

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning July 1, 2008 ending June 30, 2009

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

County of Dane Aldermanic Dist No n/a (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code
 ▶ Wal-Mart Stores East, LP 702 SW 8th St Bentonville, AR 72716-0500

B Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>See Attached officer listing</u>		
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	<u>Edward Kligora</u>	<u>2439 County Rd A. Mineral Point, WI 53565</u>	
Directors/Managers	<u>See Attached</u>		

Vice President/Member

Secretary/Member

Treasurer/Member

Agent ▶ Edward Kligora 2439 County Rd A. Mineral Point, WI 53565

Directors/Managers See Attached

C 1 Trade Name ▶ Wal-Mart Stores East, LP #1138 Business Phone Number 608-276-9393

2 Address of Premises ▶ 7202 Watts Rd Post Office & Zip Code ▶ Madison, WI 53719

3 Is agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? Yes No

4 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) One room, one story building approx 130293 sqft

5 Legal description (omit if street address is given above): on file

6 a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any municipality? If yes, complete reverse side Yes No

b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side Yes No

7 Except for questions 6a and 6b have there been any changes in the answers to the questions as submitted by you on your last application for this license? Yes No

If yes, explain.

8 Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? Yes No

If not explain.

9 Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No

10 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

11 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.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 8 day of May, 2008

Judy Smolan (Clerk/Notary Public)

My commission expires 4/9/2017

Lori Cottrell

Lori Cottrell Assistant Secretary
 (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
Michelle McCall Assistant Sec
 (Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5-8-08</u>	Date reported to council/board	Date license granted
License number issued <u>82218</u>	Date license issued	Signature of Clerk / Deputy Clerk

**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 Agent Appointment/Acceptance Form
<input type="checkbox"/> Description of Licensed Premise	<input type="checkbox"/> *Articles of Incorporation/ Organization
<input type="checkbox"/> Notarized Auxiliary Questionnaire(s) (AT-103)	<input type="checkbox"/> Sample Menu, if possible
<input type="checkbox"/> Background Investigation Form(s)	<input type="checkbox"/> Business Plan, if one exists
<input type="checkbox"/> Floor Plans	* Forms required of Corporation/LLC only

- ✓ 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), the Madison Police Department, and the Alcohol Policy Coordinator.

Alderperson Paul Skidmore can be reached at 608-829-4325 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

Police Department District Captain Langfeld or Wahl can be reached at 608-243-0500.

Alcohol Policy Coordinator Joel Plant can be reached at 264-9295.

1. 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
2. Are there any special conditions desired by the neighborhood? Yes No
Explain. _____
3. Name of Applicant/Partner/Corporation/LLC Wal-Mart Stores East, LP DBA: Store #1138
4. Telephone Number: 608-276-9393
5. Address of Licensed Premise 7202 Watts Rd Madison, WI 53719
6. Anticipated opening date: Open since 1988
7. Mailing address if not opening immediately 702 SW 8th ST Bentonville, AR 72716-0500

8. What type of establishment is contemplated? Tavern Nightclub Restaurant
 Liquor Store Grocery Store Convenience Store – Gas Pumps Yes No
 Other Please explain Retail Discount Merchandiser with Full Line Grocery

9. Business Description including hours of operation and if entertainment is part of your venue, what type:
Open 7 days a week from 6am- 11pm

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.**

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 lot is monitored by roof top cameras.

13. Describe your management experience, staffing levels, duties and employee training
Currently employ 8 full time managers and 2 part time, a manager (salaried) is present and onsite 24 hrs a day. Employee training is systematic.

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. _____

Name

Address City State Zip

15. Excluding pre-packaged snacks, how late will food be served? _____

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

17. Indicate any other product/service offered: _____

18. Describe your target market. _____

19. What is your estimated capacity? 130293 sqft

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

21. Owner of building where establishment is located: Wal-Mart Stores East, LP

Address of Owner: 702 SW 8th St Bentonville, AR Phone Number 479-273-1949
72716-0500

22. Individual or Partnership: Have individual/partners completed the Beverage Server Training Course? Yes No If Yes, indicate names: Ed Kligora

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

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

24. Corporation/LLC: Agent must disclose interest held in business: _____%

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

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

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

Director(s) Name	Home Address
See Attached	

Stockholder's Name	Address	Extent of Ownership%

Manager's Name	Address	Business Phone	Home Phone
Edward Kligora	2439 County Rd A Mineral Point, WI 53565	608-276-9393	608-333-2146