

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): Lofa LLC

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>Henry M. Stanley</u>	<u>2513 Scenic Ridge Dr. Madison</u>	<u>53719</u>
Directors/Managers			

Agent Henry M. Stanley 2513 Scenic Ridge Dr. Madison 53719

Directors/Managers _____

3. Trade Name Paradise Liquor Business Phone Number 274-5849

4. Address of Premises 3119 Muirfield Rd. Madison Post Office & Zip Code 53719

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 WI 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.) 1,500 sq ft Retail; 1,000 sq ft Storage

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? Paradise Liquor

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 22nd day of March, 2011

[Signature]
(Clerk/Notary Public)

[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

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

My commission expires 3-18-2012

(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:	
Federal Employer Identification Number (FEIN): <u>27-5553093</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Wholesale beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$
TOTAL FEE	\$

City of Madison Supplemental Class A License Application

<input checked="" type="checkbox"/> Seller's Permit Number <input checked="" 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 checked="" type="checkbox"/> Description of Licensed Premise <input type="checkbox"/> *Notarized Appointment of Agent <input type="checkbox"/> Background Investigation Form(s) <input type="checkbox"/> Notarized Transfer of Ownership <input type="checkbox"/> *Articles of Incorporation	<input type="checkbox"/> Floor Plans <input type="checkbox"/> Lease <input type="checkbox"/> Sample Menu <input type="checkbox"/> Business Plan * Corporation/LLC only
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1. Name of Applicant/Partner/Corporation/LLC h ofa LLC
2. Address of Licensed Premise 3119 Muirfield Rd. Madison, WI 53719
3. Telephone Number: 274-5849 4. Anticipated opening date: Presently operating
5. Mailing address if not opening immediately 2513 Scenic Ridge Dr. Madison 53719
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. What type of establishment is contemplated? Liquor Store Grocery Store
 Convenience Store – Gas Pumps Yes No Other—Explain _____

9. Business Description: A liquor store intended for selling liquor only.

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.**

A 2,500 sq ft Retail store in a Commercial building located at 3119 Muirfield Rd in Madison, WI.

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. Security Company

13. Describe your management experience, staffing levels, duties and employee training.
Agent has MBA from UIW Madison, and has owned and operated other types of businesses before.

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.
Henry M. Stanley 2513 Scenic Ridge Dr Madison 53719

Name Address

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

Neighborhood residents

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

Our advertising will mostly be by word of mouth and sometime by radio and newspapers for specials.

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

18. Owner of building where establishment is located: Tax Man Investment

Address of Owner: 1443 Prospect Ave. Milwaukee 53202 Phone Number (414) 271-6500

19. 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

20. List the Directors of your Corporation/LLC

Name Address

Name Address

Name Address

21. List the Stockholders of your Corporation/LLC

Henry M. Stanley 2513 Scenic Ridge Dr. Madison 100%
Name Address % of Ownership

Name Address % of Ownership

Name Address % of Ownership

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 signer. Signer agrees 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. 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 22 day of March, 2011

Henry M. Stanley
(Officer of Corporation/Member of LLC/Partner/Individual)

Michael [Signature]
(Clerk/Notary Public)

My commission expires 3-18-2012

Appointment of New Liquor/Beer Agent

To be completed by Corporate Officer or Member of LLC

I, Henry M. Stanley, officer/member for Lofa LLC
(Corporation/LLC), doing business as Lofa LLC, authorize and appoint
Henry M. Stanley (Name) as the liquor/beer agent for the premise
located at 3119 Muirfield Rd.

Subscribed and sworn to before me this

22 Day of March, 2011

Michael [Signature]
Notary Public, Dane County, Wisconsin

My Commission Expires 3-18-2012

[Signature]
Signature of Officer/Member

To be completed by appointed Liquor/Beer Agent

I, Henry M. Stanley, appointed liquor/beer agent for
Lofa LLC (name of Corporation or LLC), being first duly sworn
say I have vested in me, by properly authorized and executed written delegation, full authority
and control of the premise described in the license of such corporation or limited liability
company, and I am involved in the actual conduct of the business as an employee, or have a
direct financial interest in the business of the licensee, therein relating to the intoxicating
liquor/fermented malt beverage. The interest I have in the business is _____ %.

Subscribed and sworn to before me this

22 Day of March, 2011

Michael [Signature]
Notary Public, Dane County, Wisconsin

My Commission Expires 3-18-2012

[Signature]
Signature of Agent

The appointed Liquor/Beer Agent must complete the other side of this form.

Transfer of Ownership

(letter to surrender previous license)

To be filed with the City Clerk at the time a new application is submitted for a change of ownership for any liquor and/or beer establishment.

The Class A license for the premise located at
Class of License

3179 Minniewell Rd, MADISON, WI will be relinquished upon the
Street Address

approval of the application and the issuance of the same type of license for the same

premises to Lofa LLC/Henry Stanley.
License Applicant

There have been no convictions for violations during the current license year, nor are

there any pending violations against the present licensee except as follows:

Pat A. Maden
Signature of Present License Holder

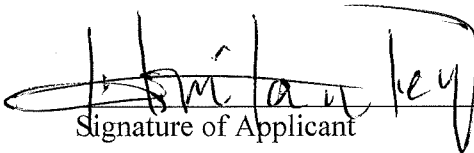
3/2/11
Date

Payment of Taxes on Liquor/Beer License Transfer

I, Henry M. Stanley, Agent, applicant for

a liquor and/or beer license for the premise located at 3119 Moorfield Rd Madison have

read the provisions in the attached copy of Madison General Ordinance Section 9.01, and understand that payment of all personal property taxes, special assessments, room taxes, forfeitures and judgments must be paid before the Office of the City Clerk can issue said license.


Signature of Applicant

Date

Subscribed and sworn to before me this
22 day of March, 20 11


Notary Public, Dane County, State of Wisconsin

My Commission Expires 3-18-2012

WISCONSIN

SELLER / SERVER CERTIFICATION

Trainee Name: HENRY M STANLEY

Date of Completion: 03/06/2011 20:36 CST

School Name: Learn2Serve

Certification #: WI 1867420

I, 

certify that the above named person
successfully completed an approved
Learn2Serve Seller/Server course.

COMPLIES WITH WISCONSIN STATUTES 125.04, 125.17, 134.66

Corporate Headquarters
13801 N. Mopac, Suite 100
Austin, Texas 78727
P: 800-442-1149

Application for Business Tax Registration

Allow 15 business days for processing and mailing of your registration certificate.

Wisconsin Department of Revenue
 PO Box 8902, Madison WI 53708-8902
 (608) 266-2776, TDD (608) 267-1049
 FAX (608) 264-6884

Complete form using BLACK or BLUE INK.

*Paid \$20 Cash
 3-14-11*

► **Part A Reason for Registration** (check the box that applies)

- New Business
- Registering Additional Tax Types BTR Tax Account # _____
- Additional Business Locations → NOTE: If you are currently registered and have no changes to Part C, please complete Schedule 1 only.

► **Part B Type of Registration** (check the box for each tax type you are applying for)

Regardless of the number of tax types you are requesting, there is only one \$20 BTR fee due.	Is this tax type subject to the BTR Fee? (See "Exceptions to the BTR fee" on page 1 of the general instructions.)	Parts of this application that must be completed.
<input type="checkbox"/> Wisconsin employer identification number	Yes	Parts C, D, F, G, & H
<input checked="" type="checkbox"/> Seller's permit		
<input type="checkbox"/> Local exposition tax (sales in Milwaukee County only)	Yes	Parts C, D, E, G & H
<input type="checkbox"/> Consumer's use tax certificate	No	Parts C, D, E, G, & H
<input type="checkbox"/> Use tax certificate	Yes	Parts C, D, E, G, & H
<input type="checkbox"/> Dry Cleaning Facility	Received Over Counter No	Parts C, D, G, & H

MAR 14 2011

► **Part C Business Information**

WI Dept of Revenue

1 Type of Ownership (check one)

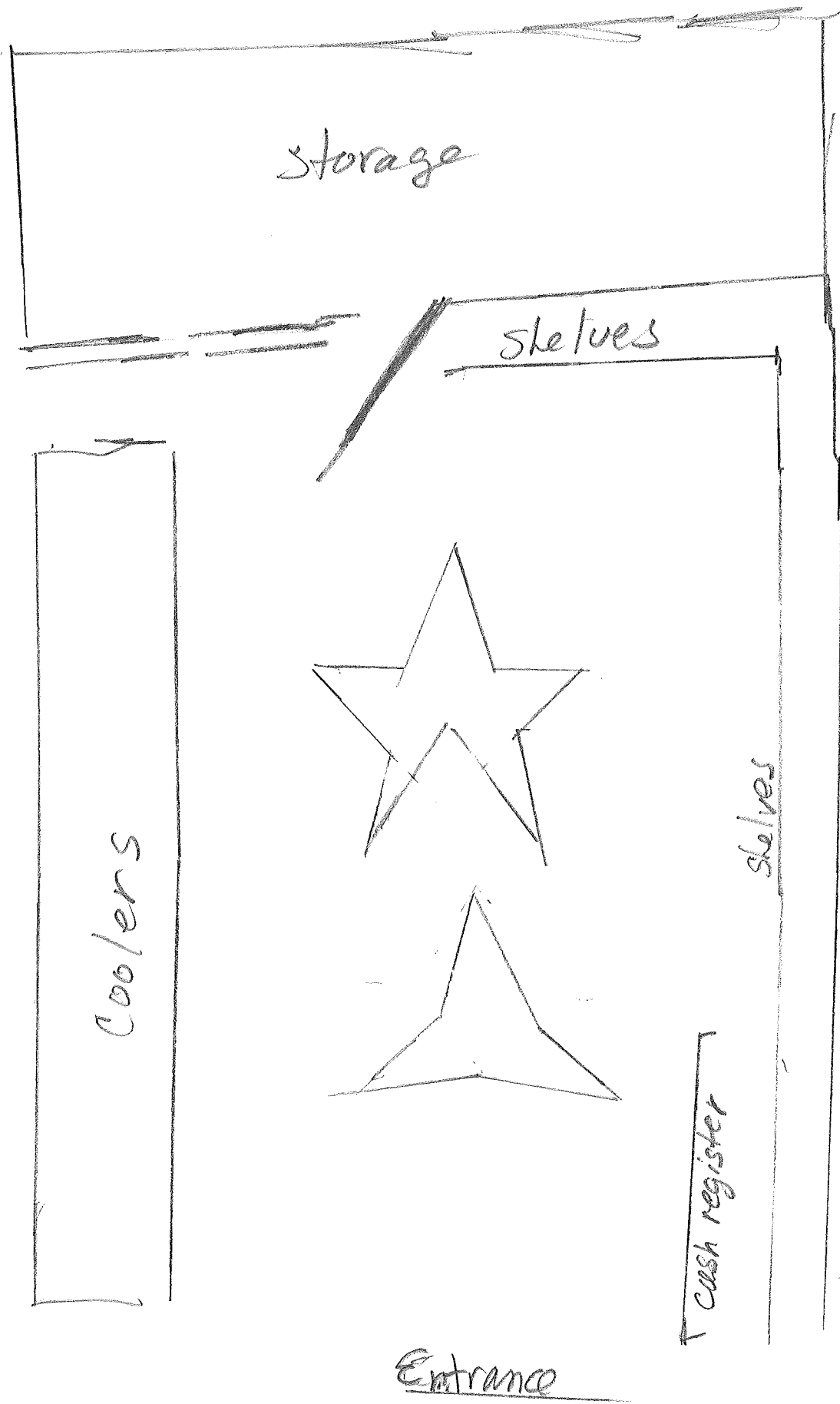
- Sole Proprietorship
- Partnership. Indicate type → General Limited Limited liability partnership (LLP)
- S Corporation C Corporation → Date of Incorporation / / → State of Incorporation _____
(month/day/yr)
- Limited liability company (LLC). Date registered 03/06/11 → State of Registration Wisconsin
 - Taxed as a corporation Taxed as a partnership
 - Disregarded as an entity separate from its owner (single member LLC only)
- Nonprofit organization
- Governmental unit (check appropriate box)
 - Federal WI state agency Local County
 - Other state agency _____ (list) Tribal Other (describe) _____
- Other (describe) _____

2 Legal name (sole proprietors enter your last name, first, MI) Lofa LLC 3 Federal employer identification # (FEIN) 27-5553093 4 Social security number (required for sole proprietorship)

5 Mailing address (street or PO Box - include apartment, suite, or lot number)
2513 Scenic Ridge Dr

City Madison State WI Zip code 53719 County Dane

6 Contact person Henry M. Stanley Telephone number (608) 974-5849 FAX number (608) 298-7260



Storage

shelves

Coolers

shelves

cash register

Entrance