

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk

For the license period beginning _____ 20____ ;
ending _____ 20____

TO THE GOVERNING BODY of the: Town of }
 Village of } **MADISON**
 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): **RIVERBREW, 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	MANAGING MEMBER,	PETER McELVANNA,	3910 HANOVER ST.	MADISON 53704
Vice President/Member	MEMBER,	AMY MARSMAN,	3910 HANOVER ST.	MADISON 53704
Secretary/Member				
Treasurer/Member				
Agent		PETER McELVANNA		
Directors/Managers				

- 3 Trade Name **THE COOPERS TAVERN** Business Phone Number **NA**
4 Address of Premises **20 WEST MIFFLIN** Post Office & Zip Code **53703**

- 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 Wisconsin and date 04/22/09 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) **Alcohol will be served on first floor; stored in basement cooler**

- 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? **SUCRE**

- 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

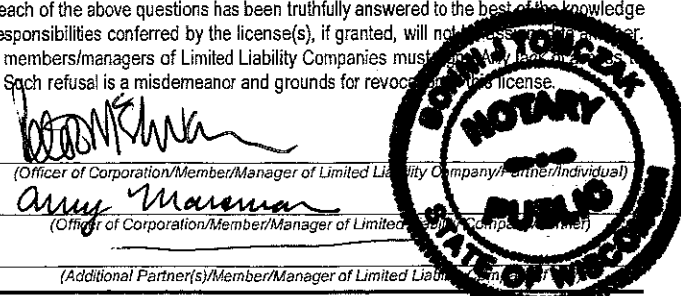
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be used to discriminate on the basis of race, sex, or religion. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s) members/managers of Limited Liability Companies must sign. 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 23rd day of May, 2009

Bonnie J. Kunk
(Clerk/Notary Public)

My commission expires 12-05-2010



Applicant's Wisconsin Seller's Permit Number:	
Federal Employer Identification Number (FEIN): 264736277	
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 checked="" type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ 20-
TOTAL FEE	\$

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk: 5/26/09	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

City of Madison Supplemental Class B License Application

<input type="checkbox"/> Seller's Permit Number <input checked="" type="checkbox"/> Federal Employer Identification # <input checked="" type="checkbox"/> Notarized Original Application Form <input checked="" type="checkbox"/> Notarized Supplemental Form <input type="checkbox"/> Orange Sign (Clerk's Office provides at time of application)	<input checked="" type="checkbox"/> Written Description of Premise <input checked="" type="checkbox"/> Background Investigation Form(s) <input type="checkbox"/> Notarized Transfer of Ownership <input checked="" type="checkbox"/> *Articles of Incorporation <input checked="" type="checkbox"/> *Notarized Appointment of Agent <small>* Corporation/LLC only</small>	<input checked="" type="checkbox"/> Floor Plans <input checked="" type="checkbox"/> Lease <input checked="" type="checkbox"/> Sample Menu <input checked="" type="checkbox"/> Business Plan
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1. Name of Applicant/Partner/Corporation/LLC RIVERBREW, LLC

2. Address of Licensed Premise 20 W. MIFFLIN, MADISON, WI 53703

3. Telephone Number: 917-743-1226 4. Anticipated opening date: 8/31/09

5. Mailing address if not opening immediately 3910 HANOVER ST., MADISON, WI 53704

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. Lt. Roman will be providing training (2 hr) for our employees to ensure safe handling of customers, serving alcohol and closing bar orderly and stagger exits.

8. Business Description, including hours of operation: Open 7 days a week, serving lunch, brunch (weekends), dinner and late menu until midnight, last call 1:30 and closing at 2:00am.

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.**

Renting 1st floor, 2375 square footage, seating capacity of 72 indoors and 12 outdoors. See architectural drawings for seating arrangement (51) and bar seats (21). All alcohol stored in basement walk-in cooler. Food to be served at all seats whether bar, patio or dining 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. Space is on the Capital Square so no parking lot attached to the business.

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

15 years bartending & managing bar-restaurants in NYC and Madison, where I manage 40 staff of busy Capital Square pub-restaurant. Completed ServSafe training.

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.

Peter McElvanna 3910 Hanover Street, Madison, WI 53704

Name Address

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

Those who live and work in downtown Madison, Cap Square visitors and those 25+ years old.

16. What age range would you hope to attract to your establishment? 25-65

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

Local food, local craft beers, unique international beer/wines, rugby/soccer games

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

19. Owner of building where establishment is located: RIFKEN GROUP

Address of Owner: 14 W. MIFFLIN Phone Number 258-4640

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

Peter McElvanna 3910 Hanover St. Madison, WI 53704
Name Address

Amy Marsman 3910 Hanover St. Madison, WI 53704
Name Address

Name Address

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. _____

24. What type of food will you be serving, if any? _____

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? 11am-12am

27. What hours, if any, will food service not be available? 12am - 2am

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? 16 part-time
During what hours do you anticipate they will be on duty? 10:30am - 12:30am

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? 21

How many bartenders do you anticipate you would have working at one time on a busy night? 2

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? 51

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?

40% Kitchen salaries

39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? 50%

What percentage of your advertising budget do you anticipate will be drink related? 50%

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? 72 indoors, 84 including outdoor patio

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	40	%
Gross Receipts from Food and Non-Alcoholic Beverages	60	%
Gross Receipts from Other		%
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 26 day of MAY, 2009

Karen M Thompson
(Clerk/Notary Public)

My commission expires 12-02-12

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



Appointment of New Liquor/Beer Agent

To be completed by Corporate Officer or Member of LLC

I, Amy Marsman, officer/member for Riverbrow, LLC
(Corporation/LLC), doing business as The Coopers Tavern, authorize and appoint
Peter McElvanna (Name) as the liquor/beer agent for the premise
located at 20 West Nifflin, Madison, WI.

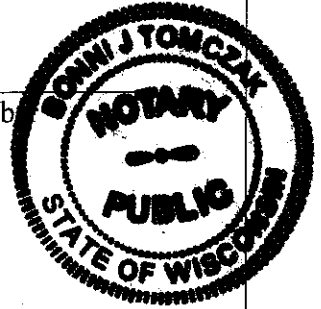
Subscribed and sworn to before me this

23rd Day of May, 2009

Bonni J. Tomczak
Notary Public, Dane County, Wisconsin

My Commission Expires 12-05-2010

Amy Marsman
Signature of Officer/Memb



To be completed by appointed Liquor/Beer Agent

I, PETER McELWANNA, appointed liquor/beer agent for
RIVERBREW, 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 50 %.

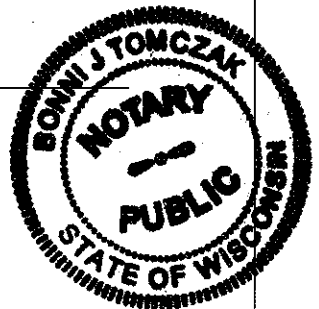
Subscribed and sworn to before me this

23rd Day of May, 2009

Bonni J. Tomczak
Notary Public, Dane County, Wisconsin

My Commission Expires 12-05-2010

Peter McElvanna
Signature of Agent



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