ORIGINAL ALCOHOL BEVERAGE LICENS	E APPLICATION	Applicant's Wisconsin Seller's Permit Number:	
Submit to municipal clerk		Federal Employer Identification	
For the license period beginning	20 :	Number (FEIN): LICENSE REQUESTED	
ending	20	TYPE	FEE
		Class A beer	\$
TO THE GOVERNING BODY of the: Town of Village of	adia an	Class B beer	\$
TO THE GOVERNING BODY of the: Village of	1415011	Wholesale beer	\$
City of		Class C wine	\$
County of Dane Aldermanic Dist. No.	10 (if required by ordinance)	Class A liquor	\$
Tidelinatio Biol. 110	(in sequined by distriction)	Class B liquor	\$
1 The named INDIVIDUAL PARTNERSHIP	LIMITED LIABILITY COMPANY	Reserve Class B liquor	\$
CORPORATION/NONPROFIT ORGANIZATION			\$
hereby makes application for the alcohol beverage license(s) check	ed above.	TOTAL FEE	\$
2. Name (individual/partners give last name, first, middle; corporations		red name): Dernie	& Tonuls
Sichan Club kke Back		red harrie).	F IDILY S
An "Auxiliary Questionnaire," Form AT-103, must be complete	and attached to this application h	as each individual applicant, by	ook mankar of a
partnership, and by each officer, director and agent of a corpo	ration or nonprofit organization, and	by each member/manager and	acii illeriiber or a agent of a limited
liability company. Liet the name title and place of recidence of ea	ch narean		-
President/Member Member Patricia	ame Home	Address Post Offi	ر رے رے رے ce & Zip Code
President/Member 11/PWOEV 100000	SCAPUTO 1831 Ca	Dital Ave Irbaiso	11, WI 5570
Vice President/Member Member Patricia	A. Caputo 1831 Capi	talave, Madis	ión WI 537
georgia Avviciuma)	*		
Treasurer/Member	. 0		
Agent Thomas	is capito 1831 ca	pital Ave., lyladi	son, W153
Directors/Managers	7		· · · · · · · · · · · · · · · · · · ·
3. Trade Name Pernie & Tony's Back	DOOY Business Ph	one Number	1.11
4 Address of Premises >4265-67/W. Beltlin	SHANUXY Post Office 8	& Zip Code ▶ LLlactiSOD,	WI 537/
5 Is individual, partners or agent of corporation/limited liability compar	y subject to completion of the responsi	ible beverage server	-ノ _ ′
training course for this license period?			Yes No
6. Is the applicant an employe or agent of, or acting on behalf of anyor			Yes 🕡 No
7. Does any other alcohol beverage retail licensee or wholesale permit	tee have any interest in or control of th	is business?	Yes Avo
8. (a) Corporate/limited liability company applicants only: Inser			<u>-</u> /
(b) Is applicant corporation/limited liability company a subsidiary of			Yes No
(c) Does the corporation, or any officer director, stockholder or age			
agent hold any interest in any other alcohol beverage license or	permit in wisconsin?	og egener om kalender se <u>L</u>]Yes [☑No
(NOTE: All applicants explain fully on reverse side of this form every			
9 Premises description: Describe building or buildings where alcohol to	everages are to be sold and stored. The	ne applicant must include	
all rooms including living quarters, if used, for the sales, service, and may be sold and stored only on the premises described)		ecords. (Alcohol beverages	hullding
10. Legal description (omit if street address is given above):		Difficulty.	- Dar Isaning
11 (a) Was this premises licensed for the sale of liquor or beer during t	he past license vear?	<u> </u>	Yes INO
(b) If yes, under what name was license issued?	, and the second pours of the second property of the second pours		1100 [5]140
12 Does the applicant understand they must file a Special Occupationa	Tax return (TTB form 5630 5)		,
	and the second of the second o		Yes No
13 Does the applicant understand a Wisconsin Seller's Permit must be	applied for and issued in the same nan	ne as that shown in	
Section 2, above? [phone (608) 266-2776]	A CONTRACTOR OF THE CONTRACTOR		Yes No.
14 Is the applicant indebted to any wholesaler beyond 15 days for beer	or 30 days for liquor?		Yes Z No
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the appl	cant states that each of the above question	is has been fruthfully answered to the hi	est of the knowledge
of the signers. Signers agree to operate this business according to law and that	the rights conferred by	y the license(s), if granted, will not be a	assigned to another.
(Individual applicants and each member of a partnership applicant must sign; cor	orals office (a), lawy gar managers of Lin	nited Liability Companies must sign.) A	ny lack of access to
of the signers. Signers agree to operate this business according to law and that (Individual applicants and each member of a partnership applicant must sign; cor any portion of a licensed premises during inspection will be deemed a refusal to p	example of the control of the contro	eanor and grounds for revocation of this	license.
SUBSCRIBED AND SWORM TO BEFORE ME			
this 1172 play of Jentember, 20	STEPHANIE TO	$-\mathcal{B}$	
State Walley	WALLOM Corporation/Mer	mber/Manager of Limited Liability Company	//Partner/Individual)
(Clerk/Notary Public)	(Site of Corporation	n/Member/Manager of Limited Liability Con	npany/Partneri
My commission expires $3/7/20/0$	11.77		
	UF WISO Conditional Partner(s	s)/Member/Manager of Limited Liability Con	npany if Any)
TO BE COMPLETED BY CLERK	MINIMA,		
Date received and file 2 2 2 Date reported to council/board with municipal clerk 2 2 Date reported to council/board	ate provisional license issued Signa	ature of Clerk / Deputy Clerk	
	cense number issued		
AT-106 (R. 4-09)		Wisconein Da	partment of Revenue

Wisconsin Department of Revenue

City of Madison Supplemental Class B License Application Seller's Permit Number Don't HAVE Description of Licensed Premise Floor Plans Federal Employer Identification 2 6N T Lease DONHembers Own Notarized Appointment of Agent Background Investigation Form(s) Sample Menu NOT YET Number Notarized Original Application Form Notarized Transfer of Ownership Business Plan NoT Yet Notarized Supplemental Form *Articles of Incorporation Corporation/LLC only 1. Name of Applicant/Partner/Corporation/LLC Bern Address of Licensed Premise 1265 Telephone Number: (608) 4. Anticipated opening date: January 1 5. Mailing address if not opening immediately 15026. 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? 7. Are there any special conditions desired by the neighborhood? \(\subseteq\) Yes \(\frac{1}{2}\) No Explain. 8. Business Description, including hours of operation: Authentic Sicilian cuisine, 9. Do you plan to have live entertainment? \(\sigma\) No \(\sigma\)Yes—What kind? \(\sigma\) \(\sigma\) \(\sigma\) 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. 11 Are any living quarters directly or indirectly accessible and under control of the applicant? Wes \(\subseteq No. \) 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 (3) blic stalls on Danbury Street to be monitored by owner 13. Describe your management experience, staffing levels, duties and employee training 12 years managing and operating Ken's Bar on Butler St mangaina Kedhead 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.

15. Utilizing your market research, who would you project your target market to be?	
30-55 year old age group	
16. What age range would you hope to attract to your establishment? 30-55 year olds	
17. Describe how you plan to advertise/promote your business. What products will you be advertising? Newspaper, online events promotions	
18. Are you operating under a lease or franchise agreement? Yes (attach a copy) No	
19. Owner of building where establishment is located: <u>Capital Development</u> LLC Address of Owner: 1502 Greenway Cross #5, Madison, Phone Number (608) 27/-W WI 537/3 20. Private exercisations (clubs): De your membership policies contain any requirement of "Invidious" (libely)	
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	
Thomas Caputo 1831 Capital Ave., Madison, W1 5370	り
Patricia A. Caputo 1831 Capital Ave., Madison, W1 537	10
Name Address	
Name Address 22. List the Stockholders of your Corporation/LLC	
22. List the Stockholders of your Corporation/LLC	
22. List the Stockholders of your Corporation/LLC Name Address % of Ownership	
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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	
22. List the Stockholders of your Corporation/LLC Name Address % of Ownership Name Address % of Ownership Name Address % of Ownership Tavern Nightclub Restaurant Other Please Explain.	
22. List the Stockholders of your Corporation/LLC Name Address % of Ownership Name Address % of Ownership Name Address % of Ownership Tavern Nightclub Restaurant Other Please Explain. N/A 24. What type of food will you be serving, if any? Sicilar Cuisine.	u.
22. List the Stockholders of your Corporation/LLC Name Address % of Ownership Name Address % of Ownership 23. What type of establishment are you? (Check all that apply) Other Please Explain N/A 24. What type of food will you be serving, if any? Sicilar Cuisine. Breakfast Lunch Dinner	ıı.
22. List the Stockholders of your Corporation/LLC Name Address % of Ownership Name Address % of Ownership 23. What type of establishment are you? (Check all that apply) Other Please Explain Other Please Explain MA 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	II.

	27. What hours, if any, will food service not be available? 10:00 P.M 2:00 A.M.
	28. Indicate any other product/service offered. Deli meats cheeses salads, gift products and like nesses.
,	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? Three (3)
	During what hours do you anticipate they will be on duty? 4:00 P.M 10',00 P.M.
	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?
	How many bartenders do you anticipate you would have working at one time on a busy night? $1/2$
	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
	What percentage of your overall payroll do you anticipate will be devoted to food operation salaries?
	39. If your business plan includes an advertising budget, what percentage of your advertising budget do you
	anticipate will be related to food? 70%
	What percentage of your advertising budget do you anticipate will be drink related? 30%
	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

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	30 30 %
Gross Receipts from Food and Non-Alcoholic Beverages	65 %
Gross Receipts from Other	5%
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 // day of Sept

(Clerk/Notary Public)

My commission expires 3 /4/ 2010

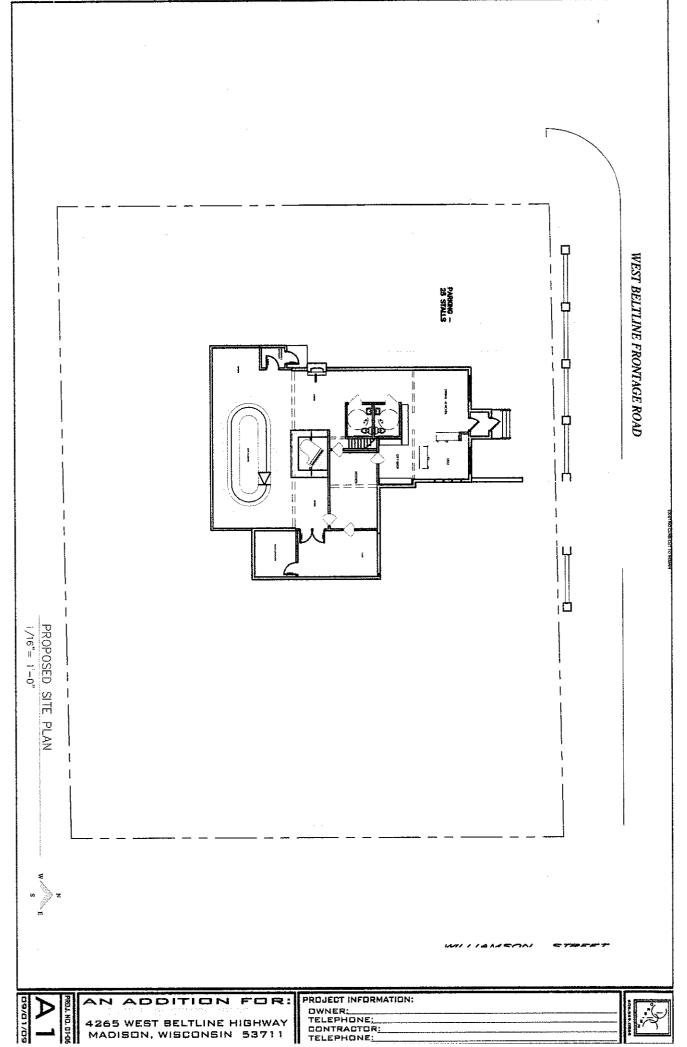
orporation/Member of I LC/Partner/Individual)

STEPHANIE WALLOM

Appointment of New Liquor/Beer Agent

To be completed by Corporate Officer or Member of LLC	
I, Thomas Caputo, officer/member for Bernie & Tony's (Corporation/LLC), doing business as Bernie & Tony's Back authorize and appoint	nt
Thomas Caputo (Name) as the liquor/beer agent for the pr	emise
located at Ma65 W. Beltline Hwy,	
Subscribed and sworn to before me this 1	
To be completed by appointed Liquor/Beer Agent	
I, Thomas Caputo, appointed liquor/beer a Bernie Frony's Back Door, (name of Corporation or LLC), being first de say I have vested in me, by properly authorized and executed written delegation, full au	ithority
and control of the premise described in the license of such corporation or limited liabili	
company, and I am involved in the actual conduct of the business as an employee, or ha	ave a
direct financial interest in the business of the licensee, therein relating to the intoxicating	ng
liquor/fermented malt beverage. The interest I have in the business is 50 %	
Subscribed and sworn to before me this	-
Day of September, 20 09 Wallow Notary Public, Dane County, Wisconsin Market September, 20 09 Wallow Wallow	
Notary Public, Dane County, Wisconsin WALLOM	
My Commission Expires 3/7/2010	

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





Bernie & Tony's Back Door, LLC

BUSINESS PLAN

Thomas and Patricia Caputo 1831 Capital Avenue Madison, WI 53705 (608) 271-4110

CONCEPT:

Bernie & Tony's Back Door will be a restaurant and lounge, serving authentic

Sicilian food. The lounge shall also serve as a piano and wine bar. It will be a very popular eating establishment and piano bar.

PRINCIPALS

Thomas Caputo, has over 40 years of business experience. He has owned an accounting and tax firm, a loan office, various consulting businesses, and a sizable portfolio of real estate investments.

For two years in 2003 through 2005, he owned and operated Ken's Bar, commonly referred to as the "Old Ken's Bar." He was state certified for food and beverage preparation. He personally operated the sandwich end of the business, management, and booking of bands. This music lounge was famous for their weekly bluegrass.

Cork 'n Bottle String Band. It was also famous for special music bands that would not fit in other music lounges in Madison. Ken's Bar was the place to book for an eclectic band or solo act from anywhere in the United States. Also enjoyed at the location were many artists from Austin, Texas, a city famous for its varied music clubs.

Mr. Caputo is an accomplished writer, producing novels, business books, and biographies.

ACCOUNTING AND LEGAL

Accounting will be performed by P.C. Business Services Owner and Manager Patricia A. Caputo. She has 40 years of experience in accounting write-up and compilation. She will furnish a monthly profit and loss statement and a balance sheet. She will also be responsible for preparing all payroll with the data submitted by the Operations Manager. This arrangement provides accounting oversight in that two people will generate weekly payroll, thus protecting the corporation from the risk of embezzlement by overpaying existing employees or paying for the creation a false one.

The position responsible for ensuring additional oversight for accounting operations is one of the most important outside positions. The president shall oversee this operation and ensure that the accounting is compiled as accurately as possible and on a timely basis.

Legal counsel will be provided by Attorney Richard A. Westley of Westley Law

Offices S.C. in Madison, Wisconsin. Thomas Caputo is familiar with his counsel as he
has served as his legal advisor for over 30 years.

Emphasizing the importance of using proper professionals and monitoring their performance ensures that the company has proper controls and balances. The accountant will safeguard against embezzlement and confirm compliance with tax regulations. She will formally reconcile the operating bank accounts each month, even though the operating manager may choose to also do the same.

Many food and bar operators place their inventory at risk by failing to make timely physical inventories. Since missing inventory is always a potential problem for this type of business, a Member will be required to prepare and submit a formal inventory of the bar, food, supplies, and equipment. Efforts will be made to track the inventory and verify the reporting so that the managers can determine if any inventory is missing, too many free drinks are given out, or some other fraud is occurring.

Potential fraudulent activity can be quite cunning, but will nevertheless not go unaccounted for. For example, a manager could raise the amount of purchase with a beer distributor, and the distributor and he or she share the amount of the overcharge. Proactive measures will be taken to prevent and discover theft and collusion by employees or customers.

Sicilian cuisine

All meats are broiled on a natural charcoal grill.

Plates

Italian Sausage plate - 2 sausages served on spaghetti, with your choice of sauce (from our 4 select sauces of Caputo's homemade, Vito's, DiSalvo's, or garlic butter), and lemon.

Sampler Plate - A sampler of Caputo's novelties consisting of half Italian Beef and Italian link, clams, pizza, pasta.

Sicilian Ribs - marinated in garlic sauce with lemon, oregano, rosemary

Sicilian Steak - Small Sicilian breaded sirloin steak char grilled to perfection

Pasta Dishes

Mostaccioli with sausage Pasta Shells and Meatballs Spaghetti with garlic butter

Pizza

Sicilian thin, regular or olive oil

Sandwiches

Calzone - Juicy, pocket pizza

Italian Beef - Thinly sliced beef with double serving of mozzarella cheese served with beef au jus

Italian Sausage - Italian Sausage served on Italian bread with green peppers, fried onions, and garlic sauce

Sicilian Reuben - grilled corned beef with mozzarella and asiago cheeses, and garlic sauce served on Italian bread

Sides

Baked Clams - charred with Sicilian breading
Caputo's Pasta Salad
Sicilian Salad
Sicilian Lentil and light bean soup
Italian Wedding Soup - consists of green vegetables and meatballs and/or sausage in a clear chicken-based broth.

Wines

Featuring choice wine selections from Sicily, Italy, and California.

Sicilian Corvo White wine - Produced primarily from Ingolia grapes from carefully selected vines in the finest microclimates of the region. The wine is vinified according to the best modern techniques soft pressing and long, cool fermentation. The resulting wine is delicate, dry, slightly fruity and elegant, with a pale straw color highlighted by brilliant green reflections.

Chianti - From the Chianti region of Tuscany, Italy. Only wines from this region can properly be called Chianti, although some other areas are using the name on their labels. Chianti was first identified as a type in the 13th century. Its primary red grapes are Sangiovese and Canaiolo, while the main whites are Trebbiano and Malvasia.

California Pinot Noir