

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning 03/16 20 07 ;
ending 06/30 20 07 ;

TO THE GOVERNING BODY of the: Town of Village of City of } MADISON

County of DANE Aldermanic Dist No. _____ (if required by ordinance)

Applicant's Wisconsin Seller's Permit Number: <u>0000175803</u>	
Federal Employer Identification Number (FEIN): <u>562571003</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Wholesale beer	\$
<input checked="" type="checkbox"/> Class C wine	\$ <u>20</u>
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$
TOTAL FEE	\$

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): ANTHONY DALEMANN-JONES, LLC

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			
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<u>OWNER</u>	<u>ANTHONY DALEMANN-JONES 46872 RIVERBEND</u>	<u>PANORAMA WI 53707</u>
Directors/Managers	<u>COUNCIL MANAGER</u>	<u>ANTHONY DALEMANN-JONES 46872 RIVERBEND</u>	<u>PANORAMA WI 53707</u>

3 Trade Name STATE STREET CAFE Business Phone Number 608 819 0304

4 Address of Premises 109 STATE 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 WISC. and date 4/12/06 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) STORE ON STATE STREET; 1400 Sq Ft Street level; 1100 Sq. Ft Cellar

10 Legal description (omit if street address is given above): 109 STATE STREET

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? N/A

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.

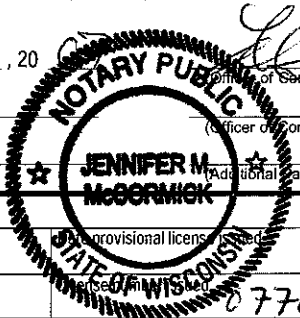
SUBSCRIBED AND SWORN TO BEFORE ME

this 15 day of March, 20

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

[Signature] (Clerk/Notary Public) _____ (Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

My commission expires 8-15-2010 _____ (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)



TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>03/16/07</u>	Date reported to council/board	Date of provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued		

City of Madison Liquor and/or 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 Auxiliary Questionnaire(s) (AT-103)
<input checked="" type="checkbox"/> Background Investigation Form(s)
<input checked="" type="checkbox"/> Floor Plans | <input type="checkbox"/> Lease
<input type="checkbox"/> Notarized Transfer of Ownership Letter
<input checked="" type="checkbox"/> *Schedule of Appointment of Agent (AT-104)
<input checked="" type="checkbox"/> *Notarized Agent Appointment/Acceptance Form
<input 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 MIKE VERVEEN can be reached at _____, 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 District Captain MARY CHAVE ^{Sec 402} can be reached at 266-4316.
- 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

Explain. _____

3. Name of Applicant/Partner/Corporation/LLC ANTHONY DALLMANN - JONES LLC
4. Telephone Number: 920 251-2052
5. Address of Licensed Premise 109 STATE STREET MADISON WI 53703
6. Anticipated opening date: MAY 2007
7. Mailing address if not opening immediately ALREADY OPEN.

8. What type of establishment is contemplated? Tavern Nightclub Restaurant
 Liquor Store Grocery Store Convenience Store – Gas Pumps Yes No
 Other Please explain ART GALLERY

9. Business Description including hours of operation and if entertainment is part of your venue, what type:
WE ARE AN ART GALLERY WITH 30+ ARTIST'S WORKS, AND
WISH TO SELL BOTTLED IMPORTED WINES HOURS 10-7 DAILY
12-5 SUNDAY

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.**
1400 Sq. Ft Street level gallery NO SEATING, NO BAR
1100 " Lower Level "
PLACE WINE IN WALL RACKS AND FREE STANDING DISPLAYS -
SELF-SERVE

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 PARKING ON
MIFLIN & DAYTON; PARKING GARAGES ON MIFLIN, DAYTON, PINEKEY

13. Describe your management experience, staffing levels, duties and employee training.
OWNED 2 BOTTLES, DIRECT A NATIONAL NON-PROFIT EDUCATION
ORGANIZATION; WE HAVE 3 OWNERS, 2 STAFF MEMBERS WITH ONSITE
TRAINING

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. ANTHONY DALLMANN-JONES

Name
109 STATE ST. MADISON WI 53703
Address City State Zip

15. Excluding pre-packaged snacks, how late will food be served? N/A

16. What type of food will you be serving, if any? N/A

17. Indicate any other product/service offered: N/A

18. Describe your target market. EXPENSIVE WINE PURCHASERS & ART GALLERY PATRONS

19. What is your estimated capacity? 120 STANDING APT VICEARS

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: JOAN CAPUTO
 Address of Owner: 109 STATE ST. MADISON WI 53073 Phone Number: 608 271 5006

22. Individual or Partnership: Have individual/partners completed the Beverage Server Training Course? Yes No If Yes, indicate names: N/A

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: 100 %

25. Corporation/LLC: Has agent completed the Beverage Server Training Course? Yes No AM TAKING COURSE NOW WITH NEWER ONLINE

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
ANTHONY DALSMANN-JUSS	N6872 RIVER BEND RD FOUNDRY LAC WI 54937

Stockholder's Name	Address	Extent of Ownership%
N/A		

Manager's Name	Address	Business Phone	Home Phone
OWNER			

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	20 %
Percent Gross Receipts from Food	0 %
Percent Gross Receipts from Other	80 %
Total Gross Receipts	100 %

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

WE ARE NEEDED WILL NOT OPEN UNTIL MAY 07

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: ART GALLERY

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? N/A

33. What hours, if any, will food service not be available? N/A

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

ART & IMPORTED BOTTLED WINE

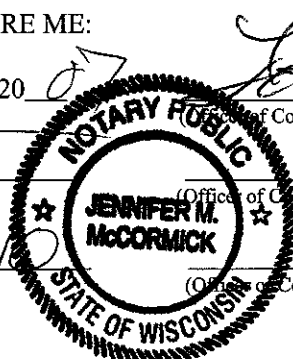
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SUBSCRIBED AND SWORN TO BEFORE ME:

this 15 day of March, 2007

[Signature] (Clerk/Notary Public)

My commission expires 8-15-2010



[Signature]

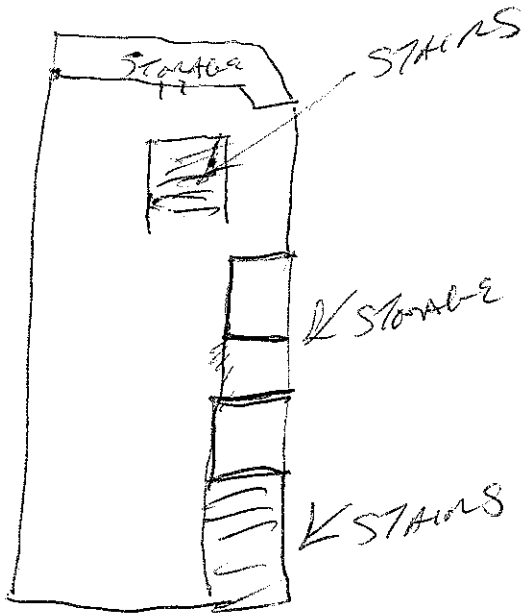
(Office of Corporation/Member/Manager of LLC/Partner/Individual)

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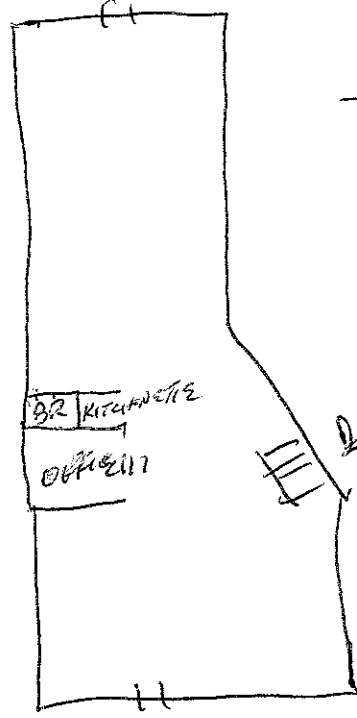
If you have any questions, please contact the City Clerk's Office at (608) 266-4601.

Bottom Floor



1100 Sq. Ft

Front Door
109 STATE ST



TOP Floor
1400
Sq Ft.

MIFLIN
STREET

STATE ST. (across)
109 ST. STREET
MADISON, WI