Submit to municipal cleri		Applicant's Wisconsin Seller's Permit Number: 00 4000	27/10360
	ζ.	Federal Employer Identification, Number (FEIN):	93975
For the license period be		LICENSE REQUEST	ED •
	ending <u>Sime</u> 30 2008	TYPE	FEE
	☐ Tourn of	X Class A beer	\$
TO THE COVERNING D	☐ Town of Madison ODY of the: ☐ Village of Madison	Class B beer	\$
TO THE GOVERNING B		 ─ Wholesale beer 	\$
	☐x City of ☐	Class C wine	\$
County of Dane	Aldermanic Dist. No (if required by ordinance	Class A liquor	\$
		Class B liquor	\$
1. The named INDIV	IDUAL PARTNERSHIP LIMITED LIABILITY COMPANY	Reserve Class B liquor	\$
	PORATION/NONPROFIT ORGANIZATION	Publication fee	\$ 40,00
	n for the alcohol beverage license(s) checked above	TOTAL FEE	\$ 40.00
• • • • • • • • • • • • • • • • • • • •	s give last name, first, middle; corporations/limited liability companies give rec	gistered name): >	
An "Auxiliary Questions partnership, and by eac	naire," Form AT-103, must be completed and attached to this application th officer, director and agent of a corporation or nonprofit organization, a the name, title, and place of residence of each person	and by each member/manager and a	igent of a limited
President/Member	President Mitchell PEvelon 149	57 STANY GOOSS DV. MI	disen Wi 537
		 	
Secretary/Member			
Treasurer/Member			
Agent ▶ <i>Mittelff</i>	ill Falland 1457 St	arr anss pr. 11/2 dis	un WI 537
Directors/Managers			
3 Trade Name	Tto Centre Foods Business I	Phone Number	5-2616
4 Address of Premises 1	11) North Brown St Post Office	e & Zip Code ▶ <i>MàdiSm</i>)	W1 53703
	agent of corporation/limited liability company subject to completion of the resp		
training course for this lic	ense period?	Solidario de la companya de la compa	Yes No
	ye or agent of, or acting on behalf of anyone except the named applicant?		Yes ≯ No
	everage retail licensee or wholesale permittee have any interest in or control		Yes S¥No
8 (a) Corporate/limited lia	ability company applicants only: Insert state Wisconsing and date	a 9/11/2007 of registration	103 (2-110
	on/limited liability company a subsidiary of any other corporation or limited lia		Yes 🔀 No
	, or any officer, director, stockholder or agent or limited liability company, or a		Tes 🔼 NO
	at in any other alashal havesaga liganea ar neverit in Missausia ?		v
	st in any other alcohol beverage license or permit in Wisconsin?		Yes No
	plain fully on reverse side of this form every YES answer in sections 5, 6, 7 at	nd 8 above.)	Yes No
9 Premises description: De	olain fully on reverse side of this form every YES answer in sections 5, 6, 7 ar scribe huilding or huildings where alcohol beverages are to be sold and store	nd 8 above)	
9 Premises description: De	olain fully on reverse side of this form every YES answer in sections 5, 6, 7 ar scribe huilding or huildings where alcohol beverages are to be sold and store	nd 8 above)	
Premises description: De all rooms including living may be sold and stored or	olain fully on reverse side of this form every YES answer in sections 5, 6, 7 ar scribe building or buildings where alcohol beverages are to be sold and store quarters, if used, for the sales, service, and/or storage of alcohol beverages a only on the premises described) 11,000 50 F004 are Collections	nd 8 above) d. The applicant must include and records. (Alcohol beverages IN CLUDIUS TOKO	acasea, mat
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MAKKING LOT -100 FT PRODUCE SHELVING WINC ENTRINCE SE OFFICE CAPITOL CENTRE 4341 5K 3KD BEVERALLE CASE AT 0 FOODS ľ シケゴイ 石上の SALES AREA S ς S FREEZER S S H H H 1 H Π REEZER E Ę E E E (LV F Ļ L 1 V : 11 ν ٧ I SI Ι 1 1 M 1 3 b N G CASES G 6 G 40 S 40 40 40 40 T ε TT ŀΤ F 18 DOORS T 76 FT LUNCH MEAT CREE! FRESH MEAT CASE BEER FREEER BIOMEAT
FREEER FIE COOLER 22 Fr 12 Milk BEER MEATROOM COO|ER, PREP AREA 3 GROCERY (EXIT T PAGE BEER STEW AREA PRODUCE COOLER CHOKER + STORME D 12 DOCK AREA F AREA OFFICE F KNOTE! STORAGE DORN AREA IS Above CXIT RAMA 1,105+ OTFICE 9°57 HARDWARE 1380 BRENKROOM STORE * * NOTE - THERE IS A COMPRESSOR PLATFORM
ABOVE THE BREAKROOM EXT REATH NO BATH OVERHEAD IN H-RESTROOMS APPROX. 20'x15' COMMON TRASH ARCA MEDE IS NO KNOWN [EXIT 21 Ft.

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DAYTON ST.

City of Madison Supplemental Class A License Application

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□ Fed Nur	ler's Permit Number leral Employer Identification nber	 □ Description of Licensed Premise □ *Notarized Appointment of Agent □ Background Investigation Form(s) 	☐ Floor Plans ☐ Lease ☐ Sample Menu
	arized Original Application Form arized Supplemental Form	☐ Notarized Transfer of Ownership☐ *Articles of Incorporation	Business Plan * Corporation/LLC only
1 Nar	me of Applicant/Partner/Corporation	on/LLC CHY VIEW Maylet,.	Inc.
2. Add	dress of Licensed Premise /// M	NYNBAOM St MOUSSIN WI 537.	03
		26/6 4. Anticipated opening date:	111/2007 Changesz
5. Mai	ling address if not opening immed	iately <i>MA</i>	o whiship
		Police Department District Captain, Alcohotative for the area in which you intend to	
7. Are	there any special conditions desire	ed by the neighborhood? Yes No	
Exp	plain.		
	t type of establishment is contemponvenience Store – Gas Pumps	lated? ☐ Liquor Store ☐ Grocery Yes ☐ No ☐ Other—Explain	Store
9 Busi	iness Description: Retail Summ	andit Puntasing existing busine	35 (Caprollentre Food)
LUVIE	nt Ston SUB beevenly. I a	entit lunhising existing bising	I wine.
size	e and all areas where alcohol bever ow shall not be expanded or char	ng, including overall dimensions, seating a ages are to be sold and stored. The licens nged without the approval of the Comme	ed premise described on Council.
1	reproon, delinakeuj propi	oom, a ristrooms, managers	offici
<u> </u>	lookes, weerers and so	Was trol	
Plea	ase note that alcohol may be sold a	irectly accessible and under control of the and stored only on the licensed premise, no	ot in living quarters.
12. Des	scribe existing parking and how pa	rking lot is to be monitored THIK APP	18 parking spots
irect <u>y ji</u>	y front of store lot 15 months	rking lot is to be monitored TNIK APP Hed Wly 30 Mm/Hs for vnav/M	rriad parkung
ari	ייזעקן יטוון דע ט.	e, staffing levels, duties and employee trai	
en an a	gent befor. Stor divines has 1	eup, with many locations selling superisor at chieculate. Will be expo	nding Ties haining
14 Ider	Global atoph to Holney is a	Corporation of LLC This is your corpor	ation's agent for service of
		permitted by law to be served on the corp Staw and Drive Modeon, W	oration
Name	Addre		

15		who would you project your target market to be?	
	It Completion of co	Hege students, new condo oursers and	l elderly.
			·
16		tise/promote your business. What products will you l	
	We will antime to m	in a welly Figer Cathelined We wi	Mako
	Vin Most I'ds nevi	adlally.	
17	Are you operating under a lease	Od/Olly, Por franchise agreement? Yes (attach a copy)] No
			Parl
18	Owner of building where establ	ishment is located: Copito/Centre HVISII WIST PINE P. OBUL 63080 Phone Numb MIST FOR WI 5356 J. Do your membership policies contain any requiremen	ng lartner
Ad	ldress of Owner: 2249 Pineh	WSt Drie P. OBUL 64080 Phone Numl	ner 608-836-2911
		Middle for 11 5356 L	
19.	Private organizations (clubs): I	Do your membership policies contain any requiremen	t of "Invidious" (likely
	to give offense) discrimination	in regard to race, creed, color, or national origin?	□ Yes 🔀 No
20.	List the Directors of your Corp	oration/LLC	<i>u c</i> :
	MHM11 P BULA	d 1457 Staw Gross Drive Mochson	n W1 53719
	Name	Address	
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21	T !-+ 41 - C41 1 - 1 1	Second on III C	
21	List the Stockholders of your C	Corporation/LLC	Mirma Innoh
21	MHARII BURN	1457 STANGARDS DYRE MADISM	
21	List the Stockholders of your C	Corporation/LLC 1457 Staw Gross Drine Modisan Address	100% wof Ownership
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