

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

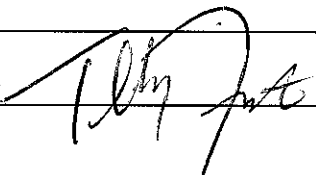
Applicants must appear before the ALRC. Detailed floor plans (no larger than 8 1/2 x 14) must accompany this form, or request will not be presented to the committee.

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 Cleveland's Diner Inc
DBA Plaka Restaurant
Address 410 E. Wilson St, Madison 53703
Agent Telly Fatsis
Capacity 45-50 % Alcohol 25 % Food 75

Description of Expansion Plans:

2 Tables on front sidewalk cafe. 2 chairs
each table for a total of 4 seats.
Sidewalk cafe application has been
submitted.

Signature of Applicant  Date 6-1-08

To be considered at ALRC meeting of June 18

and Common Council Meeting of _____

License Type CLASS B COMBO License # _____ Registar # _____

Approved _____ Disapproved _____

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

6-1-08 10:00 AM

10761

Application for Sidewalk Café License

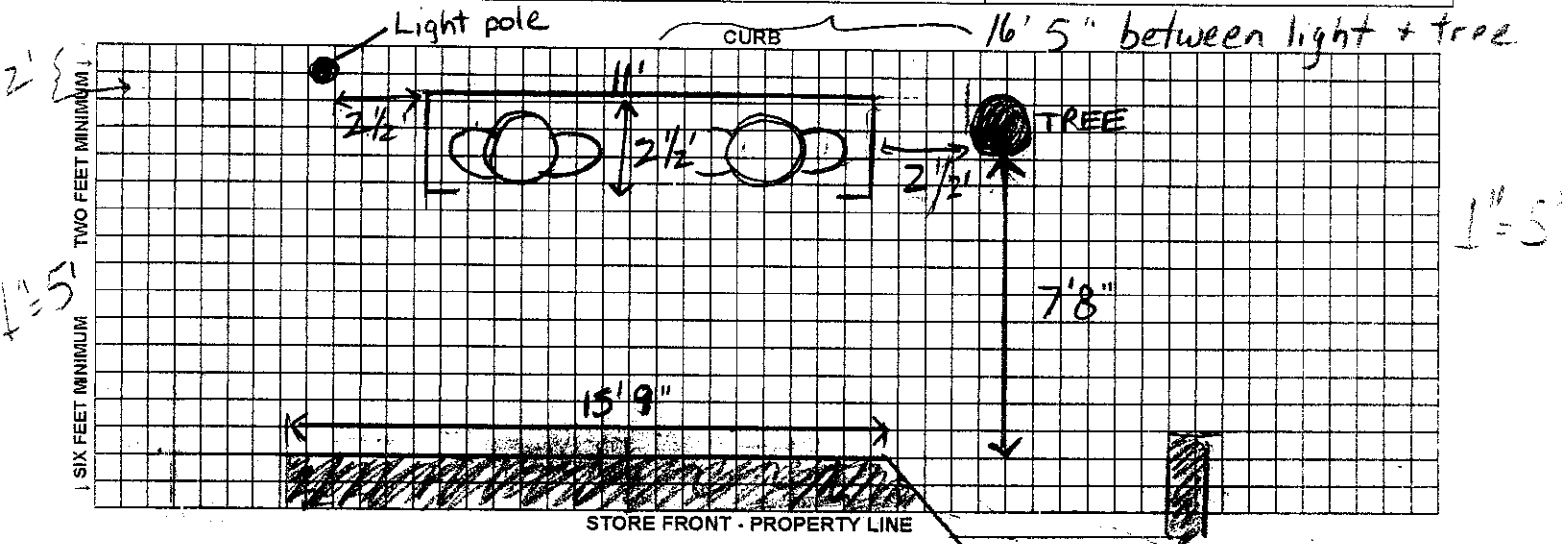
For Year: April 15, 2008 to April 14, 2009

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 sign it. **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 Cleveland's Diner, Inc		Name of Registered Agent Beth Fatsis	Signature/Date <i>Beth Fatsis 4/24/08</i>
Restaurant Name Plaka Taverna		License Number Assigned/Date	
Address (Include Zip Code) 410 E. Wilson St. Madison WI 53703			
Manager Telly Fatsis		Phone 608-251-4455	Date of Birth 5-15-1960
Driver's License Number F3222-8006-0175-04		License Plate Number WET-894	
Hours of Operation From: 7:00 am To: 10 pm weeknights 12:00 Fri + Sat			
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 Telly Fatsis / Nick Fatsis		A.L.R.C. Approval Date	

Diagram Below

Number of Tables 2	Number of Chairs 4	Display Equipment
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Insurance Certificate Date 3-13-08	Company Society	Expiration Date Annually, June
Policy Number TRM464751	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

WHITE - OFFICE COPY

YELLOW - BUILDING INSPECTION

PINK - APPLICANT