

Application Date: 7-25-06

Proof of WI Seller's Permit No. [REDACTED]

Name of Corporation, Limited Liability Company, Individual Owner, Private Club or Partner(s) <i>The Real Corporation</i>	Liquor/Beer Agent <i>Mike Rogers</i>
Mailing Address <i>9 Bradbury Ct Madison, WI 53719</i>	Liquor/Beer Agent Address <i>913 LOREJA PKWY</i>
City/State/Zip Code	Liquor/Beer City/State/Zip Code <i>MADISON WI 53717</i>
Name of Registered Agent or General Partner <i>NICOLAS TARCIYNKI</i> Sarah Shaper	Local Contact Person Phone Number <i>MIKE ROGERS 278 7636</i>
Trade Name <i>Stillwaters</i>	Estimated Opening Date <i>10-30-06</i>
Business Address <i>250 State Street, Madison 53703</i>	Signature of Owner/Operator <i>Sarah Shaper</i>

Private Club? Yes No

License Description	Type	Fee	Number
Nightclub License Liquor license (class B)	706 108	\$250 ⁰⁰ \$20-	75425
Pre-Inspection & License Fees Non-Refundable	TOTAL	\$	

IT IS MANDATORY THAT ALL APPLICABLE INFORMATION BE COMPLETED. INACCURATE INFORMATION MAY RESULT IN SUSPENSION OR REVOCATION OF LICENSE.

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk

For the license period beginning July 1 2006 ;
 ending June 30 2007

TO THE GOVERNING BODY of the: Town of } Madison
 Village of }
 City of }
 County of Dane Aldermanic Dist. No. _____ (if required by ordinance)

Applicant's Wisconsin Seller's Permit Number:	
Federal Employer Identification Number (FEIN):	
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	\$
<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): ▶ The Real Corporation

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>Nicolas Tarczynski</u>	<u>9 Bradbury Ct, Madison</u>	<u>53719</u>
Vice President/Member	<u>Sarah Shafer</u>	<u>10 Rye Circle, Madison</u>	<u>53717</u>
Secretary/Member			
Treasurer/Member			
Agent	<u>MIKE ROGERS</u>	<u>913 Lerena PK Way, Madison</u>	<u>53713</u>
Directors/Managers			

3 Trade Name ▶ Stillwaters Business Phone Number _____
 4 Address of Premises ▶ 250 State Street Post Office & Zip Code ▶ 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 _____ 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) 250 State Street, Madison WI 53703

- 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? MIKE ROGERS
- 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 25th day of July 2006
Nicolas Tarczynski
 (Clerk/Notary Public)
 My commission expires 06/17/07

Wendy C. Tarczynski
 (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	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
<u>7-25-06</u>			
Date license granted	Date license issued	License number issued	
		<u>75425</u>	

City of Madison Liquor and/or Beer Original Supplemental Form

Office Use Only

- | | |
|--|---|
| <input type="checkbox"/> Seller's Permit Number
<input type="checkbox"/> Federal Employer Identification Number
<input checked="" type="checkbox"/> Notarized Original Application Form (AT-106)
<input checked="" type="checkbox"/> Notarized Supplemental Form
<input checked="" type="checkbox"/> Description of Licensed Premise
<input checked="" type="checkbox"/> Notarized Auxiliary Questionnaire(s) (AT-103)
<input checked="" type="checkbox"/> Background Investigation Form(s)
<input checked="" type="checkbox"/> Floor Plans | <input type="checkbox"/> Lease
<input type="checkbox"/> Notarized Transfer of Ownership Letter <i>N/A</i>
<input checked="" type="checkbox"/> *Schedule of Appointment of Agent (AT-104)
<input checked="" type="checkbox"/> *Notarized Agent Appointment/Acceptance Form
<input type="checkbox"/> *Articles of Incorporation/ Organization
<input type="checkbox"/> Sample Menu, if possible
<input type="checkbox"/> Business Plan, if one exists
* Forms required of Corporation/LLC only |
|--|---|

- ✓ All applicants must provide an adequate premise plan that includes exterior and interior dimensions, position of stairs and all entrances and exits, normal and customary use of each room, placement of major appliances, furniture and large gaming tables, placement and dimensions of all bar(s), and graphic representation of the normal position of booths, bar stools, tables and chairs. **Premise plans must be no larger than 8 ½ x 14.**
- ✓ New structures must submit to Building Inspection two sets of plans, signed and sealed by a registered architect or engineer.
- ✓ **Applicant/partners/Liquor Agent must be enrolled in or have completed the Beverage Server Training course before appearing before the Alcohol License Review Committee.**

Prior to your hearing before the Alcohol License Review Committee (ALRC), you must contact the Alderperson of the District in which you intend to do business, the representative of the appropriate neighborhood association (if any), and the Madison Police Department.

- Alderperson *Jeffrey* can be reached at _____ at the Common Council Office (266-4071), or via e-mail at council@cityofmadison.com.
- The name of the neighborhood association representative can be obtained by calling the Planning and Development Department at 266-4635 or online at www.ci.madison.wi.us/neighborhoods/contacts.htm.
- The Police Department Liaison, Sergeant Emil Quast, can be reached at 266-4451.

1. Have you contacted the Alderperson, Police Department Liaison and neighborhood association representative for the area in which you intend to locate? Yes No
2. Are there any special conditions desired by the neighborhood? Yes No
 Explain _____

3. Name of Applicant/Partner/Corporation/LLC *THE REAL CORPORATION*
4. Telephone Number: *608-469-3324*
5. Address of Licensed Premise *250 State Street, Madison, WI*
6. Anticipated opening date: *11/15/06*
7. Mailing address if not opening immediately *9 BRADBURY CT MADISON, WI 53719*

8. What type of establishment is contemplated? Tavern Nightclub Restaurant
 Liquor Store Grocery Store Convenience Store – Gas Pumps Yes No
 Other Please explain _____

9. Business Description, including hours of operation and if entertainment is part of your venue, what type:

Restaurant - Bar, open 11am - 2:30am.

10. Describe building in detail, 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.**

Building will be renovated and expanded to 5000 sq. ft. Bar stools will be 20 count around a horseshoe bar. Booths and free standing tables will be provided throughout premise - approximately 24 seating areas. Alcohol beverages will be sold at bars 1 & 2 and stored in cooler marked KEYS and in Bar 1 & 2 areas - Bar will hold 279 people. Bar 2 will hold 7 seats.

11. Are any living quarters directly or indirectly accessible and under control of the applicant? Yes No

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. There are ramps and street parking available. Bus line access.

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

We have hired a professional management team, including previous owner. Training will be extensive in the food and beverage industry.

14. Identify the **registered agent** for your Corporation or LLC. This is not necessarily the same person as your liquor/beer agent. This is your corporation's agent for service of process, notice or demand required or permitted by law to be served on the corporation.

Nicolas Tarczynski

Name

Madison

City

WI

State

53719

Zip

9 Bradbury Ct

Address

15. Excluding pre-packaged snacks, how late will food be served? 11 pm

16. What type of food will you be serving, if any? tapas, high-end, bar food. Specialize in seafood and vegetarian options.

17. Indicate any other product/service offered: _____

18. Describe your target market. Overture Center crowd, business' on the capital square,

19. Describe how you plan to advertise/promote your business. *We've hired marketing team to book events, publish restaurant and get overtake center crowd involved.*
20. What is your estimated capacity? 279
21. Are you operating under a lease or franchise agreement? Yes No (If yes, attach a copy.)
22. Owner of building where establishment is located: Mullins Group
 Address of Owner: 401 N. Carroll Phone Number 285-8090
23. Individual or Partnership only: Have individual/partners completed the Beverage Server Training Course? Yes No If Yes, indicate names: _____
License cannot be issued until proof of Beverage Server Training completion is shown.
24. Corporation/LLC only: Will liquor/beer agent be a Wisconsin resident at the time of granting? Yes No
25. Corporation/LLC only: Agent must disclose interest held in business: 0 %
26. Corporation/LLC only: Has agent completed the Beverage Server Training Course? Yes No
License cannot be issued until proof of Beverage Server Training completion is shown.
27. Corporation/LLC only: List Directors, Stockholders, and Managers below.

Director(s) Name	Home Address
NICOLAS C. TARCZYNSKI	9 BRADBURY CT. MADISON WI 53719
SARAH SHAFER	10 RYE CIR. MADISON WI 53717

Stockholder's Name	Address	Extent of Ownership%

Manager's Name	Address	Business Phone	Home Phone
MIKE ROGERS			

28. 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

29. Restaurant/Tavern Establishment Alcohol Beverage & Food Sales Report
Pursuant to Sections 23.05(3)(s) and 23.05(7)(f) 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.**

Calendar/fiscal year: January 1 – December 31 July 1 – June 30

Percent Gross Receipts from Alcohol Beverages	43.5 %
Percent Gross Receipts from Food	55 %
Percent Gross Receipts from Other	1.5 %
Total Gross Receipts	100 %

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.

30. What type of establishment are you? (Check all that apply) Tavern Restaurant Nightclub
 Other Please explain: _____

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 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 must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.) 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 25 day of July, 2006

Nice C. Taylor
(Clerk/Notary Public)

My commission expires 06/17/07

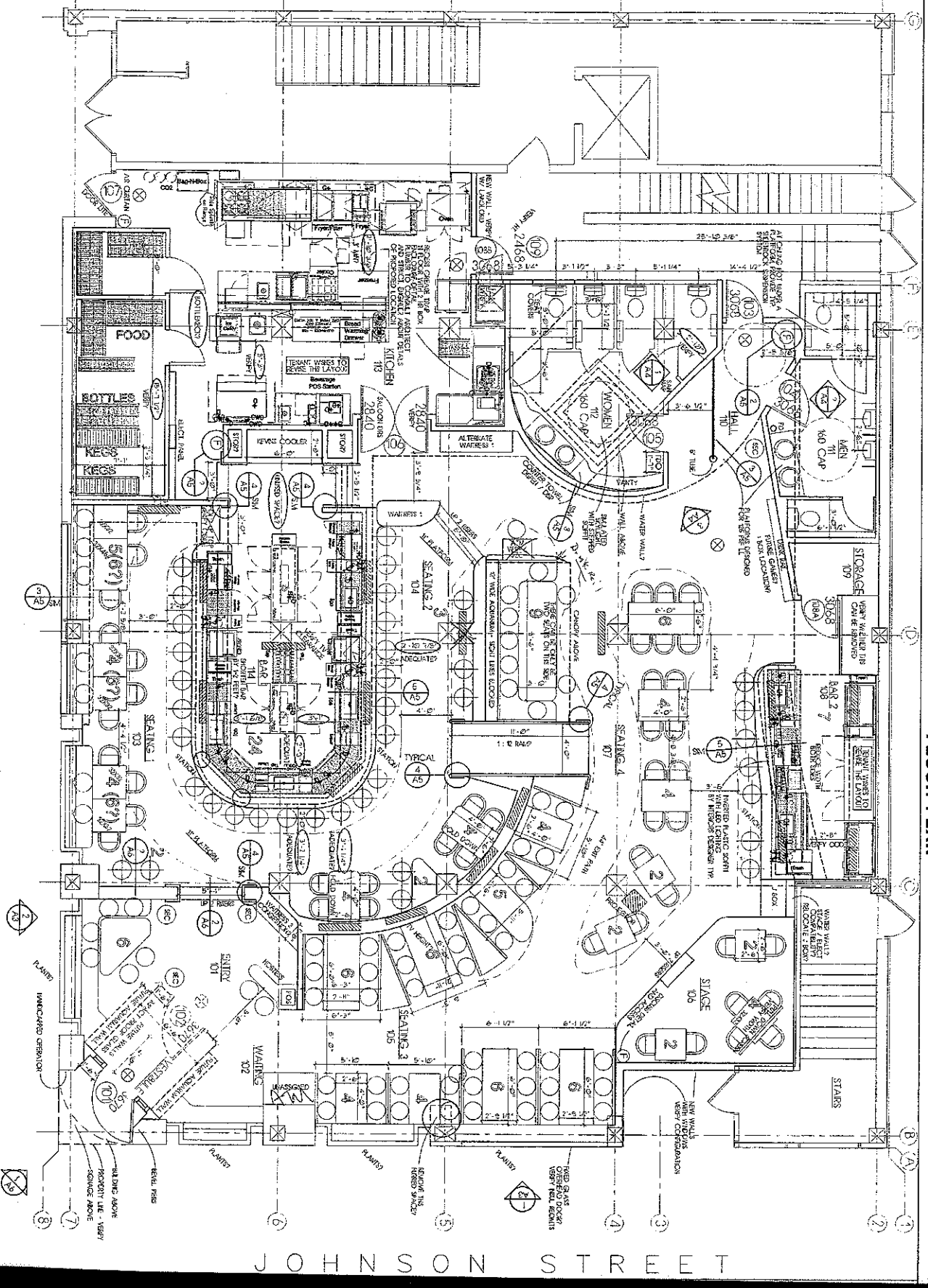
Nice C. Taylor
(Officer of Corporation/Member/Manager of LLC/Partner/Individual)

Sarah Shaffly
(Officer of Corporation/Member/Manager of LLC/Partner/Individual)

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

If you have any questions, please contact the City Clerk's Office at (608) 266-4601.

5 T J L W A T E S I N MADISON * WISCONSIN FLOOR PLAN

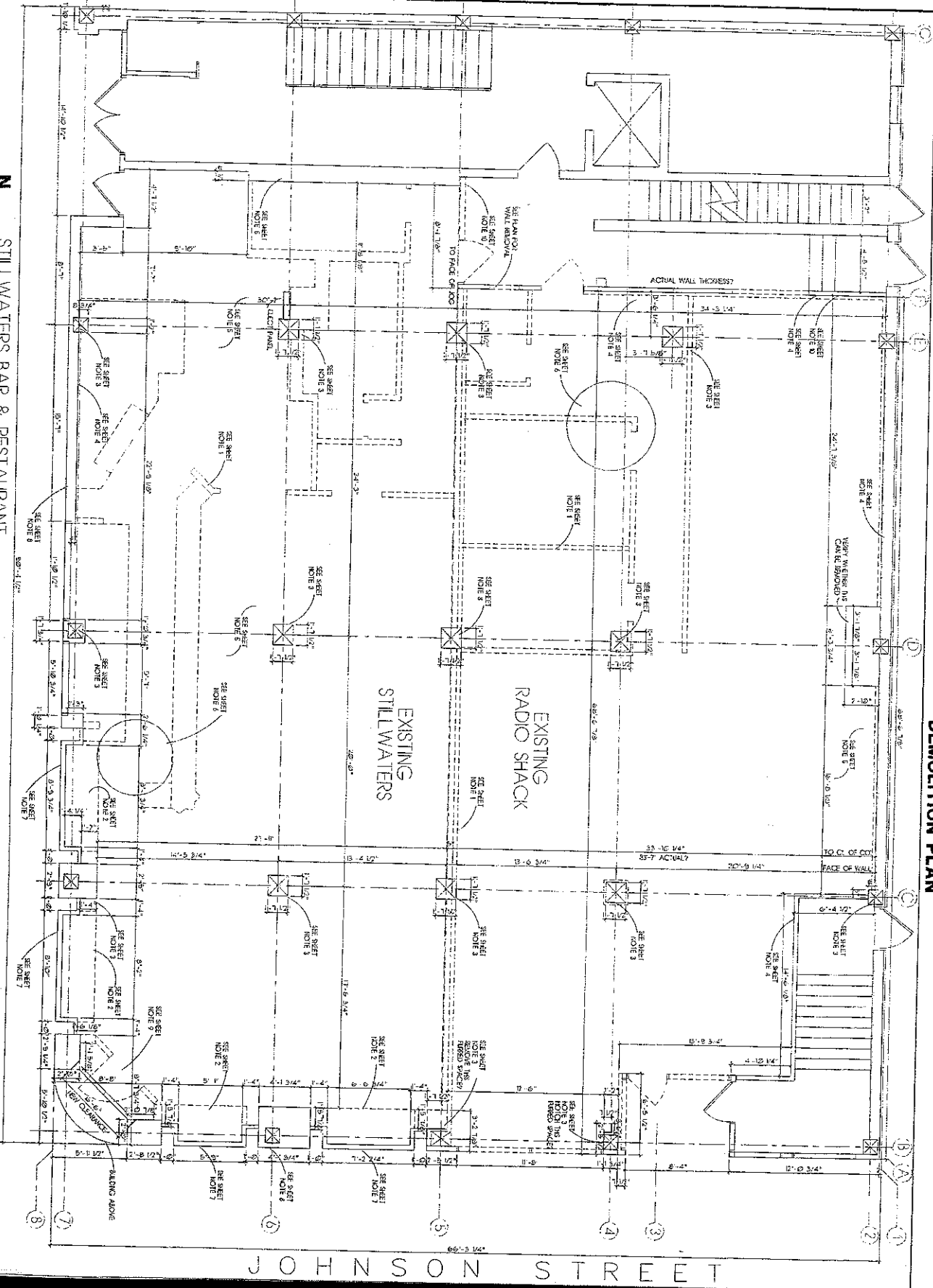


JOHNSON STREET

STILLWATERS BAR & RESTAURANT
FLOOR PLAN - APPROX. 4500 SF
SCALE: 1/8" = 1'-0"

PROGRESS

STILLWATERS BAR & RESTAURANT MADISON * WISCONSIN DEMOLITION PLAN



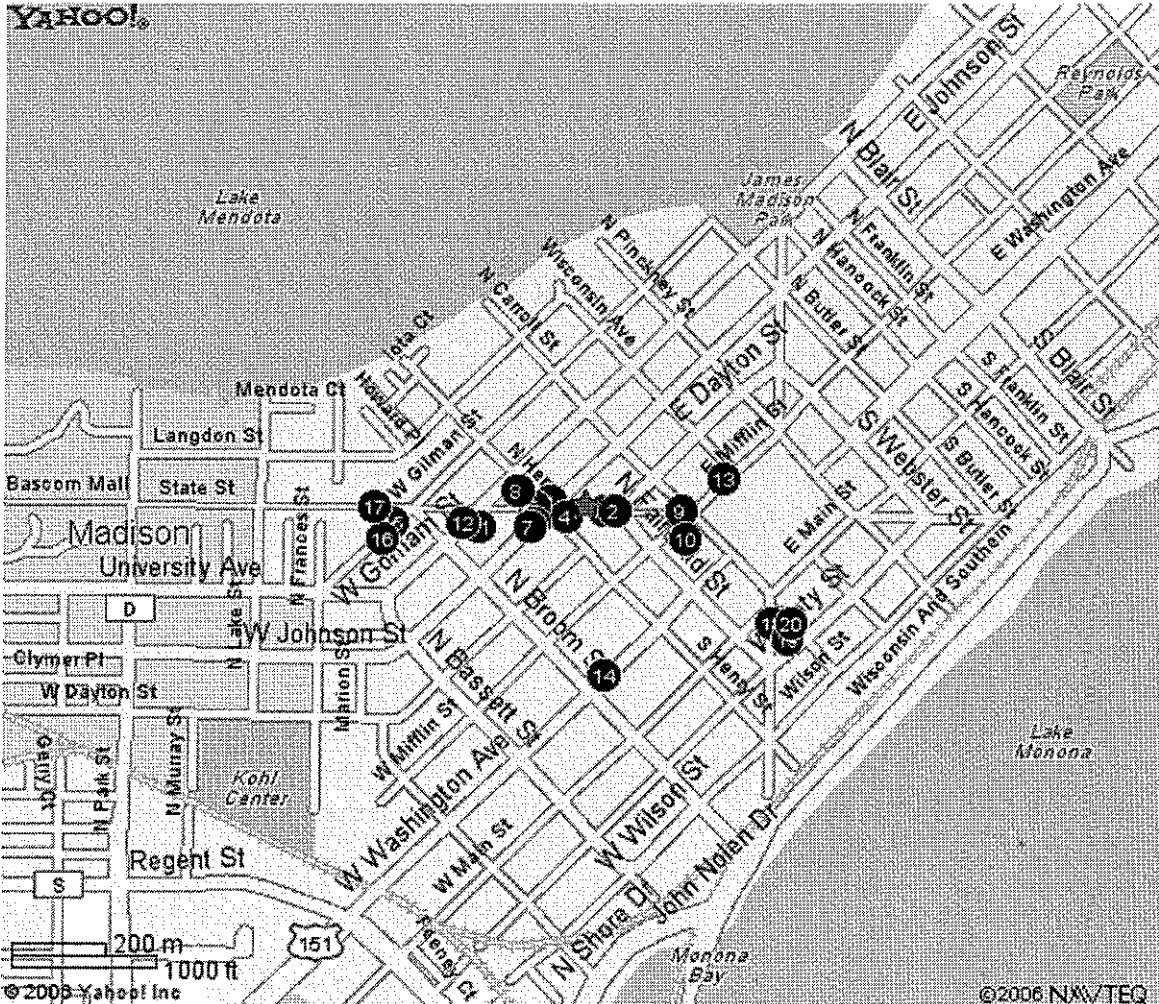
STILLWATERS BAR & RESTAURANT
DEMOLITION PLAN - APPROX. 4500 SF
SCALE: 1/4" = 1'-0"

JOHNSON STREET

Yahoo! Maps - Madison, WI 53703-2240

« [Back to Map](#)

250 State St Madison, WI 53703-2240



Map#	Business/Landmark Info	Distance
1	Nick's Restaurant 226 State St Madison, WI Phone: (608) 255-5450	0.0 miles
2	Paul's Club 212 State St Madison, WI Phone: (608) 257-5250	0.0 miles
3	Plaza Tavern & Grill Inc 319 N Henry St Madison, WI Phone: (608) 255-6592	0.0 miles
4	Bull Feathers 303 N Henry St Madison, WI	0.0 miles

ADVERTI

- 5** **Parthenon-Gyros Restaurant** **0.0 miles**
 316 State St
 Madison, WI
Phone: (608) 257-6444
- 6** **Irish Pub** **0.0 miles**
 317 State St
 Madison, WI
Phone: (608) 251-6311
- 7** **Angelic Brewing Co** **0.0 miles**
 322 W Johnson St
 Madison, WI
Phone: (608) 256-6071
- 8** **Crave Restaurant & Lounge** **0.0 miles**
 201 W Gorham St
 Madison, WI
Phone: (608) 257-2707
- 9** **Crave Restaurant & Lounge** **0.0 miles**
 201 W Gorham St
 Madison, WI
Phone: (608) 286-6769
- 9** **State Bar & Grill** **0.1 miles**
 118 State St
 Madison, WI
Phone: (608) 294-9988
- 10** **Silver Dollar Tavern** **0.1 miles**
 117 W Mifflin St
 Madison, WI
Phone: (608) 255-7548
- 11** **Quinton's Bar & Deli** **0.1 miles**
 319 W Gorham St
 Madison, WI
Phone: (608) 251-1243
- 12** **Hawk's** **0.1 miles**
 425 State St
 Madison, WI
Phone: (608) 255-4295
- 13** **Kimia Lounge** **0.1 miles**
 14 W Mifflin St
 Madison, WI
Phone: (608) 255-4642
- 14** **Public House** **0.2 miles**
 380 W Washington Ave
 Madison, WI
Phone: (608) 268-1601
- 15** **Mondays** **0.2 miles**
 523 State St
 Madison, WI
Phone: (608) 251-1020
- 16** **Blue Velvet Lounge** **0.2 miles**
 430 W Gilman St
 Madison, WI
Phone: (608) 250-9900
- 17** **Pub** **0.2 miles**
 552 State St
 Madison, WI
Phone: (608) 256-2464
- 18** **Paradise Lounge** **0.2 miles**
 119 W Main St
 Madison, WI
Phone: (608) 256-2263
- 19** **Shamrock Bar** **0.2 miles**
 117 W Main St

Gennas Lounge
 105 W Main St
 Madison, WI
Phone: (608) 255-4770

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