

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk

For the license period beginning MAY 4 20 10 ending JUNE 30 20 10

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): State St. Pub, 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>Chief Mgr</u>	<u>Korey Bannerman</u>	<u>7741 W. 90th St. Bloomington, MN 55438</u>
Vice President/Member	<u>VP/Sec</u>	<u>Tom DeLuattro</u>	<u>13821 CEDARWOOD ST ANDOVER, MN 55304</u>

Secretary/Member _____

Treasurer/Member _____

Agent RON TRACHTENBERG

Directors/Managers _____

3. Trade Name State Street Pub, LLC Business Phone Number (952) 653-2114
 4. Address of Premises 552 State St. Wisc Post Office & Zip Code Madison

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 MIN and date 3/2/10 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.) SEE REVERSE SIDE (ATTACHED)

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) Existing space known as the Pub. Lic. storage in basement
 10. Legal description (omit if street address is given above): 552 State St. LLC
 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? 552 State LLC

- 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
 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
 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

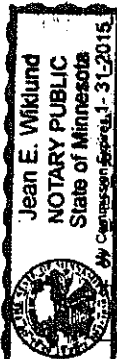
on 20th day of March, 2010

Jean E. Wiklund
(Clerk/Notary Public)
My commission expires 1-31-15

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

City of Madison Supplemental Class B License Application

<input type="checkbox"/> Seller's Permit Number <input type="checkbox"/> Federal Employer Identification Number <input type="checkbox"/> Notarized Original Application Form <input type="checkbox"/> Notarized Supplemental Form	<input type="checkbox"/> Description of Licensed Premise <input type="checkbox"/> *Notarized Appointment of Agent <input type="checkbox"/> Background Investigation Form(s) <input type="checkbox"/> Notarized Transfer of Ownership <input type="checkbox"/> *Articles of Incorporation	<input type="checkbox"/> Floor Plans <input type="checkbox"/> Lease <input type="checkbox"/> Sample Menu <input type="checkbox"/> Business Plan * Corporation/LLC only
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1. Name of Applicant/Partner/Corporation/LLC STATE STREET PUB, LLC
2. Address of Licensed Premise 552 STATE STREET MADISON, WI
3. Telephone Number: (952) 653-2114 4. Anticipated opening date: MAY 1, 2010
5. Mailing address if not opening immediately 5605 W. 36th ST #204 ST LOUIS PARK, MN 55416
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
WILL CONTACT SOON
7. Are there any special conditions desired by the neighborhood? Yes No
Explain: _____
8. Business Description, including hours of operation: 4:00 PM - 2:00 AM (2:30 AM WEEKENDS)
M-F. MAY OPEN SOONER DAILY ON CERTAIN DAYS. TAVERN OPERATION
9. Do you plan to have live entertainment? No Yes—What kind? COVER BANDS 21 & UP
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.
TOTAL SF IS 6014. APPROXIMATE EXISTING SIZE OF THE PUB BUT W/ NEW BATHROOMS & 1 ADDITIONAL SMALL ROOM CURRENTLY BEING REMODELED. OFFICES, STORAGE, EMPLOYER AREA & WALK-INS 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. THERE IS NO PARKING TO THE PREMISES.
13. Describe your management experience, staffing levels, duties and employee training.
OWNED & MANAGES 30+ LICENSURE ESTABLISHMENTS INC. BARS & RESTAURANT IN 5 DIFFERENT STATES. BUSINESS EXPERIENCE 9 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
RICK PETRI 33 EAST MAIN ST STE 500 MADISON, WI 53701

Name

Address

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

LOCALS 21 - 60+ WHO ENJOY GOOD MUSIC & A FUN BAR.

16. What age range would you hope to attract to your establishment? 21-60+. MOSTLY 20s & 30s

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

SOCIAL NETWORKING. NEWSPAPERS / MAGAZINE

18. Are you operating under a lease or franchise agreement? Yes (attach a copy) ~~NO~~ LEASE

19. Owner of building where establishment is located: GUS PARASKEVOULAKAS

Address of Owner: 252 STATE ST MADISON, WI Phone Number (608) 444-0804

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

TOM DEQUATTRO 13821 REDWOOD ST ANDOVER, MN 55403
Name Address

KOREY BANNERMAN 5605 W. 26th ST #204 ST. LOUIS PARK, MN 55416
Name Address

Name Address

22. List the Stockholders of your Corporation/LLC

TOM DEQUATTRO SAME % of Ownership
Name Address

KOREY BANNERMAN SAME % of Ownership
Name Address

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? NO FOOD PREPARED

Breakfast Lunch Dinner

25. Please submit a sample menu with your application, if possible. What might eventually be included on your operational menu when you open? Appetizers Salads Soups Sandwiches Entrees

Desserts Pizza Full Dinners N/A

26. During what hours of your operation do you plan to serve food? N/A

27. What hours, if any, will food service not be available? N/A
28. Indicate any other product/service offered. POOL TABLES, ETC. BLACK HUNTER, GOLDEN TEE
DARTS, WEE GAMES PLAY STATION
29. Will your establishment have a kitchen manager? Yes No
30. Will you have a kitchen support staff? Yes No
31. How many wait staff do you anticipate will be employed at your establishment? ≈ 35
During what hours do you anticipate they will be on duty? OPEN TO CLOSE
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? ≈ 20+
How many bartenders do you anticipate you would have working at one time on a busy night? 5 - 6
34. Will there be a kitchen facility separate from the bar? Yes No
35. Will there be a separate and specific area for eating only? Yes No
If yes, what will be the seating capacity for that area? _____
36. What type of cooking equipment will you have? N/A Stove Oven Fryers Grill Microwave
37. Will you have a walk-in cooler and/or freezer dedicated solely to the storage of food products? Yes No
38. What percentage of your overall payroll do you anticipate will be devoted to food operation salaries?
0%
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? 0%
What percentage of your advertising budget do you anticipate will be drink related? 90 - 100%
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 No
41. Are you currently, or do you plan to become, a member of the Wisconsin Restaurant Association or the National Restaurant Association? Yes No N/A

42. What is your estimated capacity? 297

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	90-95%
Gross Receipts from Food and Non-Alcoholic Beverages	5-10 %
Gross Receipts from Other	%
Total Gross Receipts	100%

44. 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.

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.

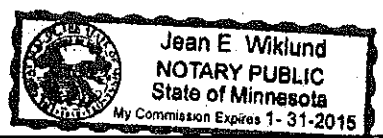
Subscribed and Sworn to before me:

this 22nd day of March, 2010

Jean E Wiklund
(Clerk/Notary Public)

My commission expires 1-31-15

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



Appointment of New Liquor/Beer Agent

To be completed by Corporate Officer or Member of LLC

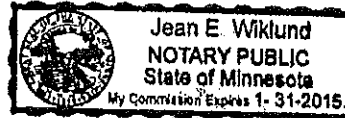
I, KOREY BANNERMAN, officer/member for STATE STREET PUB, LLC
(Corporation/LLC), doing business as _____, authorize and appoint
RONALD M. TRACHTENBERG (Name) as the liquor/beer agent for the premise
located at 552 STATE ST. MADISON

Subscribed and sworn to before me this

27th Day of MARCH, 2010.

Jean E. Wiklund
Notary Public, ~~Dane County, Wisconsin~~
Hennepin, MN
My Commission Expires 3-31-15

[Signature]
Signature of Officer/Member



To be completed by appointed Liquor/Beer Agent

I, Ronald M. Trachtenberg, appointed liquor/beer agent for
State Street Pub 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 attorney

for limited liability company

Subscribed and sworn to before me this

26 Day of MAR, 2010

[Signature]
Notary Public, Dane County, Wisconsin

My Commission Expires IS PERMANENT

[Signature]
Signature of Agent

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

Restaurants Developed and Currently Owned:

Majors Sports Café of Inver Grove Heights
5639 Bishop Avenue
Inver Grove Heights, MN 55076

Majors Sports Café of Apple Valley
14889 Florence Trail
Apple Valley, MN 55124

Majors Sports Café of Blaine
10950 Club West Parkway, Suite 100
Blaine, MN 55449

Majors Sports Café of Bloomington
8301 Normandale Avenue S
Bloomington, MN 55438

Majors Sports Café of Golden Valley
6440 Wayzata Boulevard
Golden Valley, MN 55426

Stellas Fish Café and Prestige Oyster Bar
1400 West Lake Street
Minneapolis, MN 55408

Throwbacks Grille and Bar
1690 Woodlane Drive
Woodbury, MN 55125

Bootleggers of Milwaukee
1023 N Old World 3rd St
Milwaukee, WI

Miami Chop House
300 Biscayne Blvd
Miami, FL

The Belmont
500 W 6th St
Austin, TX

Molly Cools of Milwaukee
N Old World 3rd St
Milwaukee, WI

Molly Cools of Lakeville
Cedar Ave
Lakeville, MN

Restaurants Developed and Sold:

Spectators Grille and Bar of Ramsey
6415 Highway 10
Ramsey, MN 55401

Spectators Grille and Bar of Savage
5715 Egan Drive
Savage, MN 55378

McDivots

14550 South Robert Trail
Rosemount, MN 55068

Buffalo Bar & Grille

904 Commercial Drive
Buffalo, MN 55313

Bootleggers Bar & Grille

323 1st Ave
Minneapolis, MN

Majors Sports Café of Vadnais Heights
Vadnais Heights, MN

Majors Sports Café of Roseville
Roseville, MN

Majors Sports Café of Carmel
Carmel, IN

SUBJECT TO REVISION



architecture
network, inc.

16 New Britain Street
Middletown, VT 05753
603-371-7113 Phone
603-371-7114 Fax
www.architecture-network.net

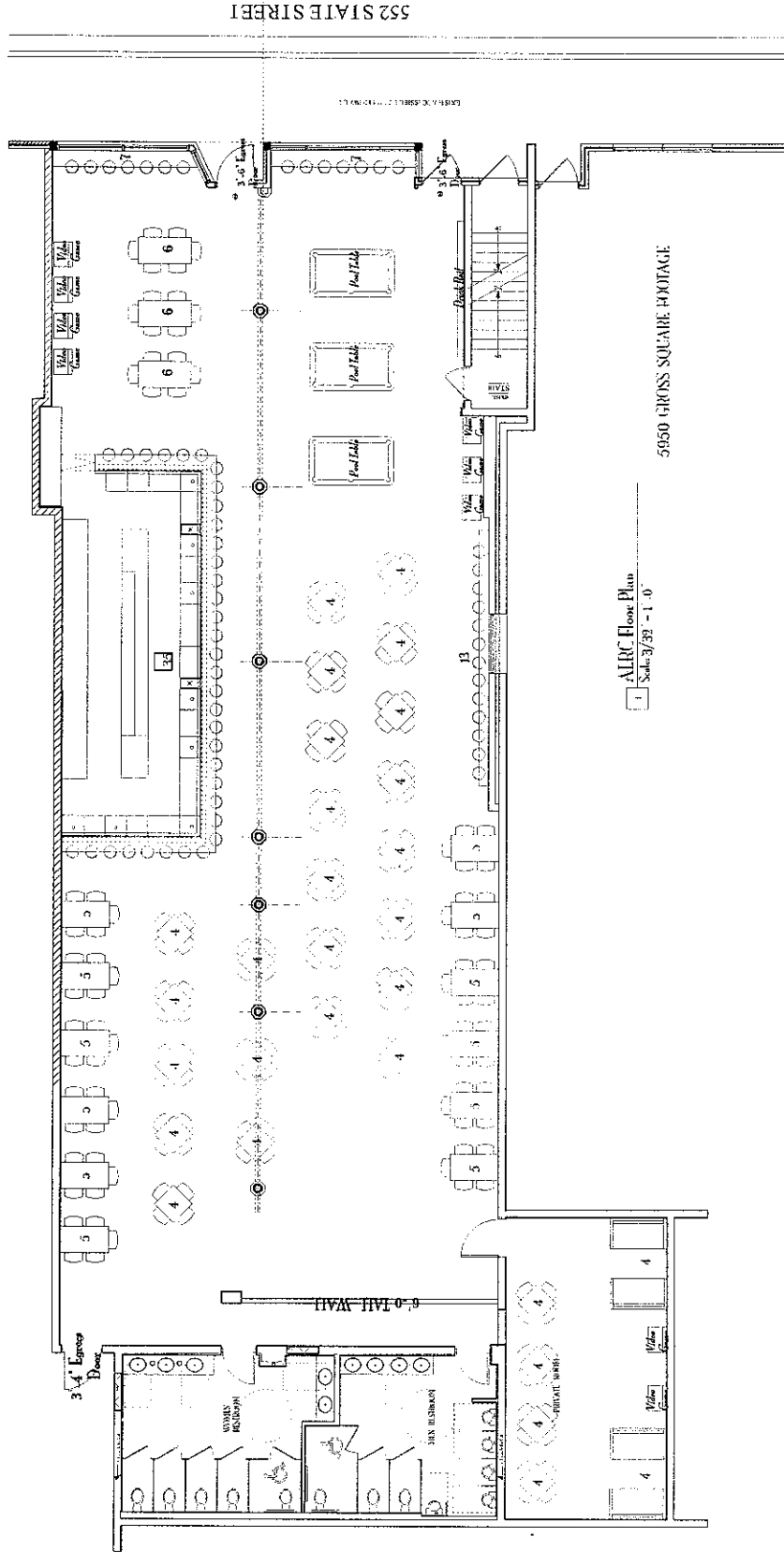
- CONSTRUCTION SET
- PLAN REVIEW SET
- NO SET CONSTRUCTION
- NO SET CONSTRUCTION
- NO SET CONSTRUCTION
- NO SET CONSTRUCTION
- NO SET CONSTRUCTION

Project: Pub
Date: 10/20/09

DATE: 10/20/09
SCALE: As Noted
PROJECT: Pub
DRAWN BY: JPK/ash
DRAWING NAME:

REVISIONS:

DRAWING NUMBER:



552 STATE STREET

DATE: 10/20/09