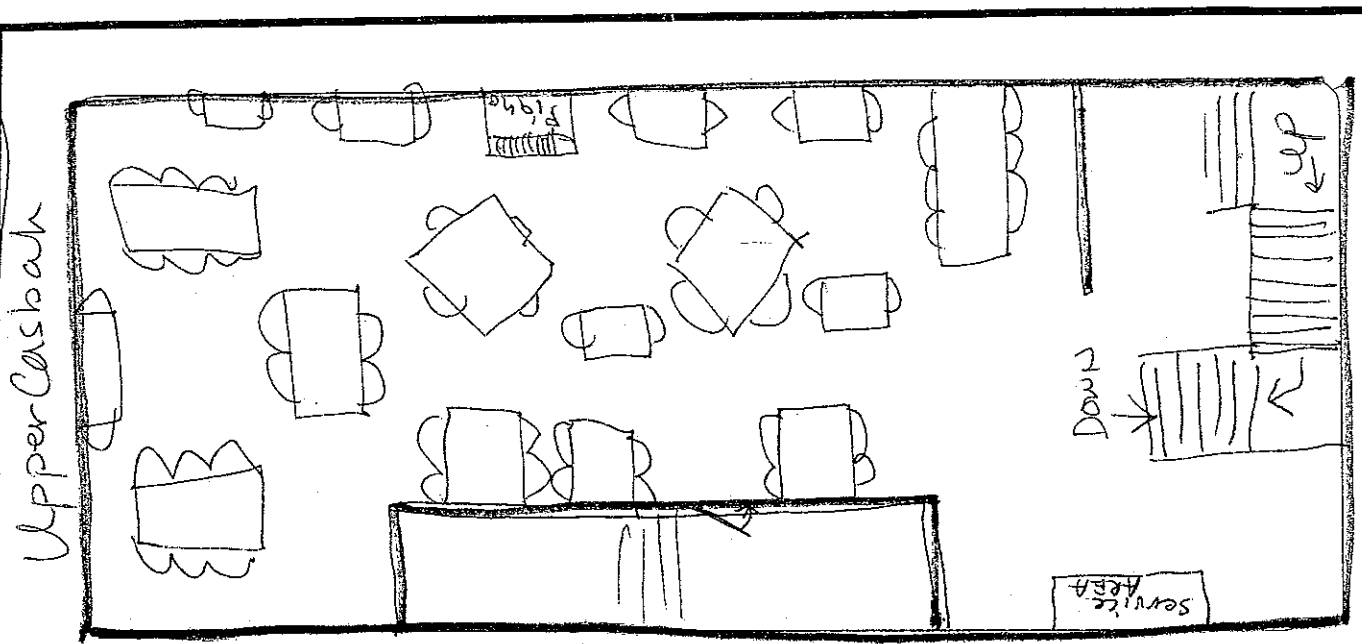
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

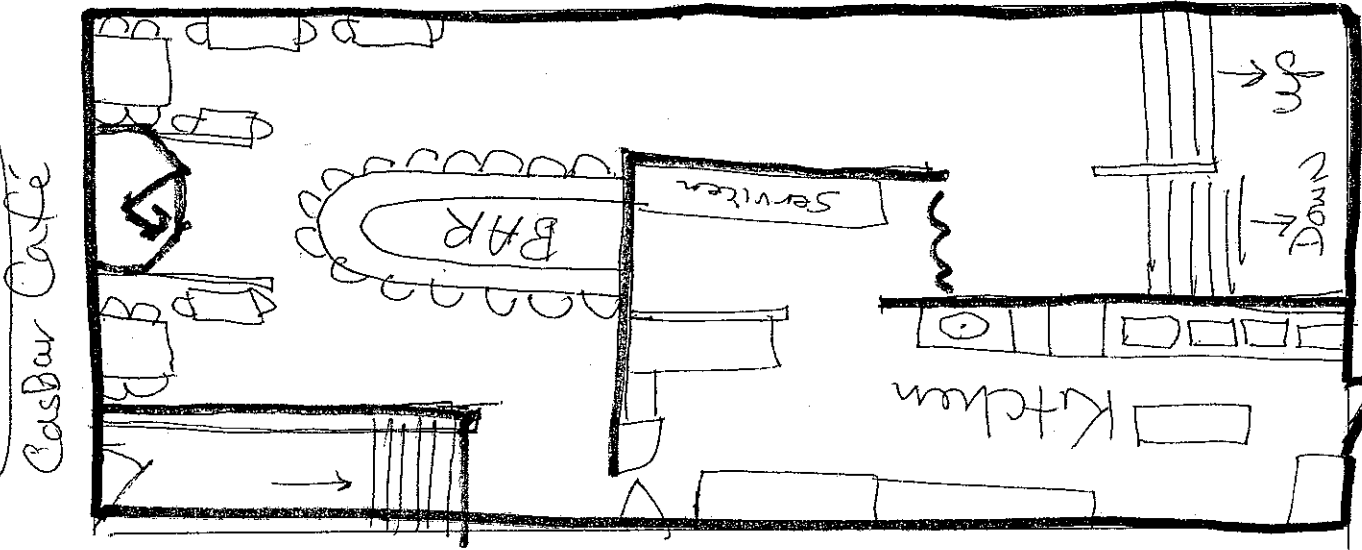
Date received and filed with municipal clerk <u>7-25-07</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued <u>7870S</u>	

DD. 406
Legistar 07/14/07
Alder 04

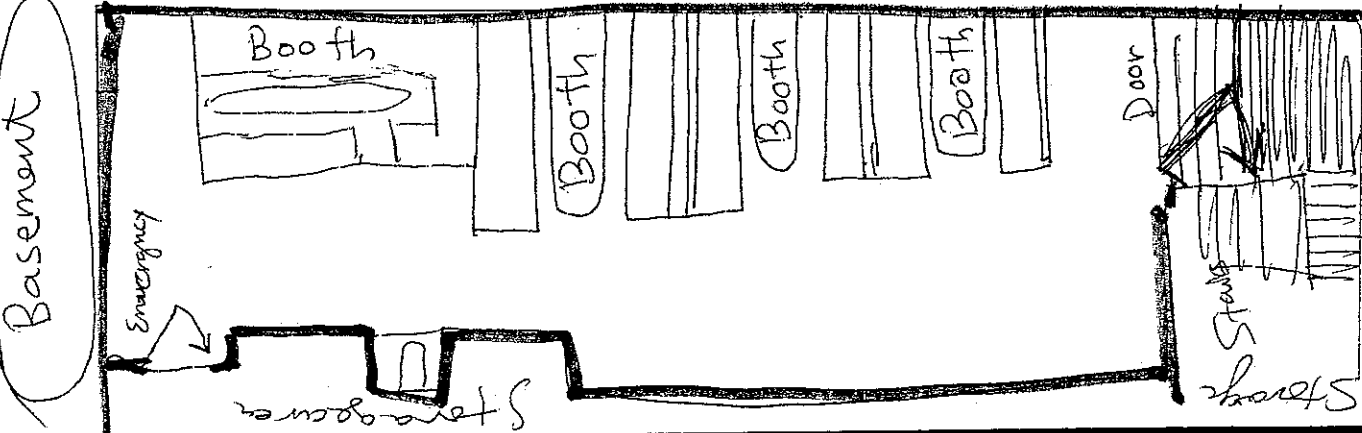
Second floor -



First floor



King Tut's Basement



BAR/DINING DIAGRAM

Provide hand drawn location of bar and full service bar area. Provide location of dining area. Indicate type of separation between full service bar area and dining.

NAME & ADDRESS:

~~119 E. Main St~~ 119 E. Main St
Madison, WI 53703
The Casbah,

RM 7/25/07

NO SMOKING

Smoking after

NO SMOKING

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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): MarraKech, 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, Mourad Rguig</u>	<u>1825 Vahlen St. Madison, WI</u>	<u>53704</u>
Vice President/Member	<u>Member, Raelynn Mattie-Rguig</u>	<u>1825 Vahlen St. Madison, WI</u>	<u>53704</u>
Secretary/Member			
Treasurer/Member			
Agent	<u>Mourad Rguig</u>	<u>1825 Vahlen St. Madison, WI</u>	<u>53704</u>

3. Trade Name Casbah Restaurant + Lounge Business Phone Number 255-2272
4. Address of Premises 119 E Main St. Madison, WI Post Office & Zip Code 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 7/17/07 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.) 3 floors upstairs dining, main floor bar, lower level seating

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? Casbah, LLC
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
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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 23 day of July, 2007
[Signature]
(Clerk/Notary Public)
My commission expires 7-30-09

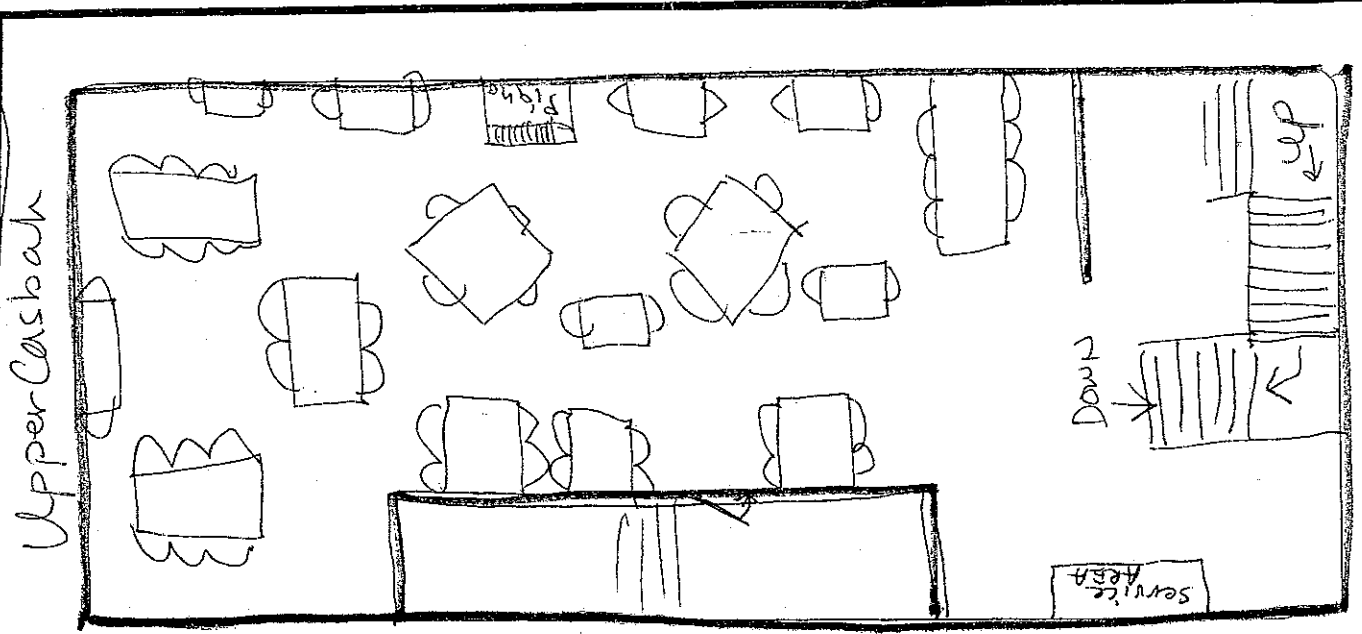
[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
[Signature]
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK			
Date received and filed with municipal clerk	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
<u>7-25-07</u>			
Date license granted	Date license issued	License number issued	
		<u>78705</u>	

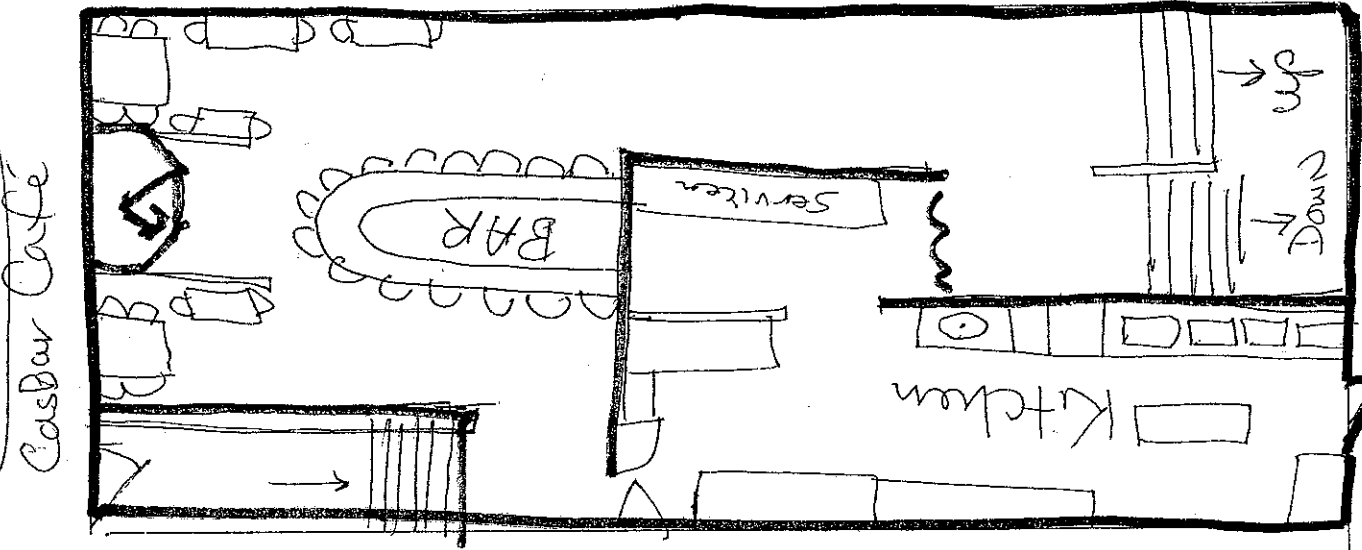
PA. #06
Legistar 07/14/07
Alder 04

Applicant's Wisconsin Seller's Permit Number:	
Federal Employer Identification Number (FEIN):	
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 checked="" type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$
TOTAL FEE	\$

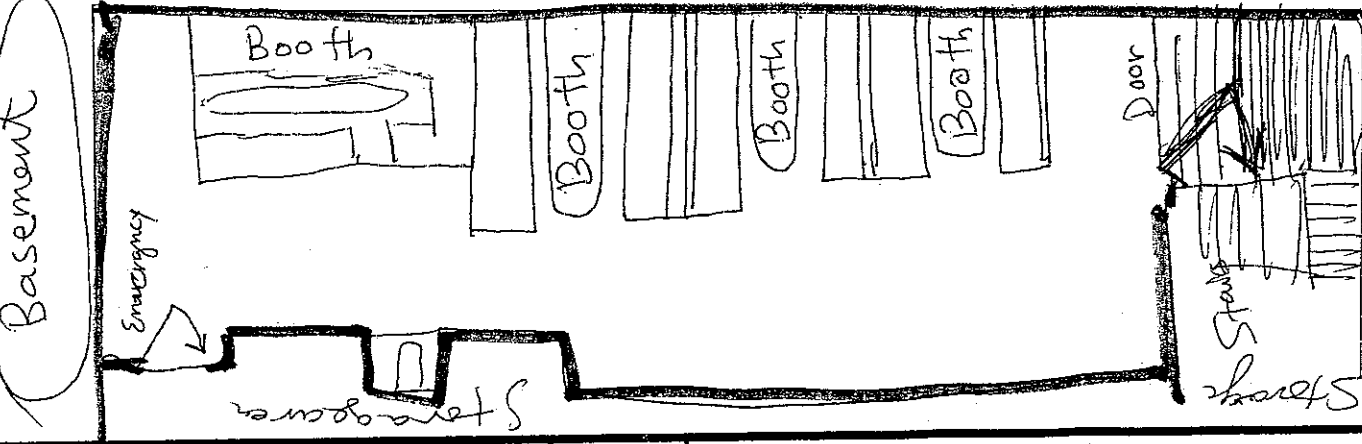
Second floor



First floor



King Tut's Basement



NO SMOKING

Smoking after

NO SMOKING

BAR/DINING DIAGRAM

Provide hand drawn location of bar and full service bar area. Provide location of dining area. Indicate type of separation between full service bar area and dining.

NAME & ADDRESS:

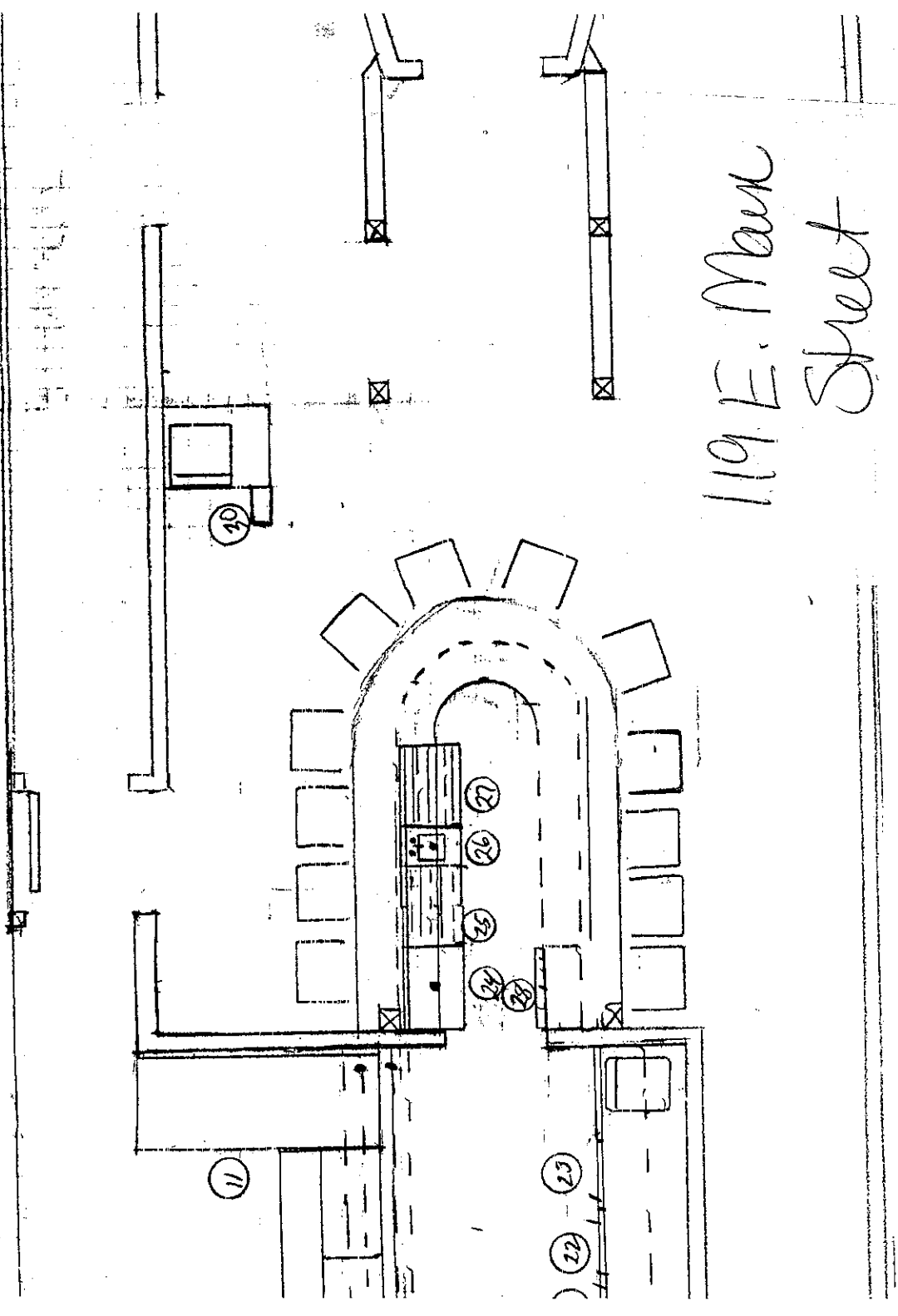
~~Settlers~~ 119 E. Main St
Madison, WI 53703

The Casbah,

RM 7/25/07

1-800-576-8514
 (808) 271-8514
 (808) 271-8288 / FAX
 CEILING

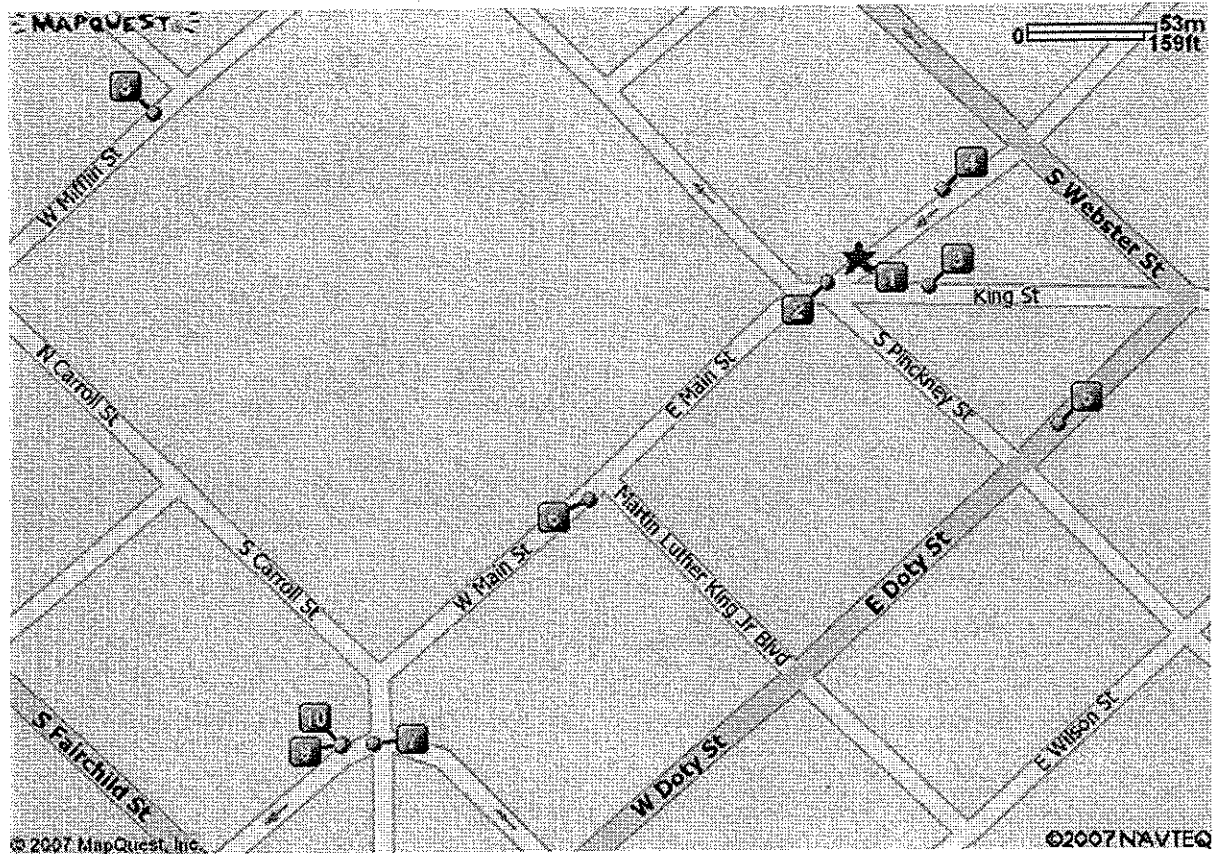
part, for any other project or solicitation and shall not be copied or repr
 form without the expressed written consent of KAYMAUGH RESTAURANT SUPPLY.



119 E. Mark
 Street

15/07

No.	Equipment List	No.	Equipment List
13	Soiled Dishtable 36"	19	Beer Cooler
14	Dish Machine 24"	20	Wire Shelving
15	Clean Dishtable	21	
16	Sink, 2-Compartment with drainboard	22	Wall Mount Wire Shelf
17	Wall Hung Shelf 96"	23	Cash Register
18	Open Number	24	Ice Chest with Cold Plate
12' x 48" x 24"		25	Drainboard 24"
Prep Table 99"		26	Sink, 1-Compartment 12" wide
Worktable 30" x 72"		27	Drainboard 24"
Overshelf		28	Beer Tapper
		29	Open Number
		30	Host/Hostess Station



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This map is informational only. No representation is made or warranty given as to its content. User assumes all risk of use. MapQuest and its suppliers assume no responsibility for any loss or delay resulting from such use.

City of Madison Liquor/Beer Original Supplemental Form

Office Use Only

- | | |
|--|--|
| <input type="checkbox"/> Seller's Permit Number
<input 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 Appointment of New Liquor Agent
<input checked="" type="checkbox"/> Background Investigation Form(s) | <input checked="" type="checkbox"/> Floor Plans
<input checked="" type="checkbox"/> Lease
<input checked="" type="checkbox"/> Notarized Transfer of Ownership Letter
<input checked="" 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 Michael Verwey can be reached at 255-6498 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. Meeting with them the beginning of August.

3. Name of Applicant/Partner/Corporation/LLC Marra Kech, LLC

4. Telephone Number: 608-241-9305

5. Address of Licensed Premise 119 E. Main St. Madison, WI

6. Anticipated opening date: 9/1/07

7. Mailing address if not opening immediately 1825 Van Ken St. Madison, WI 53704

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

9. Business Description including hours of operation and if entertainment is part of your venue, what type:
Casbah Restaurant + Lounge, Sunday 5-9, Mon-Wed 11-9,
Thurs-Sat 11am-2am. Occasional belly dancers, live
dining music.

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.**

3600 sq ft on three floors, alcohol served on
all floors. Alcohol is stored in locked liquor
room 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. Located downtown
and does not have parking lot.

13. Describe your management experience, staffing levels, duties and employee training.

Mourad - 7 years of restaurant management experience, Raelynn -
6 years of management experience, PLUS both have Business Mgmt
education. Staffing - 4 cooks, 10-12 wait staff, host. Training done by owners.

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. Mourad Rguig

Name
1825 Vahlen St Madison, WI 53704
 Address City State Zip

15. Excluding pre-packaged snacks, how late will food be served? 9:00 pm Sun-Wed, 2:00am
Thurs-Sat.

16. What type of food will you be serving, if any? Mediterranean Middle Eastern

17. Indicate any other product/service offered: _____

18. Describe your target market. Downtown + near east residents of Madison,
tourists of Madison, local businesses for lunch.

19. What is your estimated capacity? 99 + 29 + 22 (on second, first + basement)

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: Cliff Fisher
Address of Owner: 107 N. Hancock St. Madison, WI 53703 Phone Number 213-2828

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: 100 %

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
Mourad Rguig	1825 Vanlen St. Madison, WI
Raelynn M. Jatte-Rguig	1825 Vanlen St. Madison, WI

Stockholder's Name	Address	Extent of Ownership%

Manager's Name	Address	Business Phone	Home Phone

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	20 %
Percent Gross Receipts from Food	80 %
Percent Gross Receipts from Other	0 %
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? 10-12

33. What hours, if any, will food service not be available? _____

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

Advertise in the Isthmus + WSS Rhythm

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.

SUBSCRIBED AND SWORN TO BEFORE ME:

this 25 day of July, 20 07

William K. T.

(Clerk/Notary Public)

R. M. ...

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

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

My commission expires 8-30-09

(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.



Notes:

Only text visible within note field will print.

Results 1 to 10 for Bars near 119 E Main St, Madison, WI 53703-3363

1 **Maduro**
117 E Main St, Madison, WI
(0.00 miles away)
608-294-9371

2 **Flatiron Tavern**
102 King St, Madison, WI
(0.01 miles away)
608-287-1455

3 **Opus Lounge**
116 King St, Madison, WI
(0.02 miles away)
608-441-6787

4 **Argus**
123 E Main St, Madison, WI
(0.03 miles away)
608-256-4226

5 **Great Dane Pub & Brewing Co**
123 E Doty St, Madison, WI
(0.07 miles away)
608-284-0000

6 **Brocach Irish Pub**
7 W Main St, Madison, WI
(0.09 miles away)
608-255-2015

7 **Gennas Lounge**
105 W Main St, Madison, WI
(0.18 miles away)
608-255-4770

8 **Kimia Lounge**
14 W Mifflin St, Madison, WI
(0.18 miles away)
608-255-4642

9 **Shamrock Bar**
117 W Main St, Madison, WI
(0.19 miles away)
608-255-5029

10 **Paradise Lounge**
119 W Main St, Madison, WI
(0.19 miles away)
608-256-2263