

**ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION**

Submit to municipal clerk.

For the license period beginning UPON APPROVAL 20 08 ;  
ending JUNE 30 20 09

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

County of DANE Aldermanic Dist No 9 (if required by ordinance)

- 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): M & P Holdings, LLC

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>Member</u>	<u>Michael E. Sits</u>	<u>W 967 Belle Meads Ct,</u>	<u>Green Lake, WI 54941</u>
Vice President/Member				
Secretary/Member				
Treasurer/Member				
Agent		<u>MICHAEL SITS</u>		
Directors/Managers				

- 3 Trade Name Americinn of Madison - West Business Phone Number 608-662-1990  
4 Address of Premises 516 GRAND CANYON DRIVE Post Office & Zip Code Madison, WI 53719

- 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 5/10/01 of registration  Yes  No  
(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) Hospitality Room - LOBBY - PATIO AREA

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?

- 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 applicant's 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 16th day of July 20 08

Christine A Bechek  
(Clerk/Notary Public)

My commission expires 5/8/11

Michael Sits, Member  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

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

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

<b>TO BE COMPLETED BY CLERK</b>			
Date received and filed with municipal clerk <u>7-17-08</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># 83128</u>	

Applicant's Wisconsin Seller's Permit Number: <u>456-0003345170-04</u>	
Federal Employer Identification Number (FEIN): <u>39-2027118</u>	
<b>LICENSE REQUESTED</b>	
<b>TYPE</b>	<b>FEE</b>
<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 checked="" type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$
<b>TOTAL FEE</b>	\$

11386

## City of Madison Supplemental Class B License Application

<input checked="" type="checkbox"/> Seller's Permit Number <input checked="" type="checkbox"/> Federal Employer Identification Number <input checked="" type="checkbox"/> Notarized Original Application Form <input checked="" 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 checked="" type="checkbox"/> Notarized Transfer of Ownership <input checked="" type="checkbox"/> Articles of Incorporation	<input checked="" type="checkbox"/> Floor Plans <input checked="" type="checkbox"/> Lease Franchise ✓ <input type="checkbox"/> Sample Menu <input type="checkbox"/> Business Plan * Corporation/LLC only
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1. Name of Applicant/Partner/Corporation/LLC M&P Holdings LLC
2. Address of Licensed Premise 516 GRAND CANYON Drive, Madison, WI, 53711
3. Telephone Number: 608-667-1990 4. Anticipated opening date: 6-30-08
5. Mailing address if not opening immediately \_\_\_\_\_

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  
Mark Clear - 310-8792 IN the PROCESS
7. Are there any special conditions desired by the neighborhood?  Yes  No  
 Explain. \_\_\_\_\_

8. Business Description, including hours of operation: Americinn of Madison - West Motel

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.**

Hospitality Suite - Lobby & PATIO AREA ARE ALL ON THE 1ST FLOOR - SEATING FOR APPROXIMATELY 40 PEOPLE IN ALL AREAS APP. 1200 Sq. Ft.

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 Motel Parking Lot Adjacent to the Premises

13. Describe your management experience, staffing levels, duties and employee training.  
Owner of ~~one~~ two other Americinn Motels which serve Alcohol for the past 6 years. Employees will be trained & licensed to serve

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.

Michael E. Sias W1967 Belle Meads Ct., Green Lake, WI 54941

Name Address

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

Motel Guests

16. What age range would you hope to attract to your establishment? 30 - 70

17. Describe how you plan to advertise/promote your business. What products will you be advertising?  
WEB - YELLOW PAGES - SIGNAGE

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

19. Owner of building where establishment is located: Ms. P. Holdings LLC

Address of Owner: W1967 Belle Mapps Ct. Green Lake, WI 54941 Phone Number 920-324-3218

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

Michael E. Sias W1967 Belle Mapps Ct., Green Lake, WI 54941  
Name Address

Name Address

Name Address

22. List the Stockholders of your Corporation/LLC

Michael E. Sias Same 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. Motel

24. What type of food will you be serving, if any? SNACKS in BAR Area

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 N.A.

26. During what hours of your operation do you plan to serve food? SNACKS ONLY  
5:00 P.M. - 10:00 P.M.

27. What hours, if any, will food service not be available? No Food Service
28. Indicate any other product/service offered. None - Motel
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? N.A.  
 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? 10-12  
 How many bartenders do you anticipate you would have working at one time on a busy night? 1
34. Will there be a kitchen facility separate from the bar? Yes  No  N.A.
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   
N.A.
37. Will you have a walk-in cooler and/or freezer dedicated solely to the storage of food products? Yes  No   
N.A.
38. What percentage of your overall payroll do you anticipate will be devoted to food operation salaries?  
None
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? None  
 What percentage of your advertising budget do you anticipate will be drink related? \_\_\_\_\_
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  MAYBE
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? 40

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.

Gross Receipts from Alcoholic Beverages	1 %
Gross Receipts from Food and Non-Alcoholic Beverages	0 %
Gross Receipts from Other Motel	99 %
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

**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 16th day of July, 20 08

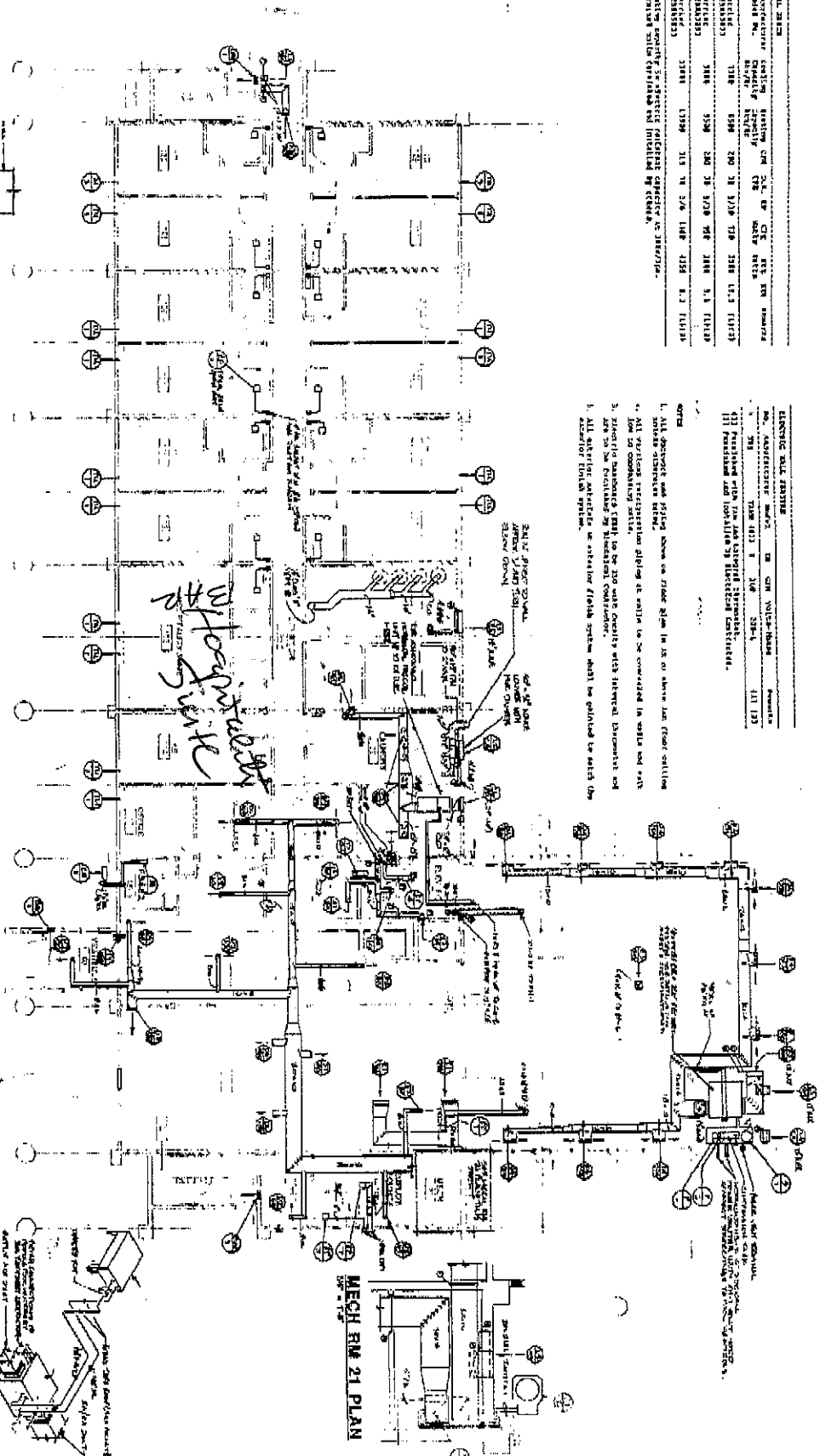
Christina A Reche  
(Clerk/Notary Public)

My commission expires 5/8/11

Michael E. S. Member  
(Officer of Corporation/Member of LLC/Partner/Individual)  
M & P Holdings LLC

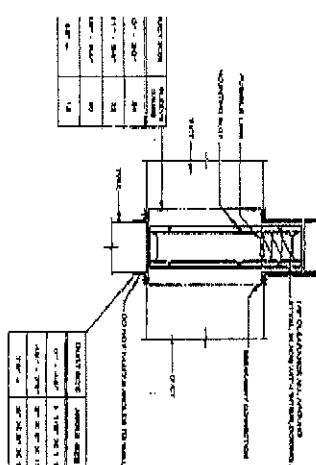
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- ELECTRICAL SCHEDULE**
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1. All equipment and piping shown on these plans is to be shown in floor ceiling.
  2. All electrical installation shall be in accordance with the National Electrical Code and all applicable local codes.
  3. All electrical materials to be installed shall be of the highest quality and shall be suitable for the intended application.
  4. All electrical materials to be installed shall be suitable for the intended application and shall be of the highest quality.



**POOL DEHUMIDIFICATION SYSTEM DETAIL**  
NO SCALE

16' RISE  
10' DEPTH  
10' DEPTH

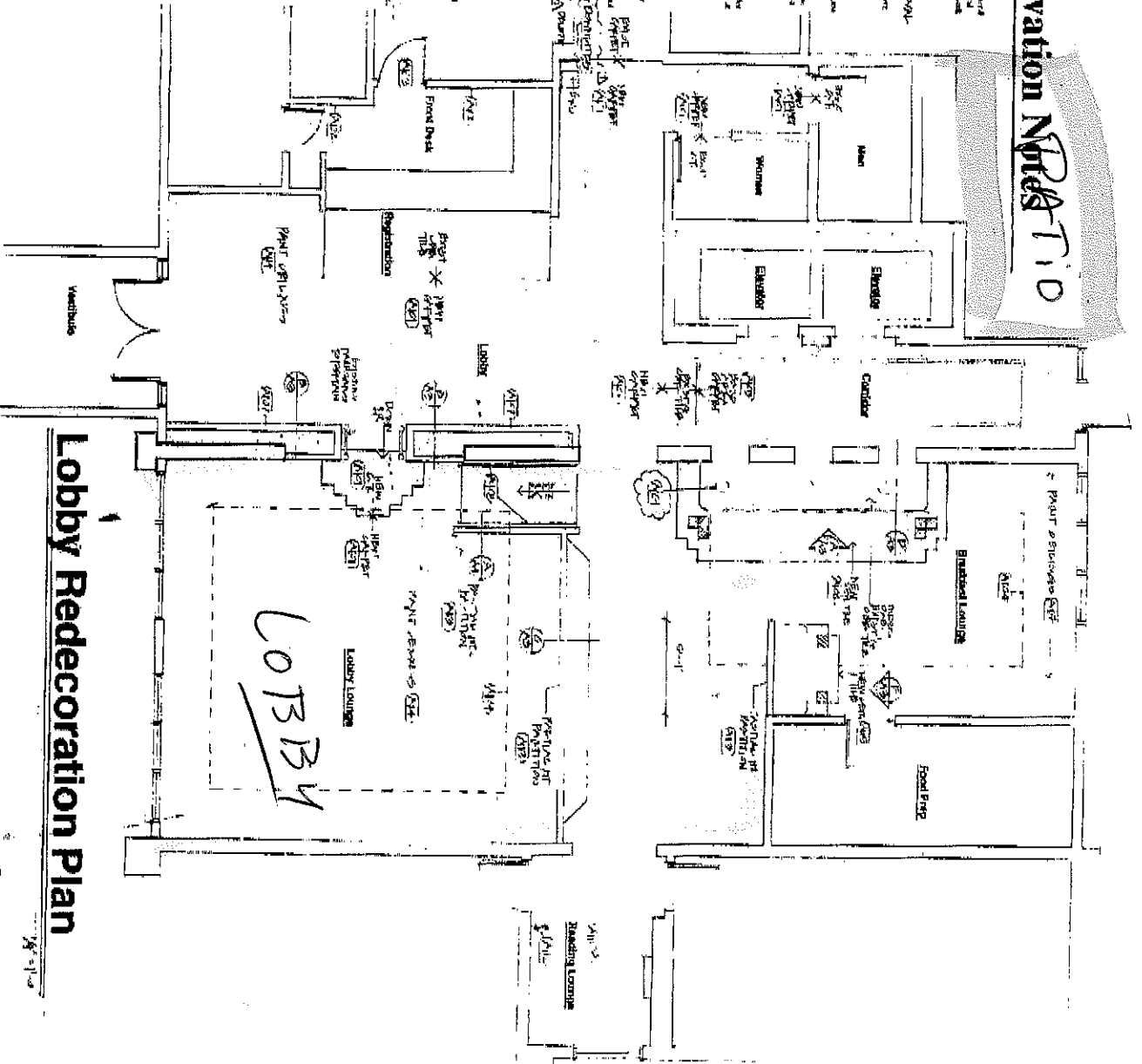


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# Lobby Renovation Notes

Part 1.0

- 310 - 21' long by 4' high wall and roof for 6' of concrete and steel reinforcement. General Contractor shall provide and install all reinforcement per RFI # 10.
- 311 - 21' long by 4' high wall and roof for 6' of concrete and steel reinforcement. General Contractor shall provide and install all reinforcement per RFI # 10.
- 312 - 21' long by 4' high wall and roof for 6' of concrete and steel reinforcement. General Contractor shall provide and install all reinforcement per RFI # 10.
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# Lobby Redecoration Plan

<b>A1</b>	Project No. <b>8433</b>	<b>Lobby Redecoration and Repair</b> Hampton Inn "West" - Madison, WI	<b>MIDWEST LODGING PARTNERS VI</b> 3213 Greenway Drive Madison, WI 53707 608.558.8333 FAX: 608.558.6300	<b>PACE</b> 1000 W. MICHIGAN ANN ARBOR MI 48106 734.769.1100
	Sheet No. <b>843-14</b> Date: <b>Δ 7-19-94</b>			

# ARTICLES OF ORGANIZATION - LIMITED LIABILITY COMPANY

Executed by the undersigned for the purpose of forming a Wisconsin limited liability company under Ch 183 of the Wisconsin Statutes:

Article 1. Name of the limited liability company:

M & P Holdings, L.L.C.

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

Article 3. Name of the initial registered agent: Michael E. Sias

Article 4. Street address of the initial registered office: (The complete address, including street and number, if assigned, and ZIP code. P O Box address may be included as part of the address, but is insufficient alone.)

623 Illinois Ave.

Green Lake, WI 54941

Article 5. Management of the limited liability company shall be vested in:  
(Select and check (X) the one appropriate choice below)

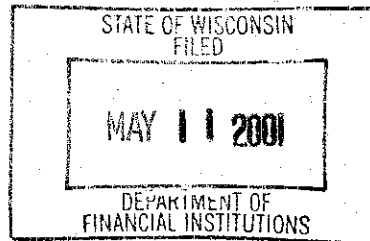
a manager or managers

OR

its members

Article 6. Name and complete address of each organizer:

Michael E. Sias  
623 Illinois Ave.  
Green Lake, WI 54941



2001 MAY 10 AM 8:00

RECEIVED - DEPT OF  
FINANCIAL INSTITUTIONS  
STATE OF WISCONSIN

Michael E Sias  
Organizer's signature

Organizer's signature

This document was drafted by Michael E. Sias, Sias Law Offices, LLC  
(name of the individual who drafted the document)

FILING FEE - ~~\$130.00~~ SEE instructions, suggestions, and procedures on following pages.  
\*170.00 + \$25.00 expedited.  
DFI/CORP/502(R2/99) Use of this form is voluntary.

WI - DFI CORP  
FILE ID# →

M054543



# Appointment of New Liquor/Beer Agent

## To be completed by Corporate Officer or Member of LLC

I, Michael E. Sias officer/member for M&P Holdings LLC  
(Corporation/LLC), doing business as Americinn of Madison, authorize and appoint  
Michael E. Sias (Name) as the liquor/beer agent for the premise  
located at 516 GRAND CANYON DRIVE  
Madison, WI 53719

Subscribed and sworn to before me this

16 Day of July, 20 08

Christine A. Reckel  
Notary Public, Dane County, Wisconsin

My Commission Expires 5/8/11

Michael E. Sias  
Signature of Officer/Member

## To be completed by appointed Liquor/Beer Agent

I, Michael E. Sias, appointed liquor/beer agent for  
M&P Holdings 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 100 %

Subscribed and sworn to before me this

16 Day of July, 20 08

Christine A. Reckel  
Notary Public, Dane County, Wisconsin

My Commission Expires 5/8/11

Michael E. Sias  
Signature of Agent

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