

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning 07/01 20 11 ;
ending 06/30 20 12

TO THE GOVERNING BODY of the: Town of } Madison
 Village of }
 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): Metcalfe Foods -West, Inc.

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	President	Timothy T. Metcalfe	5704 Dartmoor Dr Fitchburg WI 53711	338 Struck St 53711
Vice President/Member	VP-	Kevin J. Metcalfe	5513 Tonyawatha Trail Monona WI 53716	Corporate Dr 53714
Secretary/Member	VP-	Kevin J. Metcalfe		
Treasurer/Member	President	Timothy T. Metcalfe		
Agent		Jeffery J. Greenheck		
Directors/Managers				

3. Trade Name Metcalfe's Market Business Phone Number 608-829-3500(current)
4. Address of Premises 7455 Mineral Point Rd Post Office & Zip Code Struck St -53711

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 Wisconsin and date 8/5/11 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? Cub Foods- West
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 partner 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 15 day of Aug, 20 11

Yvonne D. Bengtson
Clerk/Notary Public

My commission expires 2/28/2013

Jeffery J. Greenheck
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

(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	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

AT-106 (R. 4-09)

Wisconsin Department of Revenue

LICLIA-2011-01722

A-9-(SKIDMORE)
P-124
MA.

24772

Applicant's Wisconsin Seller's Permit Number: <u>450-1026304401-02</u>	
Federal Employer Identification Number (FEIN): <u>45-2997802</u>	
LICENSE REQUESTED	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Wholesale beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$
TOTAL FEE	\$

City of Madison Supplemental Class A License Application

<input type="checkbox"/> Seller's Permit Number <input type="checkbox"/> Federal Employer Identification # <input type="checkbox"/> Notarized Original Application Form <input type="checkbox"/> Notarized Supplemental Form <input type="checkbox"/> Orange Sign (Clerk's Office provides at time of application)	<input type="checkbox"/> Description of Licensed Premise <input type="checkbox"/> *Notarized Appointment of Agent <input type="checkbox"/> Background Investigation Form(s) <input type="checkbox"/> Notarized Transfer of Ownership <input type="checkbox"/> *Articles of Incorporation	<input type="checkbox"/> Floor Plans <input type="checkbox"/> Lease <input type="checkbox"/> Sample Menu <input type="checkbox"/> Business Plan * Corporation/LLC only
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1. Name of Applicant/Partner/Corporation/LLC METCALFE FOODS - WEST, INC.
2. Address of Licensed Premise 7455 MINERAL POINT ROAD MADISON 53717
3. Telephone Number: 608-829-3500 4. Anticipated opening date: JAN 12, 2012
5. Mailing address if not opening immediately 726 NORTH MIDVALE BLVD MADISON WI 53705
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
NOT AT THIS TIME, AS WE MOVE CLOSER TO THE PURCHASE DATE WE MAKE CONTACT.
7. Are there any special conditions desired by the neighborhood? Yes No
 Explain. NOT THAT WE ARE AWARE OF.

8. What type of establishment is contemplated? Liquor Store Grocery Store
 Convenience Store - Gas Pumps Yes No Other—Explain RETAIL

9. Business Description: RETAIL GROCERY STORE / 6736 SQ FT with a 3776 SQ FT Beer/Wine/Liq Dept, 9000 SQ FT of Beer/Wine/Liq Storage and 400 SQ FT of merchandise display on the Sales Floor.

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.**
67,365 SQ FT BUILDING WITH 3776 SF FT BEER/WINE/LIQ AND 1400 SQ FT OF DISPLAY MERCHANDISING. WE WILL HAVE CCTV ON THE PARKING LOT AND WITH IN THE LIQ DEPT. See Attached Store Layout.

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.
See Attached.

13. Describe your management experience, staffing levels, duties and employee training. ALL ASSOCIATES ARE TRAINED TO ASK FOR ID OF ALL PATRONS THAT LOOKS UNDER 35 YRS OF AGE. WE ALSO OUN STAFF TO ASK FOR A SECOND FORM OF ID IF NECESSARY. ALL MANAGER HAVE THEIR OPERATORS LICENSE.

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.
JEFFERY J. GREENHECK 22 HARVERHILL CIR MADISON WI 53717
 Name Address

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

WEST SIDE OF MADISON, AND SURROUNDING AREAS.

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

NEWSPAPER, FLYER, BAG STAFFERS, RADIO, TV. RETAIL GROCERY.

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

18. Owner of building where establishment is located: RIRMI MADISON, LP, c/o The Richardson Co.
Address of Owner: 4800 N. Federal Highway, Ste B205 Phone Number: 561 210-5352

19. 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

20. List the Directors of your Corporation/LLC

TIMOTHY T. METCALFE 5704 DARTMOOR DR. FITCHBURG WI 53711
Name Address

KEVIN J. METCALFE 5513 TONYAWATHA TRAIL MONONA WI 53716
Name Address

Name

Address

21. List the Stockholders of your Corporation/LLC

TIMOTHY T. METCALFE 5704 DARTMOOR DR. FITCHBURG WI 53711 50
Name Address % of Ownership

KEVIN J. METCALFE 5513 TONYAWATHA TR. MONONA WI 53716 50
Name Address % of Ownership

Name

Address

% of Ownership

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.

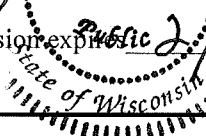
Subscribed and Sworn to before me:

this 15 day of April, 2011

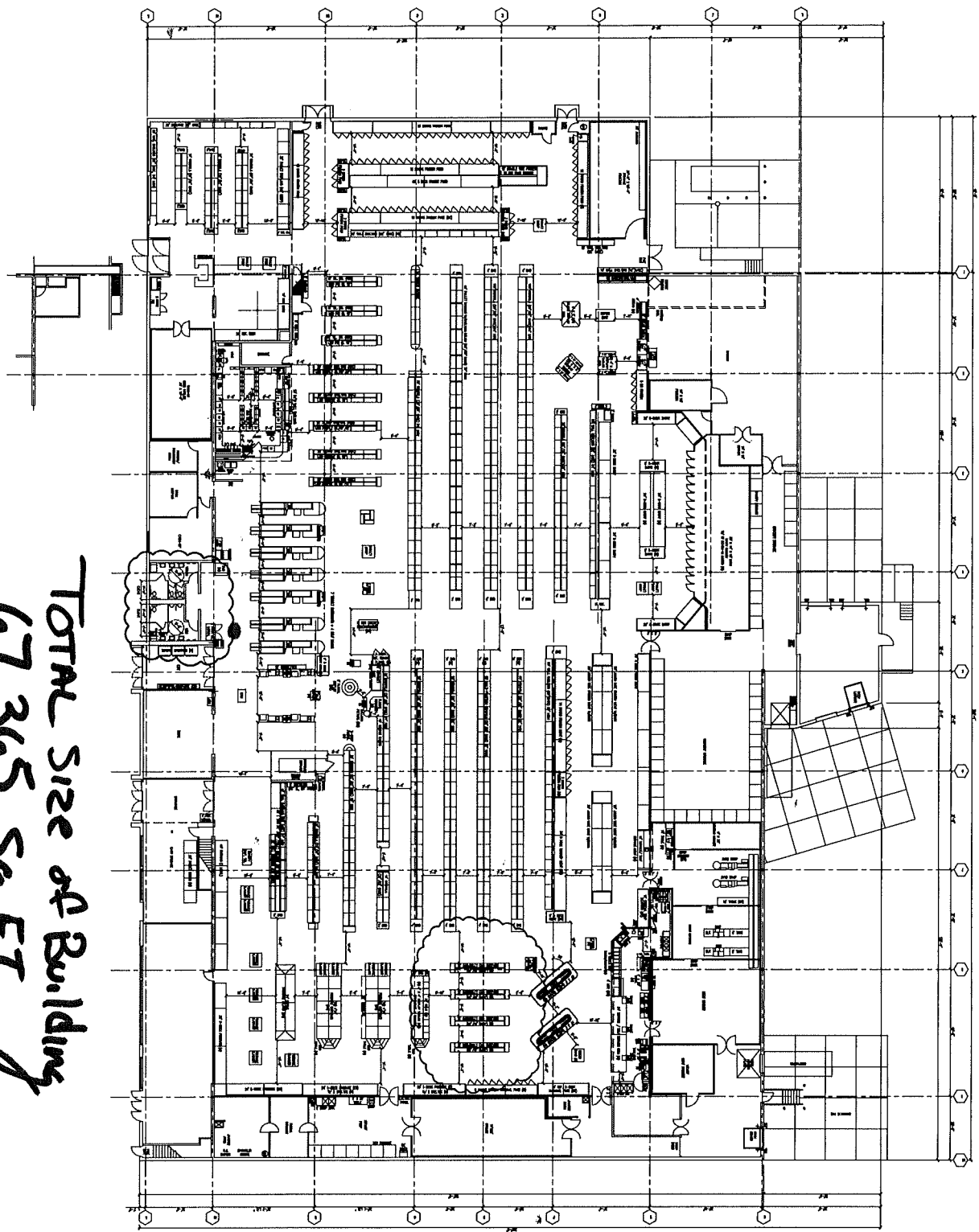
Gary D. Barnes
Notary Public
Clerk/Notary Public

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

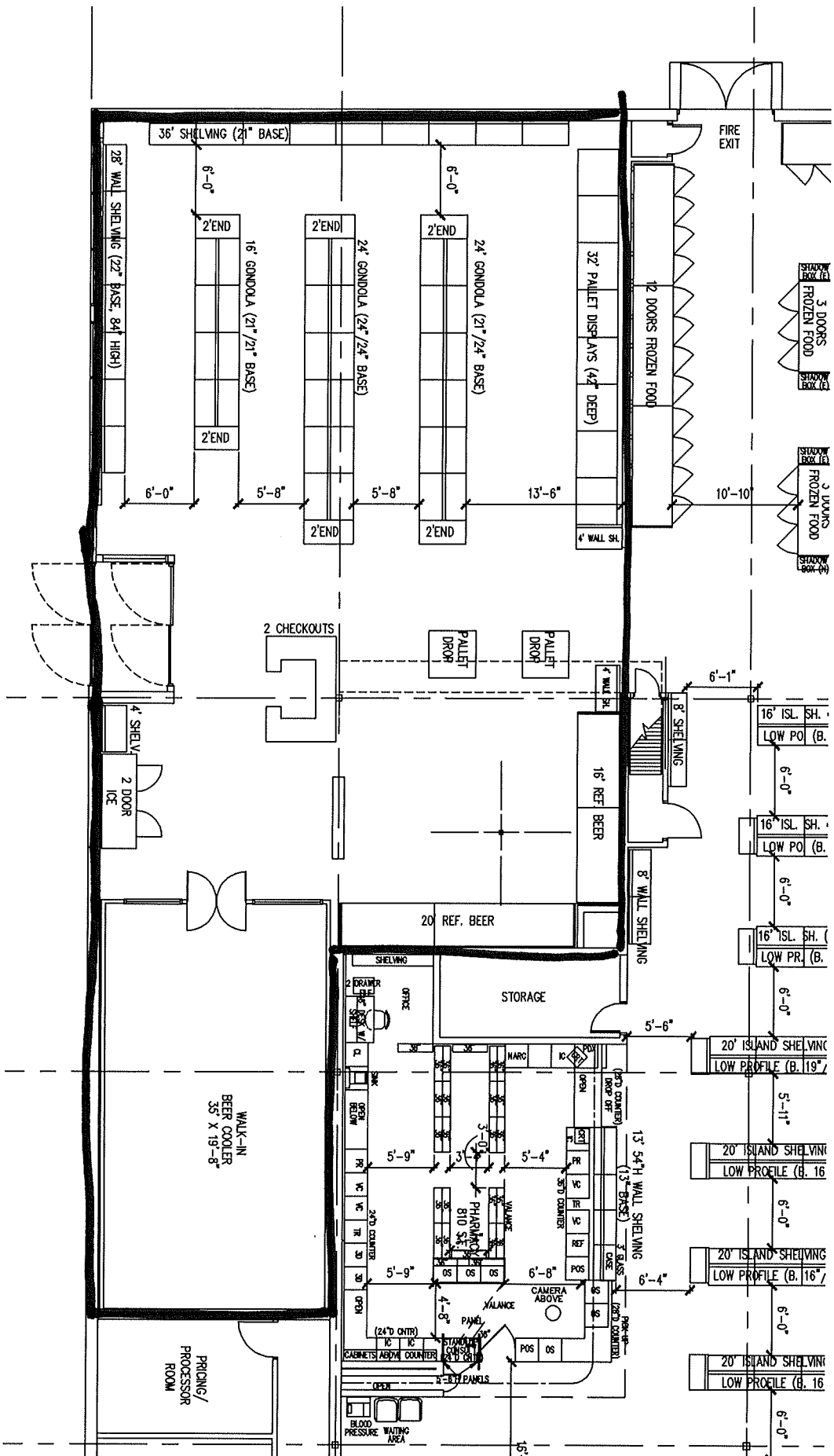
My commission expires 2/17/2013

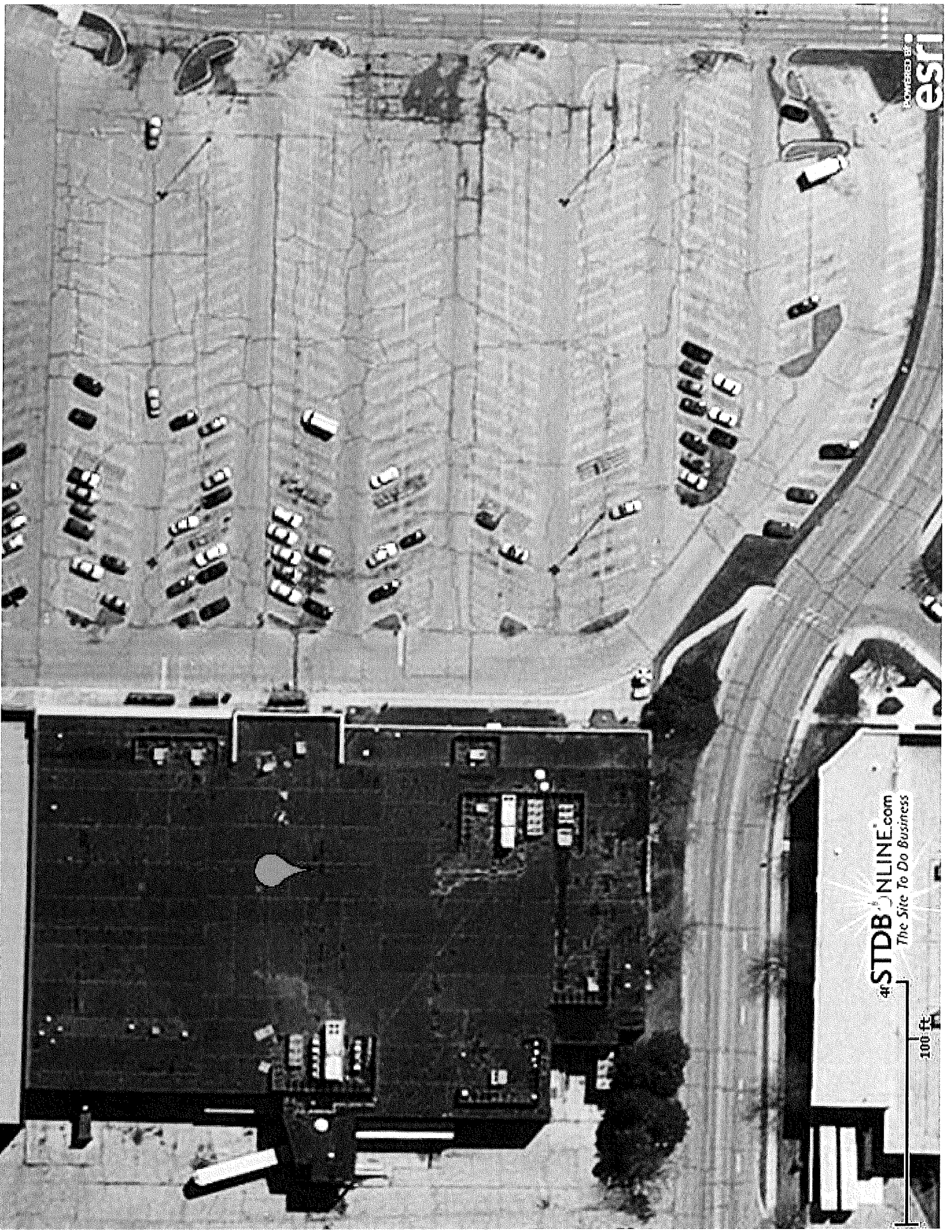


TOTAL SIZE of Building
67,365 Sq FT



3776 sq FT
 Beer/Wine/Cig Dept





POWERED BY
esri

401 **STDB ONLINE.com**
The Site To Do Business

100 ft

Sec. 180.0202
Wis. Stats.



State of Wisconsin
Department of Financial Institutions

ARTICLES OF INCORPORATION - STOCK FOR-PROFIT CORPORATION

Executed by the undersigned for the purpose of forming a Wisconsin Stock For-Profit Corporation under Chapter 180 of the Wisconsin Statutes:

Article 1. **Name of the corporation:**

Metcalfe Foods-West, Inc.

Article 2. **The corporation is organized under Ch. 180 of the Wisconsin Statutes.**

Article 3. **Name of the initial registered agent:**

MIBEF CORPORATE SERVICES, INC.

Article 4. **Street address of the initial registered office:**

1 S. Pinckney St., Ste. 700
Madison, WI 53703
United States of America

Article 5. **Number of shares of stock the corporation shall be authorized to issue:**

Number of Shares Authorized: 10,000
Class: Common
Par Value Per Share: \$.01

Article 6. **Name and complete address of each incorporator:**

Porter J. Martin, ESQ
Michael Best & Friedrich LLP
1 S. Pinckney St., Ste. 700
Madison, WI 53703
United States of America

Other provisions (optional).

ARTICLE 7. THE NUMBER OF DIRECTORS CONSTITUTING THE BOARD OF DIRECTORS OF THE CORPORATION SHALL BE FIXED BY OR IN THE MANNER PROVIDED BY THE BYLAWS.

ARTICLE 8. ANY ACTION REQUIRED OR PERMITTED TO BE TAKEN AT A MEETING OF THE SHAREHOLDERS OF THE CORPORATION MAY BE TAKEN WITHOUT A MEETING BY SHAREHOLDERS WHO WOULD BE ENTITLED TO VOTE AT A MEETING THOSE SHARES WITH VOTING POWER TO CAST NO LESS THAN THE MINIMUM NUMBER OR, IN THE CASE OF VOTING BY VOTING GROUPS, NUMBERS OF VOTES THAT WOULD BE NECESSARY TO AUTHORIZE OR TAKE THE ACTION AT A MEETING AT WHICH ALL SHARES

ENTITLED TO VOTE WERE PRESENT AND VOTED. ANY ACTION SO TAKEN MUST BE EVIDENCED BY ONE OR MORE WRITTEN CONSENTS DESCRIBING THE ACTION TAKEN, SIGNED BY THE NUMBER OF SHAREHOLDERS NECESSARY TO TAKE THE ACTION AND DELIVERED TO THE CORPORATION FOR INCLUSION IN THE CORPORATE RECORDS.

Other Information. **This document was drafted by:**
Porter J. Martin, ESQ

Incorporator signature:
Porter J. Martin, ESQ

Date & Time of Receipt:
8/4/2011 4:22:56 PM

Credit Card Transaction Number:
201108042689796

ARTICLES OF INCORPORATION - Wisconsin Stock For-Profit Corporation (Ch. 180)

Filing Fee: \$100.00
Expedite Fee: \$25.00
Total Fee: \$125.00

ENDORSEMENT

**State of Wisconsin
Department of Financial Institutions**

EFFECTIVE DATE	
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8/4/2011	
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FILED 8/5/2011	
	Entity ID Number M080947

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 A Beer & Class A Liquor license for the premise located at
Class of License
7455 Mineral Point Rd, Madison WI 53717 will be relinquished upon the
Street Address
approval of the application and the issuance of the same type of license for the same
premises to Metcalfe Foods - West, Inc. *
License Applicant

There have been no convictions for violations during the current license year, nor are
there any pending violations against the present licensee except as follows:

N/A

SUPERVALU Holdings, Inc.

BY: Barbra A. Nunziato
Signature of Present License Holder

11-9-11
Date

Barbra A. Nunziato
Assistant Secretary

*The relinquishment and surrender of the above license by the undersigned is contingent on the occurrence of the closing on the sale of the supermarket at the above location by the undersigned to Metcalf Foods-West, Inc.

Payment of Taxes on Liquor/Beer License Transfer

I, TIMOTHY METCALFE, PRESIDENT, applicant for
Name Title

a liquor and/or beer license for the premise located at 7455 MINERAL Pt. Rd, have
Address

read the provisions in the attached copy of Madison General Ordinance Section 9.01, and understand that payment of all personal property taxes, special assessments, room taxes, forfeitures and judgments must be paid before the Office of the City Clerk can issue said license.

[Signature]
Signature of Applicant

8/15/11
Date

Subscribed and sworn to before me this
15 day of August, 20 11

[Signature]
Notary Public, Dane County, State of Wisconsin

My Commission Expires 2/17/2013

