

# ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning July 1 20 06 ;  
ending June 30 20 07

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): Creative Host Services, 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>Please see attached rider</u>		
Vice President/Member	_____		
Secretary/Member	_____		
Treasurer/Member	_____		
Agent	<u>Patricia L. Brand</u>		
Directors/Managers	_____		

3 Trade Name Ancora Coffee Roasters Business Phone Number \_\_\_\_\_

4 Address of Premises 4000 International Lane, Madison, WI 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 CA and date 3/19/86 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) Please see attached riders.

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) 1731 sq. ft. restaurant with 100 sq. ft. of storage.

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? Compass Group USA, Inc.-Class B Airport License issued by DOR.

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**

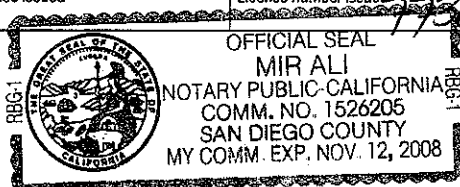
this 29th day of JAN, 20 07  
[Signature]  
(Clerk/Notary Public)  
My commission expires 11-12-2008

[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)

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <u>04/24/07</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>77368</u>	

AT-106 (R 1-05)



Wisconsin Department of Revenue

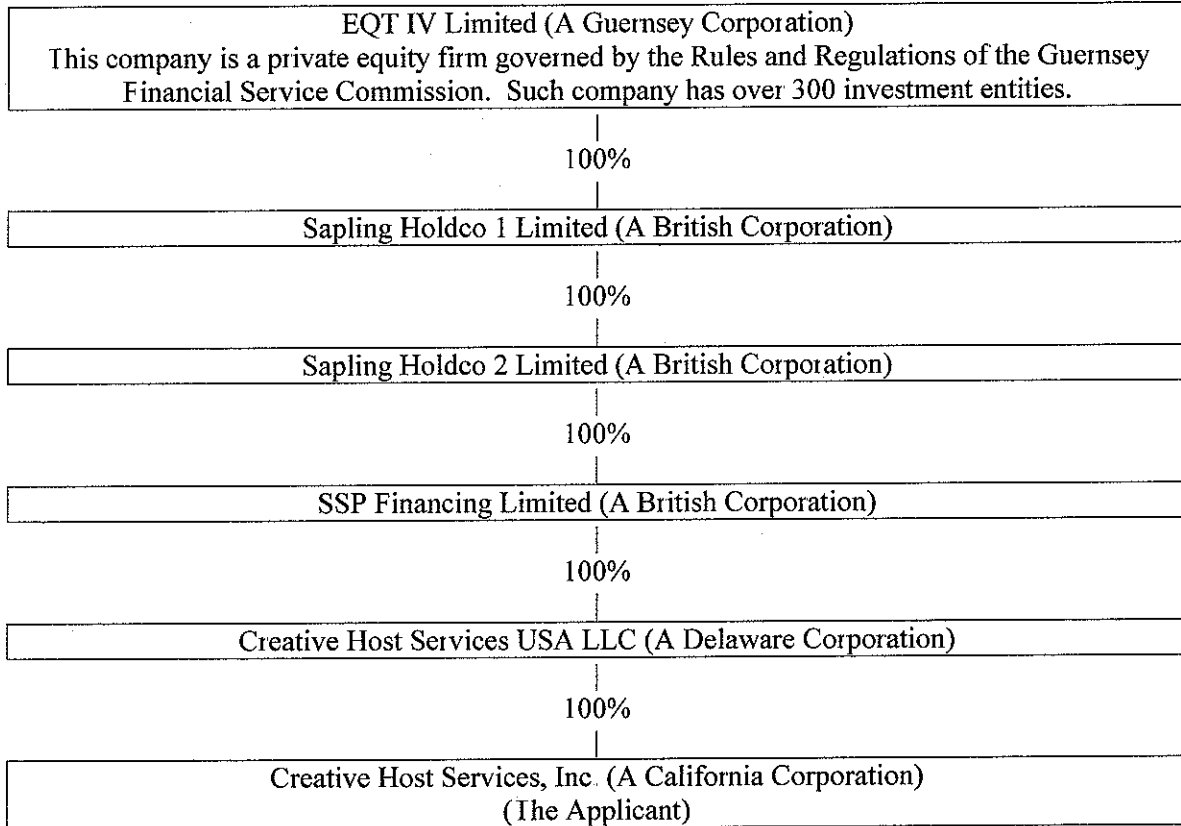
Alder Clausius  
Police Sector 512

**RIDER TO QUESTION 2 OF THE  
ORIGINAL ALCOHOLIC BEVERAGE LICENSE APPLICATION**

**OFFICERS, DIRECTORS AND SHAREHOLDERS OF  
CREATIVE HOST SERVICES, INC.**

Title	Name	Address	Shares
Chief Executive Officer & Director	Sayed Ali	7564 Northern Lights San Diego, CA 92027	0%
Vice President, Secretary & Director	Patrick Conrad	809 Conodoguinet Drive Camp Hill, PA 17011	0%
Chief Financial Officer & Director	Luke Tait	443 11 <sup>th</sup> Street Del Mar, CA 92014	0%
Shareholder	Creative Host Services USA LLC	11440 West Bernardo Ct., Suite 106 San Diego, CA 92127	100%

**RIDER TO QUESTION 8B OF THE ORIGINAL ALCOHOLIC BEVERAGE  
LICENSE APPLICATION FOR  
CREATIVE HOST SERVICES, INC.**



**RIDER TO QUESTION 8C OF THE  
ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION FOR  
CREATIVE HOST SERVICES, INC.**

**OTHER WISCONSIN LICENSES HELD**

Wisconsin	Creative Host Services, Inc. D/b/a Creative Croissants Dane County Regional Airport 4000 International Lane Madison, WI 53704 608/243-9614 Patricia L. Brand	City of Madison License No. 042305  State License No. 316- 0000246098-01  State License No. 004-000246098-01	Class "B", Liquor & Beer   Retail Class B Airport  Sellers Permit
Wisconsin	Creative Host Services, Inc. D/b/a Creative Croissants Outagamie County Regional Airport W-6390 Challenger Drive Appleton, WI 54914 920-830-3393 Patricia L. Brand Op #13812	City of Greenville License No. 903  State License No. 316000246098-02  State License No. 004-000246098-01	Class B Retailers License for Malt Beverages  Retail Class B Airport  Sellers

# City of Madison Liquor and/or Beer Original Supplemental Form

For Office Use Only	
<input type="checkbox"/> Seller's Permit Number <input type="checkbox"/> Federal Employer Identification Number <input type="checkbox"/> Notarized Original Application Form (AT-106) <input type="checkbox"/> Notarized Supplemental Form <input type="checkbox"/> Description of Licensed Premise <input type="checkbox"/> Notarized Auxiliary Questionnaire(s) (AT-103) <input type="checkbox"/> Background Investigation Form(s) <input type="checkbox"/> Floor Plans	<input type="checkbox"/> Lease <input type="checkbox"/> Notarized Transfer of Ownership Letter <input type="checkbox"/> *Schedule of Appointment of Agent (AT-104) <input type="checkbox"/> *Notarized Appointment of Agent Letter <input type="checkbox"/> *Notarized Agent Authorization Letter <input type="checkbox"/> *Articles of Incorporation/ Organization  <p style="text-align: right; font-size: small;">*Required of Corporation/LLC Only</p>

- ✓ All applicants are required to provide an adequate premise plan which must include 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), graphic representation of the normal position of booths, bar stools, tables and chairs. New structures must submit two sets of plans, signed and sealed by a registered architect or engineer to Building Inspection. **Premise plans must be submitted no larger than 8 ½ x 14.**
- ✓ **The 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), and the Madison Police Department.**

Alderperson Santiago Rosas 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 going to the City's webpage at [www.ci.madison.wi.us/neighborhoods/contacts.htm](http://www.ci.madison.wi.us/neighborhoods/contacts.htm).

The Police Department Liaison, Sergeant Emil Quast, can be reached at 266-4451

Have you contacted the Alderperson, Police Department Liaison and neighborhood association representative in the area in which you intend to locate?  
 Yes     No (Comments: \_\_\_\_\_)

Are there any special conditions desired by the neighborhood? No

The ALRC will ask questions of you in several areas with regard to your application. The following questions must be completed. The information provided will assist the committee in making a recommendation to the Common Council:

1. Name of Applicant/Partner/Corporation/Limited Liability Company (LLC): Creative Host Services, Inc.
2. Telephone Number: \_\_\_\_\_
3. Address of Licensed Premise: 4000 International Lane, Madison, WI 53704

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

5. Business Description, including hours of operation and if entertainment is part of your venue, what type:  
Specialty coffe shop with beer and wine options. Complete bakery and lunch  
grab & go menu options. No entertainment. Hours of operation 4:30 am - 7:30 pm/  
Premises will be located within the concourse level at Dane County Regional Airport.

6. Describe (in detail) building to include overall dimensions, seating arrangements, capacity, bar size and where alcohol beverages are to be sold and stored. All rooms, including living quarters that are directly or indirectly accessible and under control of the applicant must be included. (Alcohol beverages may be sold and stored only on the premise described but does not include living quarters) Facility located on the  
Concourse level with 1731 sq. ft. and 100 sq. ft. of storage. Seating approx.  
58; Customer seating includes 25 tables with 54 seats. 10 ft. X 2ft. bar with  
4 bar stools.

**The licensed premise as described above shall not be expanded or changed during the license year without approval of the Common Council.**

7. Describe existing parking and how parking lot is to be monitored: Airport Parking

8. Describe all management positions, including previous experience, staffing levels/duties and employee training:  
General Manager, Assistant Manager, Shift Supervisor and Crew Leader. All new  
employees are provided with a 2 hour orientation to review corporate standards  
and expectations. Training is one on one with Crew Leader/Trainer. Most of our  
training programs consist of hands on training on the job with a qualified trainer.

9. Excluding pre-packaged snacks, how late will food be served? 7:30 pm  
If so, what type of food? Sandwiches, salads, fruit.  
Indicate any other product & services offered: N/A

If possible, provide a sample menu: Please see attached sample menu.

10. Please describe your target market; what is your customer profile? 25- 45 year old business traveler.

If you have a Business Plan, please submit a copy.

11 Describe how you plan on advertising and promoting your business: In-house advertisement.

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12. What is your estimated capacity? 58

13. Are you operating under a lease or franchise type agreement?  Yes  No (If yes, attach copy of agreement)

Name of owner of building where establishment is located: Dane County Regional Airport

Address of Owner: 4000 International Lane, Madison, WI Phone Number: 608-246-3380

14. "Individual" or "Partnership" only: Have individual/partners completed the Beverage Server Training Course?

N/A  Yes  No If Yes, indicate names: \_\_\_\_\_  
 (Note: License cannot be issued until proof of completion of Beverage Server Training Course is shown)

15. "Corporation" or "LLC" only: Will agent be a resident of Wisconsin at the time of granting?  Yes  No

Agent must disclose interest held in business: 0% interest held

Has agent completed the Beverage Server Training Course?  Yes  No  
 (Note: License cannot be issued until proof of completion of Beverage Server Training Course is shown)

Director(s) Name	Home Address
Please see attached rider.	

Stockholder's Name	Address	Extent of Ownership%
Please see attached rider.		

Manager's Name	Address	Business Phone	Home Phone
Patricia L. Brand	802 E. Florida Ave Appleton, WI 54911	608-243-9614	920-991-9268

16. Anticipated opening date: Upon Approval

Mailing address if not opening immediately: 11440 W. Bernardo Ct., Suite 106, San Diego, CA 92127

Contact person for appearance before the ALRC: Michael Hastings

**Private organizations (clubs) applying for a new liquor license must answer the following question:** N/A

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

## Restaurant/Tavern Establishment Alcohol Beverage & Food Sales Report

Pursuant to Sections 23.05(3)(s) and 23.05(7)(f) 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	20	%
Percent Gross Receipts from Food	80	%
Percent Gross Receipts from Other	0	%
<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 produce and submit documentation verifying the percentages you've indicated.**

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

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

**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 29th day of Jan, 2007

[Signature]  
(Clerk/Notary Public)

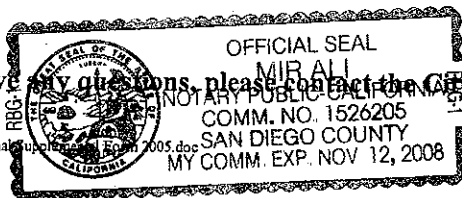
[Signature]  
(Officer of Corporation/Member/Manager of LLC/Partner/Individual)

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

My commission expires 11-12-2008

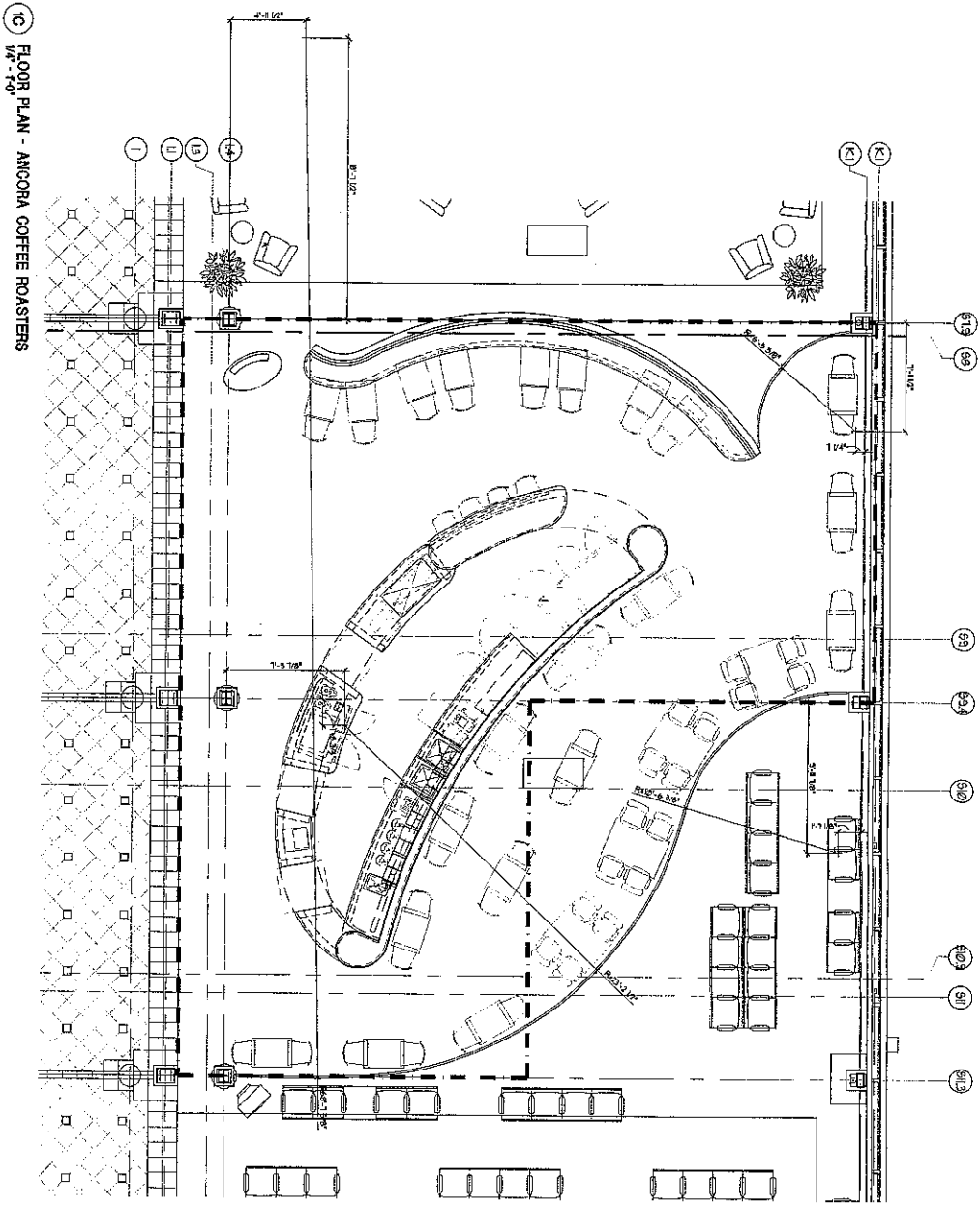
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(Officer of Corporation/Member/Manager of LLC/Partner/Individual)

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





Creative Host Services, Inc.  
d/b/a Ancora Coffee Roasters  
4000 International Lane  
Madison, WI 53704



101 FLOOR PLAN KEY NOTES

1. THESE DIMENSIONS INCLUDE CURBS & SIDE WALKS ONLY.
2. PRECASTING CONCRETE FLOOR OF 06.
3. FINISH FLOOR FOR ALL AREAS - SEE EQUIPMENT LOCATIONS AND DEPENDENT EQUIPMENT SCHEDULE.
4. NOT SHOWN.
5. NOT SHOWN.
6. BAKERY SEATING, H.C.
7. BAKERY LEASE LINE.
8. NOT SHOWN.
9. DRIVING GATE HEAD BEINGS TO BE SHOWN.
10. FRANKLIN STREET WALLS.

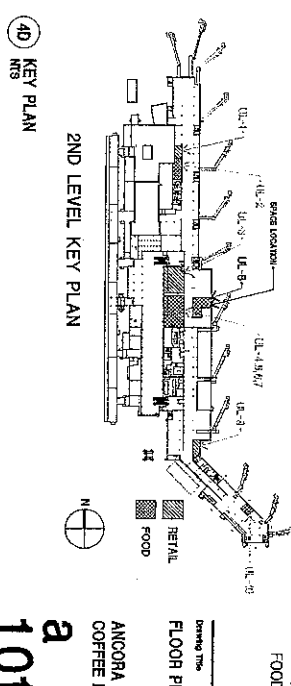
FLOOR PLAN GENERAL NOTES

1. REFERS TO SHEET AND FROM THE SAME FLOOR PLAN.
  2. REFERS TO THIS SHEET FOR FOOD SERVICE EQUIPMENT PLAN.
  3. REFERS TO SHEET AND FOR DEPENDENT PLAN.
  4. REFERS TO SHEET AND FOR FINISH PLAN.
  5. REFERS TO SHEET AND FOR DOOR / FRAME / PARTITION TYPES.
  6. REFERS TO SHEET AND FOR INTERNAL WALL SCHEDULE.
7. ALL DATA IS BASED ON INFORMATION AND NOTES ON THESE SHEETS.
8. EXISTING CONCRETE SLAB OF 06 IS A 12\"/>



ARCHITECT  
MINNEAPOLIS

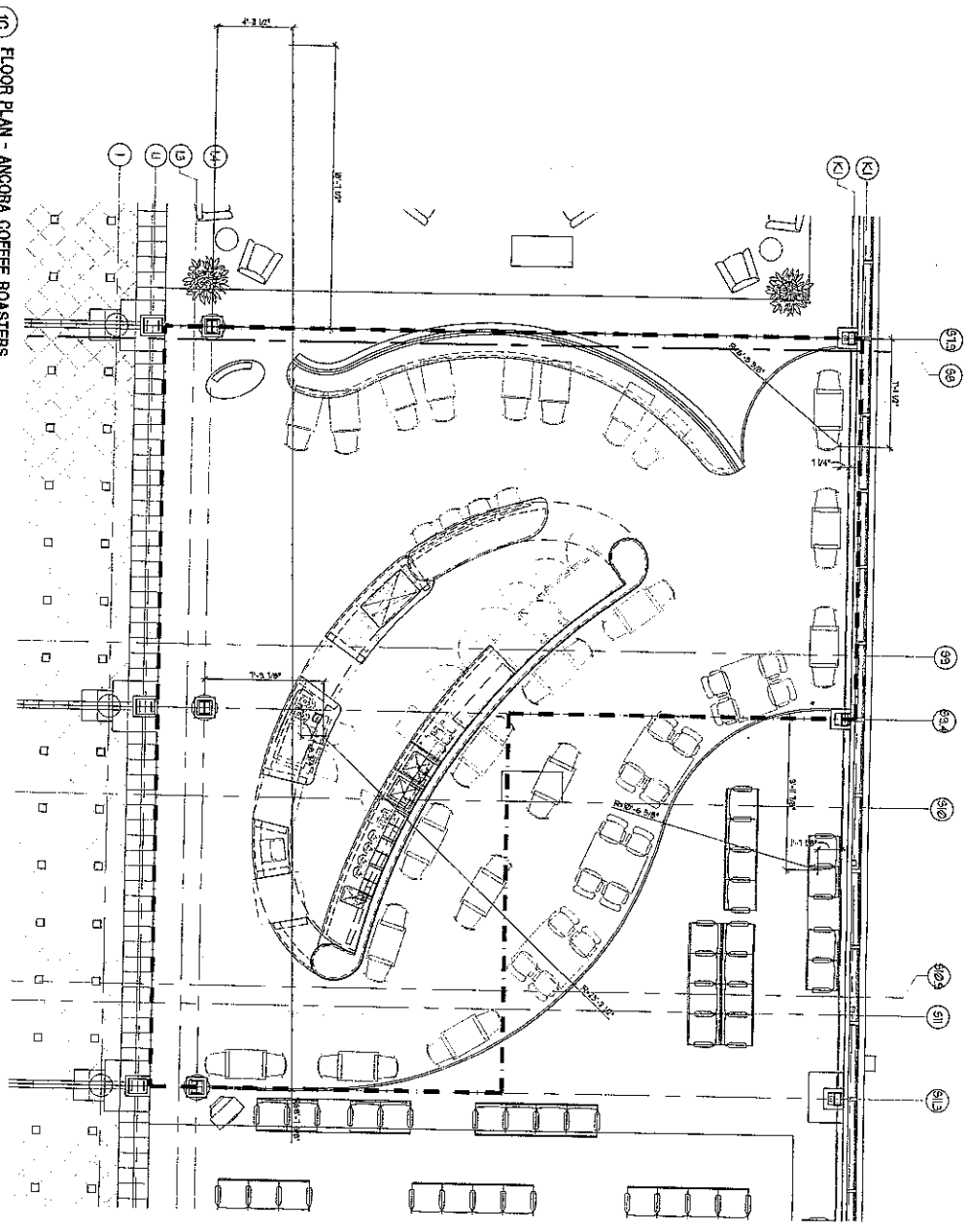
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40 KEY PLAN

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**(1C) FLOOR PLAN - ANCORA COFFEE ROASTERS**  
 1/4" = 1'-0"



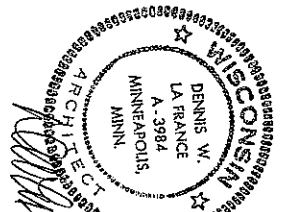
**101 FLOOR PLAN KEY NOTES**

1. FINE SPANDX GARDEN CURING - 1/4\"/>

**FLOOR PLAN GENERAL NOTES**

1. REFER TO SHEET 1401 FOR LIFE SAFETY PLAN.
2. REFER TO 101 SHEETS FOR FOOD SERVICE EQUIPMENT PLAN.
3. REFER TO SHEET 1401 FOR EXHAUSTION PLAN.
4. REFER TO SHEET 1401 FOR RISER PLAN.
5. REFER TO SHEET 1401 FOR COOR. DRAW. / PARTITION TYPES.
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Creative Host Services, Inc.  
 d/b/a Ancora Coffee Roasters  
 4000 International Lane  
 Madison, WI 53704



**(40) KEY PLAN**

