\$10.00 pd.

Application for Change of Licensed Premise

No Fee Required. Due at 12 Noon two weeks before ALRC meeting.

Applicants must appear before the ALRC. Detailed floor plans (no larger than $8 \frac{1}{2}$ x 14) must accompany this form, or request will not be presented to the committee.

Please contact City Zoning (Municipal Building LL-100, 266-4560). A Conditional Use Permit may be required. There is a fee for the Conditional Use Permit.

Corporate/Owner Name Le Chardonnaying		
DBA <u>Le Chardonnay</u>		
Address 320 W. Johnson St		
Agent Sam, Faul		
Capacity 65 % Alcohol 30 % Food 76		
Description of Expansion Plans:		
patro with 4 tables and 8 chams		
Signature of Applicant Date 5 - 23 - 8		
To be considered at ALRC meeting of		
and Common Council Meeting of		
License Type License # Legistar # 10078		
Approved Disapproved		
Routed: City Zoning Building Inspection Unit – Permit Counter		
Madison Police Department Alderperson		

Application for Sidewalk Café License

For Year: April 15, 2008 to April 14, 200 All new applicants and returning sidewalk café operators who w	rish to make any changes to their sidewalk café must schedule an	
sidewalk café furniture and barrier with your application whether y	ith you at the café site. Include a photo or detailed rendering of your	
approval Note Set-up may not obstruct the pedestrian right-of-v	vay Approved tables, chairs and enclosure must be placed on the	
curb. Tables, chairs and equipment must be removed nightly. A cove	the outdoor location. Owners must set up table area 2 feet from the red trash receptacle must be provided on-site. On the diagram below,	
identity trees, planter, bus shelter, posts/poles, in front of your busing	ess. All equipment such as tables, racks, chairs and display equipment	
Make checks payable to: City Treasurer (Fee: \$300.00)	ns must be approved by the Street Vending Coordinator, 261-9171	
Name of Corporation or Limited Liability Company		
Le chardennay inc	Name of Registered Agent Signature/Date	
Restaurant Name Le Chardonnay	License Number Assigned/Date 74569	
Address (Include Zin de) 320 W Johnson St		
Manager Sami Pail	Phone 7/8-322	
Driver's License Number	26 8 - 03 72 Date of Birth 1 - 1 - 75 License Plate Number 704 MV5	
F 260 - 7807 - S001 - 00	104 MV3	
From: 5PM	10:	
You are required to have an approved enclosure and/or if you have table service inside the restau	Your staff must personally serve patrons in your sidewalk café if you serve alcohol rant.	
Employee(s) in Charge of Outdoor Operation	A L R.C. Approval Date	
Diagram Below		
Number of Tables Number of Chairs	Display Equipment AM A	
street light cu	RB	
		
	134	
Server is STORE FRONT - PROPERTY LINE		
Insurance Certificate Date Company	Expiration Date	
Policy Number Fish & Schult	amo Inc. 4-14-09	
8500 9 0 8 City Approval Date		
Write the name of your business on your insurance certificate Insurance coverage for contiguous property set-up must be approved by City Risk Manager (266-5965)		
Signed Vending Coordinator	Date	

Please See Reverse