



# City of Madison Liquor/Beer License Application

On-Premises Consumption:  Class B Beer     Class B Liquor     Class C Wine  
Off-Premises Consumption:  Class A Beer     Class A Liquor

## Section A – Applicant

- If needed, a qualified interpreter can be provided at no charge to you. Would you like an interpreter?  
 Yes (language: \_\_\_\_\_)  
 No (If you answer no and you do require an interpreter, the ALRC will refer your application to a subsequent meeting and this may delay your application process)
- This application is for the license period ending June 30, 2014.
- List the name of your  Sole Proprietor,  Partnership,  Corporation/Nonprofit Organization or  Limited Liability Company exactly as it appears on your State Seller's Permit.  
STAR BAR OF MADISON LLC
- Trade Name (doing business as) STAR BAR
- Address to be licensed 754 EAST WASHINGTON AVE., MADISON, WI 53703
- Mailing address 4508 OAK CT., MONONA, WI 53716
- Anticipated opening date DECEMBER 15, 2013
- Is the applicant an employee or agent of, or acting of behalf of anyone except the applicant named in question 2?  
 No     Yes (explain) \_\_\_\_\_
- Does another alcohol beverage licensee or wholesale permittee have interest in this business?  
 No     Yes (explain) THE SOLE MEMBER OF THIS LLC IS ALSO THE SOLE MEMBER OF ONE BARREL BREWING COMPANY, LLC

## Section B—Premises

- Describe in words the building or buildings where alcohol beverages are to be sold and stored. Include all rooms including living quarters, if used, and any outdoor seating used for the sales, service, and/or storage of alcohol beverages and records. Alcohol beverages may be sold and stored only on the premises as approved by Common Council and described on license.

STAR BAR WILL BE LOCATED AT 754 EAST WASHINGTON IN THE NEW "CONSTELLATION" MIXED USE DEVELOPMENT.

STAR BAR WILL RESIDE IN 1274 SQUARE FEET IN THE MIDDLE OF THE GROUND FLOOR AND WILL ALSO HAVE 89 FEET

OF COMMON HALLWAY IN THE REAR AND APPROX. 300 SQUARE FEET OF PATIO IN THE FRONT OF THE LOCATION.

Beer and Liquor will be served at the bar and at tables. It will  
Be Stored behind the bar and in a <sup>locked and</sup> controlled storage Area at the North East  
Corner of the space

- Attach a floor plan, no larger than 8 ½ by 14, showing the space described below.

- Applicants for on-premises consumption: list estimated capacity 99

# 31091

13. Describe existing parking and how parking lot is to be monitored.

THERE WILL BE APPROX. 140 SHARED PARKING STALLS IN A THREE  
STORY PARKING STRUCTURE INSIDE THE BUILDING.

14. Was this premises licensed for the sale of liquor or beer during the past license year?

No  Yes, license issued to \_\_\_\_\_ (name of licensee)

15.  Attach copy of lease.

**Section C—Corporate Information**

This section applies to corporations, nonprofit organizations, and Limited Liability Companies only. Sole proprietorships and partnerships, skip to Section D.

16. Name of liquor license agent PETER GENTRY

17. City, state in which agent resides MONONA, WI

18. How long has the agent continuously resided in the State of Wisconsin? 11 YEARS

19.  Appointment of agent form and background check form are attached.

20. Has the liquor license agent completed the responsible beverage server training course?

No, but will complete prior to ALRC meeting  Yes, date completed 1/17/2012

21. State and date of registration of corporation, nonprofit organization, or LLC.

WISCONSIN, 7/8/2013

22. In the table below list the directors of your corporation or the members of your LLC.

Attach background check forms for each director/member.

Title	Name	City and State of Residence
SOLE MEMBER	PETER GENTRY	MONONA, WI

23. Registered agent for your corporation or LLC. This is your agent for service of process, notice or demand required or permitted by law to be served on the corporation. This is not necessarily the same as your liquor agent.

PETER GENTRY

24. Is applicant a subsidiary of any other corporation or LLC?

No  Yes (explain) \_\_\_\_\_

25. Does the corporation, any officer, any director, any stockholder, liquor agent, LLC, any member, or any manager hold any interest in any other alcohol beverage license or permit in Wisconsin?  
 No  Yes (explain) SOLE MEMBER OF STAR BAR IS ALSO SOLE MEMBER OF ONE BARREL BREWING CO.

### Section D—Business Plan

26. What type of establishment is contemplated?  
 Tavern  Nightclub  Restaurant  Liquor Store  Grocery Store  
 Convenience Store without gas pumps  Convenience Store with gas pumps  
 Other STAR BAR WILL NEED TO BE REGISTERED AS A BREWPUB WITH THE STATE DUE TO ITS AFFILIATION WITH ONE BARREL BREWING CO.
27. Business description STAR BAR WILL BE A FULL SERVICE CRAFT BEER AND COCKTAIL BAR. IT WILL ALSO SERVE WINE AND A LIMITED FOOD MENU.
28. Hours of operation 4PM-BARTIME, SIX DAYS A WEEK. 2PM-BARTIME ON FRIDAYS.
29. Describe your management experience I HAVE OWNED ONE BARREL BREWING COMPANY FOR OVER A YEAR AND HAVE HAD NOTHING BUT A POSITIVE EXPERIENCE WITH BOTH CUSTOMERS AND NEIGHBORS.
30. List names of managers below, along with city and state of residence.  
PETER GENTRY 4508 OAK COURT  
MONONA, WI 53716
31. Describe staffing levels and staff duties at the proposed establishment \_\_\_\_\_  
STAR BAR WILL HAVE ONE TO TWO EXPERIENCED BARTENDERS ON AT ALL TIMES. DURING BUSY TIMES WE WILL STAFF UP TO THREE COCKTAIL WAIT STAFF. IF ADDITIONAL STAFF BECOMES NECESSARY, IT WILL BE PROVIDED.
32. Describe your employee training ALL BARTENDERS WILL BE REQUIRED TO HOLD A VALID OPERATORS LICENSE.  
EXTENSIVE TRAINING, INCLUDING WRITTEN AND HANDS ON, WILL BE PROVIDED. AFTER A SET AMOUNT OF TIME, EMPLOYEES WILL BE EVALUATED ON THEIR PERFORMANCE. QUESTIONNAIRES WILL BE USED TO GAIN BETTER TRAINING TECHNIQUES FROM EMPLOYEE EXPERIENCE.
33. Utilizing your market research, describe your target market.  
HIGH END BEER AND COCKTAIL CONNOISSEURS, AGE 25-60  
MANY OF WHOM WILL LIVE AND/OR WORK DIRECTLY ABOVE STAR BAR.

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

WORD OF MOUTH, SOCIAL MEDIA, LOCAL PRINT (ISTHMUS)  
WE WILL PROMOTE OUR BRAND ALONG WITH SPECIAL TASTING  
EVENTS RATHER THAN DISCOUNTS AND/OR SPECIALS.

35. Are you operating under a lease or franchise agreement?  No  Yes

36. 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?  
 No  Yes

### Section E—Consumption on Premises

This section applies to Class B and Class C applicants only. Class A license applicants (consumption off premises) may skip to Section F.

37. Do you plan to have live entertainment?  No  Yes—what kind? \_\_\_\_\_

38. What age range do you hope to attract to your establishment? 25-65

39. What type of food will you be serving, if any? STAR BAR WILL HAVE A LIGHT MENU FOCUSING ON LOCAL PRODUCTS.  
 Breakfast  Brunch  Lunch  Dinner

40. Submit a sample menu if applicable. What will be included on your operational menu?  
 Appetizers  Salads  Soups  Sandwiches  Entrees  Desserts  
 Pizza  Full Dinners

41. During what hours of operation do you plan to serve food? ALL OPEN HOURS

42. What hours, if any, will food service not be available? N/A

43. Indicate any other product/service offered. N/A

44. Will your establishment have a kitchen manager?  No  Yes

45. Will you have a kitchen support staff?  No  Yes

46. How many wait staff do you anticipate will be employed at your establishment? 10-12

During what hours do you anticipate they will be on duty? 1-4 ON DURNING ANY GIVEN OPEN HOURS

47. Do you plan to have hosts or hostesses seating customers?  No  Yes

48. Do your plans call for a full-service bar?  No  Yes  
If yes, how many barstools do you anticipate having at your bar? 16  
How many bartenders do you anticipate having work at one time on a busy night? 2

49. Will there be a kitchen facility separate from the bar?  No  Yes

50. Will there be a separate and specific area for eating only?  
 No  Yes, capacity of that area \_\_\_\_\_
51. What type of cooking equipment will you have?  
 Stove  Oven  Fryers  Grill  Microwave
52. Will you have a walk-in cooler and/or freezer dedicated solely to the storage of food products?  
 No  Yes
53. What percentage of payroll do you anticipate devoting to food operation salaries? 10%
54. If your business plan includes an advertising budget:  
 What percentage of your advertising budget do you anticipate will be related to food? 20%  
 What percentage of your advertising budget do you anticipate will be drink related? 60%
55. Are you currently, or do you plan to become, a member of the Madison—Dane County Tavern League or the Tavern League of Wisconsin?  No  Yes
56. Are you currently, or do you plan to become, a member of the Wisconsin Restaurant Association or the National Restaurant Association?  No  Yes
57. All restaurants and taverns serving alcohol must substantiate their gross receipts for food and alcohol beverage sales broken down by percentage. New establishments estimate percentages:  
80 % Alcohol 15 % Food 5 % Other
58. Do you have written records to document the percentages shown?  No  Yes  
 You may be required to submit documentation verifying the percentages you've indicated.

### Section F—Required Contacts and Filings

59. I understand that liquor/beer license renewal applications are due April 15 of every year, regardless of when license was initially granted.  No  Yes
60. I understand that I am required to host an information session at least one week before the ALRC meeting.  No  Yes
61. I agree to contact the Alderperson for this location to discuss my application and to invite the Alderperson to my information session.  No  Yes
62. I agree to contact the Police Department District Captain for this location prior to the ALRC meeting.  No  Yes
63. I agree to contact the Alcohol Policy Coordinator prior to the ALRC meeting.  No  Yes
64. I agree to contact the neighborhood association representative prior to the ALRC meeting.  
 No  Yes
65. I understand we must file a Special Occupational Tax return (TTB form 5630.5) before beginning business. [phone 1-800-937-8864]  No  Yes
66. I 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]  No  Yes
67. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  
 No  Yes

**Section G—Information for Clerk’s Office**

68. State Seller’s Permit 4 5 6 1 0 2 8 1 9 1 6 4 3 0 2

69. Federal Employer Identification Number 46-3106190

70. Who may we contact between 8 a.m. and 4:30 p.m. regarding this license?

Contact person PETER GENTRY

E-mail address PETER.GENTRY@GMAIL.COM

Phone 608-335-2294

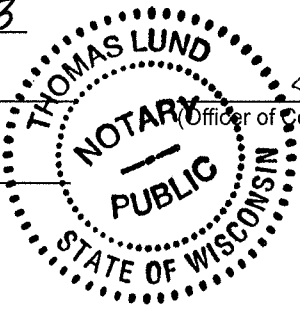
Preferred language for correspondence ENGLISH

**Read carefully before signing in front of a notary:** 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 the business according to law, and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. Lack of access to any portion of 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 23rd day of July, 2013

Thomas Lund  
(Clerk/Notary Public)



[Signature]  
(Officer of Corporation/Member of LLC/Partner/Sole Proprietor)

My commission expires 05/27/15

Clerk’s Office checklist for complete applications		
<input type="checkbox"/> Orange sign <input type="checkbox"/> WI Seller’s Permit Certificate (matching articles of incorporation) <input type="checkbox"/> FEIN <input type="checkbox"/> Notarized application <input type="checkbox"/> Written description of premises	<input type="checkbox"/> Background investigation form(s) <input type="checkbox"/> Form for surrender of previous license <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
Date complete application filed with Clerk’s Office _____ Date of ALRC meeting _____ Date license granted by Common Council _____ Date provisional issued _____ Date license issued _____ License number _____		

CONFIDENTIAL

