

Liquor/Beer License Application

City of Madison Clerk 210 MLK Jr Blvd, Room 105 Madison, WI 53703

(Agenda Item Number)
(Legistar file number)
LICLIB-2025-00526 (License number)
12-Matthews 503
(Alder District #) (Police Sector) Office Use Only

Class A: ☐ Beer, ☐ Liquor, ☐ Cider Class B: ☐ Beer, ☐ Liquor, ☐ Class C Wine

	☐ Class C Wine 608-266-4601				
Se (1.	ction A - Applicant List the name of your □ Sole Proprietor, □ Partnership, □ Corporation/Nonprofit Organization or ☑ Limited Liability Company exactly as it appears on your State Seller's Permit. GO FORTH LLC				
2.	Trade Name (doing business as) This is all Fabulous				
3.	Address to be licensed 1026 N. Sherman Ave., Madison, WI 53704				
4.	Mailing address 1026 N. Sherman Ave., Madison, WI 53704				
5.	Anticipated opening date 8/15/25				
6.	Is the applicant an employee or agent of, or acting of behalf of anyone except the applicant named in question 1? ☑ No ☐ Yes (explain)				
7.	Does another alcohol beverage licensee or wholesale permitee have interest in this business? ☐ No ☐ Yes (explain)				
Se 68.	ction B—Premises Describe in words the building or buildings where alcohol beverages are to be sold and stored. Include all rooms including living quarters, if used, and any outdoor seating used fo the sales, service, and/or storage of alcohol beverages and receipts. Alcohol beverages may be sold and stored only on the premises as approved by Common Council and described on license.				
	Alcohol will be sold, served, and stored, both in shelves, and on coolers, in the dining room. Alcohol will also be served on our attached patio, as well as a seating area at the back of our property.				

9.	Applicants for on-premises consumption only. Estimated capacity (patrons and employees)						
	Indoor: 40	Outdo	oor: <u>30</u>				
10. Describe existing parking and how parking lot is to be monitored.				d.			
	Our property includes a	Our property includes a parking lot. Parking lot will be monitored via periodic employee checks.					
11.	Was this premises licensed for the sale of liquor or beer during the past license year?						
	□ No ☒ Yes, lic	cense issued to PIETE	RO'S PIZZA INC	(name of licensee)			
This				nited Liability Companies			
12.	Name of liquor licer	nse agent <u>Kyle Kiepert</u>					
13.	City, state in which	agent resides Madiso	n				
14.	How long has the a	gent continuously re	sided in the State of Wis	sconsin? 31 Years			
15.	. Has the liquor license agent completed the responsible beverage server training course?						
☑ No, but will complete prior to ALRC meeting ☐ Yes, date completed				completed			
16.	State and date of re	egistration of corpor	ation, nonprofit organiza	tion, or LLC.			
	Wisconsin 4/9/25						
17.			our corporation or the meach director/member.	nembers of your LLC.			
	Title	Name	City and State of R	esidence			
	Owner	Kyle Kiepert	Madison, WI				
18.	Registered agent for your corporation or LLC. This is your agent for service of process, notice or demand required or permitted by law to be served on the corporation. This is not necessarily the same as your liquor agent. Kyle Kiepert						
19.	Is applicant a subsidiary of any other corporation or LLC?						
	☑ No ☐ Yes (explain)						
20.	Does the corporation, any officer, any director, any stockholder, liquor agent, LLC, any member, or any manager hold any interest in any other alcohol beverage license or permit in Wisconsin?						
	☑ No ☐ Yes (e	xplain)					

Section D—Business Plan							
21.	21. What type of establishment is contemplated? ☐ Tavern ☐ Nightclub ☐ Restaurant ☐ Liquor Store ☐ Grocery Store						
	☐ Convenience Store without gas pumps ☐ Convenience Store with gas pumps					mps	
	☑ Other Av	weekly pop-up de	eli/wine bar with	ocassional pop-up	dinners and clas	sses	
22.	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? No Yes						
23.	Hours of ope	ration: please	e enter openi	ng and closing	times in the t	table below.	
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	10am - 10pm	2 am - 10 pm	10 am - 10 pm - 27m - 10 pm	10am 10 pm	10am_10pm	10am_ 10pm	10am_ 10pm
	(Class B on	ly) Enter belo	w any hours	when food ser	vice will not b	e available,	if applicable
	-	-	-	-	-	-	-
This (cor. 24. 25.	Section E—Consumption on Premises This section applies to Class B and Class C applicants only. Class A license applicants consumption off premises) may skip to Section F. 14. Indicate any other product/service offered. deli salads, cheeses, meats, etc., ready to eat foods, 15. All restaurants and taverns serving alcohol must substantiate their gross receipts for food and alcohol beverage sales broken down by percentage. (Note: Non-alcoholic drinks are classified as "Food.") New establishments estimate percentages: 20 % Alcohol 70 % Food 10 % Other If applicable, describe "Other": classes Do you have written records to document the percentages shown? No Yes You may be required to submit documentation verifying the percentages indicated.						
	If planned entertainment includes live music (except solo acoustic), a DJ, or a designated dance floor, please also complete an Entertainment License.						
Section F—Required Contacts and Filings 27. I understand that liquor/beer license renewal applications are due April 15 of every year, regardless of when license was initially granted. □ No □ Yes							
28.		I that I am reag. \square No \square		st an informatio	n session at l	east one wee	ek before the
29.				this location to sion. D No l		pplication an	d to invite

30.	I agree to contact the Police Department District Captain for this location prior to the ALRC meeting. \boxtimes No \square Yes				
31.	I agree to contact the Deputy Clerk prior to the ALRC meeting. \square No \square Yes				
32.	I agree to contact the neighborhood association representative prior to the ALRC meeting. $\hfill\square$ No \hfill Yes				
33.	I intend to operate under the alcohol license within 180 days of the Common Council granting this license. The license shall be considered surrendered if not issued within 180 days of being granted. \square No \square Yes				
34.	I understand we must file a Special Occupational Tax return (TTB form 5630.5) before beginning business. [phone 1-800-937-8864] $\ \square$ No $\ \boxtimes$ Yes				
35.	I understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in question 1, above. [phone 608-266-2776] \square No \square Yes				
36.	Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? \square No \square Yes				
Sec	tion G—Information for Clerk's Office				
37.	This application is for the license period ending June 30, 20 <u>25</u> .				
38.	State Seller's Permit <u>4 5 6 - 1032028287 - 02 </u>				
39.	. Federal Employer Identification Number 33-4490325				
40.	Who may we contact between 8 a.m. and 4:30 p.m. regarding this license?				
	Contact person Kyle Kiepert				
	Business phone 262-853-4658 Business e-mail address kylekiepert@gmail.com				
	Preferred language English				
	If needed, a qualified interpreter can be provided at no charge to you. Would you like an interpreter? ☐ Yes (language:)				
	No (If you answer no and you do require an interpreter, the ALRC will refer your application to a subsequent meeting and this may delay your application process)				
	Si usted requiere o necesita un/a intérprete, nosotros podemos proveer un/a intérprete sin costo alguno. ¿Le gustaría tener un/a intérprete? Sí, lenguaje:				
	☐ No. Si usted escoge "no" en la solicitud/aplicación, y usted sí requiere un/a intérprete, el comité remitirá su solicitud para una nueva junta y esto puede atrasar el proceso de su solicitud.				
41.	Corporate attorney, if applicable: Name				
	Disarra E mail				

Monday) to get on the agenda for the procee must be accompanied by the following items	noon of the third Monday (fourth, if the Clerk's offic ding months Alcohol License Review Committee. A ::	ce is closed on the third completed application			
 □ Copy of State Seller's Permit (Not Business Tax Registration Certificate), □ Appointment of Agent (if Corp/LLC), □ Member background investigation forms, □ Articles of Incorporation (if Corp/LLC), □ Floor Plans, □ Copy of Lease, □ Business Plan, and □ Sample Menu (if applying for Class B license) 					
If required items are missing, the application Office until all requirements are submitted. N	will not be considered complete and will not be ac lo exceptions are made.	cepted by the Clerk's			
been truthfully completed to the best of the to law, and that the rights and responsibilitie	nalty provided by law, the applicant states that the knowledge of the signer. Signer agrees to operate is conferred by the license(s), if granted, will not b mises during inspection will be deemed a refusal to for revocation of this license.	the business according e e assigned to another.			
Penalty for materially false application inform on this application may be required to forfeit	nation: Any person who knowingly provides materi not more than \$1,000.	ally false information			
Kyle Kiepert	5/29/25				
(Officer of Corporation/Member of LLC/Partner/So					
Clerk's Office checklist for complete ap		☑ ∕Floor Plans			
✓ WI Seller's Permit Certificate (matching articles of / incorporation)✓ FEIN	 ☑ Background investigation form(s) ☐ Form for surrender of previous license ☑ *Articles of Incorporation ☑ *Appointment of Agent 	☐ Lease ☐ Business Plan ☐ **Sample Menu			
☑ Written description of premises	* Corporation/LLC only	** Class B only			
Upon Application Submission, the C	Clerk's Office issued to the application:				
☑/Orange sign ☑ Orange business card					
"Applying for a Liquor/Beer License in the City of Madison" brochure with contact information					
Date complete application filed with Clerk's Office					
Date of ALRC meeting Date license granted by Common Council					
Date provisional issued Da	te license issued	manne e e e e e e e e e e e e e e e e e e			