

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning June 30 2007 ;
ending June 30 2008

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): J. Maverick, LLC

Applicant's Wisconsin Seller's Permit Number: <u>004-0603372090-01</u>	
Federal Employer Identification Number (FEIN): <u>26-0876016</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Wholesale beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ <u>20.00</u>
TOTAL FEE	\$ <u>20.00</u>

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>President Mandy M. Arnold</u>	<u>6602 Carlton Dr Madison WI 53718</u>	<u>53718</u>
Vice President/Member	<u>Vice President Konrad T Arnold</u>	<u>6602 Carlton Dr Madison WI 53718</u>	<u>53718</u>
Secretary/Member			
Treasurer/Member			
Agent ▶	<u>Mandy M Arnold (President)</u>	<u>6602 Carlton Dr Madison WI 53718</u>	<u>53718</u>
Directors/Managers		<u>6602 Carlton Dr Madison WI 53718</u>	<u>53718</u>

3 Trade Name ▶ Opus Lounge Business Phone Number _____
4 Address of Premises ▶ 116 King St. Post Office & Zip Code ▶ Madison WI 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 09/11/07 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) 1000sq foot main level and 650sq foot Basement \$10 SEC Attached
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? Susan Kinton - Vertigo Ventures, LLC
- 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 24th day of Sept, 2007
[Signature]
(Clerk/Notary Public)

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

My commission expires 2/11/09

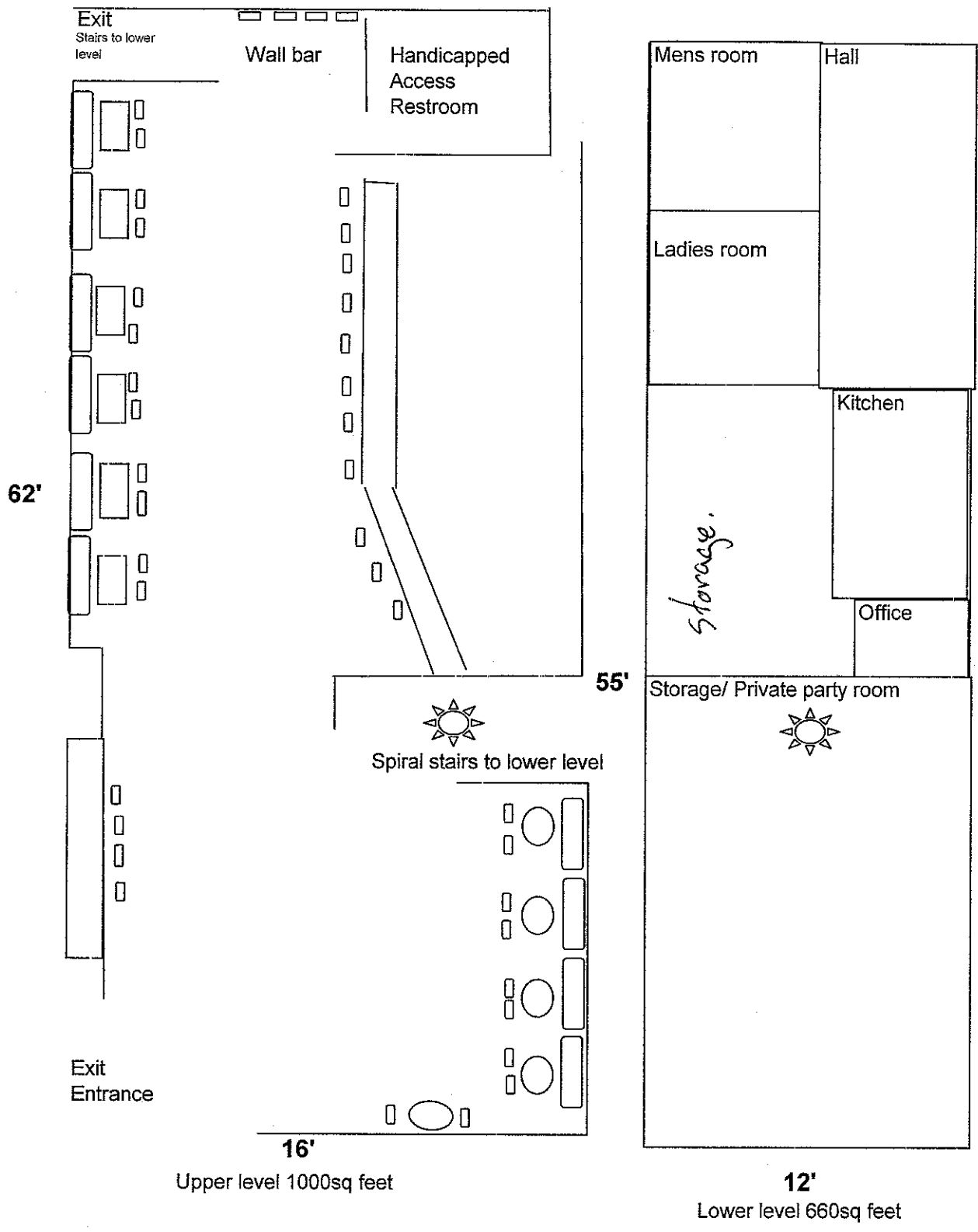
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>9/24/07</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued <u>79400</u>	

*Ald. Venner
PP
406*



Opus Lounge 116 King Street

City of Madison Liquor/Beer Original Supplemental Form

Office Use Only

- | | |
|--|--|
| <input checked="" type="checkbox"/> Seller's Permit Number
<input checked="" type="checkbox"/> Federal Employer Identification Number
<input checked="" type="checkbox"/> Notarized Original Application Form (AT-106)
<input checked="" type="checkbox"/> Notarized Supplemental Form
<input checked="" type="checkbox"/> Description of Licensed Premise
<input checked="" type="checkbox"/> *Notarized Appointment of New Liquor Agent
<input checked="" type="checkbox"/> Background Investigation Form(s) | <input checked="" type="checkbox"/> Floor Plans
<input checked="" type="checkbox"/> Lease
<input checked="" type="checkbox"/> Notarized Transfer of Ownership Letter
<input checked="" type="checkbox"/> *Articles of Incorporation/ Organization
<input type="checkbox"/> Sample Menu, if possible
<input type="checkbox"/> Business Plan, if one exists
* Forms required of Corporation/LLC only |
|--|--|

- ✓ All applicants must provide an adequate premise plan that includes exterior and interior dimensions, position of stairs and all entrances and exits, normal and customary use of each room, placement of major appliances, furniture and large gaming tables, placement and dimensions of all bar(s), and graphic representation of the normal position of booths, bar stools, tables and chairs. **Premise plans must be no larger than 8 ½ x 14.**
- ✓ New structures must submit to Building Inspection two sets of plans, signed and sealed by a registered architect or engineer.
- ✓ **Applicant/partners/Liquor Agent must be enrolled in or have completed the Beverage Server Training course before appearing before the Alcohol License Review Committee.**

Prior to your hearing before the Alcohol License Review Committee (ALRC), you must contact the Alderperson of the District in which you intend to do business, the representative of the appropriate neighborhood association (if any), the Madison Police Department, and the Alcohol Policy Coordinator.

- Alderperson Michael Verwee can be reached at 255-6498 at the Common Council Office (266-4071), or via e-mail at council@cityofmadison.com.
- The name of the neighborhood association representative can be obtained by calling the Planning and Development Department at 266-4635 or online at www.ci.madison.wi.us/neighborhoods/contacts.htm.
- Police Department Central District Captain Mary Schauf (Sector 400) can be reached at 266-4316.
- Police Department East District Captain Jill Klubertanz (Sector 600) can be reached at 267-2100.
- Police Department North District Captain Richard Bach (Sector 500) can be reached at 245-3652.
- Police Department West District Captain Jay Lengfeld (Sectors 100-200) can be reached at 288-6152.
- Police Department South District Captain James Wheeler (Sector 300) can be reached at 267-8687.
- Alcohol Policy Coordinator Joel Plant can be reached at 264-9295.

1. 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
2. Are there any special conditions desired by the neighborhood? Yes No *never get call back from Mike Verwee emailed + call*
 Explain: _____
3. Name of Applicant/Partner/Corporation/LLC J. Maverick, LLC
4. Telephone Number: 608-712-7709
5. Address of Licensed Premise 116 King St Madison WI 53703
6. Anticipated opening date: November 2007
7. Mailing address if not opening immediately 6602 Carlton Dr Madison WI 53710

8. What type of establishment is contemplated? Tavern Nightclub Restaurant

Liquor Store Grocery Store Convenience Store - Gas Pumps Yes No

Other Please explain _____

9. Business Description including hours of operation and if entertainment is part of your venue, what type:

(see Attached) we will open ~~at~~ Daily at 5 and close at bar time.
The Opus is a lounge that offers high end wine and cocktails along with appetizers.

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.**

(see Attached) The main floor is 1000sq feet with table seating for 40 and bar+counter seating for 20. The lower level is 640sq feet consisting of an office, kitchen, 2 bathrooms, and storage areas.

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. Street and ramp (public)

13. Describe your management experience, staffing levels, duties and employee training see Att Resume

My wife and I have been part restaurant managers for the past 3+ years. (see Attached) we will have 9 full+part time staff all bartenders will go through responsible server training and hold a bartenders license for the city of Madison.

14. Identify the **registered agent** for your Corporation or LLC. This is not necessarily the same person as your liquor/beer agent. This is your corporation's agent for service of process, notice or demand required or permitted by law to be served on the corporation. Mandy M. Arnold

Name

6602 Carlton Dr

Madison

WI 53718

Address

City

State

Zip

15. Excluding pre-packaged snacks, how late will food be served? 12:30 Am

16. What type of food will you be serving, if any? Sushi, Salads, Appetizers, and Desserts

17. Indicate any other product/service offered: Wine Beer and liquor.

18. Describe your target market. 25-40 year old professionals

19. What is your estimated capacity? 99
20. Are you operating under a lease or franchise agreement? Yes No (If yes, attach a copy.)
21. Owner of building where establishment is located: LCR Partnership % RIFKEN Group
 Address of Owner PO Box 2077 Madison WI 53701 Phone Number 608 258-4640
22. Individual or Partnership: Have individual/partners completed the Beverage Server Training Course? Yes No If Yes, indicate names: Mandy Arnold
License cannot be issued until proof of Beverage Server Training completion is shown.
23. Corporation/LLC: Will liquor/beer agent be a Wisconsin resident at the time of granting? Yes No
24. Corporation/LLC: Agent must disclose interest held in business: 50 %
25. Corporation/LLC: Has agent completed the Beverage Server Training Course? Yes No
License cannot be issued until proof of Beverage Server Training completion is shown.
26. Corporation/LLC: List Directors, Stockholders, and Managers below.

Director(s) Name	Home Address
Mandy ^{M.} Arnold	6602 Carlton Dr Madison WI 53718
Konrad T. Arnold	6602 Carlton Dr Madison WI 53718

Stockholder's Name	Address	Extent of Ownership%
Mandy M. Arnold	6602 Carlton Dr Madison WI 53718	50%
Konrad T. Arnold	6602 Carlton Dr Madison WI 53718	50%

Manager's Name	Address	Business Phone	Home Phone

27. 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

28. 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.**

Calendar/fiscal year: January 1 – December 31 July 1 – June 30

Percent Gross Receipts from Alcohol Beverages	90 %
Percent Gross Receipts from Food	9.5 %
Percent Gross Receipts from Other	.5 %
Total Gross Receipts	100 %

Do you have written records to document the percentages shown? Yes No

You may be required to submit documentation verifying the percentages you've indicated.

29. What type of establishment are you? (Check all that apply) Tavern Restaurant Nightclub
 Other Please explain: _____

30. Will your establishment have a kitchen manager? Yes No

31. Will your establishment be a member of the Wisconsin Restaurant Association? Yes No

32. How many wait staff will be employed at the establishment? 8-12

33. What hours, if any, will food service not be available? 12:30 AM - 2:30 AM

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

We will market to local business offering our space for their office gatherings also in the news papers in forming potential customers of our food and beverage and atmosphere

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 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 must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.) 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 24th day of Sept, 2007

[Signature]
(Clerk/Notary Public)

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

(Officer of Corporation/Member/Manager of LLC/Partner/Individual)

My commission expires 2/1/09

(Officer of Corporation/Member/Manager of LLC/Partner/Individual)

If you have any questions, please contact the City Clerk's Office at (608) 266-4601.

9. The Opus is a lounge that will serve high end wines and cocktails accompanied by appetizers and light dinners. Our hours of operation will be 4pm-2am Monday- Thursday and 4pm-2:30 am Friday and Saturday. We will have some entertainment limited to one musician or two person musical groups. We are going to look into the possibility of adding a private room on the lower level for Christmas and office parties.

10. The service area will include the out side front walk café with seating for 12, the main floor 1000 sq feet with 10 tables with 4 chairs each, the bar 25 ft long with 14 stools, Two wall counters with 4 stools each, and lower level 400 sq feet with seating for 25. We will have seating for 87 persons total and a capacity of 99 persons. Liquor will be stored on the main level behind the bar, in a cabinet in the stairway hall, and a cooler next to the seating. Liquor on the lower level will be stored in an office, storage room, walk in cooler, and in other spaces throughout the basement. The dimensions are approximately 15' wide by 65' long on the main floor. There is a 10'x4' hall on the lower level that leads to 2 bathrooms that are 8'x8' each. In addition to that we are looking at adding a 15'x 25' space for private parties.

13. Management experience; Mandy M. Arnold has been a manager at Chili's for nearly 4 years. Konrad T. Arnold has over 3 years of management experience in the restaurant industry 1 + years at Quaker Steak and Lube in Middleton and 2+ years at Chili's. We will supply a resume for each of us. The staffing levels will include manager, bartender bar back, cocktail server, and kitchen staff. Our total number of staff will be in the 8-12 range with daily staffing according to expected business. We will require all of our bar staff to go though responsible alcohol service training and obtain a city of Madison bartenders license.