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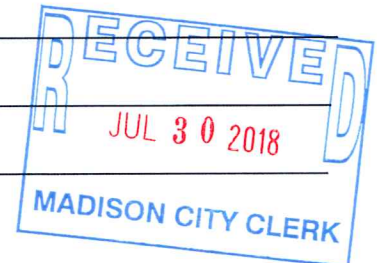


## City of Madison Liquor/Beer License Application

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, 2019.
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.  
Portillo's Hot Dogs, LLC
4. Trade Name (doing business as) Portillo's Hot Dogs
5. Address to be licensed 4505 East Towne Blvd., Madison, WI 53704
6. Mailing address 2001 Spring Road, Suite 400, Oak Brook, IL 60523
7. Anticipated opening date 1/2019
8. Is the applicant an employee or agent of, or acting of behalf of anyone except the applicant named in question 2?  
☒ 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.  
One story restaurant with an outdoor patio. Patrons may only purchase beer at the bar/catering area, with the keg under the counter and properly labeled beer tap handles. There is no bar service to tables in the restaurant. Consumption of the beer is on the premises in the main dining room and outdoor patio.  
  
The storage of beer inventory is in the walk in cooler on the premises. See attached floor plan. The records regarding alcohol will be kept electronically at the premises, with duplicate copies at the Corporate Office at 2001 Spring Road, Suite 400, Oak Brook, IL 60523.

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 199 Interior Seats, 28 Exterior Seats
13. Describe existing parking and how parking lot is to be monitored.  
Restaurant is located in the exterior of East Town Mall with a total of 139 parking spaces (41 on premises and 98 on JcPenny parcel). Managers walk to lot several times a day and there are security cameras on the parking areas closest to the building.
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 Matthew Kiefer
17. City, state in which agent resides Sun Prairie, WI
18. How long has the agent continuously resided in the State of Wisconsin? 5 yrs. 3 months
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 6/10/2018
21. State and date of registration of corporation, nonprofit organization, or LLC.  
Delaware 7/23/1976

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 |
|-------------------------|--------------------------|-----------------------------|
| President & CEO         | Keith Kinsey             | Burr Ridge, IL              |
| CFO                     | Thomas Stoltz            | Hinsdale, IL                |
| General Counsel & Secy. | Susan B. Shelton         | Wheaton, IL                 |
| Sole Member             | Portillo's Holdings, LLC | Oak Brook, IL               |
|                         |                          |                             |
|                         |                          |                             |
|                         |                          |                             |

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.

CT Corporation

24. Is applicant a subsidiary of any other corporation or LLC?  
☐ No ☒ Yes (explain) Portillo's Holdings, LLC
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) Portillo's Hot Dogs, Brookfield, WI and Portillo's Hot Dogs, Greenfield, WI

### 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 \_\_\_\_\_
27. Business description See attached description  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
28. Hours of operation Sunday - Saturday 10:30am-12:00am
29. Describe your management experience In operation since 1963 as a restaurant, with the first liquor license in Illinois in 1969. Company currently holds 54 liquor licenses.  
\_\_\_\_\_  
\_\_\_\_\_
30. List names of managers below, along with city and state of residence.  

|                                        |                                  |
|----------------------------------------|----------------------------------|
| <u>Matthew Kiefer, Sun Prairie, WI</u> | <u>Lou Xiong - Fitchburg, WI</u> |
| <u>Christopher Brown, Appleton, WI</u> | _____                            |
31. Describe staffing levels and staff duties at the proposed establishment Staffing varies throughout the day, depending on business, with 3 general shifts. Staff is divided into CSR (Customer Service Representative) and Food Line Staff. Beer is served over the counter in catering area with an assigned TIPS trained employee.  
\_\_\_\_\_
32. Describe your employee training All employees who serve alcohol are TIPS trained, and wear blue name tags to indicate they are trained to serve alcohol.  
\_\_\_\_\_  
\_\_\_\_\_

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

Our target market is someone who is "hungry for more:" Someone who wants fresh food and quick service. Someone who wants a wide variety of menu items for adults and several kid-friendly options. Someone who wants the convenience of a drive thru and the option to dine in a unique environment.

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

Our advertising is focused on core menu items like Chicago-style hot dogs, Italian beef sandwiches, burgers, salads, and our homemade chocolate cake. At several times throughout the year, we will feature limited time menu offers, including lemon cake, season salads, and a summer rib dinner special.

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? All ages - family friendly

39. What type of food will you be serving, if any? See attached menu

☐ 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

41. During what hours of operation do you plan to serve food? Sun-Sat. 10:30a-12:00am

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? 0

During what hours do you anticipate they will be on duty? N/A

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? 0  
 How many bartenders do you anticipate having work at one time on a busy night? 0
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? 95%
54. If your business plan includes an advertising budget:  
 What percentage of your advertising budget do you anticipate will be related to food? 95%  
 What percentage of your advertising budget do you anticipate will be drink related? <5%
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:  
2 % Alcohol 98 % Food 0 % 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 Alcohol Policy Coordinator 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 understand we must file a Special Occupational Tax return (TTB form 5630.5) before beginning business. [phone 1-800-937-8864] ☐ No ☒ Yes
66. 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
67. 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

68. State Seller's Permit 4 5 6 - 0 0 0 0 5 6 0 1 1 4 - 0 5

69. Federal Employer Identification Number 36-2679879

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

Contact person Elizabeth Hackett

E-mail address ehackett@portillos.com

Phone 630-954-3773 Preferred language English

71. Corporate attorney, if applicable: Name Susan B. Shelton

Phone 630-954-3773 E-mail sshelton@portillos.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 21<sup>st</sup> day of July, 2018

Elizabeth J. Hackett

(Clerk/Notary Public)

Susan B. Shelton

(Officer of Corporation/Member of LLC/Partner/Sole Proprietor)  
 Susan B. Shelton, General Counsel & Secretary

My commission expires Jan. 23, 2021

ELIZABETH J. HACKETT

Official Seal

Notary Public—State of Illinois

My Commission Expires Jan 23, 2021

| Clerk's Office checklist for complete applications                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Orange sign<br><input checked="" type="checkbox"/> WI Seller's Permit Certificate<br>(matching articles of incorporation)<br><input checked="" type="checkbox"/> FEIN<br><input checked="" type="checkbox"/> Notarized application<br><input checked="" type="checkbox"/> Written description of premises | <input checked="" type="checkbox"/> Background investigation form(s)<br><input type="checkbox"/> Form for surrender of previous license<br><input checked="" type="checkbox"/> *Articles of Incorporation<br><input checked="" type="checkbox"/> *Notarized Appointment of Agent<br>* Corporation/LLC only | <input checked="" type="checkbox"/> Floor Plans<br><input checked="" type="checkbox"/> Lease<br><input checked="" type="checkbox"/> Sample Menu<br><input checked="" type="checkbox"/> Business Plan |
| Date complete application filed with Clerk's Office _____<br>Date of ALRC meeting _____ Date license granted by Common Council _____<br>Date provisional issued _____ Date license issued _____ License number _____                                                                                                               |                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                      |