City of Madison Supplemental Class A License Application

Seller's Permit Number Federal Employer Identification Number Notarized Original Application Form Notarized Supplemental Form	□ Description of Licensed Premise □ *Notarized Appointment of Agent □ Background Investigation Form(s) □ Notarized Transfer of Ownership □ *Articles of Incorporation	Floor Plans Lease Sample Menu N/A Business Plan N/A * Corporation/LLC only
1 Name of Applicant/Partner/Corporation/LLC Boursou's Specialties LLC		
2 Address of Licensed Premise 901	Williamson Street Madison	1, WI 53703
3 Telephone Number: 608-244-3629 4 Anticipated opening date:		
5 Mailing address if not opening immediately 1209 Southridge Drive, Madison, WI 53704		
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 What type of establishment is contemplated? Liquor Store Grocery Store Convenience Store – Gas Pumps Yes No Other—Explain		
9 Business Description: Covenient Stare Selling Beer, grocelies (Backaged) & Cigarettes, Jeli - Sub Sandwiches		
10. Detailed <u>written</u> 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.		
1900 Soft with come	niloce fore on are side	with a
	on other side. Beer	
a two day coder a		walle in Cooler.
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 <u>A parking spaces behind</u>		
Describe existing parking and how parking lot is to be monitored. A parking spaces behind building for employed guner, street garking for customers		
13. Describe your management experience, staffing levels, duties and employee training.		
10 yrs customer service experience; family of small business owners (vestomant)		
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. Sounded May 1209 Southridge Drive Madison, WI 53704 Name Address		
Name Addre	ss	