

Application for Change of Licensed Premise
No Fee Required. Due at 12 Noon two weeks before ALRC meeting.

Applicants must appear before the ALRC. Detailed floor plans (no larger than 8 1/2 x 14) must accompany this form, or request will not be presented to the committee.

Please contact City Zoning (Municipal Building LL-100, 266-4560). A Conditional Use Permit may be required. There is a fee for the Conditional Use Permit.

Corporate/Owner Name JOSEPH VALE

DBA MAD CITY CRAB HOUSE

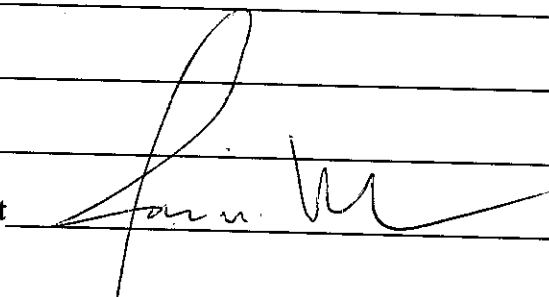
Address 122 STATE ST

Agent JOSEPH VALE

Capacity 16 % Alcohol 25 % Food 75

Description of Expansion Plans:

OUTDOOR SEATING IN FRONT OF
STATE ST DINING ROOM.
4 TABLES - 16 CHAIRS

Signature of Applicant  Date 8 APRIL 2008

To be considered at ALRC meeting of JUNE 18, 2008
and Common Council Meeting of _____

License Type _____ License # _____ Legistar # 10671

Approved _____ Disapproved _____

Routed: City Zoning
Building Inspection Unit - Permit Counter
Madison Police Department
Aldersperson _____

10671

Application for Sidewalk Café License

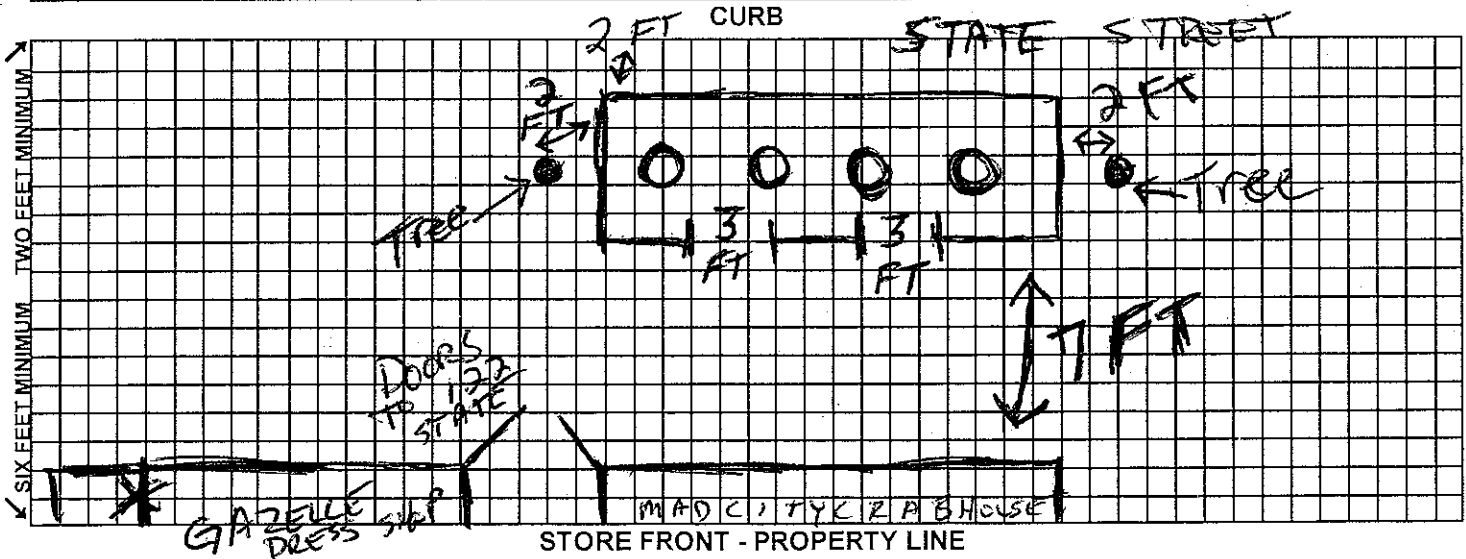
For Year: July 1st 2008 to April 14, 2009

All new applicants and returning sidewalk café operators who wish to make any changes to their sidewalk café must schedule an appointment with the Street Vending Coordinator, who will meet with you at the café site. Include a photo or detailed rendering of your sidewalk café furniture and barrier with your application *whether you are new or returning*. Complete this application and diagram for approval. *Note Set-up may not obstruct the pedestrian right-of-way Approved tables, chairs and enclosure must be placed on the contiguous property at the curb in front of the business applying for the outdoor location. Owners must set up table area 2 feet from the curb. Tables, chairs and equipment must be removed nightly A covered trash receptacle must be provided on-site. On the diagram below, identify trees, planter, bus shelter, posts/poles, in front of your business All equipment such as tables, racks, chairs and display equipment must be shown with dimensions on this application. All applications must be approved by the Street Vending Coordinator, 261-9171 Make checks payable to: City Treasurer (Fee: \$300.00)*

Name of Corporation or Limited Liability Company MAD CITY CRAB HOUSE	Name of Registered Agent JOSEPH VALE	Signature/Date <i>[Signature]</i> 2/22/08
Restaurant Name MAD CITY CRAB HOUSE	License Number Assigned/Date	
Address (Include Zip Code) 122 STATE MADISON 53703		
Manager JOSEPH VALE	Phone 608 310 6933	Date of Birth 9/21/76
Driver's License Number V4004997634107	License Plate Number NA	
Hours of Operation From: 11 A.M. To: 10 P.M.		
Alcohol <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	You are required to have an approved enclosure Your staff must personally serve patrons in your sidewalk café if you serve alcohol and/or if you have table service inside the restaurant.	
Employee(s) in Charge of Outdoor Operation	A.I.R.C. Approval Date	

Diagram Below

Number of Tables 3-4	Number of Chairs 12-16	Display Equipment N/A
--------------------------------	----------------------------------	---------------------------------



Insurance Certificate/Date 6/18/07, 6/18/08	Company WISCONSIN AMERICAN	Expiration Date 6/18/08, 6/18/09
Policy Number 8500 90 8551	City Approval Date	

Write the name of your business on your insurance certificate Insurance coverage for contiguous property set-up must be approved by City Risk Manager (266-5965)

Signed _____ Date _____
Vending Coordinator

Please See Reverse