

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning June 30 2009 ;
 ending June 30 2009 ;

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

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

Applicant's Wisconsin Seller's Permit Number: <u>456-0000564122</u> 03	
Federal Employer Identification Number (FEIN): <u>39-1989630</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	\$ 100.00
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$
TOTAL FEE	\$

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): HAEN, JEFFREY J - AGENT HAWKS LANDING GOLF CORP.

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>JEFFREY HAEN</u>	<u>30 TURNWOOD CIR</u>	<u>VERONA 53593</u>

Vice President/Member _____

Secretary/Member _____

Treasurer/Member _____

* Agent ▶ JEFFREY J. HAEN

Directors/Managers _____

3 Trade Name ▶ SUNSET GRILLE Business Phone Number 845-1550

4 Address of Premises ▶ 88 HAWKS LANDING CIRCLE Post Office & Zip Code ▶ VERONA 53593

- 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 11/2/00 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) 90 x 60 ONE LEVEL ENTIRE 18 HOLE GOLF COURSE

10 Legal description (omit if street address is given above): & PARKING

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? KLUBHOUSE

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 20th day of February, 2009
Julie M. Schuman
 (Clerk/Notary Public)
 My commission expires July 24, 2011

[Signature]
 (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>2-23-09</u>	Date reported to council/board <u>3-18-09</u>	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued <u>85055</u>	

City of Madison Supplemental Class B License Application

<input type="checkbox"/> Seller's Permit Number <input type="checkbox"/> Federal Employer Identification Number <input type="checkbox"/> Notarized Original Application Form <input type="checkbox"/> Notarized Supplemental Form	<input type="checkbox"/> Description of Licensed Premise <input type="checkbox"/> *Notarized Appointment of Agent <input type="checkbox"/> Background Investigation Form(s) <input 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
--	--	--

1. Name of Applicant/Partner/Corporation/LLC Hawks Landing Golf Corp
2. Address of Licensed Premise 88 Hawks Landing Cir, Verona, WI 53593
3. Telephone Number: 608-848-4295 4. Anticipated opening date: 2/16/09
5. Mailing address if not opening immediately PO Box 44129, Madison, WI 53744
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: RESTAURANT AND BAR WITH SEATING FOR 120 . HOURS FROM 9:00 AM - 9:00 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.**
THE OVERALL RESTAURANT IS 90' LONG AND 60' WIDE WITH A CENTRALIZED KITCHEN AND A 24' LONG BAR ADJACENT TO THE WEST WALL. THE OCCUPANCY OF THE SPACE IS 374 PEOPLE. THE CENTRALIZED KITCHEN AREA IS 50' x 30'. THE BAR HAS 18 STOOLS AND THE REMAINING DINING AREA HAS 16 TABLES WITH 2-5 CHAIRS EACH.
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. Visual walk around on a periodic basis GOLF COURSE ON APPENDIX D
13. Describe your management experience, staffing levels, duties and employee training
15 YRS MANAGEMENT, 25-35 STAFF, SERVING CUSTOMERS, TRAINING - 15 HRS
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.
Jeff Haen 30 Turnwood Cir Verona WI 53593
 Name Address

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

RESIDENTS WITHIN 3 MILE RADIUS

16 What age range would you hope to attract to your establishment? 1 YR - 100 YRS

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

ON-LINE, GRASS ROOTS, IN-HOUSE / FOOD, SPECIAL EVENTS

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

19 Owner of building where establishment is located: Jeff Haen

Address of Owner: _____ Phone Number _____

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

Jeff Haen 30 Turnwood Cir Verona WI 53593

Name Address

Name Address

Name Address

22. List the Stockholders of your Corporation/LLC

Jeff Haen 30 TURNWOOD CIR VERONA, WI 53593 100%

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? _____

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? 11:00 AM - 9:00 PM M-SA
9:00 AM - 9:00 PM SUN

27. What hours, if any, will food service not be available? NONE
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? 10
During what hours do you anticipate they will be on duty? 10:00 AM - 9:00 PM
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? 20
How many bartenders do you anticipate you would have working at one time on a busy night? 2
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? 110
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?
85%
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? 100%
What percentage of your advertising budget do you anticipate will be drink related? 0%
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? 375

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	40 %
Gross Receipts from Food and Non-Alcoholic Beverages	60 %
Gross Receipts from Other	0 %
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.

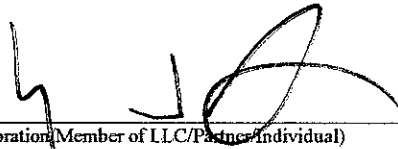
Read carefully before signing: Under penalty provided by law, the applicant states that the above information has been truthfully completed to the best of the knowledge of the signer. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), 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 6th day of February, 2009

Jill M. Schuman
(Clerk/Notary Public)

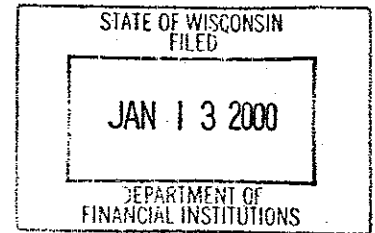
My commission expires July 24, 2011


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

RECEIVED - DEPT OF
FINANCIAL INSTITUTIONS
STATE OF WISCONSIN

00 JAN 12 AM 11:37

ARTICLES OF INCORPORATION
OF
HAWKS LANDING GOLF CORP.



The undersigned, being a natural person of the age of eighteen (18) years or more, acting as incorporator of the corporation under Chapter 180 of the Wisconsin Business Corporation Law, adopts the following Articles of Incorporation for such corporation:

ARTICLE I

The name of the corporation is Hawks Landing Golf Corp.

ARTICLE II

The aggregate number of shares which the corporation shall have authority to issue is Nine Thousand (9,000) consisting of one class only of common stock with a par value of \$0.01 per share.

ARTICLE III

The name and address of the initial registered agent and registered office of the corporation are Jeffrey J. Haen, 342 Junction Road, Madison, Wisconsin 53717.

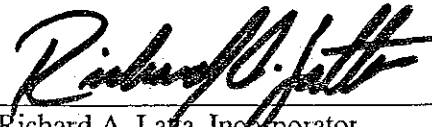
ARTICLE IV

The number of directors constituting the Board of Directors of the corporation shall be fixed by or in the manner provided by the by-laws.

ARTICLE V

The name and address of the incorporator are Richard A. Latta, Michael Best & Friedrich, LLP, One South Pinckney Street, P.O. Box 1806, Madison, Wisconsin 53701-1806.

Dated at Madison, Wisconsin this 11 day of January, 2000.


Richard A. Latta, Incorporator

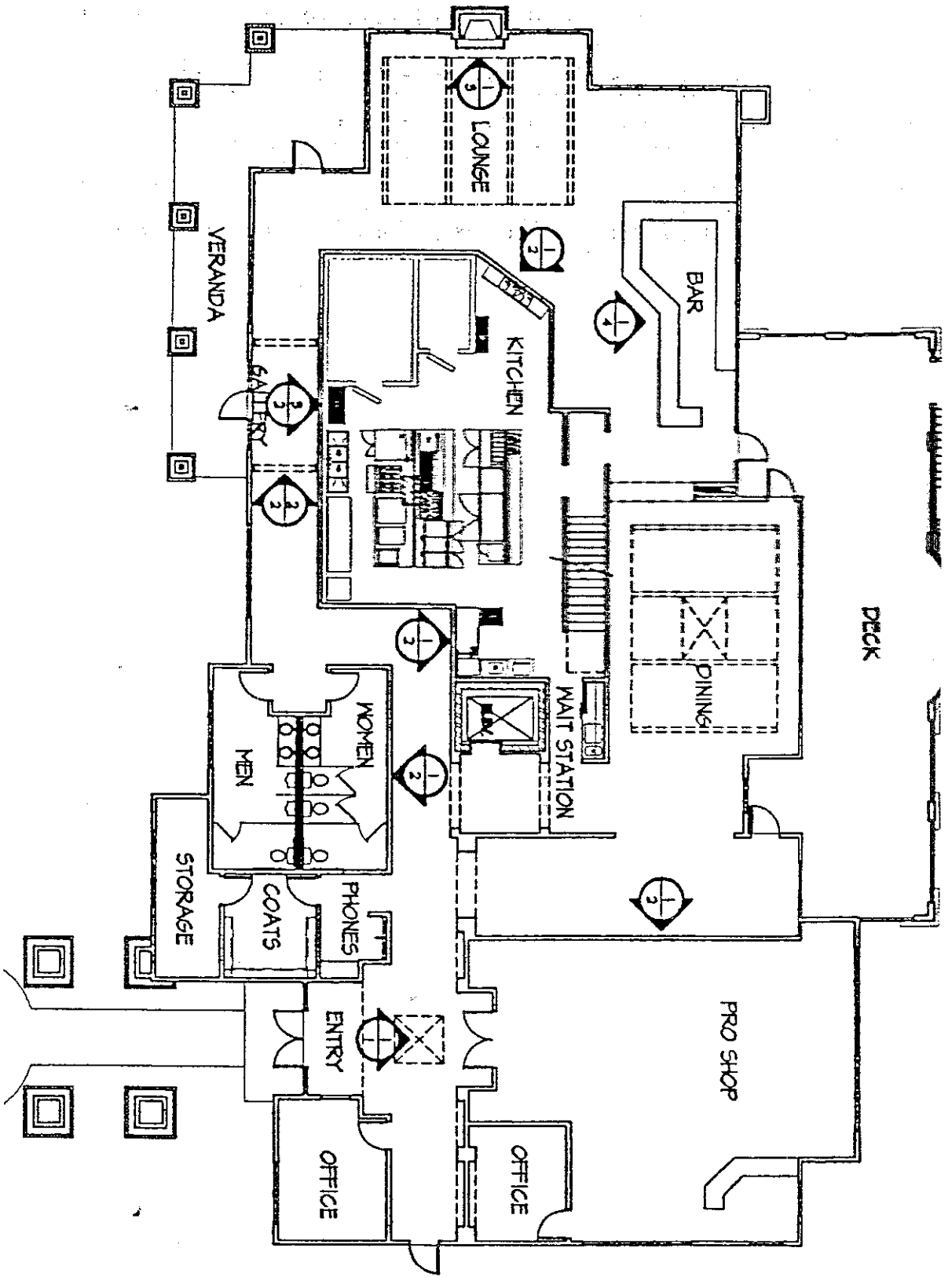
This instrument was drafted by and is returnable to:

Richard A. Latta
Michael Best & Friedrich, LLP
One South Pinckney Street
P.O. Box 1806
Madison, Wisconsin 53701-1806
608/257-3501

E:\xfclient\43208\0034\K2R4752.DOC\11/00

WI - DFI CORP
FILE ID# ➔

H 32448



FIRST FLOOR PLAN

1/6" = 1'-0"

