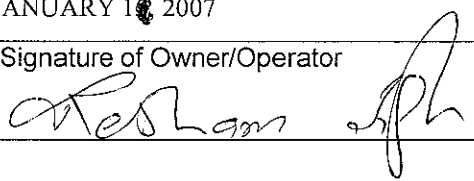


04-000310022801
~~Applied For~~

Application Date: 11/20/2006

Proof of WI Seller's Permit No Applied For

Name of Corporation, Limited Liability Company, Individual Owner, Private Club or Partner(s) DOABA BROTHERS INC	Liquor/Beer Agent RESHAM SINGH		
Mailing Address 380 WEST WASHINGTON AVENUE	Liquor/Beer Agent Address 1301 STARR GRASS DRIVE		
City/State/Zip Code MADISON, WI 53703	Liquor/Beer City/State/Zip Code MADISON, WI 53703		
Name of Registered Agent or General Partner RESHAM SINGH	Local Contact Person Phone Number RESHAM SINGH 608-239-2922		
Trade Name MAHARANI RESTAURANT RESTAURANT	Estimated Opening Date JANUARY 14 2007		
Business Address 380 W WASHINGTON AVE, MADISON, WI 53703	Signature of Owner/Operator 		
Type of Business <input checked="" type="checkbox"/> Restaurant <input type="checkbox"/> Tavern <input type="checkbox"/> Grocery Store <input type="checkbox"/> Caterer <input type="checkbox"/> Cafeteria <input type="checkbox"/> Other _____			
Food and Drink License? Needed for:			
Private Club? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
License Description	Type	Fee	Number
Class B Beer (pub fee)	102	20⁰⁰	
Class B Liquor (pub fee) Combo	108	20 ⁰⁰	76395
Pre-Inspection & License Fees Non-Refundable	TOTAL	\$	

IT IS MANDATORY THAT ALL APPLICABLE INFORMATION BE COMPLETED. INACCURATE INFORMATION MAY RESULT IN SUSPENSION OR REVOCATION OF LICENSE.

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 } 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): DOABA BROTHERS 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	President	Resham Singh	1301 Starr Grass Drive, Madison, WI	53719
Vice President/Member	Vice President	Satnam Singh Saini	1301 Starr Grass Drive, Madison, WI	53719
Secretary/Member	Member	Kuldeep Kaur	1301 Starr Grass Drive, Madison, WI	53719
Treasurer/Member	Member	Manjit Singh	8110 Blakton Road, #306, Madison, WI	53719
Agent	President	Resham Singh	1301 Starr Grass Drive, Madison, WI	53719
Directors/Managers	Vice President	Satnam Singh Saini	1301 Starr Grass Drive, Madison, WI	53719

3 Trade Name Maharani Restaurant Business Phone Number 608-239-2922

4 Address of Premises 380 W Washington Avenue Post Office & Zip Code Madison, WI 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 10/15/06 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) _____

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 30 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 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 November 2006
Notary Public _____
(Clerk/Notary Public)

Resham Singh
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
Manjit Singh
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
Kuldeep Kaur
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

My commission expires 03/21/2010

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>11-20-06</u>	Date reported to council/board	Date provisional license issued <u>05075</u>	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

City of Madison Liquor and/or Beer Original Supplemental Form

Office Use Only

- | | |
|--|---|
| <input checked="" type="checkbox"/> Seller's Permit Number
<input checked="" type="checkbox"/> Federal Employer Identification Number
<input checked="" type="checkbox"/> Notarized Original Application Form (AT-106)
<input checked="" type="checkbox"/> Notarized Supplemental Form
<input checked="" type="checkbox"/> Description of Licensed Premise
<input checked="" type="checkbox"/> Notarized Auxiliary Questionnaire(s) (AT-103)
<input checked="" type="checkbox"/> Background Investigation Form(s)
<input checked="" type="checkbox"/> Floor Plans | <input checked="" type="checkbox"/> Lease
<input type="checkbox"/> Notarized Transfer of Ownership Letter
<input checked="" type="checkbox"/> *Schedule of Appointment of Agent (AT-104)
<input checked="" type="checkbox"/> *Notarized Agent Appointment/Acceptance Form
<input checked="" type="checkbox"/> *Articles of Incorporation/ Organization
<input checked="" type="checkbox"/> Sample Menu, if possible
<input type="checkbox"/> Business Plan, if one exists
* 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 DOABA BROTHERS INC
4. Telephone Number: 608-239-2922
5. Address of Licensed Premise 380 W WASHINGTON AVENUE, MADISON, WI 53703
6. Anticipated opening date: JANUARY 15, 2007
7. Mailing address if not opening immediately 6717 ODANA ROAD, MADISON, WI 53719

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:
SWAGAT SHALL BE A FAMILY RESTAURANT II WILL SERVE INDIAN FOOD, DRINKS, DESSERTS
RESTAURANT WILL OPEN FROM 10 AM THRU 10 PM MONDAY THROUGH SUNDAY

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.**
THE RESTAURANT IS PART OF A STRIP MALL OPERATED BY GORMAN & COMPANY. WE WILL STORE
AROUND 3-5 CASES AT A GIVE TIME IN THE BACK OFFICE ROOM RESTAURANT WILL HAVE KEEP
MORE ALCOHOL. THAT ITS WEEKLY NEEDS.

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. _____
THE PARKING LOT OF THE RESTAURANT IS MONITORED BY THE MANAGEMENT COMPANY

13. Describe your management experience, staffing levels, duties and employee training.
THE MANAGER HAS OVER 7 YEARS EXPERIENCE IN RUNNING RESTAURANTS AND BAR IN WI & CA.

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. RESHAM SINGH

Name

1301 STARR GRASS ROAD, MADISON, WI 53719

Address

City

State

Zip

15. Excluding pre-packaged snacks, how late will food be served? UNTIL 10 PM

16. What type of food will you be serving, if any? COOKED, HOT FOOD

17. Indicate any other product/service offered: _____

18. Describe your target market FAMILIES IN MADISON AREA.

19. What is your estimated capacity? 270 SEATS

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: METROPOLITAN APARTMENTS PLACE
Address of Owner: 360 W WASHINGTON AVENUE, MADISON, WI 53703 Phone Number _____

22. Individual or Partnership: Have individual/partners completed the Beverage Server Training Course? Yes No If Yes, indicate names: _____

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: 25 %

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
RESHAM SINGH	1301 STARR GRASS DRIVE, MADISON, WI 53719
SATNAM SINGH SAINI	1301 STARR GRASS DRIVE, MADISON, WI 53719
MANJIT SINGH	8110 BLAKTON ROAD #306, MADISON, WI 53719

Stockholder's Name	Address	Extent of Ownership%
RESHAM SINGH	1301 STARR GRASS DRIVE, MADISON, WI 53719	25%
MANJIT SINGH	8110 BLAKTON ROAD, #306, MADISON, WI 53719	25%
SATNAM S SAINI KULDEEP KAUR	1301 STARR GRASS DRIVE, MADISON, WI 53719 222 RANDOLPH ROAD, MADISON, WI 53717	25% 25%

Manager's Name	Address	Business Phone	Home Phone
RESHAM SINGH	1301 STARR GRASS	608-827-7188	608-833-4724

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	5 %
Percent Gross Receipts from Food	85 %
Percent Gross Receipts from Other	10 %
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? 3

33. What hours, if any, will food service not be available? 10

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

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 _____ day of _____, 20____

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

(Clerk/Notary Public)

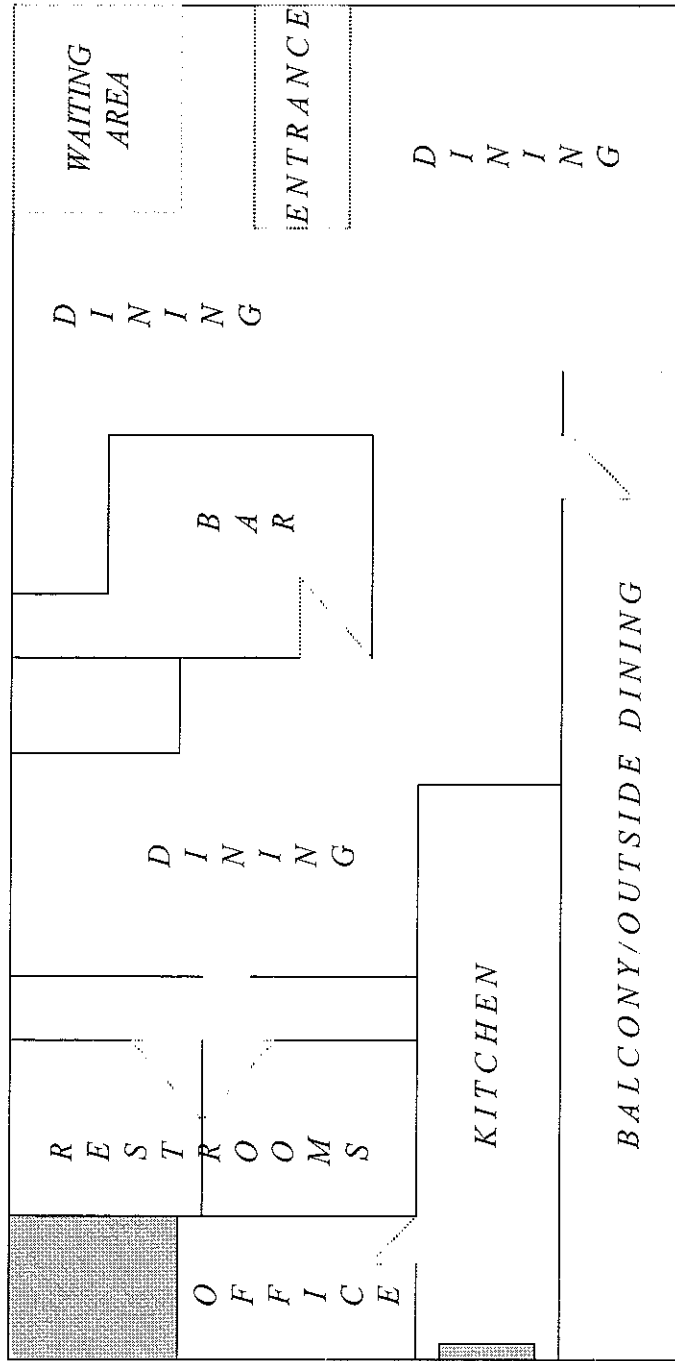
(Officer of Corporation/Member/Manager of LLC/Partner/Individual)

My commission expires 03/21/2010

(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 PLAN





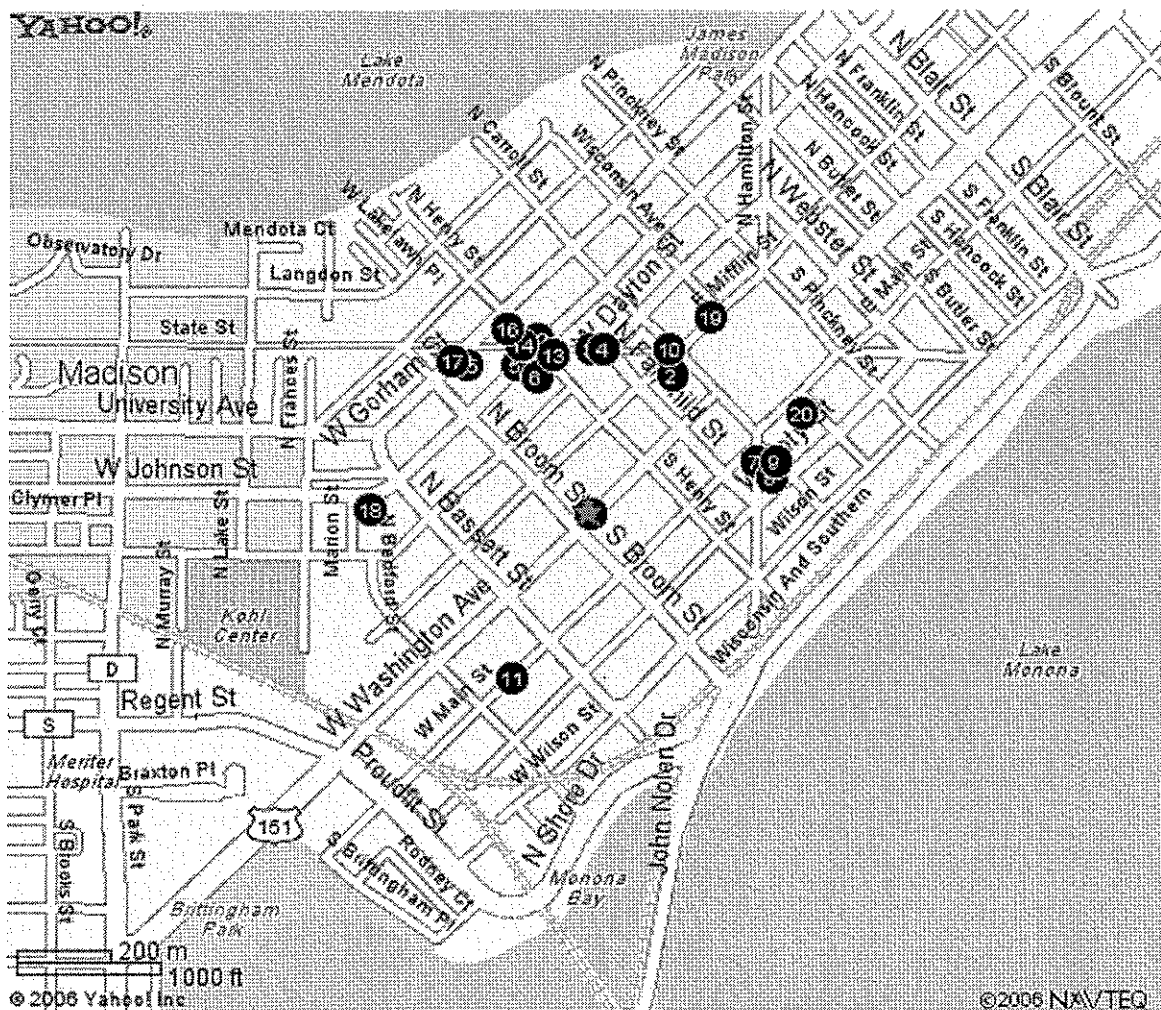
Sign In
New User? Sign Up

Map:

Yahoo! Maps - Madison, WI 53703-2746

<< Back to Map

★ 380 W Washington Ave Madison, WI 53703-2746



Map#	Business/Landmark Info	Distance
1	Public House 380 W Washington Ave Madison, WI Phone: (608) 268-1601	0.0 miles
2	Silver Dollar Tavern 117 W Mifflin St Madison, WI Phone: (608) 255-7548	0.2 miles
3	Nick's Restaurant 226 State St Madison, WI Phone: (608) 255-5450	0.2 miles
4	Paul's Club 212 State St Madison, WI	0.2 miles

ADVERTI

- 5** **Phone:** (608) 257-5250

Angelic Brewing Co **0.2 miles**
 322 W Johnson St
 Madison, WI
Phone: (608) 257-2707
- 6** **Irish Pub** **0.2 miles**
 317 State St
 Madison, WI
Phone: (608) 256-6071
- 7** **Paradise Lounge** **0.2 miles**
 119 W Main St
 Madison, WI
Phone: (608) 256-2263
- 8** **Shamrock Bar** **0.2 miles**
 117 W Main St
 Madison, WI
Phone: (608) 255-5029
- 9** **Gennas Lounge** **0.2 miles**
 105 W Main St
 Madison, WI
Phone: (608) 255-4770
- 10** **State Bar & Grill** **0.2 miles**
 118 State St
 Madison, WI
Phone: (608) 294-9988
- 11** **Echo Tap & Grill** **0.2 miles**
 554 W Main St
 Madison, WI
Phone: (608) 256-6928
- 12** **Plaza Tavern & Grill Inc** **0.2 miles**
 319 N Henry St
 Madison, WI
Phone: (608) 255-6592
- 13** **Bull Feathers** **0.2 miles**
 303 N Henry St
 Madison, WI
Phone: (608) 257-6444
- 14** **Parthenon-Gyros Restaurant** **0.2 miles**
 316 State St
 Madison, WI
Phone: (608) 251-6311
- 15** **Quinton's Bar & Deli** **0.2 miles**
 319 W Gorham St
 Madison, WI
Phone: (608) 251-1243
- 16** **Crave Restaurant & Lounge** **0.2 miles**
 201 W Gorham St
 Madison, WI
Phone: (608) 286-6769
- 17** **Hawk's** **0.2 miles**
 425 State St
 Madison, WI
Phone: (608) 256-4295
- 18** **Badgerland Bar & Grill** **0.2 miles**
 525 W Johnson St
 Madison, WI
Phone: (608) 251-3033
- 19** **Kimia Lounge** **0.3 miles**
 14 W Mifflin St
 Madison, WI
- 20** **Brocach Irish Pub**
 7 W Main St
 Madison, WI
Phone: (608) 255-2015

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TO CHANGE
ABOUT IT



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