

City of Madison Supplemental Class B License Application

<input checked="" type="checkbox"/> Seller's Permit Number <input checked="" type="checkbox"/> Federal Employer Identification # <input checked="" type="checkbox"/> Notarized Original Application Form <input checked="" type="checkbox"/> Notarized Supplemental Form <input checked="" type="checkbox"/> Orange Sign (Clerk's Office provides at time of application)	<input checked="" type="checkbox"/> Written Description of Premise <input type="checkbox"/> Background Investigation Form(s) <input checked="" type="checkbox"/> Notarized Transfer of Ownership <input type="checkbox"/> *Articles of Incorporation - on file <input type="checkbox"/> *Notarized Appointment of Agent * Corporation/LLC only - on file	<input checked="" type="checkbox"/> Floor Plans <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Sample Menu <input checked="" type="checkbox"/> Business Plan
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1. Name of Applicant (Partner/Corporation/LLC) SALSAPANTS INC.
 2. Address of Licensed Premise 1851 ~~2534~~ MONROE ST MADISON 53711
 3. Telephone Number: 608 238 4419 4. Anticipated opening date: JULY 9, 2010
 5. Mailing address if not opening immediately same as above

6. 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

7. Are there any special conditions desired by the neighborhood? Yes No
 Explain. _____

8. Business Description, including hours of operation: RESTAURANT

9. Do you plan to have live entertainment? No Yes—What kind? _____

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.**
2400 square feet with a 96 person capacity. Alcohol is stored in a refrigerated walk-in cooler. Normal restaurant seating w/ 2 and 4 top tables. No Bar area.

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. Street Parking

13. Describe your management experience, staffing levels, duties and employee training.
GM has 9 years experience. Possesses all food and drink licenses. Plan to have approx 35 employees part and full time in deli and kitchen. Training from same manual for 10 years.

14. Identify the registered agent for your Corporation or LLC. This is your corporation's agent for service of process, notice or demand required or permitted by law to be served on the corporation.
Theresa Taggart 5339 Brody Dr. # 204 Madison WI 53705
Name Address

Sellers Permit # 004-0000467351-01 Fed ID # 39-2036515