

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning _____ 20____ ;
ending June 30 2008

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): ▶

City View Market, Inc.

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>President Mitchell P Eveland</u>	<u>1457 Starr Cross Dr.</u>	<u>Madison WI 53719</u>
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	<u>Mitchell P Eveland</u>	<u>1457 Starr Cross Dr.</u>	<u>Madison WI 53719</u>
Directors/Managers			

- 3 Trade Name ▶ Capitol Centre Foods Business Phone Number 608-255-2616
4 Address of Premises ▶ 111 North Brown St 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 WISCONSIN and date 9/11/2007 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) 11,000 sq foot grocery store including grocery storage area, meat prep room, deli, bakery prep room, restrooms, mgrs office, coolers,
10 Legal description (omit if street address is given above): 111 North Brown St
11 (a) Was this premises licensed for the sale of liquor or beer during the past license year? 1. frozen & sales truck Yes No
(b) If yes, under what name was license issued? John William Tomkowiak DBA Capitol Centre Foods
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 September, 20____

Stephanie A Kramer Hale
(Clerk/Notary Public)

My commission expires 05/17/2008

Mitchell P Eveland, President
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

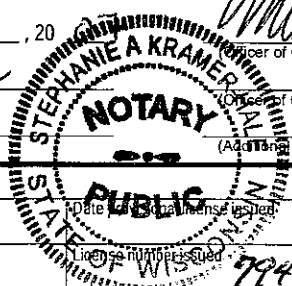
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

(Additional Partner(s)/Member/Manager of Limited Liability Company if any)

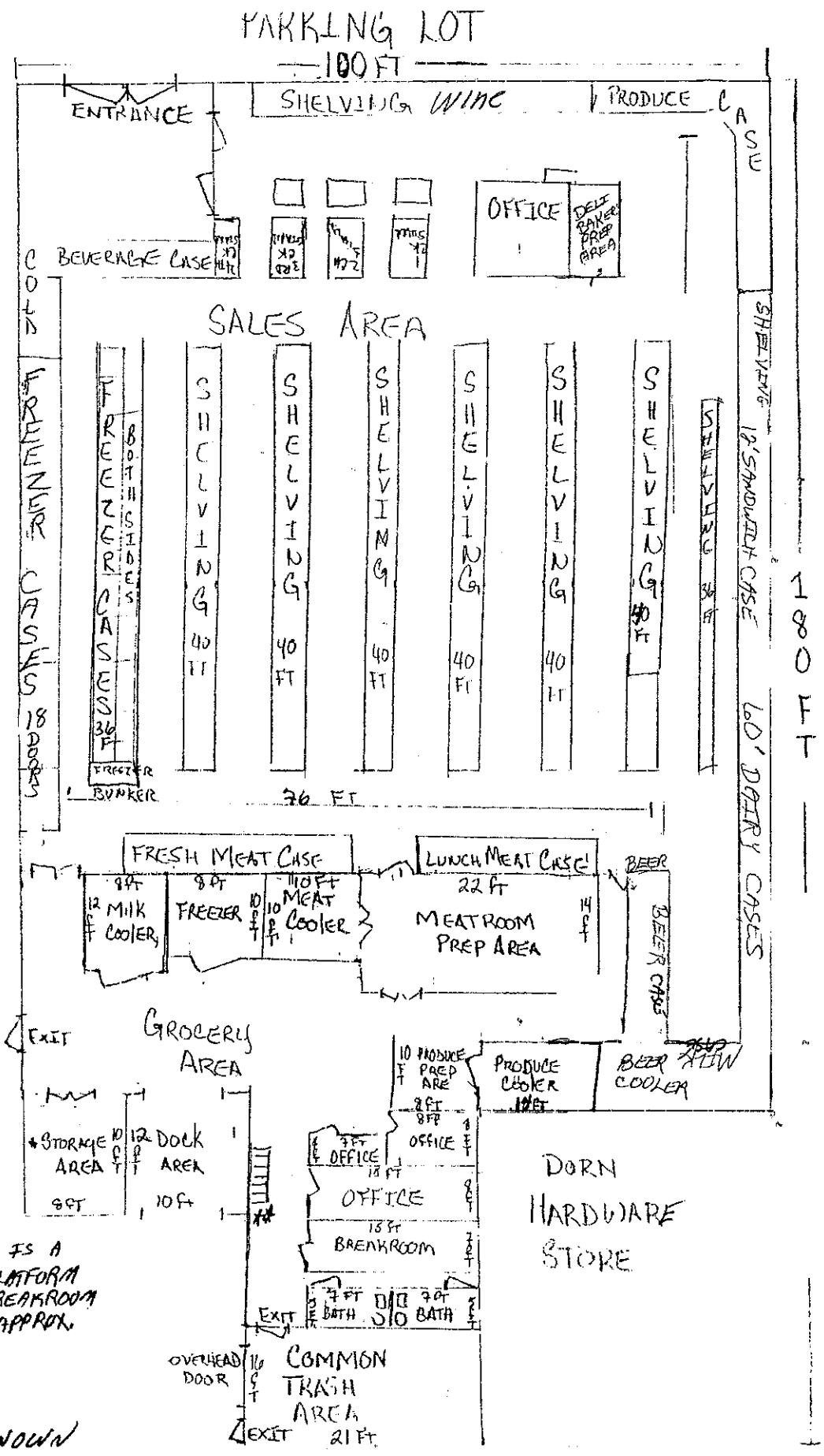
TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>9-25-07</u>	Date reported to council/board	Date license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued <u>79404-beer</u> <u>79405-liquor</u>	

Applicant's Wisconsin Seller's Permit Number: <u>009000 337103601</u>
Federal Employer Identification Number (FEIN): <u>26-0893975</u>
LICENSE REQUESTED ▶
<input checked="" type="checkbox"/> Class A beer \$
<input type="checkbox"/> Class B beer \$
<input type="checkbox"/> Wholesale beer \$
<input type="checkbox"/> Class C wine \$
<input checked="" type="checkbox"/> Class A liquor \$
<input type="checkbox"/> Class B liquor \$
<input type="checkbox"/> Reserve Class B liquor \$
Publication fee \$ <u>40.00</u>
TOTAL FEE \$ <u>40.00</u>



CAPITOL CENTRE
FOODS



* NOTE: STORAGE AREA IS ABOVE EXIT RAMP

* * NOTE - THERE IS A COMPRESSOR PLATFORM ABOVE THE BREAKROOM & RESTROOMS APPROX. 20' X 15'

THERE IS NO KNOWN KNOW CAPACITY

DAYTON ST.

BROADWAY

City of Madison Supplemental Class A License Application

<input type="checkbox"/> Seller's Permit Number <input type="checkbox"/> Federal Employer Identification Number <input type="checkbox"/> Notarized Original Application Form <input type="checkbox"/> Notarized Supplemental Form	<input type="checkbox"/> Description of Licensed Premise <input type="checkbox"/> *Notarized Appointment of Agent <input type="checkbox"/> Background Investigation Form(s) <input type="checkbox"/> Notarized Transfer of Ownership <input type="checkbox"/> *Articles of Incorporation	<input type="checkbox"/> Floor Plans <input type="checkbox"/> Lease <input type="checkbox"/> Sample Menu <input type="checkbox"/> Business Plan * Corporation/LLC only
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1. Name of Applicant/Partner/Corporation/LLC City View Market, Inc.
2. Address of Licensed Premise 111 North Broom St Madison WI 53703
3. Telephone Number: 608-225-2616 4. Anticipated opening date: 11/1/2007 change in ownership
5. Mailing address if not opening immediately N/A
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: Retail Supermarket. Purchasing existing business (Capital Centre Food)
Current store sells beer only. I am applying for both beer and wine.

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.**
11,000 square foot grocery store including grocery storage area, meat prep room, deli/bakery prep room, 2 restrooms, manager's office, coolers, freezers and sales floor.

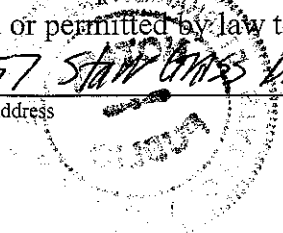
11. Are any living quarters directly or indirectly accessible and under control of the applicant? Yes No
 Please note that alcohol may be sold and stored only on the licensed premise, not in living quarters.

12. Describe existing parking and how parking lot is to be monitored. There are 18 parking spots directly in front of store lot is monitored every 30 minutes for unauthorized parking and other issues.

13. Describe your management experience, staffing levels, duties and employee training.
I have 35 yrs. grocery management exp. with many locations selling beer, wine and liquor. I have been an agent before. Store always has 1 supervisor at checkouts. Will be expanding tips training.

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.
Michael E. Ireland 1457 Star Cross Drive Madison, WI 53719

Name _____ Address _____



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

A combination of college students, new condo owners and elderly.

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

We will continue to run a weekly flyer (attached) We will also run print ads periodically.

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

18. Owner of building where establishment is located: Capitol Centre Housing Partners

Address of Owner: 2249 Pinehurst Drive P.O. Box 620800 Phone Number 608-836-2911
Middleton WI 53562

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

MITCHELL P EVELAND 1457 STAR GRASS DRIVE MADISON WI 53719

Name Address

Name Address

Name Address

21. List the Stockholders of your Corporation/LLC

MITCHELL EVELAND 1457 STAR GRASS DRIVE MADISON WI 53719 100%

Name Address % 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 25th day of September, 2007

MITCHELL P EVELAND

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

Stephanie A Kramer-Hale
(Clerk/Notary Public)

My commission expires 08/17/2008

