

P 129 LIC15-2018-01019  
A 9



## 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 ☐ Class A Cider

### Section A – Applicant

1. 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)  

Si usted requiere o necesita un/a intérprete, nosotros podemos proveer un/a intérprete sin costo alguno. ¿Le gustaría tener un/a intérprete?

☐ Sí, lenguaje \_\_\_\_\_  
☐ No. Si usted escoge “no” en la solicitud/aplicación, y usted sí requiere un/a intérprete, el comité remitirá su solicitud para una nueva junta y esto puede atrasar el proceso de su solicitud.
2. This application is for the license period ending June 30, 20 19.
3. 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.  
Cider Farm Brands, LLC
4. Trade Name (doing business as) The Cider Farm
5. Address to be licensed 8210 Watts Rd., Madison WI 53719 (Suite # pending assignment from City of Madison)
6. Mailing address 7258 Kelly Rd., Mineral Point, WI 53565
7. Anticipated opening date 11/01/2018
8. Is the applicant an employee or agent of, or acting of behalf of anyone except the applicant named in question 3?  
☒ No ☐ Yes (explain) \_\_\_\_\_
9. Does another alcohol beverage licensee or wholesale permittee have interest in this business?  
☒ No ☐ Yes (explain) \_\_\_\_\_

### Section B—Premises

10. 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.  
Alcohol beverages will be sold and stored within the approximately 4,123 sq. ft. one story suite located at 8210 Watts Rd., Madison WI 53719, which includes 1430 sq. ft. production, 1,118 sq. ft. indoor tasting room and seating, 500 sq. ft. indoor greenhouse seating, 375 sq. ft. outdoor seating, 600 sq. ft. dry storage and loading dock, and 100 sq. ft. cold storage, including walk-in cooler.

11. ☒ Attach a floor plan, no larger than 8 ½ by 14, showing the space described above.
12. Applicants for on-premises consumption: list estimated capacity ~~50~~ 50 indoor, 25 outdoor  
*see email*
13. Describe existing parking and how parking lot is to be monitored.  
Parking lot is shared by all buildings in Corland Commons, has good lighting, and has access to both Watts Road and Plaza Drive. Apx. 166 parking stalls
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 John Biondi
17. City, state in which agent resides Mineral Point, WI
18. How long has the agent continuously resided in the State of Wisconsin? 17 yrs, 4 mos
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 6/12/18
21. State and date of registration of corporation, nonprofit organization, or LLC.  
WI, 02/16/2016

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
Member	John Biondi	Mineral Point, WI
Member	Deirdre Birmingham	Mineral Point, 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.  
John Biondi, 7258 Kelly Rd., Mineral Point, WI 53565



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) Applicant has a Class A Cider License for the farm located at 7258 Kelly Rd., Mineral Point, WI 53565

### 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 Cider production and tasting room
27. Business description Applicant will have a tasting room for the sale of cider, beer, wine and food.  
Applicant will also become a Bonded Winery (TTB application pending) that produces a line  
of alcoholic ciders from organic apples.
28. Hours of operation 11 A.M. to 10 P.M. Monday through Saturday
29. Describe your management experience Agent and Member John Biondi will be the general manager. John has been the CEO of three technology companies and senior marketing manager/V.P. of marketing for two others to include a large international medical device company. He has raised over \$60 Million in venture and private equity for a series of start-up companies he has helped start or been involved with. He ran an initiative at the University of Wisconsin –Madison that commercialized technologies coming out of labs at the UW. In that capacity he helped create over 17 start up companies.
30. List names of managers below, along with city and state of residence.  
John Biondi; Mineral Point, WI
31. Describe staffing levels and staff duties at the proposed establishment \_\_\_\_\_  
Applicant will employ servers, bartenders, a chef/cook and, eventually, a new general manager.
32. Describe your employee training \_\_\_\_\_  
We have hired an experienced restaurant consultant to help with staffing and training.

33. Utilizing your market research, describe your target market.

Responsible adult consumers of alcoholic beverages.

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

Print advertising promoting the marriage of ciders and food. The core of the brand of business will be a line of alcoholic ciders that the applicant produces. Ciders and beer from other producers across America as well as a 'small plates'-style menu.

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 N/A

### 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? Customers who are 21 years old and up.
39. What type of food will you be serving, if any? \_\_\_\_\_  
☐ 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 Menu is currently being developed; will be a 'small plates' - style menu.
41. During what hours of operation do you plan to serve food? All, 11 A.M. to 10 P.M. Monday-Saturday
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? 1-3 at a time  
During what hours do you anticipate they will be on duty? 11 A.M. to 10 P.M. Monday-Saturday
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? \_\_\_\_\_  
How many bartenders do you anticipate having work at one time on a busy night? \_\_\_\_\_
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? TBD  
*Only one employee will be devoted to cider production, all other employees will be involved in food preparation or serving.*
54. If your business plan includes an advertising budget:  
*All advertising will be promoting the marriage of cider and food. There will not be separate advertising for food v. beverage.*  
What percentage of your advertising budget do you anticipate will be related to food? See above  
  
What percentage of your advertising budget do you anticipate will be drink related? See above
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:  
40 % Alcohol 45 % Food 10 % 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 Deputy Clerk 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 intend to operate under the alcohol license within 90 days of the Common Council granting this license. The license shall be considered surrendered if not issued within 90 days of being granted. ☐ No ☒ Yes

66. I understand we must file a Special Occupational Tax return (ITB form 5630.5) before beginning business. [phone 1-800-937-8864] ☐ No ☒ Yes
67. 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
68. 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

69. State Seller's Permit 4 5 6 - 1 0 2 9 8 6 8 2 0 0 - 0 2

70. Federal Employer Identification Number 81-1520777

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

Contact person John Biondi

E-mail address jbiondi@hotmail.com

Phone 608-217-6217 Preferred language English

72. Corporate attorney, if applicable: Name Nate Zolik

Phone 608-284-2634 E-mail NZolik@glaw.com

**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 14th day of September, 2018

Judy Hendrickson  
(Clerk/Notary Public)

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

My commission expires Oct 5 - 2018

#### Clerk's Office checklist for complete applications

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Orange sign  | <input checked="" type="checkbox"/> Background investigation form(s)       | <input checked="" type="checkbox"/> Floor Plans |
| <input type="checkbox"/> WI Seller's Permit Certificate<br>(matching articles of incorporation) | <input type="checkbox"/> <del>Form for surrender of previous license</del> | <input checked="" type="checkbox"/> Lease       |
| <input checked="" type="checkbox"/> FEIN  | <input checked="" type="checkbox"/> Articles of Incorporation              | <input type="checkbox"/> Sample Menu            |
| <input checked="" type="checkbox"/> Notarized application                                       | <input checked="" type="checkbox"/> *Notarized Appointment of Agent        | <input type="checkbox"/> Business Plan          |
| <input checked="" type="checkbox"/> Written description of premises                             | * Corporation/LLC only   |   |

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 \_\_\_\_\_