

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning 02-01-09 20 09 ;
ending 10-30-09 20 _____

TO THE GOVERNING BODY of the: Town of } Madison
 Village of }
 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): Five Corners Inc

Applicant's Wisconsin Seller's Permit Number: <u>004-0000376053-01</u>	
Federal Employer Identification Number (FEIN): <u>39-2013117</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Wholesale beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$
TOTAL FEE	\$ 20

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>John Scott Wallace</u>	<u>15512 W. Holt Rd</u>	<u>Brookfield, WI 53001</u>
Vice President/Member	<u>KAREN L WALLACE</u>	" "	" "
Secretary/Member			
Treasurer/Member			
Agent	<u>John S Wallace</u>		
Directors/Managers			

- 3 Trade Name PINKUS McBRIDE Market + Deli Business Phone Number 284-8000
4 Address of Premises 301 N. HAMILTON Post Office & Zip Code MADISON 53703

- 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 12-19-2000 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) 2 story masonry building - 2260 sqft w/storage in rear of →
10 Legal description (omit if street address is given above): 301 N HAMILTON MADISON WI
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? FIVE CORNERS INC
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] 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 20 day of January, 2009

[Signature]
(Clerk/Notary Public)

[Signature: John S. Wallace]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

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

My commission expires 7/24/11

(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
<u>1-20-09</u>			
Date license granted	Date license issued	License number issued	
	<u>84795</u>		

13450

City of Madison Supplemental Class A License Application

<input checked="" type="checkbox"/> Seller's Permit Number	<input checked="" type="checkbox"/> Description of Licensed Premise	<input checked="" type="checkbox"/> Floor Plans
<input checked="" type="checkbox"/> Federal Employer Identification Number	<input checked="" type="checkbox"/> *Notarized Appointment of Agent	<input checked="" type="checkbox"/> Lease
<input checked="" type="checkbox"/> Notarized Original Application Form	<input checked="" type="checkbox"/> Background Investigation Form(s)	<input type="checkbox"/> Sample Menu
<input checked="" type="checkbox"/> Notarized Supplemental Form	<input checked="" type="checkbox"/> Notarized Transfer of Ownership	<input type="checkbox"/> Business Plan
	<input checked="" type="checkbox"/> *Articles of Incorporation	* Corporation/LLC only

1. Name of Applicant/Partner/Corporation/LLC Five Corners Inc.
 2. Address of Licensed Premise 301 N. HAMILTON, Madison WI 53703
 3. Telephone Number: 608-284-8000 4. Anticipated opening date: Already open
 5. Mailing address if not opening immediately N/A

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: MARKET + DELI - ~~already hold Class A Beer license~~
already hold Class A Beer license

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.**
2 story Masonry BLDING 2200 sq FT - Storage in Rear of Building
+ Basement - No Living Quarters Accessible To Store. Located
At 301 N HAMILTON ST MADISON WI - Business is Licensed for
Class A Beer, looking to expand into small selection of wine.

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. No Parking Available

13. Describe your management experience, staffing levels, duties and employee training.
8 years of running Pickus McBride Mkt + Del.

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.
John Wallace 15812 W. Holt Rd Brooklyn WI 53521
 Name Address

15. Utilizing your market research, who would you project your target market to be?

Young Professionals 25 to 35 yrs of age

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

WORD OF MOUTH

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

18. Owner of building where establishment is located: The MCBRIDE Co.

Address of Owner: _____ Phone Number 608-258-1800

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? Yes No

20. List the Directors of your Corporation/LLC

<u>John S. Wallace</u>	<u>15812 W. Holt Rd Brooklyn WI 53521</u>
Name	Address
<u>KAREN L WALLACE</u>	<u>" " " " " "</u>
Name	Address
Name	Address

21. List the Stockholders of your Corporation/LLC

<u>John S Wallace</u>	<u>15812 W. Holt Rd Brooklyn WI</u>	<u>50%</u>
Name	Address	% of Ownership
<u>KAREN L WALLACE</u>	<u>" " " " " "</u>	<u>50%</u>
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 20 day of January, 2009

[Signature]
(Clerk/Notary Public)

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

My commission expires 7/24/11

