

City of Madison Supplemental Class B License Application

<input type="checkbox"/> Seller's Permit Number <input type="checkbox"/> Federal Employer Identification # <input 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 type="checkbox"/> Background Investigation Form(s) <input checked="" type="checkbox"/> Notarized Transfer of Ownership <input type="checkbox"/> *Articles of Incorporation <input type="checkbox"/> *Notarized Appointment of Agent * Corporation/LLC only	<input type="checkbox"/> Floor Plans <i>(needed)</i> <input type="checkbox"/> Lease <input type="checkbox"/> Sample Menu <input type="checkbox"/> Business Plan
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- Name of Applicant/Partner/Corporation/LLC AYRA LLC
- Address of Licensed Premise 901 Williamson Street Madison WI 53704
- Telephone Number: 212 1150 4. Anticipated opening date: MARCH 1, 2012
- Mailing address if not opening immediately 5460 CADDIS BEND FITZBURG WI 53711
- 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
- Are there any special conditions desired by the neighborhood? Yes No
Explain. _____

- Business Description, including hours of operation: Restaurant with Bar
Greek/American (Gyros and such) Anticipated hour: 11am to 2am
- Do you plan to have live entertainment? No Yes—What kind? _____

10. Detailed written description of building, including overall dimensions, seating arrangements, capacity, bar size and all areas where alcohol beverages are to be sold and stored. **The licensed premise described below shall not be expanded or changed without the approval of the Common Council.** *Alcohol will be sold on the bar and tables and stored at the bar*

1700 Sq feet on main level, 700 sq feet kitchen, about 1000 sq' for Restrooms, and seating for about 30-50 people bar for about eight to ten people, 700 sq' basement for storage
OUT DOOR PATIO, SEATING FOR about 20 people in the back of building

- 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.
- Describe existing parking and how parking lot is to be monitored. N/A

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

I have thirty years experience running Restaurants/Bars in the Madison area. Pateron, Codeli, Mercury, OPA.

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.

VASILIS KALLIAS 5460 Caddis Bend Fitzburg WI 53711

Name

Address

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

Near east and down-town Residents, and Plant to patrons

16. What age range would you hope to attract to your establishment? 30 to 50 year old

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

Adel, new media (Facebook and such) Gyros/Mediterranean cuisine Food

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

19. Owner of building where establishment is located: Mike DeMinter

Address of Owner: 2963 Wyndwood Way Sun Prairie WI 53590 Phone Number 215 5001

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

VASILIS KALLIAS 5400 Caddis Bend Fitchburg WI 53711

Name

Address

Name

Address

Name

Address

22. List the Stockholders of your Corporation/LLC

Some of Above 100%

Name

Address

% of Ownership

Name

Address

% of Ownership

Name

Address

% of Ownership

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

Other Please Explain. _____

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

Breakfast Lunch Dinner

25. Please submit a sample menu with your application, if possible. What might eventually be included on your

operational menu when you open? Appetizers Salads Soups Sandwiches Entrees

Desserts Pizza Full Dinners

26. During what hours of your operation do you plan to serve food? ALL

27. What hours, if any, will food service not be available? Not sure yet 11am to 2am
28. Indicate any other product/service offered. Catering
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? 5
During what hours do you anticipate they will be on duty? All hours
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? 8-10
How many bartenders do you anticipate you would have working at one time on a busy night? 2
34. Will there be a kitchen facility separate from the bar? Yes No
35. Will there be a separate and specific area for eating only? Yes No
If yes, what will be the seating capacity for that area? _____
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?
80-90%
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? 100%
What percentage of your advertising budget do you anticipate will be drink related? 0%
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? 30-48

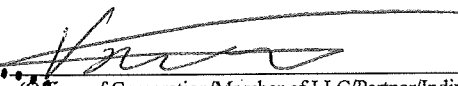
43. Pursuant to Chapter 23 of the Madison General Ordinances, all restaurants and taverns serving alcohol beverages shall substantiate their gross receipts for food and alcohol beverage sales broken down by percentage. For new establishments, the percentage will be an estimate.

Gross Receipts from Alcoholic Beverages	20 %
Gross Receipts from Food and Non-Alcoholic Beverages	80 %
Gross Receipts from Other	0 %
Total Gross Receipts	100%

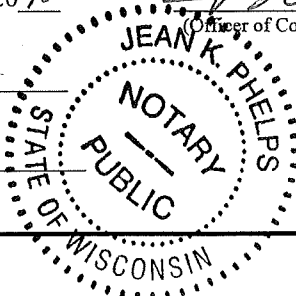
44. Do you have written records to document the percentages shown? Yes No
You may be required to submit documentation verifying the percentages you've indicated.

Read carefully before signing: Under penalty provided by law, the applicant states that the above information has been truthfully completed to the best of the knowledge of the signer. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted will not be assigned to another. Any lack of access to any portion of a licensed premise during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

Subscribed and Sworn to before me:

this 31st day of January, 2012


(Clerk/Notary Public)
My commission expires 6/22/14



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

APPLICATION FOR TRANSFER OF LICENSES FOR SALE OF FERMENTED MALT BEVERAGES
AND/OR INTOXICATING LIQUOR FROM ONE PREMISES TO ANOTHER

Madison, Wisconsin
January 31, 20 12

To the governing body of the (City) (Village) (Town) of MADISON

County of DANE Wisconsin.

The undersigned hereby applies for a transfer of Class Beemo license from 558 State Street (present location) to 901 Williamson Street (proposed location)

on or about _____ (date)

1. APPLICANT: (print name and address plainly)

(a) Full name of applicant VASILIS KALLIAS

(b) Address 5460 GADDIS BEND FITCHBURG WI 53711

2. LOCATION AND DESCRIPTION OF PREMISES TO WHICH APPLICATION FOR TRANSFER IS MADE:

Describe building or buildings where alcohol beverages are to be sold, served and stored.

(a) Street number 901 Williamson St.

(b) Trade name of establishment AYRA LLC

(c) Physical description of building, buildings and/or land area comprising licensed premises.
1500 sq feet on main level with kitchen Bathroom and seating. 700 sq feet in basement for storage. Outdoor patio in the back for about 20 people seating

(d) Legal description (omit if street address is given above.) _____

(e) Is any other business conducted on same premises? Yes No If so, what? _____

(f) Was this location licensed for beer or liquor during the past year? Yes No

(g) Give name and address of previous licensee. _____

(h) Will the previous licensee surrender its license? Yes No

ALL APPLICANTS FOR TRANSFER OF CLASS B LICENSES MUST ANSWER THE FOLLOWING:

3. If granted, state any interest, directly or indirectly, that any brewer, bottler, wholesaler, manufacturer, or rectifier will hold in the premises for which you are applying

NONE

4. If you do not own the fixtures, state the manner, terms and conditions under which said fixtures are held

[Signature]
(Signature)

State of Wisconsin }
County of Dane } ss.

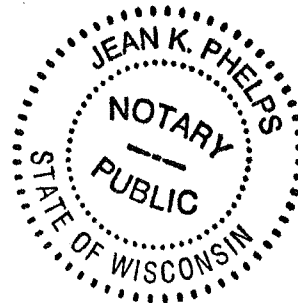
(I) (We), Vasilis Kallias and _____
being first duly sworn on oath says that (he/she is) (they are) the person(s) above named and that the answers to the questions in each instance are complete and true.

[Signature]

Subscribed and sworn to before me this

31st day of January, 20 12

Jean K. Phelps
Notary Public, Dane County, Wis.



My Commission Expires 6/22/14

CLASS OF BUSINESS

Name _____	_____
Original Location _____	_____
Ward _____	_____
Proposed Location _____	_____
Ward _____	_____
License No. _____	_____
Treasurer's Receipt No. _____	_____
Filed _____	_____
Submitted to Council or Board _____	_____
Approved _____	Date _____
Denied _____	Date _____