



City of Madison Liquor/Beer License Application

On-Premises Consumption: Class B Beer Class B Liquor Class C Wine
 Off-Premises Consumption: Class A Beer Class A Liquor Class A Cider

Section A – Applicant

- If needed, a qualified interpreter can be provided at no charge to you. Would you like an interpreter?
 Yes (language: Mandarin)
 No (If you answer no and you do require an interpreter, the ALRC will refer your application to a subsequent meeting and this may delay your application process)
 Si usted requiere o necesita un/a intérprete, nosotros podemos proveer un/a intérprete sin costo alguno. ¿Le gustaría tener un/a intérprete?
 Sí, lenguaje _____
 No. Si usted escoge "no" en la solicitud/aplicación, y usted sí requiere un/a intérprete, el comité remitirá su solicitud para una nueva junta y esto puede atrasar el proceso de su solicitud.
- This application is for the license period ending June 30, 20____.
- List the name of your Sole Proprietor, Partnership, Corporation/Nonprofit Organization or Limited Liability Company exactly as it appears on your State Seller's Permit.
LAURA GARDEN LLC
- Trade Name (doing business as) TBD
- Address to be licensed 502 STATE ST
- Mailing address 502 STATE ST
- Anticipated opening date JANUARY 18
- Is the applicant an employee or agent of, or acting of behalf of anyone except the applicant named in question 2?
 No Yes (explain) _____
- Does another alcohol beverage licensee or wholesale permittee have interest in this business?
 No Yes (explain) _____

Section B—Premises

- Describe in words the building or buildings where alcohol beverages are to be sold and stored. Include all rooms including living quarters, if used, and any outdoor seating used for the sales, service, and/or storage of alcohol beverages and records. Alcohol beverages may be sold and stored only on the premises as approved by Common Council and described on license.
3000 sq FT on two floors plus a basement. Alcohol stored at the bar and in basement storage.

A-2
P-304

11. Attach a floor plan, no larger than 8 ½ by 14, showing the space described above.

12. Applicants for on-premises consumption: list estimated capacity 98

13. Describe existing parking and how parking lot is to be monitored.

street parking only

14. Was this premises licensed for the sale of liquor or beer during the past license year?

No Yes, license issued to _____ (name of licensee)

15. Attach copy of lease.

Section C—Corporate Information

This section applies to corporations, nonprofit organizations, and Limited Liability Companies only. Sole proprietorships and partnerships, skip to Section D.

16. Name of liquor license agent Xi Wang Filion

17. City, state in which agent resides Madison, W

18. How long has the agent continuously resided in the State of Wisconsin? 3 yr s.

19. Appointment of agent form and background check form are attached.

20. Has the liquor license agent completed the responsible beverage server training course?

No, but will complete prior to ALRC meeting Yes, date completed _____

21. State and date of registration of corporation, nonprofit organization, or LLC.

Wisconsin 11-7-16

22. In the table below list the directors of your corporation or the members of your LLC.

Attach background check forms for each director/member.

Title	Name	City and State of Residence
Owner	Xi Wang Filion	

23. Registered agent for your corporation or LLC. This is your agent for service of process, notice or demand required or permitted by law to be served on the corporation. This is not necessarily the same as your liquor agent.

Xi Wang Filion

24. Is applicant a subsidiary of any other corporation or LLC?

No Yes (explain) _____

25. Does the corporation, any officer, any director, any stockholder, liquor agent, LLC, any member, or any manager hold any interest in any other alcohol beverage license or permit in Wisconsin?

No Yes (explain) _____

Section D—Business Plan

26. What type of establishment is contemplated?

Tavern Nightclub Restaurant Liquor Store Grocery Store

Convenience Store without gas pumps Convenience Store with gas pumps

Other _____

27. Business description _____

28. Hours of operation 11AM - 2AM

29. Describe your management experience ~~20~~ YEARS IN RESTAURANT BUSINESS

30. List names of managers below, along with city and state of residence.

31. Describe staffing levels and staff duties at the proposed establishment _____

14 employees between front and kitchen

32. Describe your employee training _____

33. Utilizing your market research, describe your target market.

anyone everyone (over 18)

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

35. Are you operating under a lease or franchise agreement? No Yes

36. 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?

No Yes

Section E—Consumption on Premises

This section applies to Class B and Class C applicants only. Class A license applicants (consumption off premises) may skip to Section F.

37. Do you plan to have live entertainment? No Yes—what kind? _____

38. What age range do you hope to attract to your establishment? 18+

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

Breakfast Brunch Lunch Dinner

40. Submit a sample menu if applicable. What will be included on your operational menu?

Appetizers Salads Soups Sandwiches Entrees Desserts
 Pizza Full Dinners

41. During what hours of operation do you plan to serve food? all hours of operation

42. What hours, if any, will food service not be available? _____

43. Indicate any other product/service offered. _____

44. Will your establishment have a kitchen manager? No Yes

45. Will you have a kitchen support staff? No Yes

46. How many wait staff do you anticipate will be employed at your establishment? 2-5

During what hours do you anticipate they will be on duty? AL

47. Do you plan to have hosts or hostesses seating customers? No Yes

48. Do your plans call for a full-service bar? No Yes
 If yes, how many barstools do you anticipate having at your bar? 10
 How many bartenders do you anticipate having work at one time on a busy night? 3
49. Will there be a kitchen facility separate from the bar? No Yes
50. Will there be a separate and specific area for eating only?
 No Yes, capacity of that area _____
51. What type of cooking equipment will you have?
 Stove Oven Fryers Grill Microwave
52. Will you have a walk-in cooler and/or freezer dedicated solely to the storage of food products?
 No Yes
53. What percentage of payroll do you anticipate devoting to food operation salaries? N/A
54. If your business plan includes an advertising budget:
 What percentage of your advertising budget do you anticipate will be related to food? N/A
 What percentage of your advertising budget do you anticipate will be drink related? N/A
55. Are you currently, or do you plan to become, a member of the Madison—Dane County Tavern League or the Tavern League of Wisconsin? No Yes
56. Are you currently, or do you plan to become, a member of the Wisconsin Restaurant Association or the National Restaurant Association? No Yes
57. All restaurants and taverns serving alcohol must substantiate their gross receipts for food and alcohol beverage sales broken down by percentage. New establishments estimate percentages:
40 % Alcohol 60 % Food _____ % Other
58. Do you have written records to document the percentages shown? No Yes
 You may be required to submit documentation verifying the percentages you've indicated.

Section F—Required Contacts and Filings

59. I understand that liquor/beer license renewal applications are due April 15 of every year, regardless of when license was initially granted. No Yes
60. I understand that I am required to host an information session at least one week before the ALRC meeting. No Yes
61. I agree to contact the Alderperson for this location to discuss my application and to invite the Alderperson to my information session. No Yes
62. I agree to contact the Police Department District Captain for this location prior to the ALRC meeting. No Yes
63. I agree to contact the Alcohol Policy Coordinator prior to the ALRC meeting. No Yes
64. I agree to contact the neighborhood association representative prior to the ALRC meeting.
 No Yes

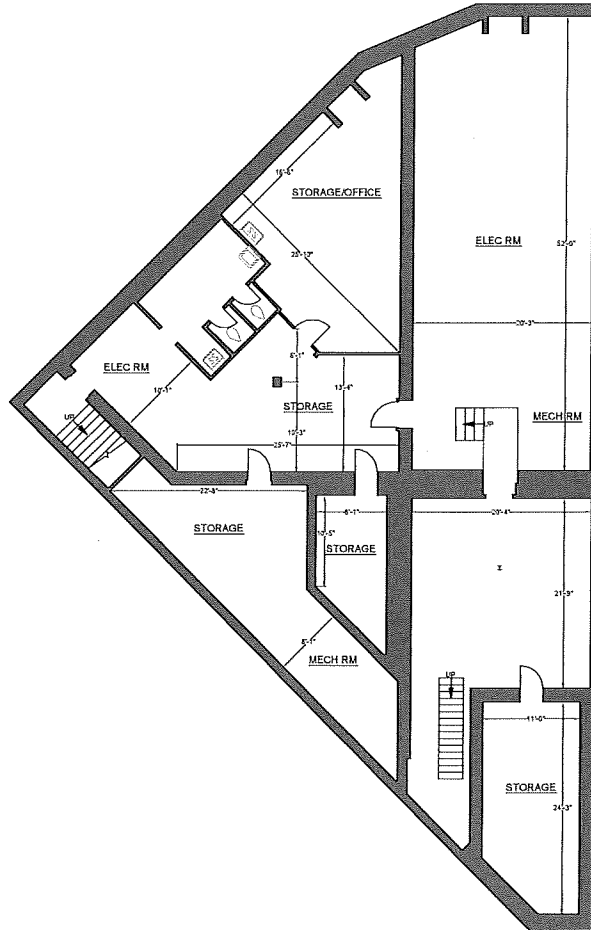
PREPARED FOR:
Iconica
901 Deming Way
Madison, WI 53717
Tel (608) 664-3530

502 STATE STREET
MADISON, WI
BASEMENT
(As Measured March 2016)



FLOOR PLAN

Measured Area: 4,261 s.f.



Survey Accuracy: +/- 0.15%

Note: All dimensions shown are rounded to the nearest inch for informational purposes only. All measurements are recorded to 1/8" accuracy as documented in the final CAD drawing supplied.

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SCALE: 1/8" = 1'-0"



TEL: (888) 393-6555
F.R.E: 16-137

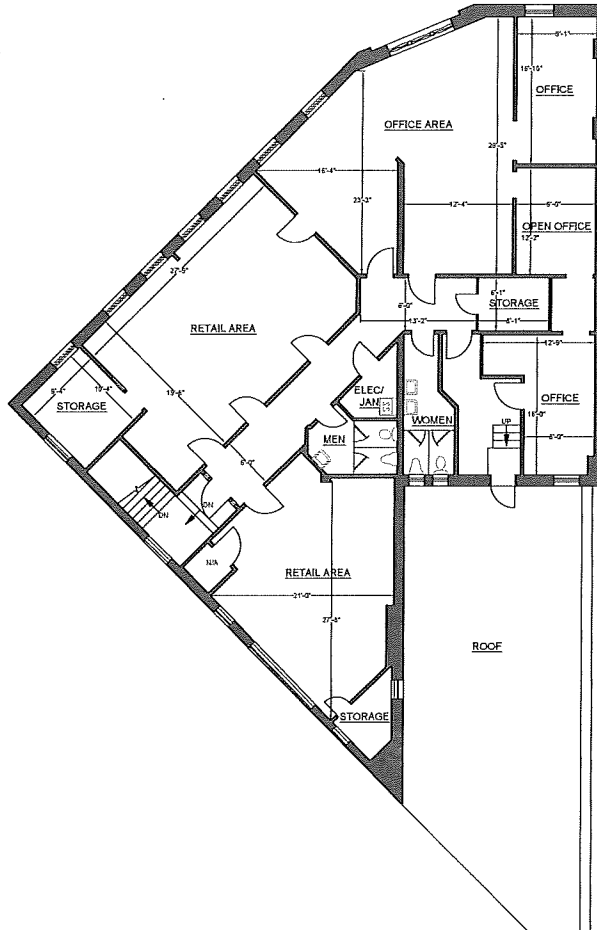
PREPARED FOR:
 Iconica
 901 Deming Way
 Madison, WI 53717
 Tel (608) 664-3550

Measured Area: 3,319 s.f.
 Roof Area: 989 s.f.

502 STATE STREET
 MADISON, WI
 SECOND FLOOR
 (As Measured March 2018)

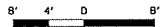


FLOOR PLAN



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Survey Accuracy: +/- 0.15%



SCALE: 1/8" = 1' - 0"



TEL: (888) 393-6655
 FILE: 16-137

