1/27/09

| | ORIGINAL ALCOHOL BEVERAGE LICE | ENSE APPLICATION | Applicant's Wisconsin | 05 | |
|--|--|--|--|------------------------------|--|
| | Submit to municipal clerk | | Seller's Permit Number: 456 - 1026 Federal Employer Identification | | |
| | For the license period beginning | 20 : | LICENSE REQUESTED | Number (FEIN): 26 - 3529 216 | |
| | ending | 20 | TYPE | FEE | |
| | ☐ Town of | | Class A beer | \$ | |
| 1 | TO THE GOVERNING BODY of the: Utiliage of | Madison | Class B beer 87898 | \$ 100 | |
| | TX City of | | Wholesale beer | \$ | |
| 14 | | NI- 07 1 11 | Class C wine 848 49 | \$ 100 | |
| | County of <u>Dane</u> Aldermanic Dist | No (if required by ordinance | Class B liquor | \$ | |
| . i . | 1 The named INDIVIDUAL PARTNERSHIP | ☐ LIMITED LIABILITY COMPANY | Reserve Class B liquor | \$ | |
| | CORPORATION/NONPROFIT ORGANIZA | | Publication fee | 340 | |
| | hereby makes application for the alcohol beverage license(s) of | checked above | TOTAL FEE | \$ 220 | |
| 5. - 5. | 2. Name (individual/partners give last name, first, middle; corpora | | gistered name): | | |
| 11, | An "Auxiliary Questionnaire." Form AT-103, must be comp | eleted and attached to this application | by each individual applicant by each | member of a | |
| | partnership, and by each officer, director and agent of a co | orporation or nonprofit organization, a | ind by each member/manager and age | ent of a limited | |
| 1 | liability company. List the name, title, and place of residence | | e Address Post Office | 0 7:- 0- 4- | |
| | President/Member <u>awnerfallenges</u> Thro | Chuekaro 4870 Ca | e Address Post Office : ENTEX CAY Madreous with | & Zip Code Cってアルデ | |
| | Vice President/Member | | | | |
| | Secretary/Member | | | | |
| | Treasurer/Member | 11 | 1 | | |
| | Agent THAO C-hue Koro | | 11 | | |
| • | Directors/Managers | | | | |
| | 3. Trade Name Bangkok Cuising 4. Address of Premises 600 Williamson St | Business I | Phone Number <u>608-200-62</u> | 2 PC) | |
| | | | | | |
| | 5. Is individual, partners or agent of corporation/limited liability co- training course for this license period? | mpany subject to completion of the resp | onsible beverage server | es 🗌 No | |
| | - 6. Is the applicant an employe or agent of, or acting on behalf of a | | | | |
| | 7 Does any other alcohol beverage retail licensee or wholesale p | | | | |
| | 8. (a) Corporate/limited liability company applicants only: In | nsert state and date | e is/iy/c3 of registration | | |
| | (b) Is applicant corporation/limited liability company a subsidia | | | es 🗵 No | |
| | (c) Does the corporation, or any officer, director, stockholder o | | - | | |
| | agent hold any interest in any other alcohol beverage licens (NOTE: All applicants explain fully on reverse side of this form | se or permit in Wisconsin? | Y€ | es 🖈 No | |
| | · · · · · · · · · · · · · · · · · · · | - | • | | |
| ,, | Premises description: Describe building or buildings where alco all rooms including living quarters, if used, for the sales, service | onoi beverages are to be soid and stored e. and/or storage of alcohol beverages a | i. The applicant must include nd records. (Alcohol heverages | | |
| | all rooms including living quarters, if used, for the sales, service may be sold and stored only on the premises described) | see theched four p | an coolad viscolor severages | | |
| | 10 Legal description (omit if street address is given above): | | | | |
| | 11 (a) Was this premises licensed for the sale of liquor or beer du | ring the past license year? | ⊠ -Ye | s 🗌 No | |
| | (b) If yes, under what name was license issued? CH HIPY | CELINA DEA MEKON | Presturant | | |
| , | 12 Designappicant understand they must the a Special Occupat | tional Tax return (TTB form 5630 5) | ≱ .Ye | s 🗆 No | |
| _ | 33 Does the applicant understand a Wisconsin Seller's Permit mus | at be applied for and issued in the same | name as that shown in | 3 📋 🗤 0 | |
| 1 | Section 2 above? Whone (608) 266-2776] | | | s 🗌 No | |
| 1 | 14. Is the applicant indebted to any wholesaler beyond 15 days for | beer or 30 days for liquor? | Ye | _ | |
| Ĭ | READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the a | applicant states that each of the above questing | ns has been inuthfully answered to the hest of | the knowledge | |
| 111 | of the signers. Signers agree to operate this business according to law and the | by the license(s), if granted, will not be assign | ned to another | | |
| 7 | Individual applicants and each member of a partnership applicant must sign; | imited Liability Companies must sign.) Any la | ck of access to | | |
| | ள்ளு நூய்லூர் a licensed shemises during inspection will be deemed a refusal SUBSCRIET Wind SWORN TO BEFORE ME | enteation and grounds for revocation of this in | Selise | | |
| | this 2 day of Jahuary , 20 | 09 The | Anna Margo. | • | |
| í | 100 day or | (Officer of Corporation/Me | mber/Manager of Limited Liability Company /Partr | ner/Individual) | |
| With Company Public (Officer of Corporation/Member/Manager of Limited Liability Company /Partner) My commission expires 6/2.75000 | | | | ior) | |
| | | | | iory | |
| - | (Additional Partner(s)/Member/Manager of Limited Liability Company if Arry) | | | | |
| ĵ | TO BE COMPLETED BY CLERK | | | | |
|]. | Date received and filed Date reported to council/board with municipal clerk 127109 | Date provisional license issued Sign | ature of Clerk / Deputy Clerk | | |
| j | Date license granted Date license issued | License number issued | | | |
| ا | AT-106 (R. 1-05) | 1 | Wisconsin Departme | ent of Revenue | |
| • | · · · · · · · · · · · · · · · · · · · | | Thousand Separati | | |

City of Madison Supplemental Class B License Application

| · · · · · · · · · · · · · · · · · · · | · | | | | |
|--|--|--|--|--|--|
| □ Seller's Permit Number□ Federal Employer Identification | ☐ Description of Licensed Premise☐ *Notarized Appointment of Agent | ☐ Floor Plans ☐ Lease | | | |
| Number | ☐ Background Investigation Form(s) | ☐ Sample Menu | | | |
| □ Notarized Original Application Form□ Notarized Supplemental Form | ☐ Notarized Transfer of Ownership ☐ *Articles of Incorporation | ☐ Business Plan * Corporation/LLC onlý | | | |
| inotalized Supplemental Form | | | | | |
| 1 Name of Applicant/Partner/Corporation | on/LLC Bangkok Cuisine Inc | | | | |
| | williamson st. ste & Nach | | | | |
| - · · · · · · · · · · · · · · · · · · · | 3. Telephone Number: 608-250-6280 4. Anticipated opening date: Dec 8/2008 | | | | |
| 5. Mailing address if not opening immedia | iately | | | | |
| 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 desire | ed by the neighborhood? □ Yes 📜 No | | | | |
| Explain. | | | | | |
| 8. Business Description, including hours | of operation: full restaurant | Servicino | | | |
| Than dishes M-Sat | 1100gm - 9 00gm | , | | | |
| · | | | | | |
| 9. Do you plan to have live entertainment | t? ▼No □ Yes—What kind? | | | | |
| 10. Detailed <u>written</u> 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. | | | | | |
| size and all areas where alcohol bever | ages are to be sold and stored. The license | ed premise described | | | |
| size and all areas where alcohol bever below shall not be expanded or char | ages are to be sold and stored. The license aged without the approval of the Commo | ed premise described on Council | | | |
| size and all areas where alcohol bever below shall not be expanded or char | ages are to be sold and stored. The license aged without the approval of the Commo | ed premise described on Council | | | |
| size and all areas where alcohol bever below shall not be expanded or char to the x35 ferm around ber counter. Seat | ages are to be sold and stored. The license aged without the approval of the Common are the common and the common are full capacity would be also | ed premise described on Council. Tables, 5 at & adult adult 20 feefle. | | | |
| size and all areas where alcohol bever below shall not be expanded or char to the x35 ferm around ber counter. Seat | ages are to be sold and stored. The license aged without the approval of the Commo | ed premise described on Council. Tables, 5 at & adult adult 20 feefle. | | | |
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| size and all areas where alcohol bever below shall not be expanded or char to the country of the state of the country | ages are to be sold and stored. The license aged without the approval of the Common of the Common of the common of the control of the agents. Extense a world be always irectly accessible and under control of the and stored only on the licensed premise, no rking lot is to be monitored. Parting let by Maintanance personnel of the staffing levels, duties and employee training at least two other person | Testes 5 stells Testes 6 stells The furthers The furt | | | |
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| size and all areas where alcohol bever below shall not be expanded or char to live in the state of the state | ages are to be sold and stored. The license aged without the approval of the Common and without the approval of the Common and the control of the control of the industry accessible and under control of the and stored only on the licensed premise, no rking lot is to be monitored farfare let by Maintenance farfare let by Maintenance farfare let and least two other person comparison or LLC. This is your corporate permitted by law to be served on the corporation of the | applicant? Yes No tin living quarters The furbling The | | | |
| size and all areas where alcohol bever below shall not be expanded or char to live in the state of the state | ages are to be sold and stored. The license aged without the approval of the Common of the control of the advance of the control of the advance of the control of the not stored only on the licensed premise, no rking lot is to be monitored. Participled by Maintenance personnal of the staffing levels, duties and employee training alcoholic beverges. Choses of Corporation or LLC. This is your corporation of the common of the component and consider the corporation of the control of the corporation of LLC. This is your corporation of the common of the component and consider the corporation of the component and consider the component and consideration the component and component and consideration the consideration that the consideration the consideration the consideration that the consid | applicant? Yes No tin living quarters. The fulling. The fulling. The fulling. The fulling. | | | |

| 15. Utilizing your market research, who would you project your target market to be? |
|---|
| Older suple who like quest dinner up wine / beer and Mid ro's - 30's |
| Older people who like quest dinner up wine fleer and Mich ro's - 30's who like alwholie drients up Apriley That wirry dishes 16. What age range would you hope to attract to your establishment? 25 + years of age |
| 16 What age range would you hope to attract to your establishment? 25+ fears of Glo |
| 17. Describe how you plan to advertise/promote your business. What products will you be advertising? |
| |
| he I Dand to led a hoveren will orliste an added drick if desire |
| worded bouth, business contacts, longers Advertisement will solely be food product, alcoholic beverage will only be an added drink if desire it. 18 Are you operating under alease or franchise agreement? (Yes (attach a copy) No |
| |
| 19. Owner of building where establishment is located: CHVALA Consulting |
| Address of Owner: 44 E. Mifflin St. Phone Number 608-758-822 |
| Mediam wI 53703 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 |
| THAO Chuekao 4870 Canter en Modeson WI 53718 Name Address |
| Name Address |
| Name Address |
| |
| |
| Name Address |
| |
| 22. List the Stockholders of your Corporation/LLC |
| |
| 22. List the Stockholders of your Corporation/LLC The Clucker 4870 Carter in Males wit 53718 ico/. Name Address % of Ownership |
| 22. List the Stockholders of your Corporation/LLC |
| 22. List the Stockholders of your Corporation/LLC The Clucker 4870 Carter in Males wit 53718 ico/. Name Address % of Ownership |
| 22. List the Stockholders of your Corporation/LLC The Clucker 1870 Carrter in Washen wt 53718 ice/. Name Address % of Ownership Name Address % of Ownership |
| 22. List the Stockholders of your Corporation/LLC The Clucker 1870 Carter in Mashen wit 53718 ; 00%. Name Address Address Mane Address Mof Ownership |
| 22. List the Stockholders of your Corporation/LLC The Clucker 1870 Carrter in Washen wt 53718 ice/. Name Address % of Ownership Name Address % of Ownership |
| 22. List the Stockholders of your Corporation/LLC The Clucker 1870 Center in Medisen wt 53718 Name Address Address Wof Ownership Address What type of establishment are you? (Check all that apply) Tavern Nightclub Restaurant Other Please Explain |
| 22. List the Stockholders of your Corporation/LLC Thoro Cluckoo 1870 Contex in Molesen wit 53718 100/- Name Address % of Ownership 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 |
| 22. List the Stockholders of your Corporation/LLC The Clucker 1870 Center in Medisen wt 53718 Name Address Address Wof Ownership Address What type of establishment are you? (Check all that apply) Tavern Nightclub Restaurant Other Please Explain |
| 22. List the Stockholders of your Corporation/LLC The Clucker 1870 Center in Malsen wt 53718 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? epicy Their arry dishes Breakfast Lunch Dinner |
| 22. List the Stockholders of your Corporation/LLC The Clucker 1870 Center in Medicen wit 53718 jew/ 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? equity Their array dishes Breakfast Lunch Dinner 25. Please submit a sample menu with your application, if possible What might eventually be included on your |
| 22. List the Stockholders of your Corporation/LLC The Clucker 1870 Curtes in Males 1500/Name 1500/Name |
| 22. List the Stockholders of your Corporation/LLC The Clucker 1870 Center in Medicen wit 53718 jew/ 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? equity Their array dishes Breakfast Lunch Dinner 25. Please submit a sample menu with your application, if possible What might eventually be included on your |
| 22. List the Stockholders of your Corporation/LLC Thur C Welker 1770 Certler (in Medisen wit 53718 100 / Name Name Address % of Ownership |
| 22. List the Stockholders of your Corporation/LLC The Clucker 1870 Curtes in Males 1500/Name 1500/Name |

| • | |
|-----|--|
| | 27 What hours, if any, will food service not be available? |
| | 28. Indicate any other product/service offered |
| | 29 Will your establishment have a kitchen manager? Yes No |
| . • | 30. Will you have a kitchen support staff? (es) No |
| | 31. How many wait staff do you anticipate will be employed at your establishment? |
| | During what hours do you anticipate they will be on duty? |
| | 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? |
| | 35. Will there be a separate and specific area for eating only? |
| | If yes, what will be the seating capacity for that area? |
| | 36 What type of cooking equipment will you have? Stove Oven Ryers Grill Microwave |
| | 37. Will you have a walk-in cooler and/or freezer dedicated solely to the storage of food products? Yes N |
| | What percentage of your overall payroll do you anticipate will be devoted to food operation salaries? |
| | 39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? 95 |
| | What percentage of your advertising budget do you anticipate will be drink related? |
| | 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 |
| | 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? | 30-35. |
|--------------------------------------|--------|
|--------------------------------------|--------|

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 | 10% |
|--|------|
| Gross Receipts from Food and Non-Alcoholic Beverages | 90% |
| Gross Receipts from Other | % |
| Total Gross Receipts | 100% |

44. Do you have written records to document the percentages shown? Yes

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.

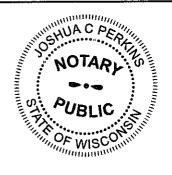
Subscribed and Sworn to before me:

this 27 day of January, 2009

chew lf thi

My commission expires 6/27/10

(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, THAO CHUEKHO, officer/member for bring Kok Cuisine Inc. | | | |
| (Corporation/LLC), doing business as frangkok Cuising, authorize and appoint | | | |
| THAS CHUEKAS (Name) as the liquor/beer agent for the premise | | | |
| located at 600 williamson St Ste 6. Madison wt 53703 | | | |
| Subscribed and sworn to before me this 17 Day of January , 2009 Notary Public, Dane County, Wisconsin My Commission Expires 6/27/10 Signature of Officer/Member NOTARY PUBLIC | | | |
| To be wish to the second of th | | | |
| To be completed by appointed Liquor/Beer Agent | | | |
| I, THAO CHUEKAO, appointed liquor/beer agent for | | | |
| I, THHO CHUEKHO, appointed liquor/beer agent for samplest Crusine Inc. (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 100 %. | | | |
| Subscribed and sworn to before me this | | | |
| | | | |
| 27 Day of January, 2009 Signature of Agent | | | |
| Signature of Agent Signature of Agent Notary Public, Dane County, Wisconsin | | | |

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

Barglot Cuisine Suite & Schematre Framing

ENTrance Neighboreng Sinte Neighboring Suite Dining Rown Swin8 dear STO JES Re frigeretir Swing Dax SIWES

SALADS

green onions, mint leaves and lime juice\$8.95 Grilled chicken or beef slices with cucumber, lettuce,

\$2 Papaya Salad

Shredded papaya in a special spicy that sauce ...\$5.95

\$3 Thai chicken salad

......\$5.95 Sliced chicken breast with lettuce and peanut sauce

SOUPS

Add \$2 for seafood

σį

B1 Tom Yum**

paste. Topped with green onions and citantro\$2.95 tomato, thai herbs, tamarind, lime juice, and chili Hot & Sour Lemongrass Soup with onion, mushroom,

B2 Gai Tom Ka

coconut milk, herbs, tamarınd, and lime jurce\$2.95 Chicken, onion, mushrooms in a savory broth of

멼

B3 Thai Noodle Soup*

Chicken, Pork in special soup broth\$4.95 Egg noodles steamed with your choice of Beet

B4 Pho (Rice noodle soup)

Beef, Chicken, Pork, Beef Tripe...... Rice noodles in a special broth. Topped with Seafood\$8.50\$6.50

beansprouts, citantro, green onion and a slice of

Squid, Shrimp....\$10.95 Chicken, Beef, Tofu and Pork.....\$8.95 NOODLES STIR FRY

crushed peanuts. onions, bean sprouts, eggs, and your choice of meat Rice noodles with toru, crushed peanuts, green N1 Pad Thai (Most Famous Thai Noodle Dish) Topped with a slice of lemon, raw bean sprouts, and

№2 Pad See-Eew

and your choice of meat in a sweet soy sauce Wide Rice noodles with brocolli, eggs, bean sprouts,





















M3 Drunken Noodle

Flat wide rice noodle with beansprouts, mushroom, peapods, and basil in a special sauce

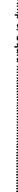
N4 Pad Thai Curry**

onions, bean sprouts, eggs and your choice of mea Rice noodles with totu, crushed peanuts, green crushed peanuts stir fried in a red coconut sauce topped with a slice of lemon, raw bean sprouts and



STIR FRY ENTREES

Shrimp or Squid\$10.95 Chicken, Beef, Tofu and Pork\$8.95



E1 Potato Curry (chicken, pork, or beef)* curry sauce Bamboo strips, potato, and carrots in a mild yellow



Shrimp, squid. mussels, and scallops mixed with bell pepper, onion, bamboo, and mushroom in a red curry basil sauce

E3 Pad Ped**

Onion, mushroom, eggplant and bell pepper in a red curry coconut sauce

E4 Peanut Curry (chicken, pork, and beef)**

Bell pepper, onion, carrot, and bamboo strips in a peanut curry sauce

E5 Gang Keaw Warn**

sauce Bell Pepper, eggplant and green peas in a green curry

E6 Pepper Steak

and mushroom in chef's special brown sauce Sauteed beet stir fried with bamboo, onion, bell pepper

mushroom in a brown sauce Napa, brocolli, carrot, peapod, bamboo, baby com,

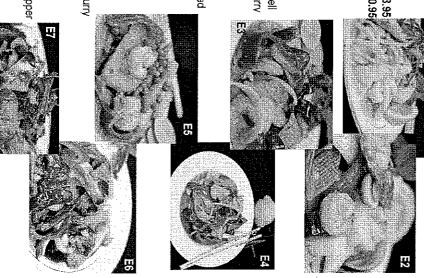
E8 Pad Cashew

baby com and water chestnuts in a brown sauce Roasted cashews, green onions, bamboo shoots,

E9 Pad Almond

water chestnuts in a brown sauce Roasted almond, celery, bamboo shoots, baby corn,





FRIED RICE

Chicken, Beef, Pork, or Tofu....\$7.95 Shrimp, Scallop or Squid.....\$9.95

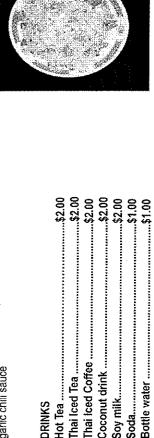
F1 Kow Pad

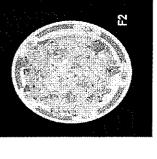
Carrots, peas, onions, and eggs, rice stir fried

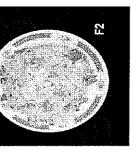
F2 Bangkok Special

Shrimp, scallop, squid, beet, and chicken mixed with peapods, onion, bean sprouts and eggs in a basil garlic chili sauce

\$2.00 Hot Tea\$2.00 Thai Iced Tea\$2.00 Thai Iced Coffee\$2.00 Soy milk.....\$2.00 Soconut drink DRINKS









Budweiser, Bud light, Miller, and Miller Lite\$2.50

Domestic

Heineken, Singha, Tsingtao, Beer Lao, and Corona Import Beer

Tapioca Dessert\$3,00 Coconut Ice Cream\$2.00 Thai Fruit Medley\$3.00 DESSERTS



600 Williamson St. Suite G Madison, WI 53703 Bangkok Cursine 608) 250-6280 We're located at the comer of Williamson St. and N. Blair St. (Right before it turns to John Nolen Dr.)

Drawatin # 25 BANGKOK CUISINE

600 Williamsom St. Suite G Telephone: (608) 250-6280 Madison, Wi 53703

Business Hours:

Monday thru Saturday 11:00am to 9:00pm Sunday 11:00am to 7:00pm

Lunch is served until 2pm. All entrees are served with a special appetizer of the day (for Dine-in Only). **** 4 Stars = Very Hot *** 3 Stars = Hot ** 2 Stars = Medium * Star = Mild We offer authentic That cuisine with fast service in a casual dining atmosphere. Please Specify degree of Hotness when ordering:



A1 Thai Egg Rolls (2)

wrapped in rice paper and deep fried\$1.95 Mixed vegetables with your choice of pork or chicken

A2 Fresh Spring Rolls (2)

Vermicelli noodles, tresh lettuce, and your choice of pork ham or shrimp wrapped in a steamed rice мгаррег..

A3 Crab Rangoon (4)

Cream cheese and crab in a flour wrapper and deep fried

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A4 Satay

peanut sauce and Cucumber salad\$7.95 Grilled Sliced Chicken or Beef on a skewer with Served with peanut sauce and Cucumber A5 Fried Tofu

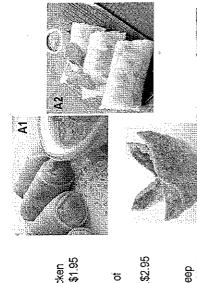
HOUSE SPECIALS

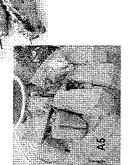
eggrolls, springrolls, crab rangoon, and beef teriyaki H1 Bangkok Platter (2)

Papaya salad, chicken wings, and sticky H2 Bangkok Combo 106

\$9.95

Tilapia topped with mixed vegetables in a brown H3 Fried Fish (30-45 minute wait)





\$3.95

Salad

44

Transfer of Ownership

(letter to surrender previous license)

for a change of ownership for any liquor and/or beer establishment.

| The _ | Class of License | license for the premise located at |
|---------|--|---|
| 600 | Williamson St Ste & Washin | license for the premise located at wt \$3703 will be relinquished upon the |
| approv | val of the application and the issuanc | e of the same type of license for the same |
| premis | ses to THIO CHUEKAO License Applicant | |
| There | have been no convictions for violation | ons during the current license year, nor are |
| there a | any pending violations against the pro | esent licensee except as follows: |
| | | |
| | | |
| | | |
| Signati | ure of Present License Holder | Date 26/209 |

Payment of Taxes on Liquor/Beer License Transie

| I, 1440 | CHUEICAO Name | | Munages Title | , applicant for |
|--|----------------------------|----------------------------------|------------------------|-------------------------|
| a liquor and/or | beer license for the pren | nise located at <u>Goo willi</u> | Address | bolisin ivi, have 53703 |
| read the provis | ions in the attached copy | y of Madison General Ord | linance Section 9.01, | and understand |
| that payment o | f all personal property ta | ixes, special assessments, | room taxes, forfeiture | es and judgments |
| must be paid before the Office of the City Clerk can issue said license. | | | | |
| | | | | |
| 4 | / | | | |
| TIN . | | | 1/27/09 Date | 7 |
| Signature of Ap | oplicant | | Date ' | |
| | | | | |

Subscribed and sworn to before me this

Notary Public, Dane County, State of Wisconsin

My Commission Expires 6/27/10

