

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning August 15 20 11 ;
 ending June 30 20 12

TO THE GOVERNING BODY of the: Town of } Madison
 Village of }
 City of }

County of Dane Aldermanic Dist. No. 5 (if required by ordinance)

Applicant's Wisconsin Seller's Permit Number: <u>1027400807-03</u>	
Federal Employer Identification Number (FEIN): <u>45-2626847</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Wholesale beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$
TOTAL FEE	\$

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): ▶ Horkan Dahmen
Horkan, Peter M / Dahmen, Tyler M / Dahmen, Justin J

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>Member Horkan, Peter M</u>	<u>8111 Starr Grass Rd, Madison WI</u>	<u>53719</u>
Vice President/Member	<u>Member Dahmen, Justin J</u>	<u>5 N Woodmont Cir, Madison WI</u>	<u>53717</u>
Secretary/Member			
Treasurer/Member			
Agent ▶	<u>Member Dahmen, Tyler M</u>	<u>5 N Woodmont Cir, Madison WI</u>	<u>53717</u>
Directors/Managers			

3. Trade Name ▶ Regent Treats Business Phone Number 608-438-5396
 4. Address of Premises ▶ 1402 Regent Street Post Office & Zip Code ▶ Madison WI 53711

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 _____ and date _____ 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.) Retail space, coolers, storage rooms, patio-UW Football Game Day
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? _____
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 28th day of June, 20 11

Janece L. Lee
 (Clerk/Notary Public)

My commission expires July 14, 2013

[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	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

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

TENANTS of THE RECENT, NEIGHBORHOOD RESIDENTS

16. What age range would you hope to attract to your establishment? 18 - SENIORS

GAME DAY PATIO - 21 + OLDER

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

FLYERS, WORD of MOUTH, LOCATION, ICE CREAM, SNACKS, SODAS

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

19. Owner of building where establishment is located: STEVE BROWN APARTMENTS

Address of Owner: 126 W GORHAM ST MADISON 53703 Phone Number 608/255-7100

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 PARTNERSHIP

TYLER M DAHMEN 5 N WOODMONT CIR MADISON 53717
Name Address

JUSTIN J DAHMEN 5 N WOODMONT CIR MADISON 53717
Name Address

PETER M HORKAN 8111 STARR GRASS DR MADISON 53719
Name Address

22. List the Stockholders of your Corporation/LLC

SAME

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. CONVENIENCE SNACK STOP

24. What type of food will you be serving, if any? ICE CREAM - GAME DAY: SANDWICHES

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? 10 AM - 10 PM

27. What hours, if any, will food service not be available? NONE
28. Indicate any other product/service offered. _____
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? GAME DAYS ONLY
During what hours do you anticipate they will be on duty? 6-10 PPL / 10 AM-10 PM
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? _____
How many bartenders do you anticipate you would have working at one time on a busy night? _____
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? _____
36. What type of cooking equipment will you have? Stove Oven Fryers Grill Microwave NESCO
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?
10% or less
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? 90
What percentage of your advertising budget do you anticipate will be drink related? 10
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 FUTURE DECISION
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42. What is your estimated capacity? INSIDE 20-30 / OUTSIDE 300

43. Pursuant to Chapter 38.02 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	10 %
Gross Receipts from Food and Non-Alcoholic Beverages	80 %
Gross Receipts from Other	10 %
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 28th day of June, 2011

Jarvis L. Lee
(Clerk/Notary Public)

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

My commission expires July 14, 2013

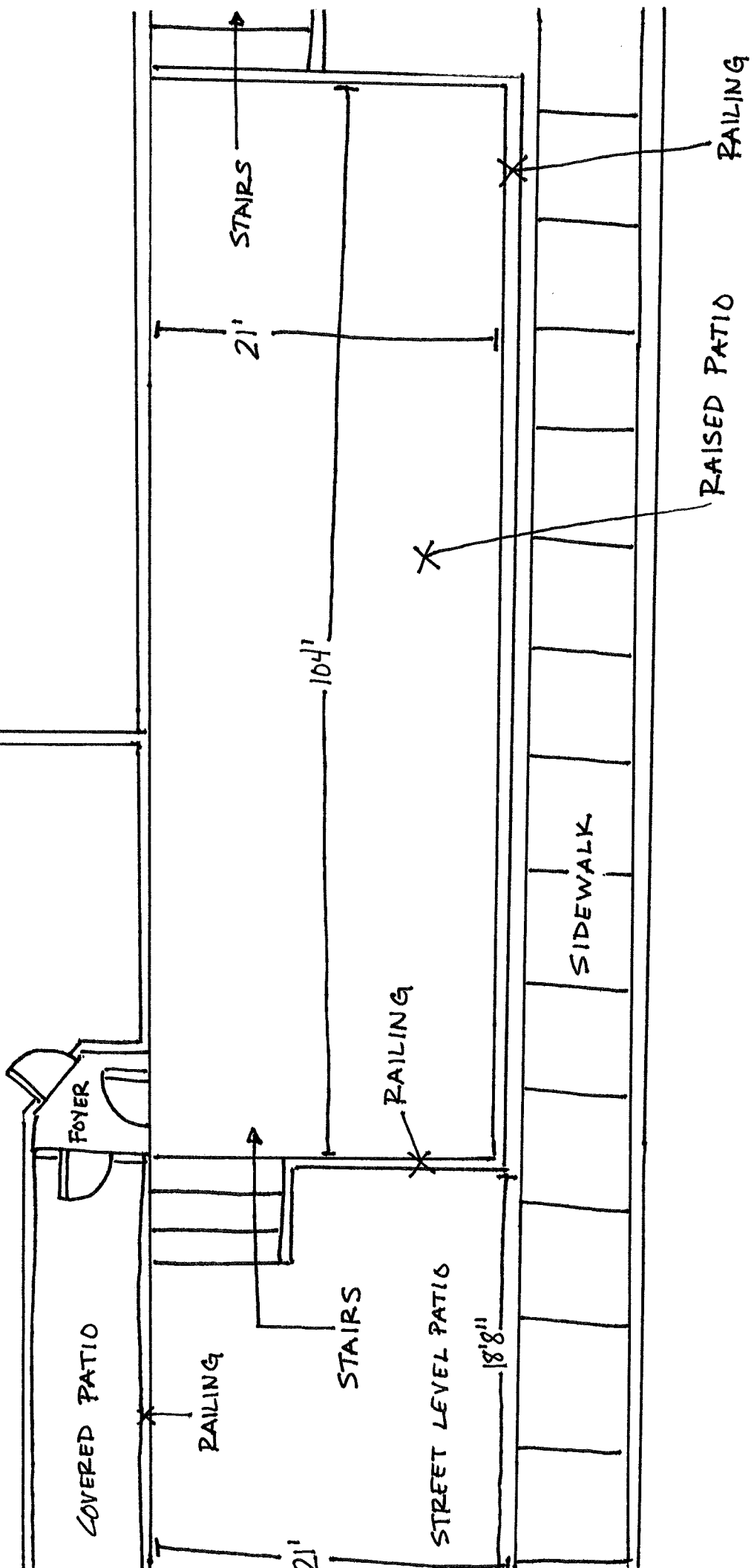
Regent Treats

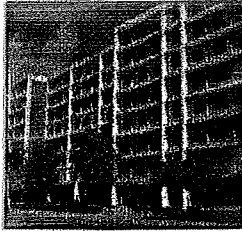
Property Description

The property is located in The Regent Towers, 1402 Regent Street, Madison WI 53711. Our business is located on the main level near the center of the building. We will have an outdoor entrance from the patio and also an entrance from the main interior hallway. Our space will have a back storage room with coolers/freezers and our main "store" area. In the front store area we will have a main counter where we will have additional storage and cooler space. There will be shelving units and beverage coolers throughout the space for various snacks, beverages (soda, juice, water), other essentials, as well as the area for the ice cream machines and topping case. There will not be public restrooms in our space, however, they are inside the main lobby area near our interior door. Seating will be outside on the patio only. The space inside would hold 20-30 people while they were getting ice cream or making purchases. Our outside patio which is fenced and raised above the standard sidewalk by three feet runs the length of the right side of the building (approximately 20' x 75') with a capacity of 300. We would run an additional orange fence inside the current fence on game days. We will have police officers at the entrance to the patio. We would serve several types of sandwiches from a grill which will be blocked off to patrons by serving tables. Beer and sandwiches would be available for purchase at these tables.

REGENT TREATS
RETAIL STORE

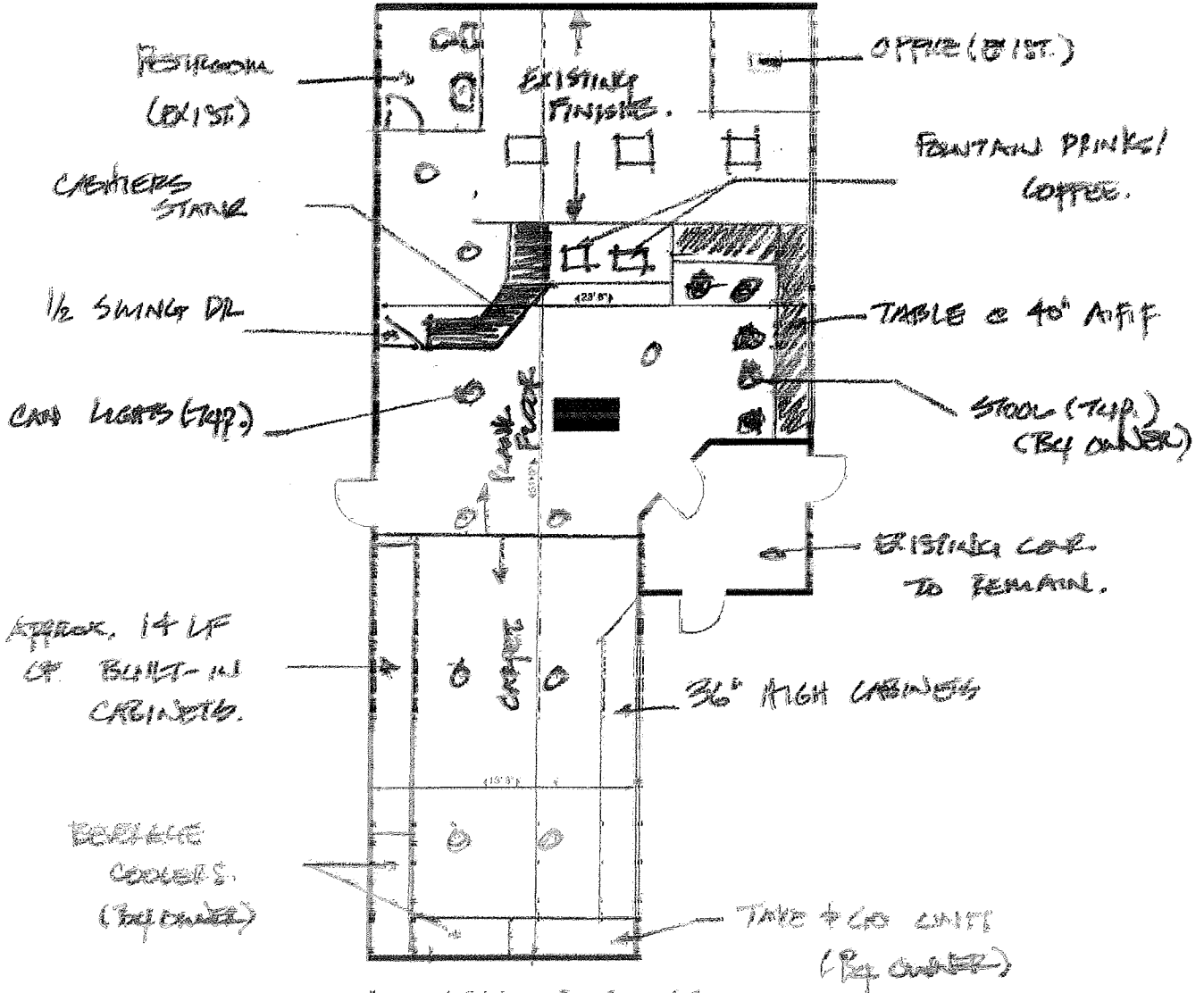
REGENT APT.
BUILDING





RETAIL SPACE FLOORPLAN

1402 Regent Street - Madison, Wisconsin



Appx. 1,014 sq. ft. of retail floor space
All measurements are approximate and may vary.

120 West Gorham Street, Madison, Wisconsin 53705
 608.255.7100 • www.sba-management.com



REGENT TREATS

BADGER FOOTBALL GAME DAY MENU

FOOD

Pulled Pork Sandwiches
Italian Beef Sandwiches
Hamburgers
Brats
Hotdogs
Ice Cream (Inside only)
Convenience Goods (Inside only)

BEVERAGES

Coors Light
Miller Light
Specialty Beers
Bottled Soda
Bottled Water

Regent Treats Business Plan

Regent Treats will bring the idea of a convenient snack shop to the Regent Street population. Our main attraction will be the build your own ice cream sundae stand. Customers will be able to build their sundaes by choosing from a variety of soft-serve ice cream flavors and then by adding toppings. Customers will pay for their sundaes by weight. We will also offer snacks, beverages, and convenient store items for sale. We hope to add sandwiches and a salad bar in the future. Badger Game day we would expand our menu to include several sandwiches and beer choices. We would use the exterior fenced patio for this purpose. Working with the city we would have security hired for the entrance as well as employees carding patrons. We would set up a serving station on the patio for football guests.