


Application Date: 11/28/6

Proof of WI Seller's Permit No. 004-0001954235-01

Name of Corporation, Limited Liability Company, Individual Owner, Private Club or Partner(s)		Liquor/Beer Agent	
THE NORTON CO, INC		JAMES F. NORTON	
Mailing Address		Liquor/Beer Agent Address	
1501 LAKE POINT DR		5113 B CURRY CT	
City/State/Zip Code		Liquor/Beer City/State/Zip Code	
MADISON WI 53713		FITCHBURG, WI 53711	
Name of Registered Agent or General Partner		Local Contact Person	Phone Number
JAMES F. NORTON		JIM NORTON	222-4803
Trade Name		Estimated Opening Date	
CRAWBERRY CREEK CAFE		OPEN NOW	
Business Address		Signature of Owner/Operator	
ABOVE			
Type of Business			
<input checked="" type="checkbox"/> Restaurant <input type="checkbox"/> Tavern <input type="checkbox"/> Grocery Store <input type="checkbox"/> Caterer <input type="checkbox"/> Cafeteria <input type="checkbox"/> Other			
Food and Drink License? Needed for:			
N/A			
Private Club? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
License Description	Type	Fee	Number
Class B Combination	108	\$20	76429
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.

# ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning January 2 20 07 ;  
ending June 30 20 07

TO THE GOVERNING BODY of the:  Town of } Madison  
 Village of }  
 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): ▶

THE NORTON COMPANY 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</u>	<u>JAMES F. NORTON</u>	<u>5113B CURRY CT FITCHBURG WI 53711</u>
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	<u>James Norton</u>		
Directors/Managers			

3. Trade Name ▶ CRAWBERRY CREEK CAFE Business Phone Number 608-222-4803  
4. Address of Premises ▶ 1501 LAKE POINT DR Post Office & Zip Code ▶ MADISON WI 53713

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 11/1994 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.) RESTAURANT 4000 SQ FT 120 SEATS LOCKED CABINET  
10. Legal description (omit if street address is given above): W/D COOLER FOR STOCK, SMALL BAR W/ 4 STOLLS  
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? SAME AS ABOVE  
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 28 day of November, 20 07

Walter C. DTA  
(Clerk/Notary Public)

James Norton  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

My commission expires 8-30-2009

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

## TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>11-28-06</u>	Date reported to council/board	Date provisional license issued <u>05080</u>	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued <u>70429</u>	

Ald. 14 (Bruer)

Sector 313

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

## Office Use Only

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Seller's Permit Number<br><input checked="" type="checkbox"/> Federal Employer Identification Number<br><input checked="" type="checkbox"/> Notarized Original Application Form (AT-106)<br><input checked="" type="checkbox"/> Notarized Supplemental Form<br><input checked="" type="checkbox"/> Description of Licensed Premise<br><input type="checkbox"/> Notarized Auxiliary Questionnaire(s) (AT-103)<br><input type="checkbox"/> Background Investigation Form(s)<br><input checked="" type="checkbox"/> Floor Plans | <input type="checkbox"/> Lease<br><input type="checkbox"/> Notarized Transfer of Ownership Letter<br><input type="checkbox"/> *Schedule of Appointment of Agent (AT-104)<br><input type="checkbox"/> *Notarized Agent Appointment/Acceptance Form<br><input type="checkbox"/> *Articles of Incorporation/ Organization<br><input type="checkbox"/> Sample Menu, if possible<br><input type="checkbox"/> Business Plan, if one exists<br>* 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 TIM BRUER 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).  
*SHIELA STUBBS 223-1684 GINDA HASKINS*
- 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/LLC THE NORTON CO, INC
4. Telephone Number: 608-354
5. Address of Licensed Premise 1501 LAKE POINT DR MADISON, WI
6. Anticipated opening date: ALREADY OPEN
7. Mailing address if not opening immediately \_\_\_\_\_

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:  
\_\_\_\_\_ 10:30- 9 AM M-F \_\_\_\_\_  
\_\_\_\_\_ 8 AM- 9 PM SA/SU \_\_\_\_\_

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.**

Small service bar added to existing lobby with 4 bar stools. Bar length approx 6' long. 4200 TOTAL square feet, 120 dining room seat. Beer and alcohol locked in separate room and lockable cooler.

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. No changes

13. Describe your management experience, staffing levels, duties and employee training.  
28 years in business

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. JAMES F. NORTON

Name \_\_\_\_\_  
5113B CURRY CT FITCHBURG WI 53711  
Address City State Zip

15. Excluding pre-packaged snacks, how late will food be served? 9 PM

16. What type of food will you be serving, if any? SAME AS CURRENT

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

18. Describe your target market. FOOD PATRONS WHO MAY WANT A COCKTAIL

19. What is your estimated capacity? 130

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: SAME  
Address of Owner: \_\_\_\_\_ Phone Number \_\_\_\_\_

22. Individual or Partnership: Have individual/partners completed the Beverage Server Training Course?  Yes  No If Yes, indicate names: TARA EDGREN, JIM NORTON

**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: 100 %

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
JAMES F. NORTON	5113 B CURRY CT FISCHBURG WI 53711

Stockholder's Name	Address	Extent of Ownership%

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	5 %
Percent Gross Receipts from Food	95 %
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? 8

33. What hours, if any, will food service not be available? 6

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

RADIO. FOOD

**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 28 day of November 2006  
William K. T.  
(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 8-30-09

\_\_\_\_\_  
(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.**



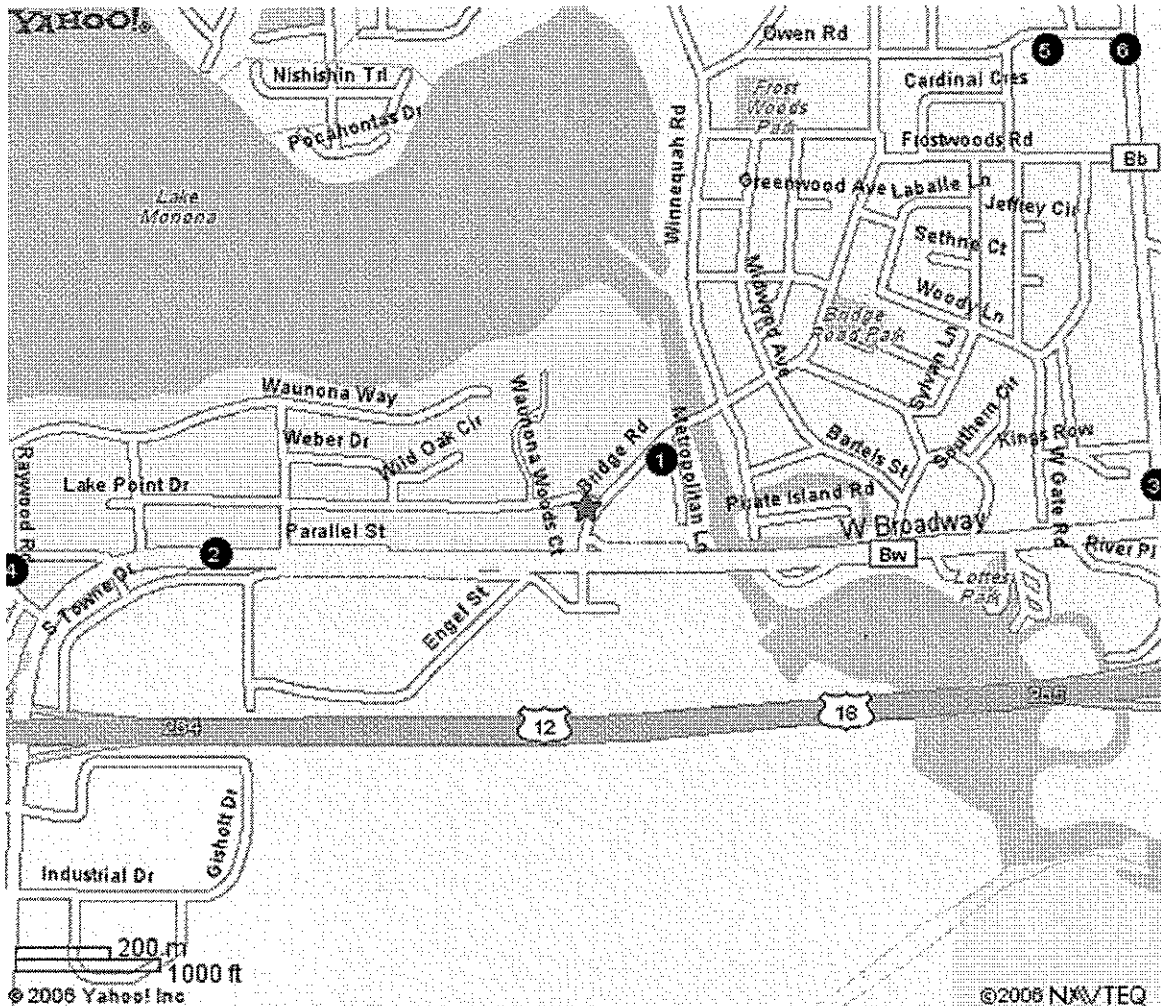
**YAHOO! LOCAL** Sign In  
Maps New User? Sign Up

Map:

Yahoo! Maps - Madison, WI 53713-1711

<< Back to Map

★ 1501 Lake Point Dr Madison, WI 53713-1711



ADVERTI

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Map#	Business/Landmark Info	Distance
1	<b>Bridge Lounge</b> 6414 Bridge Rd Monona, WI Phone: (608) 221-3992	0.1 miles
2	<b>Antler's Tavern</b> 2202 W Broadway Monona, WI Phone: (608) 222-9872	0.4 miles
3	<b>Tully's II Food &amp; Spirits</b> 6401 Monona Dr Monona, WI Phone: (608) 222-4995	0.7 miles
4	<b>South Bay Lounge</b> 5404 Raywood Rd Madison, WI	0.7 miles



**Phone:** (608) 222-6382

**5**

**Village Lanes**

208 Owen Rd  
Monona, WI

**Phone:** (608) 222-7361

**0.8 miles**

**6**

**Silver Eagle Bar & Grill**

5805 Monona Dr  
Monona, WI

**Phone:** (608) 222-2843

**0.9 miles**

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.



**Need Local information on the go?**

Simply text a business name and location to 92466 (Yahoo)

Try "coffee 53713" or "Starbucks Monona, WI"

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