A=



## City of Madison Liquor/Beer License Application

On-Premises Consumption: 
Class B Beer
Off-Premises Consumption: 
Class B Beer
Class B Liquor
Class C Wine
Class A Liquor
Class A Cider

| Section A - | - Applicant |
|-------------|-------------|
|-------------|-------------|

| 1. | 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. |  |
| 2. | This application is for the license period ending June 30, 20 17.   |  |
| 3. | 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.  |  |
|    | Wisconsin Soaps LLC.  |  |
| 4. | Trade Name (doing business as) The Soap Opera   |  |
| 5. | Address to be licensed 319 State St. Madison, WI 53703  |  |
| 6. | Mailing address Same as above   |  |
| 7. | Anticipated opening date Business already in existing for 45 years  |  |
| 8. | Is the applicant an employee or agent of, or acting of behalf of anyone except the applicant named in question 2?  ☑ No □ Yes (explain)   |  |
| 9. | Does another alcohol beverage licensee or wholesale permitee have interest in this business?  |  |
|    | ☑ No □ Yes (explain)  |  |

## Section B—Premises

10. 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 records. Alcohol beverages may be sold and stored only on the premises as approved by Common Council and described on license.

We want to hold "Scenting parties" at our facility. These are small gatherings of people who

Can come in and create their own scent with the help of our staff. These will be held in the

Shop as well as our fenced in courtyard. We would like to serve wine to those of age and sell

wine by the bottle for them to take home. storage shall be onsite, displaied in retail area,

as well as stored in the basement for backstock.



| 1.  | Attach a floor   | plan, no larger than 8 ½ b   | y 14, showing the space descri                                   | bed above.  |  |
|---|--|--|--|---|--|
| 2.  | Applicants for on-premises consumption: list estimated capacity 30 at a time maximum |  |  |   |  |
| 3.  | Describe existing  | Describe existing parking and how parking lot is to be monitored.  |  |   |  |
|   | Public parking primarily. We have 2 parking spots out back for staff use only.       |  |  |   |  |
| 4.  | Was this promise   | es licensed for the sale of  | liquor or beer during the past li                                | 20000 V00r2   |  |
| \lnot.  | •  |  |  | •   |  |
|   | ☑ No ☐ Yes,  | license issued to  |  | (name of licensee)                                    |  |
| 5.  | ☑ Attach copy o  | f lease.   |  |   |  |
| his   | section applies to   | orate Information of corporations, nonprofit of nd partnerships, skip to S   | organizations, and Limited Liabil<br>Section D.                  | ity Companies only.                                   |  |
| 6.  | Name of liquor lid   | cense agent Stacey Sca   | annell/ Wisconsin Soaps LLC                                      |   |  |
| 7.  | City, state in which agent resides Madison Wisconsin                                 |  |  |   |  |
| 8.  | How long has the   | e agent continuously resid   | ded in the State of Wisconsin?                                   | 30 years  |  |
| 9.  | ☐ Appointment of   | of agent form and backgr   | ound check form are attached.                                    |   |  |
| 20. Has the liquor license agent completed the responsible beverage server training |  |  | raining course?  |   |  |
|   | ☑ No, but will co  | omplete prior to ALRC me   | eting 🛛 Yes, date completed                                      |   |  |
| 21. State and date of registration of corporation, nonprofit organization, or LLC.  |  |  | C.   |   |  |
|   | Wisconsin, Octo  | ober 2015  |  |   |  |
| 2.  |  | 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                                      | Э   |  |
|   | Owner  | Stacey Scannell  | Madison Wisconsin  |   |  |
|   | Owner  | Sean Scannell  | Madison Wisconsin  |   |  |
|   |  |  |  |   |  |
|   |  |  |  |   |  |
|   |  | ·  |  |   |  |
|   |  |  |  |   |  |
| 3.  | Registered agent demand required same as your liquestern Stacey Scannel              | or permitted by law to be<br>uor agent.  | LC. This is your agent for servies served on the corporation. Th | ce of process, notice or<br>is is not necessarily the |  |

| 24.           | Is applicant a subsidiary of any other corporation or LLC?   |
|---------------|--|
|               | ☑ No ☐ Yes (explain)   |
| 25.           | 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) <u>Sale and serve</u>   |
|               | tion D—Business Plan What type of establishment is contemplated? □ Tavern □ Nightclub □ Restaurant □ Liquor Store □ Grocery Store  |
|               | ☐ Convenience Store without gas pumps ☐ Convenience Store with gas pumps   |
|               | Other We want to use our current retail store to provide wine sales both retail and served   |
| 27.           | in store. Business description The Soap Opera is a retail shop that has been a staple of downtown  |
|               | Madison for 45 years. We primarily sell custom scented items, grooming supplies, and bathin  |
|               | products. With my market research we have discovered that people want "experiences" not  |
|               | just shopping now. We need to work ourselves into this trend of we will vanish like many   |
| 28.           | other retailers are around us now. That is why we want to add these "scenting parties. Hours of operation Monday-Friday 10am-8pm, Saturday&Sunday 10am-7pm   |
| 29.           | Describe your management experience I started serving at 17 years old and eventually bartende  |
|               | through college. As for management experience, I have 7 years experience. I managed fitne  |
| or not<br>30. | facilities, coffee shops, and now manage The Soap Opera. I know how to cut someone off serve them to begin with, as well as manage any situation. (Continue to bottom of page) List names of managers below, along with city and state of residence. |
|               | Stacey Scannell-Madison Wisconsin  |
|               | Sean Scannell-Madison Wisconsin  |
| 31.           | Describe staffing levels and staff duties at the proposed establishment We have 5 other retail   |
| eı            | nployees and two offsite employees. All of which are over 18, and 2 of them having bartending  |
|               | licenses. 5 retail sales associates, 1 seamstress, 1 webdesigner.  |
| 32.           | Describe your employee training All employees acknowledge acceptance of employee handbook  |
| It has ou     | ir specific policies and procedure. Including language from our insurance company. Then base   |
|               | on experience and position they will be trained by me one on one.  |
|               | (Continue question 29)  Ig as a white water guide in 2007 I have had to handle emergency situations, including a women on a back board out of the rive up a mountain was severely hurt. I handle   |

| 33.              | Utilizing your market research, describe your target market.   |
|------------------|--|
|                  | Our largest market of interest is women age 25-60. These are women who are in their careers  |
|                  | and care about their skin care, and can now afford to buy quality products.  |
| 34.              | Describe how you plan to advertise and promote your business. What products will you be advertising?   |
|                  | We use a lot of Facebook marketing for promoting special events and products. We promote   |
|                  | new and existing bathing/grooming products and events we hold. We would advertise wine   |
| at our           | scenting parties if able to bring it on. Since it is a popular thing similar to say wine and paint nights.   |
| 35.              | Are you operating under a lease or franchise agreement? ☐ No ☑ Yes   |
| 36.              | 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  |
| This             | etion E—Consumption on Premises section applies to Class B and Class C applicants only. Class A license applicants (consumption remises) may skip to Section F.  |
| 37.              | Do you plan to have live entertainment?   No   Yes—what kind?   Not often, but occationally  |
|                  | we would like to bring in local muscians to play at the scenting parties. This would be soft   |
| 38.              | background music. What age range do you hope to attract to your establishment?We get all ages shopping.For drinkin however never under 21. This will be a responsible establishment.   |
| 39.              | What type of food will you be serving, if any? Just snack food such as cheese, crackers, ☐ Breakfast ☐ Brunch ☐ Lunch ☐ Dinner small deserts, along with flavored water.   |
| 40.              | Submit a sample menu if applicable. What will be included on your operational menu?  ☑ Appetizers □ Salads □ Soups □ Sandwiches □ Entrees □ Desserts □ Pizza □ Full Dinners (Food is supplied complimentary)   |
|                  | During what hours of operation do you plan to serve food? Primarily during scenting parties or   |
| 42.              | when someone may have a glass of wine to shop. What hours, if any, will food service <u>not</u> be available? <u>During normal hours of operation</u> . Food an  |
|                  | Indicate any other product/service offered. We sell soaps, small gift items, high end bathing  |
| products,<br>44. | and customer scented items. We also host scentine parties and supply facilities with bathing product Will your establishment have a kitchen manager? ☑ No ☐ Yes  |
| 45.              | Will you have a kitchen support staff? ☑ No ☐ Yes  |
| 46.<br>howeve    | How many wait staff do you anticipate will be employed at your establishment? Just retail employee er one of my employees has her license and another is on the Tavern League of Wisconsir During what hours do you anticipate they will be on duty? Normal business hours as stated |
| 47.              | , , , <u>—</u>   |
|                  | English Miles (SA)   |

| 48.        | Do your plans call for a full-service bar? ☑ No ☐ Yes If yes, how many barstools do you anticipate having at your bar? How many bartenders do you anticipate having work at one time on a busy night?   |  |  |
|------------|---|--|--|
| 49.        | Will there be a kitchen facility separate from the bar? ☑ No ☐ Yes  |  |  |
| 50.        | Will there be a separate and specific area for eating only?   |  |  |
|            | ☐ No ☑ Yes, capacity of that area <u>We will have tab</u> les in our courtyard and food at the counte   |  |  |
| 51.<br>52. | What type of cooking equipment will you have?  ☐ Stove ☐ Oven ☐ Fryers ☐ Grill ☑ Microwave None of our food needs to be cooked in anyway. Only refridgerated.  Will you have a walk-in cooler and/or freezer dedicated solely to the storage of food products?  ☑ No ☐ Yes We will get a commercial Fridge but not walk in. |  |  |
| 53.        | What percentage of payroll do you anticipate devoting to food operation salaries? 1% food and   |  |  |
| 54.        | If your business plan includes an advertising budget: \$5,00 yearly is retail.  |  |  |
|            | What percentage of your advertising budget do you anticipate will be related to food? 1% 10% at first to let  |  |  |
|            | What percentage of your advertising budget do you anticipate will be drink related? people know we  |  |  |
| 55.        | have wine now. Are you currently, or do you plan to become, a member of the Madison—Dane County Tavern League or the Tavern League of Wisconsin? ☑ No ☐ Yes   |  |  |
| 56.        | Are you currently, or do you plan to become, a member of the Wisconsin Restaurant Association or the National Restaurant Association? ☑ No ☐ Yes  |  |  |
| 57.        | All restaurants and taverns serving alcohol must substantiate their gross receipts for food and alcohol beverage sales broken down by percentage. New establishments estimate percentages:  |  |  |
|            | 8 % Alcohol 2 % Food 90 % Other   |  |  |
| 58.        | Do you have written records to document the percentages shown? ☑ No ☐ Yes You may be required to submit documentation verifying the percentages you've indicated.   |  |  |
| Sec        | tion F—Required Contacts and Filings  |  |  |
|            | I understand that liquor/beer license renewal applications are due April 15 of every year, regardless of when license was initially granted. □ No ☑ Yes   |  |  |
| 60.        | I understand that I am required to host an information session at least one week before the ALRC meeting. ☐ No ☑ Yes  |  |  |
| 61.        | I agree to contact the Alderperson for this location to discuss my application and to invite the Alderperson to my information session. □ No ☑ Yes  |  |  |
| 62.        | I agree to contact the Police Department District Captain for this location prior to the ALRC meeting. ☐ No ☑ Yes   |  |  |
| 63.        | I agree to contact the Alcohol Policy Coordinator prior to the ALRC meeting. ☐ No ☑ Yes   |  |  |
| 64.        | I agree to contact the neighborhood association representative prior to the ALRC meeting.  ☐ No ☑ Yes   |  |  |

((0)5)