

Liquor/Beer License **Application**

City of Madison Clerk 210 MLK Jr Blvd, Room 103 Madison, WI 53703

licensing@citvofmadison.com 608-266-4601

(Agenda Item Num	ber)
(Legistar file numbe	er)
LICLIB-2020	-00646
(License number)	
6	410
(Alder District #) Office U	(Police Sector) Ise Only

Class A:□ Beer,□Liquor,	Cider
Class B:□Beer, 🗵 Liquor,	
Class C Wine	

1.	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. CocoVaa LLC
2.	Trade Name (doing business as) CocoVaa Chocolatier
3.	Address to be licensed1815 East Washington, Madison, WI 53704
4.	Mailing address1815 East Washington, Madison, WI 53704
5.	Anticipated opening dateAlready open
6.	Is the applicant an employee or agent of, or acting of behalf of anyone except the applicant named in question 1? \square No \square Yes (explain)
7.	Does another alcohol beverage licensee or wholesale permitee have interest in this business? \square No \square Yes (explain)
Sec 8.	ction B—Premises Describe in words the building or buildings where alcohol beverages are to be sold and

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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 receipts. Alcohol beverages may be sold and stored only on the premises as approved by Common Council and described on license.

Sales will occur inside the CocoVaa retail shop, or online for pickup of closed alcohol to be consumed off premises. Due to COVID-19 we are not allowing consumer consumption of alcoholic beverages in the premises. This is the primary reason for seeking a class A liquor license, so that we can shift our business tasting model to an online tasting experience where, for example, a customer could purchase a bottle of bourbon or port wine, paired with a box of chocolate for an online tasting experience. Alcohol will be stored in a back storage area (chocolate room), as well as on display on our library wall in the retail area, which is closed off to customers. I am applying for consumption on the premises also in the case that the community spread of COVID-19 is controlled and we are able to resume onsite tasting experiences.

9.				
	Indoor:15 w/COVID-19; Outdoor:N/A			
10.	Describe existing parking and how parking lot is to be monitored.			
	Indoor parking is available as well as on street parking. Cameras are located in the parking structure as well as outside.			
11.	Was this premises licensed for the sale of liquor or beer during the past license year?			
	□ No ☑ Yes, license issued to Syovata Edari (name of licensee)			
This	stion C—Corporate Information section applies to corporations, nonprofit organizations, and Limited Liability Companies . Sole proprietorships and partnerships, skip to Section D.			
12.	Name of liquor license agentSyovata Edari			
13.	City, state in which agent resides <u>Madison, WI</u>			
14.	How long has the agent continuously resided in the State of Wisconsin? 6 years			
15.	Has the liquor license agent completed the responsible beverage server training course?			
	☐ No, but will complete prior to ALRC meeting ☐ Yes, date completed 6/25/2019			
16.	5. State and date of registration of corporation, nonprofit organization, or LLC.			
17.	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 Owner Syovata Edari Madison, WI			
	Owner Cydvata Luan Madison, Wi			
18.	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. Syovata Edari			
10	Is applicant a subsidiary of any other corporation or LLC?			
19.	No □ Yes (explain)			
20.	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) I currently have a class B beer and a class C wine license at			
	the same premise. I'm applying for a class A and B liquor license due to changes in my business model related to COVID-19 Page 2 of 5			

	tion D—Bus What type of ☐ Tavern	f establishme		olated? urant 🏻 Liqi	uor Store [☐ Grocery St	tore
	☐ Convenie	nce Store wit	hout gas pur	mps 🏻 Conv	enience Store	e with gas pu	ımps
	☑ Other	Chocolatier	/dessert spec	ialty store			
22.	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						
23.	Hours of ope	ration: please	e enter openi	ng and closing	times in the	table below.	
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	10am - 5pm	-	-	-	_	10am - 6pm	10am ⁻ 6pm
	(Class B on	ly) Enter belo	w any hours	when food ser	vice will not b	e available,	if applicable
	-	-	-	-	-	-	-
This (con 24. 25.	is section E—Consumption on Premises his section applies to Class B and Class C applicants only. Class A license applicants consumption off premises) may skip to Section F. Indicate any other product/service offered						
27.	dance floor, point tion F—Req I understand regardless of	please also contains that liquor/buther when license that I am rec	omplete an E acts and Fi eer license re was initially	music (except antertainment Lings enewal applicate granted. \(\square \)	icense. ions are due o 🏿 Yes	April 15 of e	very year,
29.				this location to		pplication ar	ıd to invite

30.	I agree to contact the Police Department District Captain for this location prior to the ALRC meeting. \square No \square Yes				
31.	I agree to contact the Deputy Clerk prior to the ALRC meeting. \square No \square Yes				
32.	I agree to contact the neighborhood association representative prior to the ALRC meeting. $\hfill\square$ No \hfill Yes				
33.	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. \square No \square Yes				
34.	I understand we must file a Special Occupational Tax return (TTB form 5630.5) before beginning business. [phone 1-800-937-8864] $\ \square$ No $\ \boxtimes$ Yes				
35.	I understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in question 1, above. [phone 608-266-2776] $\ \square$ No $\ \boxtimes$ Yes				
36.	Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? $\hfill\square$ No $\hfill\square$ Yes				
Sec	tion G—Information for Clerk's Office				
37.	This application is for the license period ending June 30, 20_20				
38.	State Seller's Permit <u>4</u> <u>5</u> <u>6</u> - <u>1030008287 -02</u>				
	Federal Employer Identification Number				
39.	rederal Employer Identification Number				
40. Who may we contact between 8 a.m. and 4:30 p.m. regarding this license?					
	Contact personSyovata Edari				
	Business phone 414-779-0074 Business e-mail address info@cocovaa.com				
	Preferred language English				
	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.				
41.	Syovata Edari Corporate attorney, if applicable: Name				
	Phone 414-779-0074 E-mail info@cocovaa.com				

NOTICE: Completed application are due by noon of the third Monday (fourth, if the Clerk's office is closed on the third Monday) to get on the agenda for the proceeding months Alcohol License Review Committee. A completed application must be accompanied by the following items:				
☐ Copy of State Seller's Permit (Not Business Tax Registration Certificate), ☐ Appointment of Agent (if Corp/LLC), ☐ Member background investigation forms, ☐ Articles of Incorporation (if Corp/LLC), ☐ Floor Plans, ☐ Copy of Lease, ☐ Business Plan, and ☐ Sample Menu (if applying for Class B license)				
If required items are missing, the application Office until all requirements are submitted. I	n will not be considered complete and will not be acc No exceptions are made.	cepted by the Clerk's		
been truthfully completed to the best of the to law, and that the rights and responsibilities	nalty provided by law, the applicant states that the a knowledge of the signer. Signer agrees to operate to es conferred by the license(s), if granted, will not be mises during inspection will be deemed a refusal to for revocation of this license.	he business according assigned to another.		
on this application may be required to forfeit	8/5/2020	lly false information		
(Officer of Corporation/Hember of LLC/Partner/So	ole Proprietor) (Date)			
Clerk's Office checklist for complete a	pplications			
□ WI Seller's Permit Certificate (matching articles of incorporation)□ FEIN	 □ Background investigation form(s) □ Form for surrender of previous license □ *Articles of Incorporation □ *Appointment of Agent 	☐ Floor Plans☐ Lease☐ Business Plan☐ **Sample Menu		
☐ Written description of premises	* Corporation/LLC only	** Class B only		
Upon Application Submission, the C	Clerk's Office issued to the application:			
☐ Orange sign ☐ Orange business card				
☐ "Applying for a Liquor/Beer License in the City of Madison" brochure with contact information				
Date complete application filed with Clerk's Office				
Date of ALRC meeting Date license granted by Common Council				
Date provisional issued Date license issued				

Verbick, Jim

From:

Syovata Edari <syovata.e@gmail.com>

Sent:

Monday, August 17, 2020 9:26 AM Verbick, Jim

To: Subject:

Re: Class B application

Caution: This email was sent from an external source. Avoid unknown links and attachments.

15. That's all we can legally have because of our bathroom situation (we only have one).

Sent from my iPhone

On Aug 17, 2020, at 9:17 AM, Verbick, Jim < JVerbick@cityofmadison.com > wrote:

Hi Vata,

What is your requested capacity, without factoring in Covid-19 adjustments? If/when restrictions have been lifted, you will be held to whatever capacity number was approved by Council. Any change to capacity after the Council approval requires a Change of Premises application, a \$25 fee, and approval by ALRC/Council. It will just be easier and cheaper for you to apply for your full numbers now and otherwise adjust your capacity outside of the application.

If you want to just give me your numbers in an email, I will attached it to your application as an addendum.

Sincerely,

Jim Verbick, Deputy Clerk

City of Madison City Clerk's Office City-County Building-Room 103, 210 Martin Luther King Jr. Blvd. 53703

TEL: (608) 266-4601 FAX: (608) 266-4666

jverbick@cityofmadison.com

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"We exist to assist"

From: Syovata Edari <syovata.e@gmail.com>

Sent: Saturday, August 8, 2020 2:34 PM

To: Verbick, Jim <JVerbick@cityofmadison.com>; Tucker, Matthew <MTucker@cityofmadison.com>;

Zilavy, Jennifer <JZilavy@cityofmadison.com>

Subject: Class B application