

RETAIL LICENSE TRANSFER – PREMISES TO PREMISES

Wisconsin Department of Revenue

FEE \$ 10.00

APPLICATION FOR TRANSFER OF LICENSES FOR SALE OF FERMENTED MALT BEVERAGES AND/OR INTOXICATING LIQUOR FROM ONE PREMISES TO ANOTHER

Madison, Wisconsin

January 25, 20 10

To the governing body of the City Village Town of Madison

County of Dane Wisconsin

The undersigned hereby applies for a transfer of Class B license from 25 N Pinckney St
Madison, WI 53703 to 1 S Pinckney St, Madison, WI 53703
(present location) (proposed location)

on or about 07/1/2010
(date)

1. APPLICANT: (print name and address plainly)

(a) Full name of applicant Deja Food LLC dba L'Etoile

(b) Address 25 N Pinckney St, Madison, WI 53703

2. LOCATION AND DESCRIPTION OF PREMISES TO WHICH APPLICATION FOR TRANSFER IS MADE: Describe building or buildings where alcohol beverages are to be sold, served and stored.

(a) Street number 1 S Pinckney St, Madison, WI 53703

(b) Trade name of establishment L'Etoile and Bar (Name TBD)

(c) Physical description of building, buildings and/or land area comprising licensed premises.
First floor of USBank Building. Approximately 10,600 square feet.
Facing South Pinckney Street. Mainly glass frontage with high
ceilings.

(d) Legal description (omit if street address is given) _____

(e) Is any other business conducted on same premises? Yes No If so, what?
USBank, Law Firms

(f) Was this location licensed for beer or liquor during the past year? Yes No

(g) Give name and address of previous licensee. Deja Food LLC dba L'Etoile
25 N Pinckney St, Madison, WI 53703

(h) Will the previous licensee surrender its license? Yes No

ALL APPLICANTS FOR TRANSFER OF CLASS B LICENSES MUST ANSWER THE FOLLOWING:

- 3. If granted, state any interest, directly or indirectly, that any brewer, bottler, wholesaler, manufacturer, or rectifier will hold in the premises for which you are applying
No Interest directly or indirectly
- 4. If you do not own the fixtures, state the manner, terms and conditions under which said fixtures are held

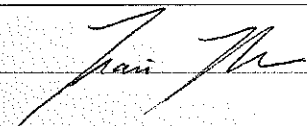
State of Wisconsin

County of Dane

} ss.

(Signature)

(I) (We), Traui Miller and _____
being first duly sworn on oath says that (he/she is) (they are) the person(s) above named and that the answers to the questions in each instance are complete and true.



Subscribed and sworn to before me this

26 day of January, 20 10
Melinda E. Bator

Notary Public, Dane County, Wis.

My Commission Expires 5/6/2012

CLASS OF BUSINESS

Name	_____
Original Location	_____
Ward	_____
Proposed Location	_____
Ward	_____
License No.	_____
Treasurer's Receipt No.	_____
Filed	_____
Submitted to Council or Board	_____
Approved	_____ Date _____
Denied	_____ Date _____

City of Madison Supplemental Class B License Application

<input checked="" type="checkbox"/> Seller's Permit Number <input type="checkbox"/> Federal Employer Identification Number <input type="checkbox"/> Notarized Original Application Form <input type="checkbox"/> Notarized Supplemental Form	<input 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 Deja Food LLC dba L'Etoile
 2. Address of Licensed Premise 1 S Pinckney St, Madison, WI 53703
 3. Telephone Number: 608-251-0500 4. Anticipated opening date: 07/01/2010
 5. Mailing address if not opening immediately 25 Pinckney St, Madison WI 53703

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. Adam Plattin from Capitol Neighborhoods asked me to give more detailed info to him, which I have sent as he requested.

8. Business Description, including hours of operation: Bar - Restaurant, 7am - 2am

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.**

Space is 10,600 sf. incl. 2 Kitchens, 2 dining rooms and one private event room. The capacity is 178 for L'Etoile (incl. private dining), gastropub 111 and 28 outdoor dining (420 sf) Bar will seat 12 in L'Etoile, 20 in gastropub. Alcohol will be stored behind both bars, in 2 wine cellars (one on the L'Etoile dining room floor) and beer beneath gastropub bar.

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. There is a secured parking lot (401 car capacity) in the lower level of our building.

13. Describe your management experience, staffing levels, duties and employee training
Five years of managing L'Etoile & Cafe Soleil, overseeing all managers, attending weekly manager meetings. We have extensive employee training programs and communication

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.

Traci A. Miller 423 N Baldwin St, Madison WI 53703
 Name Address

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

Our current market with expansion for longer hours of operation and a more casual food menu.

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?

Word of mouth, website and very occasional print ads. We will be promoting quality, local & sustainably raised food.

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

19. Owner of building where establishment is located: Urban Land Interests

Address of Owner: 10 East Doty St. Suite 300 Phone Number 251-0706

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? NA Yes No

21. List the Directors of your Corporation/LLC

Tony R. Miller 1219 Spaight St #2, Madison, WI 53703
Name Address

Traci A. Miller 423 Baldwin St, Madison, WI 53703
Name Address

Dianne Christensen 5412 Lake Mendota Dr, Madison, WI 53705
Name Address

22. List the Stockholders of your Corporation/LLC

same ↗

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 Restaurants

Other Please Explain. Fine dining restaurant & gastropub

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

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? 7am - 2am

27. What hours, if any, will food service not be available? Ø
28. Indicate any other product/service offered. private dining room in L'Etoile
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? 25
 During what hours do you anticipate they will be on duty? all hours
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? L'Etoile 12 Gastropub 20
 How many bartenders do you anticipate you would have working at one time on a busy night? 3 max
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? _____
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?
80-90%
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? Ø we do not do much advertising
 What percentage of your advertising budget do you anticipate will be drink related? Ø
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
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? L'Etoile dining room 82 L'Etoile private dining 96
Gastropub 111 inside 28 outside
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.

	<u>L'Etoile</u>	<u>Gastropub</u>
Gross Receipts from Alcoholic Beverages	25 %	35
Gross Receipts from Food and Non-Alcoholic Beverages	75 %	65
Gross Receipts from Other	— %	—
Total Gross Receipts	100%	

44. Do you have written records to document the percentages shown? Yes ^{for L'Etoile} No ^{for gastropub}
 You may be required to submit documentation verifying the percentages you've indicated.

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 26 day of January, 2010

Wendy E. Bacto
 (Clerk/Notary Public)

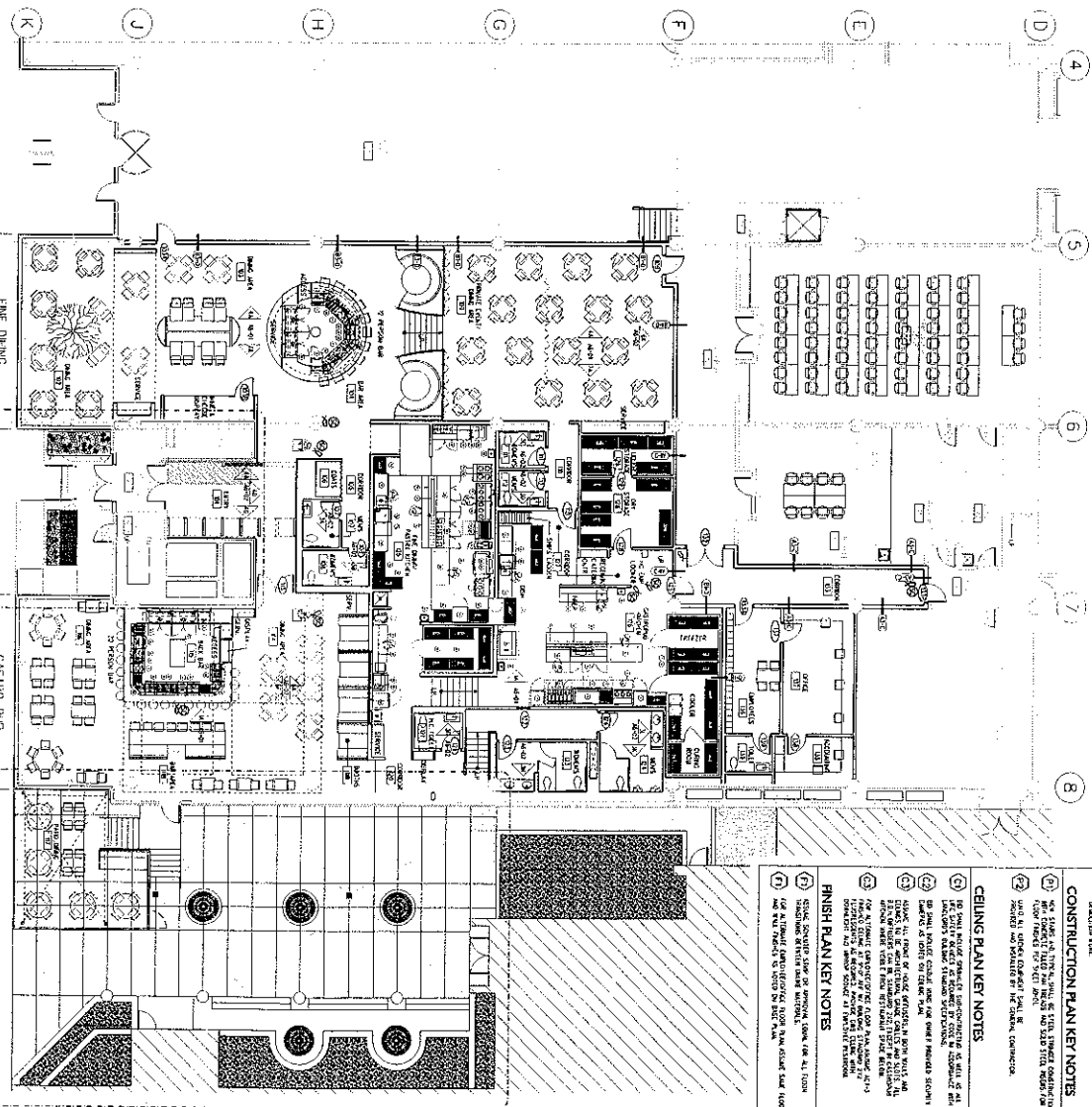
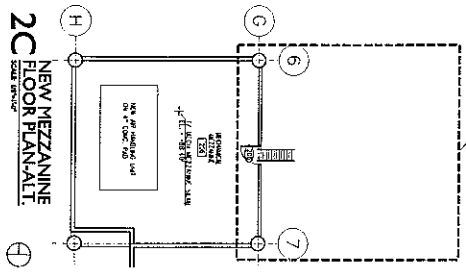
[Signature]
 (Officer of Corporation/Member of LLC/Partner/Individual)

My commission expires 5/6/2012

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Part of 2nd Floor Restaurant Zone
 This area is to be removed to
 provide for a new mezzanine.



- DEMOLITION KEY NOTES**
- 101 REMOVE EXISTING 2ND FLOOR RESTAURANT AND KITCHEN
 - 102 REMOVE EXISTING 2ND FLOOR RESTAURANT AND KITCHEN
 - 103 REMOVE EXISTING 2ND FLOOR RESTAURANT AND KITCHEN
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 - 110 REMOVE EXISTING 2ND FLOOR RESTAURANT AND KITCHEN
- CONSTRUCTION PLAN KEY NOTES**
- 111 NEW 2ND FLOOR RESTAURANT AND KITCHEN
 - 112 NEW 2ND FLOOR RESTAURANT AND KITCHEN
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- FINISH PLAN KEY NOTES**
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 - 130 FINISH 2ND FLOOR RESTAURANT AND KITCHEN
- CEILING PLAN KEY NOTES**
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PRELIMINARY - NOT FOR CONSTRUCTION

A1-10

ONE SOUTH PINCKNEY STREET
 MADISON, WISCONSIN
 DEWALT
 ASSOCIATES INC.
 ARCHITECTS
 500 RANDI AVENUE
 CHICAGO, ILLINOIS 60656
 312 467-5500

TWO RESTAURANTS
 U.S. BANK PLAZA GROUND FLOOR

ONE SOUTH PINCKNEY STREET
 MADISON, WI