

L1CL1B-2014-00896



City of Madison Liquor/Beer License Application

On-Premises Consumption: Class B Beer Class B Liquor Class C Wine
Off-Premises Consumption: Class A Beer Class A Liquor

35358

Section A – Applicant

- If needed, a qualified interpreter can be provided at no charge to you. Would you like an interpreter?
 Yes (language: _____)
 No (If you answer no and you do require an interpreter, the ALRC will refer your application to a subsequent meeting and this may delay your application process)

Si usted requiere o necesita un/a intérprete, nosotros podemos proveer un/a intérprete sin costo alguno. ¿Le gustaría tener un/a intérprete?
 Sí, lenguaje _____
 No. Si usted escoge "no" en la solicitud/aplicación, y usted sí requiere un/a intérprete, el comité remitirá su solicitud para una nueva junta y esto puede atrasar el proceso de su solicitud.
- This application is for the license period ending June 30, 2015.
- List the name of your Sole Proprietor, Partnership, Corporation/Nonprofit Organization or Limited Liability Company exactly as it appears on your State Seller's Permit.
HOA Restaurant Holder, LLC
- Trade Name (doing business as) Hooters
- Address to be licensed 2639 East Springs Dr. Madison, WI 53704
- Mailing address : 1815 The Exchange, Atlanta GA. 30339
- Anticipated opening date Already Opened
- Is the applicant an employee or agent of, or acting of behalf of anyone except the applicant named in question 2?
 No Yes (explain) _____
- Does another alcohol beverage licensee or wholesale permittee have interest in this business?
 No Yes (explain) _____

Section B—Premises

- Describe in words the building or buildings where alcohol beverages are to be sold and stored. Include all rooms including living quarters, if used, and any outdoor seating used for the sales, service, and/or storage of alcohol beverages and records. Alcohol beverages may be sold and stored only on the premises as approved by Common Council and described on license.

Alcohol sold throughout dining area and stored in storage area.

P-632

A-17 (clausius)

11. Attach a floor plan, no larger than 8 1/2 by 14, showing the space described above.

12. Applicants for on-premises consumption: list estimated capacity 241

13. Describe existing parking and how parking lot is to be monitored.

The site plan is attached.

14. Was this premises licensed for the sale of liquor or beer during the past license year?

No Yes, license issued to Hooters of East Madison, LLC (name of licensee)

15. Attach copy of lease.

Section C—Corporate Information

This section applies to corporations, nonprofit organizations, and Limited Liability Companies only. Sole proprietorships and partnerships, skip to Section D.

16. Name of liquor license agent LAURA JO CLARK

17. City, state in which agent resides MADISON, WI

18. How long has the agent continuously resided in the State of Wisconsin? 15 years.

19. Appointment of agent form and background check form are attached.

20. Has the liquor license agent completed the responsible beverage server training course?

No, but will complete prior to ALRC meeting Yes, date completed 5/10/13

21. State and date of registration of corporation, nonprofit organization, or LLC.

Delaware, April 28, 2014

22. In the table below list the directors of your corporation or the members of your LLC.

Attach background check forms for each director/member.

Title	Name	City and State of Residence
President, CEO, Manager	Terrance Marks	Atlanta, GA
EVP, CFO, Sec., Manager	Matthew Wickesberg	Atlanta, GA
Chief Legal Office, Asst. Sec.	Claudia Levitas	Atlanta, GA
Manager		

23. Registered agent for your corporation or LLC. This is your agent for service of process, notice or demand required or permitted by law to be served on the corporation. This is not necessarily the same as your liquor agent.

CT Corporation System, 8040 Excelsior Dr., Ste 200, Madison, WI 53717

24. Is applicant a subsidiary of any other corporation or LLC?
 No Yes (explain) _____
25. Does the corporation, any officer, any director, any stockholder, liquor agent, LLC, any member, or any manager hold any interest in any other alcohol beverage license or permit in Wisconsin?
 No Yes (explain) "Class B" licenses held in LaCrosse, Janesville and Brookfield
for the respective Hooters Restaurants

Section D—Business Plan

26. What type of establishment is contemplated?
 Tavern Nightclub Restaurant Liquor Store Grocery Store
 Convenience Store without gas pumps Convenience Store with gas pumps
 Other _____
27. Business description Full service Restaurant and Bar for casual dining experience.

28. Hours of operation 11:00 a.m. - 2:00 a.m.
29. Describe your management experience We have over 16 years of service in the State of
Wisconsin.

30. List names of managers below, along with city and state of residence.
LAURA JO CLARK MADISON WI

31. Describe staffing levels and staff duties at the proposed establishment We have about 100
employees for preparation and service of food, alcohol and merchandise sales.

32. Describe your employee training Employees are trained by supervisors and managers by
following Corporately-developed training manuals and state-of-the art restaurant
management techniques. Over 100 restaurants nation-wide use the training techniques.

33. Utilizing your market research, describe your target market.

Please see attached response.

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

Through media outlets including print, radio, T.V. and grassroots efforts.

35. Are you operating under a lease or franchise agreement? No Yes (Building Lease)

36. 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?
 No Yes

Section E—Consumption on Premises

This section applies to Class B and Class C applicants only. Class A license applicants (consumption off premises) may skip to Section F.

37. Do you plan to have live entertainment? No Yes—what kind? Not on a regular basis,
however a DJ or Live Band may be used for special events.

38. What age range do you hope to attract to your establishment? All ages.

39. What type of food will you be serving, if any? Copy of menu is attached.
 Breakfast Brunch Lunch Dinner

40. Submit a sample menu if applicable. What will be included on your operational menu?
 Appetizers Salads Soups Sandwiches Entrees Desserts
 Pizza Full Dinners

41. During what hours of operation do you plan to serve food? All hour of operation when establishment is
open to the public.

42. What hours, if any, will food service not be available? Prior to opening and after closing.

43. Indicate any other product/service offered. Merchandise counter (T-shirts, memorabilia)

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

45. Will you have a kitchen support staff? No Yes

46. How many wait staff do you anticipate will be employed at your establishment? 75

During what hours do you anticipate they will be on duty? 10:30 a.m. - 2:00 a.m.

47. Do you plan to have hosts or hostesses seating customers? No Yes

48. Do your plans call for a full-service bar? No Yes
 If yes, how many barstools do you anticipate having at your bar? 17
 How many bartenders do you anticipate having work at one time on a busy night? 3
49. Will there be a kitchen facility separate from the bar? No Yes
50. Will there be a separate and specific area for eating only?
 No Yes, capacity of that area 201
51. What type of cooking equipment will you have?
 Stove Oven Fryers Grill Microwave
52. Will you have a walk-in cooler and/or freezer dedicated solely to the storage of food products?
 No Yes
53. What percentage of payroll do you anticipate devoting to food operation salaries? 95%
54. If your business plan includes an advertising budget:
 What percentage of your advertising budget do you anticipate will be related to food? 75%
 What percentage of your advertising budget do you anticipate will be drink related? 25%
55. Are you currently, or do you plan to become, a member of the Madison—Dane County Tavern League or the Tavern League of Wisconsin? No Yes
56. Are you currently, or do you plan to become, a member of the Wisconsin Restaurant Association or the National Restaurant Association? No Yes
57. All restaurants and taverns serving alcohol must substantiate their gross receipts for food and alcohol beverage sales broken down by percentage. New establishments estimate percentages:
28 % Alcohol 69 % Food 3 % Other
58. Do you have written records to document the percentages shown? No Yes (Estimate)
 You may be required to submit documentation verifying the percentages you've indicated.

Section F—Required Contacts and Filings

59. I understand that liquor/beer license renewal applications are due April 15 of every year, regardless of when license was initially granted. No Yes
60. I understand that I am required to host an information session at least one week before the ALRC meeting. No Yes
61. I agree to contact the Alderperson for this location to discuss my application and to invite the Alderperson to my information session. No Yes
62. I agree to contact the Police Department District Captain for this location prior to the ALRC meeting. No Yes
63. I agree to contact the Alcohol Policy Coordinator prior to the ALRC meeting. No Yes
64. I agree to contact the neighborhood association representative prior to the ALRC meeting.
 No Yes

65. I understand we must file a Special Occupational Tax return (TTB form 5630.5) before beginning business. [phone 1-800-937-8864] No Yes
66. I 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] No Yes
67. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?
 No Yes

Section G—Information for Clerk's Office

68. State Seller's Permit 4 5 6 - 1 0 2 8 6 1 2 ~~8 6~~ 6 - 0 2

69. Federal Employer Identification Number 46-5553833

70. Who may we contact between 8 a.m. and 4:30 p.m. regarding this license?

Contact person Shauna Fulton

E-mail address sfulton@hooters.com

Phone (770) 799-2316 Preferred language English

71. Corporate attorney, if applicable: Name Claudia Levitas

Phone (770) 951-2040 E-mail clevitas@hooters.com

Read carefully before signing in front of a notary: 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 the business according to law, and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. Lack of access to any portion of licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

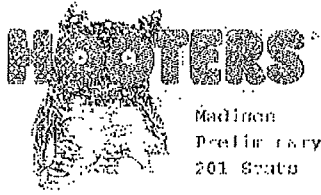
Subscribed and Sworn to before me:
 this 9 day of July, 20 15

[Signature]
 (Clerk/Notary Public)

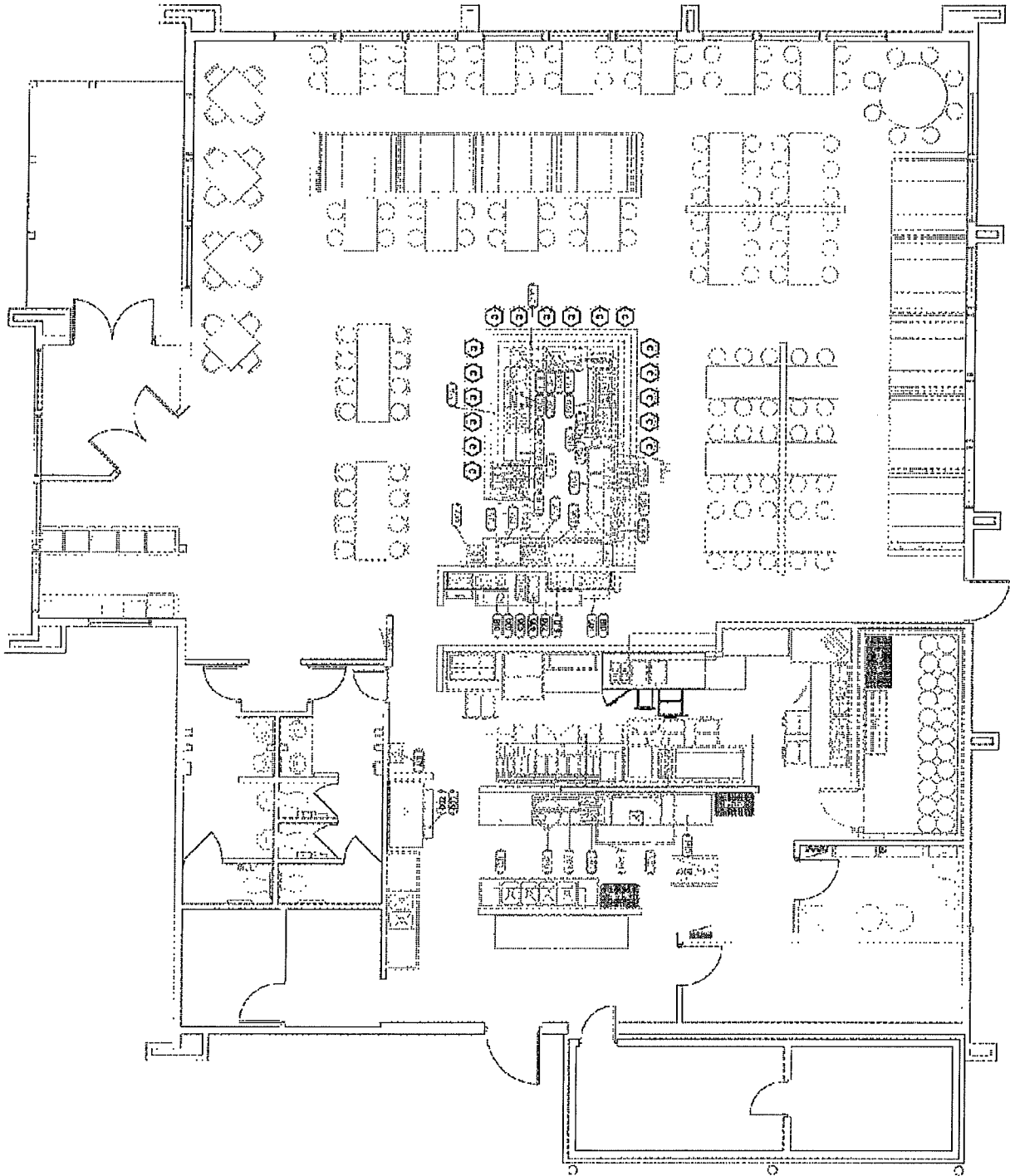
[Signature]
 (Officer of Corporation/Member of LLC/Partner/Sole Proprietor)
ESTHER MOSKOWICZ
 NOTARY PUBLIC
 GWINNETT COUNTY, GEORGIA
 MY COMMISSION EXPIRES ON DECEMBER 9, 2015

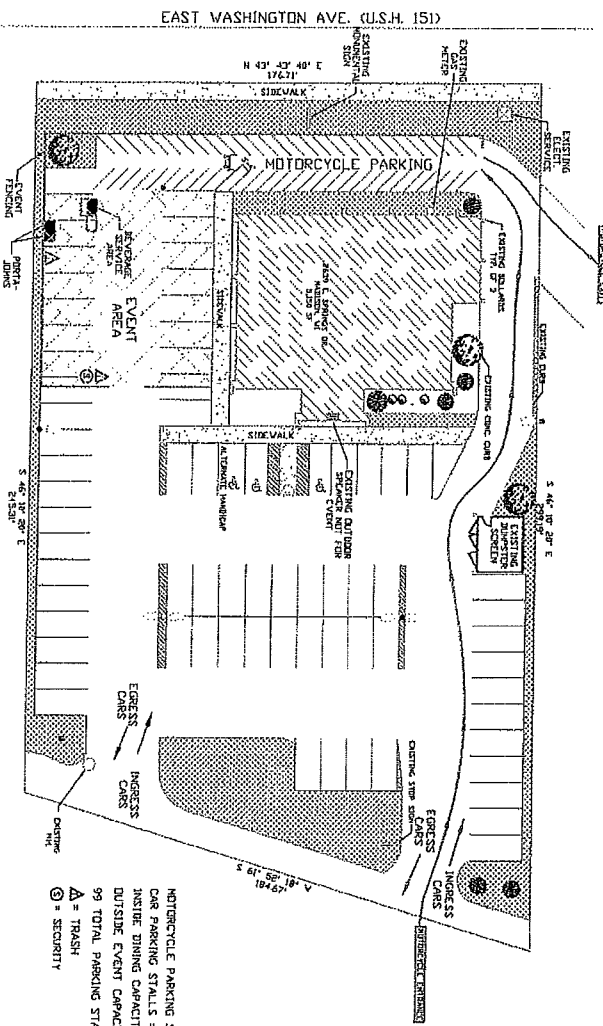
My commission expires 12/9/2015

Clerk's Office checklist for complete applications		
<input type="checkbox"/> Orange sign <input checked="" type="checkbox"/> WI Seller's Permit Certificate (matching articles of incorporation) <input checked="" type="checkbox"/> FEIN <input checked="" type="checkbox"/> Notarized application <input checked="" type="checkbox"/> Written description of premises	<input checked="" type="checkbox"/> Background investigation form(s) <input checked="" type="checkbox"/> Form for surrender of previous license <input checked="" type="checkbox"/> *Articles of Incorporation <input checked="" type="checkbox"/> *Notarized Appointment of Agent * Corporation/LLC only	<input checked="" type="checkbox"/> Floor Plans <input checked="" type="checkbox"/> Lease <input checked="" type="checkbox"/> Sample Menu <input type="checkbox"/> Business Plan
Date complete application filed with Clerk's Office _____ Date of ALRC meeting _____ Date license granted by Common Council _____ Date provisional issued _____ Date license issued _____ License number _____		



Madison
Preliminary Layout #3
201 Seats





MOTORCYCLE PARKING STALLS = 54
 CAR PARKING STALLS = 53 (3 HANDICAP INCLUDED)
 INSIDE DINING CAPACITY = 240 PATRONS
 OUTSIDE EVENT CAPACITY = 3982 50'-11" / 5 50'-FT PER PERSON = 796 PERSONS CAPACITY
 99 TOTAL PARKING STALL (APPLY 30% CAPACITY RULE) = 300 PATRON CAPACITY
 ▲ = TRASH
 ⊙ = SECURITY

SITE PLAN

SCALE: 1/2" = 20'-0" (11" X 17" SHEET SIZE)
 SCALE: 1" = 20'-0" (22" X 34" SHEET SIZE)
 1.104 ACRE LOT

SHEET S1	TITLE: Hooters of East Madison, LLC		DATE: 5-05-10
	OWNER: Hooters of East Madison, LLC 2639 East Spring Drive Madison, WI OWNER: FT East Grant Stratton, LLC	DRAWING PRODUCED BY: QUALITY DESIGN SERVICES, LLP 77007 PARKVIEW DRIVE - SUITE A GREENVILLE, WI 54942 (920)757-8505	CO: QUALITY DESIGN SERVICES 77007 PARKVIEW DR. STE A GREENVILLE, WI