

# ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning May 15 2008 ;  
ending 2009

TO THE GOVERNING BODY of the:  Town of }  
 Village of } Madison  
 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): Aspire Equities, 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>Himanshu Modi (President)</u>	<u>3036 Pawtucket, Northbrook, IL 60062</u>	<u>60062</u>
Vice President/Member	<u>Gaurang Mahita (VP)</u>	<u>1922 Deercrest Ln, Northbrook, IL 60062</u>	<u>60062</u>
Secretary/Member	<u>Jeff Stajic (Member)</u>	<u>1221 Edmonds Ave, New Lenox, IL 60451</u>	<u>60451</u>
Treasurer/Member	<u>Mike Turk (Member)</u>	<u>1221 Edmonds Ave, New Lenox, IL 60451</u>	<u>60451</u>
Agent	<u>Anik Shah (Director)</u>	<u>420 Wontana, Apt 307, Chicago, IL 60610</u>	<u>60610</u>

- 3 Trade Name Aspire Equities, LLC, DBA Rodeway Inn Business Phone Number (847) 480-1980

- 4 Address of Premises 4916 E. Broadway, Madison, WI Post Office & Zip Code 53716

- 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 IL and date \_\_\_\_\_ 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) Hotel with BAR Bar has liquor storage

- 10 Legal description (omit if street address is given above): 4916 E. Broadway, Madison, WI 53716

- 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? Wisconsin Inns

- 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 13<sup>th</sup> day of May, 2008

Margery J. Schappe  
(Clerk/Notary Public)

My commission expires 2/22/2009

\_\_\_\_\_  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

\_\_\_\_\_  
(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 <u>6-3-08</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued <u>82291</u>	

10755

# City of Madison Supplemental Class B License Application

<input type="checkbox"/> Seller's Permit Number <input checked="" type="checkbox"/> Federal Employer Identification Number <input checked="" type="checkbox"/> Notarized Original Application Form <input checked="" type="checkbox"/> Notarized Supplemental Form	<input 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 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 * Corporation/LLC only
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1. Name of Applicant/Partner/Corporation/LLC Aspire Equities LLC

2. Address of Licensed Premise 4916 E. Broadway, Madison, WI 53716

3. Telephone Number: (312) 388-0330 4. Anticipated opening date: 5/15/08

5. Mailing address if not opening immediately \_\_\_\_\_

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 in progress

7. Are there any special conditions desired by the neighborhood?  Yes  No  
 Explain \_\_\_\_\_

8. Business Description, including hours of operation: 24 hour Hotel, lounge from 4p-12

9. Do you plan to have live entertainment?  No  Yes—What kind? \_\_\_\_\_

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.**

Lounge	3,090 sq ft	125 capacity
Dining Room	2,771	130
20 Meeting Rooms	20,911	10 to 350
Sleeping Rooms	72,800	154

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. Parking in front and on sides of building. JBM Security to monitor daily.

13. Describe your management experience, staffing levels, duties and employee training  
Owner/Manager for past 3 years of several hotels.

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.

Anita Shah 420 W Ontario, 307, Chicago, IL 60610  
 Name Address

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

Hotel Guests

16. What age range would you hope to attract to your establishment? 30 +

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

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

19 Owner of building where establishment is located: Aspire Equities LLC  
Address of Owner: 4416 E Broadway Phone Number: (312) 388-0330

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

<u>Hemanshu Modi</u>	<u>3100 Dundee Rd, Northbrook, IL 60062</u>
Name	Address
<u>Carmel Matha</u>	<u>SAME as above</u>
Name	Address
Name	Address

22. List the Stockholders of your Corporation/LLC

<u>Hemanshu Modi</u>	<u>3100 Dundee Rd, Northbrook, IL 60062</u>	<u>25</u>
Name	Address	% of Ownership
<u>Carmel Matha</u>	<u>11</u>	<u>25</u>
Name	Address	% of Ownership
<u>Arik Shah</u>	<u>420 W Ontario 307, Chicago, IL 60610</u>	<u>25</u>
Name	Address	% of Ownership

23. What type of establishment are you? (Check all that apply) Tavern  Nightclub  Restaurant

Other Please Explain Hotel with Banquet Rooms

24. What type of food will you be serving, if any? None  
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

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 1, Meeting Rooms, Banquet Rooms
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? 2  
During what hours do you anticipate they will be on duty? 4p-12a
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? 12  
How many bartenders do you anticipate you would have working at one time on a busy night? 1
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? 100
36. What type of cooking equipment will you have?  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? 0%
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

42. What is your estimated capacity? 125

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	100 %
Gross Receipts from Food and Non-Alcoholic Beverages	0 %
Gross Receipts from Other	%
<b>Total Gross Receipts</b>	<b>100%</b>

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.

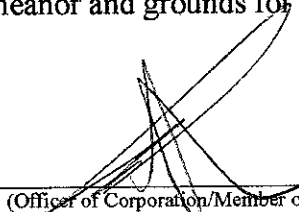
**Read carefully before signing:** Under penalty provided by law, the applicant states that the above information has been truthfully completed to the best of the knowledge of the signer. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the 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 13 day of May, 2008

Margery J. Schappe  
(Clerk/Notary Public)

My commission expires 2/22/2009

  
(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, Anik Shah, officer/member for Aspire Equities LLC  
(Corporation/LLC), doing business as Rodeway Inn, authorize and appoint  
Anik Shah (Name) as the liquor/beer agent for the premise  
located at 4916 E. Broadway, Madison 53716

Subscribed and sworn to before me this

13 Day of May, 2008

[Signature]  
Notary Public, Dane County, Wisconsin  
My Commission Expires 7/24/11

[Signature]  
Signature of Officer/Member

To be completed by appointed Liquor/Beer Agent

I, Anik Shah, appointed liquor/beer agent for  
Aspire Equities, 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 25 %

Subscribed and sworn to before me this

13 Day of May, 2008

[Signature]  
Notary Public, Dane County, Wisconsin  
My Commission Expires 2/22/2009

[Signature]  
Signature of Agent

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

# Transfer of Ownership

(letter to surrender previous license)

*To be filed with the City Clerk at the time a new application is submitted for a change of ownership for any liquor and/or beer establishment.*

The "B" license for the premise located at  
Class of License  
4916 E. BROADWAY will be relinquished upon the  
Street Address  
approval of the application and the issuance of the same type of license for the same  
premises to ASPIRE FOUNTAINS, LLC  
License Applicant

There have been no convictions for violations during the current license year, nor are there any pending violations against the present licensee except as follows:

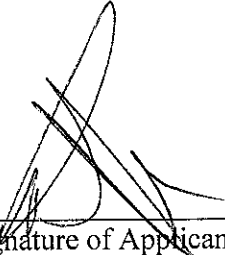
NONE

David L. Vogel  
Signature of Present License Holder  
PRESIDENT

5/13/08  
Date

# Payment of Taxes on Liquor/Beer License Transfer

I, Anik Shah, Director, applicant for  
Name Title  
a liquor and/or beer license for the premise located at 4916 E. Broadway, have  
Address  
read the provisions in the attached copy of Madison General Ordinance Section 9 01, and understand  
that payment of all personal property taxes, special assessments, room taxes, forfeitures and judgments  
must be paid before the Office of the City Clerk can issue said license.

  
Signature of Applicant

5/13/08  
Date

Subscribed and sworn to before me this

13<sup>th</sup> day of May, 2008

Mary J. Schappe  
Notary Public, Dane County, State of Wisconsin

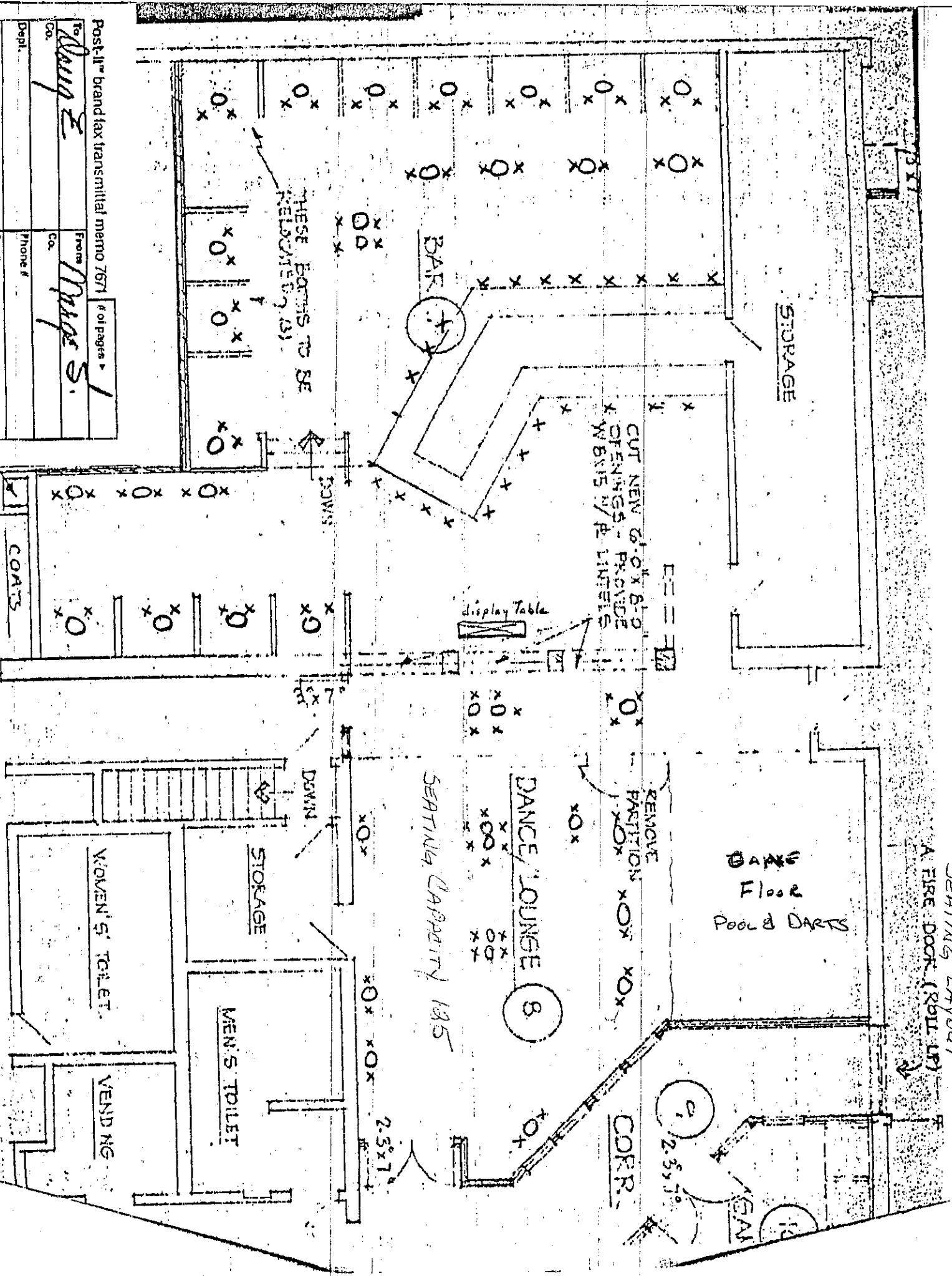
My Commission Expires 2/22/2009



# Quality Inn South

SEATING LAYOUT

A FIRE DOOR (ROLL UP)



Post-It™ brand fax transmittal memo 7671

To: *David E.*      From: *Shirley S.*

Co.      Co.

Dept.      Phone #

# of pages: *1*