

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk

For the license period beginning _____ 20____; ending _____ 20____

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

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): **Matthews Barbara L., Babs French Quarter Kitchen**

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			
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	Barbara L. Matthews		
Directors/Managers			

- 3 Trade Name **Babs French Quarter Kit.** Business Phone Number **608 251-1222**

- 4 Address of Premises **1353 Williamson St** 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 **WI**, and date **1/05** 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) **Hard liquor locked in basement, Beer & Wine stored in basement, sold & served up stairs in Bar Area**

- 10 Legal description (omit if street address is given above) **in basement, sold & served up stairs in Bar Area**

- 11 (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No **AS Well as Restobar + kitchen**

- (b) If yes, under what name was license issued? **Babs' French Quarter Kitchen**

- 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 **28** day of **January**, 20 **08**

[Signature]
(Clerk/Notary Public)

My commission expires **8 30 09**

[Signature]
(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 1-28-2008	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued 80033	

MPD 410 Aid. 6 09025

Applicant's Wisconsin Seller's Permit Number: 713818
Federal Employer Identification Number (FEIN): 27-0141910
LICENSE REQUESTED
<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 type="checkbox"/> Seller's Permit Number <input type="checkbox"/> Federal Employer Identification Number <input type="checkbox"/> Notarized Original Application Form <input type="checkbox"/> Notarized Supplemental Form	<input type="checkbox"/> Description of Licensed Premise <input type="checkbox"/> *Notarized Appointment of Agent <input type="checkbox"/> Background Investigation Form(s) <input type="checkbox"/> Notarized Transfer of Ownership <input type="checkbox"/> *Articles of Incorporation	<input type="checkbox"/> Floor Plans <input type="checkbox"/> Lease <input type="checkbox"/> Sample Menu <input type="checkbox"/> Business Plan * Corporation/LLC only
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1. Name of Applicant/Partner/Corporation/LLC Barbara L. Matthews, Babs' French Quarter Kitchen
 2. Address of Licensed Premise 1353 Williamson St Madison, WI 53703
 3. Telephone Number: 608 251-2224. Anticipated opening date: March 6th 2008
 5. Mailing address if not opening immediately would like to open the new Bar AREA by it

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: Tues - Sat Reg hours 11:00 - 10:00
Sunday 10:30 - 3:00 ALSO open for ^{Private} Partys on off hours.

9. Do you plan to have live entertainment? No Yes—What kind? We currently have
Acoustic Guitar w/ Fish Fry + Jazz guitar + Flute with Brunch.
 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.**

Beer ^{Beer Cooler} will be stored in basement, Liquor stored + Locked up in Basement
Beer, wine + Liquor will be served in the Bar Area + Entire
Restaurant ALSO held in 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. There is NO
Parking

13. Describe your management experience, staffing levels, duties and employee training
30 yrs. of Restaurant experience. 13 months of
holding a Beer + Wine License Will send all Empl. to Beerage Services
calls.

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.
Barbara L. Matthews 2803 Waunona Way Madison WI
 Name Address 53703

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

Traveling Breakfast Lunch + Dinner Customers of Any Age. Neighbors who both live + work in the AREA.

16. What age range would you hope to attract to your establishment? Families + People of age

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

Newspaper, Flyers, Radio.

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

19. Owner of building where establishment is located: Judy Kalscheur Sprysl

Address of Owner: W12107 Stack Rd. Wadsworth, WI 53555 Phone Number

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

Barbara L. Matthews 7803 Wauwona Way Madison, WI 53713

Name Address

Name Address

22. List the Stockholders of your Corporation/LLC

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 Private Partys.

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 hours

27. What hours, if any, will food service not be available? NO hours.
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? 7-12
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
same day
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? 1
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? 8 pp.
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?
75%
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? All of it.
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? 60

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	80%
Gross Receipts from Food and Non-Alcoholic Beverages	20%
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 28 day of January, 2008

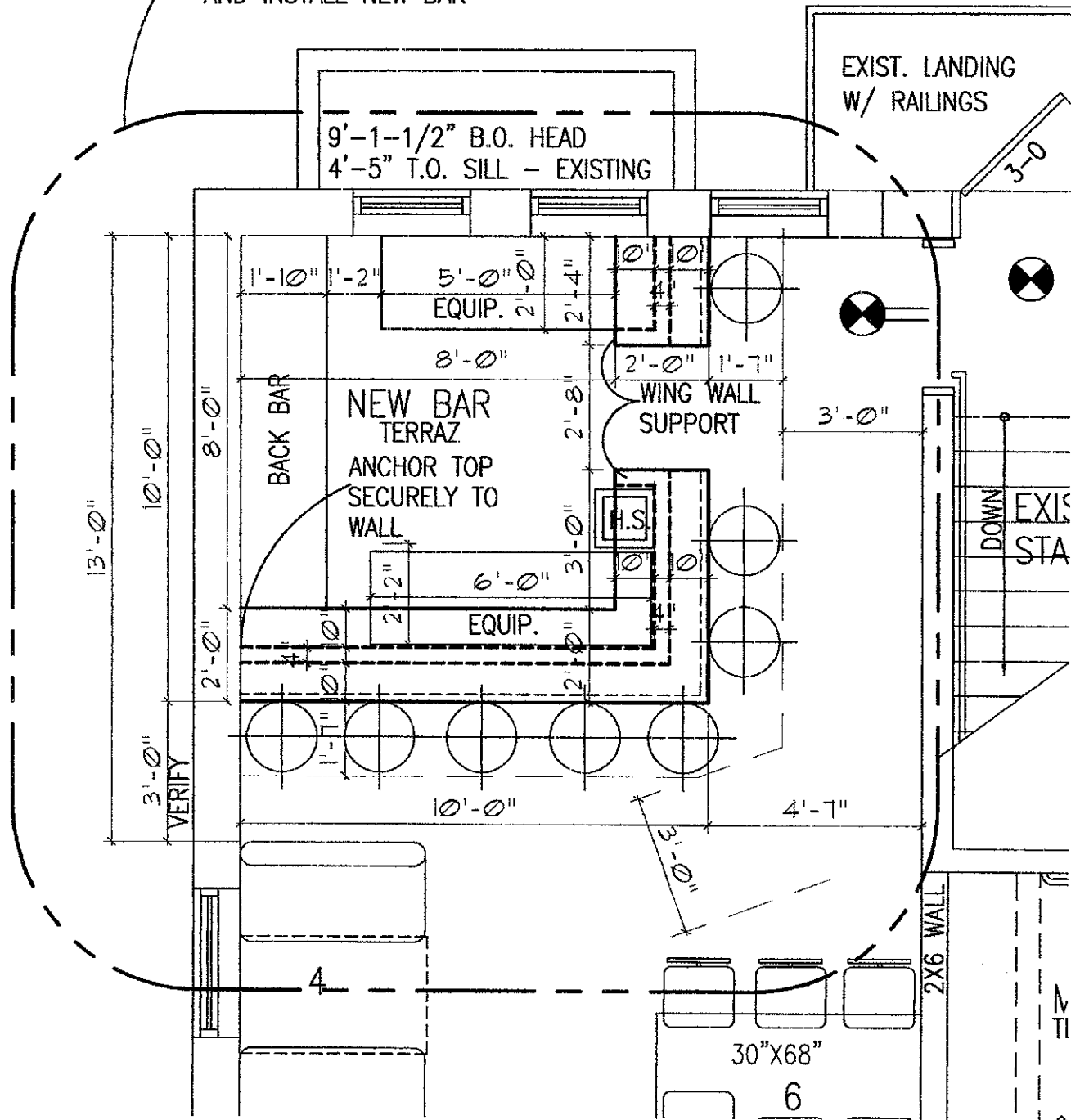
[Signature]
(Clerk/Notary Public)

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

My commission expires 8-30-09

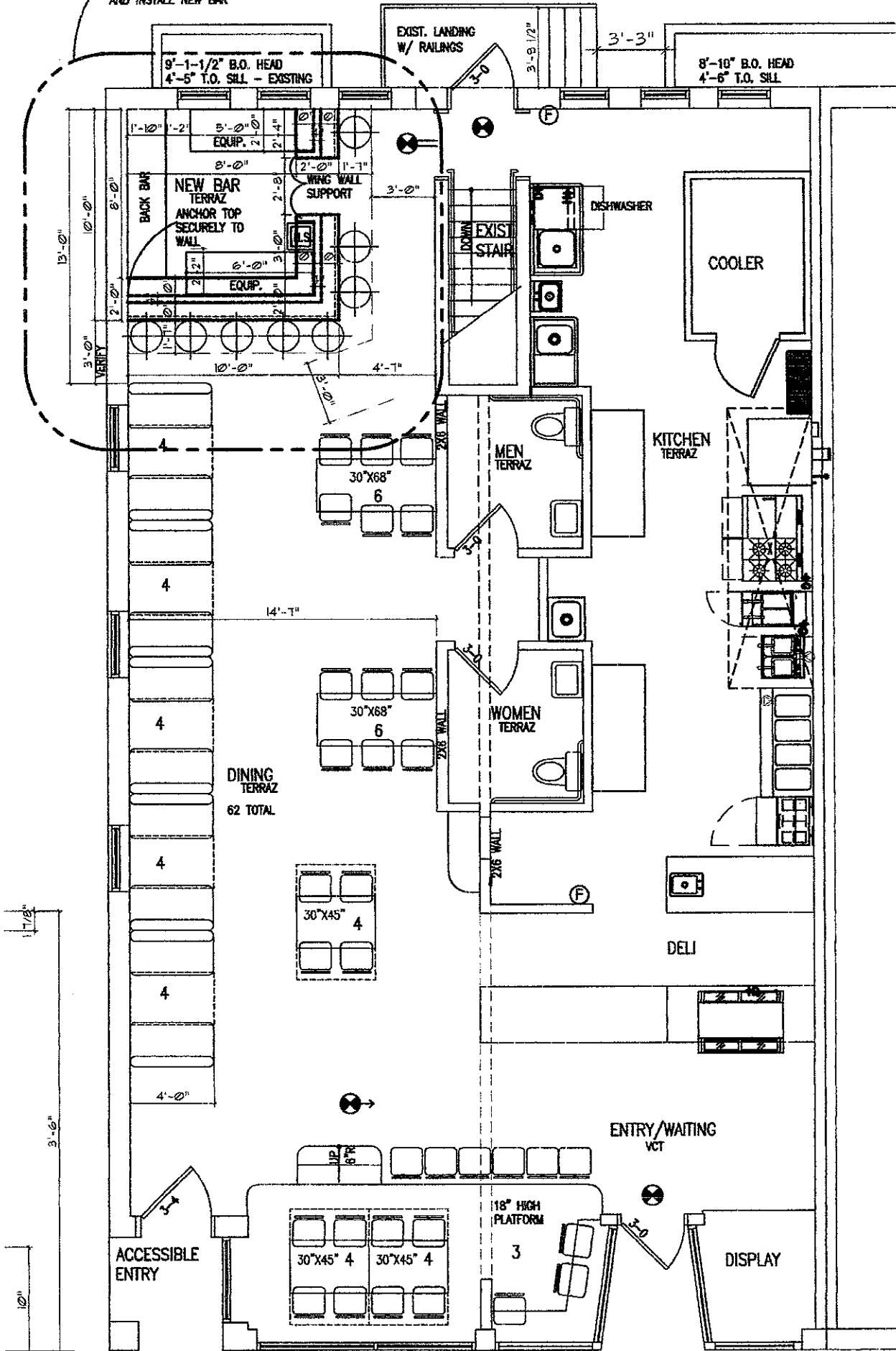
LIMITS OF WORK

REWMOVE 2 4 PERSON BOOTHS
AND INSTALL NEW BAR



LIMITS OF WORK

REMOVE 2 4 PERSON BOOTHS
AND INSTALL NEW BAR



B A B F R E N C H D U A F T E R K I T C H E N

MADISON • WISCONSIN

INDEX OF DRAWINGS

BT BAR ADDITION PLAN & DETAILS
 APPROVALS

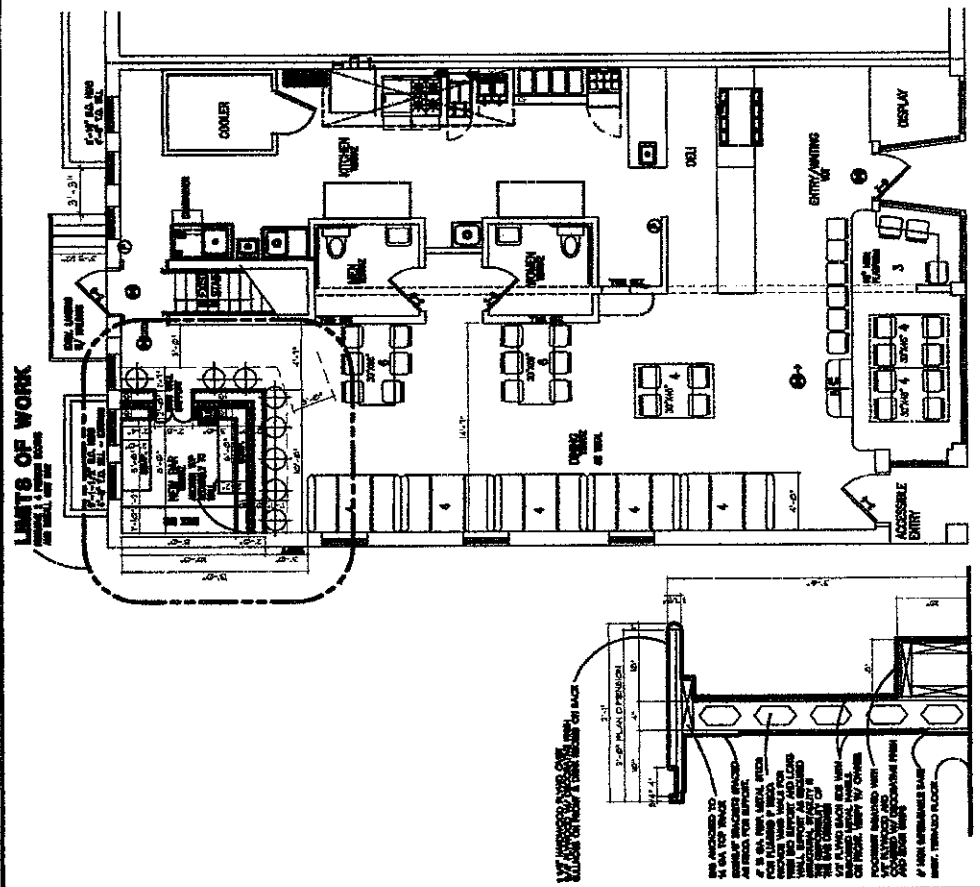
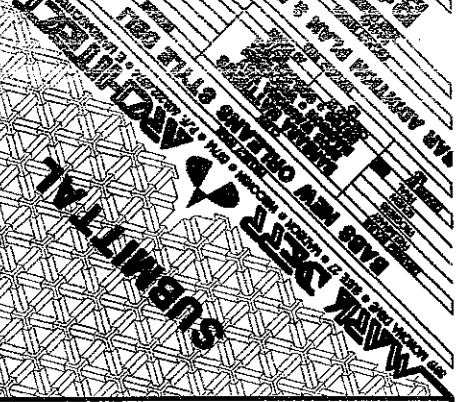
OWNER	ARCHITECT
DESIGNER	DATE
PROJECT NO.	PROJECT NAME

PROJECT DATA

PROJECT NO.	PROJECT NAME
OWNER	ARCHITECT
DESIGNER	DATE
PROJECT NO.	PROJECT NAME

FOOTING & PEN PROTOCOL

FOOTING	FOOTING
FOOTING	FOOTING
FOOTING	FOOTING



MAIN FLOOR PLAN 1071 QSF
 SCALE 1/4"=1'-0"



SCHEMATIC BAR SECTION FOR BAR DESIGNER'S CONSIDERATION
 SCALE 1/2"=1'-0"

NOTES TO PLAN REVIEWER

- THE BAR IS SUBJECT TO APPROVAL BY THE LOCAL HEALTH DEPARTMENT.
- THESE NOTES ARE INTENDED TO BE USED AS A GUIDE ONLY.
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GENERAL NOTES

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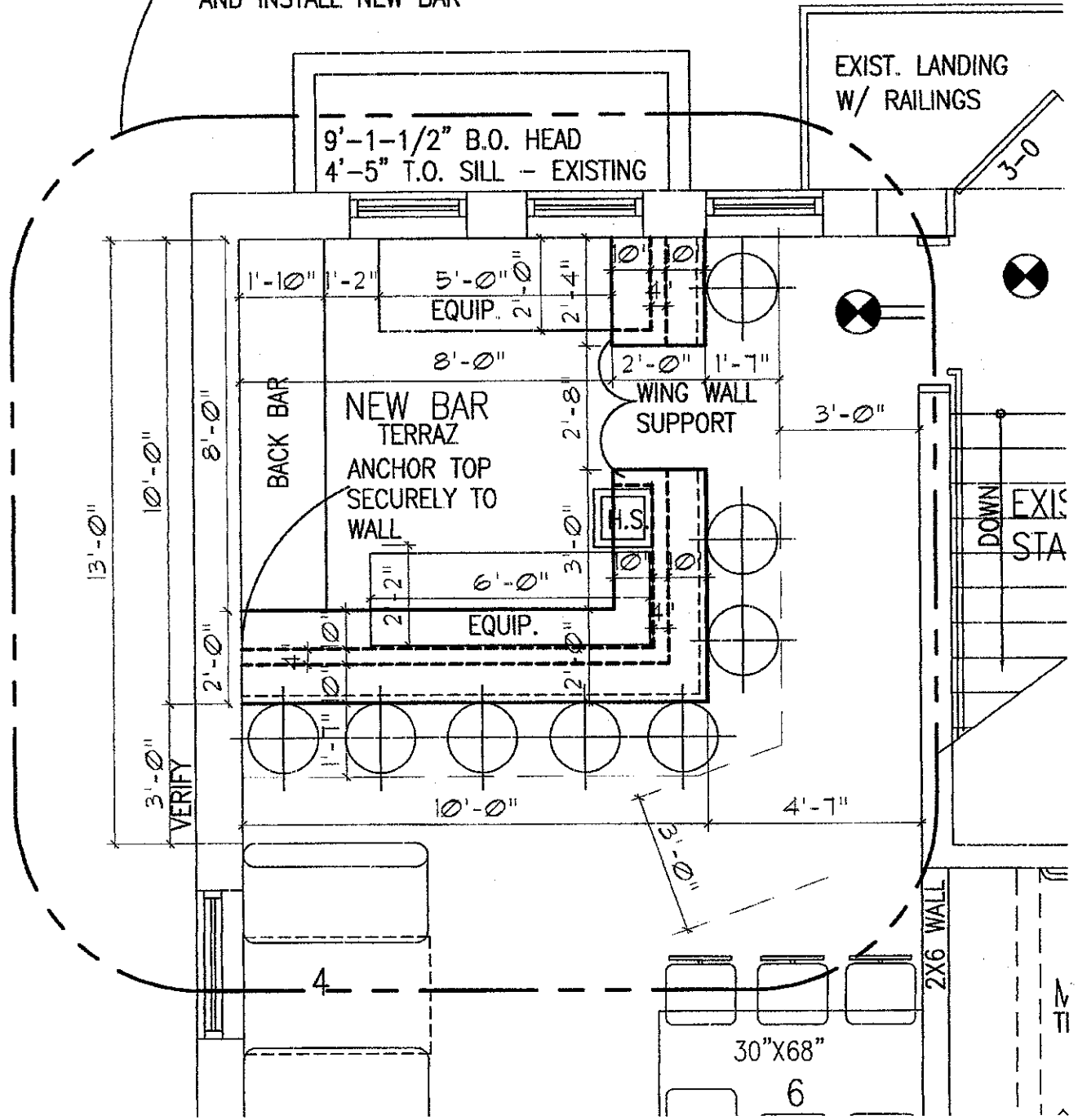
SYMBOLS & ABBREVIATIONS

SECTION	WALL TYPE	WALL FINISH	WALL OPENING	WALL PENETRATION	WALL PENETRATION	WALL PENETRATION	WALL PENETRATION	WALL PENETRATION	WALL PENETRATION
SECTION	WALL TYPE	WALL FINISH	WALL OPENING	WALL PENETRATION	WALL PENETRATION	WALL PENETRATION	WALL PENETRATION	WALL PENETRATION	WALL PENETRATION
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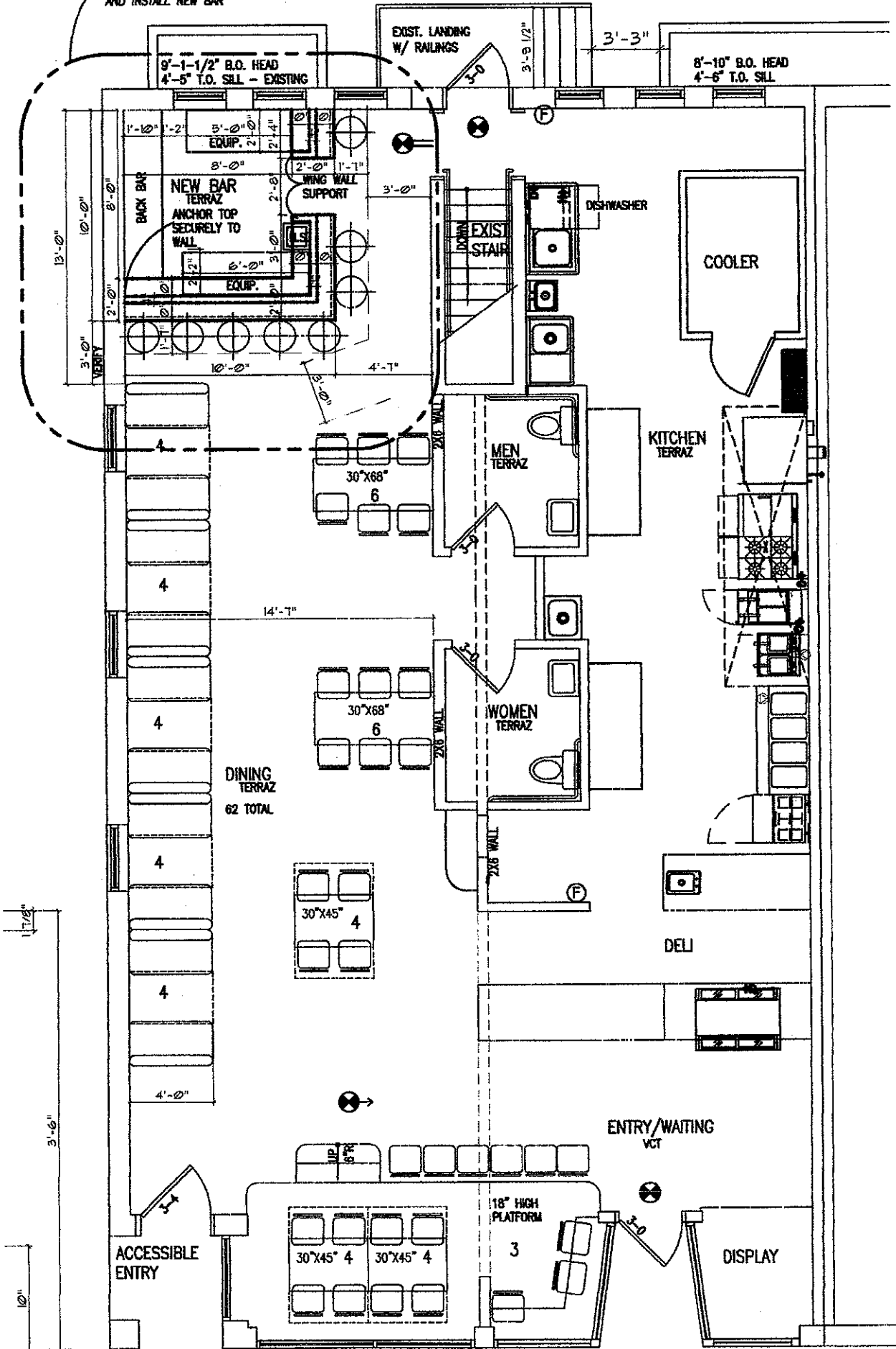
LIMITS OF WORK

REWMOVE 2 4 PERSON BOOTHS
AND INSTALL NEW BAR



LIMITS OF WORK

REMOVE 2 4 PERSON BOOTHS
AND INSTALL NEW BAR



B A B 3 P R E N C H U A P T E R K I T C H E N

MADISON • WISCONSIN

NOTES TO PLAN REVIEWER

1. THE REVIEWER IS A COMMERCIAL OCCUPANCY PERMITS ENGINEER.
2. THE REVIEWER SHALL BE RESPONSIBLE FOR THE PROVISIONS OF THE NATIONAL FIRE PROTECTION ASSOCIATION (NFPA) 96, SECTION 10.2.1, WHICH REQUIRES THE INSTALLATION OF EXHAUST SYSTEMS FOR ALL COMMERCIAL KITCHENS.
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5. THE REVIEWER SHALL BE RESPONSIBLE FOR THE PROVISIONS OF THE NATIONAL FIRE PROTECTION ASSOCIATION (NFPA) 96, SECTION 10.2.4, WHICH REQUIRES THE INSTALLATION OF EXHAUST SYSTEMS FOR ALL COMMERCIAL KITCHENS.

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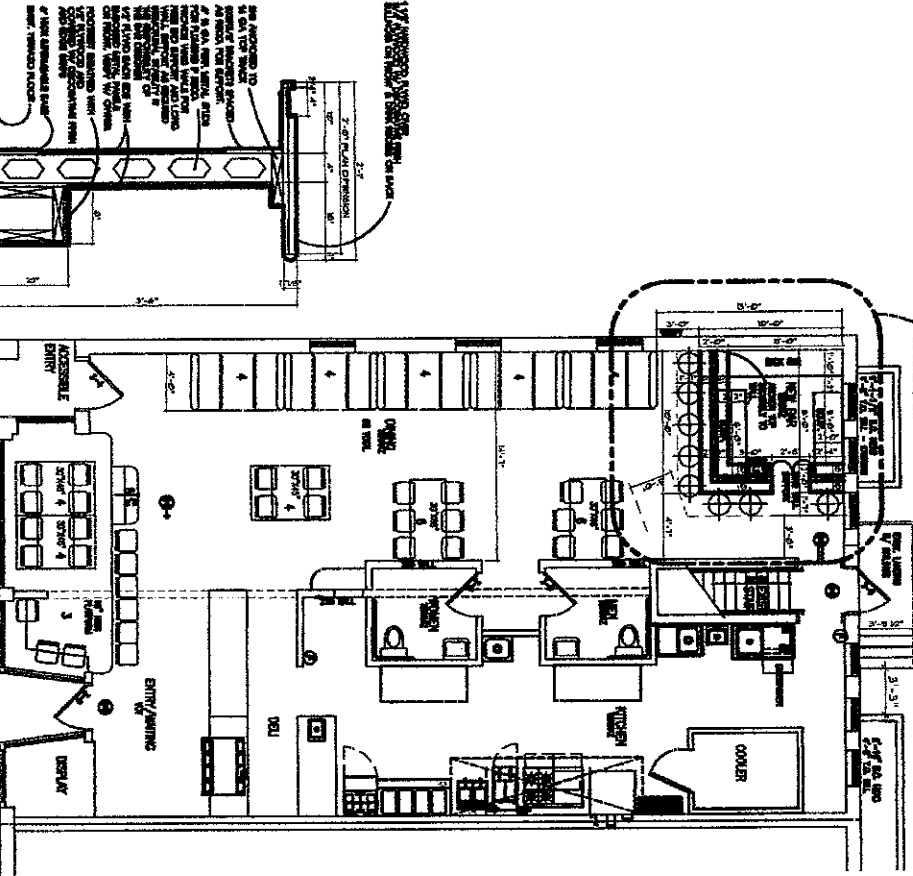
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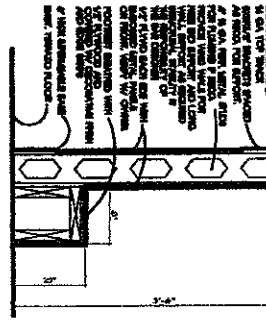
SYMBOLS & ABBREVIATIONS

SYMBOL	DESCRIPTION	SYMBOL	DESCRIPTION
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	1/2\"/>		1/2\"/>
	1/2\"/>		1/2\"/>

LIMITS OF WORK



SCHEMATIC BAR SECTION FOR BAR DESIGNER'S CONSIDERATION



SCALE 1/2"=1'-0"

SCALE 1/2"=1'-0"

INDEX OF DRAWINGS

BY BAR ADDITION PLAN & DETAILS
APPROVALS

PROJECT DATA

PROJECT NAME	BAR ADDITION PLAN & DETAILS
PROJECT NUMBER	1971-03F
PROJECT LOCATION	MADISON, WISCONSIN
PROJECT OWNER	MARK DEER ARCHITECTS
PROJECT ARCHITECT	MARK DEER ARCHITECTS
PROJECT ENGINEER	MARK DEER ARCHITECTS
PROJECT DATE	1971-03F

FONTS & PEN PROTOCOL

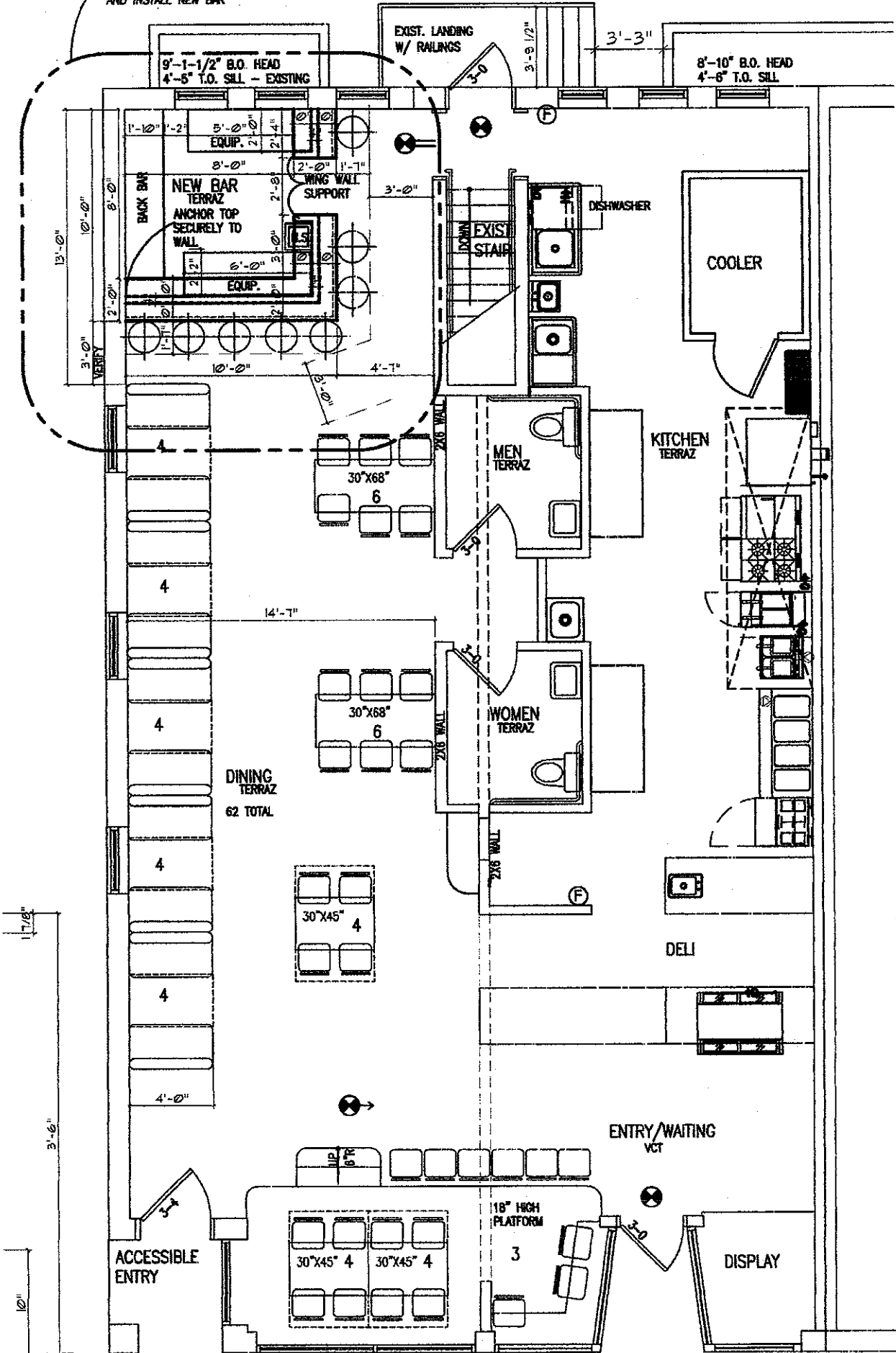
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PEN WEIGHT	0.5
PEN COLOR	BLACK

MARK DEER ARCHITECTS
 1000 W. MICHIGAN ST. SUITE 200
 MADISON, WISCONSIN 53706
 TEL: 262-233-1111
 FAX: 262-233-1112
 WWW.MARKDEERARCHITECTS.COM

BAR ADDITION PLAN & DETAILS
 SCALE 1/2"=1'-0"

LIMITS OF WORK

REMOVE 2 4 PERSON BOOTHS
AND INSTALL NEW BAR



B A B B P A E N G H U A R T E R K I T C H E N

MADISON • WISCONSIN

NOTES TO PLAN REVIEWER

1. THE TOTAL COST OF THE PROJECT IS \$1,200,000.00.
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GENERAL NOTES

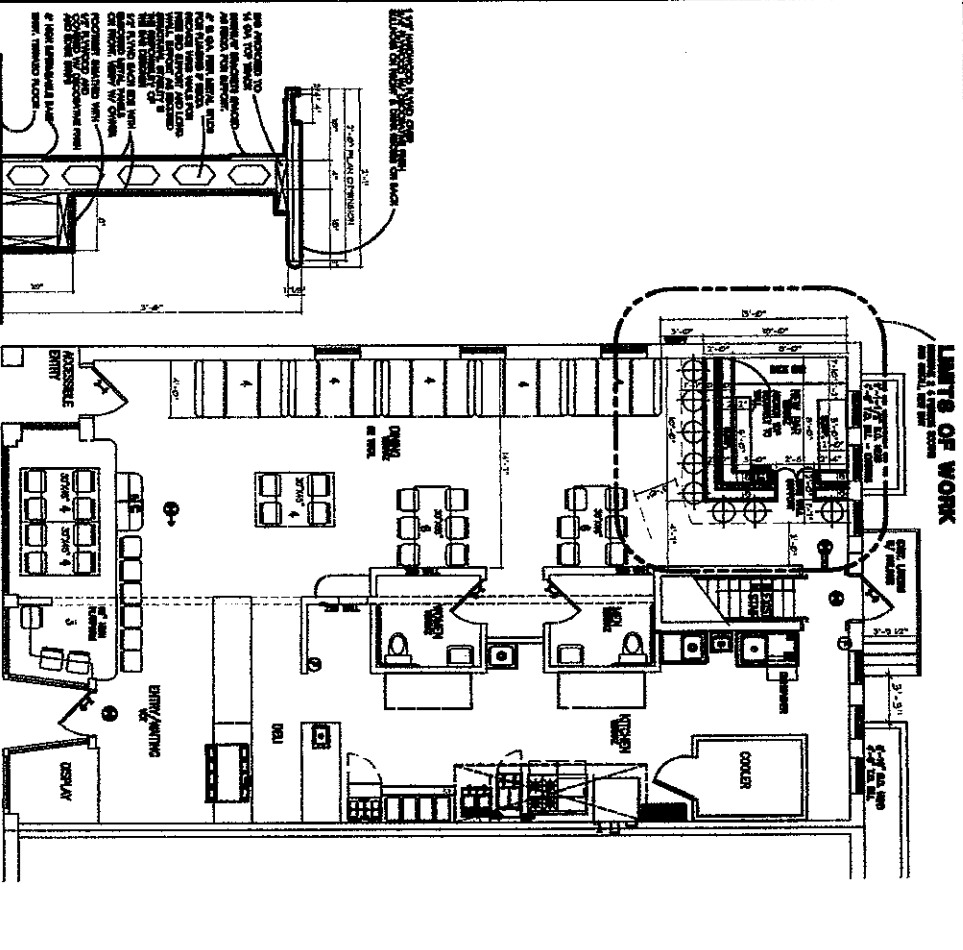
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SYMBOLS & ABBREVIATIONS

SYMBOL	DESCRIPTION	ABBREVIATION
	WALL TYPE	WALL TYPE
	DOOR	DOOR
	WINDOW	WINDOW
	DOOR WITH TRANSOM	DOOR WITH TRANSOM
	WINDOW WITH TRANSOM	WINDOW WITH TRANSOM
	DOOR WITH TRANSOM AND WINDOW	DOOR WITH TRANSOM AND WINDOW
	WINDOW WITH TRANSOM AND DOOR	WINDOW WITH TRANSOM AND DOOR
	DOOR WITH TRANSOM, WINDOW AND WINDOW	DOOR WITH TRANSOM, WINDOW AND WINDOW
	WINDOW WITH TRANSOM, DOOR AND DOOR	WINDOW WITH TRANSOM, DOOR AND DOOR
	DOOR WITH TRANSOM, WINDOW AND DOOR	DOOR WITH TRANSOM, WINDOW AND DOOR
	WINDOW WITH TRANSOM, DOOR AND WINDOW	WINDOW WITH TRANSOM, DOOR AND WINDOW



SCHEDULED BAR SECTION FOR BAR DESIGNERS CONSIDERATION
SCALE 1/2" = 1'-0"

MAIN FLOOR PLAN 1971 GSF
SCALE 1/8" = 1'-0"

INDEX OF DRAWINGS

BY: **BAR ADDITION PLAN & DETAILS**

APPROVALS

NO.	DESCRIPTION	DATE
1	PROJECT DATA	
2	INDEX OF DRAWINGS	
3	GENERAL NOTES	
4	PROJECT NOTES	
5	SYMBOLS & ABBREVIATIONS	
6	MAIN FLOOR PLAN 1971 GSF	
7	SCHEDULED BAR SECTION FOR BAR DESIGNERS CONSIDERATION	

SUBMITTAL

PLANNING DEPT. ARCHITECTURE

BASIS NEW ORLEANS STYLE HOTEL

BAR ADDITION PLAN & DETAILS

SCALE 1/8" = 1'-0"

DATE: 10/15/10

BY: [Signature]

CHECKED BY: [Signature]

APPROVED BY: [Signature]