

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning _____ 20 _____ ;
ending June 30 20 10

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

County of DANE Aldermanic Dist. No 3 (if required by ordinance)

Applicant's Wisconsin Seller's Permit Number: <u>004-0000444245</u> - 01	
Federal Employer Identification Number (FEIN): <u>39-1628738</u>	
LICENSE REQUESTED	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Wholesale beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$
TOTAL FEE	\$

- 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): DB's Services Inc.

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>PRES</u>	<u>RICHARD S. BLATTER</u>	<u>N662 WOODFIELD LN</u>	<u>LAKE MILLS 53551</u>
Vice President/Member	<u>VP</u>	<u>DAVID F. BLATTER</u>	<u>462 WISCONSIN ST.</u>	<u>COLUMBUS 53925</u>
Secretary/Member	<u>SEC.</u>	<u>SUSAN L. BLATTER</u>	<u>N662 WOODFIELD LN</u>	<u>LAKE MILLS 53551</u>
Treasurer/Member	<u>N/A</u>			
Agent		<u>DAVID F. BLATTER</u>		
Directors/Managers		<u>RICHARD S. BLATTER</u>		

- 3 Trade Name DB's Service Center Business Phone Number 608-222-9422
4 Address of Premises 902 ATLAS AVE. Post Office & Zip Code MADISON 53714

- 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 WISC and date 12-28-89 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) ALCOHOL TO BE IN COOLERS, END CAPS REGISTER & SOME STORED IN OFFICE IF NECESSARY
- 10 Legal description (omit if street address is given above): 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 20th day of Jan, 20 10

Barbara Blatter
(Clerk/Notary Public)

My commission expires April 7, 2013

Richard S. Blatter, Pres.
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

Susan L. Blatter Sec.
(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	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
<u>1-21-09</u>	<u>2-2-10</u>		
Date license granted	Date license issued	License number issued	
		<u>88778</u>	

City of Madison Supplemental Class A 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"/> Description of Licensed Premise <input checked="" type="checkbox"/> *Notarized Appointment of Agent <input checked="" type="checkbox"/> Background Investigation Form(s) <input checked="" type="checkbox"/> Notarized Transfer of Ownership <input checked="" type="checkbox"/> *Articles of Incorporation	<input checked="" type="checkbox"/> Floor Plans <input checked="" 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 DB'S SERVICES, INC.
 2. Address of Licensed Premise 902 ATLAS AVE. MADISON 53714
 3. Telephone Number: 608.222-9422 4. Anticipated opening date: 12-28-1989
 5. Mailing address if not opening immediately N/A

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
N/A None in Area

7. Are there any special conditions desired by the neighborhood? Yes No

Explain NO ASSOCIATION IN AREA

8. What type of establishment is contemplated? Liquor Store Grocery Store
 Convenience Store - Gas Pumps Yes No Other—Explain _____

9. Business Description: AUTOMOTIVE REPAIR, SMALL CONVENIENCE STORE AND BUDGET TRUCK RENTALS

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.**

BUILDING SIZE 56' W 100' L - STORE SALES AREA 25' L X 18' W + CASHIER AREA - NO SEATING
CASH & CARRY ONLY - ALCOHOL IN COOLERS, MAY PUT ON END OF AISLE DISPLAY OR BY CASHIER COUNTER AREA DISPLAY
IF NEED MORE STORAGE AREA WILL PUT IN LOCKED OFFICE

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 SECURITY VIDEO CAMERAS
BOTH INSIDE & OUTSIDE + CASHIER'S WATCHFUL EYES

13. Describe your management experience, staffing levels, duties and employee training.
STARTED INDEPENDENT CIGAR STATION IN MADISON 1972 - PURCHASED
CURRENT LOCATION 1982 TO PRESENT - WORKED AS MANAGER, STAFF 6-12, TRAIN EMPLOYEES AND SET RULES AND FOLLOW LAWS FROM GOVT

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.
DAVID F. BLATTER 462 WISCONSIN ST. COLUMBUS 53925
 Name Address

Appointment of New Liquor/Beer Agent

To be completed by Corporate Officer or Member of LLC

I, David F. Blatter, officer/member for D.B.'s Services, Inc.

(Corporation/LLC), doing business as D.B.'s Service Center, authorize and appoint David F. Blatter (Name) as the liquor/beer agent for the premise

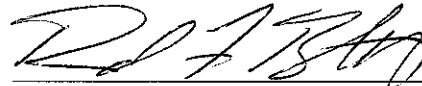
located at 902 Atlas Ave Madison WI 53714.

Subscribed and sworn to before me this

21 Day of Jan., 2010

Dennis J. Schmidt
Notary Public, Dane County, Wisconsin

My Commission Expires 7/24/11



Signature of Officer/Member

To be completed by appointed Liquor/Beer Agent

I, David F. Blatter, appointed liquor/beer agent for D.B.'s Services, Inc. (name of Corporation or LLC), being first duly sworn

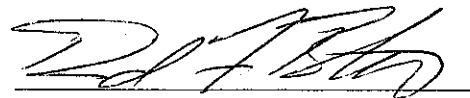
say I have vested in me, by properly authorized and executed written delegation, full authority and control of the premise described in the license of such corporation or limited liability company, and I am involved in the actual conduct of the business as an employee, or have a direct financial interest in the business of the licensee, therein relating to the intoxicating liquor/fermented malt beverage. The interest I have in the business is 25 %.

Subscribed and sworn to before me this

21 Day of Jan., 2010

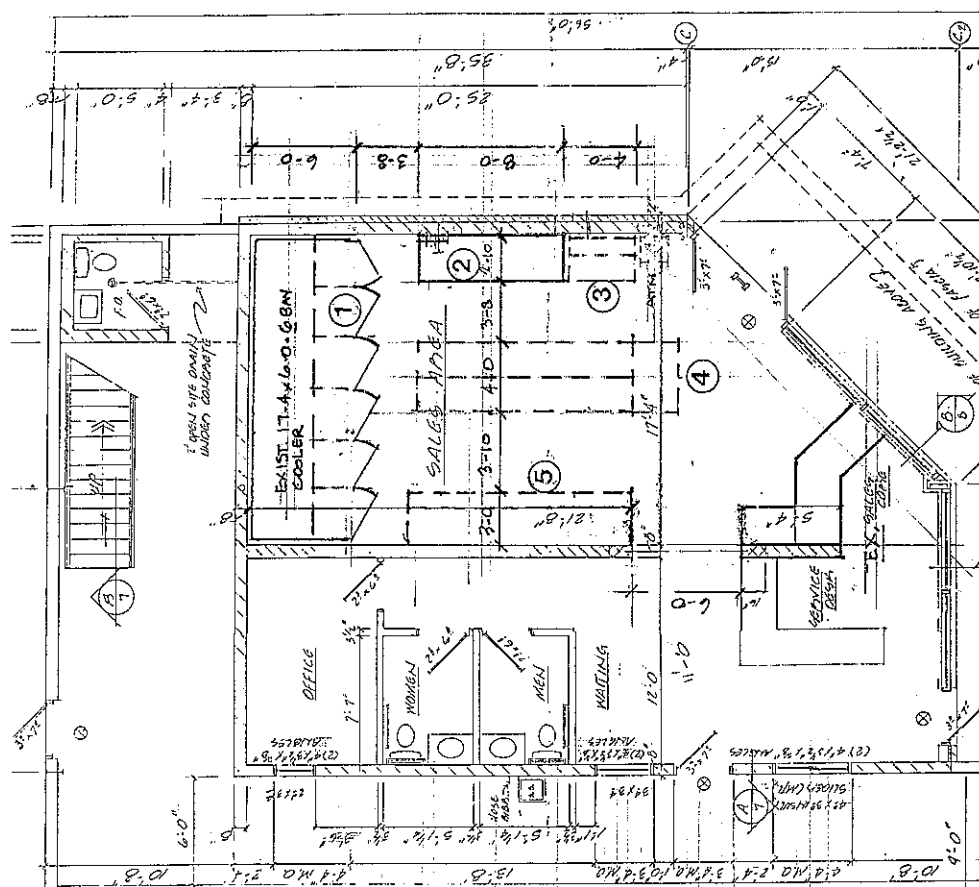
Dennis J. Schmidt
Notary Public, Dane County, Wisconsin

My Commission Expires 7/24/11



Signature of Agent

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



**PROPOSED STORE
FIXTURE LAYOUT**

- ① EXISTING 6) BM COOLER
- ② NEW 7' x 8' COOLER
- ③ EXISTING PRODUCT SHELVING 2' x 4'
- ④ EXISTING PRODUCT SHELVING 4' x 4'
- ⑤ EXISTING COFFEE & SODA BAR 3' x 12'

STORE ONLY AREA 940 S.F.

Dated 1-18-2010

1/3" = 1'-0"

12' x 16' x 30' TRENCH DRAIN



14' x 6' CATCHEN BATH

360°

180°

