LICLIB-2017-01266

46895

S. C.	MADISOR	City of Madison Liquor/Beer License Application On-Premises Consumption: ☐ Class B Beer Off-Premises Consumption: ☐ Class A Beer ☐ Class A Liquor ☐ Class A Cider				
<b>Sec</b> 1.	<ul> <li>ection A – Applicant</li> <li>If needed, a qualified interpreter can be provided at no charge to you. Would you like an interpreter?</li> <li>☐ Yes (language:)</li> <li>☑ No (If you answer no and you do require an interpreter, the ALRC will refer your application to a subsequent meeting and this may delay your application process)</li> </ul>					
	Si usted requiere o necesita un/a intérprete, nosotros podemos proveer un/a intérprete sin costo alguno. ¿Le gustaría tener un/a intérprete?  ☐ Sí, lenguaje ☐ No. Si usted escoge "no" en la solicitud/aplicación, y usted sí requiere un/a intérprete, el comité remitirá su solicitud para una nueva junta y esto puede atrasar el proceso de su solicitud.					
2.	This a	pplication is for the license period ending June 30, 20				
3.	List the name of your □ Sole Proprietor, □ Partnership, □ Corporation/Nonprofit Organization or □ Limited Liability Company exactly as it appears on your State Seller's Permit.  Bos Meadery LLC					
4.		Name (doing business as) Bos Meadery ss to be licensed 849 E Washington Ave, #115				
5.		g address 849 E Washington Ave, #115				
6.						
7.	Anticip	pated opening date 7/1/2017				
8.	Is the applicant an employee or agent of, or acting of behalf of anyone except the applicant named in question 2? ☑ No ☐ Yes (explain)					
9.		another alcohol beverage licensee or wholesale permitee have interest in this business?				
	☑ No	□ Yes (explain)				
10.	Section B—Premises					

11.	☑ Attach a floor plan, no larger than 8 ½ by 14, showing the space described above.							
12.	Applicants for on-premises consumption: list estimated capacity99							
13.	Describe existing parking and how parking lot is to be monitored.  Please see the attached Description of Licensed  Premise							
14.	Was this premises licensed for the sale of liquor or beer during the past license year?							
,	No No Yes, license issued to (name of licensee)							
15.	☑ Attach copy of lease.							
Section C—Corporate Information This section applies to corporations, nonprofit organizations, and Limited Liability Companies only. Sole proprietorships and partnerships, skip to Section D.								
16.	Name of liquor license agentColleen Bos							
17.	City, state in which agent resides Fitchburg, WI							
18.	How long has the agent continuously resided in the State of Wisconsin? 18 years							
19.	☑ Appointment of agent form and background check form are attached.							
20.	Has the liquor license agent completed the responsible beverage server training course?							
21.	□ No, but will complete prior to ALRC meeting □ Yes, date completed 1/6/2015  State and date of registration of corporation, nonprofit organization, or LLC.  Wisconsin, November 29, 2010							
22. In the table below list the directors of your corporation or the members of your LLC.  ☑ Attach background check forms for each director/member.  ☐ Title Name City and State of Residence								
	President Colleen Bos Fitchburg, WI							
	Registered agent for your corporation or LLC. This is your agent for service of process, notice or demand required or permitted by law to be served on the corporation. This is not necessarily the same as your liquor agent.  Colleen Bos							

24.	Is applicant a subsidiary of any other corporation or LLC?
	☑ No ☐ Yes (explain)
25.	Does the corporation, any officer, any director, any stockholder, liquor agent, LLC, any member, or any manager hold any interest in any other alcohol beverage license or permit in Wisconsin?
	□ No ☑ Yes (explains B Combo License for 849 E Washington, #102
Soc	ction D—Business Plan
	What type of establishment is contemplated?
	☑ Tavern ☐ Nightclub ☐ Restaurant ☐ Liquor Store ☐ Grocery Store
	☐ Convenience Store without gas pumps ☐ Convenience Store with gas pumps
	□ Other
27.	Business description We would sell mead, cider and mead-based
	cocktails by the glass Monday- Sunday. Please see
	attached Description of License Premise for more detail
	· · · · · · · · · · · · · · · · · · ·
	O
28.	Hours of operation Sunday-Wednesday until 10:00pm;
29.	Thursday - Saturday until 11:00 pm  Describe your management experience
	we been managing the current Bos Meadery Tasting
Roc	om for 2 years and the Meadery as a whole for 5 years.
30.	List names of managers below, along with city and state of residence.
	Colleen Bos Fitchburg, WI
	Thomburg, VV
31.	Describe staffing levels and staff duties at the proposed establishment 2-3 people will
	staff the bar at all times: tending bar, cleaning glassware
	and providing education/giving tours.
00	Describe your employee training 1) responsible server training; 2)
32.	
	Mead production; 3) customer service philosophy;
	4) Point of Sale system; 5) Inventory management

33.	Utilizing your market research, describe your target market.  Craft beverage drinkers between the ages of 25 and 55.				
	Typically single or married with older or no children.				
34.	Describe how you plan to advertise and promote your business. What products will you be advertising?				
	1) website; 2) social media; 3) local event sponsorship				
	4) cross-marketing with other businesses or clubs;				
	5) print media as needed.				
35.	Are you operating under a lease or franchise agreement? ☑ No ☐ Yes				
36.					
Section E—Consumption on Premises  This section applies to Class B and Class C applicants only. Class A license applicants (consumption off premises) may skip to Section F.					
37.	Do you plan to have live entertainment? ☐ No ☑ Yes—what kind? Solo, accoustic,				
an	d local musicians of all genres, targeting a 21+ crowd				
38.	What age range do you hope to attract to your establishment? 25 to 55				
39.	What type of food will you be serving, if any? <a href="Pre-packaged snack chips">pre-packaged snack chips</a> □ Breakfast □ Brunch □ Lunch □ Dinner				
	Submit a sample menu if applicable. What will be included on your operational menu?  ☐ Appetizers ☐ Salads ☐ Soups ☐ Sandwiches ☐ Entrees ☐ Desserts ☐ Pizza ☐ Full Dinners				
41.	During what hours of operation do you plan to serve food?				
	What hours, if any, will food service not be available?				
	Indicate any other product/service offered. We offer tours of the Meadery				
44.	Will your establishment have a kitchen manager? ☑ No ☐ Yes				
45.	Will you have a kitchen support staff? ☑ No ☐ Yes				
46.	How many wait staff do you anticipate will be employed at your establishment?				
	During what hours do you anticipate they will be on duty?				
47.	Do you plan to have hosts or hostesses seating customers? ☑ No ☐ Yes				

48.	Do your plans call for a full-service bar?   No  Yes  If yes, how many barstools do you anticipate having at your bar?  How many bartenders do you anticipate having work at one time on a busy night?					
49.	Will there be a kitchen facility separate from the bar? ☑ No ☐ Yes					
50.	Will there be a separate and specific area for eating only?					
	☑ No ☐ Yes, capacity of that area					
51.	What type of cooking equipment will you have? ☐ Stove ☐ Oven ☐ Fryers ☐ Grill ☐ Microwave					
52.	Will you have a walk-in cooler and/or freezer dedicated solely to the storage of food products?  ☑ No □ Yes					
53.	What percentage of payroll do you anticipate devoting to food operation salaries?					
54.	If your business plan includes an advertising budget:					
	What percentage of your advertising budget do you anticipate will be related to food? $oldsymbol{0}$					
	What percentage of your advertising budget do you anticipate will be drink related? 100					
55.	Are you currently, or do you plan to become, a member of the Madison—Dane County Tavern League or the Tavern League of Wisconsin? ☑ No ☐ Yes					
56.	Are you currently, or do you plan to become, a member of the Wisconsin Restaurant Association or the National Restaurant Association? ☑ No ☐ Yes					
57.	All restaurants and taverns serving alcohol must substantiate their gross receipts for food and alcohol beverage sales broken down by percentage. New establishments estimate percentages					
	99 % Alcohol 1 % Food					
58.	Do you have written records to document the percentages shown? ☐ No ☑ Yes You may be required to submit documentation verifying the percentages you've indicated.					
	tion F—Required Contacts and Filings I understand that liquor/beer license renewal applications are due April 15 of every year, regardless of when license was initially granted. □ No ☑ Yes					
60.	I understand that I am required to host an information session at least one week before the ALRC meeting. □ No ☑ Yes					
61.	I agree to contact the Alderperson for this location to discuss my application and to invite the Alderperson to my information session. □ No ☑ Yes					
62.	I agree to contact the Police Department District Captain for this location prior to the ALRC meeting. ☐ No ☑ Yes					
63.	I agree to contact the Alcohol Policy Coordinator prior to the ALRC meeting. ☐ No ☐ Yes					
64.	I agree to contact the neighborhood association representative prior to the ALRC meeting.  □ No ☑ Yes					

65.	. I understand we must file a Special Occupational Tax return (TTB form 5630.5) before beginning business. [phone 1-800-937-8864] □ No ☑ Yes							
66.	I 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] ☑ No ☑ Yes							
67.	Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  ☑ No ☐ Yes							
	tion G—Information for Cler							
68.	State Seller's Permit 4 5 6	1 0 2 7 9 2 4 3	<u> </u>					
69.	. Federal Employer Identification Number 27-4383831							
	Who may we contact between 8 a.  Contact person  Collect  Collect  Collect	m. and 4:30 p.m. regarding this license?						
71.	Corporate attorney, if applicable: 1	Name						
	Phone	E-mail						
Read carefully before signing in front of a notary: 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 the business according to law, and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. Lack of access to any portion of 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 I day of PULL ADDITION OF WISCORD OF WISC								
Annual State	c's Office checklist for complete applica	tions						
	Prange sign /I Seller's Permit Certificate (الكرية المورة) natching articles of incorporation) EIN otarized application ritten description of premises	☐ Background investigation form(s) ☐ Form for surrender of previous license ☐ *Articles of Incorporation on file ☐ *Notarized Appointment of Agent make  * Corporation/LLC only	☑ Floor Plans ☑ Lease □ Sample Menu- □ Business Plan					
Date complete application filed with Clerk's Office								
Date of ALRC meeting Date license granted by Common Council								
Date p	provisional issued Date lic	ense issued License number	· · · · · · · · · · · · · · · · · · ·					

## **Description of Licensed Premise**

Bos Meadery LLC would like to open a Tasting Room at 849 E Washington, #115.

Bos Meadery is leasing this space from 849EWash, LLC. It is comprised of 2544 square feet. Bos Meadery will be submitting a minor alteration of existing conditional use application with the City of Madison to move the existing tasting room (tavern) previously allowed in Suite 102 to Suite 115.

Bos Meadery will set up 10 picnic tables seating 6 people each. There will also be 10 seats at the bar and 6 high-top tables that each seat 4 people. The Suite has 2 bathrooms for customers and there are additional bathrooms in the hallway. Please see the attached floor plan for more detail on layout, including the bathroom and bar.

The tasting room would operate from 4:00 to 10:00 pm on Tuesday-Wednesday; on Thursday-Friday from 4:00 to 11:00 pm; on Saturday Noon to 11:00 pm and Sunday Noon to 10:00 pm. There is a 28-space parking lot located behind the building and the majority of those spaces would be empty during the hours of operation, since the other businesses located at 849 E Washington are typically on a 8:00am to 5:00pm weekday schedule. There is also street parking on Paterson Street.

The legal description of 849 East Washington is as follows:

ORIGINAL PLAT, BLK 144, LOTS 8, 9, & 11 AND PART OF LOT 7, DESC AS FOL: BEG AT N COR LOT 7, TH SELY ALG NE LN LOT 7 165 FT TO E COR SD LOT, TH SWLY ALG SE LN LOT 7 1.75 IN, TH NWLY TO PT ON E WASHINGTON AVE 1.5 IN SW OF N COR LOT 7, TH NELY 1.5 IN TO POB, EXC THAT PART DESC AS FOL:BEG N COR OF SD LOT 9, TH S 43 DEG 54 MIN 59 SEC E 10.85 ALG SW LN OF N PATTERSON ST, TH S 46 DEG 08 MIN 02 SEC W 1.01 FT, TH N 43 DEG 54 MIN 59 SEC W 1 FT TO PT OF CONCAVE CUR, RAD 7 FT, CHRD BRS N 85 DEG 13 MIN 12 SEC W 9.24 FT, TH S 51 DEG 13 MIN 45 SEC W 24.07 FT, TH N 43 DEG 59 MIN 05 SEC W .78 FT TO EXISTING SLY ROW LN USH 151, TH N 46 DEG 08 MIN 01 SEC E 31.09 FT ALG SLY ROW LN TO POB.

