



City of Madison Liquor/Beer License Application

On-Premises Consumption: Class B Beer Class B Liquor Class C Wine
Off-Premises Consumption: Class A Beer Class A Liquor

Section A – Applicant

1. If needed, a qualified interpreter can be provided at no charge to you. Would you like an interpreter?
 Yes (language: _____)
 No (If you answer no and you do require an interpreter, the ALRC will refer your application to a subsequent meeting and this may delay your application process)
2. This application is for the license period ending June 30, 20¹⁶_____.
3. List the name of your Sole Proprietor, Partnership, Corporation/Nonprofit Organization or Limited Liability Company exactly as it appears on your State Seller's Permit.
Haldi Masala, Inc.

4. Trade Name (doing business as) Haldi Masala
5. Address to be licensed 7475 Mineral Point Road, Suite 12, Madison, WI 53717
6. Mailing address c/o Abacus Consulting, 200 Enterprise Drive, Verona, WI 53593
7. Anticipated opening date 07/01/2017
8. Is the applicant an employee or agent of, or acting of behalf of anyone except the applicant named in question 2?
 No Yes (explain) _____
9. Does another alcohol beverage licensee or wholesale permittee have interest in this business?
 No Yes (explain) _____

Section B—Premises

10. Describe in words the building or buildings where alcohol beverages are to be sold and stored. Include all rooms including living quarters, if used, and any outdoor seating used for the sales, service, and/or storage of alcohol beverages and records. Alcohol beverages may be sold and stored only on the premises as approved by Common Council and described on license.
Entire main floor, alcohol will be store in the cooler in the kitchen and alcohol service station

Alcohol will be served in the dining area of the restaurant with the food during our business hou

11. Attach a floor plan, no larger than 8 ½ by 14, showing the space described below.
12. Applicants for on-premises consumption: list estimated capacity ⁹⁰_____

13. Describe existing parking and how parking lot is to be monitored.

Customer parking is available in the front of the building.

14. Was this premises licensed for the sale of liquor or beer during the past license year?

No Yes, license issued to _____ (name of licensee)

15. Attach copy of lease.

Section C—Corporate Information

This section applies to corporations, nonprofit organizations, and Limited Liability Companies only. Sole proprietorships and partnerships, skip to Section D.

16. Name of liquor license agent Tarsinder Kaur

17. City, state in which agent resides Madison, WI

18. How long has the agent continuously resided in the State of Wisconsin? 08/01/2016

19. Appointment of agent form and background check form are attached.

20. Has the liquor license agent completed the responsible beverage server training course?

No, but will complete prior to ALRC meeting Yes, date completed _____

21. State and date of registration of corporation, nonprofit organization, or LLC.

WI, 12/06/2016

22. In the table below list the directors of your corporation or the members of your LLC.

Attach background check forms for each director/member.

Title	Name	City and State of Residence
President	Tarsinder Kaur	Madison, WI

23. Registered agent for your corporation or LLC. This is your agent for service of process, notice or demand required or permitted by law to be served on the corporation. This is not necessarily the same as your liquor agent.

Tarsinder Kaur

24. Is applicant a subsidiary of any other corporation or LLC?

No Yes (explain) _____

25. Does the corporation, any officer, any director, any stockholder, liquor agent, LLC, any member, or any manager hold any interest in any other alcohol beverage license or permit in Wisconsin?
 No Yes (explain) _____

Section D—Business Plan

26. What type of establishment is contemplated?
 Tavern Nightclub Restaurant Liquor Store Grocery Store
 Convenience Store without gas pumps Convenience Store with gas pumps
 Other _____
27. Business description The business is a full service family restaurant specializing in serving ethnic Indian food. The business shall be open 7 days a week.

28. Hours of operation 11:30a - 12:00a Monday thru Sunday.

29. Describe your management experience President, Tarsinder Kaur is a former employee of Kangchen.

30. List names of managers below, along with city and state of residence.

<u>Tarsinder Kaur</u>	<u>Madison, WI</u>
_____	_____
_____	_____
31. Describe staffing levels and staff duties at the proposed establishment _____
Dining Floor: 1 Manager, 3-4 waitstaff

Kitchen: 1 Chef, 1 Tandoori Chef, 1 Kitchen Helper, 1 Dishwashing Person

32. Describe your employee training 2 year minimum experience as waitstaff is required for the job. For kitchen workers, the experience requirement is 3 years or more.

33. Utilizing your market research, describe your target market.
Our target market is families, groups intend to have Indian food on the Eastside of Madison. Our food and prices are geared towards people who are looking to have a calm dining experience.

Groups of friends/co-workers, who are in Madison wanting to enjoy Indian food. Our primary products are North and South Indian food.

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

We shall advertise in the local newspapers, magazine, coupon books.

35. Are you operating under a lease or franchise agreement? No Yes

36. 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?
 No Yes

Section E—Consumption on Premises

This section applies to Class B and Class C applicants only. Class A license applicants (consumption off premises) may skip to Section F.

37. Do you plan to have live entertainment? No Yes—what kind? _____

38. What age range do you hope to attract to your establishment? 25 and above.

39. What type of food will you be serving, if any? Ethnic North and South Indian food
 Breakfast Brunch Lunch Dinner

40. Submit a sample menu if applicable. What will be included on your operational menu?
 Appetizers Salads Soups Sandwiches Entrees Desserts
 Pizza Full Dinners

41. During what hours of operation do you plan to serve food? 11:30a - 3p & 5p - 12

42. What hours, if any, will food service not be available? 3p - 5p

43. Indicate any other product/service offered. Fresh cooked food.

44. Will your establishment have a kitchen manager? No Yes

45. Will you have a kitchen support staff? No Yes

46. How many wait staff do you anticipate will be employed at your establishment? 3-4

During what hours do you anticipate they will be on duty? 11:30a - 12:00a

47. Do you plan to have hosts or hostesses seating customers? No Yes

48. Do your plans call for a full-service bar? No Yes
If yes, how many barstools do you anticipate having at your bar? _____
How many bartenders do you anticipate having work at one time on a busy night? _____

49. Will there be a kitchen facility separate from the bar? No Yes

50. Will there be a separate and specific area for eating only?
 No Yes, capacity of that area 90 seats
51. What type of cooking equipment will you have?
 Stove Oven Fryers Grill Microwave
52. Will you have a walk-in cooler and/or freezer dedicated solely to the storage of food products?
 No Yes
53. What percentage of payroll do you anticipate devoting to food operation salaries? 100%
54. If your business plan includes an advertising budget:
 What percentage of your advertising budget do you anticipate will be related to food? 95
 What percentage of your advertising budget do you anticipate will be drink related? 5
55. Are you currently, or do you plan to become, a member of the Madison—Dane County Tavern League or the Tavern League of Wisconsin? No Yes
56. Are you currently, or do you plan to become, a member of the Wisconsin Restaurant Association or the National Restaurant Association? No Yes
57. All restaurants and taverns serving alcohol must substantiate their gross receipts for food and alcohol beverage sales broken down by percentage. New establishments estimate percentages:
10 % Alcohol 90 % Food % Other
58. Do you have written records to document the percentages shown? No Yes
 You may be required to submit documentation verifying the percentages you've indicated.

Section F—Required Contacts and Filings

59. I understand that liquor/beer license renewal applications are due April 15 of every year, regardless of when license was initially granted. No Yes
60. I understand that I am required to host an information session at least one week before the ALRC meeting. No Yes
61. I agree to contact the Alderperson for this location to discuss my application and to invite the Alderperson to my information session. No Yes
62. I agree to contact the Police Department District Captain for this location prior to the ALRC meeting. No Yes
63. I agree to contact the Alcohol Policy Coordinator prior to the ALRC meeting. No Yes
64. I agree to contact the neighborhood association representative prior to the ALRC meeting.
 No Yes
65. I understand we must file a Special Occupational Tax return (TTB form 5630.5) before beginning business. [phone 1-800-937-8864] No Yes
66. I 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] No Yes
67. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?
 No Yes