

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning _____ 20____ ending June 30 2010

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): Mauers Foods, 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	Jeff Mauers	53330 Fox Hill Rd.	Rainbow 53913
Vice President/Member	Tim Stierant	7745 7th St	Dakota Wn. 55128
Secretary/Member	Nancy Mauers	53330 Fox Hill Rd	Rainbow 53913
Treasurer/Member	Jeff Mauers	53330 Fox Hill Rd	Rainbow 53913
Agent	Jeffrey V. Mauers		

3 Trade Name Fresh Madison Market Business Phone Number 608-963-1171
 4 Address of Premises 703 University Ave Madison Post Office & Zip Code 53715

- 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 5/21/09 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)
- 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 23rd day of September, 2009
Wendy E. Banta
 (Clerk/Notary Public)
 My commission expires 5/6/2012

Jeff Mauers
 (Officer of Corporation/Member/Manager of Limited Liability Company (Partner/Individual))
Jeff Mauers
 (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	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
<u>9/23/09</u>			
Date license granted	Date license issued	License number issued	

Applicant's Wisconsin Seller's Permit Number:	
Federal Employer Identification Number (FEIN): <u>27-0225524</u>	
LICENSE REQUESTED	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Wholesale beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$
TOTAL FEE	\$

City of Madison Supplemental Class A License Application

<input 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"/> Description of Licensed Premise <input checked="" type="checkbox"/> *Notarized Appointment of Agent <input checked="" type="checkbox"/> Background Investigation Form(s) <input type="checkbox"/> Notarized Transfer of Ownership <input checked="" type="checkbox"/> *Articles of Incorporation	<input checked="" type="checkbox"/> Floor Plans <input type="checkbox"/> Lease <input type="checkbox"/> Sample Menu <input type="checkbox"/> Business Plan <small>* Corporation/LLC only</small>
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1. Name of Applicant/Partner/Corporation/LLC Maurer's Foods LLC
 2. Address of Licensed Premise 703 University Ave Madison WI 53715
 3. Telephone Number: 608-963-1171 4. Anticipated opening date: 1/8/2010
 5. Mailing address if not opening immediately S3330 Fox Hill Rd. Baraboo, WI 53913

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. No kegs

8. What type of establishment is contemplated? Liquor Store Grocery Store
 Convenience Store - Gas Pumps Yes No Other—Explain _____

9. Business Description: Supermarket

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.**

In Univ. University Square building
16,000 sq ft on 1st floor
2000 sq ft on 2nd floor

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. Underground - fee based
parking

13. Describe your management experience, staffing levels, duties and employee training.
35 years of supermarket experience. Last 8 years with
Pierce's Supermarket in Baraboo

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
Jeff Maurer S3330 Fox Hill Rd Baraboo 53913
 Name Address

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

Downtown workers, residents, university students

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

Electronic Website-facebook, etc

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

18. Owner of building where establishment is located: Greg Rice EMI Management

Address of Owner: 2901 International Ln. Phone Number 608-442-5036

19. 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

20. List the Directors of your Corporation/LLC

JH Maurer 53330 Fox Hill Rd Baraboo
Name Address

Tim Steigauf 7745 7th St Oakdale, WI.
Name Address

Nancy Maurer 53330 Fox Hill Rd Baraboo
Name Address

21. List the Stockholders of your Corporation/LLC

Name Address % of Ownership

Name Address % of Ownership

Name Address % of Ownership

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 23rd day of Sept, 2009

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

[Signature]
(Clerk/Notary Public)

My commission expires 5/6/2012

27-0225524

Appointment of New Liquor/Beer Agent

To be completed by Corporate Officer or Member of LLC

I, Jeff Maurer, officer/member for Maurer's Foods, LLC
 (Corporation/LLC), doing business as Fresh Madison Market, authorize and appoint
 _____ (Name) as the liquor/beer agent for the premise
 located at 703 University Ave. Madison

Subscribed and sworn to before me this

23rd Day of Sept, 2009

Jeff Maurer
 Signature of Officer/Member

Wendy E Barton
 Notary Public, Dane County, Wisconsin

My Commission Expires _____

To be completed by appointed Liquor/Beer Agent

I, JEFFREY P MAURER, appointed liquor/beer agent for
Maurer's Foods, 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 81 %.

Subscribed and sworn to before me this

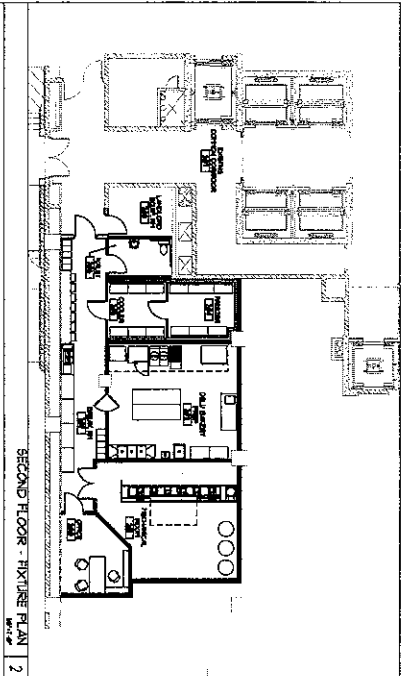
23rd Day of Sept, 2009

Jeff Maurer
 Signature of Agent

Wendy E Barton
 Notary Public, Dane County, Wisconsin

My Commission Expires 5/6/2012

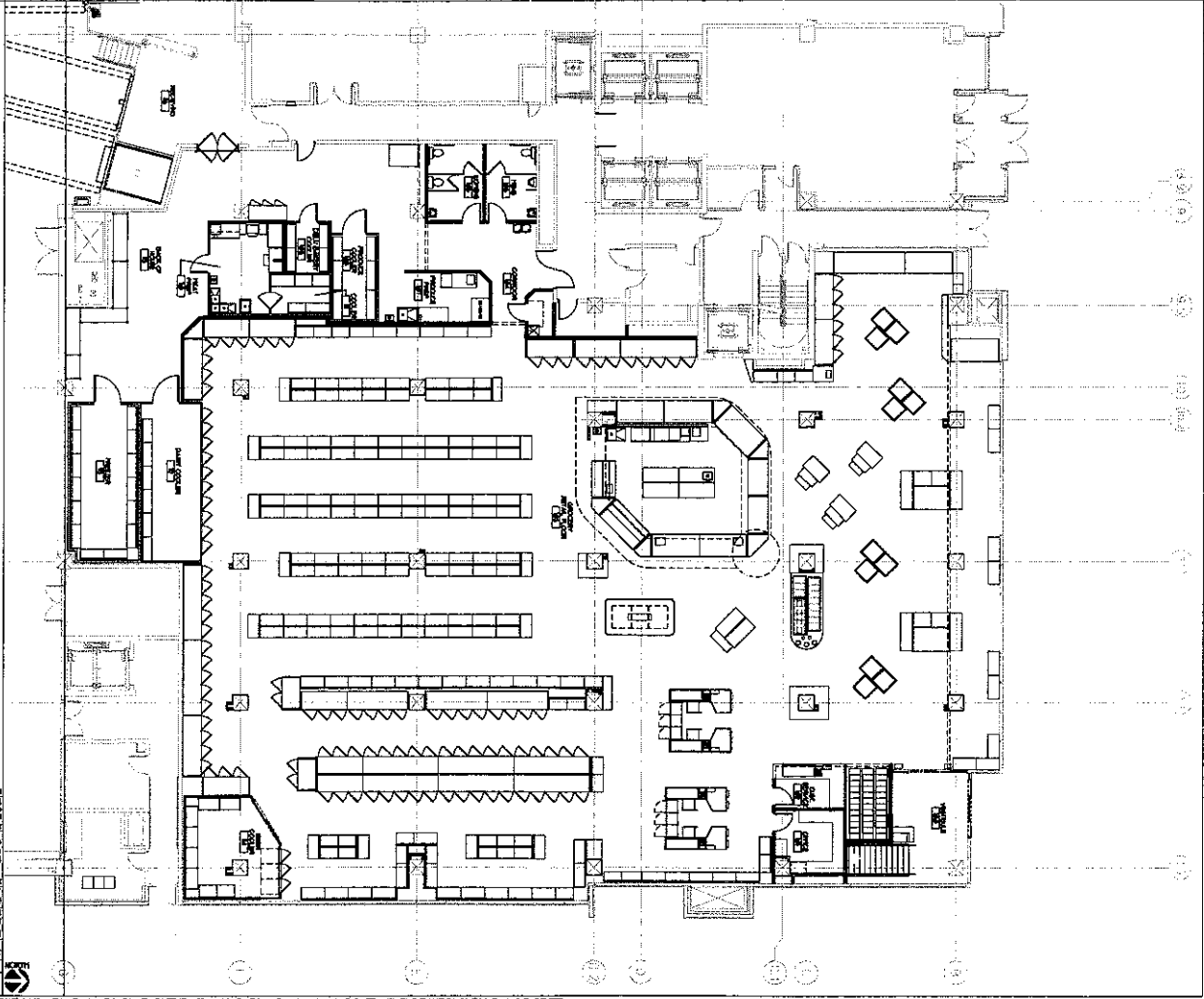
The appointed Liquor/Beer Agent must complete the other side of this form.



SECOND FLOOR - FIXTURE PLAN 2

NO.	DESCRIPTION	QTY	UNIT	MANUFACTURER	MODEL	FINISH	NOTES
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FIRST FLOOR - FIXTURE PLAN 1



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PRELIMINARY - FOR BIDDING AND APPROVALS
DO NOT USE FOR CONSTRUCTION

MEHMERT
11/17/09
11/24/09
12/01/09
0011

FRESH - URBAN MARKET
University Square
Madison, Wisconsin

FIRST & SECOND FLOOR - FIXTURE PLAN

NO.	DESCRIPTION	QTY	UNIT	MANUFACTURER	MODEL	FINISH	NOTES

