



# 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

## 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, 2016.  
 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.

RSSG GROUP LLC

4. Trade Name (doing business as) Best Western West Tower Suites

5. Address to be licensed 650 GRAND CANYON DRIVE, MADISON, WI

6. Mailing address 650 GRAND CANYON DRIVE, MADISON, WI

7. Anticipated opening date JULY 31ST 2015

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.

Alcoholic beverages will be stored in the premise & sold from the sundry shop adjacent to front desk. This is a 101 Room Hotel that has Breakfast Room, Fitness Room, & Business Center & Meeting Room.

11.  Attach a floor plan, no larger than 8 1/2 by 14, showing the space described above.

12. Applicants for on-premises consumption: list estimated capacity 200

13. Describe existing parking and how parking lot is to be monitored.

Hotel has an open parking lot in the front of the building. Monitored by surveillance cameras

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. See enclosed copy of "Bill of Sale"

### 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 RANDEE TALWAR

17. City, state in which agent resides VERONA, WI

18. How long has the agent continuously resided in the State of Wisconsin? 11 years

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 6/24/15.

21. State and date of registration of corporation, nonprofit organization, or LLC.

WI, Sept. 2003

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	RANDEE TALWAR	VERONA, WI
Member	SATEESH ELETI	MORGANVILLE, NJ
Member	GURJIT SINGH	MANASSAS, VA
Member	RAJWANT MANRA	ALLEN, TX

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.

Randee Talwar

24. Is applicant a subsidiary of any other corporation or LLC?

No  Yes (explain) \_\_\_\_\_

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) \_\_\_\_\_

### 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 SUNDRY SHOP with food & beverages in hotel

27. Business description This is a hotel that is <sup>used</sup> for sending Rooms for overnight stays.

28. Hours of operation 24 HOURS.

29. Describe your management experience I have managed Best Western for last 11 years & Days Inn & suites for about last two years. Altogether there are about 35 employees I manage.

30. List names of managers below, along with city and state of residence.

Randee Talwar Verona, WI

31. Describe staffing levels and staff duties at the proposed establishment I am general manager of the business & have mid level managers for four departments. Those are Sales, Front office, Housekeeping & Maintenance.

32. Describe your employee training Every new employee is trained fully until they are skilled & ready to do the job. There is always ongoing training in person or webinars that are offered by the brand.

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

Our target market is mainly corporate travelers and elderly or guests visiting Madison for friends/family

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

We advertise our hotel business via our brand website & online travel agencies. Also via yellow pages & AAA. We mention Sundry shop as an amenity offered.

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? 25 years to 80 years old

39. What type of food will you be serving, if any? Only breakfast & (complimentary)  
 Breakfast  Brunch  Lunch  Dinner

40. Submit a sample menu if applicable. What will be included on your operational menu? N/A  
 Appetizers  Salads  Soups  Sandwiches  Entrees  Desserts  
 Pizza  Full Dinners

41. During what hours of operation do you plan to serve food? 6 AM to 10 AM.

42. What hours, if any, will food service not be available? Food service is not available at all

43. Indicate any other product/service offered. On Sundry shop we will also offer ice cream, frozen pizza, travel needs & snacks & beverages

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? None

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? \_\_\_\_\_  
 How many bartenders do you anticipate having work at one time on a busy night? \_\_\_\_\_
49. Will there be a kitchen facility separate from the bar?  No  Yes *N/A.*
50. Will there be a separate and specific area for eating only? *For Breakfast.*  
 No  Yes, capacity of that area 55.
51. What type of cooking equipment will you have?  
 Stove  Oven  Fryers  Grill  Microwave *For morning Breakfast.*
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? 10%
54. If your business plan includes an advertising budget:  
 What percentage of your advertising budget do you anticipate will be related to food? N/A  
 What percentage of your advertising budget do you anticipate will be drink related? N/A.
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:  
1 % Alcohol      1 % Food      98 % Other (*Hotel Rooms*)
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**

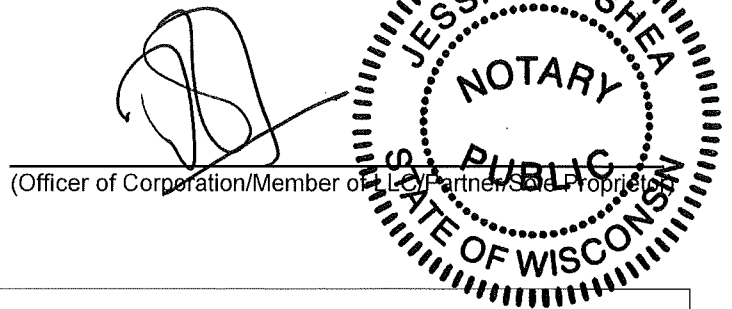
68. State Seller's Permit 456-1020146318-03
69. Federal Employer Identification Number 562400146
70. Who may we contact between 8 a.m. and 4:30 p.m. regarding this license?  
 Contact person Randee Talwar  
 E-mail address randee@swmadison.com  
 Phone 608.833.4200 Preferred language English
71. Corporate attorney, if applicable: Name JOSEPH ROUCHER  
 Phone 608.661.4535 E-mail jroucher@heiderroucher.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 25 day of June, 2015

Jessica O'Shea  
 (Clerk/Notary Public)



My commission expires 09/11/2018

**Clerk's Office checklist for complete applications**

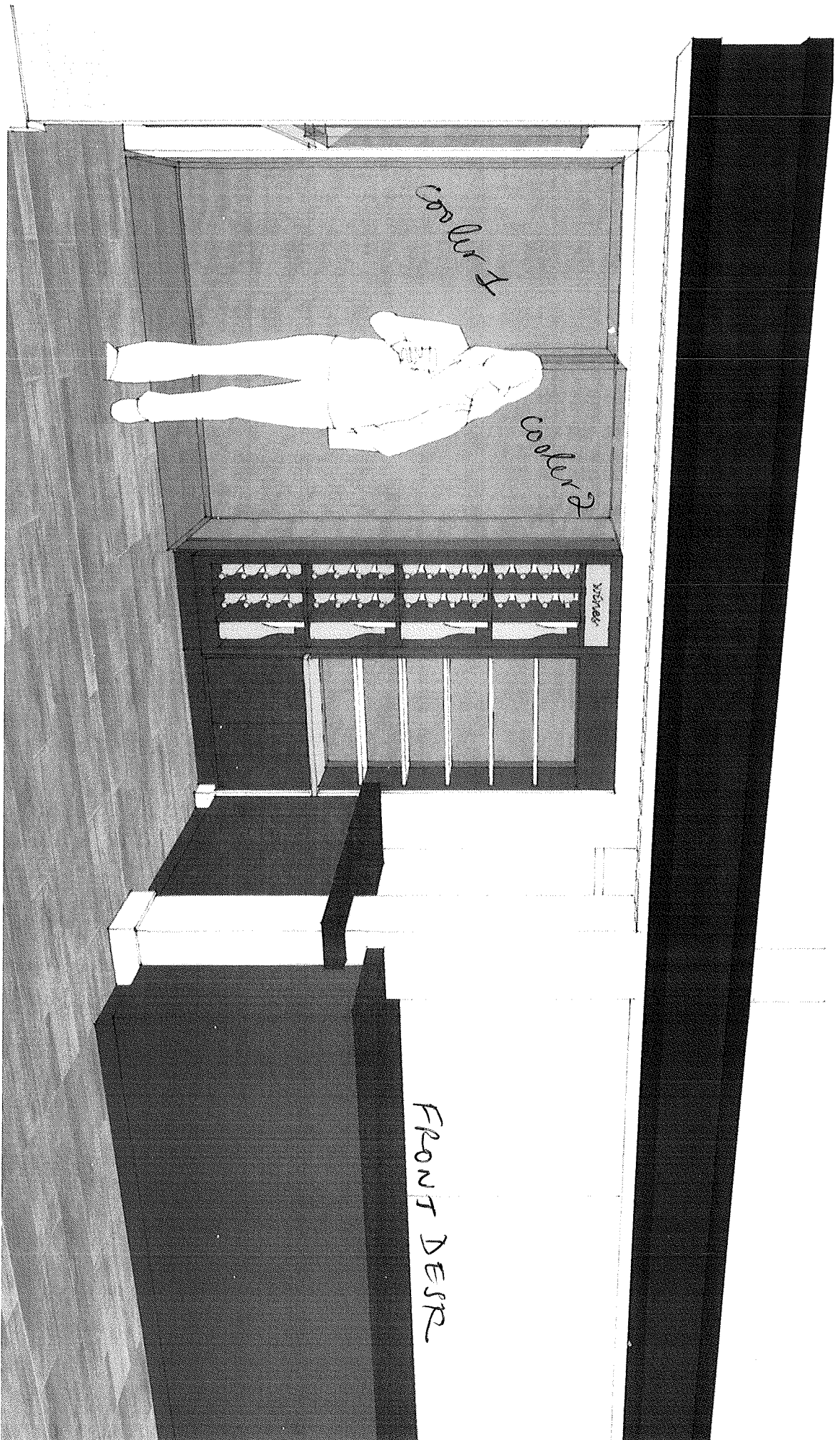
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Orange sign<br><input checked="" type="checkbox"/> WI Seller's Permit Certificate<br>(matching articles of incorporation)<br><input checked="" type="checkbox"/> FEIN<br><input checked="" type="checkbox"/> Notarized application<br><input type="checkbox"/> 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 type="checkbox"/> Sample Menu<br><input type="checkbox"/> Business Plan |
|---|--|--|

Date complete application filed with Clerk's Office \_\_\_\_\_

Date of ALRC meeting \_\_\_\_\_ Date license granted by Common Council LKCL13-2015-00494

Date provisional issued \_\_\_\_\_ Date license issued \_\_\_\_\_ License number \_\_\_\_\_



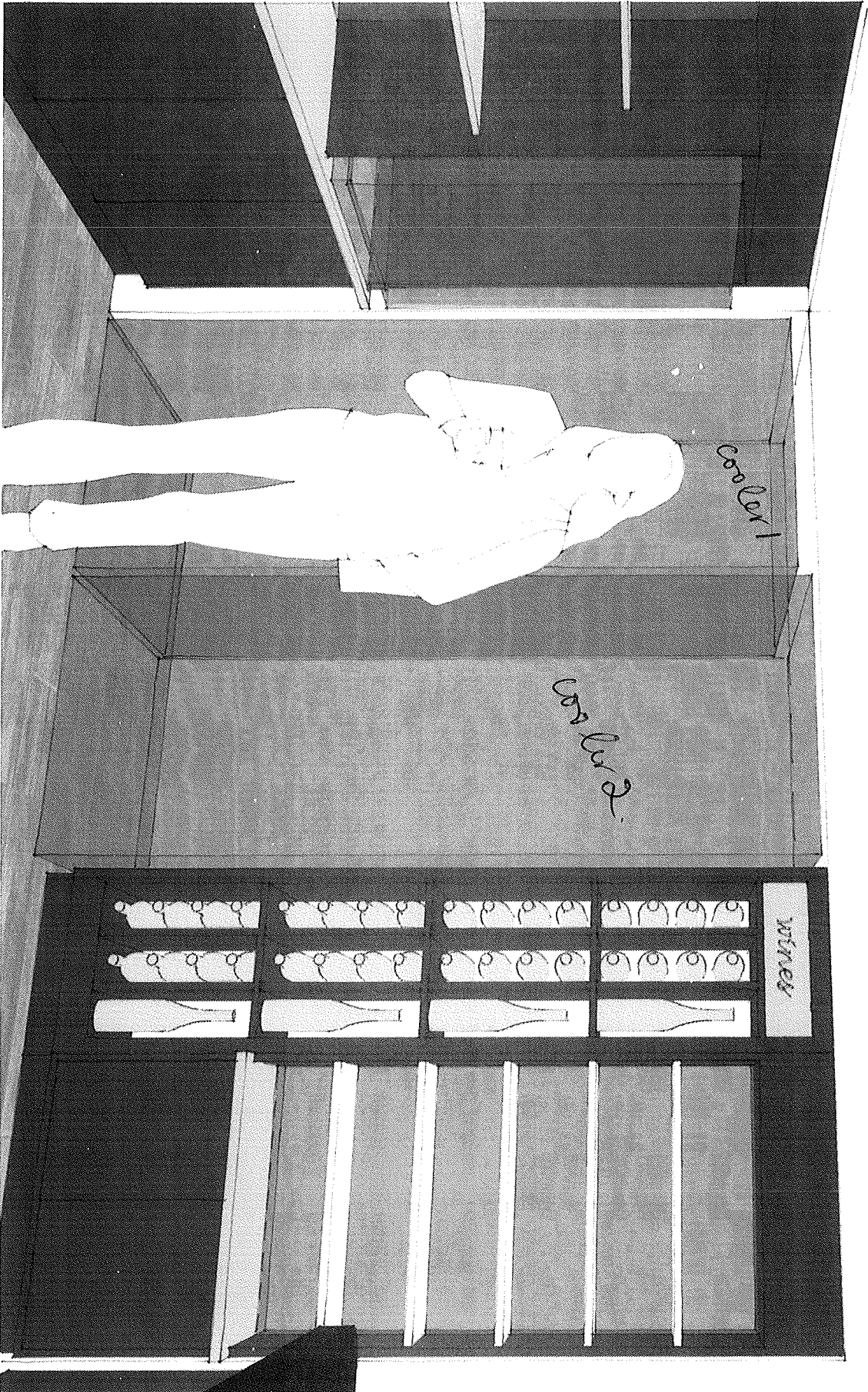


FRONT DESK

Cooler 2

Cooler 1





Cooler

value

Wines