

#23427

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning _____ 20____ ;
ending June 30 2012

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

County of Dane Aldermanic Dist. No. 8 (if required by ordinance)

Applicant's Wisconsin Seller's Permit Number	
Federal Employer Identification Number (FEIN) <u>27-4682566</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 type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$
TOTAL FEE	\$

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): Badger Wings, LLC FEIN 27-4682566

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 <u>Member</u> Member	Vince Romano	1090 Bluebird Lane	Roselle, IL 60172
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶ <u>Vic Velacruz</u>			
Directors/Managers			

3. Trade Name ▶ Wingstop Business Phone Number _____
4. Address of Premises ▶ 1234 Regent Street Post Office & Zip Code ▶ Madison, WI 53715

- 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 01/07/11 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.) Free standing 1000 sq. ft. - Seating for 32

- 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? Palis
- 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 20 day of July, 2011

Magdalena Witek
(Clerk/Notary Public)

Vince Romano Badger Wings LLC
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)
Vince Romano Member Manager
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)

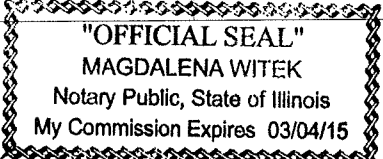
My commission expires 03-04-2015

(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	
		<u>LIC1B-2011-</u>	

AT-106 (R 4-09)



P 402
A Resnick 23427
00724

Wisconsin Department of Revenue

City of Madison Supplemental Class B License Application

- | | | |
|---|--|---|
| <input type="checkbox"/> Seller's Permit Number | <input checked="" type="checkbox"/> Written Description of Premise | <input checked="" type="checkbox"/> Floor Plans |
| <input checked="" type="checkbox"/> Federal Employer Identification # | <input checked="" type="checkbox"/> Background Investigation Form(s) | <input checked="" type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Notarized Original Application Form | <input type="checkbox"/> Notarized Transfer of Ownership | <input checked="" type="checkbox"/> Sample Menu |
| <input checked="" type="checkbox"/> Notarized Supplemental Form | <input checked="" type="checkbox"/> *Articles of Incorporation | <input type="checkbox"/> Business Plan |
| <input type="checkbox"/> Orange Sign (Clerk's Office provides at time of application) | <input checked="" type="checkbox"/> *Notarized Appointment of Agent | |
| | * Corporation/LLC only | |

1. Name of Applicant/Partner/Corporation/LLC Badger Wings LLC
2. Address of Licensed Premise 1234 Regent Street
3. Telephone Number: _____ 4. Anticipated opening date: 9/15/11
5. Mailing address if not opening immediately 840 West Lake St - Suite 414 - Roselle, IL 60172
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. Not that I am aware of
8. Business Description, including hours of operation: Chicken wing restaurant open 11 am to midnight Sun-Thurs - Fri & Sat possibly till 2 am
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.**
Free standing, 40'x 28' outside dimensions, 32 seats all tables there, there is no bar. We serve beer as a compliment to our wings. We are not a bar. We may have 4 tap beers and 15 variety of bottled domestic and import beers.
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. Existing lot is to the north of building - 11 spots
13. Describe your management experience, staffing levels, duties and employee training.
Currently own and operate 2 other Wingstop locations, one for 5-1/2 years and one for 4 years.
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.
Anthony Coletti - P.O.Box 318, 114 N. Church, Elkhorn, WI 53121

Name

Address

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

Men and women from teens to the elderly

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

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

Signage, direct mail, community involvement. Wings, fries, family packs and our new Glider sandwich.

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

19. Owner of building where establishment is located: Roger Charley

Address of Owner: Regent St. - Madison, WI Phone Number 608-347-7911

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

Vince Romano 1090 Bluebird Lane Roselle, IL 60172

Name

Address

Name

Address

Name

Address

22. List the Stockholders of your Corporation LLC

Vince Romano 1090 Bluebird Lane Roselle, IL 60172 100%

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? Chicken Wings & Boneless, Fries, etc.

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? 11 am to Midnight Sun-Thurs

Fri&Sat 11 am to 2 am or later, not sure yet.

27. What hours, if any, will food service not be available? 12 am to 11 am except on Fri & Sat
28. Indicate any other product/service offered. Side dishes, soft drinks & dips
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? We do not serve at tables.
During what hours do you anticipate they will be on duty? N/A
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? _____
How many bartenders do you anticipate you would have working at one time on a busy night? _____
34. Will there be a kitchen facility separate from the bar? Yes No There is no bar
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? _____
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?
90%
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 - We are not a tavern
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? 32

43. Pursuant to Chapter 38.02 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	10 %
Gross Receipts from Food and Non-Alcoholic Beverages	90 %
Gross Receipts from Other	0 %
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.

I have records from my existing stores, we have less than 1% from alcohol sales.

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.

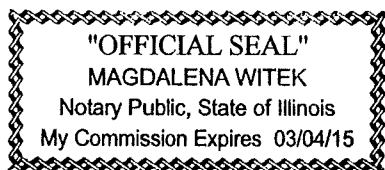
Subscribed and Sworn to before me:

this 20 day of July, 2011

Vincent Roman BARBER WENDS LLC.
(Officer of Corporation/Member of LLC/Partner/Individual)

Magdalena Witek
(Clerk/Notary Public)

My commission expires 03-04-2015



Appointment of New Liquor/Beer Agent

To be completed by Corporate Officer or Member of LLC

I, Vince Romano, officer/member for BADGER WINGS LLC
(Corporation/LLC), doing business as DBA WING-STOP, authorize and appoint
VIC VILLACREZ (Name) as the liquor/beer agent for the premise
located at ~~108 Meadow~~ 1234 REWENT ST.

Subscribed and sworn to before me this

21 Day of July, 20 11

Elenna Berg
Notary Public, Dane County, Wisconsin

My Commission Expires 2-24-13

Vince Romano
Signature of Officer/Member

To be completed by appointed Liquor/Beer Agent

I, Victor Villacrez, appointed liquor/beer agent for
Badger Wings 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 0 %.

Subscribed and sworn to before me this

21 Day of July, 20 11

Elenna Berg
Notary Public, Dane County, Wisconsin

My Commission Expires 2-24-13

Victor Villacrez
Signature of Agent

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

Sec. 183.0202
Wis. Stats.



State of Wisconsin
Department of Financial Institutions

ARTICLES OF ORGANIZATION - LIMITED LIABILITY COMPANY

Executed by the undersigned for the purpose of forming a Wisconsin Limited Liability Company under Chapter 183 of the Wisconsin Statutes:

- Article 1. **Name of the limited liability company:**
Badger Wings, LLC
- Article 2. **The limited liability company is organized under Ch. 183 of the Wisconsin Statutes.**
- Article 3. **Name of the initial registered agent:**
Anthony A Coletti
- Article 4. **Street address of the initial registered office:**
PO Box 318
114 N Church
Elkhorn, WI 53121
United States of America
- Article 5. **Management of the limited liability company shall be vested in:**
A member or members
- Article 6. **Name and complete address of each organizer:**
Anthony A Coletti
PO Box 318
114 N Church Street
Elkhorn, WI 53121
United States of America
- Other Information. **This document was drafted by:**
Anthony A Coletti

Organizer Signature:
Anthony A Coletti

Date & Time of Receipt:

1/7/2011 12:44:04 PM

Credit Card Transaction Number:

201101072460081

**ARTICLES OF ORGANIZATION - Limited Liability
Company(Ch. 183)**



Filing Fee: \$130.00
Total Fee: \$130.00

ENDORSEMENT

**State of Wisconsin
Department of Financial Institutions**

EFFECTIVE DATE	
1/7/2011	

FILED 1/7/2011	Entity ID Number B069355
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This is to certify that

Vince Romano

has successfully completed a seminar in
ALCOHOL SELLER & SERVER EDUCATION TRAINING
State of Illinois Certified BASSSET Program

04-5A-0062852

Sergeant John Lawson
Detective Heidi Onion

ILCC Certification # _____ Instructor

[COPY]

SELLER / SERVER CERTIFICATION

03-5A-0054205 **learn2serve.com** Albert J. Lilly

THIS CERTIFIES THAT

Romano, Seth M

HAS COMPLETED AN APPROVED LEARN2SERVE
SELLER / SERVER TRAINING PROGRAM

IL23253

Effective: 06/29/2009

Expires: 06/29/2012

Albert J. Lilly

COPY

