	#350aco
Mad Mad	City of Madison Liquor/Beer License Application On-Premises Consumption: Class B Beer Class B Liquor Class C Wine Off-Premises Consumption: Class A Beer Class A Liquor
Sec 1.	If needed, a qualified interpreter can be provided at no charge to you. Would you like an interpreter? Yes (language:) No (If you answer no and you do require an interpreter, the ALRC will refer your application to a subsequent meeting and this mage delay your application process) Si usted requiere o necesita un/a intérprete, nosotros podemos proveer un/a intérprete sin costo alguno. ¿Le gustaría tener un/a intérprete?
	☐ Sí, lenguaje☐ No. Si usted escoge "no" en la solicitud/aplicación, y usted sí requiere un/a intérprete, el comité remitirá su solicitud para una nueva junta y esto puede atrasar el proceso de su solicitud.
2.	This application is for the license period ending June 30, 20
3.	List the name of your ☐ Sole Proprietor, ☐ Partnership, ☐ Corporation/Nonprofit Organization of ☐ Limited Liability Company exactly as it appears on your State Seller's Permit.
	New Scoul, Inc.
4.	Trade Name (doing business as) New Scowl Korean Restaurant
5.	Address to be licensed 721 N High Point Rd.
6.	Address to be licensed 721 N High Point Rd. Mailing address 721 N High Point Rd.
7.	Anticipated opening date 09/05/2014
8.	Is the applicant an employee or agent of, or acting of behalf of anyone except the applicant named in question 2? ☑ No ☐ Yes (explain)
9.	Does another alcohol beverage licensee or wholesale permitee have interest in this business?
	✓ No ☐ Yes (explain)
Sec	ction B—Premises
10.	Include all rooms including living quarters, if used, and any outdoor seating used for the sales, service, and/or storage of alcohol beverages and records. Alcohol beverages may be sold and stored only on the premises as approved by Common Council and described on license.
	Entire diving ages about 800 39. At. Alcohol waill be stored in the coolers located in
	- recurrence output

the Kitchin.

11.	Attach a floor plan, no larger than 8 ½ by 14, showing the space described above.		
12.	Applicants for on-premises consumption: list estimated capacity 40 people		
13.	Describe existing parking and how parking lot is to be monitored.		
	Parking Lot in the front with over 100 spots -		
14.	Was this premises licensed for the sale of liquor or beer during the past license year?		
	☑ No ☐ Yes, license issued to (name of licensee)		
15.	☑ Attach copy of lease.		
This	ction C—Corporate Information section applies to corporations, nonprofit organizations, and Limited Liability Companies only. seproprietorships and partnerships, skip to Section D.		
16.	Name of liquor license agent Chae Yorg Lim		
	City, state in which agent resides Madison, WI		
18.	How long has the agent continuously resided in the State of Wisconsin?		
19.	Appointment of agent form and background check form are attached.		
20.	Has the liquor license agent completed the responsible beverage server training course?		
	□ No, but will complete prior to ALRC meeting □ Yes, date completed <u>07/25/2014</u>		
21.	State and date of registration of corporation, nonprofit organization, or LLC.		
	06/10/2014		
22.	In the table below list the directors of your corporation or the members of your LLC. Attach background check forms for each director/member.		
	Title Name City and State of Residence		
	President Char Your Lim Madison WI Jung Sum & Ju Madison WI		
	Jung Sum & Jo Madison WI		
23.	Registered agent for your corporation or LLC. This is your agent for service of process, notice or demand required or permitted by law to be served on the corporation. This is not necessarily the same as your liquor agent.		
	Chae Yong Lim		

24.	Is applicant a subsidiary of any other corporation or LLC?		
•	No □ Yes (explain)		
25.	Does the corporation, any officer, any director, any stockholder, liquor agent, LLC, any member, or any manager hold any interest in any other alcohol beverage license or permit in Wisconsin?		
	No □ Yes (explain)		
	tion D—Business Plan What type of establishment is contemplated? □ Tavern □ Nightclub ☑ Restaurant □ Liquor Store □ Grocery Store		
	☐ Convenience Store without gas pumps ☐ Convenience Store with gas pumps		
	□ Other		
27.	Business description Family restaurant Serving Korean		
28.	Hours of operation 11:00 am - 2:30p & 5:00p - 10:00pm		
	New Searl Korean Restaurant as manager,		
	- CAO JEGAN MOREON MESTANOS MARIENTA		
30.	List names of managers below, along with city and state of residence.		
	Jung Jo Sun Madison WI		
31.	Describe staffing levels and staff duties at the proposed establishment		
	2 Kitchen Helpers with I chef in the Kitchen.		
	a waitstaff in the dining area.		
	- white the state of the state of		
32.	Describe your employee training AU EMPLOYEES WID DE MAINLA		
	Describe your employee training All employees will be trained for 2 weeks prior to start their employment.		

33.	Utilizing your market research, describe your target market.
	Families, professionals and as business people who enjoy
	Families, professionals and arbusiness people who enjoy ethnic korean cuisine
34.	Describe how you plan to advertise and promote your business. What products will you be advertising?
	Newspaper, local magazines & compons.
35.	Are you operating under a lease or franchise agreement? ☑ No ☐ Yes
36.	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? ✓ No □ Yes
This	ction E—Consumption on Premises s section applies to Class B and Class C applicants only. Class A license applicants (consumption premises) may skip to Section F.
37.	Do you plan to have live entertainment? ☑ No ☐ Yes—what kind?
38.	What age range do you hope to attract to your establishment? 25-45
39.	What type of food will you be serving, if any? <u>Kovcan Food</u> . ☐ Breakfast ☐ Brunch ☑ Lunch ☑ Dinner
40.	Submit a sample menu if applicable. What will be included on your operational menu? ☐ Appetizers ☐ Salads ☐ Soups ☐ Sandwiches ☐ Entrees ☐ Desserts ☐ Pizza ☐ Full Dinners
41.	During what hours of operation do you plan to serve food? 11:00a - 2,3op; Sp-10p.
42.	What hours, if any, will food service not be available? $2:30p-5p$
43.	Indicate any other product/service offered. Nonc
44.	Will your establishment have a kitchen manager? □ No □ Yes
45.	Will you have a kitchen support staff? □ No ☑ Yes
46.	How many wait staff do you anticipate will be employed at your establishment?
	During what hours do you anticipate they will be on duty? 10:80a - 11p
47.	Do you plan to have hosts or hostesses seating customers? ☐ No Yes

48.	Do your plans call for a full-service bar? □ No □ Yes If yes, how many barstools do you anticipate having at your bar? How many bartenders do you anticipate having work at one time on a busy night?
49.	Will there be a kitchen facility separate from the bar? ☐ No ☐ Yes No bay
50.	Will there be a separate and specific area for eating only?
	□ No ゼ Yes, capacity of that area
51.	What type of cooking equipment will you have? ☑ Stove ☑ Oven ☑ Fryers ☑ Grill ☑ Microwave
52.	Will you have a walk-in cooler and/or freezer dedicated solely to the storage of food products? □ No ☑ Yes
53.	What percentage of payroll do you anticipate devoting to food operation salaries? 50
54.	If your business plan includes an advertising budget:
	What percentage of your advertising budget do you anticipate will be related to food? _/o□
	What percentage of your advertising budget do you anticipate will be drink related?
55.	Are you currently, or do you plan to become, a member of the Madison—Dane County Tavern League or the Tavern League of Wisconsin? ☑ No ☐ Yes
56.	Are you currently, or do you plan to become, a member of the Wisconsin Restaurant Association or the National Restaurant Association? \square No \square Yes
57.	All restaurants and taverns serving alcohol must substantiate their gross receipts for food and alcohol beverage sales broken down by percentage. New establishments estimate percentages:
58.	Do you have written records to document the percentages shown? ☐ No ☐ Yes You may be required to submit documentation verifying the percentages you've indicated.
Sec	ction F—Required Contacts and Filings
	I understand that liquor/beer license renewal applications are due April 15 of every year, regardless of when license was initially granted. □ No ☑ Yes
60.	I understand that I am required to host an information session at least one week before the ALRC meeting. ☐ No ☑ Yes
61.	I agree to contact the Alderperson for this location to discuss my application and to invite the Alderperson to my information session. □ No ☑ Yes
62.	I agree to contact the Police Department District Captain for this location prior to the ALRC meeting. ☐ No ☑ Yes
63.	I agree to contact the Alcohol Policy Coordinator prior to the ALRC meeting. ☐ No ☐ Yes
64.	I agree to contact the neighborhood association representative prior to the ALRC meeting. ☐ No ☑ Yes

65.	 I understand we must file a Special Occupational Tax return (TTB form 5630.5) before beginning business. [phone 1-800-937-8864] ☐ No ☐ Yes 			
66.		Seller's Permit must be applied for and issued in t pove. [phone 608-266-2776] 디 No 면 Yes	the same name as	
67.	Is the applicant indebted to ☑ No ☐ Yes	o any wholesaler beyond 15 days for beer or 30 d	ays for liquor?	
Sec	ction G—Information f	or Clerk's Office		
68.	State Seller's Permit 4	5 6 - 1 0 2 8 3 3 8 9	90-02	
69.	Federal Employer Identific	ation Number <u>47-1084075</u>		
70.	Who may we contact betw	een 8 a.m. and 4:30 p.m. regarding this license?		
	Contact person Anwa	ar Zaidi		
	E-mail address A22A	bacus Consulting. (1)		
	Phone 619-445-26	Bours Consulting. CO 36 Preferred language English		
71.		icable: Name		
	Phone	E-mail		
the a to op gran will b	above information has been tru perate the business according ted, will not be assigned to and	front of a notary: Under penalty provided by law, the athfully completed to the best of the knowledge of the sto law, and that the rights and responsibilities conferred other. Lack of access to any portion of licensed preminspection. Such refusal is a misdemeanor and ground	signer. Signer agrees and by the license(s), if ses during inspection	
Subs	scribed and Sworn to before m	e:		
this _	28 day of July	A SAIMINE A		
	4753	NOTARY		
•	/Notary Public)	PUBLIC (Officer of Corporation/Member of Li	LC/Partner/Sole Proprietor)	
	ommission expires <u>06/28</u>	OF WISCOR		
Cler	k's Office checklist for complet	e applications"""		
V (I) F N	Orange sign VI Seller's Permit Certificate matching articles of incorporati EIN lotarized application /ritten description of premises	Background investigation form(s) Form for surrender of previous license ion) *Articles of Incorporation *Notarized Appointment of Agent * Corporation/LLC only	☐ Floor Plans ☐ Lease ☑ Sample Menu ☐ Business Plan	
Date	complete application filed with Cle	erk's Office	I	
Date	of ALRC meeting		··················.	
Date	provisional issued	Date license issued License number	KLIR-2014-00773	

Stove & Hood	KITCHEN	Cooler & Freezer	
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	Classic Manager Control of Contro		
	Dining		