

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning JUNE 1 20 09 ;
ending MAY 31 20 10

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

County of DANE Aldermanic Dist. No. 14 (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): ARBOR GATE HOSPITALITY, LLC REGISTERED AGENT: MORTENSON INVESTMENT GROUP

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>MEMBER SEAN P. BAXTER</u> | <u>714 Oneida Place</u> | <u>Madison, WI 53711</u> |
| Vice President/Member | <u>MEMBER BRADLEY L. HUTTER</u> | <u>4710 Signature Drive</u> | <u>Middleton, WI 53562</u> |
| Secretary/Member | <u>MEMBER ALFREDO D. TEUSCHLER</u> | <u>3856 Caribou rd.</u> | <u>Verona, WI. 53593</u> |
| Treasurer/Member | | | |
| Agent | <u>Patrick Qinlan, 2710 Tucson trail. Madison, WI.53719</u> | | |
| Directors/Managers | | | |

3. Trade Name BONFYRE Business Phone Number _____
4. Address of Premises 2601 W. BELTLINE HIGHWAY Post Office & Zip Code 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 05/06/09 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.) 1ST FLOOR WEST END CAP OF BUILDING ~ 5500 SQFT

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? _____
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 JUNE, 20 09

(Clerk/Notary Public)
My commission expires 10/25/09


(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 | |

| Applicant's Wisconsin Seller's Permit Number: | |
|--|-----------|
| Federal Employer Identification Number (FEIN): <u>27-0239182</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 | \$ |
| TOTAL FEE | \$ |

City of Madison Supplemental Class B License Application

| | | |
|---|--|---|
| <input type="checkbox"/> Seller's Permit Number <input checked="" type="checkbox"/> Federal Employer Identification # <input checked="" type="checkbox"/> Notarized Original Application Form <input checked="" type="checkbox"/> Notarized Supplemental Form <input type="checkbox"/> Orange Sign (Clerk's Office provides at time of application) | <input checked="" type="checkbox"/> Written Description of Premise <input checked="" type="checkbox"/> Background Investigation Form(s) <input type="checkbox"/> Notarized Transfer of Ownership <input checked="" type="checkbox"/> *Articles of Incorporation <input checked="" type="checkbox"/> *Notarized Appointment of Agent <small>* Corporation/LLC only</small> | <input checked="" type="checkbox"/> Floor Plans <input type="checkbox"/> Lease <input type="checkbox"/> Sample Menu <input type="checkbox"/> Business Plan |
|---|--|---|

1. Name of Applicant/Partner/Corporation/LLC ARBOR GATE HOSPITALITY, LLC #108
 2. Address of Licensed Premise 2601 W. BELTZLINE HWY MADISON, WI 53713
 3. Telephone Number 608.509.1000 4. Anticipated opening date: October 15, 2009
 5. Mailing address if not opening immediately SAME AS ABOVE

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
 7. Are there any special conditions desired by the neighborhood? Yes No
 Explain. _____

8. Business Description, including hours of operation: FULL SERVICE RESTAURANT & BAR
11AM - 1AM

9. Do you plan to have live entertainment? No Yes—What kind? _____

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.**

ARBOR GATE 1st FLOOR WEST BUILDING: 5300 SqFt, 210 Total Capacity (BAR-27, DINING 183). SEE ATTACHED floor plan for detailed description of Alcohol sales and storage

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 Surface parking adjacent to premises 120, 600 structured parking stall ramp.

13. Describe your management experience, staffing levels, duties and employee training.
20+ years of restaurant ownership & management.
Staffing levels: 30 FTE, 40 PT. Responsible Beverage Server Program

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.
SEAN P. BAXTER 3001 W. BELTZLINE HWY MADISON WI #202
 Name Address 53713

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

MADISON Adults

16. What age range would you hope to attract to your establishment? 25-45 Adult

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

Drive By - Traffic, Word of Mouth, Radio. Food Focused

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

19. Owner of building where establishment is located: ARBOR GATE DEVELOPMENT

Address of Owner: 3001 WBH MADISON, WI 53713 Phone Number 608 509 1000

20. 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

21. List the Directors of your Corporation/LLC

- WESTWIND ASSOCIATES LLC 2303 W. BELTLINE HWY MADISON, 53713
Name Address
- MORTENSON INVESTMENT GROUP 3001 WBH MADISON, WI 53713
Name Address
- TRMG LLC 3850 CARIBOU RD VERONA, WI 53593
Name Address

22. List the Stockholders of your Corporation/LLC

Same as Above

| Name | Address | % of Ownership |
|------|---------|----------------|
| | | |
| | | |
| | | |

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

Other Please Explain _____

24. What type of food will you be serving, if any? Contemporary American Cuisine

Breakfast Lunch Dinner

25. Please submit a sample menu with your application, if possible. What might eventually be included on your operational menu when you open?

- Appetizers Salads Soups Sandwiches Entrees
- Desserts Pizza Full Dinners

26. During what hours of your operation do you plan to serve food? 11AM - 12AM

27. What hours, if any, will food service not be available? 12AM-1AM
28. Indicate any other product/service offered. NONE
29. Will your establishment have a kitchen manager? Yes No
30. Will you have a kitchen support staff? Yes No
31. How many wait staff do you anticipate will be employed at your establishment? 30
During what hours do you anticipate they will be on duty? 11AM-12AM
32. Do you plan to have hosts or hostesses seating customers? Yes No
33. Do your plans call for a full-service bar? Yes No
If yes, how many bar stools do you anticipate having at your bar? 27
How many bartenders do you anticipate you would have working at one time on a busy night? 3
34. Will there be a kitchen facility separate from the bar? Yes No
35. Will there be a separate and specific area for eating only? Yes No
If yes, what will be the seating capacity for that area? 183
36. What type of cooking equipment will you have? Stove Oven Fryers Grill Microwave
37. Will you have a walk-in cooler and/or freezer dedicated solely to the storage of food products? Yes No
38. What percentage of your overall payroll do you anticipate will be devoted to food operation salaries?
70%
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? 80%
What percentage of your advertising budget do you anticipate will be drink related? 5%
40. Are you currently, or do you plan to become, a member of the Madison—Dane County Tavern League or the Tavern League of Wisconsin? Yes No
41. Are you currently, or do you plan to become, a member of the Wisconsin Restaurant Association or the National Restaurant Association? Yes No
-

42. What is your estimated capacity? 210 + 60 PATIO

43. 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.

| | |
|--|-------------|
| Gross Receipts from Alcoholic Beverages | 20 % |
| Gross Receipts from Food and Non-Alcoholic Beverages | 80 % |
| Gross Receipts from Other | % |
| Total Gross Receipts | 100% |

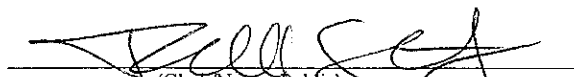
44. Do you have written records to document the percentages shown? Yes No
You may be required to submit documentation verifying the percentages you've indicated

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 22 day of June 2009


(Officer of Corporation/Member of LLC/Partner/Individual)


(Clerk/Notary Public)

My commission expires 05-06-2012

Appointment of New Liquor/Beer Agent

To be completed by Corporate Officer or Member of LLC

I, SEAN P. BAXTER, officer/member for ARBOR GATE Hospitality
(Corporation (LLC)), doing business as BONFYRE, authorize and appoint
PATRICK QUINLAN (Name) as the liquor/beer agent for the premise
located at 2601 W. BELTZINE HWY.

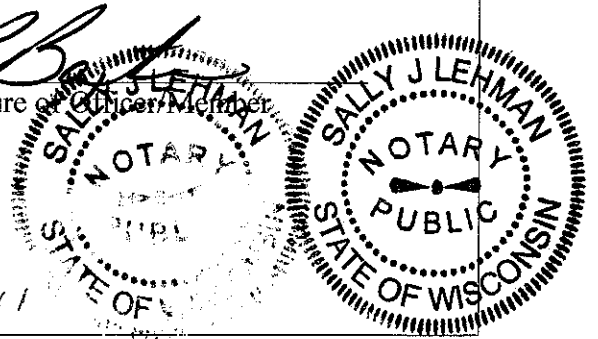
Subscribed and sworn to before me this

22 Day of June, 2009

Sally J. Lehman
Notary Public, Dane County, Wisconsin

My Commission Expires November 6, 2011

Signature of Officer/Member



To be completed by appointed Liquor/Beer Agent

I, PATRICK QUINLAN, appointed liquor/beer agent for
ARBOR GATE Hospitality, LLC (name of Corporation or LLC), being first duly sworn
say I have vested in me, by properly authorized and executed written delegation, full authority
and control of the premise described in the license of such corporation or limited liability
company, and I am involved in the actual conduct of the business as an employee, or have a
direct financial interest in the business of the licensee, therein relating to the intoxicating
liquor/fermented malt beverage. The interest I have in the business is 0 %.

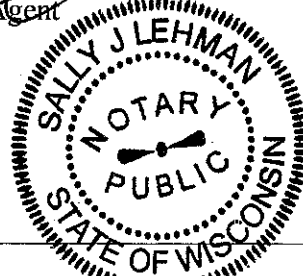
Subscribed and sworn to before me this

22 Day of June, 2009

Sally J. Lehman
Notary Public, Dane County, Wisconsin

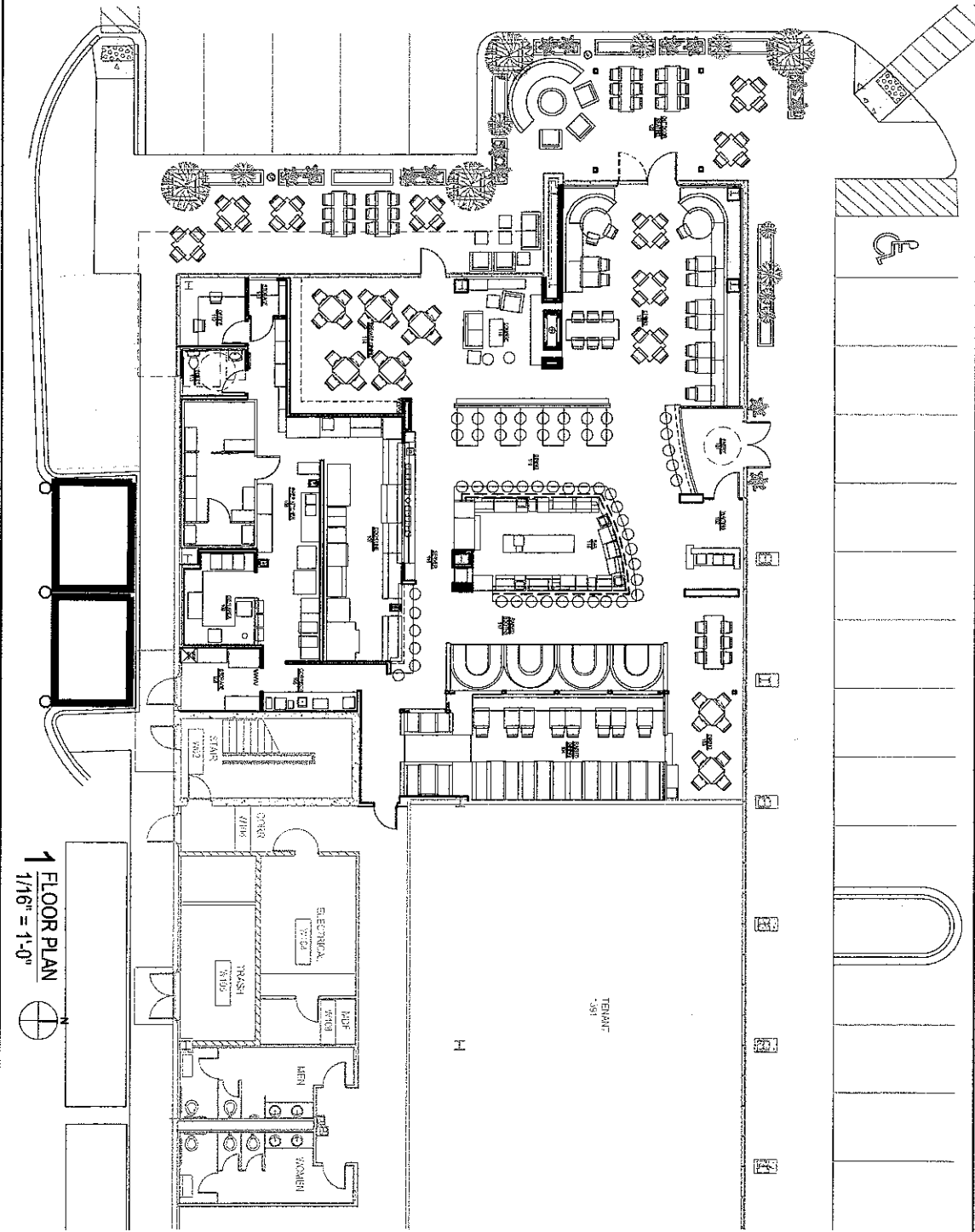
My Commission Expires November 6, 2011

Signature of Agent



The appointed Liquor/Beer Agent must complete the other side of this form.

SEATING=270
 BAR = 27
 DINING = 183
 OUTDOOR SEATING = 60



↑ FLOOR PLAN
 1/16" = 1'-0"

A100

| | |
|----------|----------|
| PROJECT: | BONFYRE |
| NUMBER: | 0811100 |
| DATE: | 08.28.09 |
| REV: | |
| SHEET: | |

BONFYRE RESTAURANT
DESIGN DEVELOPMENT
 2501 WEST BELTLINE HWY
 MADISON, WI

222 West Washington Ave. Suite 310
 Madison, WI 53703
 ph: 608.268.1499 fax: 608.268.1498
www.destreearchitects.com

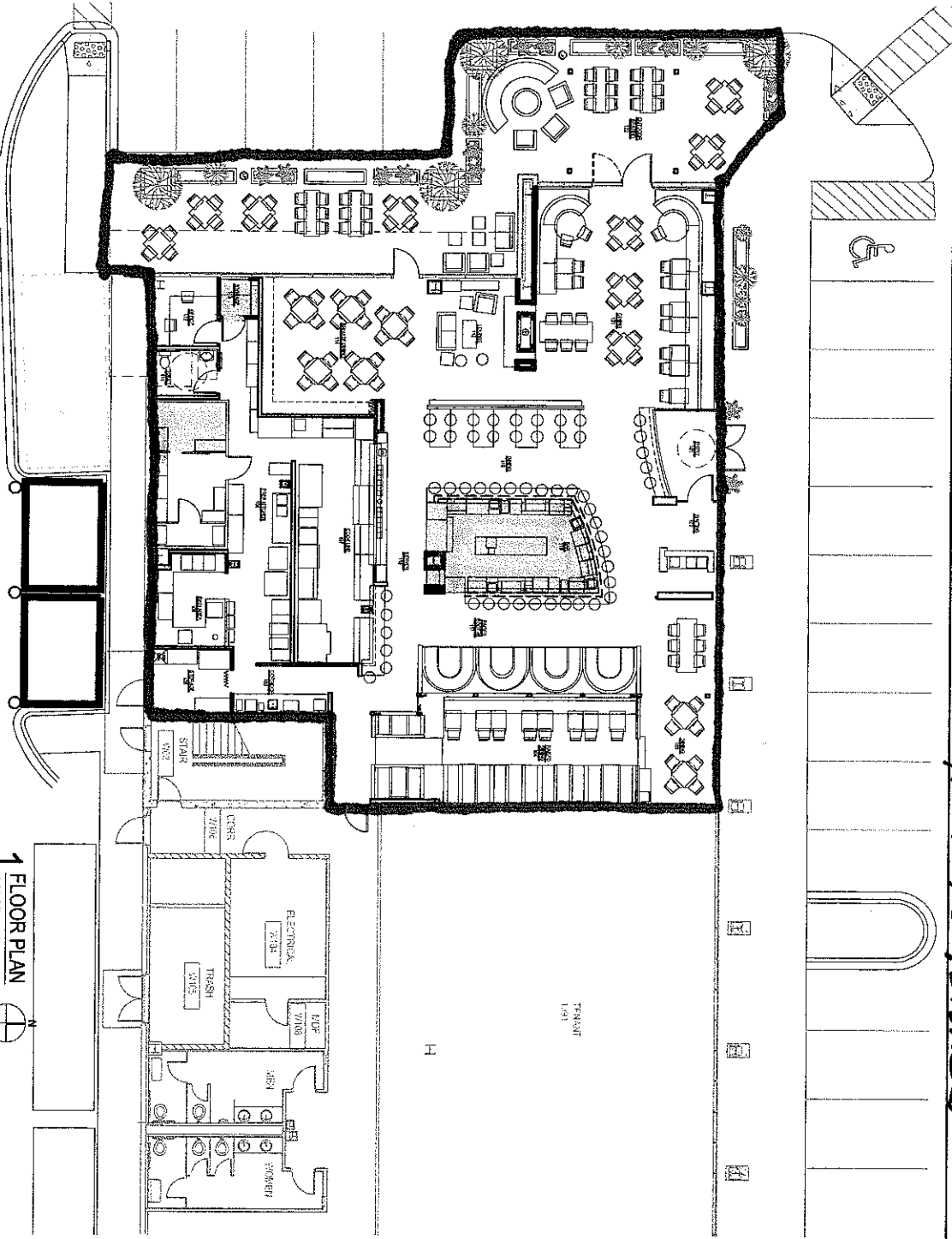
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EXHIBIT A

AREAS WHERE ALCOHOL ARE SOLD/PERMITTED/STORED

SEATING=270
BAR=27
DINING = 183
OUTDOOR SEATING = 60



AREAS WHERE ALCOHOL SHALL BE SOLD/PERMITTED

AREAS WHERE ALCOHOL SHALL BE STORED

1 FLOOR PLAN
1/16" = 1'-0"

A100

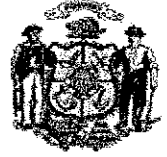
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|----------|----------|
| PROJECT: | |
| NUMBER: | BELLWOOD |
| DATE: | 05/20/09 |
| REV: | |
| SHEET: | |

BONFYRE RESTAURANT
DESIGN DEVELOPMENT
2501 WEST BELTLINE HWY
MADISON, WI

222 West Washington Ave. Suite 310
Madison, WI 53703
ph: 608.268.1499 fax: 608.268.1498
www.destreearchitects.com

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State of Wisconsin
Department of Financial Institutions

ARTICLES OF ORGANIZATION - LIMITED LIABILITY COMPANY

Executed by the undersigned for the purpose of forming a Wisconsin Limited Liability Company under Chapter 183 of the Wisconsin Statutes:

- Article 1. **Name of the limited liability company:**
Arbor Gate Hospitality, LLC
- Article 2. **The limited liability company is organized under Ch. 183 of the Wisconsin Statutes.**
- Article 3. **Name of the initial registered agent:**
MORTENSON INVESTMENT GROUP, LLC
- Article 4. **Street address of the initial registered office:**
3001 West Beltline Hwy
Suite 202
Madison, WI 53713
United States of America
- Article 5. **Management of the limited liability company shall be vested in:**
A manager or managers
- Article 6. **Name and complete address of each organizer:**
Mortenson Investment Group, LLC
3001 West Beltline Hwy
Suite 202
Madison, WI 53713
United States of America
- Other Information. **This document was drafted by:**
Bradley L Hutter

Organizer Signature:
Bradley L Hutter
(Signing on behalf of Mortenson Investment Group, LLC)

Date & Time of Receipt:
5/6/2009 3:00:47 PM