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City of Madison Liquor/Beer License Application On-Premises Consumption: Class B Beer Class B Liquor Class C Wine

Yad	Off-Premises Consumption: Class A Beer Class A Liquor Class A Cider
Sec 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 mage 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_16
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.
4.	Trade Name (doing business as)
5.	Address to be licensed 961 S. Park St , Mad. son WE 53715
3 .	Mailing address 1825 Monroe St, Modison W253711
7.	Anticipated opening date Almady Open
3.	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 permitee have interest in this business? ☐ No ☐ Yes (explain)
Sec 10.	tion B—Premises 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.
	and 60' x 20' outdoor stating once on south side of the

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 <u>96</u>		
13.	Describe existing parking and how parking lot is to be monitored. Street parking and how parking lot is to be monitored.		
	A DE MODE OF THE CHARLES OF THE CONTRACT OF TH		
14.	Was this premises licensed for the sale of liquor or beer during the past license year?		
	□ No ☑ Yes, license issued to 96\Nolan Znc, (name of licensee)		
15.	. □ Attach copy of lease.		
This	ction C—Corporate Information s section applies to corporations, nonprofit organizations, and Limited Liability Companies only. e proprietorships and partnerships, skip to Section D.		
16.	Name of liquor license agent Natt Wey and +		
17.	7. City, state in which agent resides Madison Williams		
	3. How long has the agent continuously resided in the State of Wisconsin? Zo + years		
	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 <u>N</u> A		
21.	State and date of registration of corporation, nonprofit organization, or LLC.		
	WI, January 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 Barriques Holling Madison WZ		
	Tooler of lasks come		
	informations for Amen's thousand		
	of the holdie Compar LCC		
	1 14 Command County Name of County N		
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. Matt Weggand		

24.	Is applicant a subsidiary of any other corporation or LLC?
	□ No Ø Yes (explain) The Sole member of 96 Nolantic is
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) All Bangers locations
	ction D—Business Plan What type of establishment is contemplated? □ Tavern □ Nightclub □ Restaurant □ Liquor Store □ Grocery Store
	☐ Convenience Store without gas pumps ☐ Convenience Store with gas pumps
	Other Cafe
27.	Business description Barriers is a case comment of the
	respecto drinks along with sorps saled salvatus +
	baken. We serve wine obser by the glass and have a limited selection of wine available for retail purchase
28.	Hours of operation M-F 6an-9pm Sut 6:30 nm-4pm Sun 7pm - 8pm
	Describe your management experience 16 years of Barries
30.	List names of managers below, along with city and state of residence.
	Phil Rolling Madisonwa
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31.	Describe staffing levels and staff duties at the proposed establishment 2-3
	at all times:
32.	operators licinses, extension product toustoner Service training
	operators licenses, extension product + customer
	Service training
	<u> </u>

33.	Utilizing your market research, describe your target market.	
	18-65	
34.	Describe how you plan to advertise and promote your business. What products will you be advertising?	
	Word it wouth + Social media we feature	
	all the products we sall.	
	* · · · · · · · · · · · · · · · · · · ·	
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 	
This	ction E—Consumption on Premises s section applies to Class B and Class C applicants only. Class A license applicants (consumption premises) may skip to Section F.	
37.	Do you plan to have live entertainment? No D Yes—what kind?	
38.	What age range do you hope to attract to your establishment?	
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	
41.	During what hours of operation do you plan to serve food? All open hours	
42.	What hours, if any, will food service <u>not</u> be available?	
43.	Indicate any other product/service offered.	
	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?	
	During what hours do you anticipate they will be on duty?	
47	Do you plan to have hosts or hostesses seating customers? Π No Π 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?
4 9.	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?
54.	If your business plan includes an advertising budget:
	What percentage of your advertising budget do you anticipate will be related to food?
	What percentage of your advertising budget do you anticipate will be drink related?
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:
58.	You may be required to submit documentation verifying the percentages you've indicated.
Sec	ction F—Required Contacts and Filings
	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

Payment of Taxes on Liquor/Beer License Transfer

I, Matt Wygner,,	Title , appl	icant for
a liquor and/or beer license for the premise located at	9612 ParkSt	, have
read the provisions in the attached copy of Madison Gene	eral Ordinance Section 9.01, and unde	rstand
that payment of all personal property taxes, special assess	sments, room taxes, forfeitures and jud	lgments
must be paid before the Office of the City Clerk can issue	e said license.	
Nath way	3-3-16	
Signature of Applicant	Date	

Subscribed and sworn to before me this

and day of March, 20 lb

Notary Public, Dane County, State of Wisconsin

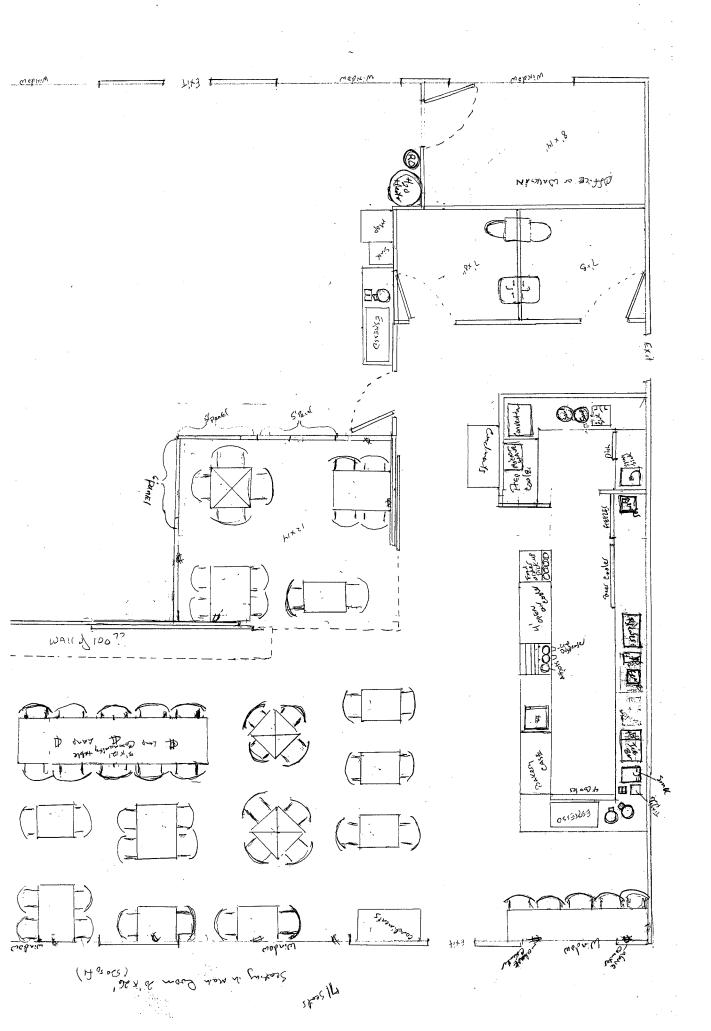
My Commission Expires 2-2-2019

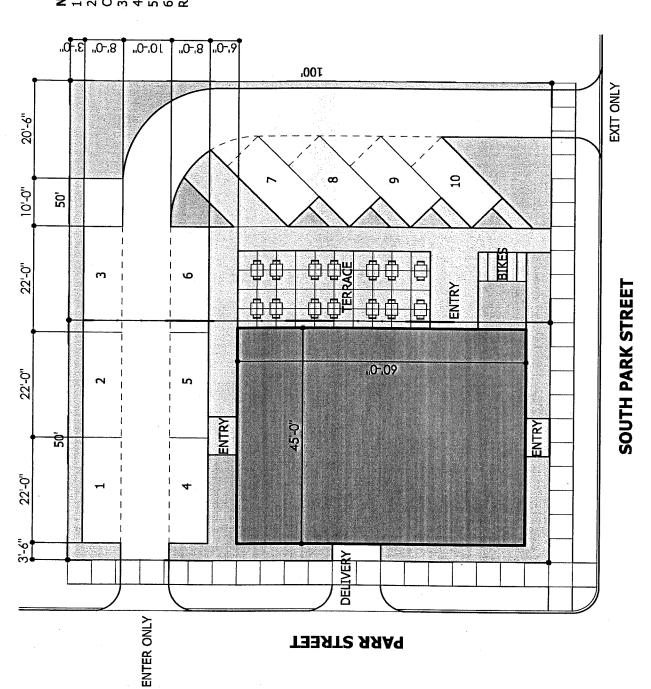
Transfer of Ownership

(letter to surrender previous license)

To be filed with the City Clerk at the time a new application is submitted for a change of ownership for any liquor and/or beer establishment.

The Class B Combination Class of License	license for the premise located at
961 S. Pale St Street Address	will be relinquished upon the
approval of the application and the issuance of the sa premises to	
There have been no convictions for violations during	
there any pending violations against the present licer	usee except as follows:





- PROPERTY IS ZONED C2.
 PROPERTY DIMENSIONS ARE APPROXIMAT CITY OF MADISON RECORDS,
 - 3. BUILDING LOCATION AND SIZE IS APPROX 4. SITE GRADING TO BE DEVELOPED.
 - 5. SITE LANDSCAPING TO BE DEVELOPED.
- 6. DESIGN IS CONCEPTUAL. FULL DIMENSION RESEARCH AND CITY REVIEWS REQUIRED.

SITE STUDY SCALE: 1"=20'-0"