

* Notary

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk

For the license period beginning October 1 20 07 ;
ending _____ 20 _____

Applicant's Wisconsin Seller's Permit Number:	0040003121921-01
Federal Employer Identification Number (FEIN):	20 8055799
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	\$
TOTAL FEE	\$

TO THE GOVERNING BODY of the: Town of } MADISON
 Village of }
 City of }
County of DANE Aldermanic Dist. No. _____ (if required by ordinance)

1 The named INDIVIDUAL PARTNERSHIP LIMITED LIABILITY COMPANY
 CORPORATION/NONPROFIT ORGANIZATION
hereby makes application for the alcohol beverage license(s) checked above.

2 Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): CIRCOLO 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

President/Member	<u>President-Member</u>	<u>BENJAMIN ROBERTS</u>	<u>6045 Phil Lewis Way</u>	<u>Mad. WI 53562</u>
Vice President/Member	_____	_____	_____	_____
Secretary/Member	_____	_____	_____	_____
Treasurer/Member	_____	_____	_____	_____
Agent	<u>Benjamin Roberts</u>	_____	_____	_____
Directors/Managers	_____	_____	_____	_____

3 Trade Name PASQUAL'S Business Phone Number 608.445.1676
4 Address of Premises HILDALE MALL Bldg. D-2 Post Office & Zip Code 702 N. Midway

- 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 WI and date 12-24-06 of registration Yes No
(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) 4400 sq ft w/ 800 ft² for bar, 1000 ft² for kitchen. rest for seating

- 10 Legal description (omit if street address is given above): _____
- 11 (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No
(b) If yes, under what name was license issued? _____
- 12 Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864] Yes No
- 13 Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in Section 2, above? [phone (608) 266-2776] Yes No
- 14 Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license

SUBSCRIBED AND SWORN TO BEFORE ME

this 25th day of June, 2007
Maibeth W. Ziel-Behl
(Clerk/Notary Public)
My commission expires 10-26-08

Brian Ross
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	<u>6-25-07</u>	Date reported to council/board	_____	Date provisional license issued	_____	Signature of Clerk / Deputy Clerk	_____
Date license granted	_____	Date license issued	_____	License number issued	<u>78150</u>		

Registrar # 06845

liquor stored in bar
a separate alcohol kitchen

we have liquor licenses for Sabapants Inc. ?

Madison Epicureans LLC

* Notarized
* Copy of lease

City of Madison Liquor and/or Beer Original Supplemental Form

Office Use Only

- | | |
|---|--|
| <input checked="" type="checkbox"/> Seller's Permit Number | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Federal Employer Identification Number | <input type="checkbox"/> Notarized Transfer of Ownership Letter |
| <input checked="" type="checkbox"/> Notarized Original Application Form (AT-106) | <input checked="" type="checkbox"/> *Schedule of Appointment of Agent (AT-104) |
| <input checked="" type="checkbox"/> Notarized Supplemental Form | <input checked="" type="checkbox"/> *Notarized Agent Appointment/Acceptance Form |
| <input checked="" type="checkbox"/> Description of Licensed Premise | <input type="checkbox"/> *Articles of Incorporation/ Organization |
| <input checked="" type="checkbox"/> Notarized Auxiliary Questionnaire(s) (AT-103) | <input type="checkbox"/> Sample Menu, if possible |
| <input checked="" type="checkbox"/> Background Investigation Form(s) | <input type="checkbox"/> Business Plan, if one exists |
| <input checked="" type="checkbox"/> Floor Plans | * Forms required of Corporation/LLC only |

- ✓ All applicants must provide an adequate premise plan that includes exterior and interior dimensions, position of stairs and all entrances and exits, normal and customary use of each room, placement of major appliances, furniture and large gaming tables, placement and dimensions of all bar(s), and graphic representation of the normal position of booths, bar stools, tables and chairs. **Premise plans must be no larger than 8 ½ x 14.**
- ✓ New structures must submit to Building Inspection two sets of plans, signed and sealed by a registered architect or engineer.
- ✓ Applicant/partners/Liquor Agent must be enrolled in or have completed the Beverage Server Training course before appearing before the Alcohol License Review Committee.

Prior to your hearing before the Alcohol License Review Committee (ALRC), you must contact the Alderperson of the District in which you intend to do business, the representative of the appropriate neighborhood association (if any), the Madison Police Department, and the Alcohol Policy Coordinator.

- Alderperson _____ can be reached at _____, at the Common Council Office (266-4071), or via e-mail at council@cityofmadison.com.
- The name of the neighborhood association representative can be obtained by calling the Planning and Development Department at 266-4635 or online at www.ci.madison.wi.us/neighborhoods/contacts.htm.
- Police Department District Captain _____ can be reached at _____.
- Alcohol Policy Coordinator Joel Plant can be reached at 264-9295.

1. 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
2. Are there any special conditions desired by the neighborhood? Yes No
Explain. _____

3. Name of Applicant/Partner/Corporation/LLC CIRCOLO

4. Telephone Number: 608.445.1676

5. Address of Licensed Premise _____

6. Anticipated opening date: October 1, 2007

7. Mailing address if not opening immediately 100 Cross Country Rd. Verona WI 53593

8. What type of establishment is contemplated? Tavern Nightclub Restaurant
 Liquor Store Grocery Store Convenience Store – Gas Pumps Yes No
 Other Please explain _____

9. Business Description including hours of operation and if entertainment is part of your venue, what type:
 Restaurant + bar with coffeshop too. Hours of operation
 10a.m. to 11 p.m M-S.

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.**
 One level 100 seat restaurant with 30 seats in immediate bar area. 4400 ft² with the bar area being 800 ft² and kitchen 1000 ft². liquor will be stored in side and a menagerie above the kitchen.

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. Parking and parking ramp to be monitored by Hilldale Mall.

13. Describe your management experience, staffing levels, duties and employee training.
 17 years experience managing Pasquale's. We will have approx. 25 employees that will be auth. to sell alcohol. All managers will have liquor safety training.

14. Identify the **registered agent** for your Corporation or LLC. This is not necessarily the same person as your liquor/beer agent. This is your corporation's agent for service of process, notice or demand required or permitted by law to be served on the corporation. BENJAMIN ROBERTS

Name
6745 Phil Lewis Way MIDDLETON WI 53562
 Address City State Zip

15. Excluding pre-packaged snacks, how late will food be served? 11 p.m.

16. What type of food will you be serving, if any? Southwestern

17. Indicate any other product/service offered: wholesale salsa, coffee, bakery

18. Describe your target market. everyone who is age 21-99 who enjoys great food + drinks responsibly.

19. What is your estimated capacity? 100

20. Are you operating under a lease or franchise agreement? Yes No (If yes, attach a copy.)

21. Owner of building where establishment is located: Freed - Associates
Address of Owner: 220 N. Smith St. Suite 300 Palatine IL 60067 Phone Number 847-215-5323

22. Individual or Partnership: Have individual/partners completed the Beverage Server Training Course? Yes No If Yes, indicate names: Ben Roberts, Susan Shaftoe
License cannot be issued until proof of Beverage Server Training completion is shown.

23. Corporation/LLC: Will liquor/beer agent be a Wisconsin resident at the time of granting? Yes No

24. Corporation/LLC: Agent must disclose interest held in business: 100 %

25. Corporation/LLC: Has agent completed the Beverage Server Training Course? Yes No
License cannot be issued until proof of Beverage Server Training completion is shown.

26. Corporation/LLC: List Directors, Stockholders, and Managers below.

Director(s) Name	Home Address
BENJAMIN ROBERTS	6745 Phil Lewis Way Middleton WI 53562

Stockholder's Name	Address	Extent of Ownership%
Same		

Manager's Name	Address	Business Phone	Home Phone
Same			

27. 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
28. 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.

Calendar/fiscal year: January 1 – December 31 July 1 – June 30

Percent Gross Receipts from Alcohol Beverages	17	%
Percent Gross Receipts from Food	80	%
Percent Gross Receipts from Other	3	%
Total Gross Receipts	100	%

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.

29. What type of establishment are you? (Check all that apply) Tavern Restaurant Nightclub
 Other Please explain: _____
30. Will your establishment have a kitchen manager? Yes No
31. Will your establishment be a member of the Wisconsin Restaurant Association? Yes No
32. How many wait staff will be employed at the establishment? 25
33. What hours, if any, will food service not be available? —
34. Describe how you plan to advertise/promote your business. What products will you be advertising?
Print media, television, radio

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 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 must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premise during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME:

this 25th day of June, 2007

Maibeth Witzel-Behl
 (Clerk/Notary Public)

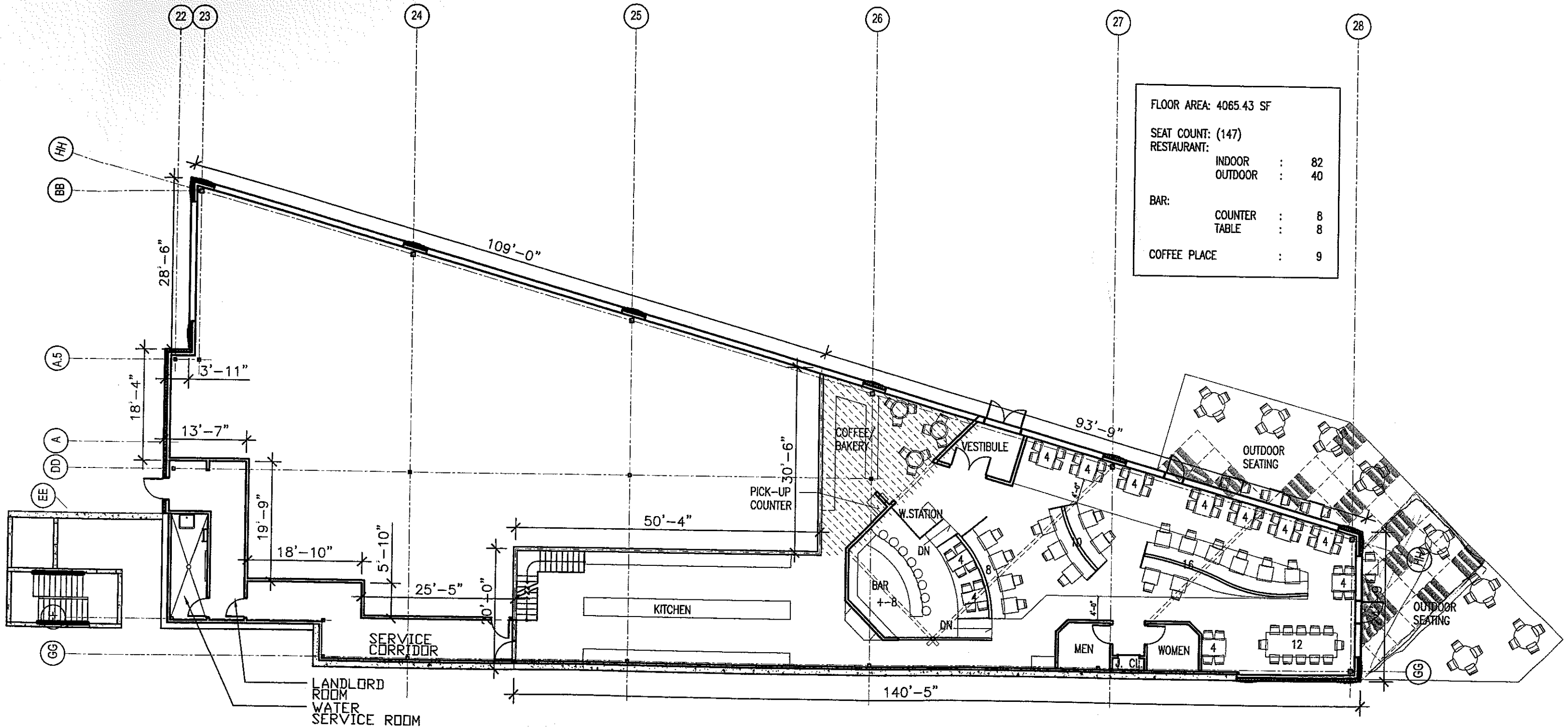
My commission expires 10-26-08

B. R. R.
 (Officer of Corporation/Member/Manager of LLC/Partner/Individual)

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

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

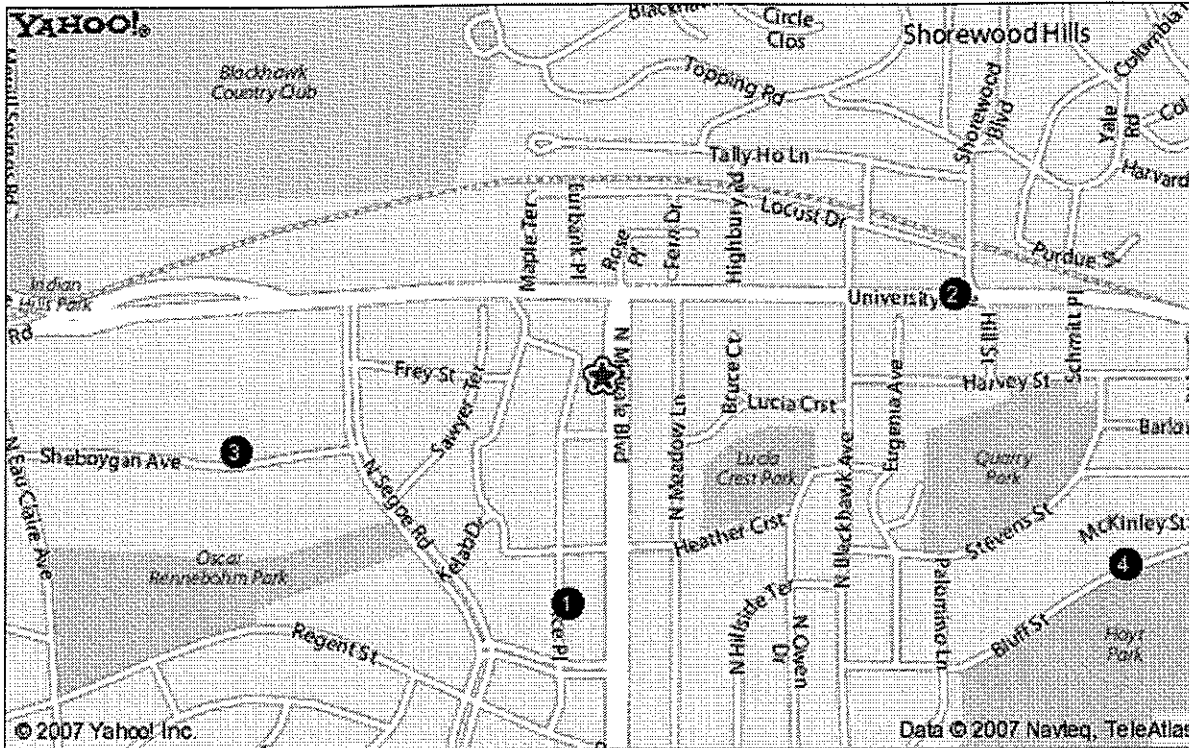
If you have any questions, please contact the City Clerk's Office at (608) 266-4601.



FLOOR AREA: 4065.43 SF	
SEAT COUNT: (147)	
RESTAURANT:	
INDOOR	: 82
OUTDOOR	: 40
BAR:	
COUNTER	: 8
TABLE	: 8
COFFEE PLACE	: 9

1 SCHEMATIC FLOOR PLAN
1/16" = 1'-0"

Yahoo! Maps - 702 N MIDVALE BLVD, Madison, WI 53705, US



Your Points of Interest

1 Great Dane Brew Pub (608) 661-9400
357 Price Pl Madison, WI 53705

6 Blue Moon Bar & Grill (608) 233-0441 ★★★★★
2535 University Ave Madison, WI 53705

7 Village Bar (608) 233-9956
3801 Mineral Point Rd Madison, WI 53705

8 Sweeney's Oakcrest Tavern (608) 233-1243 ★★★★★
5371 Old Middleton Rd Madison, WI 53705

9 Glass Nickel Pizza Company (608) 218-9000
5003 University Ave Ste 170 Madison, WI 53705

10 Irish Waters Incorporated (608) 233-3398 ★★★★★
702 N Whitney Way Madison, WI 53705

When using any driving directions or map, it's a good idea to do a reality check and make sure the road still exists, watch out for construction, and follow all traffic safety precautions. This is only to be used as an aid in planning.

