

004-0000214274-01

# ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning JULY 1, 20 07 ;  
ending JUNE 30 20 08

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

County of Dane Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

Applicant's Wisconsin Seller's Permit Number: <u>7</u>	
Federal Employer Identification Number (FEIN): <u>39-1886950</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	\$
<b>TOTAL FEE</b>	<b>\$</b>

- 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): HOOPS OF DANE COUNTY 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	<u>Dale William Beck</u>	<u>6016 Overlook Drive McFarland</u>	<u>WISC. 53558</u>
Vice President/Member	<u>Dale William Beck</u>	<u>6016 Overlook Drive McFarland</u>	<u>WISC. 53558</u>
Secretary/Member	<u>Dale William Beck</u>	<u>6016 Overlook Drive McFarland</u>	<u>WISC. 53558</u>
Treasurer/Member	<u>Dale William Beck</u>	<u>6016 Overlook Drive McFarland</u>	<u>WISC. 53558</u>
Agent	<u>Dale William Beck</u>	<u>6016 Overlook Drive McFarland</u>	<u>WISC. 53558</u>
Directors/Managers	<u>Dale William Beck</u>	<u>6016 Overlook Drive McFarland</u>	<u>WISC. 53558</u>

3 Trade Name Becks Bar & Grill Business Phone Number 608 285-1329  
4 Address of Premises 1970 ATWOOD AVE. Post Office & Zip Code 53704

- 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 WISC. and date 8/16/97 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.) 25x60 BAR AREA, BATHROOMS, GARAGEMENT 25x60

10 Legal description (omit if street address is given above): N/A

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? ANCHOR INN

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 1/11/07 day of MAY, 20 07  
[Signature]  
(Clerk/Notary Public)

[Signature]  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)  
[Signature]  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)  
[Signature]  
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

My commission expires 2/11/09

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
<u>5/14/07</u>			
Date license granted	Date license issued	License number issued	
		<u>77593</u>	

Registrar # 06646

## City of Madison Liquor/Beer Original Supplemental Form

Office Use Only	
<input checked="" type="checkbox"/> Seller's Permit Number <input checked="" type="checkbox"/> Federal Employer Identification Number <input checked="" type="checkbox"/> Notarized Original Application Form (AT-106) <input checked="" type="checkbox"/> Notarized Supplemental Form <input checked="" type="checkbox"/> Description of Licensed Premise <input checked="" type="checkbox"/> Notarized Auxiliary Questionnaire(s) (AT-103) <input checked="" type="checkbox"/> Background Investigation Form(s) <input checked="" type="checkbox"/> Floor Plans	<div style="text-align: center; margin-bottom: 5px;"><i>211A</i></div> <input type="checkbox"/> <i>Lease/own Bldg</i> <input type="checkbox"/> Notarized Transfer of Ownership Letter <input checked="" type="checkbox"/> *Schedule of Appointment of Agent (AT-104) <input checked="" type="checkbox"/> *Notarized Agent Appointment/Acceptance Form <input checked="" type="checkbox"/> *Articles of Incorporation/ Organization <input type="checkbox"/> Sample Menu, if possible <input type="checkbox"/> Business Plan, if one exists * 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 *MARSHIA RUMMEL* can be reached at *255-2728* at the Common Council Office (266-4071), or via e-mail at [council@cityofmadison.com](mailto: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](http://www.ci.madison.wi.us/neighborhoods/contacts.htm).

Police Department Central District Captain Mary Schauf (Sector 400) can be reached at 266-4316.

Police Department East District Captain Jill Klubertanz (Sector 600) can be reached at 267-2100.

Police Department North District Captain Richard Bach (Sector 500) can be reached at 245-3652.

Police Department West District Captain Jay Lengfeld (Sectors 100-200) can be reached at 288-6152.

Police Department South District Captain James Wheeler (Sector 300) can be reached at 267-8687.

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 *Dale Beck / Hops of Dane County Inc.*
4. Telephone Number: *608-285-1329*
5. Address of Licensed Premise *1970 Atwood Ave.*
6. Anticipated opening date: *SEPT 1, 07*
7. Mailing address if not opening immediately *1810 ROTH STREET MADISON, 53704*

8. What type of establishment is contemplated?  Tavern  Nightclub  Restaurant  
 Liquor Store  Grocery Store  Convenience Store – Gas Pumps  Yes  No  
 Other Please explain \_\_\_\_\_

9. Business Description including hours of operation and if entertainment is part of your venue, what type:  
10:30AM - BARTIME 7 DAYS A WEEK, ENTERTAINMENT NOT PLANNED AT THIS TIME

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.**

25x60, SEATING BAR AREA 20 SEATS, 8 Tables 25 SEATS, 99 Capacity, BATHROOMS, BLEMMENT, BEHIND BAR, BAR IS ABOUT 30 FT LONG

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. NO LOT ON STREET PARKING

13. Describe your management experience, staffing levels, duties and employee training.  
20 YEARS HAVE OWNED MULTIPLE LOCATIONS, EMPLOYEE MANUAL, OVERSEE ALL OPERATIONS

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. Dale Beck

Name  
6116 Overlook Drive McFarland WI 53558  
Address City State Zip

15. Excluding pre-packaged snacks, how late will food be served? 2:00 AM

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

17. Indicate any other product/service offered: TABACCO PRODUCTS

18. Describe your target market. ALL AREA

19. What is your estimated capacity? 600

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: Dale Beck

Address of Owner: SAME Phone Number 608-225-1329

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

**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: 100 %

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
Dale Beck	6116 Overlook Drive McFarland Wisc. 53558

Stockholder's Name	Address	Extent of Ownership%
Dale Beck	6116 Overlook Drive McFarland Wisc 53558	100 %

Manager's Name	Address	Business Phone	Home Phone
Dale Beck	6116 Overlook Drive McFarland Wisc 53558	608-225-1329	

27. 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

28. 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.**

Calendar/fiscal year:  January 1 – December 31  July 1 – June 30

Percent Gross Receipts from Alcohol Beverages	70	%
Percent Gross Receipts from Food	20	%
Percent Gross Receipts from Other	10	%
<b>Total Gross Receipts</b>	<b>100</b>	<b>%</b>

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.**

29. What type of establishment are you? (Check all that apply)  Tavern  Restaurant  Nightclub

Other Please explain: \_\_\_\_\_

30. Will your establishment have a kitchen manager?  Yes  No

31. Will your establishment be a member of the Wisconsin Restaurant Association?  Yes  No

32. How many wait staff will be employed at the establishment? ONE

33. What hours, if any, will food service not be available? None

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

PAPER, RADIO, TV

**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 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 must sign; corporate officer(s), members/managers of Limited Liability Companies must sign) 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 16th day of May, 2009

[Signature]  
(Clerk/Notary Public)

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

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

My commission expires 2/11/09

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

**If you have any questions, please contact the City Clerk's Office at (608) 266-4601.**

**ARTICLES OF INCORPORATION**

**OF OF DANE COUNTY,  
HOOPS, INC.**

The undersigned incorporator hereby adopts the following articles of incorporation for the purpose of forming a corporation (the "corporation") Wisconsin Business Corporation Law, ch. 180, Stats.

*Business Owner*

**ARTICLE 1**

**Name**

*of Dane County,*

The name of the corporation is Hoops, Inc.

**ARTICLE 2**

**Authorized Shares**

The aggregate number of shares that the corporation shall have authority to issue is 9000. The corporation's authorized shares shall consist of one class only and shall be designated as common stock ("common stock").

**ARTICLE 3**

**Registered Office and Registered Agent**

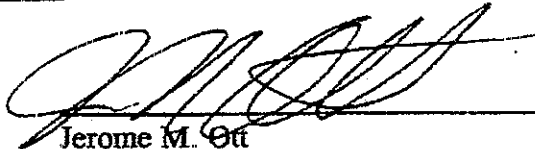
The street address of the corporation's initial registered office is 214 West Main Street, Mt. Horeb, WI 53572. The name of the corporation's initial registered agent at this address is Jerome M. Ott.

**ARTICLE 4**

**Incorporator**

The name and address of the incorporator of the corporation is Jerome M. Ott, 214 West Main Street, Mt. Horeb, WI 53572.

Dated: April 15, 1997



Jerome M. Ott  
Incorporator

RECORDED DEPT OF  
FINANCIAL INSTITUTIONS  
STATE OF WISCONSIN

97 APR 15 P3 11

This document was drafted by:  
Jerome M. Ott, 214 West Main Street  
Mt. Horeb, WI 53572

STATE OF WISCONSIN  
FILED  
APR 16 1997  
DEPARTMENT OF  
FINANCIAL INSTITUTIONS

WI - DFI CORP  
FILE ID# →

H029712

ARTICLES OF ORGANIZATION  
OF <sup>OF D</sup>  
BECK'S ENTERPRISES, <sup>A</sup>LL

*Real Estate  
Owner*

These Articles of Organization are executed by the und[er]forming a Wisconsin limited liability company under chapter 18.01 Statutes

ARTICLE 1

The name of the limited liability company is Beck's Enterprises, <sup>of Dane County,</sup> LLC.

ARTICLE 2

The street address of the initial registered office is 117 South First Street, Mt. Horeb, WI 53572.

ARTICLE 3

The name of the initial registered agent at the above registered office is Dale Beck.

ARTICLE 4

Management of the limited liability company shall be vested in the members.

ARTICLE 5

The name and complete address of the organizer is Jerome M. Ott, 214 West Main Street, P.O. Box 102, Mt. Horeb, WI 53572.

Dated: April 15, 1997.

*[Signature]*  
Jerome M. Ott, Organizer

This document was drafted by:

Jerome M. Ott

Please return acknowledgment to:  
KRAMER & OTT, SC.  
214 West Main Street  
P.O. Box 102  
Mt. Horeb, WI 53572

DEPT OF  
FINANCIAL INSTITUTIONS  
STATE OF WISCONSIN

9 APR 15 P 3:10

STATE OF WISCONSIN  
FILED  
APR 17 1997  
DEPARTMENT OF  
FINANCIAL INSTITUTIONS

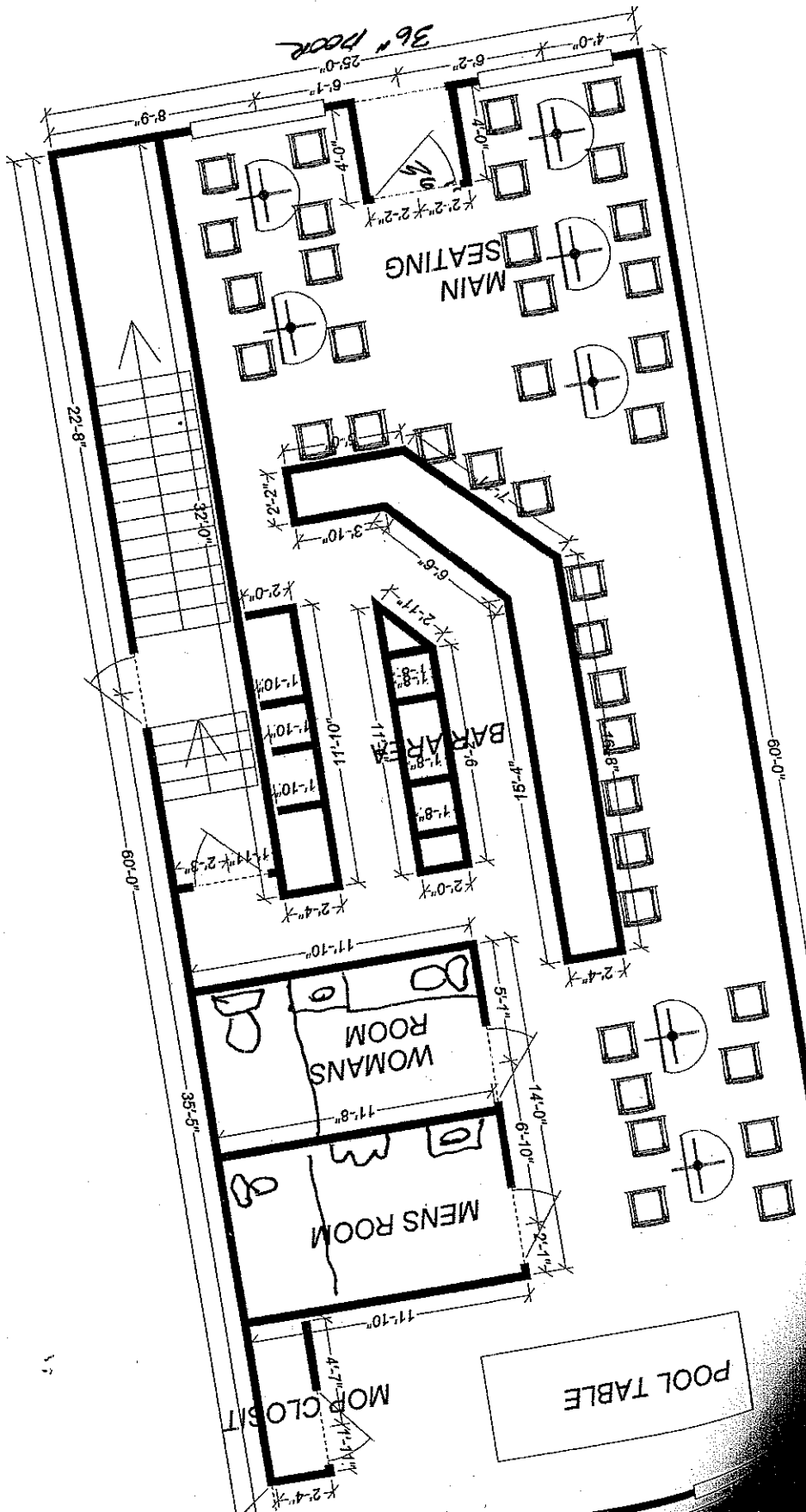
WI - DFI CORP  
FILE ID# → B039181

1970  
ATWOOD  
AVE

36" FLOOR

*Handwritten signature and date:*  
5/16/87

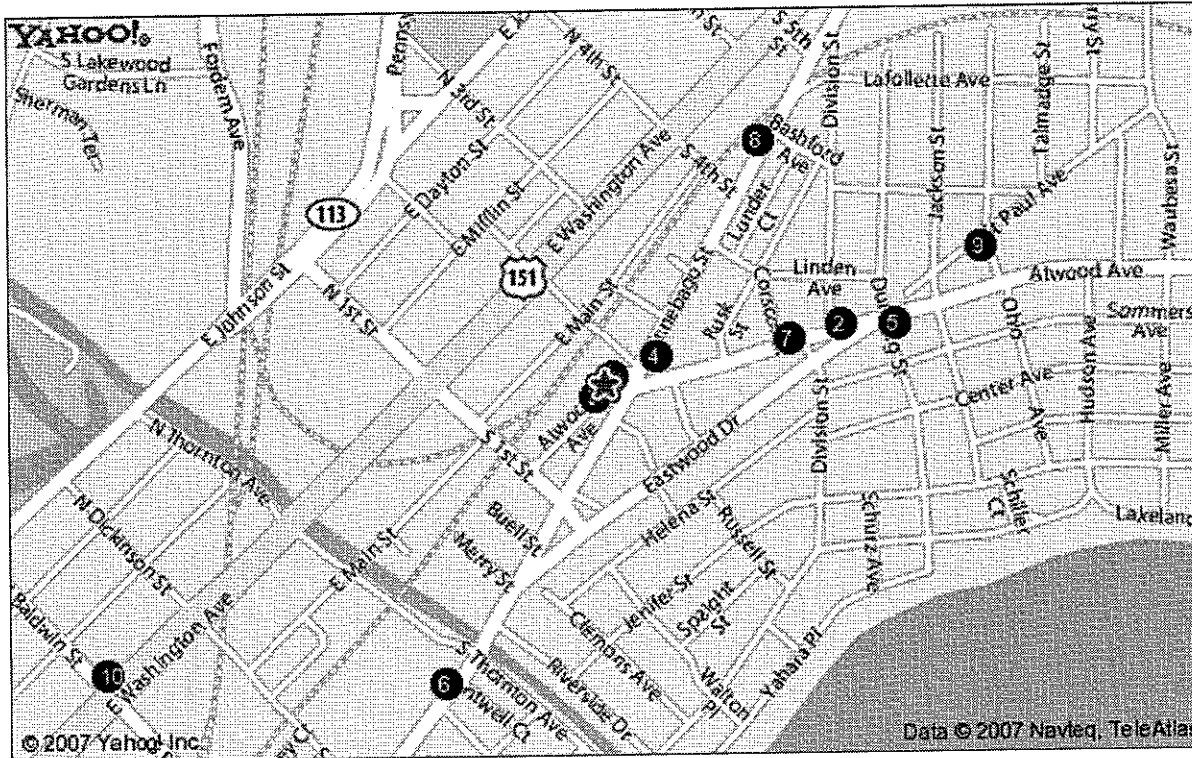
**PLANS SUBMITTED TO  
CITY OF MADISON  
BUILDING INSPECTION**  
*See Wp 10-7-09*



ORNEYS  
Zellhoefer  
Mairnalla  
n C. Bristol  
Pausen  
taffaroni  
ca Long  
y Jones  
STANT  
Behler



# Yahoo! Maps - 1970 ATWOOD AVE, Madison, WI 53704, US



### Your Points of Interest

- 1. Wonders **Pub** (608) 244-8563 ★★★★★  
1980 Atwood Ave Madison, WI 53704
- 2. Crystal Corner **Bar** (608) 256-2953 ★★★★★  
1302 Williamson St Madison, WI 53703
- 3. Wilson's **Bar** (608) 241-2226 ★★★☆☆  
2144 Atwood Ave Madison, WI 53704
- 4. Ideal **Bar** (608) 244-9702 ★★★★★  
1968 Atwood Ave Madison, WI 53704
- 5. Players Sports **Bar** (608) 244-9722 ★★★★★  
2013 Winnebago St Madison, WI 53704
- 6. Harmony **Bar & Grill** (608) 249-4333 ★★★★★  
2201 Atwood Ave Madison, WI 53704
- 7. Ray's **Bar & Grill** (608) 241-9335  
2526 E Washington Ave Madison, WI 53704
- 8. Mickey's Tavern (608) 251-9964 ★★★★★  
1524 Williamson St Madison, WI 53703
- 9. Mr Robert's (608) 249-1660  
2116 Atwood Ave Madison, WI 53704

- 10. Grieg Club (608) 242-0741  
610 North St Madison, WI 53704
  
- 11. Woody & Anne's (608) 249-5157 ★★★★★  
2236 Winnebago St Madison, WI 53704
  
- 12. Ohio Tavern (608) 245-0007 ★★★★★  
224 Ohio Ave Madison, WI 53704
  
- 13. Union House Tavern (608) 244-3221  
2609 E Washington Ave Madison, WI 53704
  
- 14. Slices (608) 243-6925 ★★★★★  
2417 Pennsylvania Ave Madison, WI 53704
  
- 15. J T's Friendly Tavern (608) 256-6356 ★★★★★  
1304 E Washington Ave Madison, WI 53703
  
- 16. Tip Top Tavern (608) 249-2468 ★★★★★  
601 North St Madison, WI 53704
  
- 17. Portal (608) 259-9502 ★★★★★  
310 S Brearly St Madison, WI 53703
  
- 18. Ole'n Ricks North Side Inn (608) 244-0347  
1026 Sherman Ave Madison, WI 53703
  
- 19. Glass Nickel Pizza Company (608) 245-0880 ★★★★★  
2916 Atwood Ave Madison, WI 53704

When using any driving directions or map, it's a good idea to do a reality check and make sure the road still exists, watch out for construction, and follow all traffic safety precautions. This is only to be used as an aid in planning.

