

461A.2011.0020/

# 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): CAPITAL ONE PETROLEUM, LLC

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>MEMBER</u>	<u>HARPREET KAUR</u>	<u>9517 BLUE HERON DR</u>	<u>MIDDLETON, WI 53562</u>
Vice President/Member				
Secretary/Member				
Treasurer/Member				
Agent		<u>HARPREET KAUR</u>		
Directors/Managers				

3. Trade Name PANTRY 41 BP Business Phone Number (608) 442-0902  
4. Address of Premises 735 E. WASHINGTON AVE Post Office & Zip Code MADISON, WI 53703

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 \_\_\_\_\_ 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.) Gas Station convenience store

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 8th day of March, 20 11

Harpreet Kaur  
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

My commission expires 6/29/2014

\_\_\_\_\_  
(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	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

# 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 type="checkbox"/> Notarized Transfer of Ownership <input type="checkbox"/> *Articles of Incorporation	<input checked="" type="checkbox"/> Floor Plans <input type="checkbox"/> Lease <input type="checkbox"/> <del>Sample Menu</del> <input type="checkbox"/> Business Plan * Corporation/LLC only
--	---	--

1. Name of Applicant/Partner/Corporation/LLC CAPITAL ONE PETROLEUM, LLC  
 2. Address of Licensed Premise 735 E. WASHINGTON AVE, MADISON, WI  
 3. Telephone Number (608) 442-0902 4. Anticipated opening date: 53703  
 5. Mailing address if not opening immediately SAME

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: Gas station with convenience store and car wash

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.**

Convenience store ext 1900 sq ft. Alcohol store on shelves in convenience store, Coolers.

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. Employee, video camera

13. Describe your management experience, staffing levels, duties and employee training.  
Over 15 yrs experience managing convenience store with family, Now running own at 735 E. WASHINGTON AVE. MADISON WI.

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.  
HARPREET KAUR 9517 BLUE HERON DR MIDDLETON  
 Name Address WI 53562

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

Business professional, Govt-employees, Visitors

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

In store advertisement.

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

Lease to purchase

18. Owner of building where establishment is located: 735 E WASHINGTON AVE. MADISON

WI 53703

Address of Owner: \_\_\_\_\_ Phone Number (608)

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

HARPREET KAUR 9517 BLUE HERON DR. MIDDLETON, WI 53562

Name

Address

Name

Address

Name

Address

21. List the Stockholders of your Corporation/LLC

HARPREET KAUR 9517 BLUE HERON DR. MIDDLETON 100%

Name

Address

WI 53562  
% of Ownership

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 8<sup>th</sup> day of March, 20 11

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

[Signature]  
(Clerk/Notary Public)

My commission expires 6/29/2014

# Appointment of New Liquor/Beer Agent

## To be completed by Corporate Officer or Member of LLC

I, HARPREET KAUR, officer/member for CAPITAL ONE PETROLEUM, LLC  
(Corporation/LLC), doing business as PANTRY 41 BP, authorize and appoint  
HARPREET KAUR (Name) as the liquor/beer agent for the premise  
located at 735 E. WASHINGTON AVE MADISON, WI 53703

Subscribed and sworn to before me this

8<sup>th</sup> Day of March, 2011

Harpreet Kaur  
Signature of Officer/Member

[Signature]  
Notary Public, Dane County, Wisconsin

My Commission Expires 6/29/2014

## To be completed by appointed Liquor/Beer Agent

I, HARPREET KAUR, appointed liquor/beer agent for  
CAPITAL ONE PETROLEUM, LLC (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 100 %.

Subscribed and sworn to before me this

8<sup>th</sup> Day of March, 2011

Harpreet Kaur  
Signature of Agent

[Signature]  
Notary Public, Dane County, Wisconsin

My Commission Expires 6/29/2014

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

CAR WASH

BATH  
Room

BATH  
Room

CASHIER

COOLAR

C - Store

est 1900 Sq Feet

COOLAR