

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 }
 Village of }
 City of }

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

Applicant's Wisconsin Seller's Permit Number: <u>456-0003173115-02</u>	
Federal Employer Identification Number (FEIN): <u>20 2570926</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$ <u> </u>
<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	\$

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): DASMEN LLC ROHIT LAMBA, VARUN SOKHAL

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 <u>owner</u>	<u>ROHIT LAMBA</u>	<u>200 3341 Dayton Rd. #D</u>	<u>MADISON 53704</u>
Vice President/Member <u>owner</u>	<u>VARUN SOKHAL</u>	<u>1901 CARNS DR</u>	<u>#203 u 53719</u>
Secretary/Member <u>NO</u>			
Treasurer/Member <u>NO</u>			
Agent ▶	<u>ROHIT LAMBA</u>		
Directors/Managers <u>NO</u>			

3. Trade Name ▶ MAHARAJA GROCERY Business Phone Number 608 246 2656
4. Address of Premises ▶ 1701 Thierrey Road, Madison WI 53704 Post Office & Zip Code ▶ 53704

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 WISCONSIN and date 2007 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.) FIRST FLOOR ONLY, STONE 2900 sq feet, 4 Room, 1 Bathroom

10. Legal description (omit if street address is given above): SAME AS 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? DASMEN LLC
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 8 day of March, 20 12

Elena Bury
(Clerk/Notary Public)

My commission expires 2-29-12

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

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

[Signature]
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>3-8-12</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued <u>LICLIA-2012-00140</u>	

25694 00140 PD-515
AD. 17 - CLAUSINS

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 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
--	--	--

1. Name of Applicant/Partner/Corporation/LLC DASMESH II LLC
 2. Address of Licensed Premise 1701, THIERER ROAD, EAST PARK PLAZA, Madison, WI 53704
 3. Telephone Number: 608 246 2656 4. Anticipated opening date: _____
 5. Mailing address if not opening immediately Same as above

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: Indian grocery store, produce, frozen meats, veggies, bread, dairy products, sweets etc.

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.** store = inside 2400 sqft
Shelves behind the counter for the display of beer/liquor
Premise — Grocery store — 2400 sq. feet, store beer and liquor
store beer and liquor inside the beer cooler, liquor behind the counter.

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. parking lights, security at night

13. Describe your management experience, staffing levels, duties and employee training.
Worked at Jack In The Box, as Restaurant manager in store; fast food
NO employees.

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.
Rohit Lamba 3841 Dwyer Road, #D, Madison WI 53704
 Name Address

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

Indian beer etc

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

Indian Beer, etc

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

18. Owner of building where establishment is located: P.O. Box 481, Stoughton, WI-53589

Address of Owner: MR. ROBERT BRIGHAM
3370 Ridge Way, Avenue, Madison - WI 53724 Phone Number 608 692 0821

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

ROHIT LAMBA 3341 DAYSTAR ROAD, # D, MADISON, WI-53704 50%

Name Address % of Ownership

VARUN SIKHAR 50%

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 8 day of March, 2012

Shilal

(Officer of Corporation/Member of LLC/Partner/Individual)

Elson Berg
(Clerk/Notary Public)

My commission expires 2-24-13



WISCONSIN DEPARTMENT OF REVENUE
PO BOX 8902
MADISON, WI 53708-8902

State of Wisconsin • DEPARTMENT OF REVENUE

REGISTRATION UNIT
2135 RIMROCK RD PO BOX 8902 MADISON, WI 53708-8902
PHONE: 608-266-2776 FAX: 608-264-6884
EMAIL: safes10@revenue.wi.gov WEBSITE: www.revenue.wi.gov

Letter ID: L0254846656

DASMESH LLC
19475 SUMMERHILL LN
BROOKFIELD WI 53045-5122



State of Wisconsin • DEPARTMENT OF REVENUE

Wisconsin Seller's Permit - Personal Wallet
Copy

Sellers Permit Number: 456-0003173115-02
Expiration Date: 31-Mar-2013
Legal/Real Name: DASMESH LLC

Signature _____

Registration Certificate

Certificate Expiration Date: 31-Mar-2013

LEGAL/REAL NAME: DASMESH LLC

This certificate confirms that you are registered with the Wisconsin Department of Revenue.
This certificate is not transferable.

If your business is not operated from a fixed location, such as craft shows, flea markets, etc., the wallet copy should be displayed or carried with you to various events.

You are authorized to engage in the business activity(ies) indicated for the following tax(es).

Tax Type	Account Type	Cease Date	Number
Sales & Use Tax	Seller's Permit		456-0003173115-02

AGENT CERTIFICATION

Have you ever been convicted of violating federal laws? Yes No Have you ever been convicted of violating Wisconsin laws? Yes No

Have you ever been convicted of violating laws of other states? Yes No

Have you ever been convicted of violating ordinances of other municipalities? Yes No

If Yes, give law or ordinance violated

If Yes, give trial court name and date

If Yes, give penalty imposed

Are there any charges pending against you? Yes No

If yes, give status, jurisdiction and charge.

Do you hold any other alcoholic beverage license or permit? Yes No

Are you making application for any other alcoholic beverage license or permit? Yes No

If yes, identify name, location and type of permit

Do you hold a wholesale beer license for the State of Wisconsin? Yes No

Do you hold a wholesale liquor permit in the State of Wisconsin? Yes No

Do you hold a brewery permit in the State of Wisconsin? Yes No

If you hold a license or permit described above, identify

Percentage of interest in business held by Agent

ATTESTATION

Under penalty provided by law, I attest the information provided herein is true and accurate.

I agree to operate this business according to the law.

I agree not to transfer the rights and responsibilities granted by this license to another.

I agree to notify clerk of any changes to establishment within 10 days

I agree to file my renewal application by April 15th

OFFICE USE ONLY

Legistar Number

License Premise

Premise - Grocery Store - 2400 square feet, store beer and liquor, store beer and liquor inside the beer cooler. Liquor behind the counter.

License Conditions

Common Council granted license on May 15, 2007.

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:**

DASMESH 11 LLC

Article 2. **The limited liability company is organized under Ch. 183 of the Wisconsin Statutes.**

Article 3. **Name of the initial registered agent:**

BALBIR SINGH

Article 4. **Street address of the initial registered office:**

1701 THIERER ROAD
MADISON, WI 53704
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:**

BALBIR SINGH
19475 SUMMERHILL LANE
BROOKFIELD, WI 53045
United States of America

BALDEV SINGH BOLLA
3201 SOUTH RIDGE CRESR CT.
NEW BERLIN, WI 53151
United States of America

Other Information. **This document was drafted by:**

DALE A. HARMELINK, CPA

Organizer Signature:

BALDEV SINGH BOLLA

Date & Time of Receipt:

4/4/2007 1:28:30 PM