

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning 7/1 20 12 ;
ending 6/30 20 13 ;

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

County of DANE Aldermanic Dist. No. 4 (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): STEVENS, TEDDY

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>Teddy Stevens</u>		
Directors/Managers			

3. Trade Name T-Sushi Business Phone Number 608-819-8848
4. Address of Premises 301 West Johnson St MADISON Post Office & Zip Code 53717

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.) Alcohol is gonna be sold in the restaurant stored in basement
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

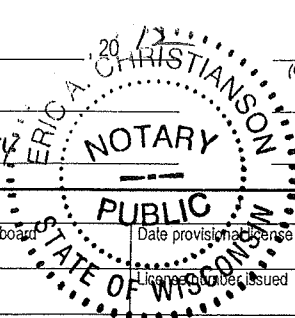
this 6th day of December 2012

[Signature] (Clerk/Notary Public)
[Signature] (Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)
[Signature] (Officer of Corporation/Member/Manager of Limited Liability Company/Partner)
[Signature] (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

Applicant's Wisconsin Seller's Permit Number: <u>456-600015 746-63</u>	
Federal Employer Identification Number (FEIN): <u>90-075478</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 type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$
TOTAL FEE	\$



City of Madison Supplemental Class B License Application

<input type="checkbox"/> Seller's Permit Number <input type="checkbox"/> Federal Employer Identification # <input type="checkbox"/> Notarized Original Application Form <input type="checkbox"/> Notarized Supplemental Form <input type="checkbox"/> Orange Sign (Clerk's Office provides at time of application)	<input type="checkbox"/> Written Description of Premise <input type="checkbox"/> Background Investigation Form(s) <input type="checkbox"/> Notarized Transfer of Ownership <input type="checkbox"/> *Articles of Incorporation <input type="checkbox"/> *Notarized Appointment of Agent * Corporation/LLC only	<input type="checkbox"/> Floor Plans <input type="checkbox"/> Lease <input type="checkbox"/> Sample Menu <input type="checkbox"/> Business Plan
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1. Name of Applicant/Partner/Corporation/LLC Teddy Stevens
2. Address of Licensed Premise 301 W. Johnson St. Madison, WI 53717
3. Telephone Number: 608-886-7791 4. Anticipated opening date: 3-2012
5. Mailing address if not opening immediately 6804 UNIVERSITY AVE MIDDLETON WI 53582
6. 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
7. Are there any special conditions desired by the neighborhood? Yes No
 Explain. _____

8. Business Description, including hours of operation: Sushi restaurant
544-Thu 11:00-10:00 Weekends 11:00-1:30

9. Do you plan to have live entertainment? No Yes—What kind? _____

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 FLOOR PLANS

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. PARKING GARAGE

13. Describe your management experience, staffing levels, duties and employee training.
MARK MCCULLOUGH IS MY GM AND HAS SEVERAL YEARS
EXPERIENCE IN THE HOSPITALITY INDUSTRY

14. Identify the **registered agent** for your Corporation or LLC. This is your corporation's agent for service of process, notice or demand required or permitted by law to be served on the corporation.
Teddy Stevens 6804 UNIVERSITY AVE MIDDLETON WI 53582
 Name Address

15. Utilizing your market research, who would you project your target market to be?

Overturne Center LOCAL PROFESSIONALS

16. What age range would you hope to attract to your establishment? ALL

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

18. Are you operating under a lease or franchise agreement? Yes (attach a copy) No

19. Owner of building where establishment is located: Harold Langhammer

Address of Owner: 513 N. Lake St. Madison WI 53703 Phone Number 608-567-1132

20. 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

21. List the Directors of your Corporation/LLC

Name Address

Name Address

Name Address

22. List the Stockholders of your Corporation/LLC

Name Address % of Ownership

Name Address % of Ownership

Name Address % of Ownership

23. What type of establishment are you? (Check all that apply) Tavern Nightclub Restaurant

Other Please Explain. _____

24. What type of food will you be serving, if any? Sushi

Breakfast Lunch Dinner

25. Please submit a sample menu with your application, if possible. What might eventually be included on your operational menu when you open? Appetizers Salads Soups Sandwiches Entrees

Desserts Pizza Full Dinners

26. During what hours of your operation do you plan to serve food? open-close

27. What hours, if any, will food service not be available? close
28. Indicate any other product/service offered. no
29. Will your establishment have a kitchen manager? Yes No
30. Will you have a kitchen support staff? Yes No
31. How many wait staff do you anticipate will be employed at your establishment? 18-20
During what hours do you anticipate they will be on duty? open-close
32. Do you plan to have hosts or hostesses seating customers? Yes No
33. Do your plans call for a full-service bar? Yes No
If yes, how many bar stools do you anticipate having at your bar? 6-8
How many bartenders do you anticipate you would have working at one time on a busy night? ~~2~~ 2
34. Will there be a kitchen facility separate from the bar? Yes No
35. Will there be a separate and specific area for eating only? Yes No
If yes, what will be the seating capacity for that area? 60
36. What type of cooking equipment will you have? Stove Oven Fryers Grill Microwave
37. Will you have a walk-in cooler and/or freezer dedicated solely to the storage of food products? Yes No
38. What percentage of your overall payroll do you anticipate will be devoted to food operation salaries?
unknown
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? 100%
What percentage of your advertising budget do you anticipate will be drink related? 0%
40. Are you currently, or do you plan to become, a member of the Madison—Dane County Tavern League or the Tavern League of Wisconsin? Yes No Not Sure
41. Are you currently, or do you plan to become, a member of the Wisconsin Restaurant Association or the National Restaurant Association? Yes No

42. What is your estimated capacity? 67/28

43. 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.

Gross Receipts from Alcoholic Beverages	30 %
Gross Receipts from Food and Non-Alcoholic Beverages	70 %
Gross Receipts from Other	NONE %
Total Gross Receipts	100%

44. 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.

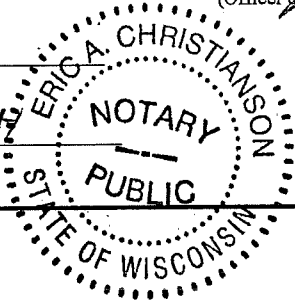
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Subscribed and Sworn to before me:

this 6th day of December, 2012 [Signature]
(Officer of Corporation/Member of LLC/Partner/Individual)

[Signature]
(Clerk/Notary Public)

My commission expires 6/29/2014



Untitled

Written Description Of Premise

**301 w. johnson st madison wi is approximatley 12,000 sq ft with three levels and basement
Harold Langhammer is the owner all structural all plumbing and electricity needs no repairs
No structural demolition is gonna be done just basic interior design and remodleing.**

Teddy Stevens



WISCONSIN DEPARTMENT OF REVENUE
PO BOX 8910
MADISON, WI 53708-8910

Contact Information:

2135 RIMROCK RD PO BOX 8910
MADISON, WI 53708-8910
ph: 608-266-6473 fax: 608-264-9920
email: Melissa.Cota@revenue.wi.gov
website: revenue.wi.gov

Letter ID L0303419680

TEDDY STEVENS
6804 UNIVERSITY AVE
MIDDLETON WI 53562-2766

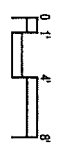
Wisconsin Department of Revenue Seller's Permit

Legal/real name: TEDDY STEVENS
Business name: T. SUSHI
251 STATE ST
MADISON WI 53703-2241

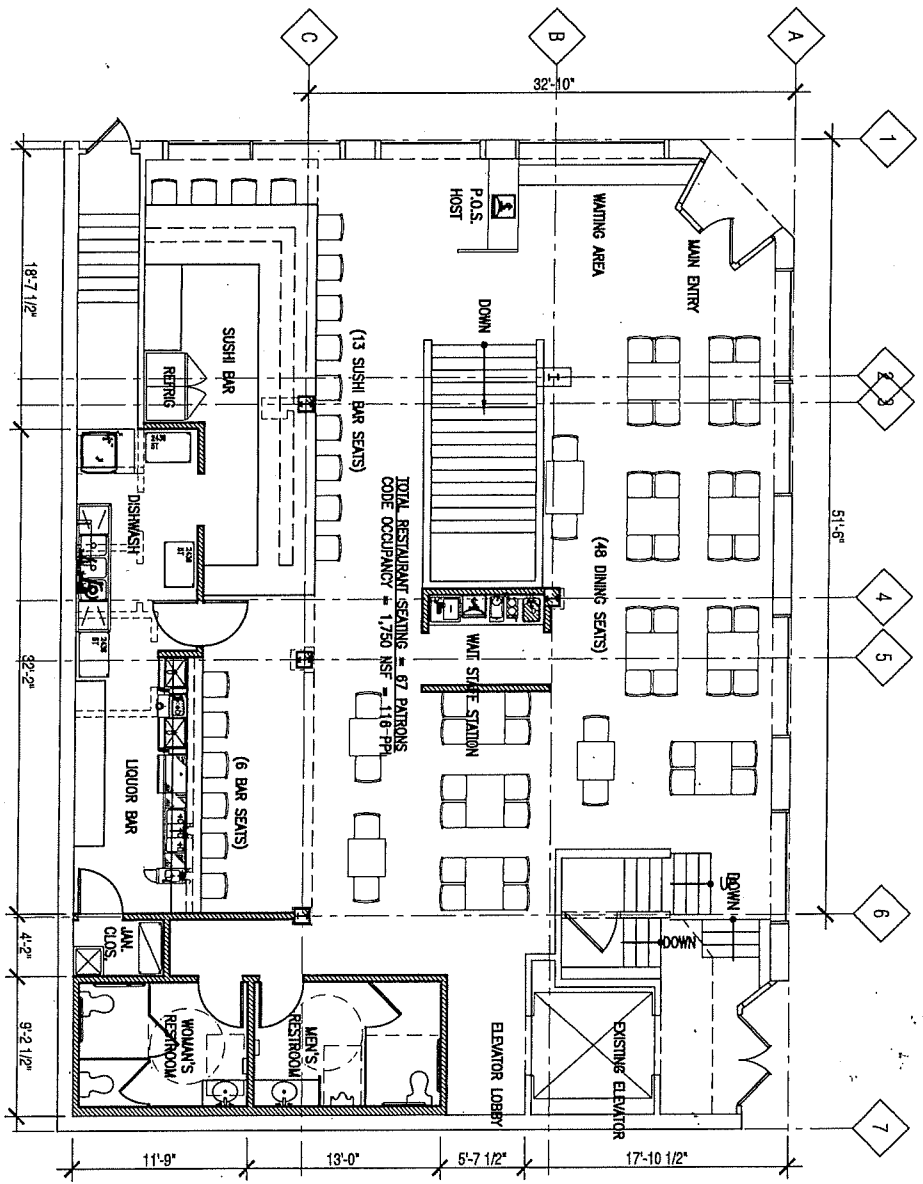
- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

Tax Type	Account Type	Account Number
Sales & Use Tax	Seller's Permit	456-0000157406-03

1
1/8" = 1'-0"



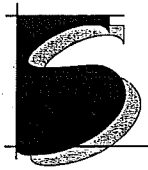
HATCH PATTERNS KEY:	
	NEW CONSTRUCTION
	EXISTING CONSTRUCTION
	DEMOLITION
	OVERHEAD WALL



A1.0

11/1/2011
ALMG REVIEW

T SUSHI RESTAURANT
216 HENRY STREET, MADISON, WI



1918 PARMONTER ST., SUITE #2
MADISON, WISCONSIN 53702
TELEPHONE 608.836.7070
FAX 608.831.0529

SHULFER
ARCHITECTS, LLC

HOW T.SUSHI WILL INFLUENCE THE CITY AND NEIGHBORHOOD

By opening T.Sushi at 301 .W. Johnson Street, not only will the vacant store front be occupied, but will be occupied with a high end establishment, something that State Street sector is lacking. T.Sushi, with its contemporary design and trendy décor, will not only attract local professionals such as overture center patrons but will also provide high end unique sushi plates from our very own master sushi chef, Mat Leeper. Mat defines the word sushi as an art. T.Sushi will also provide fine wines and only the most trendy signature martinis from our alcoholic beverage bar.

Mat Reynolds, as T.Sushi manager, has been in the restaurant industry for over 8 years and managed several restaurants. He has far exceeded my high level of expectations and I look forward to his leadership as head manager at T.Sushi. Accent to the overture center is one of T.Sushi's greatest priorities.

Teddy Stevens

SUSHI ROLLS

Cut Rolls = 6 pcs, Hand Rolls = Cone Shaped

	Cut Roll	Hand Roll
Avocado Roll	3.29	
California Roll	3.99	3.59
Crazy Roll Salmon, Tuna, Yellowtail, Avocado, Crabmeat	6.59	
Crunchy Roll	5.39	4.29
Crunch Cali Roll Tempura California Roll	6.99	
Crunchy Spicy Tuna Roll	6.99	
Cucumber Roll	3.29	
Philadelphia Roll Cream Cheese, Salmon	6.59	
Rainbow Roll Tuna, Salmon, Shrimp, Avocado over Cali Roll	9.39	
Salmon Roll Salmon, Avocado over Cali Roll	8.99	
Santa Maria Roll Eel, Spicy Tuna & Crab meat (Sweet & Spicy)	8.49	
Spicy Tuna Roll	5.69	3.99
Spicy Tuna Cali Roll Spicy Tuna Over California Roll	6.99	
Spider Roll Deep Fried Soft Shell Crab Roll	9.39	
Tuna Roll	4.39	3.99
Unagi Dragon Roll Eel, Avocado over Cali Roll	9.49	

Untitled

Page 1.

Business Plan T. Sushi

1. PROJECT NAME: T. SUSHI
2. PROJECT PROPOSED LOCATION: 301 W. JOHSON STREET, MADISON, WI 53717
3. INTENDED USE OF SPACE: SUSHI RESTAURANT WITH BAR SERVING ALCOHOLIC BEVERAGES
4. DESCRIPTION OF SPACE: CONTEMPORARY DESIGN SETTING WTH SERVICE TO LOCAL PROFESSIONALS, OVERTURE CENTER AND RESIDENTS.
5. DELIVERIES: THREE TIMES PER WEEK
6. HOURS OF OPERATION: MONDAY – THURSDAY 11:30 – 11:30, FRIDAY AND SATURDAY 11:30 – 1:30, CLOSED SUNDAYS.
7. SEATING CAPACITY: 67
8. PROJECT SCHEDULE: JANUARY 2012
9. MANAGER: MAT REYNOLDS
10. MASTER SUSHI CHEF: MAT LEEPER
11. STAFF: 18-20 LICENSED

LICENSE**PROVISIONAL**
NOT TRANSFERABLE

License For	License Number	Page	Date Issued	Expiration Date
Class B Combination	LICLIB-2012-01014	1 of 1	12/06/2012	02/05/2013
PURSUANT TO SECTION 38 OF THE MADISON GENERAL ORDINANCES AND CHAPTER 125 OF THE WISCONSIN STATE STATUTES.				
CAPACITY: 95				

T. SUSHI
LIQUOR/BEER AGENT: TEDDY STEVENS
301 W JOHNSON ST
MADISON, WI 53703



Paul R. Ayler

Mayor

** POST IN CONSPICUOUS PLACE **

*** SUBJECT TO ITEMS BELOW ***

Maibeth Witzel-Behl

Clerk

Premise - first floor of building approx. 2600 sq. ft. Includes dining room, sushi bar, liquor bar.

1. The establishment must meet the definition of a restaurant under Madison General Ordinances at all times of operation.
2. A full restaurant menu must be available during all hours of operation.
3. No use of the basement or upper floors of this license application may be used for serving alcohol, only for the storage of alcohol.
4. The first floor of the premises is the only area that may be used for service of alcohol.

The Capacity of 95 includes sidewalk cafe with a capacity of 28 in addition to the indoor capacity of 67.

PROVISIONAL LICENSE: valid from 12-5-2012 to 2-5-2013 or until Common Council takes action on the regular license application, whichever comes first.