

# ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk

For the license period beginning July 1 20 07 ;  
ending June 30 20 08

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): Quantum Leap Restaurants, Inc.

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 Thomas G. Larson</u>	<u>4827 S. Lowes Creek Rd. Eau Claire, WI 54701</u>	
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<u>Daniel Austin Johnson</u>	<u>325 S. Hamilton #205 Madison, WI 53719</u>	
Directors/Managers			

- 3 Trade Name I.G.I. Friday's Business Phone Number 608-249-4544  
4 Address of Premises 2502 E. Springs Dr. 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 1997 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)

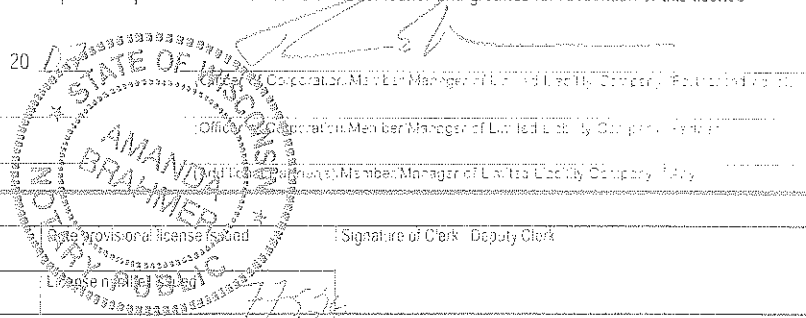
9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Full Service Restaurant & Bar with Patio, Beer and Liquor Storage

- 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? Wisconsin Bistros, Inc. d b a T.G.I. Friday's
- 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 9th day of May 20 07  
Amanda Brahmier  
(Clerk/Notary Public)  
My commission expires 10/17/10



TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>05/14/07</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk/Deputy Clerk
Date license granted <u>05/14/07</u>	Date license issued	License number <u>77534</u>	

Legistar # 06645

## City of Madison Liquor and/or Beer Original Supplemental Form

Office Use Only	
<input checked="" type="checkbox"/> Seller's Permit Number <input checked="" 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 checked="" type="checkbox"/> Notarized Auxiliary Questionnaire(s) (AT-103) <input checked="" type="checkbox"/> Background Investigation Form(s) <input checked="" type="checkbox"/> Floor Plans	<input checked="" type="checkbox"/> Lease <input type="checkbox"/> Notarized Transfer of Ownership Letter <input checked="" type="checkbox"/> *Schedule of Appointment of Agent (AT-104) <input type="checkbox"/> *Notarized Agent Appointment/Acceptance Form <input type="checkbox"/> *Articles of Incorporation/ Organization <input type="checkbox"/> Sample Menu, if possible <input type="checkbox"/> Business Plan, if one exists * Forms required of Corporation/LLC only

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

Alderperson \_\_\_\_\_ can be reached at \_\_\_\_\_ at the Common Council Office (266-4071), or via e-mail at [council@cityofmadison.com](mailto:council@cityofmadison.com).

The name of the neighborhood association representative can be obtained by calling the Planning and Development Department at 266-4635 or online at [www.ci.madison.wi.us/neighborhoods/contacts.htm](http://www.ci.madison.wi.us/neighborhoods/contacts.htm).

Police Department District Captain \_\_\_\_\_ can be reached at \_\_\_\_\_.

Alcohol Policy Coordinator Joel Plant can be reached at 264-9295.

1. 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
2. Are there any special conditions desired by the neighborhood?  Yes  No  
 Explain: \_\_\_\_\_

3. Name of Applicant/Partner/Corporation I.L.C. Quantum Leap Restaurants, Inc.
4. Telephone Number: 715-834-2449
5. Address of Licensed Premise 2502 E. Springs Dr.
6. Anticipated opening date: Currently open
7. Mailing address if not opening immediately N/A

8. What type of establishment is contemplated?  Tavern  Nightclub  Restaurant  
 Liquor Store  Grocery Store  Convenience Store – Gas Pumps  Yes  No  
 Other Please explain \_\_\_\_\_

9. Business Description including hours of operation and if entertainment is part of your venue, what type:  
Full Service restaurant & bar  
11 am - 1 am

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.**  
4,479 sq. feet, booth & table seating, bar stool seating, outdoor patio seating, 240 capacity, bar 15 1/2 ft. Beer cooler & liquor room for storage.

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. Open parking lot monitored by management staff.

13. Describe your management experience, staffing levels, duties and employee training.  
6 managers, 101 hourly employees. 4 mgs have 5+ years w/ company. Duties - customer service, supervision of restaurant, cash handling. Training - 5 shifts with written tests & on the job testing

14. Identify the registered agent for your Corporation or LLC. This is not necessarily the same person as your liquor/beer agent. This is your corporation's agent for service of process. notice or demand required or permitted by law to be served on the corporation. Quantum Leap Restaurants, Inc.  
 Name

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

15. Excluding pre-packaged snacks, how late will food be served? 12 am / 11 pm Sunday  
M-S

16. What type of food will you be serving, if any? American

17. Indicate any other product service offered: \_\_\_\_\_

18. Describe your target market. 18-40 yr. olds, families

19. What is your estimated capacity? 240

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

21. Owner of building where establishment is located: Raymond + Lorraine Zeier

Address of Owner: 2211 N. Stoughton Rd. Phone Number 608-249-9668  
Madison, WI 53704

22. Individual or Partnership: Have individual/partners completed the Beverage Server Training Course?  Yes  No If Yes, indicate names: N/A

**License cannot be issued until proof of Beverage Server Training completion is shown.**

23. Corporation/LLC: Will liquor/beer agent be a Wisconsin resident at the time of granting?  Yes  No

24. Corporation/LLC: Agent must disclose interest held in business: 0 %

25. Corporation/LLC: Has agent completed the Beverage Server Training Course?  Yes  No

**License cannot be issued until proof of Beverage Server Training completion is shown.**

26. Corporation/LLC: List Directors, Stockholders, and Managers below.

Director(s) Name	Home Address
<u>Thomas G. Larson</u>	<u>4827 S. Lowes Creek Rd. Eau Claire, WI 54701</u>

Stockholder's Name	Address	Extent of Ownership%
<u>Thomas G. Larson</u>	<u>4827 S. Lowes Creek Rd. Eau Claire, WI 54701</u>	<u>100</u>

Manager's Name	Address	Business Phone	Home Phone

27. 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

28. 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.

Calendar/fiscal year:  January 1 – December 31  July 1 – June 30

Percent Gross Receipts from Alcohol Beverages	18 %
Percent Gross Receipts from Food	82 %
Percent Gross Receipts from Other	%
<b>Total Gross Receipts</b>	<b>100 %</b>

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.

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

Other Please explain: \_\_\_\_\_

30. Will your establishment have a kitchen manager?  Yes  No

31. Will your establishment be a member of the Wisconsin Restaurant Association?  Yes  No

32. How many wait staff will be employed at the establishment? 47

33. What hours, if any, will food service not be available? 1 hr.

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

Mailings- coupons, flyers. Promote food specials, happy hour

**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 9th day of May, 2009

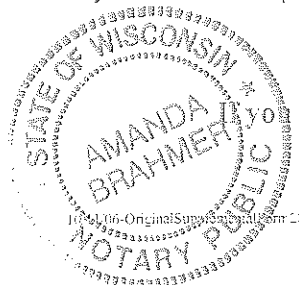
Amanda Brahmert  
(Clerk/Notary Public)

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

\_\_\_\_\_  
(Officer of Corporation/Member/Manager of LLC/Partner/Individual)

My commission expires 10/17/10

\_\_\_\_\_  
(Officer of Corporation/Member/Manager of LLC/Partner/Individual)



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

Liquor Licenses held by Thomas G. Larson (Agent) under Larson Management, Inc.

Green Mill Restaurant and Bar

2703 Craig Rd.

Eau Claire, WI 54701

Liquor Licenses held by Thomas G. Larson under Cornhusker Restaurants, LLC

TGI Friday's Omaha

3636 N. 156<sup>th</sup> St.

Omaha, NE 68116

TGI Friday's Omaha II

17535 Gold Plaza

Omaha, NE 68130

Liquor Licenses held by Thomas G. Larson under Sioux Restaurants, LLC

TGI Friday's Rapid City

2205 N. La Crosse St.

Rapid City, SD 57701

TGI Friday's Fargo

4100 S. 13<sup>th</sup> Ave.

Fargo, ND 58103

Liquor Licenses held by Thomas G. Larson under Gopher Restaurants, LLC

TGI Friday's Mankato

1910 Premiere Dr.

Mankato, MN 56001

TGI Friday's Rochester

300 Hwy 52 N

Rochester, MN 55901

TGI Friday's Bismarck

330 Riverwood Dr.

Bismarck, ND 58504

Liquor Licenses held by Thomas G. Larson under Hawkeye Restaurants, LLC

TGI Friday's Des Moines

3340 Westown Pkwy

West Des Moines, IA 50265

Liquor Licenses held by Thomas G. Larson under Quantum Leap Restaurants, Inc.

TGI Friday's Middleton  
1610 Deming Way  
Middleton, WI 53562

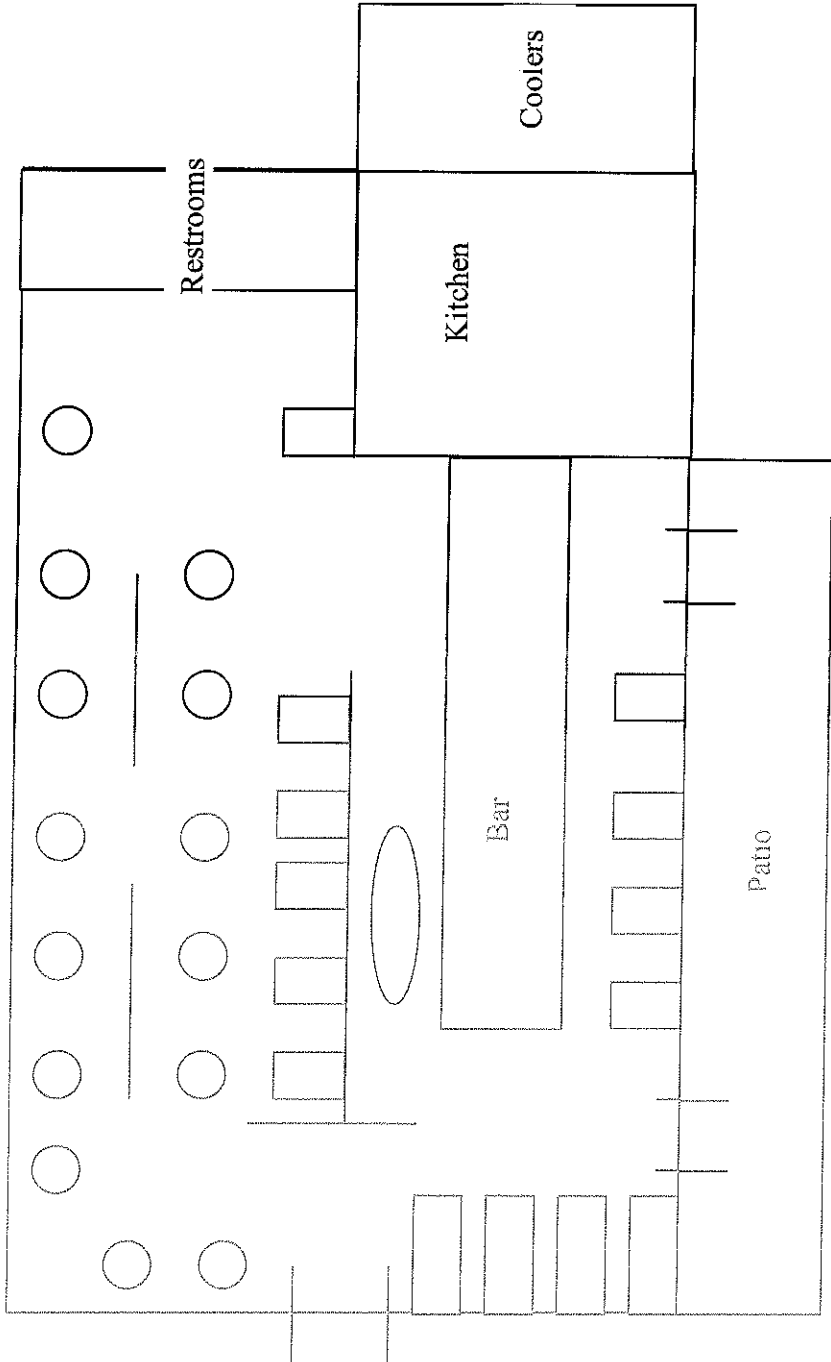
TGI Friday's Milwaukee South  
4638 S. 76<sup>th</sup> St.  
Greenfield, WI 53220

TGI Friday's Onalaska  
9430 Highway 16  
Onalaska, WI 54650

TGI Friday's Appleton  
4699 Michaels Dr.  
Appleton, WI 54913

TGI Friday's Madison East  
2502 E Springs Dr.  
Madison, WI 53704

TGI Friday's Brookfield  
17430 Blue Mound Rd.  
Brookfield, WI 53045

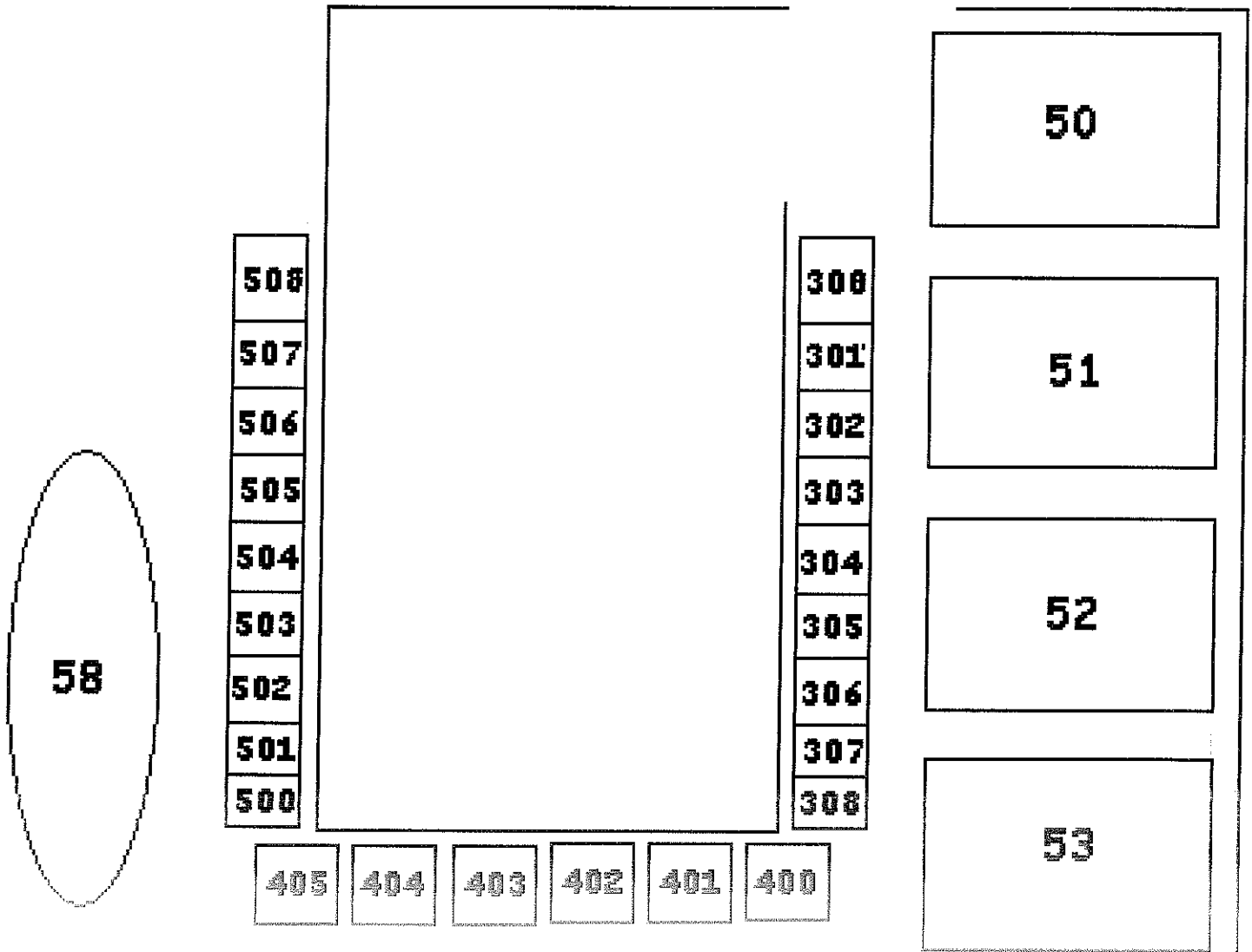


Booths  
Tables

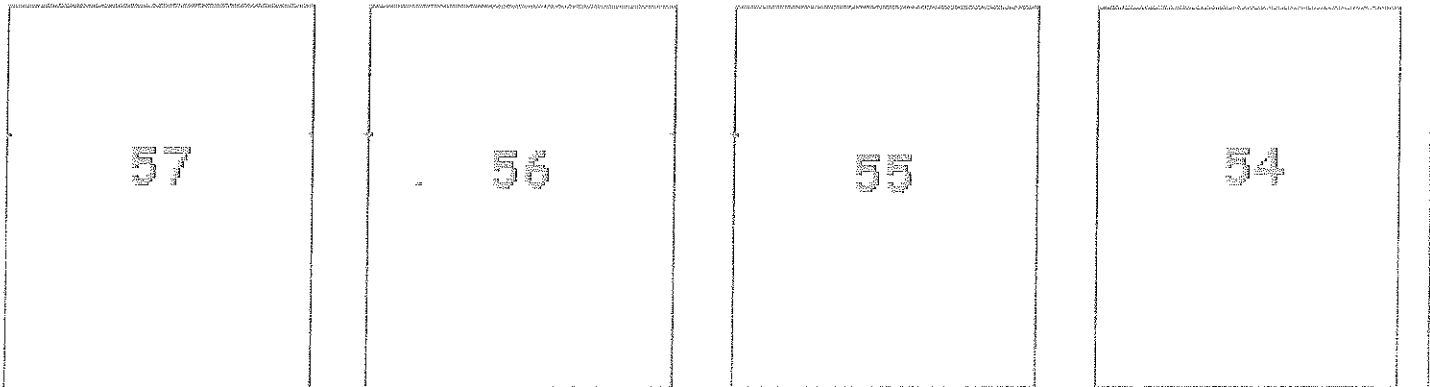


# BAR FLOOR PLAN 2006

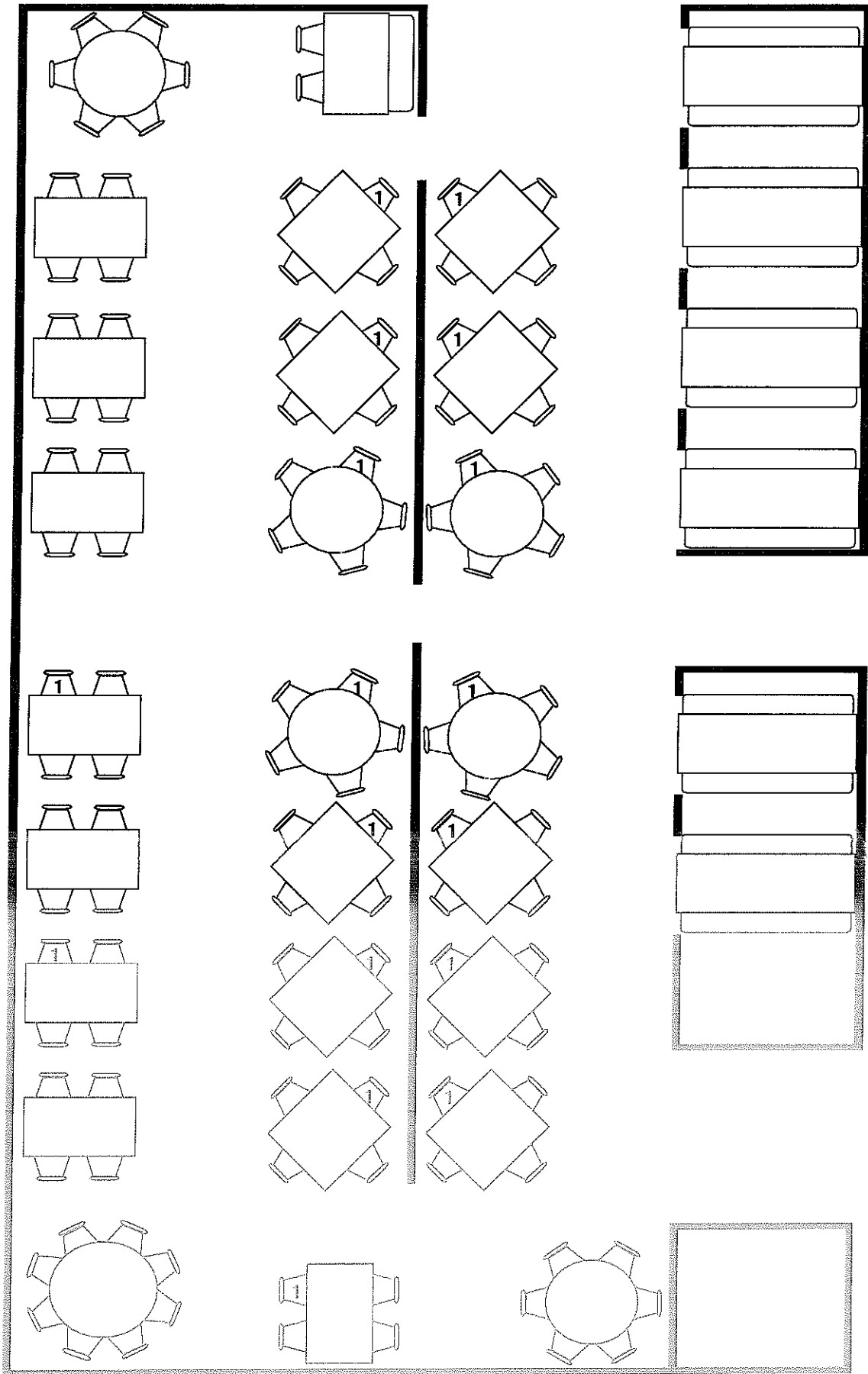
TO PATIO →



TO PATIO →



# Restrooms

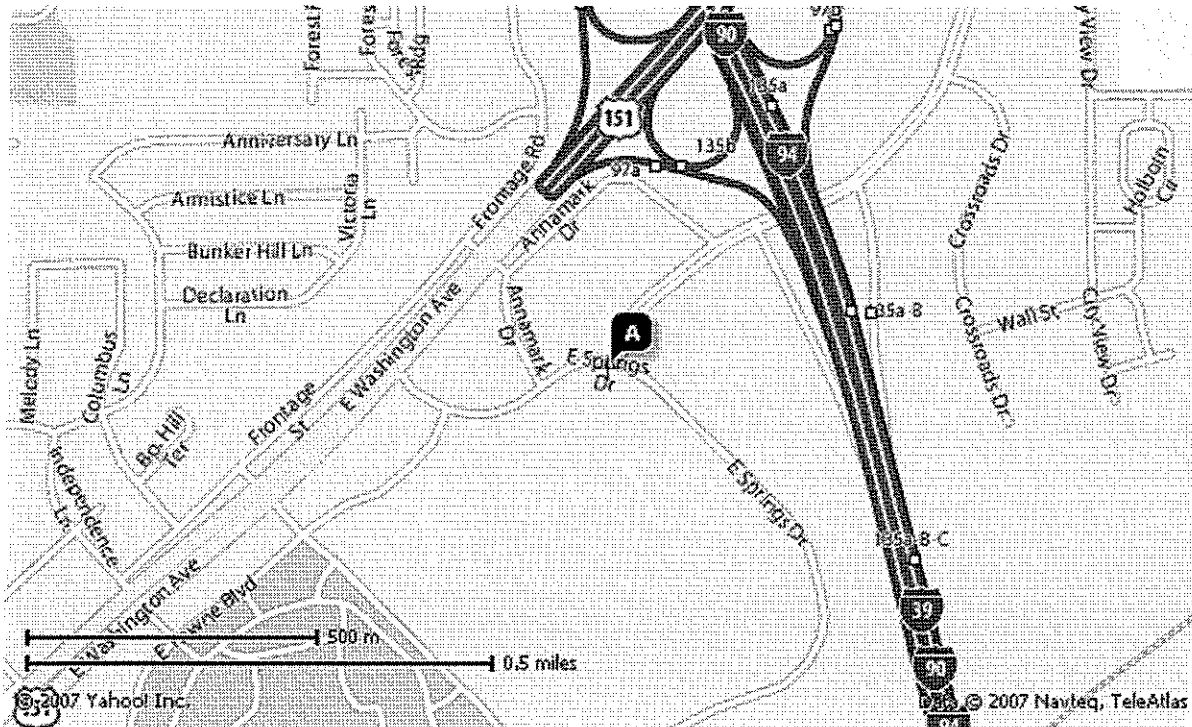


Bar

Front Entrance



**A** TGI Friday's (608) 249-4544 ★★★★★  
2502 E SPRINGS DR, MADISON, WI, 53704-7407



### Your Points of Interest

When using any driving directions or map, it's a good idea to do a reality check and make sure the road still exists, watch out for construction, and follow all traffic safety precautions. This is only to be used as an aid in planning.