

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning July 1 20 10 ;
ending June 30 20 11

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): Horseshoe Bar 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>Managing Member</u>	<u>Mitat Ibrahim</u>	<u>410 Wyalusing Dr.</u>	<u>Madison 53718</u>
Vice President/Member				
Secretary/Member				
Treasurer/Member				
Agent		<u>Mitat Ibrahim</u>		
Directors/Managers				

- 3 Trade Name Horseshoe Bar Business Phone Number 608-221-4831
4 Address of Premises 3400 Dampsey Rd Post Office & Zip Code Madison 53718

- 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 4/29/10 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) 1350 sq ft 1st Floor Bar / Basement Storage

- 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? Mitat Ibrahim
- 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 15 day of April, 2010

Deane M. Keeley
(Clerk/Notary Public)

My commission expires 3/2/14

Mitat Ibrahim
(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>4-15-10</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued <u>89424</u>	License number issued	

Applicant's Wisconsin Seller's Permit Number	<u>004-0000523310-01</u>
Federal Employer Identification Number (FEIN)	<u>39-11675340</u>
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	\$

City of Madison Supplemental Class B License Application

<input checked="" type="checkbox"/> Seller's Permit Number <input checked="" type="checkbox"/> Federal Employer Identification # <input checked="" type="checkbox"/> Notarized Original Application Form <input checked="" type="checkbox"/> Notarized Supplemental Form <input 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 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 <input checked="" type="checkbox"/> Lease <input checked="" type="checkbox"/> Sample Menu <input type="checkbox"/> Business Plan
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1. Name of Applicant/Partner/Corporation/LLC Horseshoe Bar LLC
2. Address of Licensed Premise 3900 Dampsey Rd Madison WI 53716
3. Telephone Number: 608 221-4831 4. Anticipated opening date: already open
5. Mailing address if not opening immediately _____

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: Bar/Food 9:00am until 2:00 weekdays, 2:30 weekends - Food served until 11:00pm

9. 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.**

1350 Sq Ft, Capacity 99; Bar - Approx 25 ft 4 tables, pool table.

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 lot wraps Building on all four sides

13. Describe your management experience, staffing levels, duties and employee training.
Managing/owning/operating this establishment for 20+ yrs.

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.

Mitat Ibrahim 410 Wyalusing Dr Madison WI 53718

Name Address

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

21-65 yr olds

16. What age range would you hope to attract to your establishment? 21-65

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

ongoing business for 20+ yrs - no Advertising/Marketing

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

19. Owner of building where establishment is located: Mitat Ibrahim

Address of Owner: 40 Wyalusing Dr Madison Phone Number 6088434540

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

Mitat Ibrahim 40 Wyalusing Dr Madison 53718
Name Address

Name Address

Name Address

22. List the Stockholders of your Corporation/LLC

Mitat Ibrahim 40 Wyalusing Dr Madison 53718 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? 9-11:00 pm

After 1:00am for pizza
11:00pm to close for sandwiches

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? Yes No

31. How many wait staff do you anticipate will be employed at your establishment? 0
During what hours do you anticipate they will be on duty? _____

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? 16
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?
1/2

39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? 1/2
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 National Restaurant Association? Yes No

42. What is your estimated capacity? 99

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	70 %
Gross Receipts from Food and Non-Alcoholic Beverages	30 %
Gross Receipts from Other	- %
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 15 day of April, 2010

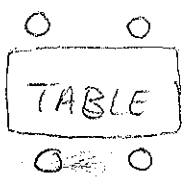
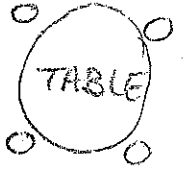
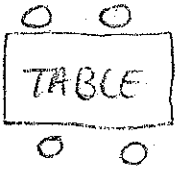
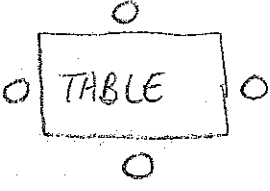
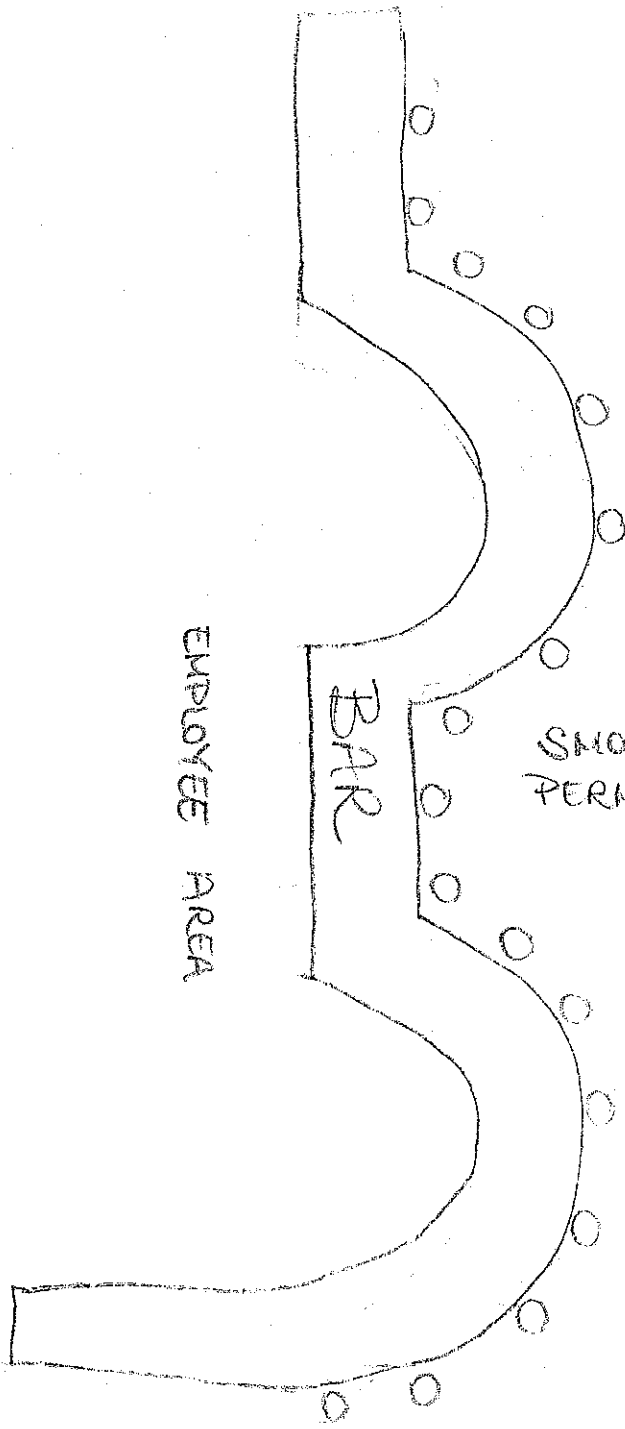
W. Elaine M. Kelley
(Clerk/Notary Public)


My commission expires 3/2/14

[Signature]
(Officer of Corporation/Member of LLC/Partner/Individual)

MENS

LADIES



FRONT DOOR


BAR/DINING DIAGRAM

Provide hand drawn location of bar and full service bar area. Provide location of dining area. Indicate type of separation between full service bar area and dining.

NAME & ADDRESS:

HORSESHOE BAR
 3900 DEMPSEY RD,
 MADISON, WI 53716

★ HORSESHOE BAR ★

GRILLED CHEESE	\$2.50
HAMBURGER	\$3.25
CHEESEBURGER	\$3.50
CHICKEN SANDWICH	\$3.25
CHICKEN STRIPS	\$4.50
FISH SANDWICH	\$3.25
FISH & CHIPS	\$5.00
STEAK SANDWICH	\$4.00
DEUMMIES	\$4.50
SPICY WINGS	\$4.50
FOUR TENDERS	\$4.50
GRAB	\$4.00



PORTABELLA
MUSHROOMS
NEW ITEMS

POPCORN FISH	\$4.00
CHEESE CURDS	\$3.00
MUSHROOMS	\$3.00
MOZZARELLA STICKS	\$3.00
POPPERS	\$3.00
CHEEZ POTATO TEEZER	\$3.00
ONION RINGS	\$3.00
FRENCH FRIES	\$2.00
BEER BATTERED FRIES	\$2.50
GARLIC BREAD	\$1.50
EMILS PIZZA	
SM \$5.75	LG \$7.50

SHOTS \$2.50

Drink

Emil's

Wisconsin Department of Financial Institutions

Strengthening Wisconsin's Financial Future

Search for:

horseshoe bar

Search Records

[Search](#)
[Advanced Search](#)
[Name Availability](#)

Corporate Records

Result of lookup for **H047700** (at 4/15/2010 1:47 PM)

HORSESHOE BAR LLC

You can: [File an Annual Report](#) - [Request a Certificate of Status](#) - [File a Registered Agent/Office Update Form](#)

Vital Statistics

Entity ID H047700

Registered Effective Date 01/29/2010

Period of Existence PER

Status Organized [Request a Certificate of Status](#)

Status Date 01/29/2010

Entity Type Domestic Limited Liability Company

Annual Report Requirements Limited Liability Companies are required to file an Annual Report under s 183 0120, WI Statutes

Addresses

Registered Agent Office MITAT IBRAHIM
 3900 DEMPSEY RD
 MADISON, WI 53716

[File a Registered Agent/Office Update Form](#)

Principal Office

Historical Information

Annual Reports None

Certificates of Newly-elected Officers/Directors None

Old Names None

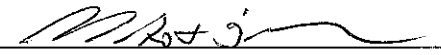
Chronology

Effective Date	Transaction	Filed Date	Description
01/29/2010	Organized	02/03/2010	E-Form

Liquor/Beer Agent Authorization

I, MITAT IBRAHIM, officer/member for HORSESHOE BAR LLC
(Corporation/LLC), doing business as HORSESHOE BAR, authorize and appoint
MITAT IBRAHIM (Name) as the liquor/beer agent for the premise
located at 3900 DEMPSEY RD, MADISON, WI

Subscribed and sworn to before me this


Signature of Officer/Member

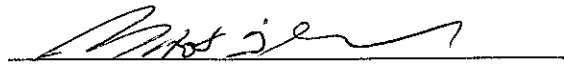
15 Day of April, 2010


Notary Public, Dane County, Wisconsin
My Commission Expires 7/24/11

Acceptance of Liquor/Beer Agent Appointment

I, MITAT IBRAHIM, appointed liquor/beer agent for
HORSESHOE BAR (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 100 %.

Subscribed and sworn to before me this


Signature of Agent

15 Day of April, 2010


Notary Public, Dane County, Wisconsin
My Commission Expires 7/24/11