

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk

For the license period beginning _____ 20____ ;
ending June 30 2008

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

County of Dane Aldermanic Dist. No. _____ (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): Field Pass, LLC

Applicant's Wisconsin Seller's Permit Number: <u>004-00023152</u> 91-01	
Federal Employer Identification Number (FEIN): <u>26-0707355</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<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	\$
TOTAL FEE	\$

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

President/Member Owner Curt Brink 101 Acadia Dr. Madison, WI 53717

Vice President/Member _____

Secretary/Member _____

Treasurer/Member _____

Agent General manager Matt Brink 7230 E. Valleyridge Dr Madison, WI 53719

Directors/Managers _____

3 Trade Name The Field Pass Business Phone Number _____

4 Address of Premises 702 West Johnson Street Post Office & Zip Code Madison, WI 53715

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 5-1-07 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) Downstairs and upstairs Bar, Dining areas, store rooms

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 30th day of October, 2007

[Signature]
Clerk/Notary Public

Matthew C Brink
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

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

My commission expires July 31, 2011

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>10-30-07</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>79630</u>	

Ald. - Eli Judge
Ord. 402

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 checked="" type="checkbox"/> Description of Licensed Premise <input checked="" type="checkbox"/> *Notarized Appointment of Agent <input checked="" type="checkbox"/> Background Investigation Form(s) <input type="checkbox"/> Notarized Transfer of Ownership <i>N/A</i> <input checked="" type="checkbox"/> *Articles of Incorporation	<input checked="" type="checkbox"/> Floor Plans <input checked="" type="checkbox"/> Lease <input checked="" type="checkbox"/> Sample Menu <input checked="" type="checkbox"/> Business Plan * Corporation/LLC only
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1. Name of Applicant/Partner/Corporation/LLC Field Pass, LLC
2. Address of Licensed Premise 702 W. Johnson St, Madison, WI 53715
3. Telephone Number: 608-658-7431 4. Anticipated opening date: 8-1-08
5. Mailing address if not opening immediately 7230 E. Valleyridge Dr., Madison, WI 53711
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
7. Are there any special conditions desired by the neighborhood? Yes No

Explain. _____

8. Business Description, including hours of operation: The Field Pass is a Full Service restaurant open from 11:00am / 2:00am. Live entertainment will be offered one night per week minimum.

9. Do you plan to have live entertainment? No Yes—What kind? Comedy and Live Bands no DJs

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.**

Footprint is 150'x100'. Seating is 4-top lows / 4-6 top high / Booths and stools. Capacity of Eight hundred. Downstairs Bar is 126', upstairs is 45', private dining is 20'. Liquor will store downstairs / upstairs and private dining. Liquor will be served downstairs + upstairs and private dining.

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. Parking is underground and monitored by Building Security

13. Describe your management experience, staffing levels, duties and employee training.
General manager, Matt Brink, has opened two other service industry businesses since 2005. Current GM of Brink Lounge. Staff of 60. on site training + consultants where applicable.

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.

Matthew Brink 7230 E. Valleyridge Dr. Madison, WI
 Name Address 53719

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

General age OF mid 20's and older, Business professionals

16. What age range would you hope to attract to your establishment? 25 and older

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

print media, ie. Madison magazine, Charter TV, radio, ie 93.1

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

19. Owner of building where establishment is located: Greg Rice

Address of Owner: 2901 International lane Phone Number 608-242-5566
Madison, WI

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

Curt Brink 101 Acadia Dr. Madison, WI 53717
Name Address

Name Address

Name Address

22. List the Stockholders of your Corporation/LLC

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. _____

24. What type of food will you be serving, if any? _____

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

26. During what hours of your operation do you plan to serve food? 11:00 am - 1:30 am

27. What hours, if any, will food service not be available? N/A
28. Indicate any other product/service offered. Live Entertainment, Pool + Darts
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? 40 waitstaff, 20 kitch
During what hours do you anticipate they will be on duty? 11:00am - 2:00am
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? 50-60
How many bartenders do you anticipate you would have working at one time on a busy night? 5-8
34. Will there be a kitchen facility separate from the bar? Yes No
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? 80 persons
36. What type of cooking equipment will you have? Stove Oven Fryers Grill Microwave
37. Will you have a walk-in cooler and/or freezer dedicated solely to the storage of food products? Yes No
38. What percentage of your overall payroll do you anticipate will be devoted to food operation salaries?
33% of Salaries
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? 60%
What percentage of your advertising budget do you anticipate will be drink related? 5% or less
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
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? 800

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	37 %
Gross Receipts from Food and Non-Alcoholic Beverages	60 %
Gross Receipts from Other	3 %
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.

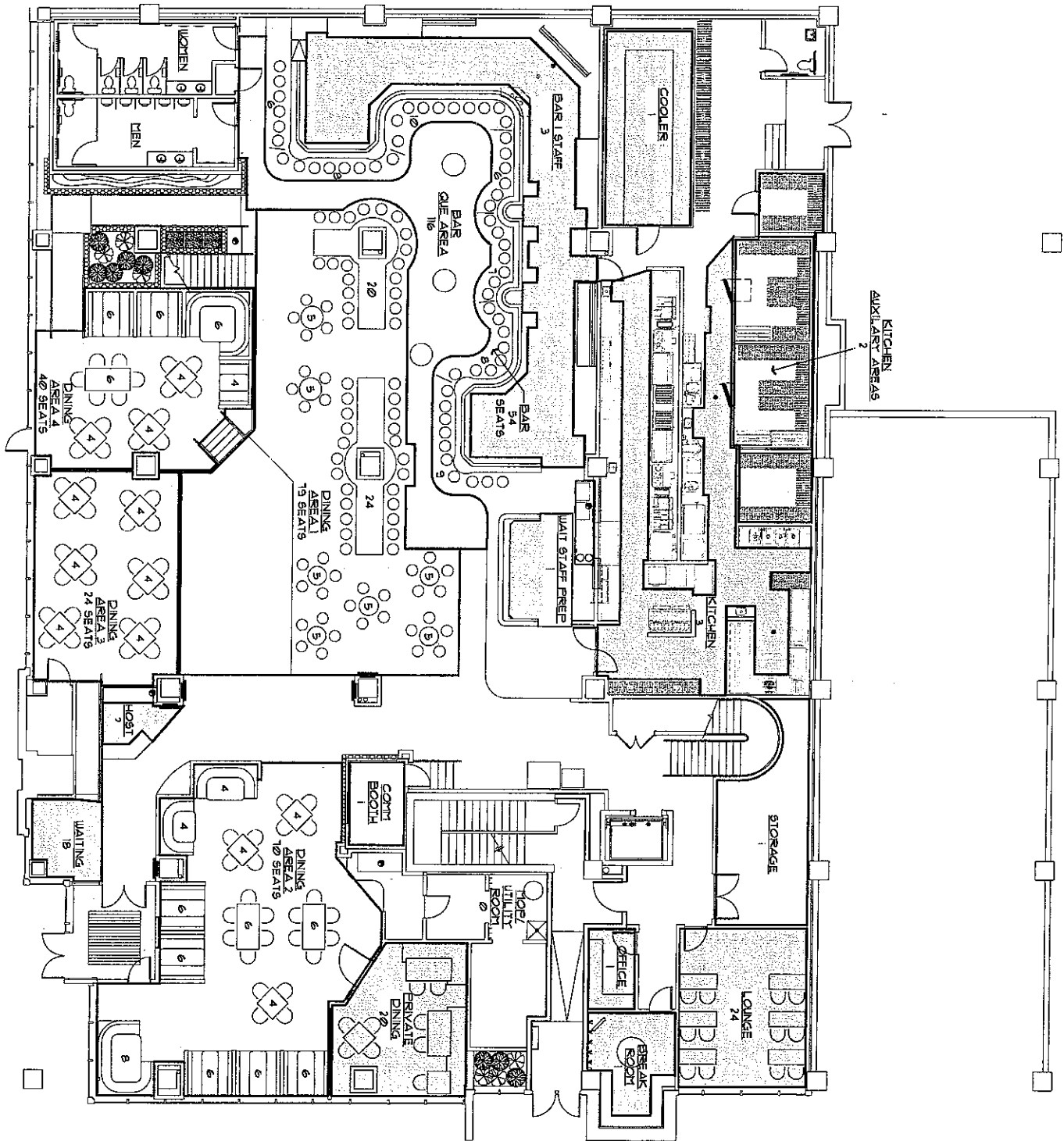
Subscribed and Sworn to before me:

this 30th day of October, 2007

[Signature]
(Clerk/Notary Public)

Matthew C. Brind
(Officer of Corporation/Member/Manager of LLC/Partner/Individual)

My commission expires July 31, 2008



AREAS CALCULATED BY SQ. FOOTAGE

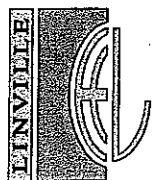
1ST FLR OCCUPANCY PLAN
 1"=20'-0"
 NOT FOR CONSTRUCTION

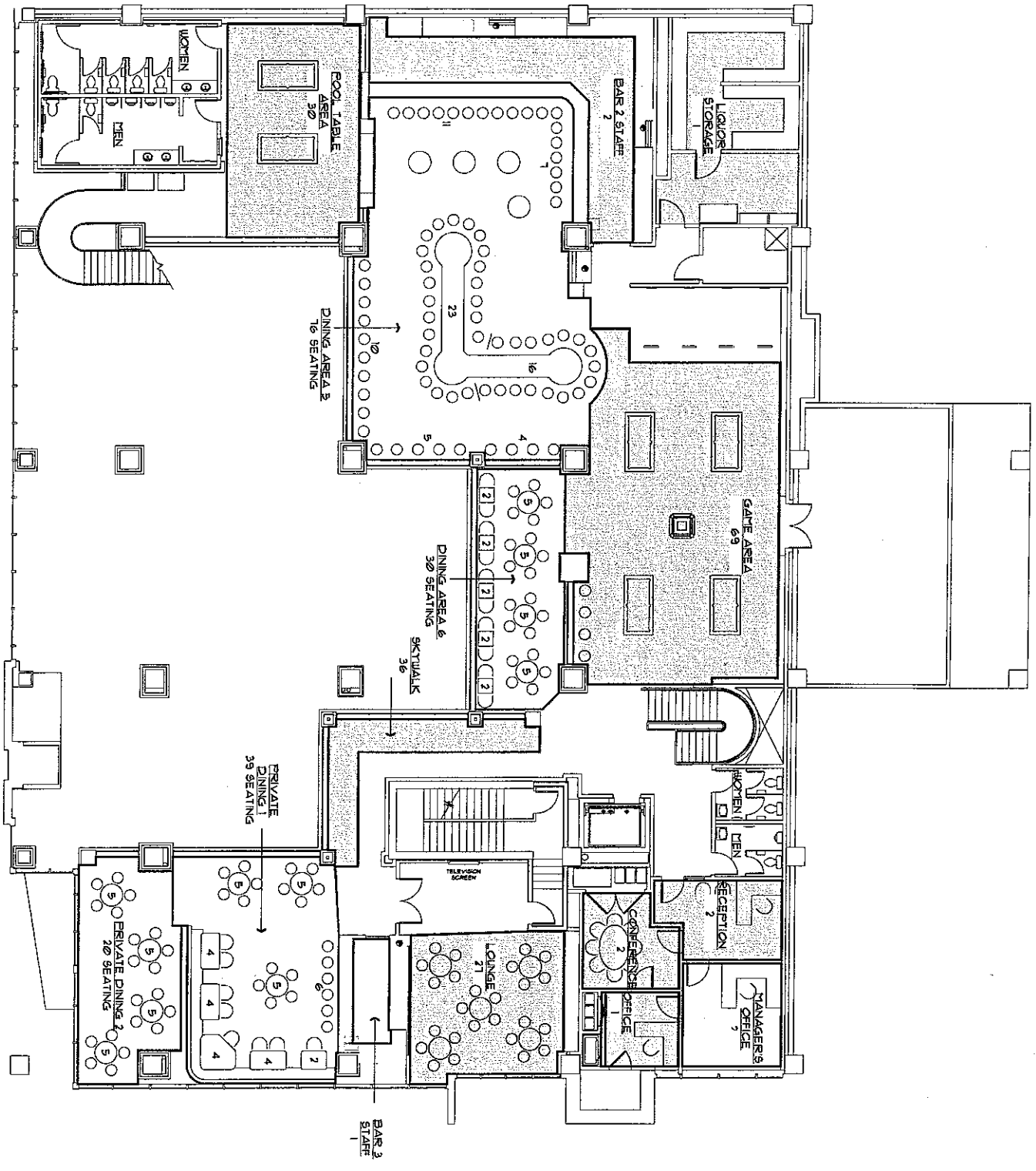


G1-3

FIELD PASS
 702 WEST JOHNSON ST.
 MADISON WI 53715 ISSUE DATE: 10/30/2007
 PROJECT NO.: 0822 DRAWN BY: TLH

LINVILLE ARCHITECTS, LLC
 408 E. WILSON ST. MADISON, WI 53703 608-251-6696
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█ = AREAS CALCULATED BY 90° FOOTAGE

2ND FLR OCCUPANCY PLAN
 1" = 20'-0"
 NOT FOR CONSTRUCTION



G1-4

FIELD PASS
 702 WEST JOHNSON ST.
 MADISON WI 53715 ISSUE DATE: 10/30/2007
 PROJECT NO.: 0822 DRAWN BY: TLH

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 408 E. WILSON ST. MADISON, WI 53703 608-251-6696
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