

Application Date: 6-28-06

Proof of WI Seller's Permit No. _____

Name of Corporation, Limited Liability Company, Individual Owner, Private Club or Partner(s) ERJ Dining III LLC		Liquor/Beer Agent Paul Thompson	
Mailing Address 1903 Stanley Gault Pkwy		Liquor/Beer Agent Address 8827 S. Elizabeth Dr.	
City/State/Zip Code Louisville KY 40223		Liquor/Beer City/State/Zip Code Oak Creek 53154	
Name of Registered Agent or General Partner		Local Contact Person	Phone Number
Trade Name Chili's Grill & Bar		Estimated Opening Date 8-3-06	
Business Address 7301 Mineral Point Rd.		Signature of Owner/Operator	

Private Club? Yes No

License Description	Type	Fee	Number
Class B Combination	108	\$20 - publication fee	74954
Pre-Inspection & License Fees Non-Refundable	TOTAL	\$	

IT IS MANDATORY THAT ALL APPLICABLE INFORMATION BE COMPLETED. INACCURATE INFORMATION MAY RESULT IN SUSPENSION OR REVOCATION OF LICENSE.

*** July 19 ALRC ***

Notice of License Application

For July 19 ALRC

Office Use Only

- New Application
- Transfer of Ownership Application
- Transfer of Location Application

Date 6-28-06

You are hereby notified that the following application(s) has been filed in the City Clerk's Office. Investigation and report back on approval or disapproval for the granting of license(s) is requested by your department as required by Ordinance.

To: Assessor Personal Property \$ _____

City Attorney (Pending Charges) _____
Names of Previous License Holder _____

Building Inspection Date of Last Inspection _____
 Zoning Classification
 Specify distance from schools, churches, libraries and hospitals if under 300 feet _____

Fire Date of Last Inspection _____

Health Date of Last Inspection _____

Police

Treasurer (Hotel/Motel or Bed & Breakfast) (Information Only)

Accounting (Hotel/Motel or Bed & Breakfast)(Information Only)

Alderperson Paul Skidmore

Please return this notice with any comments you might have regarding the above application to the City Clerk's Office.

- Approved
- Disapproved
- No Recommendation

Comments:

Signature of Dept/Div Head or Auth. Rep.

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 } Madison
 City of }

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

Applicant's Wisconsin Seller's Permit Number:	
Federal Employer Identification Number (FEIN): <u>20-4998835</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u>
<input type="checkbox"/> Wholesale beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$ <u>500</u>
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ <u>20.00</u>
TOTAL FEE	\$ <u>620</u>

- 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): ▶

ERJ Dining III, 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>Ulysses Bridgeman, Jr., 14610 Woodlake Trace,</u>	<u>Louisville, KY 40241</u>
Vice President/Member	<u>Member</u>	<u>Troy Hanke,</u>	<u>9717 Moorfield Cir., Louisville, KY 40241</u>
Secretary/Member	<u>Member</u>	<u>Paul Thompson,</u>	<u>8827 S. Elizabeth Dr., Oak Creek, WI 53154</u>
Treasurer/Member			
Agent ▶	<u>Paul Thompson</u>	<u>8827 S. Elizabeth Dr., Oak Creek,</u>	<u>WI 53154</u>
Directors/Managers			

- 3 Trade Name ▶ Chili's Grill & Bar Business Phone Number 608-833-8851
4 Address of Premises ▶ 7301 Mineral Point Post Office & Zip Code ▶ Madison, WI 53717

- 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 Kentucky and date 6/6/06 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) see attached
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 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 23RD day of JUNE 20 06

James A. Guyette
(Clerk/Notary Public)

Ulysses Bridgeman, Jr.
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

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

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

My commission expires 1/1/11
JAMES A. GUYETTE

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>6-27-06</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

NOTARY PUBLIC
STATE OF WISCONSIN

Registrar # 04060

c188 Med. Jan



CHIPS 5x-w
MADISON, WIS.

A17
OF 16 SHEETS

SEATING CAPACITIES

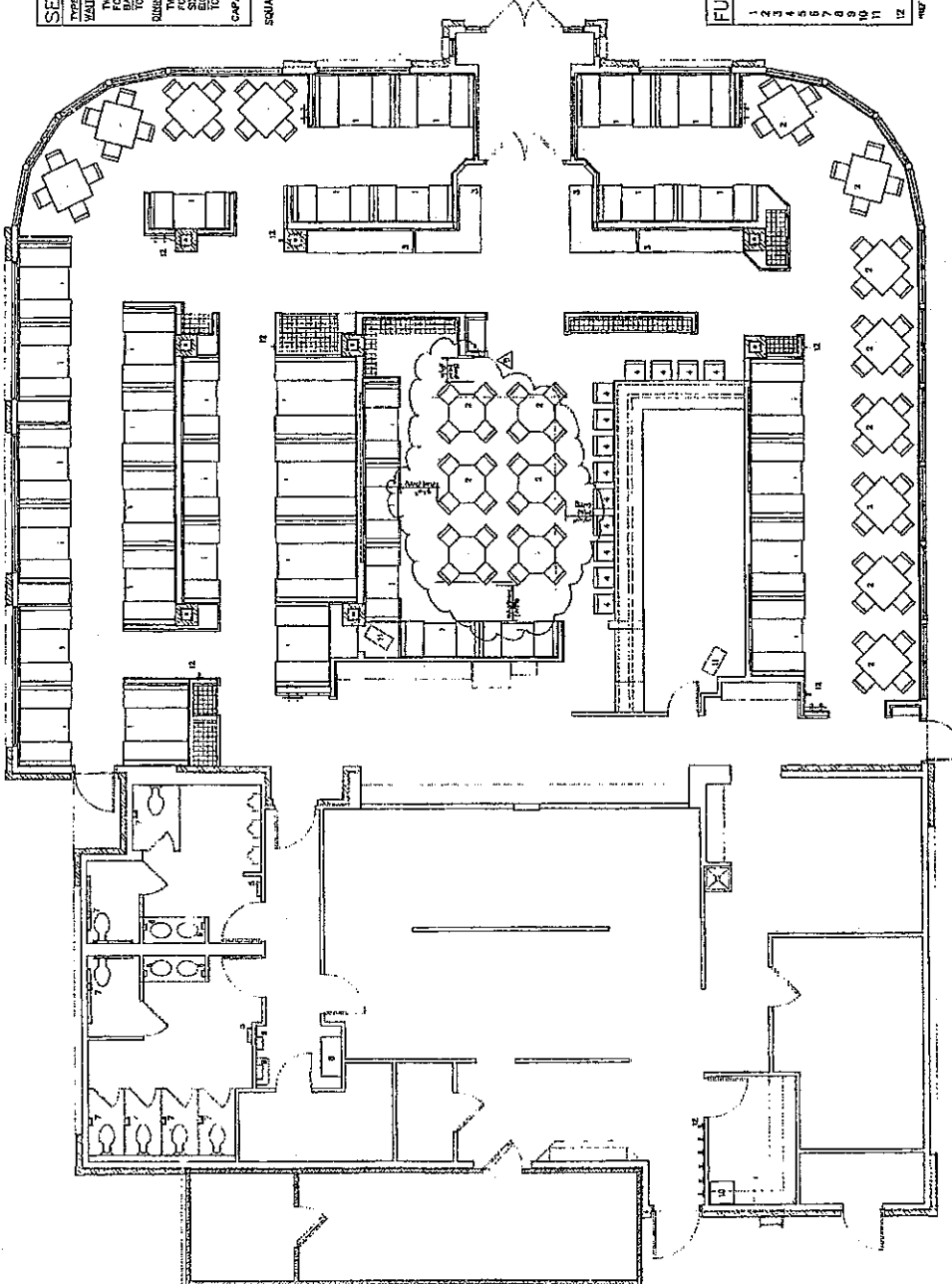
TYPES	QUANTITIES	SEATING	TOTAL
WAITING			
TWO TOPS	5	10	
FOUR TOPS	8	24	
SIX TOPS	1	6	
EIGHT TOPS	1	8	
TOTAL		48	
BOOTH			
TWO TOPS	8	16	
FOUR TOPS	21	84	
SIX TOPS	1	6	
EIGHT TOPS	1	8	
TOTAL		110	
CAPACITY			158

SQUARE FOOTAGE 5995 S.F.

- ### FURNISHINGS SCHEDULE
1. BOOTH
 2. TABLE AND CHAIRS*
 3. BAR
 4. BAR STOOL
 5. PAPER TOWEL DISPENSER
 6. SOAP DISPENSER
 7. TOILET PAPER DISPENSER
 8. TOILET BRUSH
 9. PAY PHONE
 10. SAFE
 11. TELEVISION WITH MOUNTING
 12. COAT HOOK

*SEE SHEETS 1500 AND 1500A

GENERAL NOTES:
 1. FOR THE PURPOSES OF THESE DRAWINGS AND SPECIFICATIONS, ALL DIMENSIONS SHALL BE GIVEN BY THE CONTRACTOR UNLESS OTHERWISE SPECIFIED.
 2. ALL DIMENSIONS SHALL BE TO THE CENTERLINE UNLESS OTHERWISE SPECIFIED.
 3. ALL DIMENSIONS SHALL BE TO THE FACE UNLESS OTHERWISE SPECIFIED.
 4. ALL DIMENSIONS SHALL BE TO THE CENTERLINE UNLESS OTHERWISE SPECIFIED.
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 15. ALL DIMENSIONS SHALL BE TO THE FACE UNLESS OTHERWISE SPECIFIED.
 16. ALL DIMENSIONS SHALL BE TO THE CENTERLINE UNLESS OTHERWISE SPECIFIED.
 17. ALL DIMENSIONS SHALL BE TO THE FACE UNLESS OTHERWISE SPECIFIED.
 18. ALL DIMENSIONS SHALL BE TO THE CENTERLINE UNLESS OTHERWISE SPECIFIED.
 19. ALL DIMENSIONS SHALL BE TO THE FACE UNLESS OTHERWISE SPECIFIED.
 20. ALL DIMENSIONS SHALL BE TO THE CENTERLINE UNLESS OTHERWISE SPECIFIED.



FURNISHINGS PLAN
1/4"=1'-0"



PLAN NORTH FOR REFERENCE ONLY. ALL DIMENSIONS SHALL BE TO THE CENTERLINE UNLESS OTHERWISE SPECIFIED.

DATE: 1/11/60

BY: [Signature]

SCALE: 1/4"=1'-0"

City of Madison Liquor and/or Beer Original Supplemental Form

Office Use Only

- | | |
|--|---|
| <input type="checkbox"/> Seller's Permit Number | <input type="checkbox"/> Lease |
| <input type="checkbox"/> Federal Employer Identification Number | <input type="checkbox"/> Notarized Transfer of Ownership Letter |
| <input type="checkbox"/> Notarized Original Application Form (AT-106) | <input type="checkbox"/> *Schedule of Appointment of Agent (AT-104) |
| <input type="checkbox"/> Notarized Supplemental Form | <input type="checkbox"/> *Notarized Appointment of Agent Letter |
| <input type="checkbox"/> Description of Licensed Premise | <input type="checkbox"/> *Notarized Agent Authorization Letter |
| <input type="checkbox"/> Notarized Auxiliary Questionnaire(s) (AT-103) | <input type="checkbox"/> *Articles of Incorporation/ Organization |
| <input type="checkbox"/> Background Investigation Form(s) | <input type="checkbox"/> Sample Menu, if possible |
| <input type="checkbox"/> Floor Plans | <input type="checkbox"/> Business Plan, if one exists |

- ✓ All applicants must provide an adequate premise plan that includes exterior and interior dimensions, position of stairs and all entrances and exits, normal and customary use of each room, placement of major appliances, furniture and large gaming tables, placement and dimensions of all bar(s), and graphic representation of the normal position of booths, bar stools, tables and chairs. **Premise plans must be no larger than 8 ½ x 14.**
- ✓ New structures must submit to Building Inspection two sets of plans, signed and sealed by a registered architect or engineer.
- ✓ **Applicant/partners/Liquor Agent must be enrolled in or have completed the Beverage Server Training course before appearing before the Alcohol License Review Committee.**

Prior to your hearing before the Alcohol License Review Committee (ALRC), you must contact the Alderperson of the District in which you intend to do business, the representative of the appropriate neighborhood association (if any), and the Madison Police Department.

- Alderperson _____ can be reached at _____ at the Common Council Office (266-4071), or via e-mail at council@cityofmadison.com.
- The name of the neighborhood association representative can be obtained by calling the Planning and Development Department at 266-4635 or online at www.ci.madison.wi.us/neighborhoods/contacts.htm.
- The Police Department Liaison, Sergeant Emil Quast, can be reached at 266-4451.

1. Have you contacted the Alderperson, Police Department Liaison and neighborhood association representative for the area in which you intend to locate? Yes No
2. Are there any special conditions desired by the neighborhood? Yes No
Explain. _____
3. Name of Applicant/Partner/Corporation/LLC ERJ Dining III, LLC
4. Telephone Number: 502-254-7130
5. Address of Licensed Premise 7301 Mineral Point, Madison, WI 53717
6. Anticipated opening date: 8/3/06
7. Mailing address if not opening immediately 1903 Stanley Gault Parkway, Louisville, KY 40223

8. What type of establishment is contemplated? Tavern Nightclub Restaurant
 Liquor Store Grocery Store Convenience Store – Gas Pumps Yes No Other
Please explain _____

9. Business Description, including hours of operation and if entertainment is part of your venue, what type:

10. Describe building in detail, 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.**
See attached

11. Are any living quarters directly or indirectly accessible and under control of the applicant? Yes No
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. Existing Parking is shown on attached. Parking monitored by restaurant manager.

13. Describe your management experience, staffing levels, duties and employee training.
Restaurant will have staff of 75 employees. Ulysses Bridgeman, Jr. and Paul Thompson have worked full time since 1988 owning and operating Wendy's restaurants.

14. Identify the **registered agent** for your Corporation or LLC. This is not necessarily the same person as your liquor/beer agent. This is your corporation's agent for service of process, notice or demand required or permitted by law to be served on the corporation. Karen M. Campbell
Name
1903 Stanley Gault Parkway, Louisville, KY 40223
Address City State Zip

15. Excluding pre-packaged snacks, how late will food be served? During hours of operation.

16. What type of food will you be serving, if any? Southwest menu

17. Indicate any other product/service offered: beer, wine and liquor

18. Describe your target market. Ages 25-50 and families with young children.

19. Describe how you plan to advertise/promote your business. Chili's national advertising program

20. What is your estimated capacity? 217

21. Are you operating under a lease or franchise agreement? Yes No (If yes, attach a copy)

22. Owner of building where establishment is located: Madison Joint Venture

Address of Owner: 25425 Center Ridge Road, Cleveland, OH 44145 Phone Number _____

23. Individual or Partnership only: Have individual/partners completed the Beverage Server Training Course? Yes No If Yes, indicate names: _____

License cannot be issued until proof of Beverage Server Training completion is shown.

24. Corporation/LLC only: Will liquor/beer agent be a Wisconsin resident at the time of granting? Yes No

25. Corporation/LLC only: Agent must disclose interest held in business: 10 %

26. Corporation/LLC only: Has agent completed the Beverage Server Training Course? Yes No

License cannot be issued until proof of Beverage Server Training completion is shown.

27. Corporation/LLC only: List Directors, Stockholders, and Managers below.

Director(s) Name	Home Address

Stockholder's Name	Address	Extent of Ownership%

Manager's Name	Address	Business Phone	Home Phone
Ulysses Bridgeman, Jr.	1903 Stanley Gault Pkwy. Louisville, KY 40223	502-254-7130	502-245-9170
Troy Hanke	"	"	502-327-8119
Paul Thompson	"	"	414-349-0545

28. 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? NA Yes No

29. Restaurant/Tavern Establishment Alcohol Beverage & Food Sales Report

Pursuant to Sections 23.05(3)(s) and 23.05(7)(f) 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.

Calendar/fiscal year: January 1 – December 31 July 1 – June 30

Percent Gross Receipts from Alcohol Beverages	10 %
Percent Gross Receipts from Food	90 %
Percent Gross Receipts from Other	%
Total Gross Receipts	100 %

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.

30. What type of establishment are you? (Check all that apply) Tavern Restaurant Nightclub

Other Please explain: _____

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 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 must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.) 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 23RD day of JUNE, 2006

James A. Guyette
(Clerk/Notary Public)

William R. [Signature]
(Officer of Corporation/Member/Manager of LLC/Partner/Individual)

Tracy [Signature]
(Officer of Corporation/Member/Manager of LLC/Partner/Individual)

My commission expires 6/30/2008

X Paul S. Thompson
(Officer of Corporation/Member/Manager of LLC/Partner/Individual)

If you have any questions, please contact the City Clerk's Office at (608) 266-4601.

JAMES A. GUYETTE
NOTARY PUBLIC
STATE OF WISCONSIN