

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning Feb 20 09 ;
ending _____ 20 _____

Applicant's Wisconsin Seller's Permit Number: <u>004-000316472601</u>	
Federal Employer Identification Number (FEIN): <u>22-3573936</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Wholesale beer	\$
<input checked="" type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$
TOTAL FEE	\$

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 _____/limited liability companies give registered name): Xian B Huang

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			
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶			
Directors/Managers			

3 Trade Name ▶ Chin's Asia Fresh Business Phone Number 608-827-7721
4 Address of Premises ▶ 8414 Old Scenic Rd, Middleton Post Office & Zip Code ▶ Madison, 53562

- 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 Wisconsin and date 1/5/09 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

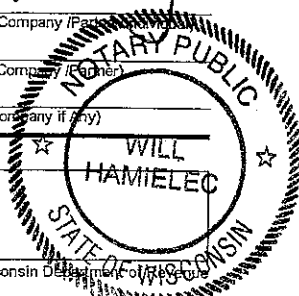
(NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)

- 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) See supplemental application
- 10 Legal description (omit if street address is given above): see lease agreement
- 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? TTT Management, Inc
- 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 5th day of January, 20 09
Will Hamelec
(Clerk/Notary Public)
My commission expires July 31, 2011

Xian B Huang
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)
Will Hamelec
(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 <u>1-6-09</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>84699, 84700</u>	

City of Madison Supplemental Class B License Application

<input checked="" type="checkbox"/> Seller's Permit Number <input checked="" type="checkbox"/> Federal Employer Identification Number <input checked="" type="checkbox"/> Notarized Original Application Form <input checked="" type="checkbox"/> Notarized Supplemental Form	<input checked="" type="checkbox"/> Description of Licensed Premise <input type="checkbox"/> *Notarized Appointment of Agent <input checked="" type="checkbox"/> Background Investigation Form(s) <input checked="" type="checkbox"/> Notarized Transfer of Ownership <input type="checkbox"/> *Articles of Incorporation	<input type="checkbox"/> Floor Plans <input type="checkbox"/> Lease <input type="checkbox"/> Sample Menu <input type="checkbox"/> Business Plan * Corporation/LLC only
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1. Name of Applicant/Partner/Corporation/LLC XIAN BIAO HUANG (I)

2. Address of Licensed Premise 8414 Old Sauk Road, Middleton, WI 53719

3. Telephone Number: 608-278-1818 4. Anticipated opening date: on Feb, 2009

5. Mailing address if not opening immediately 646 S. GAMMON Rd, MADISON, WI 53719

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: 11am - 9pm
Fresh Asian Food

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.**

8414 Old Sauk, Middleton, WI, 3000 square ft
dining area, kitchen, storage. Alcohol sell will be limited
to service at one of three cash register adjacent to dining
room. Alcohol storage will be limited to storage locker in the walk-in cooler. Capacity
seating of less 100 person. This isn't a bar at this location.

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. Front of the premise

13. Describe your management experience, staffing levels, duties and employee training.
10 years Restaurant experience, training employee position.

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.

Xian Biao Huang 57 Goldaukod Lane #3.
 Name Address

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

25 - 35 years

16. What age range would you hope to attract to your establishment? 21 and above

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

Soft drinks - food

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

19. Owner of building where establishment is located: Old Sauk, LLC

Address of Owner: 7941 Tree Lane, Madison, WI, 53719 Phone Number 608-833-8100

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

Xian B Huang
Name

57 Goldenrod Lane #3
Address

Name

Address

Name

Address

22. List the Stockholders of your Corporation/LLC

Xian B Huang
Name

Address

% of Ownership

Name

Address

% of Ownership

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? Asian

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

www.chins.com

26. During what hours of your operation do you plan to serve food? 11am - 9pm

27. What hours, if any, will food service not be available? same all the time
28. Indicate any other product/service offered. soft drink
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? 5-6
 During what hours do you anticipate they will be on duty? 11am-9pm
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? _____
 How many bartenders do you anticipate you would have working at one time on a busy night? _____
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? dinning, patio
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?
alcohol 8% food 91% other 1%
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? 3%
 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? 115

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	8 %
Gross Receipts from Food and Non-Alcoholic Beverages	91 %
Gross Receipts from Other	1 %
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.

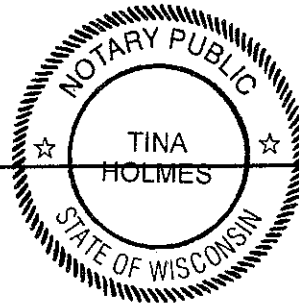
Subscribed and Sworn to before me:

this 5th day of January, 2009

Xian Biao Huan
(Officer of Corporation/Member of LLC/Partner/Individual)

Tina Holmes
(Clerk/Notary Public)

My commission expires 2/5/12



Transfer of Ownership

(letter to surrender previous license)

*To be filed with the City Clerk at the time a new application is submitted
for a change of ownership for any liquor and/or beer establishment*

The CLASS B, CLASS E license for the premise located at
Class of License
8414 DLOSADK RD will be relinquished upon the
Street Address
approval of the application and the issuance of the same type of license for the same
premises to XIAN BIAO HEANG.
License Applicant

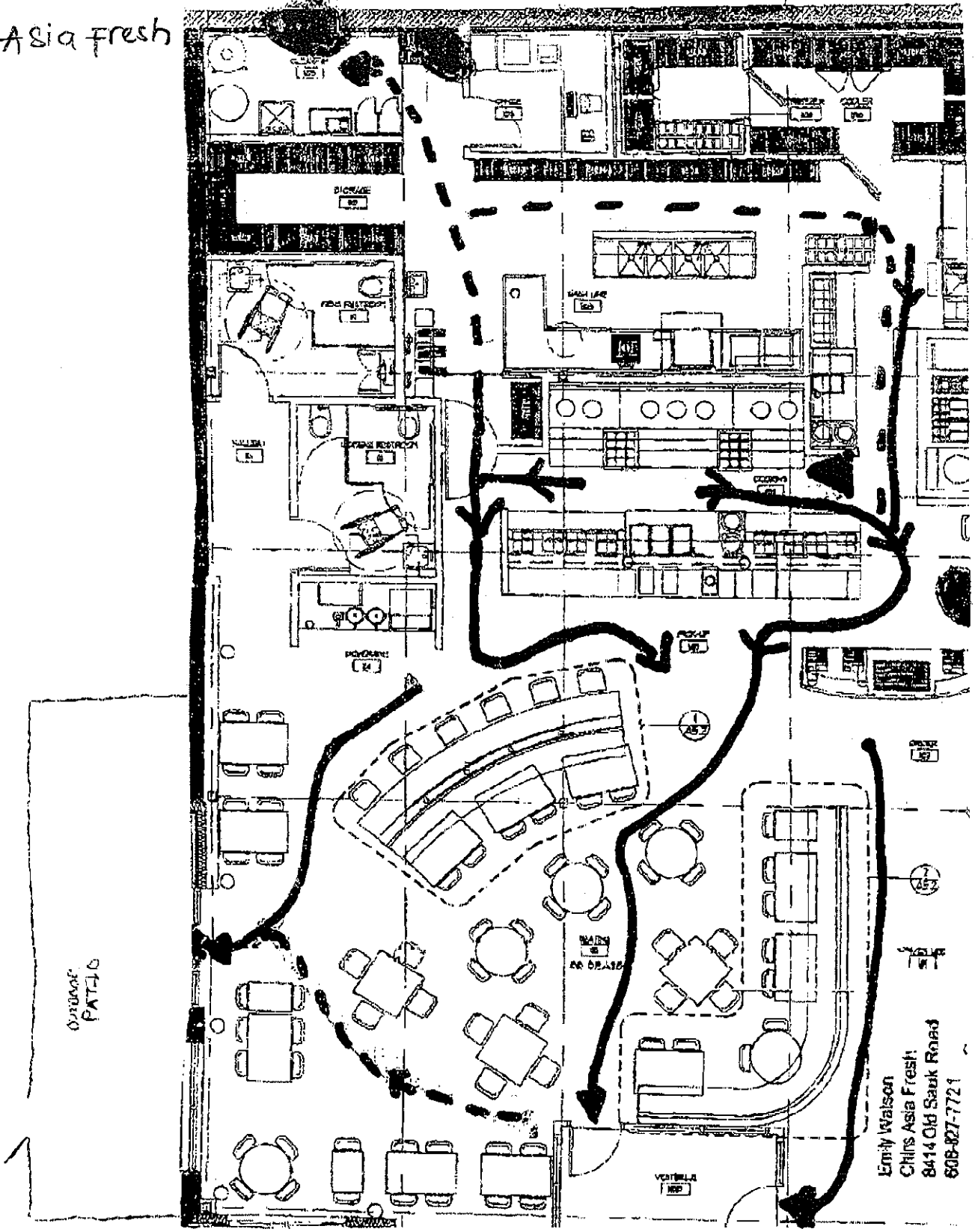
There have been no convictions for violations during the current license year, nor are
there any pending violations against the present licensee except as follows:

N/A

[Signature]
Signature of Present License Holder

11/5/09
Date

Jan 09 09 01:43p
Chin's Asia Fresh



OLD SAUK FLOOR PLAN

ATTN: RONDA

