

55393-47991

RETAIL LICENSE TRANSFER - PREMISES TO PREMISES

Wisconsin Department of Revenue

FEE \$ 100 publication
\$10 filingAPPLICATION FOR TRANSFER OF LICENSES FOR SALE OF FERMENTED MALT BEVERAGES
AND/OR INTOXICATING LIQUOR FROM ONE PREMISES TO ANOTHERMadison, Wisconsin
August 26, 2013

To the governing body of the (City) (Village) (Town) of Madison

County of Dane Wisconsin.

The undersigned hereby applies for a transfer of Class _____ license from _____

1831 Monroe St, Madison (present location) to 1825 Monroe St, Madison (proposed location)

on or about 11/15/13 (date)

1. APPLICANT: (print name and address plainly)

(a) Full name of applicant Barrigues LLC d/b/a Barrigues

(b) Address 1831 Monroe St, Madison WI 53711

2. LOCATION AND DESCRIPTION OF PREMISES TO WHICH APPLICATION FOR TRANSFER IS MADE:
Describe building or buildings where alcohol beverages are to be sold, served and stored.

(a) Street number 1825 Monroe St

(b) Trade name of establishment Barrigues

(c) Physical description of building, buildings and/or land area comprising licensed premises.
2600 sq ft grand floor retail + cafe space

(d) Legal description (omit if street address is given above.) _____

(e) Is any other business conducted on same premises? ☐ Yes ☒ No If so, what? _____(f) Was this location licensed for beer or liquor during the past year? ☐ Yes ☒ No

(g) Give name and address of previous licensee. _____

(h) Will the previous licensee surrender its license? ☐ Yes ☐ No31478
LIC TLL-2013-00771

ALL APPLICANTS FOR TRANSFER OF CLASS B LICENSES MUST ANSWER THE FOLLOWING:

3. If granted, state any interest, directly or indirectly, that any brewer, bottler, wholesaler, manufacturer, or rectifier will hold in the premises for which you are applying

NA

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

NA

State of Wisconsin

County of

} ss.

Matt Weygant
(Signature)

(I) (We), Matt Weygant and _____
being first duly sworn on oath says that (he/she is) (they are) the person(s) above named and that the answers to the questions in each instance are complete and true.

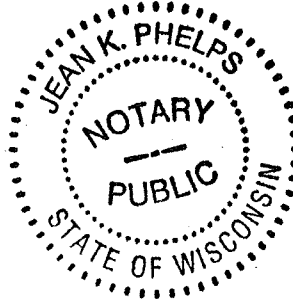
Matt Weygant

Subscribed and sworn to before me this

26th day of August, 2013

Jean K. Phelps
Notary Public, Dane County, Wis.

My Commission Expires 6/22/14

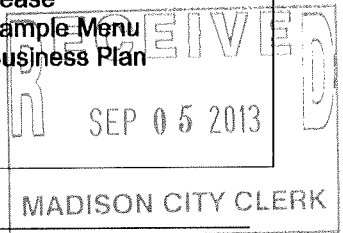


CLASS OF BUSINESS

Name	_____
Original Location	_____
Ward	_____
Proposed Location	_____
Ward	_____
License No.	<u>55393-47991</u>
Treasurer's Receipt No.	_____
Filed	_____
Submitted to Council or Board	_____
Approved	_____
Denied	_____
Date	_____
Date	_____

City of Madison Supplemental Class B License Application

<input type="checkbox"/> Seller's Permit Certificate (Entity must match the Articles of Incorporation) <input type="checkbox"/> Federal Employer Identification # <input type="checkbox"/> Notarized Original Application Form <input type="checkbox"/> Notarized Supplemental Form <input type="checkbox"/> Orange Sign (Clerk's Office provides at time of application)	<input type="checkbox"/> Written Description of Premise <input type="checkbox"/> Background Investigation Form(s) <input type="checkbox"/> Notarized Transfer of Ownership <input type="checkbox"/> *Articles of Incorporation <input type="checkbox"/> *Notarized Appointment of Agent * Corporation/LLC only	<input type="checkbox"/> Floor Plans <input type="checkbox"/> Lease <input type="checkbox"/> Sample Menu <input type="checkbox"/> Business Plan
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- Name of Applicant/Partner/Corporation/LLC Barrigues LLC
- Address of Licensed Premise 1825 Monroe St, Madison WI 53711
- Telephone Number: 608-284-9463 4. Anticipated opening date: November 15, 2013
- Mailing address if not opening immediately 1831 Monroe St, Madison WI 53711
- 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
- Are there any special conditions desired by the neighborhood? ☐ Yes ☒ No
Explain. _____
- Business Description, including hours of operation: Cafe selling coffee, tea, baking + light food along with wine + beer on off premises consumption + spirits (off premises only)
- Do you plan to have live entertainment? ☒ No ☐ Yes—What kind? _____
- 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.**
27' x 94' buildy (2600 sq ft) of 1st floor retail + cafe space + ~2000 sq ft basement for storage of product (packaged + perishables) + office space. See attached
- 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.
- Describe existing parking and how parking lot is to be monitored. 1 space, employee only

13. Describe your management experience, staffing levels, duties and employee training.

15 years exp running same business next door. Approx 15-20 employees all required to obtain their operators license

14. Identify the **registered agent** for your Corporation or LLC. This is your corporation's agent for service of process, notice or demand required or permitted by law to be served on the corporation.

Finn Berge
Name

Address

, Madison 53562

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

NA

16. What age range would you hope to attract to your establishment? 18 - 65

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

NA

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

19. Owner of building where establishment is located: Stanley Skombaris

Address of Owner: Madison 53717 Phone Number _____

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 ^{Members} ~~Directors~~ of your ~~Corporation~~/LLC

Finn Berge
Name Address

Matt Weygandt
Name Address

Name Address

Middleton, WI 53562

Madison WI 53711

22. List the Stockholders of your Corporation/LLC

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. Hybrid Restaurant & Retail

24. What type of food will you be serving, if any? Same as current menu.

☒ 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 Same as current menu.

26. During what hours of your operation do you plan to serve food? All open hours.

27. What hours, if any, will food service not be available? _____
28. Indicate any other product/service offered. Coffee, Tea, Merchandise, Wine, Beer, Spirits
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? NA
During what hours do you anticipate they will be on duty? NA
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
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?
100%
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? _____
What percentage of your advertising budget do you anticipate will be drink related? _____
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
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42. What is your estimated capacity? 150

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	40 %
Gross Receipts from Food and Non-Alcoholic Beverages	58 %
Gross Receipts from Other	2 %
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.

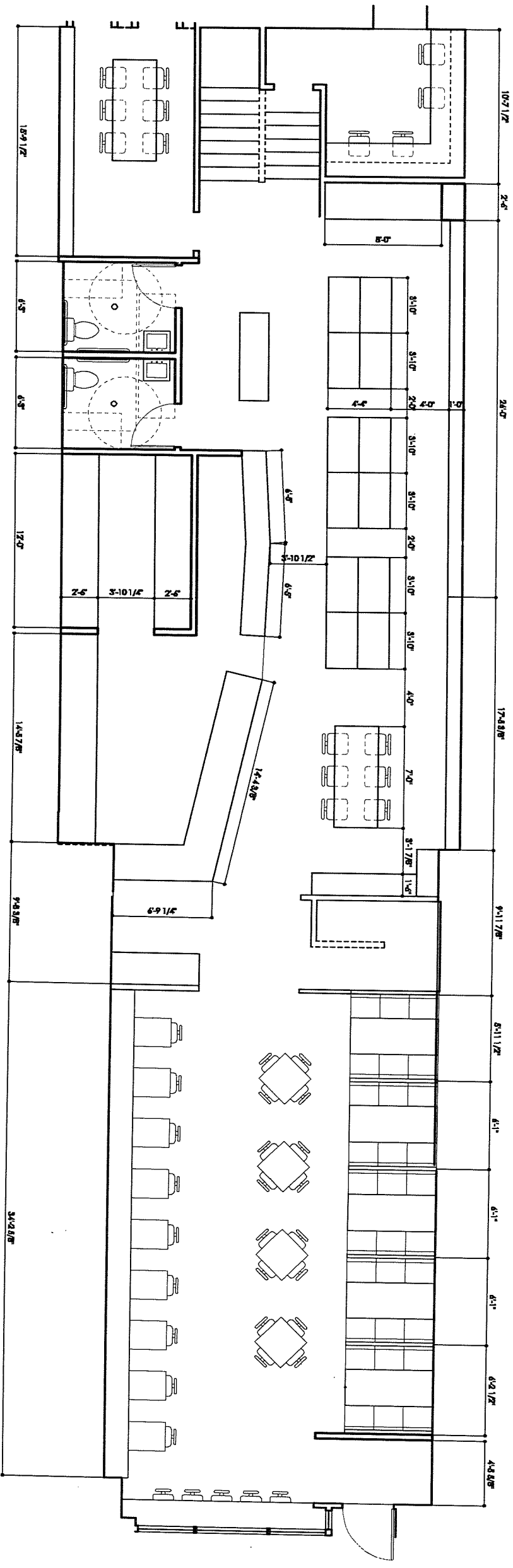
Subscribed and Sworn to before me:

this 5th day of September, 20 13

Jean K. Phillips
(Clerk/Notary Public)

Matt Wagner
(Officer of Corporation/Member of LLC/Partner/Individual)

My commission expires 6/22/14



1 FLOOR PLAN

ROOM 17413