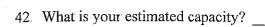
	L BEVERAGE LICEN	ISE APPLICATION	Applicant's Wisconsin Seller's Permit Number 156	000494891-02
Submit to municipal clerk	\ \ \ }		Federal Employer Identification Number (FEIN):	12812
For the license period begin		20 10 ;	LICENSE REQUES	TED >
er	iding Dec 31	20 <b></b> 0	TYPE	FEE
	☐ Town of		☐ Class A beer	\$
TO THE GOVERNING BOD		MADISON	Class B beer	\$
	Gity of	11000	Wholesale beer	\$
"Dx.15			Class C wine	\$
County of DANE	Aldermanic Dist. N	No (if required by ordinal		\$
4 - T	IAI E DARTHEROUIR	LIMITED LIABILITY COMPANY	Class B liquor Reserve Class B liqu	\$
1. The named INDIVID	JAL PARTNERSHIP RATION/NONPROFIT ORGANIZATI		Publication fee	ог \$ 
	r the alcohol beverage license(s) ch		TOTAL FEE	\$
2 Nam <u>e (individual/partners gi</u>	ve last name, first, middle; corporation	ons/limited liability companies give re	<u> </u>	1 / 1
Fitzgeral		-4	<u> </u>	· · · · · · · · · · · · · · · · · · ·
An "Auxiliary Questionnal	re," Form A1-103, must be completed the complete of a column and agent of a column.	eted and attached to this applicate rporation or nonprofit organizatio	tion by each individual applicant	, by each member of a
liability company. List the	name, title, and place of residence o	f each person	-	and agent of a limited
	Title	Name Gitzgerald 15	lome Address Pos	st Office & Zip Code
President/Member	rnet dett	hatzgerald 13	30 Atmosp Av.	<u> 53704</u>
Vice President/Member	-			
Secretary/Member				
Treasurer/Member	itzeesabl			
Agent ► SoCF F Directors/Managers	11760212 154	7.0000000000000000000000000000000000000		
3 Trade Name	John Che	OS Busines	ess Phone Number (608) 7	44 0009
4. Address of Premises 2		·	Office & Zip Code > 53704	1
		pany subject to completion of the re-	•	
training course for this licens		party subject to completion of the re-	sportsible beverage server	Yes 🔀 No
-	or agent of, or acting on behalf of an	yone except the named applicant?		Yes No
7. Does any other alcohol beve	rage retail licensee or wholesale pe	rmittee have any interest in or contro		Yes 🕅 No
		sert state Wisconsin and		n
		of any other corporation or limited li		Yes 🔼 No
• •	•	agent or limited liability company, or	any member/manager or	
	any other alcohol beverage license			Yes 🔼 No
, .	•	very YES answer in sections 5, 6, 7 a		
Premises description: Desc	be building or buildings where alcoh	of beverages are to be sold and stor	red. The applicant must include	
may be sold and stored only	on the premises described )	and/or storage of alcohol beverages	and records (Alcohol beverages	
10 Legal description (omit if stre		3	, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
	ed for the sale of liquor or beer during	ng the past license year?		Yes X No
(b) If yes, under what name	•			ممر
12 Does the applicant understar before beginning business?	nd they must file a Special Occupation [phone 1-800-937-8864]	onal Tax return (TTB form 5630 5)		Yes No
		be applied for and issued in the san	ne name as that shown in	
Section 2, above? [phone (60	08) 266-2776]			Yes 🔲 No
14 Is the applicant indebted to a	ny wholesaler beyond 15 days for b	eer or 30 days for liquor?		. 🔲 Yes 🛭 🔀 No
READ CAREFULLY BEFORE SIGNIN	IG: Under penalty provided by law the a	applicant states that each of the above qu	uestions has been truthfully answered to	the best of the knowledge
of the signers. Signers agree to opera	ite this business according to law and t	hat the rights and responsibilities confe	rred by the license(s), if granted, will n	ot be assigned to another
any portion of a licensed premises dur	er or a parmersnip applicant must sign; ing inspection will be deemed a refusal t	corporate officer(s) members/managers to permit inspection. Such refusal is a m	s of Limited Liability Companies must s	ign) Any lack of access to
SUBSCRIBED AND SWORN TO		to permit inopositori cuosi rotaturio di in		i tiao aoonoo
this $4$ day of $3$	•	10 Seath	4tharrald	\
uay or	, 20		ion/Member/Makages of Limited Liability Co	) ompany/Partner/Individual)
- Clemis	ke j			
_ *	Notary Public)	(Officer of Coη	poration/Member/Manager of Limited Liabii	ity Company/Partner)
My commission expires $2-2$	<b>9</b> -10	(Additional Po	artner(s)/Member/Manager of Limited Liabi	Ilty Company if Any)
TO BE COMPLETED BY CLERK	***************************************			
Date received and filed with municipal clerk / _ / _ / _ /	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk	
Date license granted	Date license issued	License number issued	-	
		and statement together		
AT-106 (R. 4-09)			Wisco	onsin Department of Revenue

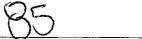
## City of Madison Supplemental Class B License Application

☐ Seller's Permit Number ☐ Federal Employer Identification Number	<ul> <li>□ Description of Licensed Premise</li> <li>□ *Notarized Appointment of Agent</li> <li>□ Background Investigation Form(s)</li> </ul>	☐ Floor Plans ☐ Lease ☐ Sample Menu			
☐ Notarized Original Application Form ☐ Notarized Supplemental Form	☐ Notarized Transfer of Ownership☐ *Articles of Incorporation	☐ Business Plan * Corporation/LLC only			
1 Name of Applicant/Partner/Corporation		LL			
2. Address of Licensed Premise 2330					
3. Telephone Number: 608 244-	4. Anticipated opening date:	JAN 1,2010			
5. Mailing address if not opening immedi	ately				
6 Have you contacted the Alderperson, P the neighborhood association represen	olice Department District Captain, Alcoholative for the area in which you intend to l				
7. Are there any special conditions desire	d by the neighborhood? ☐ Yes ☐ No				
Explain.					
8. Business Description, including hours of operation: Bicycle require and Sales					
10-7(m-+) 10-6(F) 10-5 (SAT) 12-4(Sun)					
9. Do you plan to have live entertainment	? □ No ➤ Yes—What kind? DjS	& Live Music			
	g, including overall dimensions, seating an ages are to be sold and stored. The license aged without the approval of the Commo	ed premise described			
2000 square foot ope	n Floor with workber	nches several			
	and theater sent.				
stored cold in	or refridagerated cools	27			
·	nd stored only on the licensed premise, no	t in living quarters			
12. Describe existing parking and how par	king lot is to be monitored Slack.	top lot with			
6 parking spaces					
13. Describe your management experience					
I have one full time	al apperated this stace	a ter luyears			
14 Identify the registered agent for your		ation's agent for service of			
process, notice or demand required or	permitted by law to be served on the corpo	oration.			
Name Address	2330 Atwood Av. Madis	on WI 53704			

15. Utilizing your market research, who would you project your target market to be?  ———————————————————————————————————
16. What age range would you hope to attract to your establishment? Z1-and slder
17. Describe how you plan to advertise/promote your business. What products will you be advertising?  Was a Wouth
18 Are you operating under a lease or franchise agreement? Yes (attach a copy) No
19. Owner of building where establishment is located: Luct's Martin  Address of Owner: 2323 Atwood Av Phone Number (28)770 64
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
21. List the Directors of your Corporation/LLC  Jeff Citzgeral Z330 Atwood Av. Madison WI 53704  Address
Name Address
Name Address
22. List the Stockholders of your Corporation/LLC
Name Address % of Ownership
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 Bieyde repair and service
24 What type of food will you be serving, if any? None
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?

27. What hours, if any, will food service <u>not</u> be available? $N/a$
28. Indicate any other product/service offered Bicycle repair / Sporting Goods
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?   During what hours do you anticipate they will be on duty?
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?
How many bartenders do you anticipate you would have working at one time on a busy night?
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?
36. What type of cooking equipment will you have? Stove Oven 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?
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you
anticipate will be related to food?
What percentage of your advertising budget do you anticipate will be drink related?
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





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	\ %	
Gross Receipts from Food and Non-Alcoholic Beverages	%	
Gross Receipts from Other	99 %	
Total Gross Receipts	100%	

44. Do you have written records to document the percentages shown? Yes

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 4 day of January, 20 10

(Clerk/Notary Public)

My commission expires 2-24-13

(Officer of Corporation/Member of IL C/Partner/Individual)

## Appointment of New Liquor/Beer Agent

To be completed by Corporate Officer or Member of LLC  I, Leff Fitzgerald, officer/member for Amount & Fitzgerald  (Corporation/LLC), doing business as Fevolution Mcles, authorize and appoint  Leff Fitzgerald (Name) as the liquor/beer agent for the premise  located at Fevolution Mcles		
Subscribed and sworn to before me this  H Day of Jan, 2010  Notary Public, Dane County, Wisconsin  My Commission Expires 2-24-13		
To be completed by appointed Liquor/Beer Agent  I, Completed by appointed Liquor/Beer agent for appointed liquor/beer agent for		
Revolution Lycles (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 %.		
<b>,</b>		
Subscribed and sworn to before me this  H Day of Jan, 20/0  Signature of Agent		
Signature of Agent		

My Commission Expires 2-24-13