

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning _____ 20 _____ ;
ending 0/30 20 09 ;

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

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

Applicant's Wisconsin Seller's Permit Number: <u>456 00020 70138-02</u>	
Federal Employer Identification Number (FEIN): <u>20-0831947</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>20-</u>
<input type="checkbox"/> Wholesale beer	\$
<input 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	\$ <u>20-</u>

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): ▶ Madison Ice, Incorporated

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	President	Dan O'Connell	2940 Maple Run Dr	Madison 53719
Vice President/Member	Vice President	Karla Hammer Carpenter	2113 Sheridan Dr	Madison 53704
Secretary/Member	Secretary	Greg Collins	2 E Mifflin Street	Madison 53703
Treasurer/Member	Treasurer	Jim Wartinbee	401 Charmany Dr	Madison 53719
Agent ▶		<u>ANDREA CHAFFEE</u>	<u>866 WOODROW ST</u>	<u>MADISON 53711</u>
Directors/Managers	Executive Director	Gary Shuchuk	5713 Lancashier Ct	Madison 53711

3. Trade Name ▶ Madison Ice, Inc Business Phone Number 608-204-7606
4. Address of Premises ▶ 1834 Commercial Ave Post Office & Zip Code ▶ Madison 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 _____ and date _____ 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)

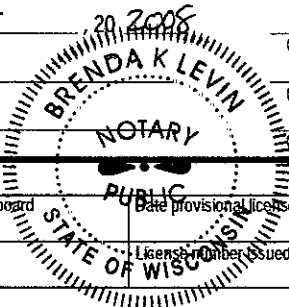
9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Beer will be stored + sold in "beer garden" area. See attachment
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 29 day of September
Brenda K Levm
(Clerk/Notary Public)

My commission expires 8-11-2011



Dan O'Connell
(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 <u>9/29/08</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>84065</u>	

City of Madison Supplemental Class B License Application

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

1. Name of Applicant/Partner/Corporation/LLC Madison Ice Incorporated
2. Address of Licensed Premise 1834 Commercial Ave, Madison WI 53704
3. Telephone Number: 608-204-7606 4. Anticipated opening date: late October / early November 2008
5. Mailing address if not opening immediately _____
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: Beer will be sold during adult hockey games, these games are typically Friday and Saturday nights 7:00 pm - 11:00 pm
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.**
Hartmeyer Ice Arena is a sports facility. Beer will be sold + stored in the gated + locked concession stands. Beer consumption will take place in concessions and seating stands. (See attached map). Building Capacity is
*All IDs will be checked, those of age will be given a wrist band to indicate drinking allowed.
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. Paved parking lot adjacent to building. Monitored by scheduled employees
13. Describe your management experience, staffing levels, duties and employee training.

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.
Andrea Chaffee 866 Woodrow St Madison WI
Name Address

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

hockey fans

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

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

promoting hockey games

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

19. Owner of building where establishment is located: Madison Ice Incorporated

Address of Owner: 725 Forward Dr Madison 53711 Phone Number 608-204-7606

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

<u>Dan O'Connell</u>	<u>2940 Maple Run Dr</u>	<u>Madison WI 53719</u>
<small>Name</small>	<small>Address</small>	
<u>Karla Hammer Carpenter</u>	<u>2113 Sheridan Dr</u>	<u>Madison WI 53704</u>
<small>Name</small>	<small>Address</small>	
<u>Jim Martinbee</u>	<u>401 Charmany Dr</u>	<u>Madison WI 53719</u>
<small>Name</small>	<small>Address</small>	

22. List the Stockholders of your Corporation/LLC

_____	_____	_____
<small>Name</small>	<small>Address</small>	<small>% of Ownership</small>
_____	_____	_____
<small>Name</small>	<small>Address</small>	<small>% of Ownership</small>
_____	_____	_____
<small>Name</small>	<small>Address</small>	<small>% of Ownership</small>

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

Other Please Explain. Non-profit organization

24 What type of food will you be serving, if any? Concessions

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 Hotdogs, brats, popcorn, pretzels, etc.
Concession foods

26 During what hours of your operation do you plan to serve food? 7:00 am - 11:00 pm

27. What hours, if any, will food service not be available? some weekday hours when there are no skating events
28. Indicate any other product/service offered. _____
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? _____
 During what hours do you anticipate they will be on duty? _____
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? 1
34. Will there be a kitchen facility separate from the bar? Yes No N/A
35. Will there be a separate and specific area for eating only? Yes No N/A
 If yes, what will be the seating capacity for that area? _____
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?
N/A
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? _____
 What percentage of your advertising budget do you anticipate will be drink related? _____
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? 500

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	5 %
Gross Receipts from Food and Non-Alcoholic Beverages	20 %
Gross Receipts from Other	75 %
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.

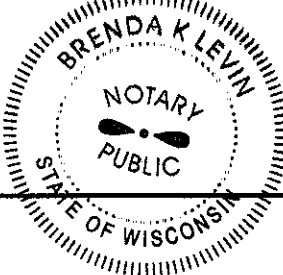
Read carefully before signing: Under penalty provided by law, the applicant states that the above information has been truthfully completed to the best of the knowledge of the signer. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), 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.

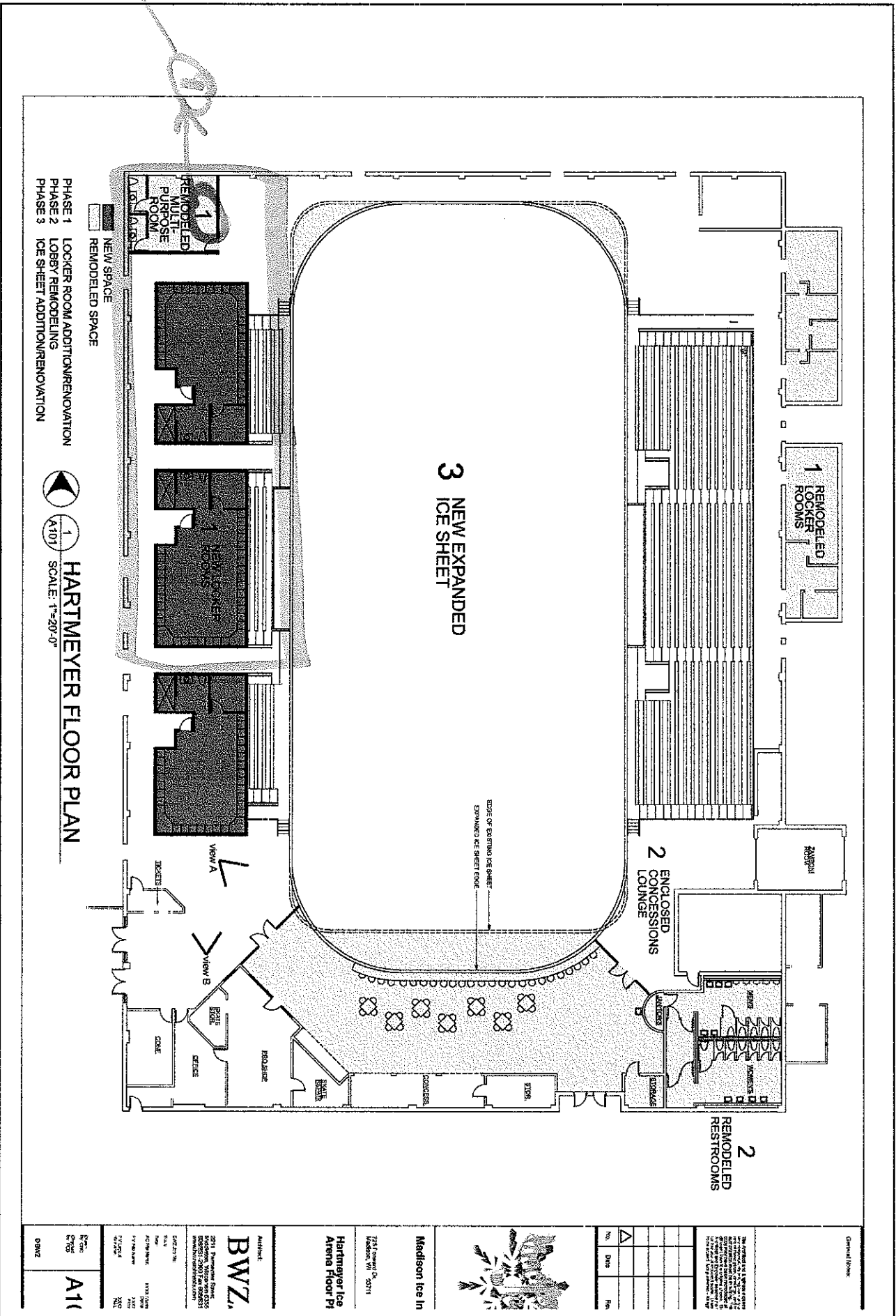
Subscribed and Sworn to before me:

this 29 day of September, 2008
Brenda K Levin
(Clerk/Notary Public)

My commission expires 8-14-2011



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




Appointment of New Liquor/Beer Agent

To be completed by Corporate Officer or Member of LLC

I, Daniel J. O'Connell, officer/member for Madison Ice Inc
(Corporation/LLC), doing business as Madison Ice Inc, authorize and appoint
Andrea Chaffee (Name) as the liquor/beer agent for the premise
located at 1834 Commercial Ave

Subscribed and sworn to before me this

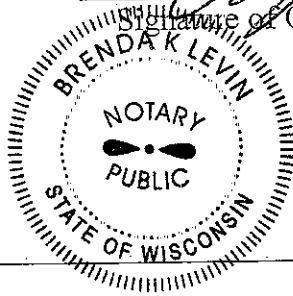
29 Day of September, 2008

Brenda K Levin

Notary Public, Dane County, Wisconsin

My Commission Expires 8-14-2011

[Signature]
Signature of Officer/Member



To be completed by appointed Liquor/Beer Agent

I, Andrea Chaffee, appointed liquor/beer agent for
Madison Ice Inc (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 _____ %.

Subscribed and sworn to before me this

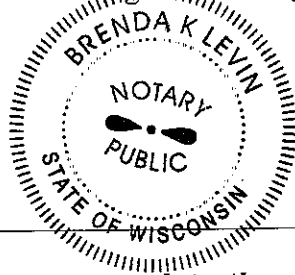
29 Day of September, 2008

Brenda K Levin

Notary Public, Dane County, Wisconsin

My Commission Expires 8-14-2011

[Signature]
Signature of Agent



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