

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning 07/01 20 11 ;
 ending 06/30 20 12

TO THE GOVERNING BODY of the: Town of
 Village of } MADISON
 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): OPEN PANTRY FOOD MARTS OF WISCONSIN, INC.

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>ROBERT A. BUHLER</u>	<u>6660 ROCKEFELLER RD</u>	<u>LAKE FOREST, IL 60045</u>
Vice President/Member				
Secretary/Member				
Treasurer/Member				
Agent		<u>JAMES L. SCHUTZ</u>	<u>4045 S. ABELL AVE</u>	<u>NEW BERLIN, WI 53151</u>
Directors/Managers				

3. Trade Name OPEN PANTRY FOOD MART #1200 Business Phone Number 608-278-1226
 4. Address of Premises 2703 W BELTLINE HWY Post Office & Zip Code MADISON, WI 53713

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 WI and date 1-21-16 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.) COOLER + FLOOR DISPLAYS IN BUILDING @ 2703 W BELTLINE HWY
+ BACK ROOM STORAGE

10. Legal description (omit if street address is given above):
 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? OPEN PANTRY FOOD MARTS OF WI INC DBA: OPEN PANTRY #1200
 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] AGENT: JAMES L. SCHUTZ 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 18TH day of MAY, 20 11

Floyd K. Landwehr
 (Clerk/Notary Public)

[Signature]
 (Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

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

My commission expires 06-16-2013

(Additional Partner(s)/Member/Manager of Limited Liability 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 <u>LIC11A-2011-00542</u>	

Applicant's Wisconsin Seller's Permit Number: <u>456-0000503918-04</u>
Federal Employer Identification Number (FEIN): <u>39-1081367</u>
LICENSE REQUESTED
<input checked="" 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 type="checkbox"/> Class B liquor \$
<input type="checkbox"/> Reserve Class B liquor \$
Publication fee \$ <u>20.00</u>
TOTAL FEE \$

CLASS A BEER ONLY

City of Madison Supplemental Class A License Application

<input type="checkbox"/> Seller's Permit Number <input type="checkbox"/> Federal Employer Identification # <input type="checkbox"/> Notarized Original Application Form <input type="checkbox"/> Notarized Supplemental Form <input type="checkbox"/> Orange Sign (Clerk's Office provides at time of application)	<input type="checkbox"/> Description of Licensed Premise <input type="checkbox"/> *Notarized Appointment of Agent <input type="checkbox"/> Background Investigation Form(s) <input type="checkbox"/> Notarized Transfer of Ownership <input type="checkbox"/> *Articles of Incorporation	<input type="checkbox"/> Floor Plans <input type="checkbox"/> Lease <input type="checkbox"/> Sample Menu <input type="checkbox"/> Business Plan * Corporation/LLC only
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1. Name of Applicant/Partner/Corporation/LLC OPEN PANTRY FOOD MARKS OF WISCONSIN, INC.
 2. Address of Licensed Premise 2201 S PARK ST MADISON WI 53713
 3. Telephone Number: 608-256-1441 4. Anticipated opening date: CURRENTLY OPEN
 5. Mailing address if not opening immediately CORPORATE OFFICE 10505 CORPORATE DR #101 PLEASANT PRAIRIE WI 53188
 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: RETAIL CONVENIENCE STORE WITH GAS PUMPS

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.**

A STORE OF 2000 SQ FT, ALCOHOL TO BE SOLD & STORED IN COOLERS, SALES FLOOR DISPLAYS, BACKROOM STORAGE.

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. HAS PARKING STALLS ALONG EAST SIDE OF BUILDING, (3) OF THEM WITH (1) HANDICAP. THERE ARE (2) CAMERAS, ONE RECORDS THE PUMPS THE OTHER RECORDS PARKING STALLS. PARKING IS ALSO VISIBLE THRU WINDOWS ON EAST SIDE OF BUILDING. EVERY HOUR VISITS TO THE EXTERIOR OF BUILDING ARE PERFORMED BY EMPLOYEES WHILE CHECKING GARBAGES, SUPPLIES, ETC. LOT IS ALSO CHECKED FOR SUSPICIOUS OR ABANDONED VEHICLES.

13. Describe your management experience, staffing levels, duties and employee training.
OVER 30 YEARS OF LEADERSHIP, 15 OF THEM IN THE CONVENIENCE STORE INDUSTRY. STORE WILL BE STAFFED WITH HIGHLY TRAINED QUALITY PEOPLE THAT ARE RESPONSIBLE FOR MAINTAINING THE OPEN PANTRY IMAGE. EACH EMPLOYEE IS TRAINED ON EXCEPTIONAL CUSTOMER SERVICE AS WELL AS TRAINING ON SELLING RESTRICTED PRODUCTS & ROBBERY PREVENTION

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.

ROBERT A BUTLER 10505 CORPORATE DR #101 PLEASANT PRAIRIE WI
 Name Address 53188

15. Utilizing your market research, who would you project your target market to be?
OPENLY ANTLY'S FOCUS ON THE FEMALE CONSUMER IS APPARENT IMMEDIATELY UPON
ENTRANCE TO STORE. WELL-LIT LOCATION PLEASED HIGH QUALITY RESTURANT STYLED RESTROOM
AND FREE WI-FI ACCESS TERMINALS - INNOVATIVE CONCEPTS.

16. Describe how you plan to advertise/promote your business. What products will you be advertising?
OUR ADVERTISING IS LIMITED TO IN-STORE SIGNAGE, WE ADVERTISE CONVENIENCE STORE
TYPE ITEMS.

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

18. Owner of building where establishment is located: ELK LAND, LLC
Address of Owner: 10505 CORPORATE DR #101 PLEASANT PRAIRIE, WI 53158 Phone Number 262-857-1156

19. 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? N/A Yes No

20. List the Directors of your Corporation/LLC
ROBERT A. BUTLER 660 ROCKEFELLE RD LAKE FOREST, IL 60045
Name Address

Name Address

Name Address

21. List the Stockholders of your Corporation/LLC
ROBERT A. BUTLER 660 ROCKEFELLE RD LAKE FOREST, IL 100
Name Address % of Ownership

Name Address % of Ownership

Name Address % of Ownership

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 15TH day of MAY, 20 11

[Signature]
(Clerk/Notary Public)

[Signature]
Officer of Corporation/Member of LLC/Partner/Individual

My commission expires 06-16-2013

Store 1000 - 1000 W.

Cooler Doors

Hot Food

Fountain soda

Coffee

Entrance

POS

POS

Beer Display

Office

Restroom

Beer Displays

Storage

X

Cooler Doors

Beer

Beer

Beer

