

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): **SAINI 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	President	Resham Singh	1301 Starr Grass Drive, Madison, WI	53719
Vice President/Member	Vice President	Satnam Singh Saini	1301 Starr Grass Drive, Madison, WI	53719
Secretary/Member	Member	Kuldeep Kaur	222 Randolph Road, Madison, WI	53719
Treasurer/Member	Member	Manjit Singh	8110 Blakton Road, #306, Madison, WI	53719
Agent	President	Resham Singh	1301 Starr Grass Drive, Madison, WI	53719
Directors/Managers	Vice President	Satnam Singh Saini	1301 Starr Grass Drive, Madison, WI	53719

- 3 Trade Name **Maharani Restaurant** Business Phone Number **608-239-2922**
4 Address of Premises **380 W Washington Avenue** **707 N High Point Rd** 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 **10/15/06** 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)

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 signers accept the 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 21st day of November
[Signature]
(Clerk/Notary Public)
My commission expires 03/21/2010
[Signature: Resham Singh] Member of Corporation/Member/Manager of Limited Liability Company /Partner/Individual
[Signature: Manjit Singh] Member of Corporation/Member/Manager of Limited Liability Company /Partner
[Signature: Kuldeep Kaur] (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK
Date received and filed with municipal clerk 11-22-06 Date reported to council/board _____ Date provisional license issued _____ Signature of Clerk / Deputy Clerk _____
Date license granted _____ Date license issued _____ License number issued 76412

Applicant's Wisconsin Seller's Permit Number:	
Federal Employer Identification Number (FEIN): <u>20-5720804</u>	
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	\$

City of Madison Liquor and/or Beer Original Supplemental Form

Office Use Only

- | | |
|--|--|
| <input type="checkbox"/> Seller's Permit Number (<i>Applied For</i>)
<input checked="" 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 checked="" type="checkbox"/> Lease
<input checked="" type="checkbox"/> Notarized Transfer of Ownership Letter
<input checked="" type="checkbox"/> *Schedule of Appointment of Agent (AT-104)
<input checked="" type="checkbox"/> *Notarized Agent Appointment/Acceptance Form
<input checked="" type="checkbox"/> *Articles of Incorporation/ Organization
<input checked="" 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), the Madison Police Department, and the Alcohol Policy Coordinator.

- ☒ Alderperson Paul Skidmore can be reached at 608-829-3425 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.
- ☒ Police Department District Captain John Devonport can be reached at 608-288-6152.
- ☒ Alcohol Policy Coordinator Joel Plant can be reached at 264-9295.

- 1 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
2. Are there any special conditions desired by the neighborhood? Yes No
 Explain _____
3. Name of Applicant/Partner/Corporation/LLC SAINI INC.
4. Telephone Number: 608-239-2922
5. Address of Licensed Premise 707 NORTH HIGH POINT ROAD, MADISON, WI 53717
6. Anticipated opening date: JANUARY 15, 2007
7. Mailing address if not opening immediately 6717 ODANA ROAD, 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:
SWAGAT SHALL BE A FAMILY RESTAURANT. IT WILL SERVE INDIAN FOOD, DRINKS, DESSERTS
RESTAURANT WILL OPEN FROM 10 AM THRU 10 PM MONDAY THROUGH SUNDAY

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.**
THE RESTAURANT IS PART OF A STRIP MALL OPERATED BY GORMAN & COMPANY. WE WILL STORE
AROUND 3-5 CASES AT A GIVE TIME IN THE BACK OFFICE ROOM RESTAURANT WILL HAVE KEEP
MORE ALCOHOL THAT ITS WEEKLY NEEDS

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. _____
THE PARKING LOT OF THE RESTAURANT IS MONITORED BY THE MANAGEMENT COMPANY

13. Describe your management experience, staffing levels, duties and employee training.
THE MANAGER HAS OVER 7 YEARS EXPERIENCE IN RUNNING RESTAURANTS AND BAR IN WI & CA

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 RESHAM SINGH

Name

1301 STARR GRASS ROAD, MADISON, WI 53719

Address

City

State

Zip

15. Excluding pre-packaged snacks, how late will food be served? UNTIL 10 PM

16. What type of food will you be serving, if any? COOKED, HOT FOOD.

17. Indicate any other product/service offered: _____

18. Describe your target market. FAMILIES IN MADISON AREA.

19. What is your estimated capacity? 115 SEATS

20. Are you operating under a lease or franchise agreement? Yes No (If yes, attach a copy.)

21. Owner of building where establishment is located: SAUK POINT SQUARE LLC
Address of Owner: N POINT ROAD, MADISON, WI Phone Number _____

22. Individual or Partnership: 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.

23. Corporation/LLC: Will liquor/beer agent be a Wisconsin resident at the time of granting? Yes No

24. Corporation/LLC: Agent must disclose interest held in business: 25 %

25. Corporation/LLC: Has agent completed the Beverage Server Training Course? Yes No

License cannot be issued until proof of Beverage Server Training completion is shown.

26. Corporation/LLC: List Directors, Stockholders, and Managers below.

Director(s) Name	Home Address
RESHAM SINGH	1301 STARR GRASS DRIVE, MADISON, WI 53719
SATNAM SINGH SAINI	1301 STARR GRASS DRIVE, MADISON, WI 53719
MANJIT SINGH	8110 BLAKTON ROAD #306, MADISON, WI 53719

Stockholder's Name	Address	Extent of Ownership%
RESHAM SINGH	1301 STARR GRASS DRIVE, MADISON, WI 53719	25%
MANJIT SINGH	8110 BLAKTON ROAD, #306, MADISON, WI 53719	25%
SATNAM S SAINI KULDEEP KAUR	1301 STARR GRASS DRIVE, MADISON, WI 53719 222 RANDOLPH ROAD, MADISON, WI 53717	25% 25%

Manager's Name	Address	Business Phone	Home Phone
RESHAM SINGH	1301 STARR GRASS	608-827-7188	608-833-4724

27. 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

28. Pursuant to Chapter 23 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	5 %
Percent Gross Receipts from Food	85 %
Percent Gross Receipts from Other	10 %
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.

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

30. Will your establishment have a kitchen manager? Yes No

31. Will your establishment be a member of the Wisconsin Restaurant Association? Yes No

32. How many wait staff will be employed at the establishment? 3

33. What hours, if any, will food service not be available? 11am - 10am

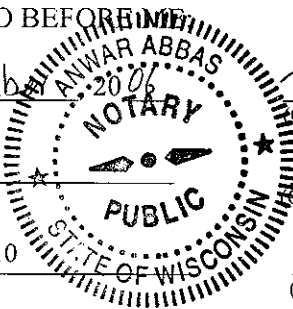
34. Describe how you plan to advertise/promote your business What products will you be advertising?
with local ~~providing~~ newspaper.

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 21st day of November, 2006

[Signature]
(Clerk/Notary Public)



[Signature]

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

[Signature]

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

My commission expires 03/21/2010

[Signature]

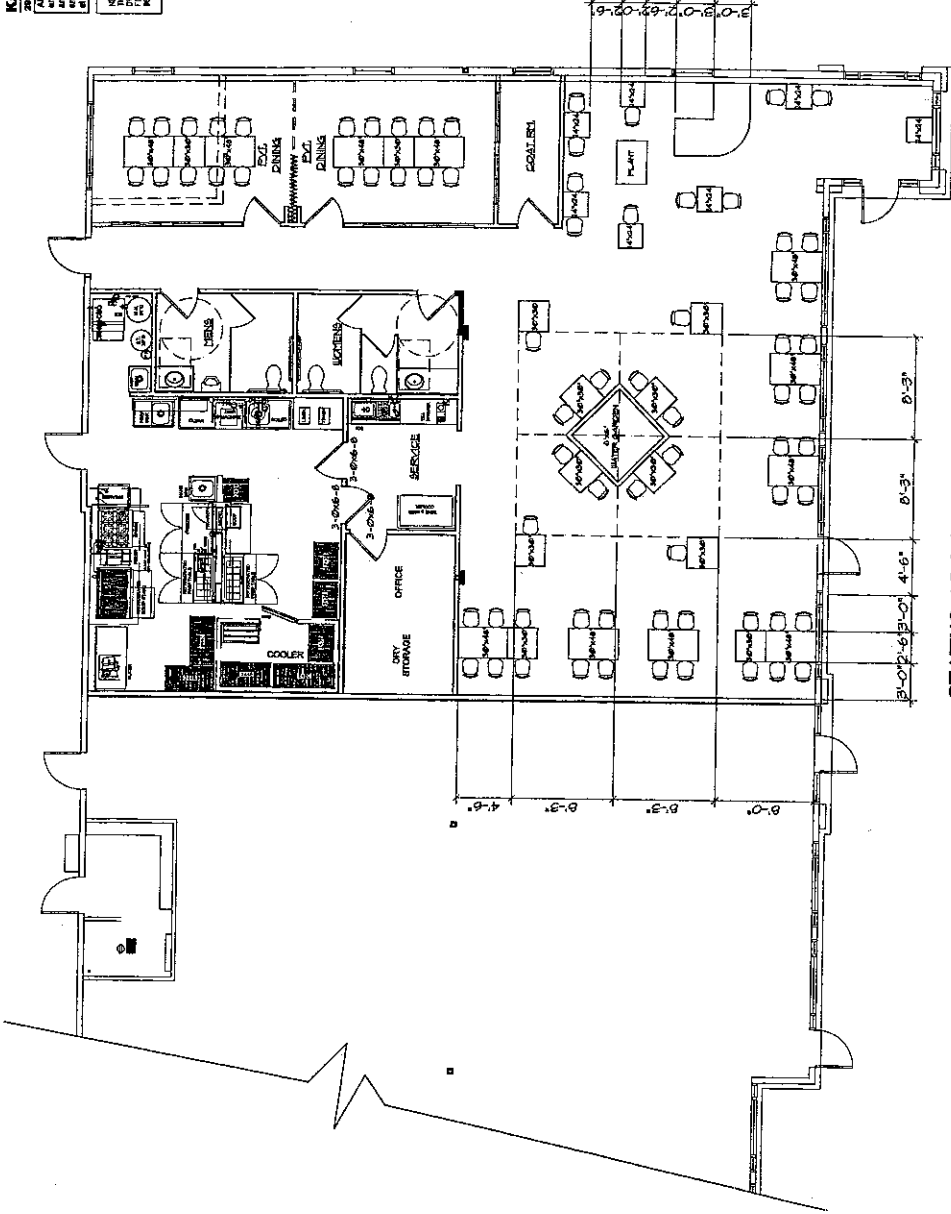
(Officer of Corporation/Member/Manager of LLC/Partner/Individual)

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

Kavanaugh Restaurant Supply, Inc.
 2525 Bryant Road Houston, TX 77078 281-477-4314

THESE DIMENSIONS AND PLACEMENTS ARE FOR INFORMATION ONLY. ALL DIMENSIONS AND PLACEMENTS ARE SUBJECT TO CHANGE WITHOUT NOTICE AND SHALL NOT BE USED ON ANY OTHER WORK FOR WHICH THIS PLAN WAS DEVELOPED. CHANGES TO BE WORKED AT THE JOB SITE.

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SEATING AS SHOWN 74. MAX. CAPACITY 124

SEATING LAYOUT

COURTNEY & ASSOCIATES DESIGNING LLC
 1100 W. 42ND STREET, SUITE 100
 HOUSTON, TEXAS 77018
 281-477-4314
 COURTNEY & ASSOCIATES DESIGNING LLC
 1100 W. 42ND STREET, SUITE 100
 HOUSTON, TEXAS 77018
 281-477-4314
 SEATING LAYOUT

Application Date: 11/22/2006

Proof of WI Seller's Permit No APPLIED FOR

Name of Corporation, Limited Liability Company, Individual Owner, Private Club or Partner(s) SAINI INC	Liquor/Beer Agent RESHAM SINGH		
Mailing Address 707 NORTH HIGH POINT ROAD	Liquor/Beer Agent Address 1301 STARR GRASS DRIVE		
City/State/Zip Code MADISON, WI 53717	Liquor/Beer City/State/Zip Code MADISON, WI 53703		
Name of Registered Agent or General Partner RESHAM SINGH	Local Contact Person Phone Number RESHAM SINGH 608-239-2922		
Trade Name SWAGAT RESTAURANT	Estimated Opening Date JANUARY 15, 2007		
Business Address 707 NORTH HIGH POINT ROAD, MADISON, WI	Signature of Owner/Operator <i>Resham Singh</i>		
Type of Business <input checked="" type="checkbox"/> Restaurant <input type="checkbox"/> Tavern <input type="checkbox"/> Grocery Store <input type="checkbox"/> Caterer <input type="checkbox"/> Cafeteria <input type="checkbox"/> Other _____			
Food and Drink License? Needed for: THIS LOCATION			
Private Club? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
License Description	Type	Fee	Number
Class B Liquor/Beer publication fee	108	20 ⁰⁰	76412
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.

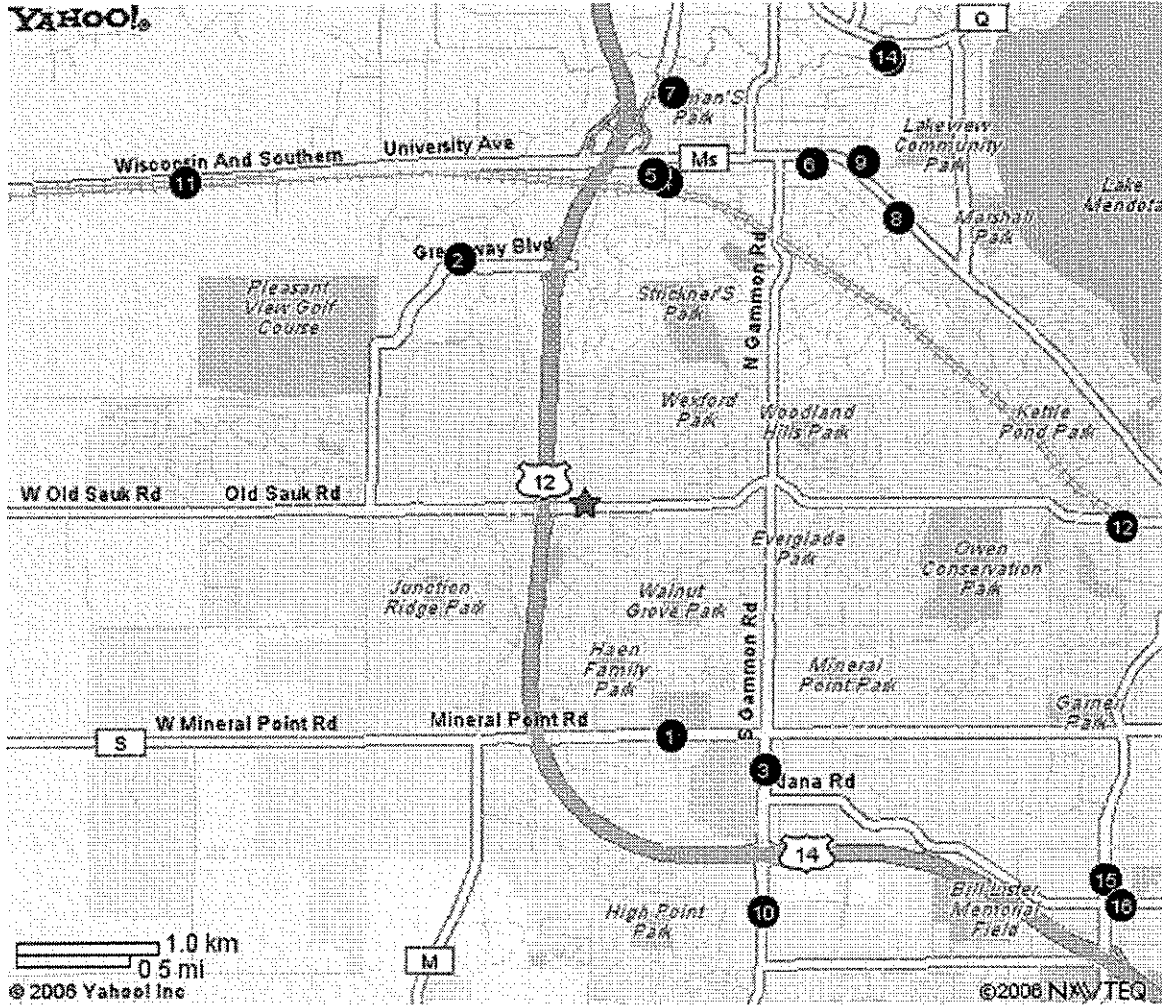
YAHOO! LOCAL Sign In
 Maps New User? Sign Up

Map:

Yahoo! Maps - Madison, WI 53717-2237

<< Back to Map

★ 707 N High Point Rd Madison, WI 53717-2237



Map#	Business/Landmark Info	Distance
1	Martin O'Grady Irish Pub 7436 Mineral Point Rd Madison, WI Phone: (608) 833-4262	1.0 miles
2	Claddagh's Irish Pub 1611 Aspen Cmns Middleton, WI Phone: (608) 833-5070	1.2 miles
3	Smokey Bones Bbq & Grill 418 S Gammon Rd Madison, WI Phone: (608) 833-2736	1.3 miles
4	Village Green Bar & Grill 7508 Hubbard Ave Middleton, WI	1.4 miles

ADVERTI

- 5

Hody Bar & Grill
1914 Aurora St
Middleton, WI
Phone: (608) 831-1901

1.4 miles
- 6

Middleton Sport Bowl Llc
6815 University Ave
Middleton, WI
Phone: (608) 831-5238

1.7 miles
- 7

Paul & Cheryl's Nghbrhood Bar
2401 Parmenter St
Middleton, WI
Phone: (608) 827-7285

1.8 miles
- 8

Rusty's
6413 University Ave
Middleton, WI
Phone: (608) 836-1766

1.8 miles
- 9

Club Tavern & Grille
1915 Branch St
Middleton, WI
Phone: (608) 836-3773

1.9 miles
- 10

Old Town Pub
724 S Gammon Rd
Madison, WI
Phone: (608) 276-8589

1.9 miles
- 11

Frienz Bar & Grill
7302 US Highway 14
Middleton, WI
Phone: (608) 836-8800

2.2 miles
- 12

Sweeney's Oakcrest Tavern
5371 Old Middleton Rd
Madison, WI
Phone: (608) 233-1243

2.3 miles
- 13

Bristled Boar Saloon & Grill
2611 Branch St
Middleton, WI
Phone: (608) 831-0436

2.3 miles
- 14

Branch Street Retreat
2644 Branch St
Middleton, WI
Phone: (608) 836-7750

2.3 miles
- 15

Applebee's Neighborhood Grill
660 S Whitney Way
Madison, WI
Phone: (608) 271-5450

2.7 miles
- 16

J T Whitney's Pub & Brewery
674 S Whitney Way
Madison, WI
Phone: (608) 274-1776

2.8 miles


FE
FR

TO CHANGE
ABOUT IT



WITH
LOS
ATH

When using any driving directions or map, it's a good idea to do a reality check and make sure the road still exists, watch out for construction, and follow all traffic safety precautions. This is only to be used as an aid in planning.



Need Local information on the go?
Simply text a business name and location to 92466 (Yahoo)

Try "coffee 53717" or "Starbucks Madison, WI"