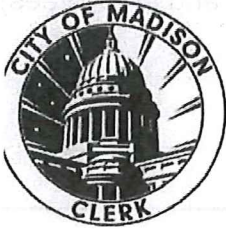


**REVISED**  
12/10/20



# Liquor/Beer License Application

City of Madison Clerk  
210 MLK Jr Blvd, Room 103  
Madison, WI 53703

[licensing@cityofmadison.com](mailto:licensing@cityofmadison.com)  
608-266-4601

Class A:  Beer,  Liquor,  Cider  
Class B:  Beer,  Liquor,  
 Class C Wine

(Agenda Item Number)

63492

(Legistar file number)

LICLIA-2020-00842

(License number)

9

(Alder District #)

124

(Police Sector)

Office Use Only

## Section A - Applicant

1. List the name of your  Sole Proprietor,  Partnership,  Corporation/ Nonprofit Organization or  Limited Liability Company exactly as it appears on your State Seller's Permit.

Hy-Vee, Inc.

2. Trade Name (doing business as) Hy-Vee Wine & Spirits

3. Address to be licensed 7475 Mineral Pt. Rd. Madison, WI 53717

4. Mailing address 5820 Westown Parkway, West Des Moines, IA 50266

5. Anticipated opening date 2/1/21

6. ~~Is~~ Is the applicant an employee or agent of, or acting of behalf of anyone except the applicant named in question 1?

No  Yes (explain)

Store Director of a Hy-Vee Store

7. Does another alcohol beverage licensee or wholesale permittee have interest in this business?  No  Yes (explain)

## Section B-Premises

8. Describe in words the building or buildings where alcohol beverages are to be sold and stored. Include all rooms including living quarters, if used, and any outdoor seating used for the sales, service, and/or storage of alcohol beverages and receipts. Alcohol beverages may be sold and stored only on the premises as approved by Common Council and described on license.

See Attached Description

**Section D-Business Plan**

21. What type of establishment is contemplated?  
 Tavern  Nightclub  Restaurant  Liquor Store  Grocery Store  
 Convenience Store without gas pumps  Convenience Store with gas pumps  
 Other \_\_\_\_\_
22. 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?  No  Yes
23. Hours of operation: please enter opening and closing times in the table below.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8 - 9	8 -9	8 -9	8 - 9	8 -9	8 - 9	8 -9
<i>(Class B only) Enter below any hours when food service will not be available, if applicable</i>						
-	-	-	-	-	-	-

**Section E-Consumption on Premises**

*This section applies to Class Band Class C applicants only. Class A license applicants (consumption off premises) may skip to Section F.*

24. Indicate any other product/service offered. \_\_\_\_\_
25. All restaurants and taverns serving alcohol must substantiate their gross receipts for food and alcohol beverage sales broken down by percentage. (Note: Non-alcoholic drinks are classified as "Food.") New establishments estimate percentages:  
 \_\_\_\_\_ % Alcohol \_\_\_\_\_ % Food \_\_\_\_\_ % Other  
 If applicable, describe "Other": \_\_\_\_\_
- Do you have written records to document the percentages shown?  No  Yes  
 You may be required to submit documentation verifying the percentages indicated.
26. Do you plan to have live entertainment?  No  Yes-what kind? \_\_\_\_\_

If planned entertainment includes live music (except solo acoustic), a DJ, or a designated dance floor, please also complete an Entertainment License.

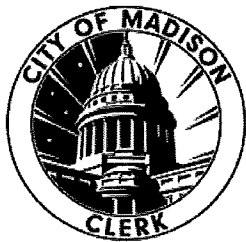
**Section F-Required Contacts and Filings**

27. I understand that liquor/beer license renewal applications are due April 15 of every year, regardless of when license was initially granted.  No  Yes
28. I understand that I am required to host an information session at least one week before the ALRC meeting.  No  Yes
29. I agree to contact the Alderperson for this location to discuss my application and to invite the Alderperson to my information session.  No  Yes



## Section B – Premises

The sales floor will have wine, spirits and beer for sale throughout the entire store (as shown on the attached plan). There will be a tasting area (identified on the attached plan) where there will be periodic tastings for customers. Inventory will be delivered through a back door into the storage room (identified on the attached plan). Wine, spirits and beer will be stored in the storage room until displayed on the sales floor.



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- Class A:  Beer,  Liquor,  Cider  
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(Agenda Item Number)
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LICLIA-2020-00842
(License number)
9                      124
(Alder District #)                      (Police Sector)
Office Use Only

## Section A – Applicant

- List the name of your  Sole Proprietor,  Partnership,  Corporation/Nonprofit Organization or  Limited Liability Company exactly as it appears on your State Seller's Permit.  
Hy-Vee, Inc.
- Trade Name (doing business as) Wall to Wall Wine & Spirits
- Address to be licensed 7475 Mineral Pt. Rd. Madison, WI 53717
- Mailing address 5820 Westown Parkway, West Des Moines, IA 50266
- Anticipated opening date 2/1/2021
- Is the applicant an employee or agent of, or acting of behalf of anyone except the applicant named in question 1?  
 No  Yes (explain)  
Store Director of a Hy-Vee Store
- Does another alcohol beverage licensee or wholesale permittee have interest in this business?  No  Yes (explain)

## Section B—Premises

- Describe in words the building or buildings where alcohol beverages are to be sold and stored. Include all rooms including living quarters, if used, and any outdoor seating used for the sales, service, and/or storage of alcohol beverages and receipts. Alcohol beverages may be sold and stored only on the premises as approved by Common Council and described on license.  
See Attached Description

9. Applicants for on-premises consumption only. Estimated capacity (patrons and employees):  
Indoor: \_\_\_\_\_ Outdoor: \_\_\_\_\_

10. Describe existing parking and how parking lot is to be monitored.  
\_\_\_\_\_  
\_\_\_\_\_

11. Was this premises licensed for the sale of liquor or beer during the past license year?  
 No  Yes, license issued to \_\_\_\_\_ (name of licensee)

**Section C—Corporate Information**

This section applies to corporations, nonprofit organizations, and Limited Liability Companies only. Sole proprietorships and partnerships, skip to Section D.

12. Name of liquor license agent Ross Grunwald  
13. City, state in which agent resides \_\_\_\_\_  
14. How long has the agent continuously resided in the State of Wisconsin? \_\_\_\_\_  
15. Has the liquor license agent completed the responsible beverage server training course?  
 No, but will complete prior to ALRC meeting  Yes, date completed \_\_\_\_\_  
16. State and date of registration of corporation, nonprofit organization, or LLC.  
Iowa 1/3/1938

17. In the table below list the directors of your corporation or the members of your LLC.  
 Attach background check forms for each director/member.

Title	Name	City and State of Residence
See Attached		

18. Registered agent for your corporation or LLC. This is your agent for service of process, notice or demand required or permitted by law to be served on the corporation. This is not necessarily the same as your liquor agent.  
Ross Grunwald

19. Is applicant a subsidiary of any other corporation or LLC?  
 No  Yes (explain) \_\_\_\_\_

20. Does the corporation, any officer, any director, any stockholder, liquor agent, LLC, any member, or any manager hold any interest in any other alcohol beverage license or permit in Wisconsin?  
 No  Yes (explain) We have multiple Hy-Vee's in Wisconsin

**Section D—Business Plan**

21. What type of establishment is contemplated?  
 Tavern    Nightclub    Restaurant    Liquor Store    Grocery Store  
 Convenience Store without gas pumps    Convenience Store with gas pumps  
 Other \_\_\_\_\_
22. 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?  No    Yes
23. Hours of operation: please enter opening and closing times in the table below.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8 - 9	8 -9	8 -9	8 - 9	8 -9	8 - 9	8 -9
<i>(Class B only) Enter below any hours when food service will not be available, if applicable</i>						
-	-	-	-	-	-	-

**Section E—Consumption on Premises**

*This section applies to Class B and Class C applicants only. Class A license applicants (consumption off premises) may skip to Section F.*

24. Indicate any other product/service offered. \_\_\_\_\_
25. All restaurants and taverns serving alcohol must substantiate their gross receipts for food and alcohol beverage sales broken down by percentage. (Note: Non-alcoholic drinks are classified as "Food.") New establishments estimate percentages:  
 \_\_\_\_\_ % Alcohol   \_\_\_\_\_ % Food   \_\_\_\_\_ % Other
- If applicable, describe "Other": \_\_\_\_\_
- Do you have written records to document the percentages shown?    No    Yes  
 You may be required to submit documentation verifying the percentages indicated.
26. Do you plan to have live entertainment?    No    Yes—what kind? \_\_\_\_\_

If planned entertainment includes live music (except solo acoustic), a DJ, or a designated dance floor, please also complete an Entertainment License.

**Section F—Required Contacts and Filings**

27. I understand that liquor/beer license renewal applications are due April 15 of every year, regardless of when license was initially granted.    No    Yes
28. I understand that I am required to host an information session at least one week before the ALRC meeting.    No    Yes
29. I agree to contact the Alderperson for this location to discuss my application and to invite the Alderperson to my information session.    No    Yes

30. I agree to contact the Police Department District Captain for this location prior to the ALRC meeting.  No  Yes
31. I agree to contact the Deputy Clerk prior to the ALRC meeting.  No  Yes
32. I agree to contact the neighborhood association representative prior to the ALRC meeting.  No  Yes
33. I intend to operate under the alcohol license within 90 days of the Common Council granting this license. The license shall be considered surrendered if not issued within 90 days of being granted.  No  Yes
34. I understand we must file a Special Occupational Tax return (TTB form 5630.5) before beginning business. [phone 1-800-937-8864]  No  Yes
35. I understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in question 1, above. [phone 608-266-2776]  No  Yes
36. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  No  Yes

**Section G—Information for Clerk's Office**

37. This application is for the license period ending June 30, 20 2021.
38. State Seller's Permit 4 5 6 - 1 0 2 0 3 7 7 5 2 8 - 0 3
39. Federal Employer Identification Number 420325638
40. Who may we contact between 8 a.m. and 4:30 p.m. regarding this license?  
 Contact person Kelly Palmer  
 Business phone 515-267-2800 Business e-mail address kpalmer@hy-vee.com  
 Preferred language English
- If needed, a qualified interpreter can be provided at no charge to you. Would you like an interpreter?  
 Yes (language: \_\_\_\_\_)  
 No (If you answer no and you do require an interpreter, the ALRC will refer your application to a subsequent meeting and this may delay your application process)
- Si usted requiere o necesita un/a intérprete, nosotros podemos proveer un/a intérprete sin costo alguno. ¿Le gustaría tener un/a intérprete?  
 Sí, lenguaje: \_\_\_\_\_  
 No. Si usted escoge "no" en la solicitud/aplicación, y usted sí requiere un/a intérprete, el comité remitirá su solicitud para una nueva junta y esto puede atrasar el proceso de su solicitud.
41. Corporate attorney, if applicable: Name \_\_\_\_\_  
 Phone \_\_\_\_\_ E-mail \_\_\_\_\_



**NOTICE:** Completed application are due by noon of the third Monday (fourth, if the Clerk's office is closed on the third Monday) to get on the agenda for the proceeding months Alcohol License Review Committee. A completed application **must** be accompanied by the following items:

- Copy of State Seller's Permit (Not Business Tax Registration Certificate),  Appointment of Agent (if Corp/LLC),
- Member background investigation forms,  Articles of Incorporation (if Corp/LLC),  Floor Plans,
- Copy of Lease,  Business Plan, and  Sample Menu (if applying for Class B license)

If required items are missing, the application will not be considered complete and will not be accepted by the Clerk's Office until all requirements are submitted. No exceptions are made.

**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 the business according to law, and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. Lack of access to any portion of licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

Penalty for materially false application information: Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

*[Handwritten Signature]*

\_\_\_\_\_  
(Officer of Corporation/Member of LLC/Partner/Sole Proprietor)

*10/19/20*

\_\_\_\_\_  
(Date)

Clerk's Office checklist for complete applications		
<input checked="" type="checkbox"/> WI Seller's Permit Certificate (matching articles of <i>Applied</i> incorporation) <input checked="" type="checkbox"/> FEIN <input checked="" type="checkbox"/> Written description of premises	<input type="checkbox"/> Background investigation form(s) <input type="checkbox"/> Form for surrender of previous license <input checked="" type="checkbox"/> *Articles of Incorporation <input checked="" type="checkbox"/> *Appointment of Agent * Corporation/LLC only	<input type="checkbox"/> Floor Plans <input checked="" type="checkbox"/> Lease <input checked="" type="checkbox"/> Business Plan <input type="checkbox"/> **Sample Menu ** Class B only
<b>Upon Application Submission, the Clerk's Office issued to the application:</b>		
<input checked="" type="checkbox"/> Orange sign <input checked="" type="checkbox"/> Orange business card <input checked="" type="checkbox"/> "Applying for a Liquor/Beer License in the City of Madison" brochure with contact information		
Date complete application filed with Clerk's Office <u>11/30/20</u>		
Date of ALRC meeting <u>1/20/21</u> Date license granted by Common Council _____		
Date provisional issued _____    Date license issued _____		



# Liquor/Beer Agent

City of Madison Clerk  
210 MLK Jr Blvd, Room 103  
Madison, WI 53703

Class A:  Beer,  Liquor,  Cider  
Class B:  Beer,  Liquor,  
 Class C Wine

licensing@cityofmadison.com  
608-266-4601

\_\_\_\_\_  
(Agenda Item Number) -if change-

\_\_\_\_\_  
(Legistar file number) -if change-

\_\_\_\_\_  
(License number)

\_\_\_\_\_  
(Alder District # and Name)

Office Use Only

- This application is for Liquor/Beer Agents for new alcohol licenses and for a change of Liquor/Beer Agent to an existing alcohol license.
  - If you are a **new** agent for a **new** license, there is no charge.
  - If this is a **change of agent**, there is a \$10.00 charge.
- Please include a **background check form** and copy of your **picture ID** with this application.
- Please include documentation that you have taken **Beverage Server Training** or have held an **Operator's License** within the last two years.

### To be completed by Corporate Officer or Member of LLC

I, ANDREW SCHROEDER  
Assistant Vice President, officer/member for Hy-Vee, Inc. (Corp/LLC),  
Assistant Controller  
doing business as Hy-Vee Wines & Spirits, authorize and appoint Ross Brunwald  
Name  
as the liquor/beer agent for the premise located at 7475 Mineral Point Rd. Madison WI 53717

Penalty for materially false application information: Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

[Signature], 10/19/20  
Signature of corporate officer/member, Date

### To be completed by appointed Liquor/Beer Agent

I, Ross Brunwald, appointed liquor/beer agent for Hy-Vee, Inc. (Corp/LLC),  
being first duly sworn, affirm that I have full authority and control of the premise described  
in this license, and I am involved in the actual conduct of the business as an employee, or have a direct  
financial interest in the business of the licensee. The percent of the business I own is 0 %.

I have included a copy of my photo ID and Beverage Server Training certificate/Operator's license.

Penalty for materially false application information: Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

[Signature], 10/20/2020  
Signature of corporate Agent, Date

Form submitted by mail/e-mail  
Office Use Only

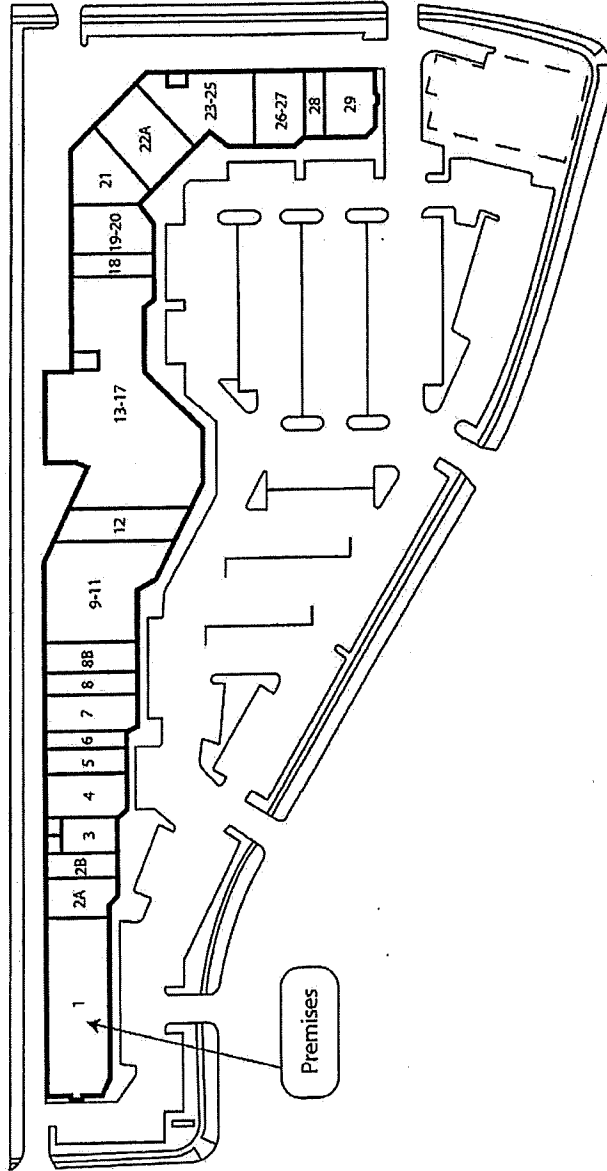


**EXHIBIT "A" TO MEMORANDUM OF LEASE**

PREMISES:

Space 1 as shown on the Site Plan attached as Exhibit A commonly known as 7475 Mineral Point Road, Madison, WI 53717

**HIGH POINT CENTER**  
Madison, WI



**BONNIE**  
MANAGEMENT  
CORPORATION  
AN AFFILIATE OF THE BONNIE GROUP

10000 W. WISCONSIN AVENUE, SUITE 200  
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WWW.BONNIEGROUP.COM