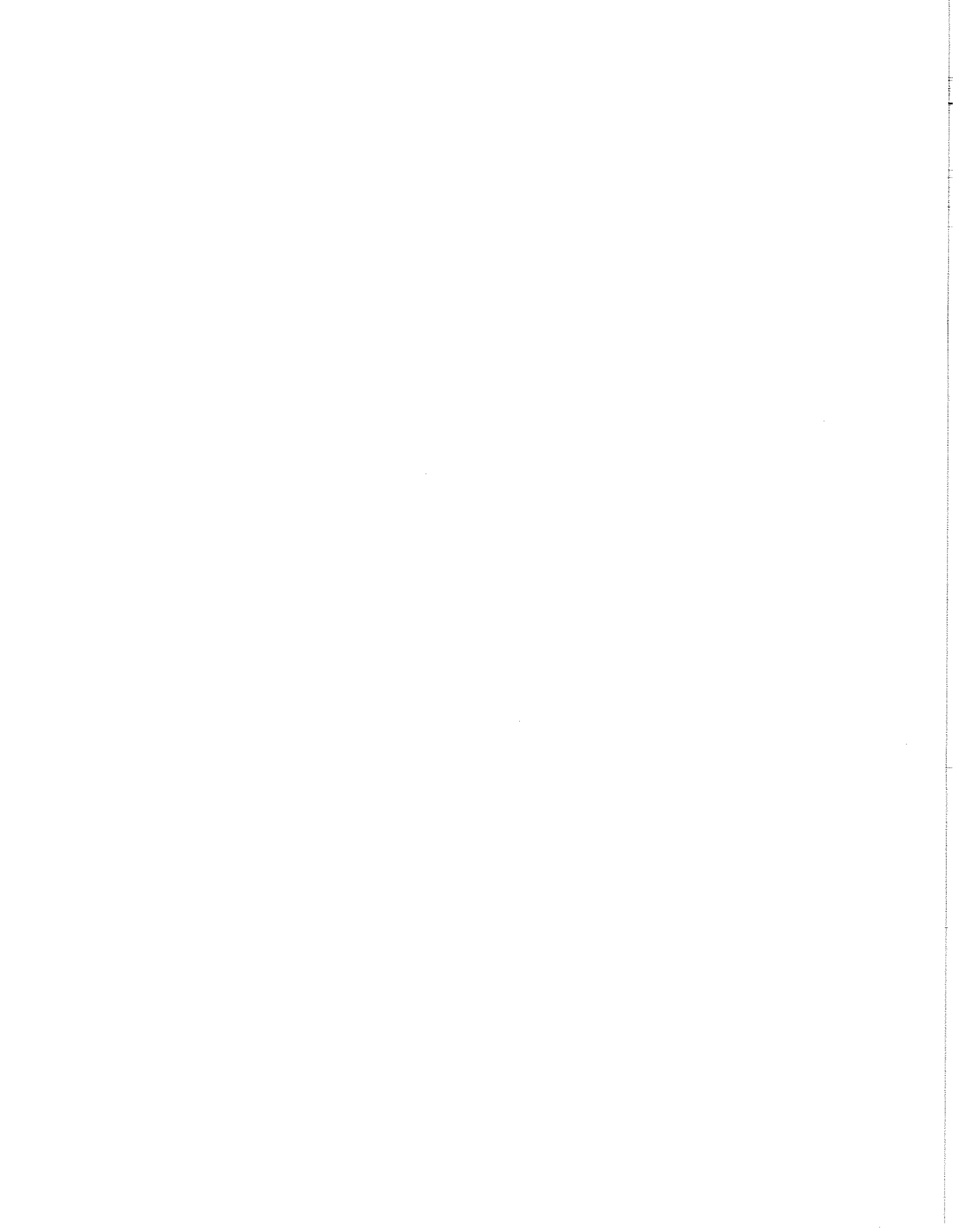


Application Date: 1/22/07

Proof of WI Seller's Permit No. 826262

Name of Corporation, Limited Liability Company, Individual Owner, Private Club or Partner(s) <u>MoCo Market LLC</u>		Liquor/Beer Agent <u>Same</u> ←	
Mailing Address <u>1023 Williamson St, Unit 1</u>		Liquor/Beer Agent Address <u>Same</u> ←	
City/State/Zip Code <u>Madison, WI 53703</u>		Liquor/Beer City/State/Zip Code <u>same</u> ←	
Name of Registered Agent or General Partner <u>Megan Ramey</u>		Local Contact Person	Phone Number <u>608-215-1154</u>
Trade Name <u>MoCo Market</u>		Estimated Opening Date <u>4/1/07</u>	
Business Address <u>804 Williamson St, 53703</u>		Signature of Owner/Operator <u>Megan Ramey</u>	
Type of Business <input type="checkbox"/> Restaurant <input type="checkbox"/> Tavern <input type="checkbox"/> Grocery Store <input type="checkbox"/> Caterer <input type="checkbox"/> Cafeteria <input checked="" type="checkbox"/> Other <u>Convenience Market</u>			
Food and Drink License? Needed for: <u>yes - prepared foods and drink served grab&go style</u>			
Private Club? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
License Description	Type	Fee	Number
<u>Food & Drink</u>	<u>204</u>	<u>\$1050</u>	<u>1</u>
<u>class B publication fee</u>	<u>108</u>	<u>20</u>	
Pre-Inspection & License Fees Non-Refundable	TOTAL	\$ <u>1070</u>	

IT IS MANDATORY THAT ALL APPLICABLE INFORMATION BE COMPLETED. INACCURATE INFORMATION MAY RESULT IN SUSPENSION OR REVOCATION OF LICENSE.



ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning 20 _____ ;
ending June 30 2007 _____

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

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): MoCo Market 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>Owner</u>	<u>Megan Ramey</u>	<u>1023 Williamson Street #1</u>
Vice President/Member			<u>53703</u>
Secretary/Member			
Treasurer/Member			
Agent	<u>same as above</u>		
Directors/Managers	<u>Manager</u>	<u>Jodi Meier</u>	<u>7527 Kickapoo Road</u>
			<u>53597</u>

- 3 Trade Name Retail Business Phone Number 608-215-1154
4 Address of Premises 804 Williamson Street 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 11/23/06 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) Interior of condominium at 804 Williamson Street

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 24th day of January, 2007
Mendy E. Barts
Clerk/Notary Public
My commission expires 7-18-08

Megan Ramey
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
Megan Ramey
(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
Date license granted	Date license issued	License number issued	

Applicant's Wisconsin Seller's Permit Number: <u>826262</u>	
Federal Employer Identification Number (FEIN): <u>20-5884797</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer <u>Combo</u>	\$ <u>620</u>
<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	\$ <u>620</u>



City of Madison Liquor and/or Beer Original Supplemental Form

For Office Use Only

- | | |
|--|---|
| <input checked="" 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 type="checkbox"/> Notarized Auxiliary Questionnaire(s) (AT-103)
<input checked="" type="checkbox"/> Background Investigation Form(s)
<input checked="" type="checkbox"/> Floor Plans | <input type="checkbox"/> Lease <u>owner</u>
<input type="checkbox"/> Notarized Transfer of Ownership Letter
<input checked="" type="checkbox"/> *Schedule of Appointment of Agent (AT-104)
<input checked="" type="checkbox"/> *Notarized Appointment of Agent Letter
<input checked="" type="checkbox"/> *Notarized Agent Authorization Letter
<input type="checkbox"/> *Articles of Incorporation/ Organization
<p style="text-align: right; font-size: small;">*Required of Corporation/LLC Only</p> |
|--|---|

- ✓ All applicants are required to provide an adequate premise plan which must include 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), graphic representation of the normal position of booths, bar stools, tables and chairs. New structures must submit two sets of plans, signed and sealed by a registered architect or engineer to Building Inspection. **Premise plans must be submitted no larger than 8 ½ x 14.**
- ✓ **The 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), and the Madison Police Department.

- Alderperson Judy Olsen can be reached at _____ 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 going to the City's webpage at www.ci.madison.wi.us/neighborhoods/contacts.htm.
- The Police Department Liaison, Sergeant Emil Quast, can be reached at 266-4451.

Have you contacted the Alderperson, Police Department Liaison and neighborhood association representative in the area in which you intend to locate?

- Yes No (Comments: Judy Olsen is aware of my application.)

Are there any special conditions desired by the neighborhood? No

The ALRC will ask questions of you in several areas with regard to your application. The following questions must be completed. The information provided will assist the committee in making a recommendation to the Common Council:

1. Name of Applicant/Partner/Corporation/Limited Liability Company (LLC): Moco Market
2. Telephone Number: 608.215.1154
3. Address of Licensed Premise: 804 Williamson Street, Madison, WI 53703



4. What type of establishment is contemplated? Tavern Nightclub Restaurant
 Liquor Store Grocery Store Convenience Store - Gas Pumps Yes No
 Other Please explain: Market for ~~an~~ urban commuters

5. Business Description, including hours of operation and if entertainment is part of your venue, what type:
MoCo Market is a modern convenience store in an urban setting between Downtown & Willy St. Corridors. In demand order the market will sell prepared foods, groceries, and non-food retail.

6. Describe (in detail) building to include overall dimensions, seating arrangements, capacity, bar size and where alcohol beverages are to be sold and stored. All rooms, including living quarters that are directly or indirectly accessible and under control of the applicant must be included. (Alcohol beverages may be sold and stored only on the premise described but does not include living quarters). 804 Williamson is located beneath the Livingston condos and is 1540 sq. feet. There is an outdoor cafe for condo owner & retail use. A small ~~100 sq. ft. glass w/~~ A small storage and bathroom area is situated in the rear of the space.

The licensed premise as described above shall not be expanded or changed during the license year without approval of the Common Council.

7. Describe existing parking and how parking lot is to be monitored: 1 underground parking stall; street parking for customers

8. Describe all management positions, including previous experience, staffing levels/duties and employee training:
Megan Ramey - owner - 10 years food service & 6 years retail mgmt
Jodi Meier - Manager, 5 years retail mgmt.
Kyle Ramey - Supply chain advisor

9. Excluding pre-packaged snacks, how late will food be served? 8 pm
If so, what type of food? Grab & go soup/salad bar
Indicate any other product & services offered: Specialty retail consisting of high technology and household items; Groceries - Organic/Conventional
If possible, provide a sample menu: Morning - Bagel/Yogurt Parfait/Sushi/Oatmeal
Lunch - Sandwich/Salad/Soup bar

10. Please describe your target market; what is your customer profile? Urban professionals & condo owners, age 25-45, commute within Madison;

If you have a Business Plan, please submit a copy.



11. Describe how you plan on advertising and promoting your business: Isthmus, Onion, TV, online, XM, Madison Magazine

12. What is your estimated capacity? 15 people

13. Are you operating under a lease or franchise type agreement? Yes No (If yes, attach copy of agreement.)

Name of owner of building where establishment is located: Megan Ramey

Address of Owner: 1023 Williamson St, Unit 1 Phone Number: 608-215-1154

14. "Individual" or "Partnership" only: Have individual/partners completed the Beverage Server Training Course?

Yes No If Yes, indicate names: Megan Ramey

(Note: License cannot be issued until proof of completion of Beverage Server Training Course is shown)

15. "Corporation" or "LLC" only: Will agent be a resident of Wisconsin at the time of granting? Yes No

Agent must disclose interest held in business: _____

Has agent completed the Beverage Server Training Course? Yes No

(Note: License cannot be issued until proof of completion of Beverage Server Training Course is shown)

Director(s) Name	Home Address
Megan Ramey, owner	1023 Williamson Street, Unit 1 Madison, WI 53703

Stockholder's Name	Address	Extent of Ownership%

Manager's Name	Address	Business Phone	Home Phone
Jodi Meier	7527 Kickaboo Rd Waunakee, WI		608-836-9339

Mathematical Induction

Mathematical induction is a method for proving that a statement is true for all natural numbers. It consists of two main steps: the base case and the inductive step.

Base Case: Prove that the statement is true for the smallest natural number, usually 1.

Inductive Step: Assume the statement is true for a natural number n . Prove that the statement is also true for $n+1$.

If both steps are completed, the statement is true for all natural numbers.

16. Anticipated opening date: April 1, 2007
 Mailing address if not opening immediately: 1023 Williamson Street #1, 53703
 Contact person for appearance before the ALRC: Megan Ramey - 215-1154

Private organizations (clubs) applying for a new liquor license must answer the following question:
 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

Restaurant/Tavern Establishment Alcohol Beverage & Food Sales Report

Pursuant to Sections 23.05(3)(s) and 23.05(7)(f) 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	5 %
Percent Gross Receipts from Food	50 %
Percent Gross Receipts from Other	45 %
Total Gross Receipts	100 %

Do you have written records to document the percentages shown? Yes No
 You may be required to produce and submit documentation verifying the percentages you've indicated.

What type of establishment are you? (Check all that apply) Tavern Restaurant Nightclub
 Other Please explain: Urban Market

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 24th day of January, 2007
Wendy E. Barton
 (Clerk/Notary Public)

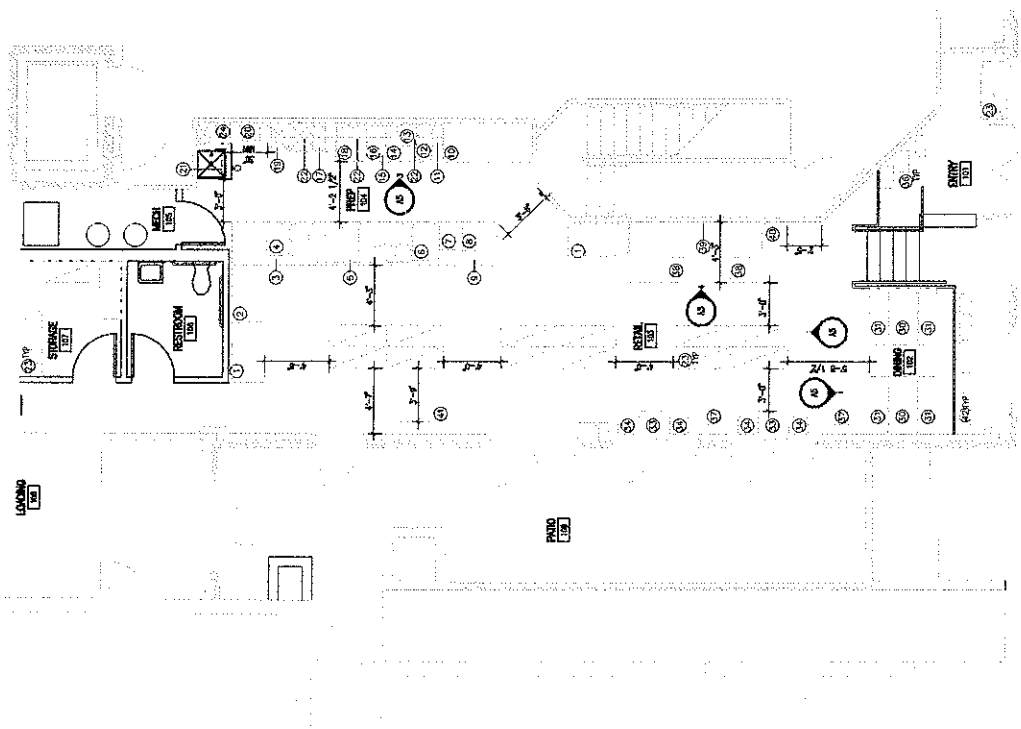
Megan Ramey
 (Officer of Corporation/Member/Manager of LLC/Partner/Individual)
(Signature)
 (Officer of Corporation/Member/Manager of LLC/Partner/Individual)
(Signature)
 (Officer of Corporation/Member/Manager of LLC/Partner/Individual)

My commission expires 7-18-08

If you have any questions, please contact the City Clerk's Office at (608) 266-4601.

EQUIPMENT SCHEDULE EQUIPMENT OFCI	
ITEM	NOTE: CONTRACTOR TO PICK-UP PLUMBING
1	GLASS DOOR REFRIGERATOR
2	GLASS DOOR FREEZER
3	BAR STATION W/ OPEN STORAGE
4	STOVE
5	SOUP / SAND BAR W/ OPEN STORAGE
6	COUNTER TOP ICE DISPENSER
7	COFFEE BREWER
8	ICED TEA BREWER
9	BEVERAGE STATION W/ OPEN STORAGE
10	SOLID DOOR REFRIGERATOR
11	COFFEE GRINDER
12	SALTER
13	MANUAL QUANTITY FEED BEER DISPENSER
14	COFFEE DISPENSER
15	PREP TABLE COLD BELOW
16	RECYCLE RECEPTACLE
17	RASH RECEPTACLE
18	UNDERCOUNTER DISHWASHER
19	TWO COMPARTMENT SINK
20	WALL MOUNTED HOP HANGER
21	WALL MOUNTED HOP HANGER
22	2 TIER WALL MOUNTED SHELVING
23	PREP MOUNTED SHELVING
24	2 TIER WALL MOUNTED SHELVING

FURNITURE SCHEDULE FURNITURE OFCI	
ITEM	
30	WOOD TABLE CUSTOM
31	WOOD BENCH CUSTOM
32	HOT USED
33	WOOD TABLE CUSTOM
34	STOVE
35	ICE DISPENSER
36	NOTES
37	PRESTANING FLOWER BOX CUSTOM
38	WALL MOUNT MAGAZINE RACK CUSTOM
39	POINT OF SALE STATION CUSTOM
40	WOOD PANEL WALL CUSTOM
41	PLAQUE SCREEN MOUNTING ARM
42	WALL MOUNT NIBE TRUCK CUSTOM
43	DISPLAY BOX CUSTOM



1 FURNITURE and EQUIPMENT PLAN
1/8"=1'-0"

- DRAWING LIST
- A1 SITE PLAN/MARKET PLAN
 - A2 FLOOR PLAN
 - A3 REFLECTED CEILING PLAN
 - A4 FINISH PLAN
 - A5 FURNITURE and EQUIPMENT PLAN
 - A6 ELECTRICAL PLAN
 - A7 RESTROOM
 - A8 PARTITION TYPES and DOOR DETAILS
 - A9 INTERIOR DETAILS

MARKET

The Market Building
100 West Main Street, 3rd
Floor
Madison, WI 53703

Project Name
CONSTRUCTION DOCUMENTS

Date
18 December 2005

Sheet Title
FURNITURE and EQUIPMENT PLAN

Sheet Number
A4



