

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning _____ 20____ ;
 ending _____ 20____

TO THE GOVERNING BODY of the: Town of }
 Village of } Madison
 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): Rishi 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>President</u>	<u>Natwarlal Patel</u>	<u>26 Goldenrod Lane, Madison, WI</u>	<u>53719</u>
Vice President/Member	<u>Vice President</u>	<u>Ashokkuar Patel</u>	<u>26 Goldenrod Lane, Madison, WI</u>	<u>53719</u>
Secretary/Member	_____	_____	_____	_____
Treasurer/Member	_____	_____	_____	_____
Agent	_____	<u>Natwarlal Patel</u>	_____	_____
Directors/Managers	_____	_____	_____	_____

3. Trade Name Swagat Indian Groceries Business Phone Number 608-831-4642
 4. Address of Premises 6717 Odana Rd Post Office & Zip Code Madison, WI 53719

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.) See attached floor plan.

10. Legal description (omit if street address is given above): _____

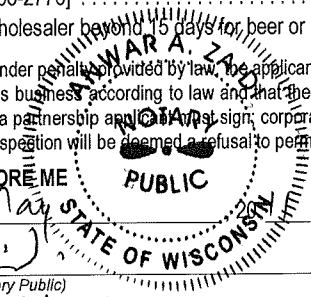
11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No
 (b) If yes, under what name was license issued? Chetan LLC

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

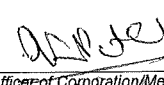
13. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in Section 2, above? [phone (608) 266-2776] Yes No

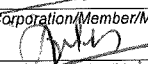
14. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

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 and each partner 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 2nd day of May, 2014


 (Clerk/Notary Public)



 (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)

My commission expires 05/25/2014

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5-6-14</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

A-19-CLEAR
P-113

22514

City of Madison Supplemental Class A License Application

<input checked="" 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"/> Description of Licensed Premise <input checked="" type="checkbox"/> *Notarized Appointment of Agent <input checked="" type="checkbox"/> Background Investigation Form(s) <input checked="" type="checkbox"/> Notarized Transfer of Ownership <input checked="" type="checkbox"/> *Articles of Incorporation	<input checked="" type="checkbox"/> Floor Plans <input checked="" 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 Rishi Corp.

2. Address of Licensed Premise 6717 Odana Rd.

3. Telephone Number: 608-831-4642 4. Anticipated opening date: 07/01/2011

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. What type of establishment is contemplated? Liquor Store Grocery Store
 Convenience Store – Gas Pumps Yes No Other—Explain _____

9. Business Description: Swagat Indian Groceries specializes in authentic North and South Indian groceries and food items.

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.**

See attached lease agreement.

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. The parking lot consists of
about 30 spaces in front and the side. Other tenants use the parking acc. to their needs.

13. Describe your management experience, staffing levels, duties and employee training.

The agent has been previously employed by the previous owner and he has experience in
retail sales, etc.

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.

Natwarlal Patel

26 Goldenrod Lane, Madison, WI 53719

Name

Address

15. Utilizing your market research, who would you project your target market to be?
Consumer looking to purchase authentic Indian groceries, and food products

16. Describe how you plan to advertise/promote your business. What products will you be advertising?
local newspapers, etc.

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

18. Owner of building where establishment is located: Duan Hendrickson
Address of Owner: 520 University Ave. Madison, WI 53703 Phone Number _____

19. 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

20. List the Directors of your Corporation/LLC

Natwarlal Patel 26 Goldenrod Lane, Madison, WI 53719

Name Address

Ashok Kumar Patel 26 Goldenrod Lane, Madison, WI 53719

Name Address

Name Address

21. List the Stockholders of your Corporation/LLC

Natwarlal Patel 26 Goldenrod Lane, Madison, WI 53719

Name Address

% of Ownership

Ashok Kumar Natwarlal Patel 26 Goldenrod Lane, Madison, WI 53719

Name Address

% of Ownership

Name Address

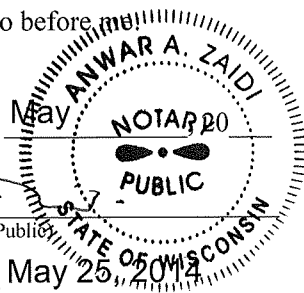
% of Ownership

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 2 day of May

[Signature]
(Clerk/Notary Public)



[Signature]

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

My commission expires May 25, 2014

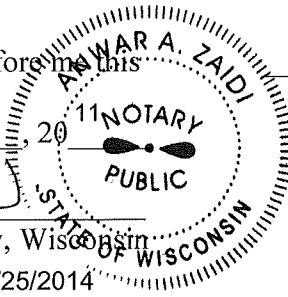
Appointment of New Liquor/Beer Agent

To be completed by Corporate Officer or Member of LLC

I, Ashokkumar Patel, officer/member for Rishi Corp.
(Corporation/LLC), doing business as Swagat Indian Groceries, authorize and appoint
Natwarlal Patel (Name) as the liquor/beer agent for the premise
located at 6717 Odana Rd, Madison, WI 53719.

Subscribed and sworn to before me this

2 Day of May, 2011



[Signature]
Signature of Officer/Member

[Signature]
Notary Public, Dane County, Wisconsin

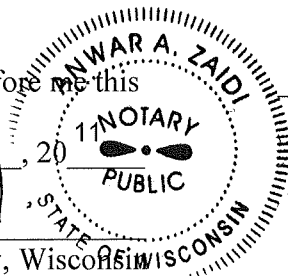
My Commission Expires 05/25/2014

To be completed by appointed Liquor/Beer Agent

I, Natwarlal Patel, appointed **liquor/beer agent** for
Rishi Corp. (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 50 %.

Subscribed and sworn to before me this

2 Day of May, 2011



[Signature]
Signature of Agent

[Signature]
Notary Public, Dane County, Wisconsin

My Commission Expires 05/25/2014

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

WISCONSIN

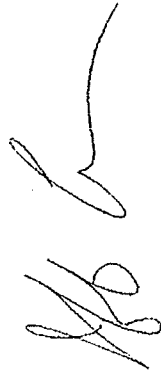
SELLER / SERVER CERTIFICATION

Trainee Name: Ashokkumar Patel

Date of Completion: 04/14/2011 11:08 CST

School Name: Learn2Serve

Certification #: WI 1535485

I, 

certify that the above named person successfully completed an approved Learn2Serve Seller/Server course.

COMPLIES WITH WISCONSIN STATUTES 125.04, 125.17, 134.66

Corporate Headquarters

13801 N. Mopac, Suite 100

Austin, Texas 78727

P: 800-442-1149

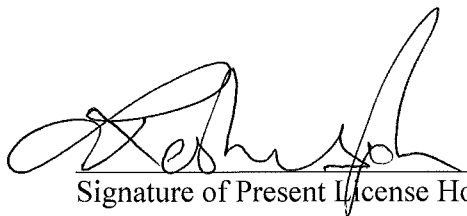
Transfer of Ownership

(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 _____ license for the premise located at
Class of License
6717 Odana Rd. Madison WI 53719 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 Rishi Corp.
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:


Signature of Present License Holder

5/3/11
Date

Payment of Taxes on Liquor/Beer License Transfer

I, Natwarlal Patel, President, applicant for
Name Title
a liquor and/or beer license for the premise located at 6717 Odana Rd. Madison, WI 53719, have
Address
read the provisions in the attached copy of Madison General Ordinance Section 9.01, and understand
that payment of all personal property taxes, special assessments, room taxes, forfeitures and judgments
must be paid before the Office of the City Clerk can issue said license.



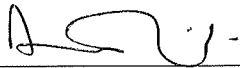
Signature of Applicant

05/02/2011

Date

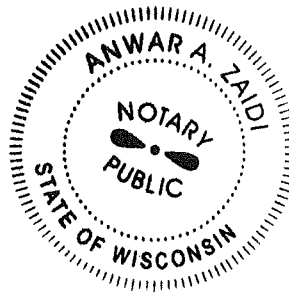
Subscribed and sworn to before me this

2 day of May, 2011



Notary Public, Dane County, State of Wisconsin

My Commission Expires May 25, 2014



ASSIGNMENT OF LEASE

The attached lease between Duane Hendrickson, Realtor, and Resham Signh d/b/a Swagat Grocery Store, is hereby assigned to Natwarlal Patel, Rishi Corp.

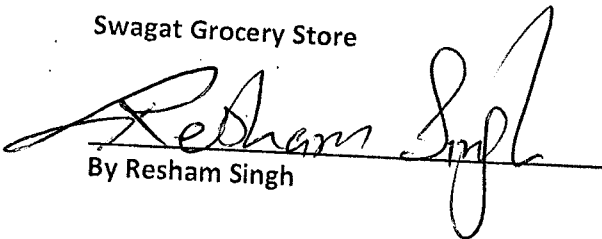
Premise: 6717 Odana Rd. #1, Madison, WI 53719

Original lease term: 11/1/10 through 10/31/11.

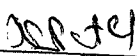
Assignment term: 4/1/11 through ~~10~~31/11

This agreement executed at Madison, Wisconsin this 4 day of April, 2011.

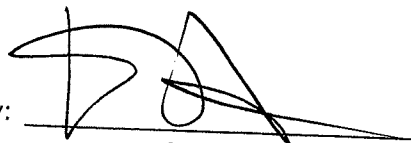
Swagat Grocery Store

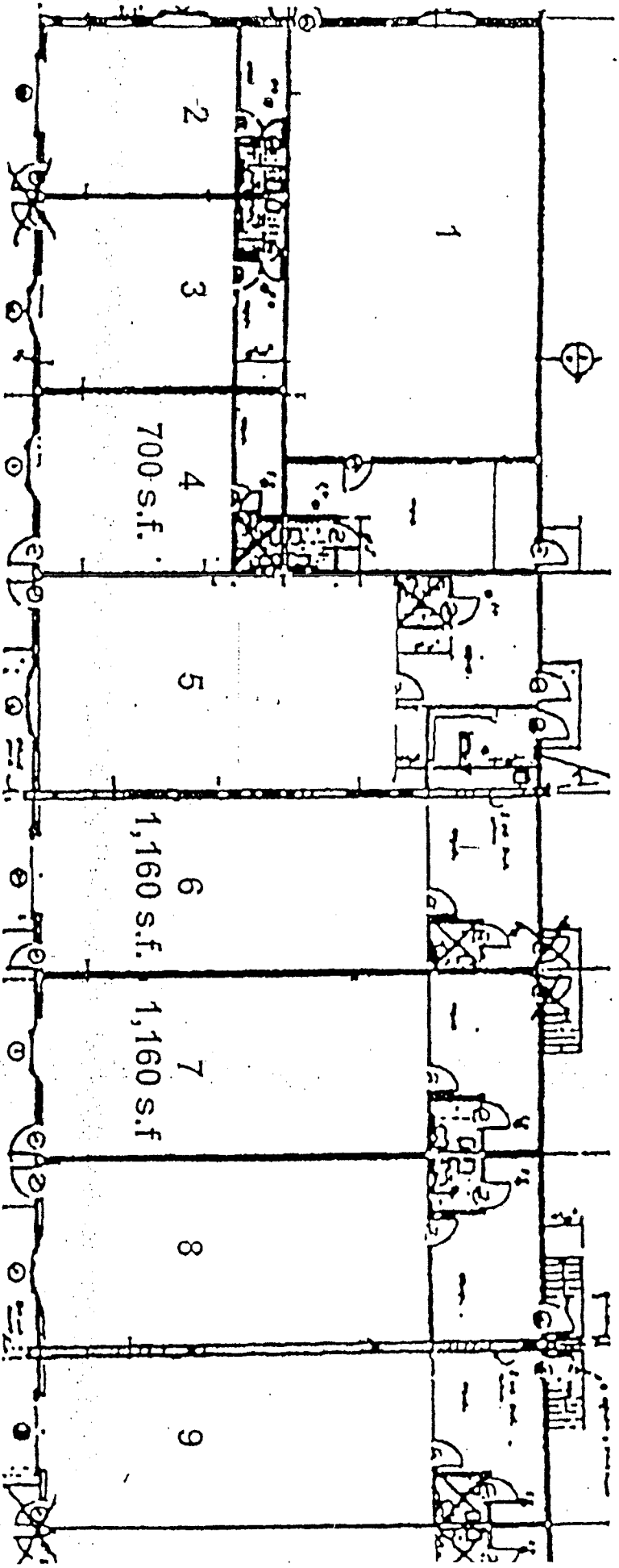

By Resham Singh

Rishi Corp.

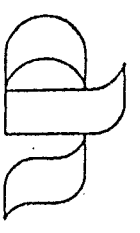

By: Natwarlal Patel

Landlord: Duane Hendrickson, Realtor


By: Duane Hendrickson



ODANA PARK
 6717 Odana Road
 Madison, WI 53719



Duane Hendrickson Realtor

Specializing in commercial and investment properties

Gilman Plaza, 520 University Avenue

Sec. 180.0202
Wis. Stats.



State of Wisconsin
Department of Financial Institutions

ARTICLES OF INCORPORATION - STOCK FOR-PROFIT CORPORATION

Executed by the undersigned for the purpose of forming a Wisconsin Stock For-Profit Corporation under Chapter 180 of the Wisconsin Statutes:

Article 1. **Name of the corporation:**

Rishi Corp.

Article 2. **The corporation is organized under Ch. 180 of the Wisconsin Statutes.**

Article 3. **Name of the initial registered agent:**

Natwarlal Patel

Article 4. **Street address of the initial registered office:**

6717 Odana Rd
Madison, WI 53719
United States of America

Article 5. **Number of shares of stock the corporation shall be authorized to issue:**

Number of Shares Authorized: 9,000
Class: Common

Article 6. **Name and complete address of each incorporator:**

Natwarlal Patel
26 Golden rod Lane
Madison, WI 53719
United States of America

Ashokkumar Patel
26 Golden Rod Lane
Madison, WI 53719
United States of America

EFFECTIVE DATE	
3/31/2011	

FILED 4/6/2011	
	Entity ID Number R054645

Other provisions (optional). (No other provisions declared.)

Other Information.

This document was drafted by:

Anwar A. Zaidi

Incorporator signature:

Natwarlal Patel

Ashokkumar Patel

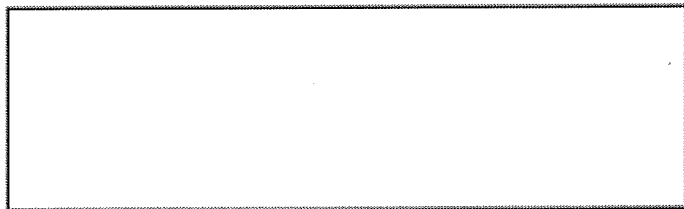
Date & Time of Receipt:

3/31/2011 12:57:03 PM

Credit Card Transaction Number:

201103312558708

ARTICLES OF INCORPORATION - Wisconsin Stock For-Profit Corporation (Ch. 180)



Filing Fee: \$100.00
Total Fee: \$100.00

ENDORSEMENT

**State of Wisconsin
Department of Financial Institutions**



DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 03-31-2011

Employer Identification Number:
45-1290623

Form: SS-4

Number of this notice: CP 575 A

RISHI CORP
SWAGAT INDIAN GROCERIES
6717 ODANA RD
MADISON, WI 53719

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 45-1290623. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 940	01/31/2012
Form 944	01/31/2012
Form 1120	03/15/2012

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

IMPORTANT INFORMATION FOR S CORPORATION ELECTION:

If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, *Election by a Small Business Corporation*.

