

Application Date: 10 OCT 06

Proof of WI Seller's Permit No. 004-0003005082-01

Name of Corporation, Limited Liability Company, Individual Owner, Private Club or Partner(s)	Liquor/Beer Agent	
<u>SLOPPY LOBSTER SEAFOOD MKT</u>	<u>Veronica L. Graham</u>	
Mailing Address	Liquor/Beer Agent Address	
<u>8452 OLD SAUK RD.</u>	<u>5326 COMANCHE WAY</u>	
City/State/Zip Code	Liquor/Beer City/State/Zip Code	
<u>MADISON WI 53562</u>	<u>MADISON WI 53704</u>	
Name of Registered Agent or General Partner	Local Contact Person	Phone Number
<u>Veronica L. Graham</u>	<u>Veronica Graham</u>	<u>608.239.7804</u>
Trade Name	Estimated Opening Date	
<u>SLOPPY LOBSTER SEAFOOD MKT</u>	<u>OCT. 16, 2006</u>	
Business Address	Signature of Owner/Operator	
<u>8452 OLD SAUK RD. MADISON, WI 53562</u>	<u>Veronica Graham</u>	

Private Club? Yes No

License Description	Type	Fee	Number
Class B Beer	102	20.00	76179
Class C Wine	106	20.00	76180
Class B Combination	108	20-	76186
Pre-Inspection & License Fees Non-Refundable	TOTAL	\$ 40.00	

IT IS MANDATORY THAT ALL APPLICABLE INFORMATION BE COMPLETED. INACCURATE INFORMATION MAY RESULT IN SUSPENSION OR REVOCATION OF LICENSE.

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk

For the license period beginning _____ 20____ ;
ending _____ 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): **Sloppy Lobster Seafood Market**

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	VERONICA GRAMAM	5326 COMANVILLE	MADISON 53704
Vice President/Member	JONATHAN GRAMAM	same as above	
Secretary/Member	VERONICA GRAMAM	same as above	
Treasurer/Member	JONATHAN GRAMAM	same as above	
Agent	VERONICA GRAMAM	same as above	
Directors/Managers	JONATHAN GRAMAM	same as above	

- 3 Trade Name **SLOPPY LOBSTER SEAFOOD MARKET** Business Phone Number **608-828-9711**
4 Address of Premises **8152 OLDSAWK RD, MADISON WI** Post Office & Zip Code **53562**

- 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 _____ and date _____ 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) **OLDSAWK ROW SHOPPING CENTER, COMMERCIAL DEVELOPMENT**

- 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? _____

- 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 10th day of October, 2006

Wendy E Bautes
(Clerk/Notary Public)

My commission expires 7-13-08

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

(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>10/10/06</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>76186</u>	

Registrar # 4728

City of Madison Liquor and/or Beer Original Supplemental Form

Office Use Only

- | | |
|--|--|
| <input type="checkbox"/> Seller's Permit Number
<input type="checkbox"/> Federal Employer Identification Number
<input type="checkbox"/> Notarized Original Application Form (AT-106)
<input type="checkbox"/> Notarized Supplemental Form
<input type="checkbox"/> Description of Licensed Premise
<input type="checkbox"/> Notarized Auxiliary Questionnaire(s) (AT-103)
<input type="checkbox"/> Background Investigation Form(s)
<input type="checkbox"/> Floor Plans | <input type="checkbox"/> Lease
<input type="checkbox"/> Notarized Transfer of Ownership Letter
<input type="checkbox"/> *Schedule of Appointment of Agent (AT-104)
<input 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), and the Madison Police Department.

- Alderperson _____ 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.
- The Police Department District Captain _____

1. Have you contacted the Alderperson, Police Department Liaison and 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 SLOPPY LOBSTER SEAFOOD MARKET

4. Telephone Number: 608.828.9711

5. Address of Licensed Premise 8452 OLDSAUK RD MADISON WI 53562

6. Anticipated opening date: 8/16/2006

7. Mailing address if not opening immediately 8452 OLDSAUK RD MADISON WI 53562

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:

SEAFOOD MARKET, MONDAY THRU FRIDAY 10-9 pm SATURDAY 10-8 pm, SUNDAY 10-6 pm

10. Describe building in detail, 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.**

COMMERCIAL DEVELOPMENT. SLOPPY LOBSTER SEAFOOD MARKET 1 of 4 in BUILDING 23x83. CAPACITY 68. ALCOHOL WILL BE STORED ON PREMISES.

11. Are any living quarters directly or indirectly accessible and under control of the applicant? Yes No
 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. see exhibit A

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

MANAGED AND TRAINED 5 TO 10 IN RETAIL AND WITH SOCIAL SECURITY ADMINISTRATION.

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. Veronica L Graham

Name
5326 COMANCHE WAY MADISON WI 53704
 Address City State Zip

15. Excluding pre-packaged snacks, how late will food be served? 9 pm

16. What type of food will you be serving, if any? SEAFOOD (WE ARE A GROCERY STORE)

17. Indicate any other product/service offered: SEAFOOD SEASONINGS, DIARY PRODUCTS, PRODUCE, RICE, SEAFOOD UTENSILS.

18. Describe your target market. SEAFOOD CUSTOMERS.

19. Describe how you plan to advertise/promote your business. ADVERTISE BY MAIL, TELEVISION

20. What is your estimated capacity? 68

21. Are you operating under a lease or franchise agreement? Yes No (If yes, attach a copy)

22. Owner of building where establishment is located: FLAD DEVELOPMENT
Address of Owner: 7941 TREE LANE SUITE 105 Phone Number 833 8100
MADISON, WI 53717-2029 EXT. 5

23. Individual or Partnership only: Have individual/partners completed the Beverage Server Training Course? Yes No If Yes, indicate names: _____

License cannot be issued until proof of Beverage Server Training completion is shown.

24. Corporation/LLC only: Will liquor/beer agent be a Wisconsin resident at the time of granting? Yes No

25. Corporation/LLC only: Agent must disclose interest held in business: 51 %

26. Corporation/LLC only: Has agent completed the Beverage Server Training Course? Yes No

License cannot be issued until proof of Beverage Server Training completion is shown.

27. Corporation/LLC only: List Directors, Stockholders, and Managers below.

Director(s) Name	Home Address
VERONICA GRAMAM	5326 COMANCHE WAY, MADISON, WI
JONATHAN GRAMAM	5326 COMANCHE WAY, MADISON, WI 53704

Stockholder's Name	Address	Extent of Ownership%
VERONICA GRAMAM	same as above	51%
JONATHAN GRAMAM	same as above	49%

Manager's Name	Address	Business Phone	Home Phone
VERONICA GRAMAM	8452 OLDSAUKE RD MADISON, WI 53702	608 828-9711	608 241-7052
JONATHAN GRAMAM	same as above	608 828-9711	608 241-7052

28. 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

29. Restaurant/Tavern Establishment Alcohol Beverage & Food Sales Report 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	10 %
Percent Gross Receipts from Food	90 %
Percent Gross Receipts from Other	%
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.

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

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 10th day of October, 2006

Wendy E. Bantz
(Clerk/Notary Public)

My commission expires 7-13-08

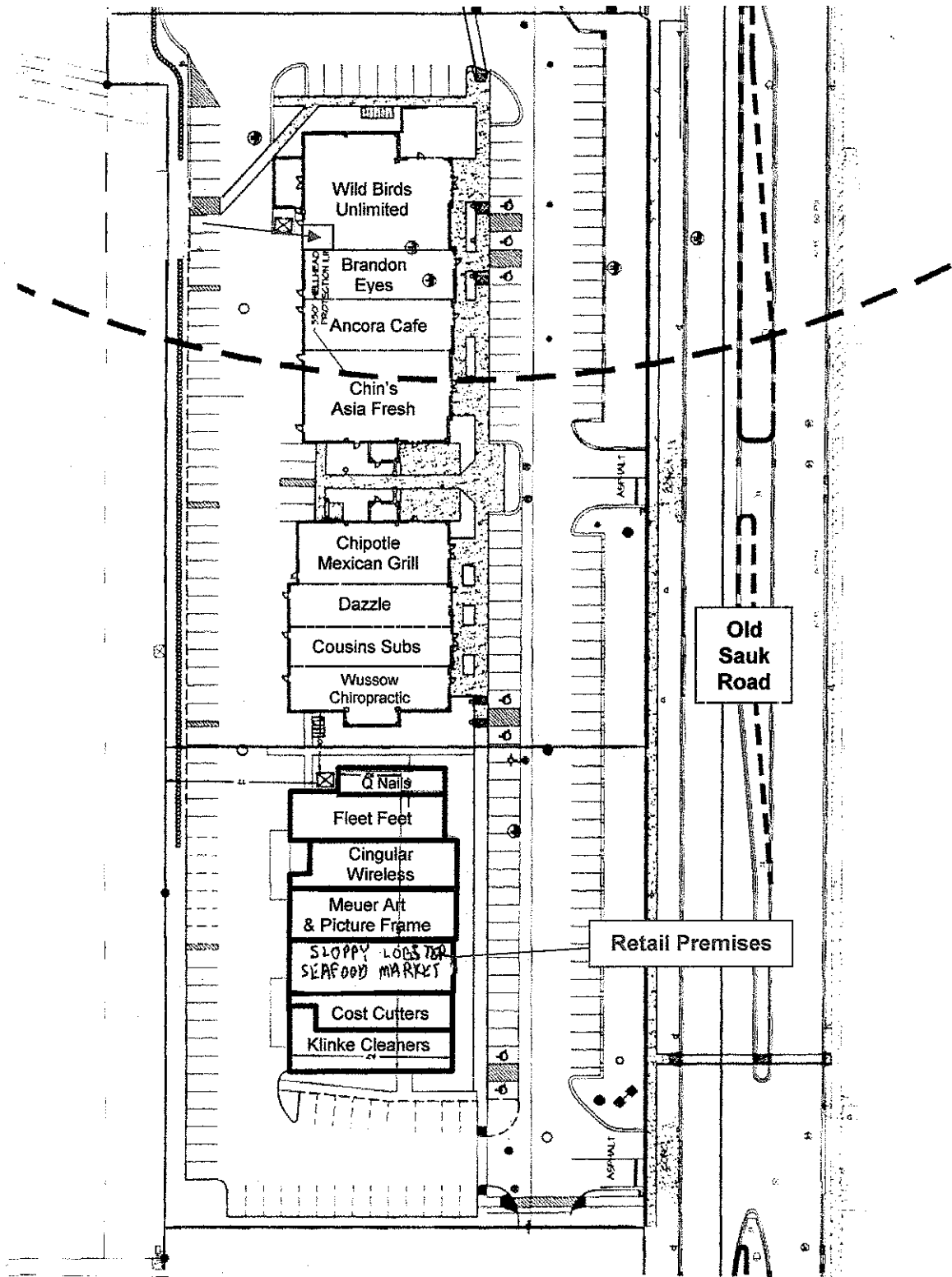
Veronica Graham
(Officer of Corporation/Member/Manager of LLC/Partner/Individual)

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

(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.

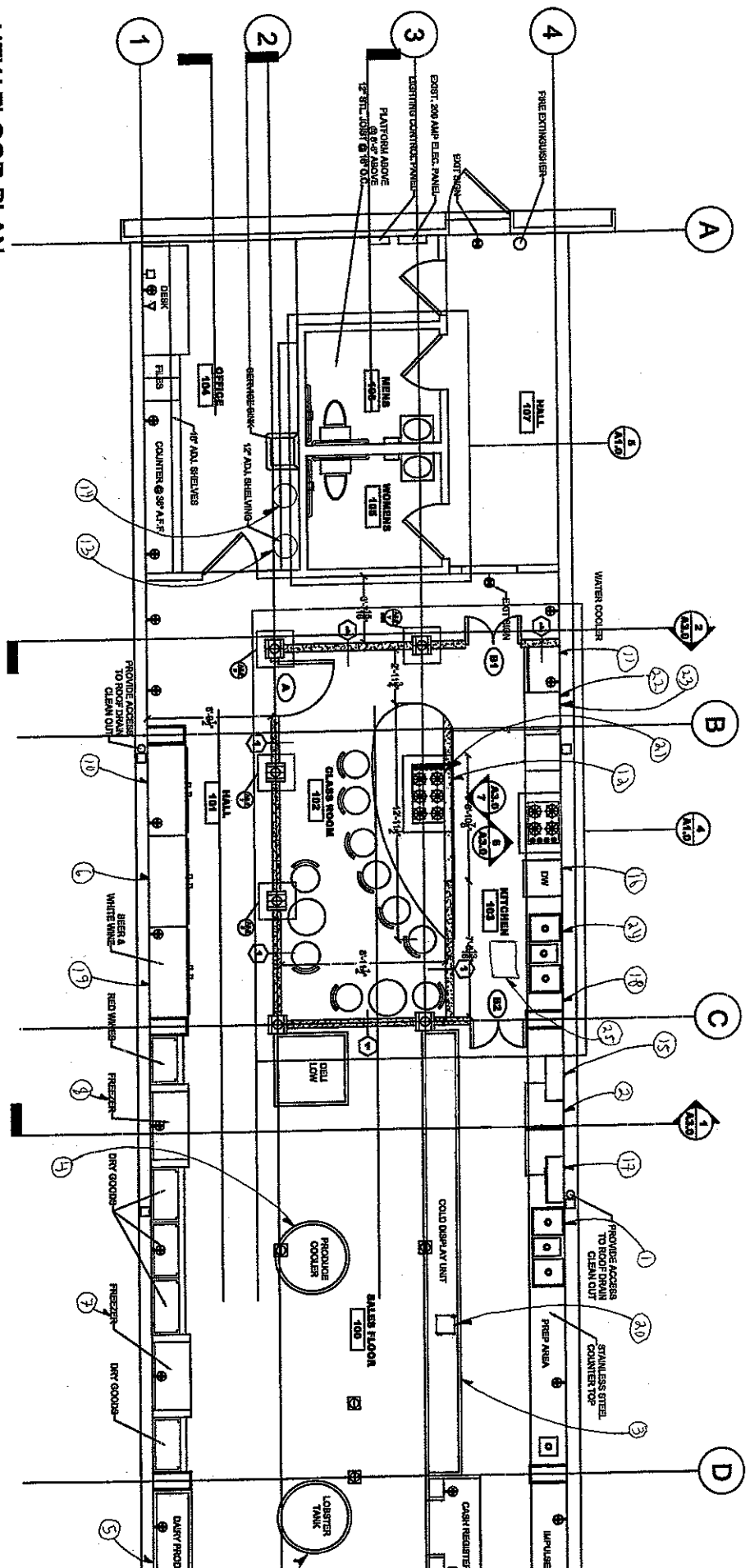
EXHIBIT A



SUPPLY LOBSTER SEAFOOD MARKET

NEW FLOOR PLAN

3/16/91-1/92



- 1 NSF 3 Compartment Sink with Hand Sink
- 2 Food Prep Station with 4 door refrigeration
- 3 Tyler Curved Glass Sash/Meal Cais as Part
- 4 Counter Refrigerated Deli Display Case Self Service Island 0.5 505 MD4
- 5 Free 3 Door Glass Refrigerated Merchandiser GDM-7A
- 6 Free 2 Door Glass Refrigerated Merchandiser GDM-7A
- 7 Free 2 Door Glass Freezer Merchandiser GDM-42F
- 8 Free 2 Door Glass Freezer Merchandiser GDM-42F
- 9 Mercantile Lobster Seafood Rack Oceanarium Unit 110 Gallon LB-18
- 10 RHV Salzburg Supermarket Glass Door Commercial Freezer
- 11 36" Residential Side by Side Refrigerator/Freezer 21 Residential Refrigerator Only
- 12 Classroom Combustible Laminate that Grabbles when the Grabbler arrives
- 13 P.O. Smith 40 GPH Sealed Shaft Closed Combustion Power Unit with 110V
- 14 Helixbond H-100 Water Conditioning System
- 15 Embur-Gle ES10 Tap Water Strainer (Lead)
- 16 Hobart Undercounter Commercial Dishwasher WMSH
- 17 Commercial Microwave
- 18 Commercial Undercounter Ice Machine
- 19 Hobeco ES7M 29 Glass Door Refrigerated Merchandiser
- 20 Digital Deli Scale with Printer
- 21 36" or 48" Glass Cabinet with Grill
- 22 30" Built in Oven (9+5)
- 23 30" Built in Microwave Oven
- 24 31"-3-1/2" 2 Section 3 compartment Sink 3-1/2" x 18"
- 25
- 26
- 27
- 28