

P-121  
A-9  
UCLIB-2018-00205



# 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  Class A Cider

## Section A – Applicant

- 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)

Si usted requiere o necesita un/a intérprete, nosotros podemos proveer un/a intérprete sin costo alguno. ¿Le gustaría tener un/a intérprete?

- Sí, lenguaje \_\_\_\_\_
- No. Si usted escoge "no" en la solicitud/aplicación, y usted sí requiere un/a intérprete, el comité remitirá su solicitud para una nueva junta y esto puede atrasar el proceso de su solicitud.

- This application is for the license period ending June 30, 2018 \_\_\_\_\_.
- 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.  
John Q Restaurants inc
- Trade Name (doing business as) Cowboy Jacks
- Address to be licensed 1262 John Q Hammons drive, Madison WI 53717
- Mailing address 6130 fernbrook Ln N, Plymouth MN 55446
- Anticipated opening date May02/2018
- Is the applicant an employee or agent of, or acting of behalf of anyone except the applicant named in question 3?  
 No  Yes (explain) \_\_\_\_\_
- Does another alcohol beverage licensee or wholesale permittee have interest in this business?  
 No  Yes (explain) \_\_\_\_\_

## Section B—Premises

- 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.

Total Premises is 10,000 sq ft. Main bar floor is about 1500 sq ft with 22 bar stools. Kitchen is 3,000 sq ft with 2 walking cooler and 1 walking freezer, 2 storage rooms. Resi is kitchen equipments and stoves and 1 office room. Main dinning area is 5,500, which also use as dance floor after 10pm on the weekends after removing the furniture. Patio is 7,000sq ft with seperate entrance for customers and service door for servers

11.  Attach a floor plan, no larger than 8 ½ by 14, showing the space described above.
12. Applicants for on-premises consumption: list estimated capacity 200
13. Describe existing parking and how parking lot is to be monitored.  
There is about 200 car stalls parking between the street of John q hammons drive and Deming way  
Parking lot will be monitor by security cameras
14. Was this premises licensed for the sale of liquor or beer during the past license year?  
 No  Yes, license issued to Sprechers restaurant and pub (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 Ronald M. Trachtenberg
17. City, state in which agent resides Madison, WI
18. How long has the agent continuously resided in the State of Wisconsin? since 1969
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 01/20/96
21. State and date of registration of corporation, nonprofit organization, or LLC.  
Wisconsins Jan 29, 2018

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
Owner/Manager	Prince Singh	Plymouth , MN

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.

Prince singh, John Q Restaurants inc.

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 original Cowboy jacks opened in Plymouth about 8 yrs ago and has recognized as country restaurant and bar. Madison location will be continue that tradition. Cowboy jacks will be full service bar and restaurant. It will also serve brunch on the weekends. Cowboy jacks support local brewers

28. Hours of operation 11 am to midnight in weekdays and 11am to 2 am wekends subject to local rules

29. Describe your management experience Applicant is part of family restaurant called Dancing ganeshha and has been oeprating since 2009 in minneapolis. Applicant also become part of cowboy jacks in 2015 and worked with franchise to operate their 3 different locations for them.

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

Prince Singh

Plymouth , MN

31. Describe staffing levels and staff duties at the proposed establishment The staff at cowboy jacks will consist of the managers, Assistant Kitchen manager, cook and approximately 25-30 servers, 6-8 bartenders , 3 hosts and 14 kitchen employees. Because the full menu will be served . Kitchen will be fully staffed throughout the day, along with anywhere from 3-4 waitstaff and 1-2 bartenders depending on the day of week.

32. Describe your employee training Cowboy jacks group has a comprehensive training and hosiattlity program for all the employees. It is important for us to create the best experience for our guests, and that starts with knowledgeable friendly and engaged team members. Our staff is trained in service standards, food and beverages knowledge and we provide regularly scheduled training and development meetings for our staff. Cowboy jacks will hire team a month before the restaurant is scheduled to open so that we can spend an ample amount of time training them in order to ensure a smooth and successful opening. Minutes of meeting will be held weekly bases to review the training program and fresh service standards.

33. Utilizing your market research, describe your target market.

Our target market is broad. Hotel guests, students, professionals who work on corporate buildings, people who live in neighbors, tourist and business corporations guests. Our target market live in west Madison, south Madison, Middleton and west middelton generally who would come out for meal and entertainmant.

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

Cowboy jacks will do promotion of food items , lunch , dinner or special etc. through socail media such as Facebook, emails and twitter. Cowboy jacks will also promote in local radio channels and paper add.

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? Live band or live DJ

38. What age range do you hope to attract to your establishment? We would expect from young age to seniors age group.

39. What type of food will you be serving, if any? \_\_\_\_\_  
 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? During all business hours Sun-thur 11am-10pm  
Fri-Sat 11am-11pm

42. What hours, if any, will food service not be available? N/A

43. Indicate any other product/service offered. N/A

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? 25-30

During what hours do you anticipate they will be on duty? During all business hours from open to close

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? 22  
 How many bartenders do you anticipate having work at one time on a busy night? 3
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 180
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? 50%
54. If your business plan includes an advertising budget:  
 What percentage of your advertising budget do you anticipate will be related to food? 3%  
 What percentage of your advertising budget do you anticipate will be drink related? 3%
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:  
35% % Alcohol 65% % 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 Deputy Clerk 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 intend to operate under the alcohol license within 90 days of the Common Council granting this license. The license shall be considered surrendered if not issued within 90 days of being granted.  No  Yes

66. I understand we must file a Special Occupational Tax return (TTB form 5630.5) before beginning business. [phone 1-800-937-8864]  No  Yes
67. 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
68. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  
 No  Yes

**Section G—Information for Clerk's Office**

69. State Seller's Permit 4 5 6 - 1 0 2 9 8 9 0 2 6 6 - 0 2

70. Federal Employer Identification Number 82-4191230

71. Who may we contact between 8 a.m. and 4:30 p.m. regarding this license?

Contact person Prince Singh

E-mail address princesingh684@gmail.com

Phone 218-303-6601 Preferred language English

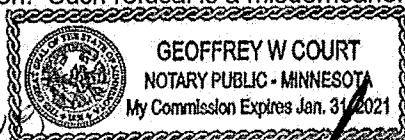
72. Corporate attorney, if applicable: Name Rick Petri

Phone 608-235-2262 E-mail rpertri@murphydesmond.com

**Read carefully before signing in front of a notary:** 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 the business according to law, and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. Lack of access to any portion of 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 7<sup>th</sup> day of March, 2019



Geoffrey W. Court  
 (Clerk/Notary Public)

[Signature]  
 (Officer of Corporation/Member of LLC/Partner/Sole Proprietor)

My commission expires 01/31/2021

Clerk's Office checklist for complete applications		
<input type="checkbox"/> Orange sign <input type="checkbox"/> WI Seller's Permit Certificate (matching articles of incorporation) <input type="checkbox"/> FEIN <input type="checkbox"/> Notarized application <input type="checkbox"/> Written description of premises	<input type="checkbox"/> Background investigation form(s) <input type="checkbox"/> Form for surrender of previous license <input type="checkbox"/> *Articles of Incorporation <input type="checkbox"/> *Notarized Appointment of Agent * Corporation/LLC only	<input type="checkbox"/> Floor Plans <input type="checkbox"/> Lease <input type="checkbox"/> Sample Menu <input type="checkbox"/> Business Plan
Date complete application filed with Clerk's Office _____		
Date of ALRC meeting _____ Date license granted by Common Council _____		
Date provisional issued _____ Date license issued _____ License number _____		