

# ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning August 1 20 10 ;  
ending July 31 20 10

TO THE GOVERNING BODY of the:  Town of } Madison  
 Village of }  
 City of }

County of Dane Aldermanic Dist. No. 4 (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): Honest Foods, 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>Member</u>	<u>Joshua Daniel Berkson</u>	<u>1145 Sherman Ave., Madison, WI 53703</u>
Vice President/Member	<u>Member</u>	<u>Patrick O'Neill Sweeney</u>	<u>4918 Sherwood Rd. Madison, WI 53711</u>
Secretary/Member			
Treasurer/Member	<u>Patrick O'Neill Sweeney</u>	<u>4918 Sherwood Rd. Madison, WI 53711</u>	
Agent	<u>Joshua Daniel Berkson</u>	<u>1145 Sherman Ave., Madison, WI 53703</u>	
Directors/Managers			

3 Trade Name TBD Business Phone Number TBD  
4 Address of Premises 121 South Pinckney Madison, WI 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 08/31/09 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) See Attachment A

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 30 day of March

Carol L. Meyer  
(Notary Public)

**Carol L. Meyer**  
**Notary Public**  
**State of Wisconsin**

Joshua Daniel Berkson  
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

My commission expires is permanent

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

## TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>3.30.10</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

Applicant's Wisconsin Seller's Permit Number:	
Federal Employer Identification Number (FEIN):	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100.00
<input type="checkbox"/> Wholesale beer	\$
<input checked="" type="checkbox"/> Class C wine	\$ 20.00
<input type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$ 500.00
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ 20.00
<b>TOTAL FEE</b>	\$ <b>620.00</b>

## City of Madison Supplemental Class B License Application

<input type="checkbox"/> Seller's Permit Number <input type="checkbox"/> Federal Employer Identification # <input checked="" type="checkbox"/> Notarized Original Application Form <input checked="" type="checkbox"/> Notarized Supplemental Form <input checked="" 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 * Corporation/LLC only	<input checked="" type="checkbox"/> Floor Plans <input type="checkbox"/> Lease <input type="checkbox"/> Sample Menu <input type="checkbox"/> Business Plan
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1. Name of Applicant/Partner/Corporation/LLC Honest Foods, LLC

2. Address of Licensed Premise 121 South Pinckney, Madison, WI 53703

3. Telephone Number: TBD 4. Anticipated opening date: August 2010

5. Mailing address if not opening immediately 1145 Sherman Ave., Madison, WI 53703

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: Urban Café and Grocery and Bar. Separate hours for café, grocery and bar. Will serve breakfast, lunch, dinner and late night Mon – Sunday. Specific hours are TBD. Will serve and sell alcohol as permitted by law. Kitchen will be open when the bar is open.

9. Do you plan to have live entertainment?  No  Yes—What kind? Acoustic Jazz, bluegrass, folk, etc.

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.**

See Attachment A for seating arrangements, bar size and areas for alcohol service and storage.

Restaurant / Bar Seating is roughly 2000 sf and seats roughly 70 occupants. Mercantile area is 600 sf for roughly 20 occupants. Standing room only is 212 sf, or 42 occupants max. Outside café sqft is TBD, for up to 30 occupants

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. Street parking is available. There are two parking ramps adjacent to the restaurant.

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

See Attachment B - Management Experience, Staffing Levels, and Employee 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.

Patrick O'Neill Sweeney 4918 Sherwood Rd. Madison, WI 53711

Name

Address

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

Primary Demographic: Local Residents and Professionals

Secondary Demographic: College / Graduate Students, Parents with Children, Downtown Visitors

16. What age range would you hope to attract to your establishment? 30+

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

Word of Mouth, Food Critics, Local Events, Community Involvement / Education

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

19. Owner of building where establishment is located: Scott Lewis

Address of Owner: 106 E. Doty Street, Suite 31, Madison, WI 53703 Phone Number (608) 256-4200

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

Joshua Daniel Berkson 1145 Sherman Ave., Madison, WI 53703  
Name Address

Patrick O'Neill Sweeney 4918 Sherwood Rd. Madison, WI 53711  
Name Address

\_\_\_\_\_  
Name Address

22. List the Stockholders of your Corporation/LLC

Honest Foods, LLC has 5 shareholders, each less than 10% ownership. Please contact the  
Name Address % of Ownership

following for contact details:  
Name Address % of Ownership

Sweeney & Sweeney S.C. 440 Science Drive Madison, WI 53711-1064 (608) 238-4444  
Name Address % of Ownership

23. What type of establishment are you? (Check all that apply)  Tavern  Nightclub  Restaurant

Other Please Explain. Establishment is a Café and Grocery and Bar.

24. What type of food will you be serving, if any? Food and drink will be New American

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? Will serve breakfast, lunch, dinner and late night Mon – Sunday. Specific hours are TBD. Will serve and sell alcohol as permitted by law.

27. What hours, if any, will food service not be available? N/A - Food will be available ALL hours
28. Indicate any other product/service offered. Merchandise
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? 4 - 7  
During what hours do you anticipate they will be on duty? Lunch, Brunch, Dinner and Late Night
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? 20  
How many bartenders do you anticipate you would have working at one time on a busy night? 3
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? 50
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%
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? 75%  
What percentage of your advertising budget do you anticipate will be drink related? 25%
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? Est. 130 (not including staff)

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.

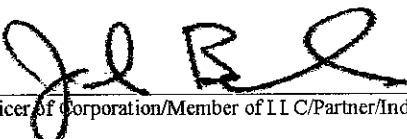
<b>Gross Receipts from Alcoholic Beverages</b>	30 %
<b>Gross Receipts from Food and Non-Alcoholic Beverages</b>	68 %
<b>Gross Receipts from Other</b>	2 %
<b>Total Gross Receipts</b>	<b>100%</b>


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.  
See Attached

**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 30 day of March, 2010

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

  
(Clerk/Notary Public) Carol L. Meyer

**Carol L. Meyer**  
**Notary Public**  
**State of Wisconsin**


My commission expires is permanent

# Appointment of New Liquor/Beer Agent

## To be completed by Corporate Officer or Member of LLC

I, Joshua Berkson, officer/member for Honest Foods, LLC  
(Corporation/LLC), doing business as TBD, authorize and appoint  
Patrick Sweeney (Name) as the liquor/beer agent for the premise  
located at 121 South Pinckney, Madison WI

Subscribed and sworn to before me this

  
Signature of Officer/Member

30 Day of March, 20 10

  
Notary Public, Dane County, Wisconsin


**Carol L. Meyer**  
**Notary Public**  
**State of Wisconsin**

My Commission Expires is permanent

## To be completed by appointed Liquor/Beer Agent

I, PATRICK SWEENEY, appointed liquor/beer agent for  
HONEST FOODS, 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 19 %.

Subscribed and sworn to before me this

  
Signature of Agent

30<sup>th</sup> Day of MARCH, 20 10

  
Notary Public, Dane County, Wisconsin

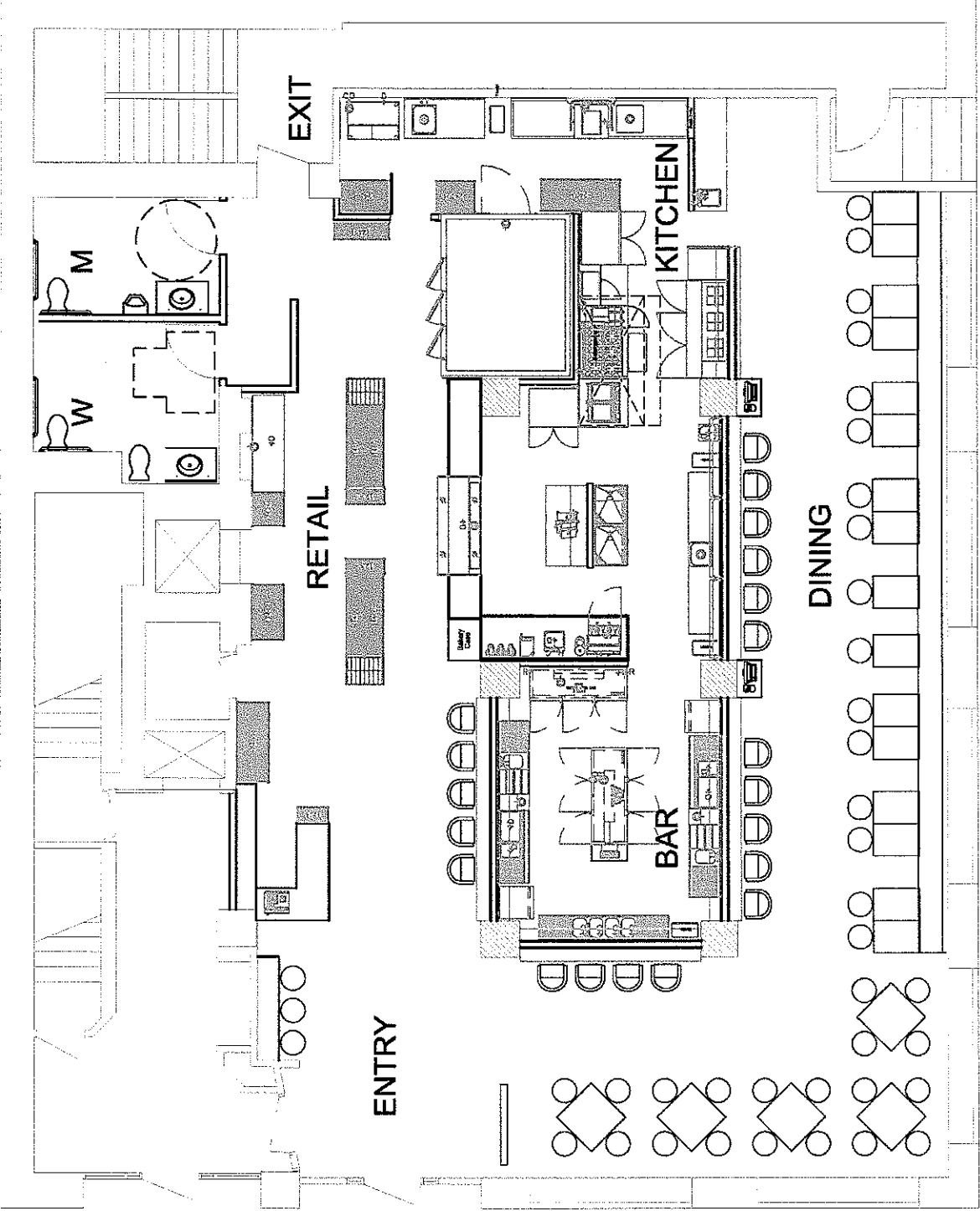
**Carol L. Meyer**  
**Notary Public**  
**State of Wisconsin**

My Commission Expires is permanent

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

ATTACHMENT A - Alcohol Service and Storage

KARL ENGBLE ARCHITECTS  
 HONEST  
 FOODS  
 121 S.  
 PINCKNEY  
 FLOOR PLAN  
 1/8" = 1'-0"  
 3/25/2010



Exact Sidewalk Cafe  
 Measurements TBD

# Attachment B: Management Experience, Staffing Levels, and Employee Training

## MANAGEMENT

Patrick Sweeney has 12+ years culinary experience as a Cook, Chef, Bartender, Bar Manager, Kitchen Manager and Server. He is completing is Professional Culinary Degree at **MATC**, and Liberal Arts / Business Degree from University of Wisconsin - Madison. Work experience includes: Bartending and Bar Management at **Nattspil Restaurant and Bar, Samba Brazilian Grille, Angelic Brewing Company, Icon, Gramercy Pub, and Johnny O' Haggins** in Chicago. His culinary experience includes Sous Chef at **La Brioche Restaurant and Bakery** and Corporate Sous Chef at **Sub Zero/Wolf**. Patrick's hospitality endeavors include sales and marketing at both the **Wilderness Hotel** in the Wisconsin Dells as well as the **Hilton Hotel** in Chicago. He has also served as Sales Executive for the **Gordon Flesch Company**.

Joshua Berkson has 8-Years culinary experience as an independent Specialty Caterer, Cook and Server. He is a graduate of **The French Culinary Institute** in New York City and moonlighted there as a line cook at **L'Ecole and Public Restaurant** under Chef Brad Farmerie. Josh is an accomplished professional in the areas of marketing, business development and market research. After conducting market research for a number of boutique consultancies, he started a consultancy practice in 2002 which would grow to serve institutional banks, hedge funds and specialty retailers. Clients have included **The Gap, Inc, Alliance Boots (London), M.H. Alshaya Co. (Kuwait), Urban Outfitters, Anthropologie, American Eagle Outfitters, Inc., American Greetings Corp., Pepsi, The Fragrance Foundation, Cadbury USA, Cantor Fitzgerald & Co, Merrill Lynch & Co, Inc., Bear Stearns & Co, Inc., and S.A.C. Capital Advisors, LP.**