

APPLICATION FOR TRANSFER OF LICENSES FOR SALE OF FERMENTED MALT BEVERAGES
AND/OR INTOXICATING LIQUOR FROM ONE PREMISES TO ANOTHER

ANY QUESTIONS
609-628-2416

MADISON, Wisconsin
4-23, 2009

To the governing body of the (City) (Village) (Town) of MADISON
County of DANE Wisconsin.

The undersigned hereby applies for a transfer of Class B license from 15 N. BUTLER ST
MADISON, WI (present location) to 558 N. MIDVALE BLVD., MADISON (proposed location) 53705
on or about AUG. 1st 2009 (date)

1. APPLICANT: (print name and address plainly)

- (a) Full name of applicant VINCENT PUGLIESE
- (b) Address 3667 SEQUOIA TRAIL VERONA WI 53593

2. LOCATION AND DESCRIPTION OF PREMISES TO WHICH APPLICATION FOR TRANSFER IS MADE:
Describe building or buildings where alcohol beverages are to be sold, served and stored.

- (a) Street number 558 N. MIDVALE BLVD (HILLDALE MALL)
- (b) Trade name of establishment CAFE PORTA ALBA
- (c) Physical description of building, buildings and/or land area comprising licensed premises.

HILLDALE MALL - RETAIL SPACE WITH DINING AREA FOR 55
people kitchen, STORAGE.

(d) Legal description (omit if street address is given above) _____

(e) Is any other business conducted on same premises? Yes No If so, what? _____

(f) Was this location licensed for beer or liquor during the past year? Yes No

(g) Give name and address of previous licensee. CAFE PORTA ALBA LLC
15 N BUTLER ST
MADISON 53703

(h) Will the previous licensee surrender its license? Yes No

ALL APPLICANTS FOR TRANSFER OF CLASS B LICENSES MUST ANSWER THE FOLLOWING:

3. If granted, state any interest, directly or indirectly, that any brewer, bottler, wholesaler, manufacturer, or rectifier will hold in the premises for which you are applying N/A

4. If you do not own the fixtures, state the manner, terms and conditions under which said fixtures are held
N/A

[Signature]
(Signature)

State of Wisconsin }
County of } ss.

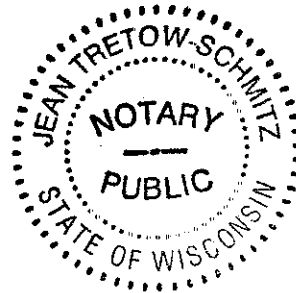
(I) (We), Jean Tretow-Schmitz and _____
being first duly sworn on oath says that (he) (she) is (they are) the person(s) above named and that the answers to the questions in each instance are complete and true.

[Signature]
Jean Tretow-Schmitz

Subscribed and sworn to before me this
23rd day of April, 20 09

Notary Public, Dane County, Wis.

My Commission Expires 9-23-2012



CLASS OF BUSINESS

Name	_____
Original Location	_____
Ward	_____
Proposed Location	_____
Ward	_____
License No.	_____
Treasurer's Receipt No.	_____
Filed	_____
Submitted to Council or Board	_____
Approved	_____ Date _____
Denied	_____ Date _____

City of Madison Supplemental Class B License Application

<input type="checkbox"/> Seller's Permit Number <input type="checkbox"/> Federal Employer Identification # <input type="checkbox"/> Notarized Original Application Form <input type="checkbox"/> Notarized Supplemental Form <input type="checkbox"/> Orange Sign (Clerk's Office provides at time of application)	<input type="checkbox"/> Written Description of Premise <input type="checkbox"/> Background Investigation Form(s) <input type="checkbox"/> Notarized Transfer of Ownership <input type="checkbox"/> *Articles of Incorporation <input type="checkbox"/> *Notarized Appointment of Agent * Corporation/LLC only	<input type="checkbox"/> Floor Plans <input type="checkbox"/> Lease <input type="checkbox"/> Sample Menu <input type="checkbox"/> Business Plan
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1. Name of Applicant/Partner/Corporation/LLC CAFE PORTA ALBA LLC
 2. Address of Licensed Premise 558 N. MIDVALE BLVD
 3. Telephone Number: _____ 4. Anticipated opening date: 9/1/09
 5. Mailing address if not opening immediately 3667 SEQUOIA TR., VERONA 53593

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: ITALIAN RESTAURANT AND PIZZERIA OPEN 7 DAYS / WEEK 11AM - 10PM

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.**

1800 sq. ft. Approximately 60 SEATS
THERE WILL BE NO ACTUAL BAR, ONLY A COUNTER BEHIND WHICH ALCOHOL BEVERAGES WILL BE STORED

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. PARKING LOT IS PROVIDED BY THE HILLDALE MALL

13. Describe your management experience, staffing levels, duties and employee training
I AM THE OWNER/MGR. OF CAFE PORTA ALBA, IT IS A CONTINUATION OF THE RESTAURANT AT 15 BUTLER ST. (3 YEARS)

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.
VINCENT PUGLIESE 3667 SEQUOIA TR. VERONA WI 53593
 Name Address

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

UPPER MIDDLE SEGMENT INCOME

16. What age range would you hope to attract to your establishment? 5 to 80 years old

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

WORD OF MOUTH, ADS IN PRESS, PRODUCT: ITALIAN FOOD

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

19. Owner of building where establishment is located: JOSEPH FREED & ASSOCIATES

Address of Owner: 33 S. STATE ST. CHICAGO IL 60603 Phone Number 312 675 5500

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

VINCENT PUGLIESE 3667 SEQUOIA TRAIL VERONA WI 53593
Name Address

STEPHANIE PUGLIESE SAME AS ABOVE
Name Address

Name Address

22. List the Stockholders of your Corporation/LLC

VINCENT PUGLIESE 50
Name Address % of Ownership

STEPHANIE PUGLIESE 50
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 AM - 10 PM

27. What hours, if any, will food service not be available? _____
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? 6
During what hours do you anticipate they will be on duty? 11 AM to 10 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? _____
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
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? 60
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?
80%
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? 90%
What percentage of your advertising budget do you anticipate will be drink related? 10%
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? 60

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	20 %
Gross Receipts from Food and Non-Alcoholic Beverages	80 %
Gross Receipts from Other	%
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

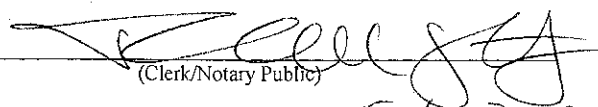
Read carefully before signing: Under penalty provided by law, the applicant states that the above information has been truthfully completed to the best of the knowledge of the signer. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), 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 23 day of APRIL, 2009



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



(Clerk/Notary Public)

My commission expires 5-6-2012