

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning 2/1 20 09 ;
ending 6/30 20 09 ;

TO THE GOVERNING BODY of the: Town of }
 Village of } Madison
 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):

Kathleen M. Rejelle, Savoir Faire Cords + Cotts, 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.

President/Member President Kathleen M. Rejelle 2239 Commonwealth Madison 53726

Vice President/Member _____

Secretary/Member _____

Treasurer/Member _____

Agent "

Directors/Managers "

- 3 Trade Name Savoir Faire Cords Cotts + Wine Bar Business Phone Number 575-5100 cell

- 4 Address of Premises 51 N. Pinckney St Post Office & Zip Code Madison 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 1/98 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) Merchandise floor of 5 N Pinckney + locked storage bin in basement

- 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) 265-2776] 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 6th day of January, 20 09
Maibeth Witzel-Behl
(Clerk/Notary Public)

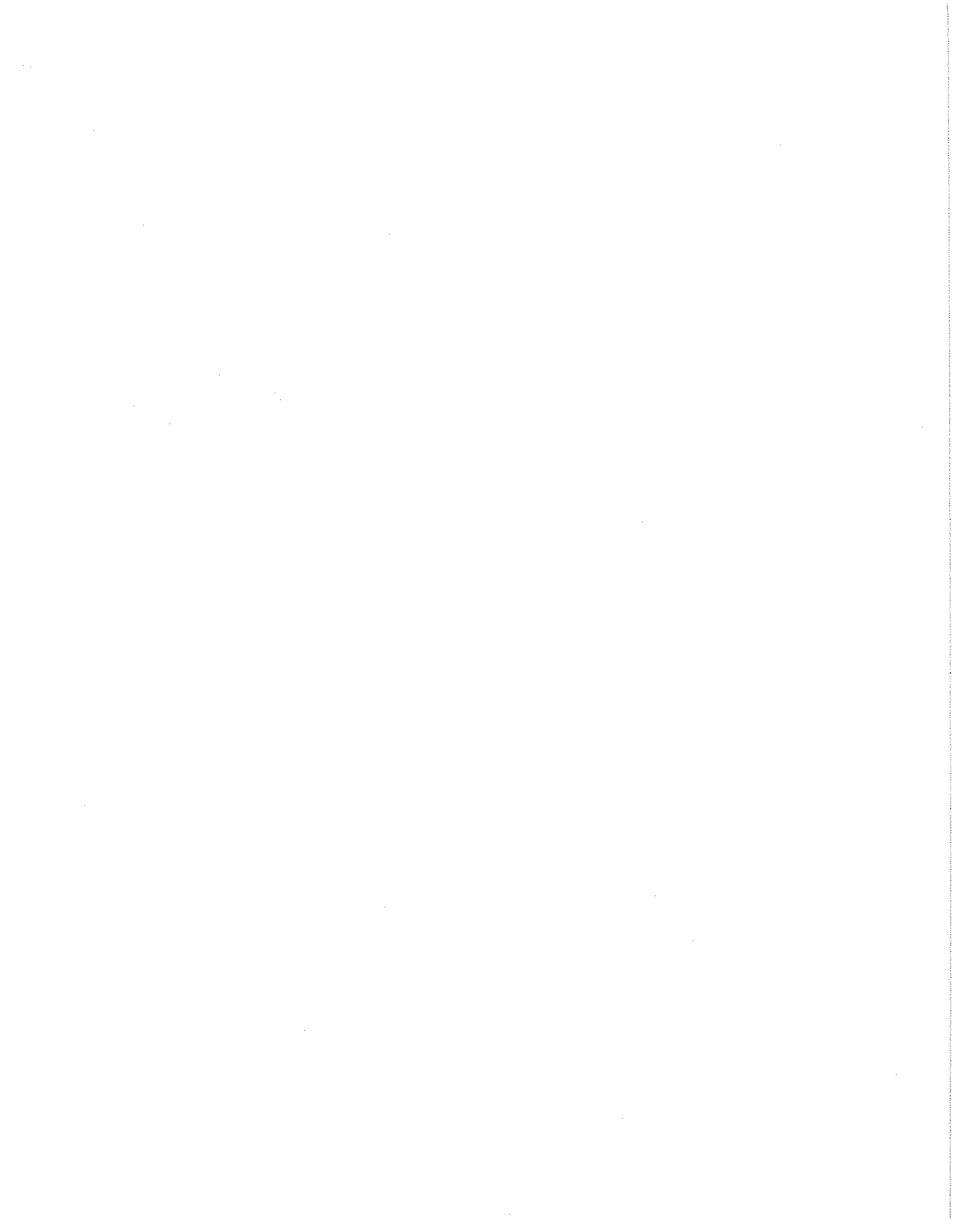
Kathleen M. Rejelle
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
Kathleen M. Rejelle
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

My commission expires _____

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>1-6-09</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued <u>84698</u>	

Applicant's Wisconsin Seller's Permit Number: <u>004-0000604648-01</u>	
Federal Employer Identification Number (FEIN): <u>39-1813909</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 Number <input checked="" type="checkbox"/> Notarized Original Application Form <input checked="" type="checkbox"/> Notarized Supplemental Form	<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 type="checkbox"/> Notarized Transfer of Ownership <input type="checkbox"/> *Articles of Incorporation	<input checked="" type="checkbox"/> Floor Plans <input checked="" type="checkbox"/> Lease <input checked="" type="checkbox"/> Sample Menu <input checked="" type="checkbox"/> Business Plan * Corporation/LLC only
--	---	--

1. Name of Applicant/Partner/Corporation/LLC Kathleen M. Relette, Savoir Faire Cards & Gifts, Inc
2. Address of Licensed Premise 5 N Pinckney St. Madison
3. Telephone Number: 575-5100 4. Anticipated opening date: 2/16/2009
5. Mailing address if not opening immediately 2239 Commonwealth Ave 53726
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. Nothing at this time
8. Business Description, including hours of operation: Retail sale of gifts, cards, coffee light bar snacks, beer + wine packaged sales + mixed drinks.
9. Do you plan to have live entertainment? No Yes—What kind? Music, Comedians,
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.**
5 N. Pinckney street level. Approx 1600 sq ft. Co-Chain Bar - 3 2person tables in front window. Wine racks in front section of store. Extra backstock stored in locked room in basement.
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. Metered parking on street + various parking ramps - monitored by City of Madison
13. Describe your management experience, staffing levels, duties and employee training.
11 years of retail management + selling wine + beer. 6 employees (3-Full time) I require all employees to train + hold a Beverage Server License
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.
Kathleen M. Relette 2239 Commonwealth Ave, Madison WI 53726
Name Address

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

Age 21-90. Downtown residents + office workers. Tourists

16. What age range would you hope to attract to your establishment? Age 21-90

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

On a rotation basis based also on seasonal or holiday I will advertise all products. Use of local newspapers, internet, website, direct mail, TV + radio.

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

19. Owner of building where establishment is located: Richard Bentley

Address of Owner: 7301 Longmeadow Rd. Madison WI 53717 Phone Number 836-5511

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

Kathleen M. Retelle, 2239 Commonwealth Ave, Madison 53726

Name Address

Name Address

22. List the Stockholders of your Corporation/LLC

Kathleen M. Retelle, 2239 Commonwealth, Madison 53726 100%

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. Card + Craft shop w/ coffee + bar

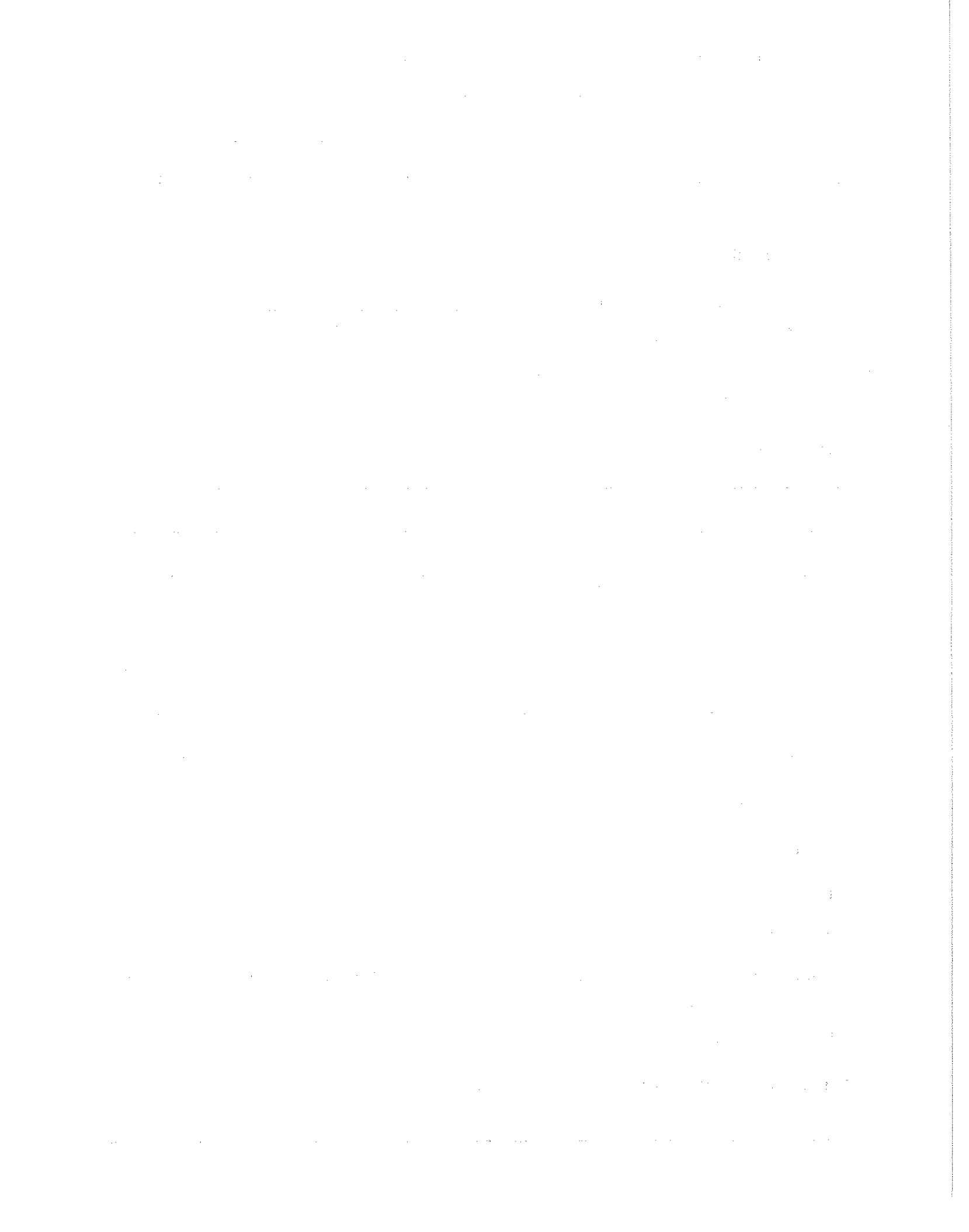
24. What type of food will you be serving, if any? Pastries, Appetizers, Cheese Plates

Breakfast Lunch Dinner

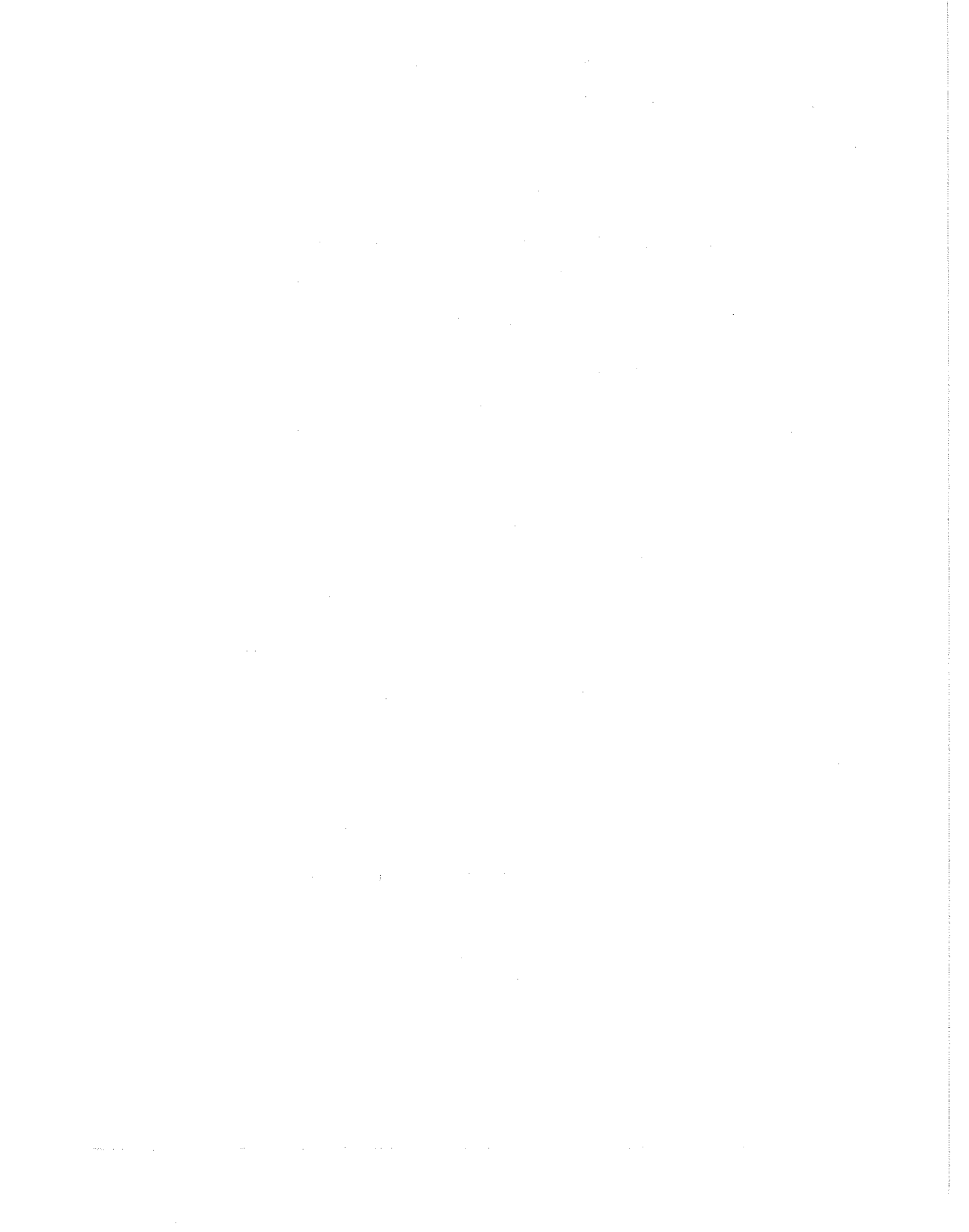
25. Please submit a sample menu with your application, if possible. What might eventually be included on your operational menu when you open? Appetizers Salads Soups Sandwiches Entrees

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? None
28. Indicate any other product/service offered. Crafts + Cakes
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? 6
During what hours do you anticipate they will be on duty? 3 on at all times
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? 6
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? 12
36. What type of cooking equipment will you have? Stove 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?
100% - we will all be available to serve
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? 1%
What percentage of your advertising budget do you anticipate will be drink related? 10%
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? 49 in entire store 12 in bar area

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	20 %
Gross Receipts from Food and Non-Alcoholic Beverages	5 %
Gross Receipts from Other	75 %
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 6th day of January 2009
Maibeth Witzel-Behl
(Clerk/Notary Public)

Karen M. Grotz
(Officer of Corporation/Member of LLC/Partner/Individual)

My commission expires _____

Appointment of New Liquor/Beer Agent

To be completed by Corporate Officer or Member of LLC

I, Kathleen M. Retelle, officer/member for Savoir Faine Cards + Crafts, Inc.
(Corporation/LLC), doing business as Savoir Faine Cards
Crafts + Wine Bar, authorize and appoint

Kathleen M. Retelle (Name) as the liquor/beer agent for the premise
located at 5 N. Pinckney St. Madison.

Subscribed and sworn to before me this

6th Day of January 2009

Maibeth Utzel-Beh
Notary Public, Dane County, Wisconsin

My Commission Expires _____

Kathleen M. Retelle
Signature of Officer/Member

To be completed by appointed Liquor/Beer Agent

I, Kathleen M. Retelle, appointed liquor/beer agent for
Savoir Faine Cards + Crafts, 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 100 %.

Subscribed and sworn to before me this

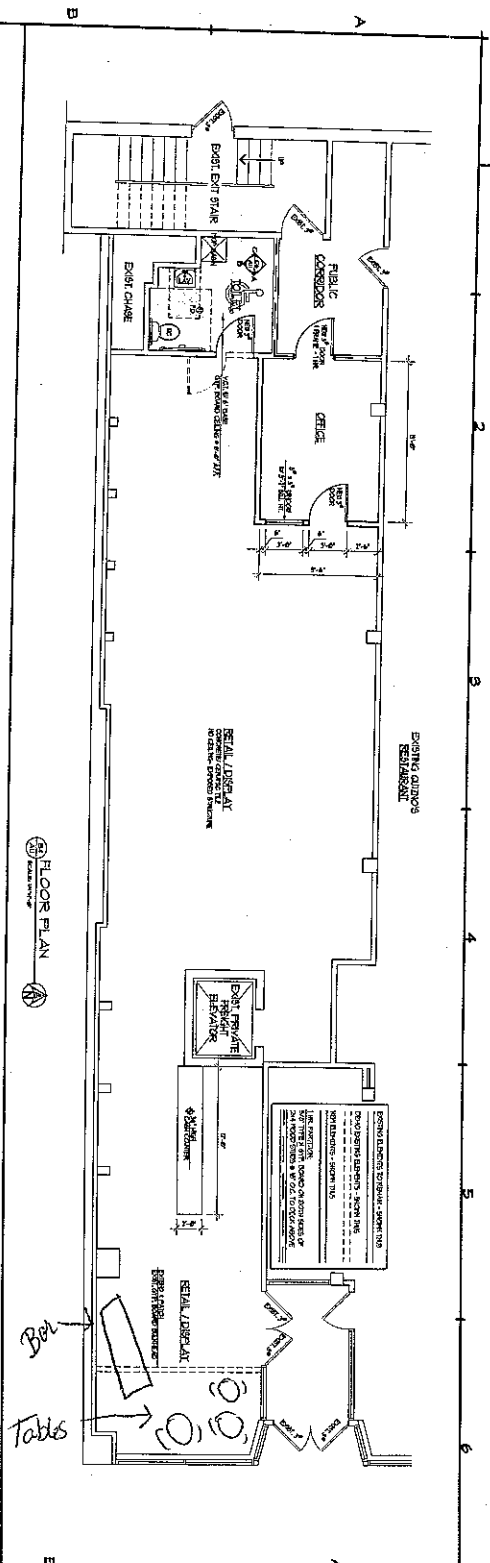
6th Day of January 2009

Maibeth Utzel-Beh
Notary Public, Dane County, Wisconsin

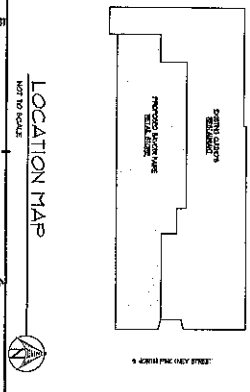
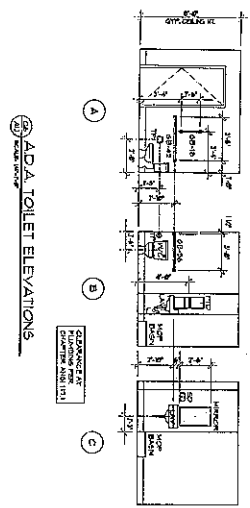
My Commission Expires _____

Kathleen M. Retelle
Signature of Agent

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



CONSTRUCTION TYPE: III-B
 BUILDING FOOTPRINT: 4,570 SQ. FT.
 STORES: 2
 GROSS TENANT AREA: 1,616 SQ. FT.
 OCCUPANTS: RETAIL: 1,421 SQ. FT. • 46.7
 OFFICE: 190 SQ. FT. • 13
 TOILET: 5
 49 OCCUPANTS



PLANS

Sheet No. 1020416

Revised From: 020416

Project No. 12.23.09

5 NORTH PINCKNEY STREET
 MADISON, WISCONSIN 53703

608.577.6367
 Think@Chartter.net
 www.kmarch.com

5220 Sparta Road Madison, WI 53718
 (608) 271-0505 www.mkarch.com

