



# Transfer of License Location

City of Madison Clerk  
210 MLK Jr Blvd, Room 103  
Madison, WI 53703

(Agenda Item Number)

(Legistar file number)

L12LIB-2016-01196  
(License number)

(Alder District #) (Police Sector)  
Office Use Only

Class A:  Beer,  Liquor,  Cider

Class B:  Beer,  Liquor,  
 Class C Wine

[licensing@cityofmadison.com](mailto:licensing@cityofmadison.com)  
608-266-4601

- This application **cannot** be used for a **Reserve Class B Combination Liquor & Beer licenses**.
- A completed City of Madison Liquor/Beer License Application should accompany this form.
- The fees will total \$110: \$100 Publication Fee and \$10 License Transfer Fee.

## Licensed Premises Information

This application modifies existing alcohol license number: L12LIB-2016-01196

Business dba Name: Bloom Bake Shop

Licensed Address: 1851 Monroe Street Madison WI 53711

Liquor/Beer Agent Name: Annemarie Maitin Alder, District #: Tag Evers

## Corporate Information

Business Legal Name (as on WI State Sellers Permit): Bloom Bake Shop

Business Mailing Address: 1851 Monroe Street Madison WI 53711

Business Contact Name, Position: Annemarie Maitin Owner

Business Phone: 608 886 8602 Business Email: contact@bloombakeshop.com

## New Premise Information

Include floor plans with the application

Address: 1859 Monroe Street Madison WI 53711

Physical description of building/land: single story space, formerly a cafe, on Monroe Street

Is any other business conducted on same premises?  No  Yes: \_\_\_\_\_

Was this location licensed for beer or liquor during the past year?  No  Yes - see below

Name and address of previous licensee: Crescendo Coffee House

Will the previous licensee surrender its license?  Yes  No

State any interest, directly or indirectly, that any brewer, bottler, wholesaler, manufacturer, or rectifier will hold in the premises for which you are applying:

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If you do not own the fixtures, state the manner, terms and conditions under which said fixtures are held:

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Include City of Madison Alcohol License application form

*Penalty for materially false application information: Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.*

    Anemarie Maura      
Authorized Signature

    Jan 18 2023      
Date



# Liquor/Beer License Application

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 Class C Wine

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LICTEL - 2022 - 00031

(License number)

(Alder District #)

(Police Sector)

Office Use Only

## Section 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.  
Bloom Bake Shop LLC
- Trade Name (doing business as) Bloom Bake Shop
- Address to be licensed 1899 Monroe Street Madison WI 53711
- Mailing address 3527 Gregory Street Madison WI 53711
- Anticipated opening date April 2023
- Is the applicant an employee or agent of, or acting of behalf of anyone except the applicant named in question 1?  
 No  Yes (explain)
- Does another alcohol beverage licensee or wholesale permittee have interest in this business?  No  Yes (explain)

## Section 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 for 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.

This cafe seats 30, with 6 bar seats. The alcohol will be stored behind the bar. Additional alcohol/backstock will be stored in a locked cabinet in the basement. There are two bathrooms, a dish room & it is an open kitchen format.

9. Applicants for on-premises consumption only. Estimated capacity (patrons and employees):  
 Indoor: 36 Outdoor: n/a
10. Describe existing parking and how parking lot is to be monitored.  
street parking, metered  
neighborhood side streets
11. Was this premises licensed for the sale of liquor or beer during the past license year?  
 No  Yes, license issued to Crescendo (name of licensee)

**Section C—Corporate Information**

This section applies to corporations, nonprofit organizations, and Limited Liability Companies only. Sole proprietorships and partnerships, skip to Section D.

12. Name of liquor license agent Annemarie Martn
13. City, state in which agent resides Madison WI
14. How long has the agent continuously resided in the State of Wisconsin? 13 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 2016  
signed up will be completed by Feb
16. State and date of registration of corporation, nonprofit organization, or LLC.  
Feb 5 2010

17. In the table below list the directors of your corporation or the members of your LLC.  
 Attach background check forms for each director/member.

Title	Name	City and State of Residence
owner	Annemarie Martn	Madison Wisconsin

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.  
Annemarie Martn
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 (explain) \_\_\_\_\_

**Section D—Business Plan**

21. What type of establishment is contemplated?  
 Tavern    Nightclub    Restaurant    Liquor Store    Grocery Store  
 Convenience Store without gas pumps    Convenience Store with gas pumps  
 Other \_\_\_\_\_
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 operation: please enter opening and closing times in the table below.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
9.2	-	9.3	9.3	9.3	9.3	9.3
<i>(Class B only) Enter below any hours when food service will not be available, if applicable</i>						
-	-	-	5.9	5.9	5.9	5.9

**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.*

24. Indicate any other product/service offered. \_\_\_\_\_
25. 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   80 % Food   0 % Other

If applicable, describe "Other": \_\_\_\_\_

Do you have written records to document the percentages shown?  No    Yes  
 You may be required to submit documentation verifying the percentages indicated.

26. Do you plan to have live entertainment?  No    Yes—what kind? \_\_\_\_\_

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 understand that I am required to host an information session at least one week before the ALRC meeting.  No    Yes
29. I agree to contact the Alderperson for this location to discuss my application and to invite the Alderperson to my information session.  No    Yes

30. I agree to contact the Police Department District Captain for this location prior to the ALRC meeting.  No  Yes
31. I agree to contact the Deputy Clerk prior to the ALRC meeting.  No  Yes
32. I agree to contact the neighborhood association representative prior to the ALRC meeting.  No  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.  No  Yes
34. I understand we must file a Special Occupational Tax return (TTB form 5630.5) before beginning business. [phone 1-800-937-8864]  No  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]  No  Yes
36. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  No  Yes

### Section G—Information for Clerk's Office

37. This application is for the license period ending June 30, 20\_\_\_\_\_.
38. State Seller's Permit 4 5 6 - 1 0 2 7 0 6 3 2 2 9 - 0 3
39. Federal Employer Identification Number 27 - 1348300
40. Who may we contact between 8 a.m. and 4:30 p.m. regarding this license?  
 Contact person Annemarie Martin  
 Business phone 608 886 8602 Business e-mail address contact@blowmbakeshop.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 Judd Genda  
 Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**NOTICE:** Completed application are due by noon of the third Monday (fourth, if the Clerk's office is closed on the third Monday) to get on the agenda for the proceeding months Alcohol License Review Committee. A completed application **must** be accompanied by the following items:

- 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 will not be considered complete and will not be accepted by the Clerk's Office until all requirements are submitted. No exceptions are made.

**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 the business according to law, and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. Lack of access to any portion of licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

Penalty for materially false application information: Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Armanise Mattw  
 (Officer of Corporation/Member of LLC/Partner/Sole Proprietor)

1/18/23  
 (Date)

<b>Clerk's Office checklist for complete applications</b>		
<input type="checkbox"/> WI Seller's Permit Certificate (matching articles of incorporation) <input type="checkbox"/> FEIN <input type="checkbox"/> Written description of premises	<input type="checkbox"/> Background investigation form(s) <input type="checkbox"/> Form for surrender of previous license <input type="checkbox"/> *Articles of Incorporation <input type="checkbox"/> *Appointment of Agent * Corporation/LLC only	<input type="checkbox"/> Floor Plans <input type="checkbox"/> Lease <input type="checkbox"/> Business Plan <input type="checkbox"/> **Sample Menu ** Class B only
<b>Upon Application Submission, the Clerk's Office issued to the application:</b>		
<input type="checkbox"/> Orange sign <input type="checkbox"/> Orange business card <input type="checkbox"/> "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 _____ Date license issued _____		

