

EAST

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk

For the license period beginning 20 ending 20

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): West Towne TK, LLC ~~Atta East Towne TK~~

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>President</u>	<u>Charles M. Myers</u>	<u>4606 Signature Dr.</u>	<u>Middleton WI 53566</u>
Vice President/Member				
Secretary/Member				
Treasurer/Member				
Agent	<u>Charles M Myers</u>			
Directors/Managers				

3 Trade Name Tilted Kilt Pub & Eatery Business Phone Number (608) 833-9633
4 Address of Premises 4325 Lien Road Post Office & Zip Code Madison WI 53704

- 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 5/2/06 of registration Yes No
 (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) Dining Room - 4325 Lien Road

- 10 Legal description (omit if street address is given above): 4325 Lien Road
- 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? Damon's
- 12 Does the applicant understand they must file a Special Occupation 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

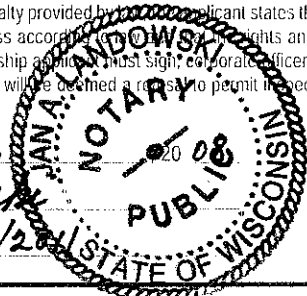
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to the rights and responsibilities conferred by the license(s), 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 31 day of March

Jan A. Landowski
(Clerk/Notary Public)

My commission expires 4/24/2008



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

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

[Signature]
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4/1/08</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>80344</u>	

10358

City of Madison Supplemental Class B License Application

<input checked="" 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 checked="" 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 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 West Towne TK, LLC.
2. Address of Licensed Premise 4325 Lien Road Madison WI 53566
3. Telephone Number: (608) 833-9633 4. Anticipated opening date: By 6-1-08
5. Mailing address if not opening immediately 801 Deming Way Madison WI 53717
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 desired by the neighborhood? Yes No
 Explain _____
8. Business Description, including hours of operation: 11:00 a.m. to 2:00 a.m. APPY
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.**
PREVIOUS DAMONS RESTAURANT - LOCATED AT 4325 LIEN RD.
Seating capacity app. 270, PATIO ALSO INCLUDED
Beverage stored - LIQUOR ROOM + COOLERS LOCATED IN KITCHEN AREA.
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. _____
13. Describe your management experience, staffing levels, duties and employee training
PREVIOUS MGT OF PEPPERHILL GILL - operate Tilted Kilt at 920 GAMMAN PLACE
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.
Charles M. Myers 801 Deming Way Madison WI 53717
Name Address

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

age group from 25-50+ ave age 34. yrs old

16. What age range would you hope to attract to your establishment? 25 years and up

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

Billboards Telephone Directory - Radio - Print

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

19. Owner of building where establishment is located: _____

Address of Owner: _____ Phone Number _____

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

Charles M. Myers 4606 Signature Drive Middleton WI 53516

Name

Address

Name

Address

Name

Address

22. List the Stockholders of your Corporation/LLC

Charles M. Myers

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 _____

24. What type of food will you be serving, if any? _____

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? 11 AM - to 1 hr before

Closing - 7 days per week

27. What hours, if any, will food service not be available? Appx 1 hr before close
28. Indicate any other product/service offered Trademark Clothing
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? 60⁺
 During what hours do you anticipate they will be on duty? 10:30 a.m. to 1:30 a.m.
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? 4-6
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? 250 Appx
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?
60%
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? 29% combined
 What percentage of your advertising budget do you anticipate will be drink related? 29%
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? 270

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	50 %
Gross Receipts from Food and Non-Alcoholic Beverages	49 %
Gross Receipts from Other	1 %
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 31 day of MARCH, 2008
(Office of Corporation/Member of LLC/Partner/Individual)

Jean A. Landowski
(Clerk/Notary Public)

My commission expires 4/24/2011

