

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk

For the license period beginning _____ 20____ ;
 ending June 30 2009

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): MADISON WEST PRINCETON HOTEL INVESTORS I LLC

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>Sole Managing member C.J. Raymond Investments, LLC</u>	<u>1325 Boundary Rd.</u>	<u>Middleton, WI 53522</u>
Vice President/Member	<u>(Charles Jeffrey Raymond)</u>		
Secretary/Member			
Treasurer/Member			
Agent	<u>Agent Stephanie Bracken</u>	<u>5013 Violet Lane</u>	<u>Madison, WI 53714</u>
Directors/Managers			

- 3 Trade Name Homewood Suites Madison West Business Phone Number 608-271-0600
 4 Address of Premises 479 Commerce Drive Post Office & Zip Code Madison, WI 53719

- 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? Agent completed course 4/27/2008 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 Wisconsin and date 11/2/2006 of registration Yes No
 (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company?
 (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) Please see attached

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) 2nd unit limited service hotel including lobby, pool, meeting room & break fast dinner area

- 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 25th day of June 2008

Diiane Quinn
 (Clerk/Notary Public)

My commission expires April 26, 2009
 _____ (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
 _____ (Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
 _____ (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	<u>7-11-08</u>	Date reported to council/board	<u>8-20-08</u>	Date provisional license issued		Signature of Clerk / Deputy Clerk
Date license granted	<u>9-2-08</u>	Date license issued		License number issued	<u>82996</u>	

City of Madison Supplemental Class B License Application

<input checked="" type="checkbox"/> Seller's Permit Number <input checked="" type="checkbox"/> Federal Employer Identification Number <input checked="" type="checkbox"/> Notarized Original Application Form <input checked="" type="checkbox"/> Notarized Supplemental Form	<input checked="" type="checkbox"/> Description of Licensed Premise <input checked="" type="checkbox"/> *Notarized Appointment of Agent <input checked="" type="checkbox"/> Background Investigation Form(s) <input checked="" type="checkbox"/> Notarized Transfer of Ownership <input checked="" type="checkbox"/> *Articles of Incorporation	<input checked="" type="checkbox"/> Floor Plans <input checked="" type="checkbox"/> Lease <input type="checkbox"/> Sample Menu <input checked="" type="checkbox"/> Business Plan * Corporation/LLC only
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1. Name of Applicant/Partner/Corporation/LLC Madison West Princeton Hotel Investors I, LLC
2. Address of Licensed Premise 479 Commerce Drive Madison, WI 53719
3. Telephone Number: 608-271-0000 4. Anticipated opening date: October 31, 2008
5. Mailing address if not opening immediately PO Box 1620994 Middleton, WI 53562
6. 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
7. Are there any special conditions desired by the neighborhood? Yes No
 Explain _____
8. Business Description, including hours of operation: Hotel lodging for individuals traveling to Madison. Hours of operation are 24 hours / 7 days a week.
9. Do you plan to have live entertainment? No Yes—What kind? _____
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.**
A five story, 122 guestroom, limited food and beverage service, extended-stay hotel with overall dimensions of 190', 179', 187', 190' square, 50' wide. Capacity of lobby/breakfast/dinner area is 141, capacity of meeting room is 119. Alcohol will be stored in food prep room & storage room.
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 New surface level, asphalt paved parking lot with 117 parking stalls. No designed monitoring of the parking lot, but lot will be illuminated during night hours per national and municipal code requirements.
13. Describe your management experience, staffing levels, duties and employee training.
please see attached
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.

North Central Management Inc. 1600 Aspen Commons Suite 200 Middleton, WI
 Name Address 53562

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

Individuals and Families traveling to Madison on business or leisure.

16. What age range would you hope to attract to your establishment? All ages for hotel.

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

Solely hotel advertising - website, yellow pages, brochures, direct mail, print advertising.

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

19. Owner of building where establishment is located: Madison West Princeton Hotel Investors I, LLC

Address of Owner: 1100 Aspen Commons, Suite 200 Phone Number 608-836-6660
Middleton, WI 53562

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? N/A Yes No

21. List the Directors of your Corporation/LLC please see attached

Name _____ Address _____

Name _____ Address _____

Name _____ Address _____

22. List the Stockholders of your Corporation/LLC N/A

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. Hotel

24. What type of food will you be serving, if any? complimentary hot/cold breakfast, complimentary

Breakfast Lunch Dinner dinner Monday - Thursday for guests, catered banquet foods for special functions

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 (catered banquet foods supplied by various 3rd parties)

26. During what hours of your operation do you plan to serve food? complimentary breakfast 6:00am - 10:00am
complimentary dinner 5:30pm - 7:30pm M-Th
private banquet functions 11:00am - 9:00pm

27. What hours, if any, will food service not be available? between 10:00 a.m. (after comp. breakfast) & 5:30 p.m., after 7:30 p.m. (after comp. dinner), and when private banquets are not being held.
28. Indicate any other product/service offered. primary operation is hotel lodging.
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? 3 - 2 breakfast hosts, 1 dinner host
 During what hours do you anticipate they will be on duty? breakfast hours + dinner hours (complimentary)
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 N/A - no bar
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? (seating area for breakfast/dinner is in hotel lobby and is used for other functions)
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?
None - complimentary
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? 0%
 What percentage of your advertising budget do you anticipate will be drink related? 0%
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

42. What is your estimated capacity? meeting room = 119
lobby/breakfast area = 61
43. 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.

Gross Receipts from Alcoholic Beverages	10%	(Just Food Beverage revenue - not total revenue).
Gross Receipts from Food and Non-Alcoholic Beverages	25%	
Gross Receipts from Other	65%	
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.

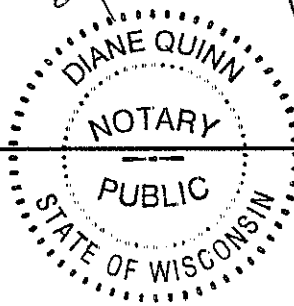
Read carefully before signing: Under penalty provided by law, the applicant states that the above information has been truthfully completed to the best of the knowledge of the signer. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), 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 25th day of June, 20 08
Diane Quinn
 (Clerk/Notary Public)

My commission expires April 26, 2009

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



Liquor licenses Charles Jeffrey Raymond is associated with in Wisconsin:

- Madison West Princeton Hotel Investors II, LLC – this entity is currently in the approval process with the City of Madison for a liquor license. This entity owns the Madison West Hampton Inn & Suites.

Joint Venture Liquor licenses (Mr. Raymond is listed as member with other individuals).

- Hilton Garden Inn – Middleton, WI – City of Middleton liquor license
- Hilton Garden Inn – Rockford, IL – Illinois Liquor Control Commission

Liquor licenses Stephanie Bracken is associated with in Wisconsin:

- North Central Management, Inc., d/b/a Residence Inn Middleton (8400 Market Street Middleton, WI 53562) liquor license #B05-10BW.

Liquor licenses Charles Jeffrey Raymond is associated with:

- CJR Forest Park Restaurant LLC – this is the former Krieger’s restaurant located in the Forest Park area of St. Louis, Missouri.
- Lodge of Rogers, Inc. – This entity holds the liquor license for the Homewood Suites, located at 4302 West Walnut in Rogers, Arkansas.
- Chicago River Road Restaurant Venture LLC – this entity holds the liquor license for the Hilton Garden Inn, at Chicago O’Hare, located at 2930 South River Road, Des Plaines, Illinois.
- Jeff (Raymond St. Louis Arch Restaurant, LLC) is a part owner in “Gateway Irish Pub, LLC which is the entity that owns the Tigin Pub in St. Louis. Tigin Pub is connected to the Hampton Inn Hotel, located at 333 Washington Avenue, St. Louis, Mo.
- Madison West Princeton Hotel Investors II, LLC – this entity is currently in the approval process with the City of Madison for a liquor license. This entity owns the Madison West Hampton Inn & Suites.

Joint Venture Liquor licenses (Mr. Raymond is listed as member with other individuals).

- Hilton Garden Inn – Middleton, WI – City of Middleton liquor license
- Hilton Garden Inn – Rockford, IL – Illinois Liquor Control Commission

Appointment of New Liquor/Beer Agent

To be completed by Corporate Officer or Member of LLC

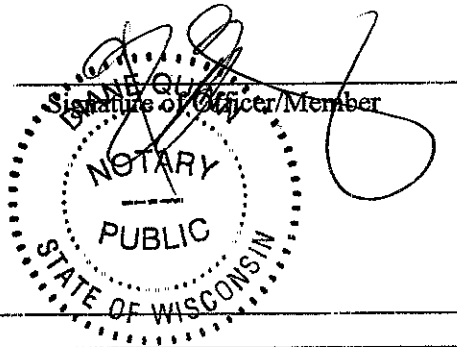
I, Jeffrey Raymond, officer/member for Madison West Princeton Hotel Investors I, LLC
(Corporation/LLC), doing business as Homewood Suites Madison West, authorize and appoint
Stephanie Bracken (Name) as the liquor/beer agent for the premise
located at 479 Commerce Drive Madison, WI 53719

Subscribed and sworn to before me this

25th Day of JUNE, 2008

Heather Quinn
Notary Public, Dane County, Wisconsin

My Commission Expires April 26, 2009



To be completed by appointed Liquor/Beer Agent

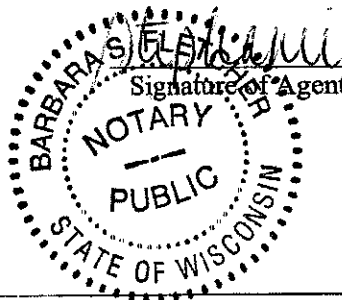
I, Stephanie Bracken, appointed liquor/beer agent for
Madison West Princeton Hotel Investors I, LLC (name of Corporation or LLC), being first duly sworn
say I have vested in me, by properly authorized and executed written delegation, full authority
and control of the premise described in the license of such corporation or limited liability
company, and I am involved in the actual conduct of the business as an employee, or have a
direct financial interest in the business of the licensee, therein relating to the intoxicating
liquor/fermented malt beverage. The interest I have in the business is 0 %

Subscribed and sworn to before me this

25th Day of June, 2008

Barbara S. Fletcher
Notary Public, Dane County, Wisconsin

My Commission Expires 3/01/09



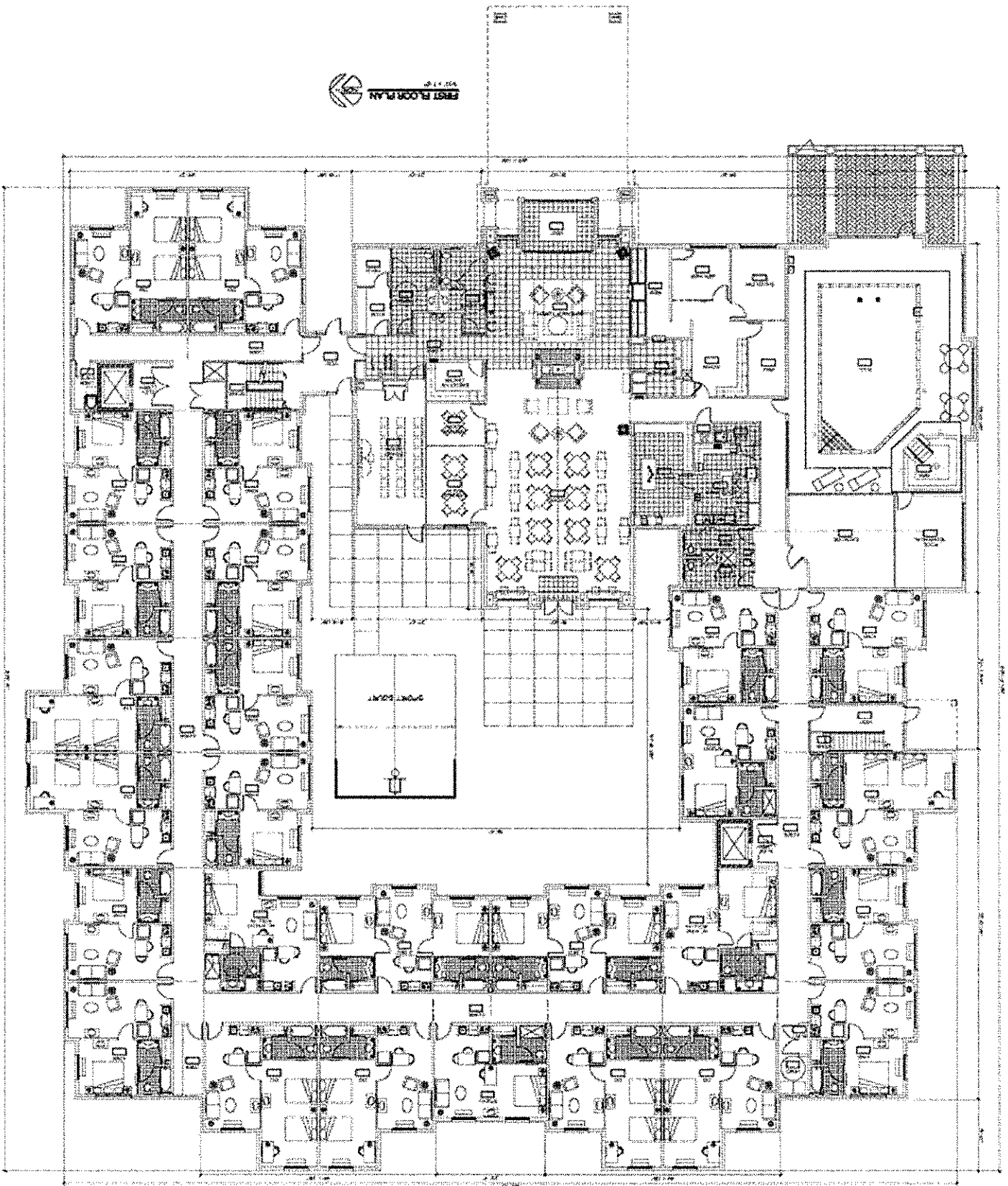
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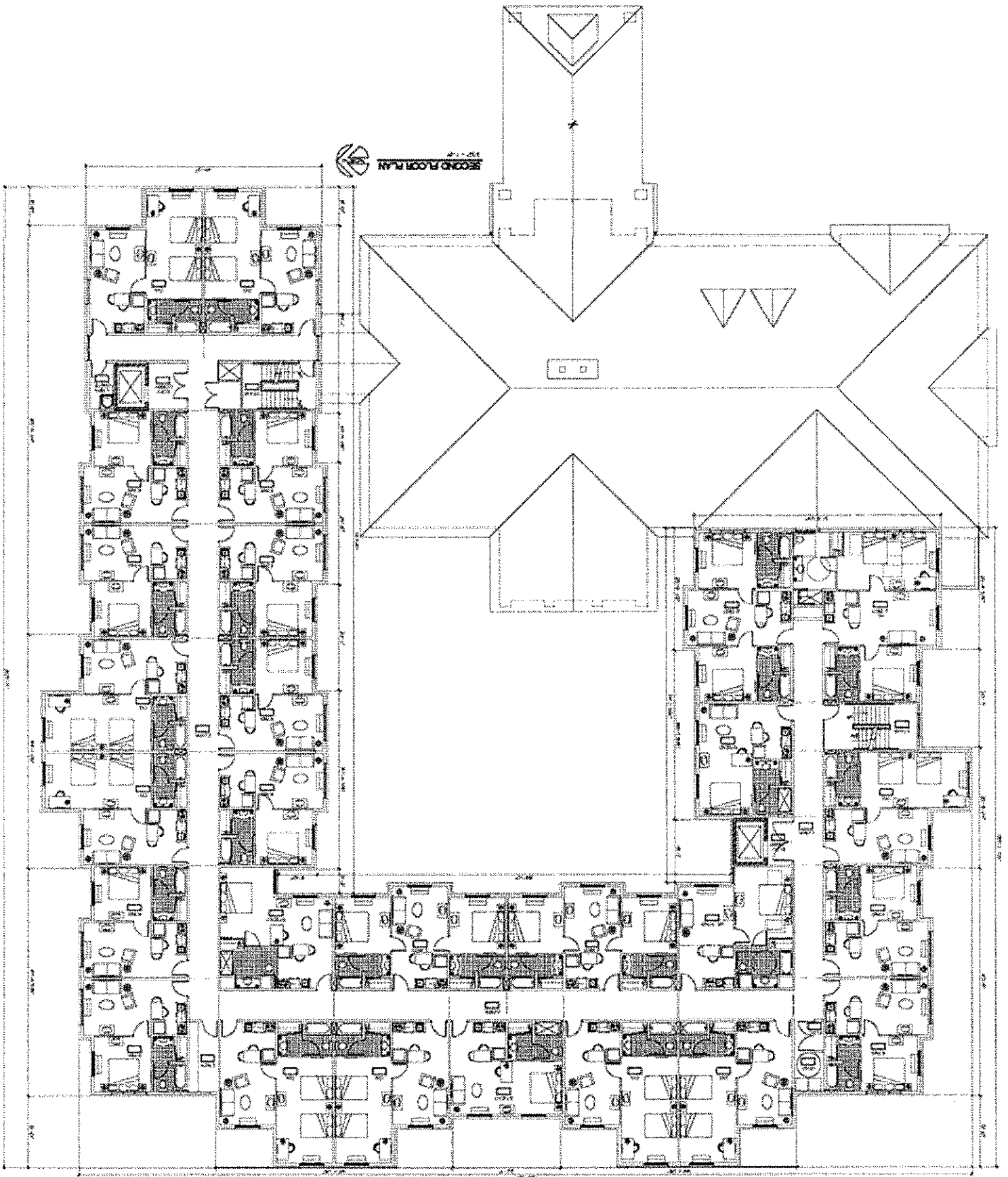
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The appointed Liquor/Beer Agent must complete the other side of this form.

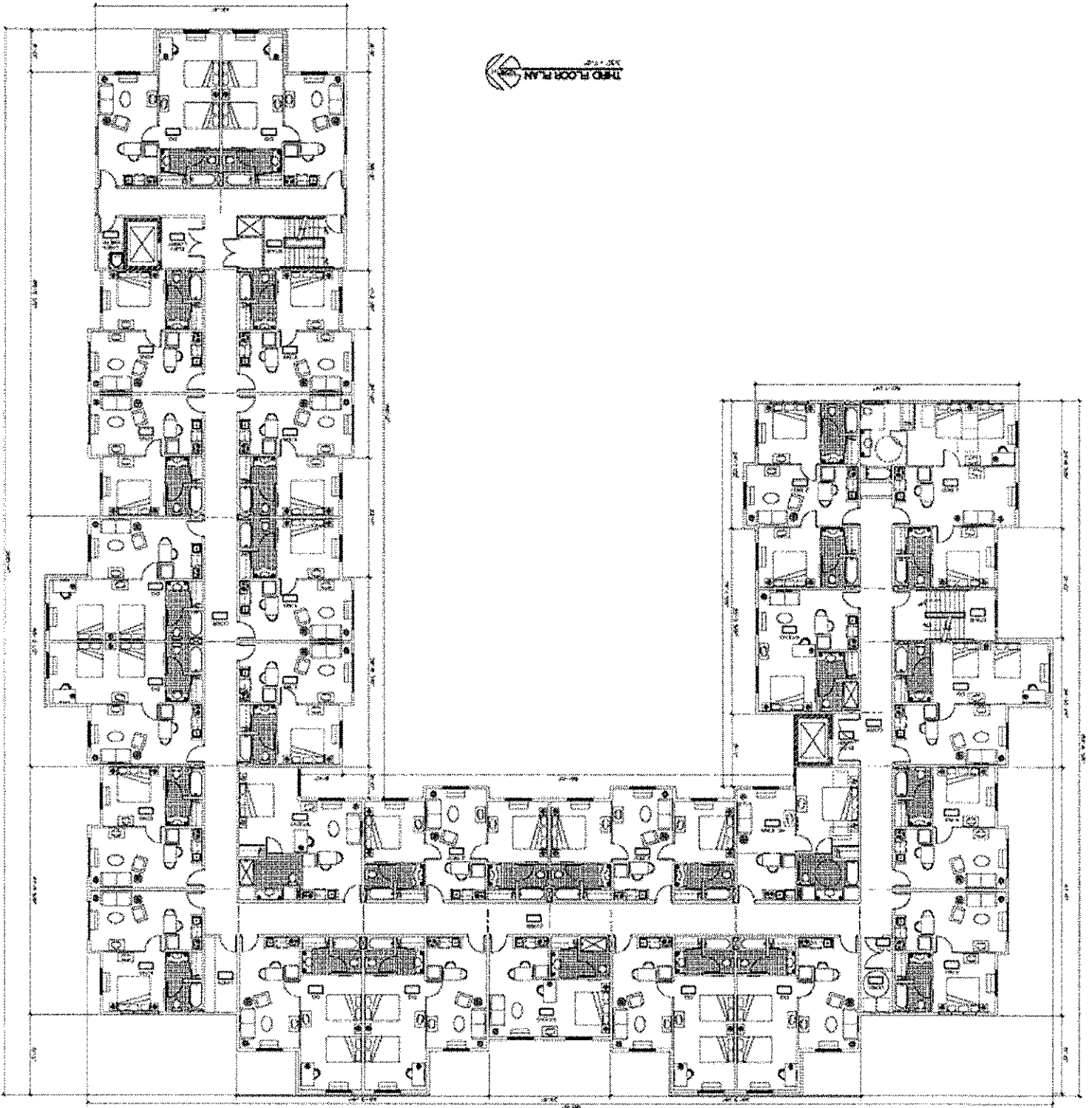
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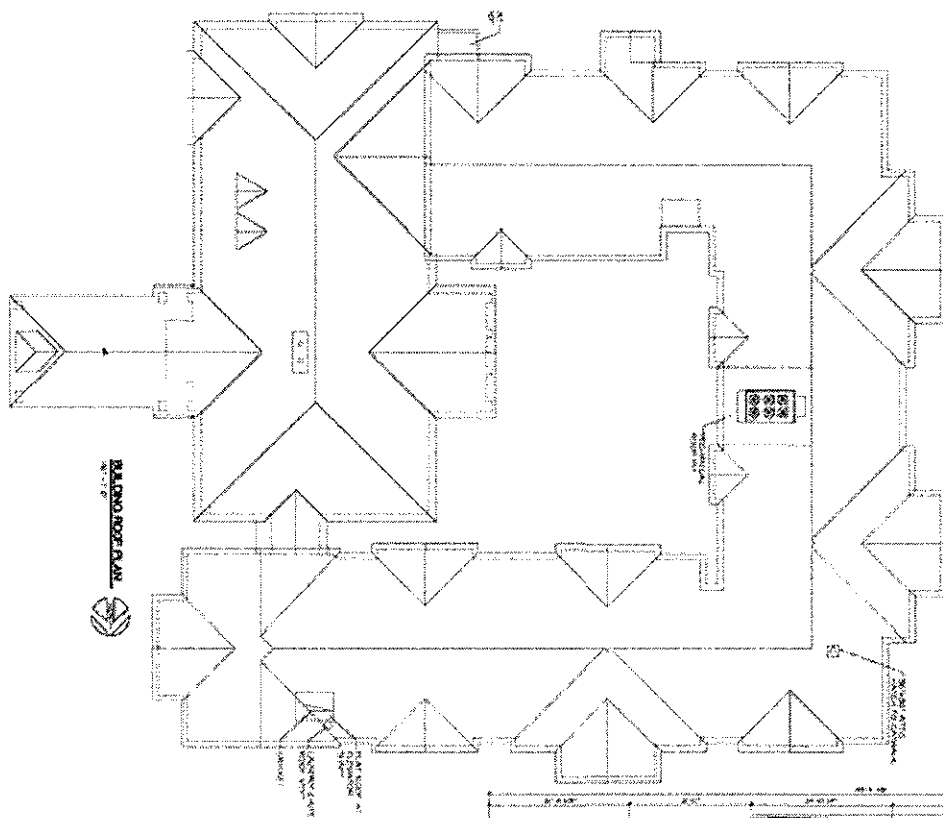


SECOND FLOOR PLAN
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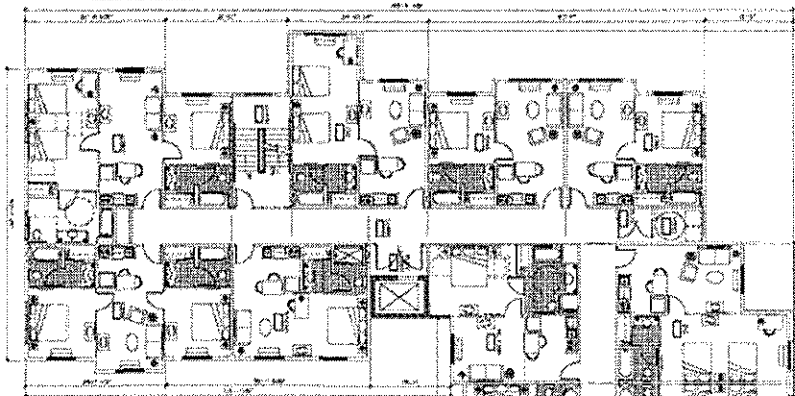


THIRD FLOOR PLAN
3/27/12

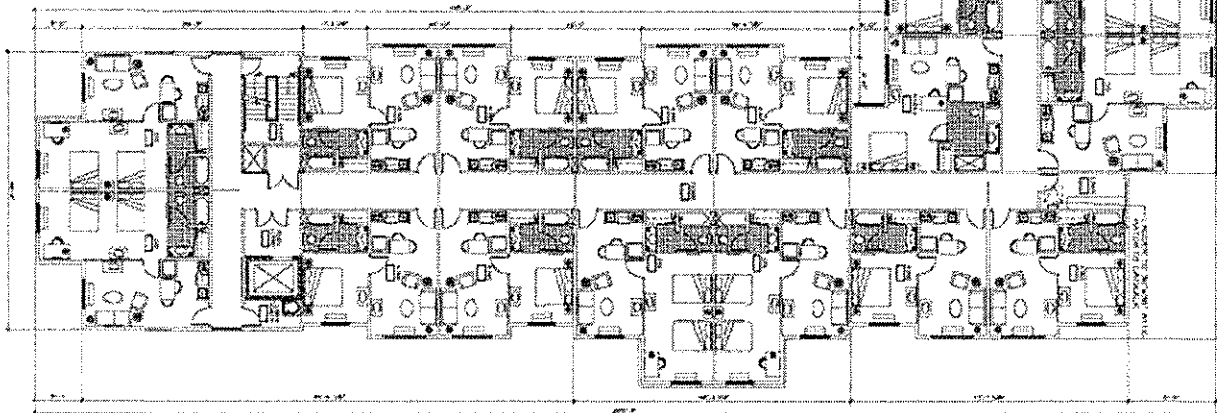




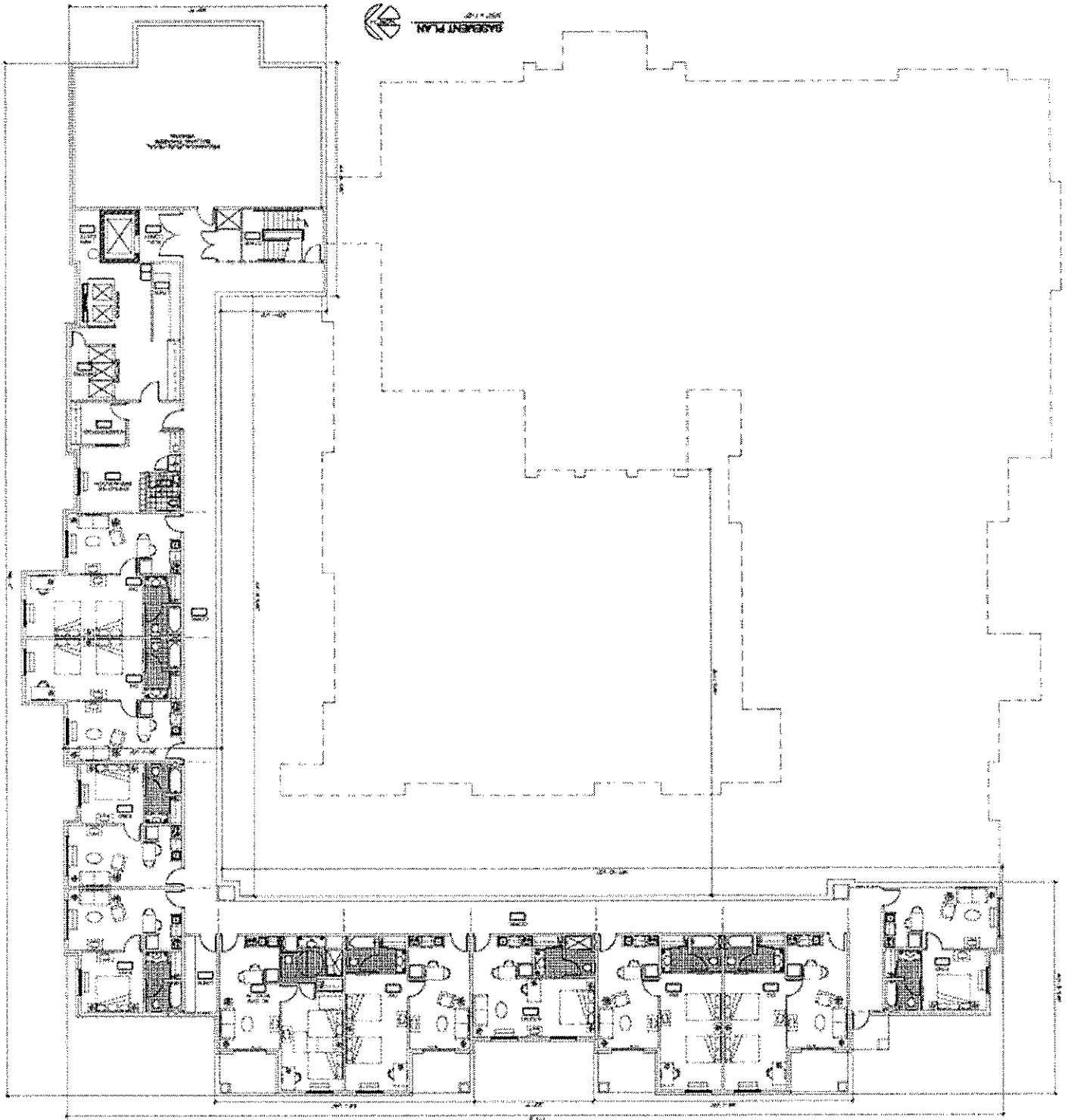
2ND FLOOR PLAN



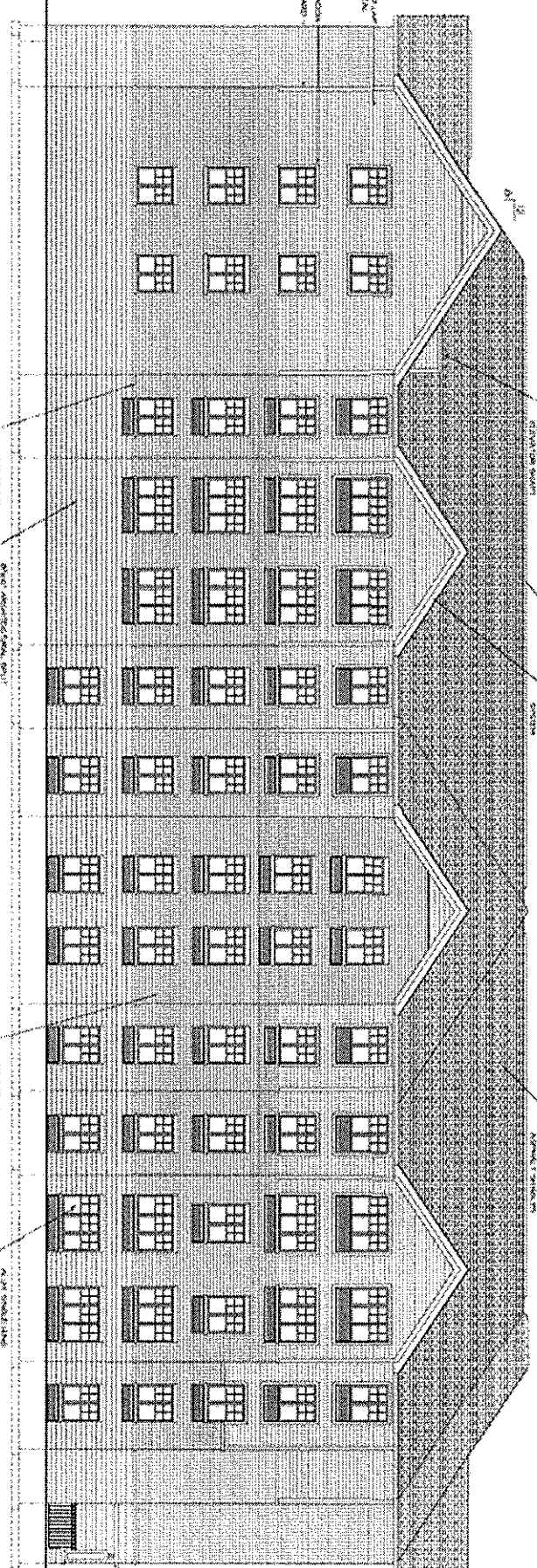
3RD FLOOR PLAN



BASEMENT PLAN



1st Floor
 2nd Floor
 3rd Floor
 4th Floor
 5th Floor
 6th Floor
 7th Floor
 8th Floor
 9th Floor
 10th Floor
 11th Floor
 12th Floor
 13th Floor
 14th Floor
 15th Floor
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 90th Floor
 91st Floor
 92nd Floor
 93rd Floor
 94th Floor
 95th Floor
 96th Floor
 97th Floor
 98th Floor
 99th Floor
 100th Floor



NORTH ELEVATION
 SCALE 1/8" = 1'-0"

SOUTH ELEVATION

