For the license period beginning			Applicant's Wisconsin Seller's Permit Number:456 > C	200422	75/0-03
For the license period beginning		mit to municipal cierk	Federal Employer Identification		. 1
TO THE GOVERNING BODY of the: IT town of Class A See See Williams of Class A See See See See See See See See See S	For	the license period beginning A November 2005	<u> </u>		
TO THE GOVERNING BODY of the Visige of Visige		ending <u>June 30</u> 20 <u>09</u>	_		FEE
TO THE GOVERNING BODY of the Children County of County of Addermanic Dist. No. (If required by ordinance)  I The named MINDVIDUAL PARTHERSHIP EMITTED LIABILITY COMPANY hereby makes application for the actional beverage lenerated chindren's date of the Construction of the County of Coun		Town of • A	77.01		
Country of Aldermanic Dist. No. (it required by ortinance)	TO				00.00
County of Aldermanic Dist No. (if required by ordinance)			<del></del>		
The named   INDIVIDUAL   PARTHERSHIP   MAILED LUBILITY COMPANY   Publication of the Competition of the all chold power place of the competition of the all chold beverage is cerescly checked above   The competition of the all chold beverage is cerescly checked above   The competition of the all chold power place of the competition of the all chold power place of the competition of the competition of the all chold power places of the competition	Col	Inty of Aldermonic Diet. No. /// required by addinages		<u>;                                 </u>	
The named   DANIVIDIAL   Patrice REHIP   Patrice College   Patri	000	Adefination Dist. No (it required by ordinatice)		\$2	500 00
Publication fee   Superior	1	The named MINDIVIDUAL PARTNERSHIP PLIMITED LIABILITY COMPANY		or \$	120.00
Name (Intititio) Delipartoris give last pages, first, mitylife; corposations/limited liability companies give registered rights. At V. e., M. J. acutable J. A. A. "Acutable J. Geography Questionniars." 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 tile and place of residence of each plans of the past of the p				\$_3	20.00
An "Auxiliary Questionnaise" Form AT-103, must be completed and attached to this application by each individual application, by each member in a state part of a partnership, and by each officer, director and agent of a corporation or morprofit organization, and by each member/manager and agent of a immited liability company. List the name title and place of residence of each person.    Name		hereby makes application for the alcohol beverage license(s) checked above	TOTAL FEE	\$/	20.00
An "Auxillary Questionnaize," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a Sapartnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member and agent of a limited liability company. List the name title and place of residence of each person  Homp Address, Park Office & Tip Code  PresidentiMember Andrew Andr	2		/ / /	M/	for 11
Vice President/Member   Treasurer/Member   Agent   Advestignment   Advestignme		An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by partnership, and by each officer, director and agent of a corporation or nonprofit organization, and I liability company. List the name title and place of residence of each person	each individual applicant, by each member/manager	and agent o	f a limited
Treasurer   Memples   Agent		Vice President/Member	d., Nashotah,	WI 3	3058
Business Phone Number 4 ## 962 1 1 200		Transurar/Mamhar	Ven Bulin	11/1 11	1215/
4 Address of Premises    5 Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this itemse period?  6 Is the applicant an employe or agent of or acting on behalf of anyone except the named applicant?  7 Does any other action be beverage retail itemsee or wholesale permittee have any interest in or control of this business?  8 (a) Corporate/limited liability company applicants only: Insert state    8 (a) Corporate/limited liability company as subsidiary of any other corporation or limited liability company?  (b) Is applicant corporation/limited liability company as subsidiary of any other corporation or any officer director stockholder or agent 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 incense or permit in Wisconsin?  (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, andlor storage of alcohol beverages and records (Alcohol beverages may be sold and stored only on the premises described) here alcohol beverages are to be sold and stored of most including living quarters, if used for the sales service, andlor storage of alcohol beverages and records (Alcohol beverages may be sold and stored only on the premise described) here are agent and records (Alcohol beverages may be sold and stored only on the premise described) here are agent and records (Alcohol beverages may be sold and stored only on the premise security of the sale of liquor or beer during the past license year?  (a) Was this premises licensed for the sale of liquor or beer during the past license year?  (b) If yes, under what name		Directors/Managers / / / / / / / / / / / / / / / / / / /	V C. V- 1 COPARADO	<u> </u>	<u> </u>
4 Address of Premises    5 Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this itemse period?  6 Is the applicant an employe or agent of or acting on behalf of anyone except the named applicant?  7 Does any other action be beverage retail itemsee or wholesale permittee have any interest in or control of this business?  8 (a) Corporate/limited liability company applicants only: Insert state    8 (a) Corporate/limited liability company as subsidiary of any other corporation or limited liability company?  (b) Is applicant corporation/limited liability company as subsidiary of any other corporation or any officer director stockholder or agent 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 incense or permit in Wisconsin?  (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, andlor storage of alcohol beverages and records (Alcohol beverages may be sold and stored only on the premises described) here alcohol beverages are to be sold and stored of most including living quarters, if used for the sales service, andlor storage of alcohol beverages and records (Alcohol beverages may be sold and stored only on the premise described) here are agent and records (Alcohol beverages may be sold and stored only on the premise described) here are agent and records (Alcohol beverages may be sold and stored only on the premise security of the sale of liquor or beer during the past license year?  (a) Was this premises licensed for the sale of liquor or beer during the past license year?  (b) If yes, under what name	3	Trade Name \ / dopa / Pricant Trill, Business Phor	ne Number 4/14, 96	2 4/20	0. X/Q3
5 is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this ficense period?  6 Is the applicant an employe or agent of or acting on behalf of anyone except the named applicant?  7 Does any other alcohol beverage retail licensee or wholesale permittee have any integrs in or control of this business?  8 (a) Corporate/minet diability company applicants only: Insert state	4	Address of Premises 7718 E. Towne 3/Vd Post Office & 7	Zip Code 🕨 🖊 a.d.	50N L	UT-5370
6 Is the applicant an employe or agent of or acting on behalf of anyone except the named applicant?  7 Does any other alcohol beverage retal licenses or wholesale permittee have any integest in or control of this business?  8 (a) Corporatellimited liability company applicants only: Insert state and date	5	Is individual, partners or agent of corporation/limited liability company subject to completion of the respons	ible beverage server		
7 Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business?  (a) Corporate/limited liability company applicants only: Insert state and date 17_28 of registration (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?  (d) Does the corporation or any officer director stockholder or agent or limited liability company or any member/manager or agent hot lay interest in any other alcohol beverage is one or limited liability company or any member/manager or agent hot lay policants 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 Interest in any other alcohol beverages and records (A)cohol beverages may be sold and stored only on the premises described / Interest of Interest of Interest in any other alcohol beverages and records (A)cohol beverages may be sold and stored only on the premises described / Interest of Interest Interest of Interest Interest of Interest of Interest of Interest Interest Interest Interest of	c	·		<u> </u>	
8 (a) Corporate/fimited liability company applicants only: Insert state	10 7		ie hueinace ?		·····
(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 for limited liability company or any member/manager or agent hold any interest in any other alcohol beverages plicans are permit in Wisconsin?  (NOTE All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above)  Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including liming quarters, if used, for the sales a service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described) **Miles All Premises described only on the premises described **Miles All Premises described only on the premises described on the premises described on the premises described on the premises described **Miles All Premises All P	8				INO
agent hold any interest in any other alcohol beverage license or permit in Wisconsin?  (NOTE All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above)  Premises description: Describe 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.) He sales service, and/or storages will be stored only on the premises described. He sales service, and/or storages will be stored only on the premises described. He sales service, and/or storages will be stored only on the premises described. He sales service, and/or storages will be stored only on the premises described. He sales service, and/or storages will be stored only on the premises described. He sales service, and/or storages will be stored only on the premises described. He sales service, and/or storages will be stored only on the premises described. He sales service, and/or storages will be stored only on the premises described. He sales services and records. (Alcohol beverages an	Ū	(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability	/ company?		<b>⊘</b> No
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. (A)cohol beverages may be sold and stored only on the premises described. **Described **Desc		agent hold any interest in any other alcohol beverage license or permit in Wisconsin?	·	Yes	☑No
all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (A)cohol beverages may be sold and stored only on the premises described of the sales described of the sales of the sale of the sales	9	·	•		
(a) Was this premises licensed for the sale of liquor or beer during the past license year?  (b) If yes, under what name was license issued?  Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864]  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]  If is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  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.  Subscribeto And Sworn to Before Me  this		all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and may be sold and stored only on the premises described ) Alcohol beverages will be	records (Alcohol beverages	vside)	New 2500 i
(b) If yes, under what name was license issued?  Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864]  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]  It is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  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 refusals is a misdemeanor and grounds for revocation of this license.  SUBSCRIBED AND SWORN TO BEFORE ME  this day of September 2008  (Clerk/Notary Publig)  (Clerk/Notary Publig)  My commission expires  Date received and filed with municipal clerk. In the provisional license issued Signature of Clerk / Deputy Clerk  Date icense granted  Date icense granted  Date icense issued  License number issued SUL 29		J 1 1			
before beginning business? [phone 1-800-937-8864]  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]  Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  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 signer 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	11			Yes	Alo
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]  Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  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	12			Ves	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 day of september 2008  (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)  (Officer of Corporation/Member/Manager of Limited Liability Company if Any)  TO BE COMPLETED BY CLERK  Date received and filled with municipal clerk /0/1/08  Date license granted  Date license issued  License number issued  License number issued  License number issued  License number issued	13	Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same nar	ne as that shown in		
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 refusals a misdemeanor and grounds for revocation of this license.  SUBSCRIBED AND SWORN TO BEFORE ME  this day of September 2008  (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 of 10708  Date reported to council/board with municipal clerk  Date license issued  Date license issued  License number issued  Signature of Clerk / Deputy Clerk				¥es	No
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 day of September 2008  (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)  (Officer of Corporation/Member/Manager of Limited Liability Company if Any)  TO BE COMPLETED BY CLERK  Date received and filed with municipal clerk  Date license granted  Date license issued  Date license issued  License number issued 84129  Signature of Clerk / Deputy Clerk	14	Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?		Yes Yes	<b>№</b> No
this day of Septembel 2008  (Officer of Corporation/Menter/Manager of Limited Liability Company /Partner/Individual)  (Officer of Corporation/Member/Manager of Limited Liability Company /Partner)  My commission expires  (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 recorded and filed with municipal clerk / 0/7/08  Date reported to council/board with municipal clerk / 0/7/08  Date license granted  Date license issued  License number issued 84129	of the (Indivany p	signers Signers agree to operate this business according to law and that the rights and responsibilities conferred by the didual applicants and each member of a partnership applicant must sign; corporate officer(s) members/managers of Limit ortion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdeme	he license(s), if granted, will no ed Liability Companies must sid	t be assigned an ) Anv lack o	to another of access to
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)  My commission expires  (Clerk/Notary Publiq)  (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 /0/7/08  Date reported to council/board   Date provisional license issued   Signature of Clerk / Deputy Clerk    Date license granted   Date license issued   License number issued   S4129	SUB				
My commission expires  (Clerk/Notary Publiq)  (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 filled with municipal clerk  (Date received and filled with municipal clerk / O / 2 / 08   Date provisional license issued   Date provisional license issued   Date license i	this	(Officer of Corporation) Meship	er/Manager of Limited Liability Con	npany /Partner/l	ndividual)
My commission expires // 26 //   TO BE COMPLETED BY CLERK  Date received and filed with municipal clerk /0 /7 /08 Date reported to council/board with municipal clerk Date license granted Date license issued License number issued 84129	-/		er/Manager of Limited Liability Corr	ipany /Partner)	
Date received and filed vith municipal clerk / O/7 / O8   Date reported to council/board vith municipal clerk   O/7 / O8   Date license issued   Date provisional license   Date provisional license   Date provisional	Му с	ommission expires // / 2 6 // /			
Date received and filed vith municipal clerk / O/7 / O8   Date reported to council/board vith municipal clerk   O/7 / O8   Date license issued   Date provisional license   Date provisional license   Date provisional	TOE	BE COMPLETED BY, CLERK			
84129	Date with r	received and filed 10/1/08 Date reported to council/board nunicipal clerk 10/1/08 Date provisional license issued Signatu	re of Clerk / Deputy Clerk		
		84129	AAP	oin Opport	of Power

Wisconsin Department of Revenue

City of Madison Su	ipplemental Class B License A	Application
Seller's Permit Number Federal Employer Identification Number Notarized Original Application Form Notarized Supplemental Form	Description of Licensed Premise Notarized Appointment of Agent Background Investigation Form(s) Notarized Transfer of Ownership Articles of Incorporation	✓ Floor Plans ✓ Lease ✓ Sample Menu ✓ Business Plan * Corporation/LLC only
1 Name of Applicant/Partner/Corporati	on/LLC Hogring Fort	< LhC
2. Address of Licensed Premise 47	,	_ ′
3. Telephone Number: 414-963-		1 1 1
5. Mailing address if not opening immed	liately 3/03 N. Oakland	Ave, M. Iwankee W
6. Have you contacted the Alderperson, the neighborhood association representation	Police Department District Captain, Alcontative for the area in which you intend t	
7 Are there any special conditions desire	ed by the neighborhood? □ Yes ∠No	
Explain	·	· · · · · · · · · · · · · · · · · · ·
8 Business Description, including hours	of operation: openat 10:30 /	close et 10PM
below shall not be expanded or cha	ng, including overall dimensions, seating rages are to be sold and stored. The lice nged without the approval of the Com  sq. feet, approx 70 seats  and counter	nsed premise described mon Council
11 Are any living quarters directly or inc		ne applicant? □ Yes ☑ Yo
*	· ·	
12 Describe existing parking and how pa	golian Grill	
13. Describe your management experience		
CM-10 yes nigtment expenses	to sell a (cohol	nly exployee with
14. Identify the registered agent for you process, notice or demand required or	r Corporation or LLC. This is your corp r permitted by law to be served on the co	
	W Dokota New Boslin,	
Name Addr	ess	

15. Utilizing your market research, who would you project your target market to be?
18-49 40/dz
16. What age range would you hope to attract to your establishment? 18-49 yeald all the
17. Describe how you plan to advertise/promote your business. What products will you be advertising?  [Mexican ford.]
18. Are you operating under a lease or franchise agreement? Yes (attach a copy) No
19 Owner of building where establishment is located: 47/3 Flownell / 19 Owner: PH East Townell C Phone Number (4/4) 962-4200
Address of Owner: PH East Towne LLC Phone Number (4/4) 962-4200
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
Michael O. Franke LLC 32179 Oakland Rd, Nashatah, WI Name Address 53058
Name Address
Name Address
22 List the Stockholders of your Corporation/LLC  Name  Name
Nome 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? Mexican Foods
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? 1030 Am to 10PH

27. What hours, if any, will food service not be available?  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?  30. Will you have a kitchen support staff?  31. How many wait staff do you anticipate will be employed at your establishment?  32. Do you plan to have hosts or hostesses seating customers?  33. Do your plans call for a full-service bar? Yes No  34. How many bartenders do you anticipate having at your bar?  35. How many bartenders do you anticipate you would have working at one time on a busy night?  36. Will there be a separate and specific area for cating only? Yes No  37. Will there be a walk-in cooler and/or freezer dedicated solely to the storage of food products? Yes No  38. What type of cooking equipment will you have? Stove Oven Fryer Grill Microwave  39. If you have a walk-in cooler and/or freezer dedicated solely to the storage of food products? Yes No  30. What percentage of your overall payroll do you anticipate will be devoted to food operation salaries?  25. Solution of the storage of your advertising budget, what percentage of your advertising budget do you anticipate will be related to food?  37. What percentage of your advertising budget, 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?  41. Are you currently, or do you plan to become, a member of the Wisconsin Restaurant Association or the National Restaurant Association?  41. Are you currently, or do you plan to become, a member of the Wisconsin Restaurant Association or the National Restaurant Association?	
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?  During what hours do you anticipate they will be on duty?  During what hours do you anticipate they will be on duty?  32. Do your plans call for a full-service bar? Yes No 33. Do your plans call for a full-service bar? Yes No 34. Will there be a kitchen facility separate from the bar? Yes No 35. Will there be a separate and specific area for cating only? Yes No 36. What type of cooking equipment will you have? Stove Oven Fryer 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?  25. Solution of the storage of your 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?  What percentage of your advertising budget do you anticipate will be drink related?  What percentage of your advertising budget do you anticipate will be drink related?  What percentage of your advertising budget do you anticipate will be drink related?  What percentage of your advertising budget do you anticipate will be drink related?  What percentage of your advertising budget do you anticipate will be drink related?  Are you currently, or do you plan to become, a member of the Wisconsin Restaurant Association or the	27. What hours, if any, will food service not be available?
30. Will you have a kitchen support staff?  Yes  No  31. How many wait staff do you anticipate will be employed at your establishment?  During what hours do you anticipate they will be on duty?  During what hours do you anticipate they will be on duty?  32. Do your plan to have hosts or hostesses seating customers? Yes  No  33. Do your plans call for a full-service bar? Yes  No  14. Will there be a kitchen facility separate from the bar? Yes  No  15. Will there be a kitchen facility separate from the bar? Yes  No  16. What type of cooking equipment will you have? Stove  No  36. What type of cooking equipment will you have? Stove  No  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?  25. Solution  39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be drink related?  What percentage of your advertising budget do you anticipate will be drink related?  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?  No  41. Are you currently, or do you plan to become, a member of the Wisconsin Restaurant Association or the	28. Indicate any other product/service offered.
During what hours do you anticipate will be employed at your establishment?  During what hours do you anticipate they will be on duty?  During what hours do you anticipate they will be on duty?  Do your plans call for a full-service bar? Yes  If yes, how many bar stools do you anticipate having at your ban?  How many bartenders do you anticipate you would have working at one time on a busy night?  How many bartenders do you anticipate you would have working at one time on a busy night?  Will there be a kitchen facility separate from the bar? Yes  No  If yes, what will be the seating capacity for that area?  No  What type of cooking equipment will you have? Stove Oven Fryer 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?  25 90  What percentage of your advertising budget, what percentage of your advertising budget do you anticipate will be drink related?  What percentage of your advertising budget do you anticipate will be drink related?  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  Are you currently, or do you plan to become, a member of the Wisconsin Restaurant Association or the	29 Will your establishment have a kitchen manager? Yes No
During what hours do you anticipate they will be on duty?  32 Do you plan to have hosts or hostesses scating 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  If yes, what will be the seating capacity for that area?  36. What type of cooking equipment will you have? Stove Oven Fryers Gaill 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?  25. Solution  39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be drink related?  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?  No  41. Are you currently, or do you plan to become, a member of the Wisconsin Restaurant Association or the	30. Will you have a kitchen support staff? Ves No
Do you plan to have hosts or hostesses seating customers? 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?  How many bartenders do you anticipate you would have working at one time on a busy night?  Will there be a kitchen facility separate from the bar? Yes  No  If yes, what will be the seating capacity for that area?  No  If yes, what will be the seating capacity for that area?  What type of cooking equipment will you have? Stove  Oven  Fryers  Gaill  Microwave  No  What percentage of your overall payroll do you anticipate will be devoted to food operation salaries?  25  What percentage of your advertising budget, what percentage of your advertising budget do you anticipate will be drink related?  What percentage of your advertising budget do you anticipate will be drink related?  What percentage of your advertising budget do you anticipate will be drink related?  No  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  Are you currently, or do you plan to become, a member of the Wisconsin Restaurant Association or the	31. How many wait staff do you anticipate will be employed at your establishment?  During what hours do you anticipate they will be on duty?
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  36. If yes, what will be the seating capacity for that area?  37. Will you have a cooking equipment will you have? Stove Oven Fryer 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?  39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food?  39. 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 Iavern League of Wisconsin?  41. Are you currently, or do you plan to become, a member of the Wisconsin Restaurant Association or the	33. Do your plans call for a full-service bar? Yes No
34. Will there be a kitchen facility separate from the bar? 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?  25. 26.  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?  No  41. Are you currently, or do you plan to become, a member of the Wisconsin Restaurant Association or the	If yes, how many bar stools do you anticipate having at your 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?  36. What type of cooking equipment will you have? Stoye 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?  25. 26  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	How many bartenders do you anticipate you would have working at one time on a busy night?
If yes, what will be the seating capacity for that area?	34. Will there be a kitchen facility separate from the bar? Yes No NA
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?  25 25 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?  What percentage of your advertising budget do you anticipate will be drink related?  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	70
What percentage of your overall payroll do you anticipate will be devoted to food operation salaries?  25 %  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?  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?  Yell No  41. Are you currently, or do you plan to become, a member of the Wisconsin Restaurant Association or the	36. What type of cooking equipment will you have? Stove Oven Fryers Grill Microwave
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food?	37. Will you have a walk-in cooler and/or freezer dedicated solely to the storage of food products? Yes N
anticipate will be related to food?	
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	anticipate will be related to food?
	40. Are you currently, or do you plan to become, a member of the Madison—Dane County Tavern League or

42	What is your estimated capacity?	100	
		 	_

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	2 %	
Gross Receipts from Food and Non-Alcoholic Beverages	98 %	
Gross Receipts from Other	%	-
Total Gross Receipts	100%	

44. Do you have written records to document the percentages shown? Yes 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:

My commission expires

## **Appointment of New Liquor/Beer Agent**

To be completed by Corporate Officer or Member of LLC
I.M. dael OPronke, officer/member for Logring Forks
(Corporation/LLC), doing business as Noba Mexican Cr. / authorize and appoint
(Name) as the liquor/beer agent for the premise
located at 4/7/8 E-Towne Blvd.
Subscribed and sworn to before me this  3 Day of Softember, 2008
Notary Public, Dane County, Wisconsin
My Commission Expires ///26/U
To be completed by appointed Liquor/Beer Agent
I,
I, appointed liquor/beer agent for loaring Forls LLC (name of Corporation or LLC), being first duly sworn
Coaring Forts 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
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
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
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
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
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%

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



## ADDENDUM AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

- 4. Ron Stokes is the Agent of Roaring Fork LLC, which holds the following Alcohol Beverage Licenses:
  - I. License # B-0007239 Qdoba Mexican Grill 3101 N. Oakland Avenue Milwaukee, WI 53211
  - III. License # 3
    Qdoba Mexican Grill
    2831 S. 108<sup>th</sup> Street
    West Allis, WI 53223
  - V. License # 52457 Qdoba Mexican Grill 2741 University Avenue Madison, WI 53705
  - VII. License # 59286 Qdoba Mexican Grill 6650 Mineral Point Road Madison, WI 53705
  - IX. License #03 37

    Qdoba Mexican Grill

    418 N. Mayfair Road

    Wauwatosa, WI 53226
  - XI License # 48-03/04 Qdoba Mexican Grill 15620 W. National Avenue New Berlin, WI 53151

- II License # 47467 Qdoba Mexican Grill 548 State Street Madison, WI 53703
- IV. License # 17
  Qdoba Mexican Grill
  12345 W. Capitol Drive
  Wauwatosa, WI 53222
- VI. License # 2002-09
  Qdoba Mexican Grill
  8789 N. Port Washington Road
  Fox Point, WI 53217
- VIII. License # 495983
  Qdoba Mexican Grill
  275 W. Wisconsin Avenue
  Milwaukee, WI 53203
- X. License # B-0009233

  Qdoba Mexican Grill

  2228 N. Prospect Avenue
  Milwaukee, WI 53202
- XII. License # 8
  Qdoba Mexican Grill
  18895 W. Bluemound Road
  Brookfield, WI 53045







XIII. License # 00036 Qdoba Mexican Grill 5075 S. 76<sup>th</sup> Street Greenfileld, WI 53220

XV License # 2004-9 Qdoba Mexican Grill 3250 Golf Road Dealfield, WI 53018

XVII. License # B0010158 Qdoba Mexican Grill 6035 W. Durand Ave Racine, WI 53406

XIX License # 78
Qdoba Mexican Grill
325 East North Street
Waukesha, WI 53188

XXI License # 06-034
Qdoba Mexican Grill
510 W Silver Spring Dr UnitK-124
Glendale WI 53217

XXIII License # 014229000037207 Qdoba Mexican Grill 6430 Green Bay Rd Kenosha, WI 53142

XXV License # 0700002747 Qdoba Mexican Grill 187 N Pioneer Rd Fond du Lac, WI 54935

> Twisted Fork LLC 2238 North Farwell Avenue Milwaukee, WI 53202

XIV. License # 65 Qdoba Mexican Grill 5401 Caddis Bend Road Fitchburg, WI 53711

XVI License # 74
Qdoba Mexican Grill
1890 Meadow Lane
Waukesha, WI 53188

XVIII License # 147
Qdoba Mexican Grill
8750 S. Howell Avenue
Oak Creek, WI 53154

XX License # 2006-8
Qdoba Mexican Grill
920 W Paradise Dr
West Bend WI 53095

XXII License # 507-06 Qdoba Mexican Grill 2476 S Oneida St Green Bay, WI 54304

XXIV License # 17 & #10 Qdoba Mexican Grill 4343 W Wisconsin Ave Appleton, WI 54913





