| Name of Corporation, Limited Liability Companional Individual Owner, Private Club or Partner(s) | y, Liquor/Beer Agent | | |
|---|-----------------------------------|--|--|
| N43 Venture, LLC | Shinji Muramoto | | |
| Mailing Address | Liquor/Beer Agent Address | | |
| 8540 Greenway Blud #216 | bane | | |
| Middleton, WI 53562 | | | |
| City/State/Zip Code | Liquor/Beer City/State/Zip Code | | |
| Middleton, WI 53562 | | | |
| Name of Registered Agent or General Partner | Local Contact Person Phone Number | | |
| Shinji Muramoto | Shing: Muramoto (608) 698 - 2680 | | |
| Trade Name | Estimated Opening Date | | |
| Sushi Muramoto | March 15, 2007 | | |
| Bysiness Address | Signature of Owner/Operator | | |
| VTOIN. Midvale Blud | 10 . 10 | | |
| Madison, WI 53705 - 3261 | Ship Muranto | | |

Private Club? ☐ Yes ☑ No

| License Description | Type | Fee | Number - |
|--|--------|-------|----------|
| Class B combination put. | | 20,00 | 7 mm |
| | F - | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Pre-Inspection & License Fees Non-Refundable | TOTAL | \$ | |

IT IS MANDATORY THAT ALL APPLICABLE INFORMATION BE COMPLETED. INACCURATE INFORMATION MAY RESULT IN SUSPENSION OR REVOCATION OF LICENSE...

| | RIGINAL ALCOHOL BEVERAGE LICENSE APPLI | CAHON | Applicant's Wisconsin) Seller's Permit Number |) O w - 3 (4 | 124-01 |
|---|--|--|--|---|---|
| For | bmit to municipal clerk. | | Federal Employer Identifical Number (FEIN): | ion 42-1 | 60926 |
| | r the license period beginning | | <u> </u> | EQUESTED • | |
| | ending June 30 20 0 | 7 | TYPE | | FEE |
| | | _ | Class A beer | \$ | |
| | ☐ Town of | | Class B beer | \$ | |
| О | THE GOVERNING BODY of the: Village of Madison | | Wholesale beer | \$ | |
| | 🕱 City of | | Class C wine | \$ | |
| | and a first bloom and Diet bloom | | = | \$ | |
| OL | unty of <u>Dane</u> Aldermanic Dist. No (if requi | ired by ordinan | Class B liquor | \$ | |
| | TI I CINDUIDUI CI DADTNICOCIUD CI INVITEDIMONI | | | | |
| L | The named INDIVIDUAL PARTNERSHIP LIMITED LIABIL | JIY COMPANY | | | 2 2 62 |
| | CORPORATION/NONPROFIT ORGANIZATION | | Publication f | ee \$ | 20,00 |
| | hereby makes application for the alcohol beverage license(s) checked above | | TOTAL FEE | \$ | |
| | Name (individual/partners give last name, first, middle; corporations/limited liability of Maramoto, Shinji, 143 Ventu | companies give r | registered name): | | |
| | An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to partnership, and by each officer, director and agent of a corporation or nonproliability company. List the name, title, and place of residence of each person. Title President/Member Vice President/Member | o this application fit organization | on by each individual appli , and by each member/man | ager and agent | of a limited |
| | Vice President/Member | '''') | -10 creenways wa | Midale | (2/6/1/10) |
| | VICE F I COLUMNICIADE | | | | |
| | Secretary/Member | | | | |
| | Treasurer/Member | | | | |
| | Agent Mucamoto, shinji | | | | |
| | Discotoro (Managara) | | | | |
| | Trade Name > Sushi Murameto Address of Premises > 5460 Midvale, Madison | Business | s Phone Number 🛮 <u>& OB</u> 💪 | 98 268 | 0 |
| | Address of Premises > 5460. Midvale, Madison | Post Offi | ice & Zip Code 🕨5 | 3703 | |
| | Is individual, partners or agent of corporation/limited liability company subject to com | inletion of the re | snonsible heverage server | | |
| | training course for this license period? | ipiodoli oi dio io | sponsible beverage server | Ves | No |
| | training course for this license period? Is the applicant an employe or agent of, or acting on behalf of anyone except the nar Does any other alcohol beverage retail licensee or wholesale permittee have any interest (a) Corporate/limited liability company applicants only: Insert state | med applicant? | | □ Vec | √ No |
| | Does any other alcohol heverage retail licenses or wholesale permittee have any inte | aract in ar contro | of of this business? | ☐ Ves | V No |
| | (a) Corporate/limited liability company applicants only: Insert state | erest in or condit | ururuns business? | . L. Yes | □ 140 |
| | | | | | |
| | (b) Is applicant corporation/limited liability company a subsidiary of any other corpor | ration or limited l | liability company? | Yes | ☐ No |
| | (c) Does the corporation, or any officer, director, stockholder or agent or limited liabi | ility company, or | any member/manager or | | |
| | agent hold any interest in any other alcohol beverage license or permit in Wiscor | | | . 🔽 Yes | ■ No |
| | (NOTE: All applicants explain fully on reverse side of this form every YES answer in | sections 5, 6, 7 | and 8 above.) | | |
| | Premises description: Describe building or buildings where alcohol beverages are to all rooms including living quarters, if used, for the sales, service, and/or storage of almay be sold and stored only on the premises described) | be sold and stor | red. The applicant must include and records. (Algebra bayer) | de | |
| | | contribeverages | s and records. (Alcohol bever | ages | |
| | Legal description (omit if street address is given above): | | s and records (Alcohol bever | ages | |
| | Legal description (omit if street address is given above): | | s and records. (Alcohol bever | | ₹ No |
| | Legal description (omit if street address is given above): (a) Was this premises licensed for the sale of liquor or beer during the past license y | | s and records. (Alcohol bever | | ☑ No |
| | Legal description (omit if street address is given above): (a) Was this premises licensed for the sale of liquor or beer during the past license y (b) If yes, under what name was license issued? Does the applicant understand they must file a Special Occupational Tax return (TTB) | year? | s and records. (Alcohol bever | ☐ Yes | |
| | Legal description (omit if street address is given above): (a) Was this premises licensed for the sale of liquor or beer during the past license y (b) If yes, under what name was license issued? Does the applicant understand they must file a Special Occupational Tax return (TTB before beginning business? [phone 1-800-937-8864] | year? 3 form 5630 5) | | | ☑ No |
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| · | Legal description (omit if street address is given above): (a) Was this premises licensed for the sale of liquor or beer during the past license y (b) If yes, under what name was license issued? Does the applicant understand they must file a Special Occupational Tax return (TTB before beginning business? [phone 1-800-937-8864] Does the applicant understand a Wisconsin Seller's Permit must be applied for and is Section 2, above? [phone (608) 266-2776] | year? 3 form 5630 5) ssued in the sam | | ☐ Yes ☑ Yes ☑ Yes | ☐ No |
| ! | Legal description (omit if street address is given above): (a) Was this premises licensed for the sale of liquor or beer during the past license y (b) If yes, under what name was license issued? Does the applicant understand they must file a Special Occupational Tax return (TTB before beginning business? {phone 1-800-937-8864} Does the applicant understand a Wisconsin Seller's Permit must be applied for and is | year? 3 form 5630 5) ssued in the sam | | ☐ Yes | □ No |
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