

**ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION**

Submit to municipal clerk

004-000012458201

For the license period beginning July 5 20 07 ending June 30 20 08

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

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

Applicant's Wisconsin Seller's Permit Number <u>1458201</u>	
Federal Employer Identification Number (FEIN): <u>1752982631</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>	\$

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): FRANK JAMES B FRANK LLC TONY FRANK LLC  
 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	Title <u>OWNER</u>	Name <u>JAMES B FRANK</u>	Home Address <u>3013 GARRON ST MADISON</u>	Post Office & Zip Code <u>53711</u>
Vice President/Member				
Secretary/Member				
Treasurer/Member				
Agent		<u>JAMES B FRANK</u>		
Directors/Managers				

3. Trade Name TONY FRANKS TAVERN Business Phone Number 608 271 2177  
 4. Address of Premises 1612 SEMIOLLE HWY Post Office & Zip Code MADISON WI 53713

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 2004/3 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) 28 x 45 Bldg INSTANT SEATING OUTSIDE SEATs

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? TONY FRANK'S TAVERN  
 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 22 day of July, 20 07  
William C. Ditt  
 (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)  
 (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

My commission expires 8-30-2009

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <u>5-22-07</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>77605</u>	

Registrar # 06647

## City of Madison Liquor/Beer Original Supplemental Form

### Office Use Only

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Seller's Permit Number<br><input checked="" type="checkbox"/> Federal Employer Identification Number<br><input checked="" type="checkbox"/> Notarized Original Application Form (AT-106)<br><input checked="" type="checkbox"/> Notarized Supplemental Form<br><input checked="" type="checkbox"/> Description of Licensed Premise<br><input checked="" type="checkbox"/> Notarized Auxiliary Questionnaire(s) (AT-103)<br><input type="checkbox"/> Background Investigation Form(s)<br><input type="checkbox"/> Floor Plans | <input type="checkbox"/> Lease<br><input type="checkbox"/> Notarized Transfer of Ownership Letter<br><input checked="" type="checkbox"/> *Schedule of Appointment of Agent (AT-104)<br><input checked="" type="checkbox"/> *Notarized Agent Appointment/Acceptance Form<br><input type="checkbox"/> *Articles of Incorporation/ Organization<br><input type="checkbox"/> Sample Menu, if possible<br><input type="checkbox"/> Business Plan, if one exists<br>* 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 \_\_\_\_\_ can be reached at \_\_\_\_\_ 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 JAMES B FRANK / ~~THE~~ JBF LLC

4. Telephone Number: 608 2712177

5. Address of Licensed Premise 1612 SEMINOLE HWY 53713

6. Anticipated opening date: 2/3/07

7. Mailing address if not opening immediately \_\_\_\_\_

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:

MON THRU SUN 10 AM THRU @ 2:00 AM

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.**

28x45 OUT dimensions 15 SEAT BAR EIGHT TABLES SEATING 60 INT TABLES  
BAR ROOM and Dining Room DR Room OUTSIDE PICNIC TABLE  
SEAT 16

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. 10 STALLS WEST SIDE  
20 EAST SIDE

13. Describe your management experience, staffing levels, duties and employee training.

20 YEARS MANAGEMENT TWO TO THREE  
EMPLOYEES

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. JAMES BERANK

Name

3013 GANNON ST MADISON WI 53711

Address

City

State

Zip

15. Excluding pre-packaged snacks, how late will food be served? 12 AM

16. What type of food will you be serving, if any? HAMBURGERS/SANDWICHES

17. Indicate any other product/service offered: \_\_\_\_\_

18. Describe your target market. BEER / SANDWICHES

19. What is your estimated capacity? 80

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: (612 SEMINOLE HWY  
Address of Owner: 3013 GANNON ST Phone Number 608 2215919

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

**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
JAMES B FRANK	3013 GANNON ST Madison

Stockholder's Name	Address	Extent of Ownership%
JAMES B FRANK	3013 GANNON ST	100

Manager's Name	Address	Business Phone	Home Phone
JAMES B FRANK	3013 GANNON	608 271 2177	221 5919

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	<del>20</del> 50 %
Percent Gross Receipts from Food	49 %
Percent Gross Receipts from Other	1 %
<b>Total Gross Receipts</b>	<b>100 %</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? 2

33. What hours, if any, will food service not be available? \_\_\_\_\_

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

**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 22 day of May, 2007  
Walter K. DIA  
(Clerk/Notary Public)

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

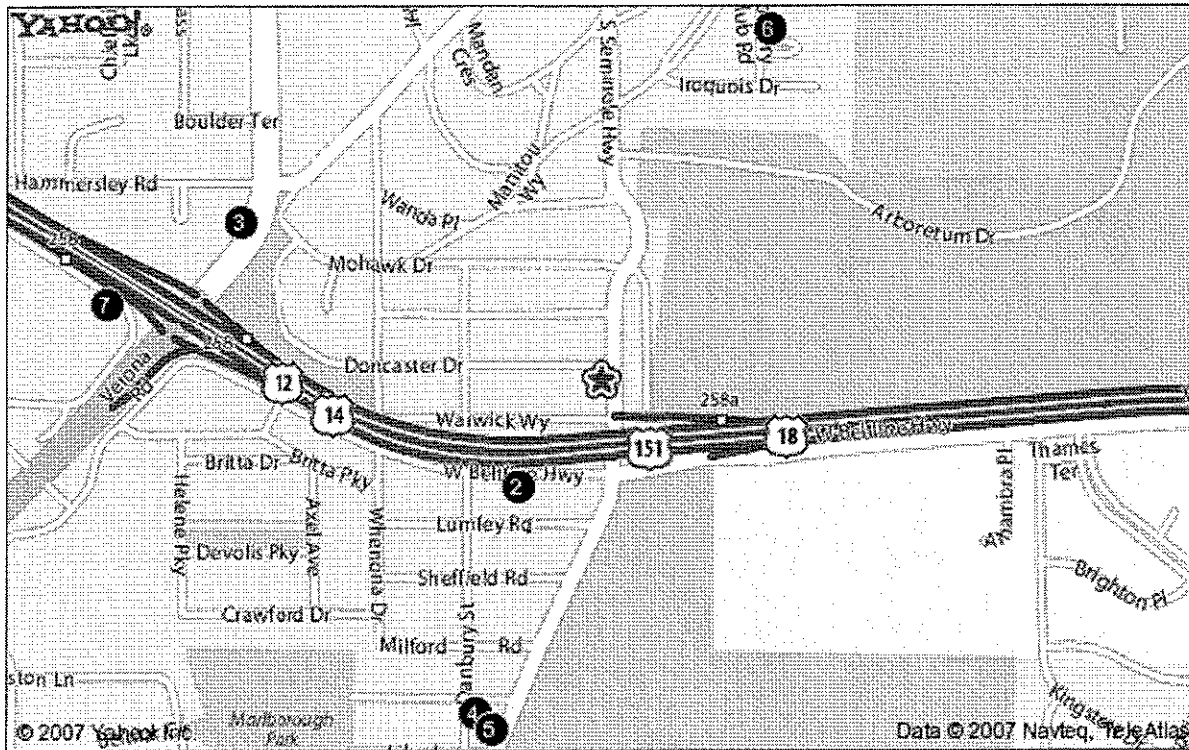
\_\_\_\_\_  
(Officer of Corporation/Member/Manager of LLC/Partner/Individual)

My commission expires 8-30-2009

\_\_\_\_\_  
(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.**

Yahoo! Maps - 1612 SEMINOLE HWY, Madison, WI 53711, US



Your Points of Interest

- 1 Tony Frank's Tavern (608) 271-2177 ★★★★★  
1612 Seminole Hwy Madison, WI 53711
- 2 Blarney Stone (608) 271-6727  
4245 W Beltline Hwy Madison, WI 53711
- 3 Le Tigre Lounge (608) 274-0944  
1328 S Midvale Blvd Madison, WI 53711
- 4 Jaycees-West (608) 277-0737  
5001 Flad Ave Madison, WI 53711
- 5 Pure Delight Entertainment (608) 239-5066  
Madison, WI 53711
- 6 Candy Shop (608) 239-2335  
Madison, WI 53711
- 7 Nakoma Golf Club (608) 238-3141  
4145 Country Club Rd Madison, WI 53711
- 8 Midwest Billiards (608) 277-7737 ★★★★★  
2710 Todd Dr Madison, WI 53713
- 9 Feiler's (608) 271-6237  
4506 Verona Rd Madison, WI 53711
- 10 Bennett's Meadowood Country (608) 271-3827  
2009 Freeport Rd Madison, WI 53711