

# 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): Flat Out Crazy, LLC

Applicant's Wisconsin Seller's Permit Number: <u>456-1027043188-03</u>	
Federal Employer Identification Number (FEIN): <u>27-0440160</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input 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 checked="" type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ 20.00
<b>TOTAL FEE</b>	<b>\$ 20.00</b>

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>COO, Gregory C. Carey</u>	<u>540 N. State, #4911, Chicago, IL</u>	<u>60610</u>
Vice President/Member		<u>--</u>		
Secretary/Member		<u>--</u>		
Treasurer/Member		<u>CFO, Matthew A. Wilber</u>	<u>845 N. Kingsbury, #614, Chicago, IL</u>	<u>60610</u>
Agent		<u>Julie Prather</u>	<u>110 Pine View Drive, Madison, WI</u>	<u>53704</u>
Directors/Managers		<u>--</u>		

3 Trade Name Flat Top Grill Business Phone Number 608-236-0500  
 4 Address of Premises 538 N. Midvale Boulevard Post Office & Zip Code Madison, WI 53705

- 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 DE and date 06/05/09 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.) Store space in Hilldale Mall.

10 Legal description (omit if street address is given above): N/A

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? Happy Valley Corporation

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 14 day of September, 2009

Ron M. Pette  
 (Clerk/Notary Public)

Matthew A. Wilber  
 (Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)

My commission expires 8-28-2012

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <u>9-29-09</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>88069</u>	

## City of Madison Supplemental Class B 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"/> Written Description of Premise <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"/> *Notarized Appointment of Agent * Corporation/LLC only	<input checked="" type="checkbox"/> Floor Plans <input checked="" type="checkbox"/> Lease <input checked="" type="checkbox"/> Sample Menu <input checked="" type="checkbox"/> Business Plan
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1 Name of Applicant/Partner/Corporation/LLC Flat Out Crazy, LLC

2 Address of Licensed Premise 538 N. Midvale Boulevard, Madison, WI 53705

3 Telephone Number: 608-236-0500      4 Anticipated opening date: open - change of ownership

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

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

Explain \_\_\_\_\_

8 Business Description, including hours of operation: New owner will operate restaurant in same manner as currently approved    Hours: Sun: 9am-9pm; Mon-Thurs: 11am-9pm; Fri: 11am-10pm; Sat: 9am-10pm.

9 Do you plan to have live entertainment?     No     Yes—What kind? \_\_\_\_\_

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.**

Plan on file - no changes.

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    Store located in Hilldale Mall    Mall parking available    Additional parking information is on file

13 Describe your management experience, staffing levels, duties and employee training  
Company is a merger of two restaurant operators who have been in business +5 years    No changes in staffing or training from what is current in place and approved by the City/State.

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

CT Corporation System, 8040 Excelsior Dr , Suite 200, Madison, WI 53717

Name \_\_\_\_\_ Address \_\_\_\_\_

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

College students, families, business people

16. What age range would you hope to attract to your establishment? 18-50

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

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

19. Owner of building where establishment is located: Hilldale Land Company, LLC

Address of Owner: 33 South State Street, #400, Chicago, IL 60603 Phone Number 312-675-5500

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

Gregory C. Carey (COO) 540 N. State Street, #4911, Chicago, IL 60610

Name Address

Matthew A. Wilber (CFO) 845 N. Kingsbury, #614, Chicago, IL 60610

Name Address

Name Address

22. List the Stockholders of your Corporation/LLC

Stir Crazy Partners, LLC 303 W. Erie, 6th Floor, Chicago, IL 60654 59%

Name Address % of Ownership

Happy Valley Corporation 303 W. Erie, 6th Floor, Chicago, IL 60654 29.5%

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.

24. What type of food will you be serving, if any? American (bfast)/Asian (lunch/dinner)

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? Food is served at all times

27. What hours, if any, will food service not be available? N/A - food served at all times restaurant is open
28. Indicate any other product/service offered. None
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? 5-10  
During what hours do you anticipate they will be on duty? At all times restaurant is open
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? N/A  
How many bartenders do you anticipate you would have working at one time on a busy night? N/A
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? N/A
36. What type of cooking equipment will you have?  Stove  Oven  Fryers  Grill  Microwave  
Large wok for stir fry, stoves and ovens
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%
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? N/A  
What percentage of your advertising budget do you anticipate will be drink related? N/A
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? Est. 105

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	10	%
Gross Receipts from Food and Non-Alcoholic Beverages	90	%
Gross Receipts from Other	0	%
<b>Total Gross Receipts</b>	<b>100%</b>	

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

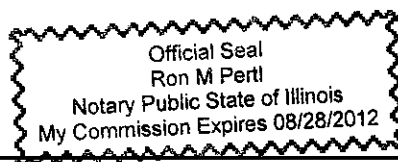
**Read carefully before signing:** Under penalty provided by law, the applicant states that the above information has been truthfully completed to the best of the knowledge of the signer. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the 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 14 day of September, 2009  
Ron M. Pertl  
(Clerk/Notary Public)

Matthew A. Wilber Matthew A. Wilber, CFO  
(Officer of Corporation/Member of LLC/Partner/Individual)

My commission expires 8-28-2012



SIEGEL MOSES & SCHOENSTADT PC

ATTORNEYS AT LAW

444 NORTH MICHIGAN AVENUE SUITE 2600

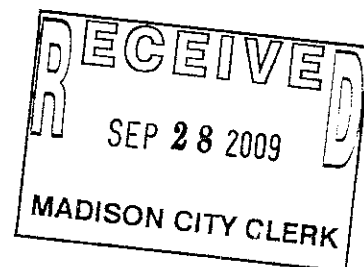
CHICAGO, ILLINOIS 60611-3903

TELEPHONE (312) 658-2000

FACSIMILE (312) 658-2022

WWW.SMSLAW.COM

JENNIFER G GALLERY  
JGG@SMSLAW.COM



**VIA OVERNIGHT CARRIER**

September 25, 2009

Ms. Maribeth Witzel-Behl,  
City Clerk, City of Madison  
210 Martin Luther King Jr Blvd.  
City/County Building - Room 103  
Madison, Wisconsin 53703

**Re: Application for Transfer of Liquor License  
For Change of Ownership  
Flat Out Crazy, LLC d/b/a Flat Top Grill  
538 N. Midvale Blvd., Madison, Wisconsin**

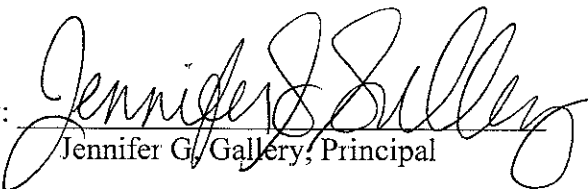
Dear Ms. Behl:

Please be advised that the company currently operating the Flat Top Grill restaurant, Happy Valley Corporation, formed a joint venture with another restaurant operator (Stir Crazy Partners, LLC) for business and financial reasons. The result of the business merger is the formation of a new entity, Flat Out Crazy, LLC, that is owned part by the current licensee, Happy Valley Corporation, and part by Stir Crazy Partners, LLC. While the ownership has changed, the restaurant's general manager, hours of operation, menu and all other aspects of the restaurant operation will not be changing.

In connection with this change of ownership, I have enclosed an Application package to transfer our client's Class B Liquor License to the new owner/operator entity. Please process the enclosed and let me know if anything further is needed. Thank you for your assistance with this matter.

Very truly yours,

**SIEGEL, MOSES & SCHOENSTADT, P.C.**

By:   
Jennifer G. Gallery, Principal

JGG/eka  
Enclosures

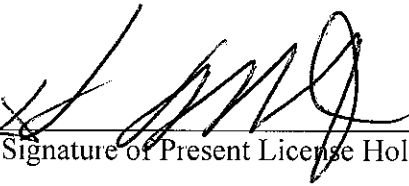
# Transfer of Ownership

(letter to surrender previous license)

*To be filed with the City Clerk at the time a new application is submitted  
for a change of ownership for any liquor and/or beer establishment*

The Class B Liquor license for the premise located at  
538 N Midvale Boulevard, Madison, Wisconsin 53705 will be relinquished upon the  
approval of the application and the issuance of the same type of license for the same  
premises to Flat Out Crazy, LLC

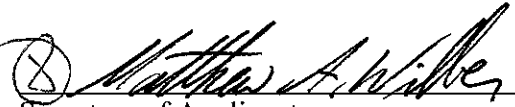
There have been no convictions for violations during the current license year, nor are  
there any pending violations against the present licensee except as follows:  
None.

  
Signature of Present License Holder

9/22/09  
Date

# Payment of Taxes on Liquor/Beer License Transfer

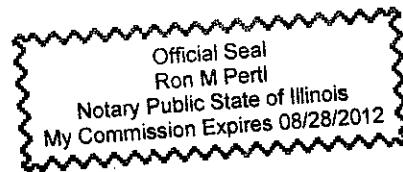
I, Matthew A. Wilber, Chief Financial Officer, applicant for  
Name Title  
a liquor and/or beer license for the premise located at 538 N Midvale Blvd., Madison, WI, have  
Address  
read the provisions in the attached copy of Madison General Ordinance Section 9.01, and understand  
that payment of all personal property taxes, special assessments, room taxes, forfeitures and judgments  
must be paid before the Office of the City Clerk can issue said license

  
Signature of Applicant

9/14/09  
Date

Subscribed and sworn to before me this  
14 day of September, 2009

Ron M. Pertl  
Notary Public, Dane County, State of Wisconsin  
COOK ILLINOIS  
My Commission Expires 8-28-2012





# Appointment of New Liquor/Beer Agent

## To be completed by Corporate Officer or Member of LLC

I, Matthew A. Wilber, officer/member for Flat Out Crazy, LLC  
(Corporation/LLC), doing business as Flat Top Grill, authorize and appoint  
Julie Prather (Name) as the liquor/beer agent for the premise  
located at 538 N. Midvale Blvd, Madison, WI 53705

Subscribed and sworn to before me this

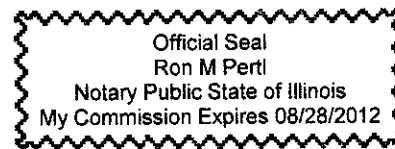
16 Day of September, 2009

Ron M. Pertl

Notary Public, Dane County, Wisconsin

My Commission Expires 8-28-2012

Matthew A. Wilber  
Signature of Officer/Member



## To be completed by appointed Liquor/Beer Agent

I, JULIE PRATHER, appointed liquor/beer agent for  
FLAT OUT CRAZY, LLC (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 0 %

Subscribed and sworn to before me this

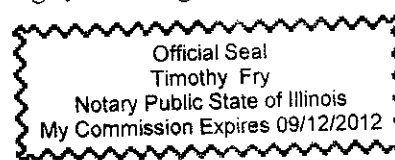
09 Day of September 2009

Timothy Fry

Notary Public, Dane County, Wisconsin

My Commission Expires 09/12/2012

Julie Prather  
Signature of Agent



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