



# 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, 20\_\_\_\_.
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.  
 \_\_\_\_\_
4. Trade Name (doing business as) United indoor Soccer
5. Address to be licensed 5018 Blazing ~~Star~~ STAR DRIVE MADISON WI  
53718
6. Mailing address 1313 Sunfield St Sun Prairie WI 53190
7. Anticipated opening date Oct 1 2013
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.  
The building is a 16,500 square foot pre-engineered steel building that was constructed in 2004 as an indoor Soccer Facility. Alcohol (beer) will be stored in a display refrigerator located in the 135 sq ft open kitchen and served from the kitchen food sales counter. Additional inventory will be stored in locked storage.  
BEER TO BE CONSUMED IN VIEWING AREA ONLY.
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 300

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

VISUALLY there are 55 parking spaces that will be monitored VISUALLY by the owner/manager when the facility will be open to customers and patrons <sup>during soccer league play</sup> specifically

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 \_\_\_\_\_

17. City, state in which agent resides \_\_\_\_\_

18. How long has the agent continuously resided in the State of Wisconsin? \_\_\_\_\_

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.

\_\_\_\_\_

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

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.

\_\_\_\_\_

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 indoor soccer facility

27. Business description is indoor soccer facility and small food and beverage  
facility

28. Hours of operation 9<sup>AM</sup> TO midnight

29. Describe your management experience I was a manager of a restaurant  
in Texas for 5 year

30. List names of managers below, along with city and state of residence.  
LAURA CALDERON \_\_\_\_\_  
Sun prairie WI \_\_\_\_\_

31. Describe staffing levels and staff duties at the proposed establishment 2 people  
1 person is going to be in charge of the leagues  
The other person is going to be in charge of the food

32. Describe your employee training we are going to take and complete  
Beverage server training

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

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

Soccer word of mouth

Newspaper, radio

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? 4 yrs old to ? Family

39. What type of food will you be serving, if any? tacos, burritos, tamales  
 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 N/A

41. During what hours of operation do you plan to serve food? 12 TO 8:00 PM

42. What hours, if any, will food service not be available? MORNING AND AFTER 10:00 PM

43. Indicate any other product/service offered. T-shirt

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? 0

During what hours do you anticipate they will be on duty? ~~12 TO 8~~

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? N/A

How many bartenders do you anticipate having work at one time on a busy night? N/A

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 20
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? 15%
54. If your business plan includes an advertising budget: NO  
 What percentage of your advertising budget do you anticipate will be related to food? 15%  
 What percentage of your advertising budget do you anticipate will be drink related? 10%
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      10 % Food      80 % Other (Soccer)
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.  
*NEW Establishments*

### 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

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

68. State Seller’s Permit 456-1022833102-03

69. Federal Employer Identification Number \_\_\_\_\_

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

Contact person Ignacio Sobrevilla

E-mail address IgnacioSobrevilla@yahoo.com

Phone (608)225-2323

Preferred language for correspondence English

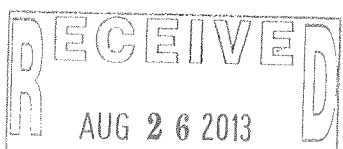
**Read carefully before signing in front of a notary:** Under penalty provided by law, the applicant states that the above information has been truthfully completed to the best of the knowledge of the signer. Signer agrees to operate the business according to law, and that the rights and responsibilities 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 26<sup>th</sup> day of August, 2013

John K. Phelps  
(Clerk/Notary Public)

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

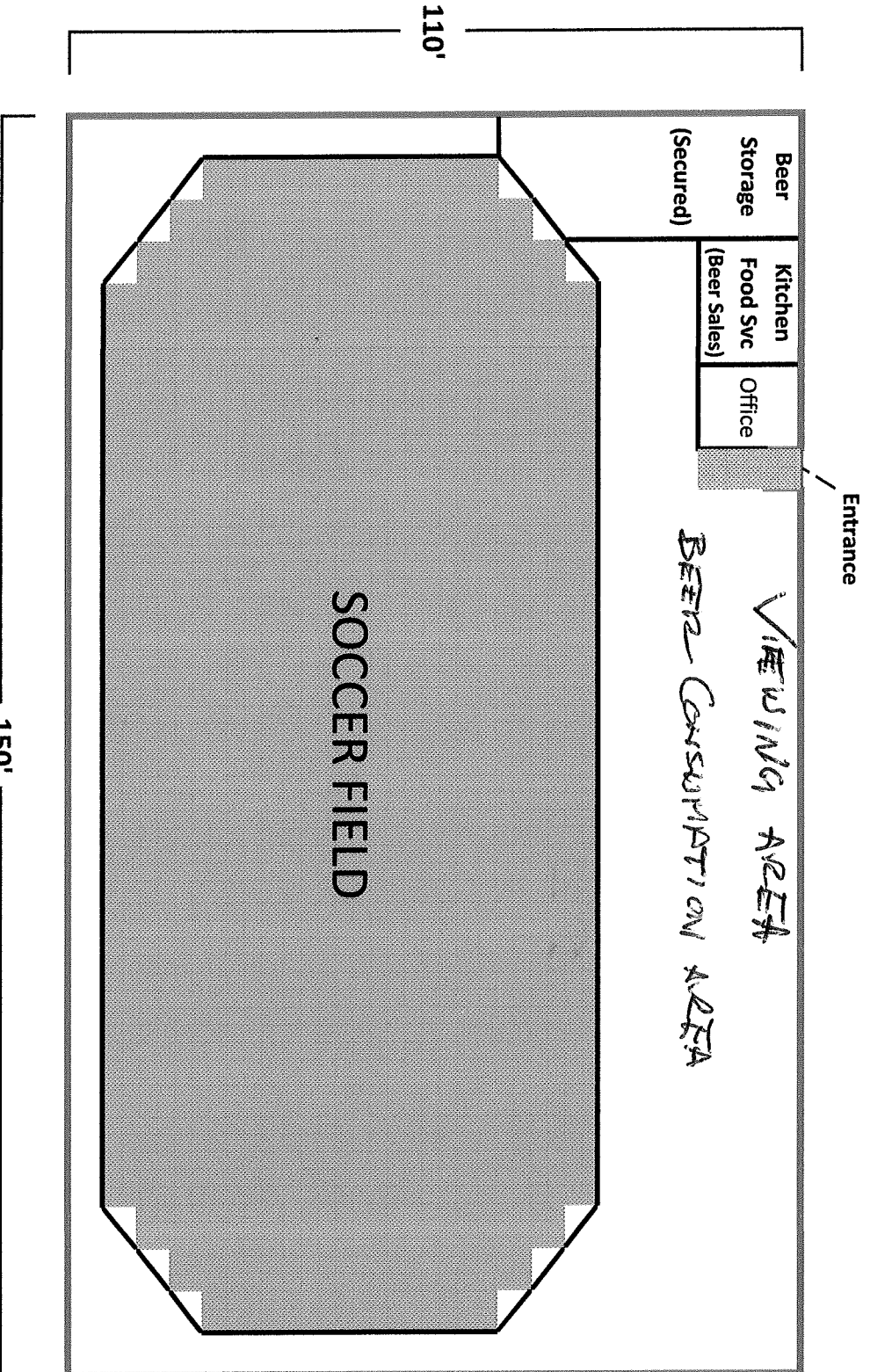
My commission expires 4/22/14



<b>Clerk’s Office checklist for complete applications</b>		
<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 <u>8/26/13</u> Date of ALRC meeting <u>9/18/13</u> Date license granted by Common Council _____ Date provisional issued _____ Date license issued _____ License number <u>LCLIB-2013-00749</u>		

MADISON CITY CLERK

5018 Blazing Star  
Floor Plan





WISCONSIN DEPARTMENT OF REVENUE  
 PO BOX 8902  
 MADISON, WI 53708-8902

**State of Wisconsin • DEPARTMENT OF REVENUE**

REGISTRATION UNIT  
 2135 RIMROCK RD PO BOX 8902 MADISON, WI 53708-8902  
 PHONE: 608-266-2776 FAX: 608-264-6884  
 EMAIL: sales10@revenue.wi.gov WEBSITE: www.revenue.wi.gov

July 26, 2013  
 Letter ID: L0456062752

IGNACIO SOBREVILLA  
 1313 SUNFIELD ST  
 SUN PRAIRIE WI 53590-2741

**Wisconsin Business Tax Registration**

Thank you for registering with the Wisconsin Department of Revenue. We hope you enjoy a prosperous and rewarding future in your new business. In this letter, we provide you with information and services about your tax filing and payment responsibilities. Please keep this letter as a reference guide. We are here to serve you!

**Included in this packet**

- **Account information** - Your account information and details. See below.
- **Registration certificate** - Review the information on your certificate to make sure it's correct. If you are authorized to sell alcoholic beverages, you must display this certificate at all times at the business location shown on your certificate. See enclosed document.
- **Seller's permit** - This is required for every individual, partnership, corporation, or other organization making retail sales, leases, or rentals of tangible personal property or taxable services in Wisconsin, unless all sales are exempt from sales or use tax. See enclosed document.
- **Form S-807** - You are required to file your returns electronically. See enclosed document.
- **Ownership changes** - A list of information needed if you plan to change ownership. See the "Did you make changes to your ownership" section for instructions.
- **Electronic filing requirement information** - This requirement takes effect within 90 days. See page 2.

**Account Information**

Type of Tax Account	Tax Account Number	Beginning Effective Date	Filing Frequency	First Return Due
Sales & Use Tax	456-1022833182-03	10/1/2013	Annual	1/31/2014