

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning ending 20 20

TO THE GOVERNING BODY of the: Town of Village of City of

County of 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): Teddy Stevens

Applicant's Wisconsin Seller's Permit Number: 456-0000157426-03 Federal Employer Identification Number (FEIN): 90-0715978 LICENSE REQUESTED TYPE FEE Class A beer \$ Class B beer \$ Class C wine \$ Class A liquor \$ Class B liquor \$ Reserve Class B liquor \$ Publication fee \$ TOTAL FEE \$

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.

Table with 4 columns: Title, Name, Home Address, Post Office & Zip Code. Rows include President/Member, Vice President/Member, Secretary/Member, Treasurer/Member, Agent (Teddy Stevens), Directors/Managers.

- 3. Trade Name T. Sushi Business Phone Number 608-886-7750
4. Address of Premises 301 west Johnson Madison wi Post Office & Zip Code 53717

- 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 and date 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

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.) Alcohol is gonna be sold in the restaurant stored in back

- 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 rights and responsibilities conferred by the license(s), if granted, will not be assigned to another.

SUBSCRIBED AND SWORN TO BEFORE ME this 14 day of November, 20 11. Eileen Beeg (Clerk/Notary Public) My commission expires 2-24-13

Teddy Stevens (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 Table with 4 columns: Date received and filed with municipal clerk, Date reported to council/board, Date provisional license issued, Signature of Clerk / Deputy Clerk. Date license granted, Date license issued, License number issued.

City of Madison Supplemental Class B License Application

<input checked="" type="checkbox"/> Seller's Permit Number	<input checked="" type="checkbox"/> Written Description of Premise	<input checked="" type="checkbox"/> Floor Plans
<input checked="" type="checkbox"/> Federal Employer Identification #	<input checked="" type="checkbox"/> Background Investigation Form(s)	<input checked="" type="checkbox"/> Lease
<input checked="" type="checkbox"/> Notarized Original Application Form	<input type="checkbox"/> Notarized Transfer of Ownership	<input checked="" type="checkbox"/> Sample Menu
<input checked="" type="checkbox"/> Notarized Supplemental Form	<input type="checkbox"/> *Articles of Incorporation	<input checked="" type="checkbox"/> Business Plan
<input type="checkbox"/> Orange Sign (Clerk's Office provides at time of application)	<input type="checkbox"/> *Notarized Appointment of Agent	
	<input type="checkbox"/> * Corporation/LLC only	

- Name of Applicant/Partner/Corporation/LLC Teddy Stevens
- Address of Licensed Premise 301 W. JOHNSON ST. MADISON, WI. 53717
- Telephone Number: 608-886-7791 4. Anticipated opening date: 1-2012
- Mailing address if not opening immediately 6804 UNIVERSITY AVE MIDDLETON WI. 53562
- 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
- Are there any special conditions desired by the neighborhood? Yes No
Explain. _____
- Business Description, including hours of operation: SUSHI RESTAURANT
Mon-Thur 11:30-11:30 WEEKENDS 11:30-1:30
- Do you plan to have live entertainment? No Yes—What kind? _____
- 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.**
SEE ATTACHED FLOOR ~~PLANS~~ ^{PLANS}
- 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.
- Describe existing parking and how parking lot is to be monitored. PARKING GARAGE
- Describe your management experience, staffing levels, duties and employee training.
MAT REYNOLDS WOULD BE T-SUSHI RESTAURANT MANAGER MY EXPERIENCE IS LIMITED.
- 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.
Teddy Stevens 6804 UNIVERSITY AVE, MIDDLETON, WI. 53562
Name Address

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

Overture Center Local Professionals

16. What age range would you hope to attract to your establishment? ALL

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

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

19. Owner of building where establishment is located: HAROLD LANGHAMMER

Address of Owner: 513 N. LAKE ST. MADISON WI 53703 Phone Number 608-567-1132

20. 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

21. List the Directors of your Corporation/LLC

Name

Address

Name

Address

Name

Address

22. List the Stockholders of your Corporation/LLC

Name

Address

% of Ownership

Name

Address

% of Ownership

Name

Address

% of Ownership

23. What type of establishment are you? (Check all that apply) Tavern Nightclub Restaurant

Other Please Explain. _____

24. What type of food will you be serving, if any? SUSHI

Breakfast Lunch Dinner

25. Please submit a sample menu with your application, if possible. What might eventually be included on your operational menu when you open? Appetizers Salads Soups Sandwiches Entrees

Desserts Pizza Full Dinners

26. During what hours of your operation do you plan to serve food? OPEN-CLOSE

27. What hours, if any, will food service not be available? close
28. Indicate any other product/service offered. No
29. Will your establishment have a kitchen manager? Yes No
30. Will you have a kitchen support staff? Yes No
31. How many wait staff do you anticipate will be employed at your establishment? 18-20
During what hours do you anticipate they will be on duty? open-close
32. Do you plan to have hosts or hostesses seating customers? Yes No
33. Do your plans call for a full-service bar? Yes No
If yes, how many bar stools do you anticipate having at your bar? 6-8
How many bartenders do you anticipate you would have working at one time on a busy night? 2
34. Will there be a kitchen facility separate from the bar? Yes No
35. Will there be a separate and specific area for eating only? Yes No
If yes, what will be the seating capacity for that area? 60
36. What type of cooking equipment will you have? Stove Oven Fryers Grill Microwave
37. Will you have a walk-in cooler and/or freezer dedicated solely to the storage of food products? Yes No
38. What percentage of your overall payroll do you anticipate will be devoted to food operation salaries?
UNKNOWN
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? 100%
What percentage of your advertising budget do you anticipate will be drink related? 0%
40. Are you currently, or do you plan to become, a member of the Madison—Dane County Tavern League or the Tavern League of Wisconsin? Yes No NOT SURE
41. Are you currently, or do you plan to become, a member of the Wisconsin Restaurant Association or the National Restaurant Association? Yes No
-

42. What is your estimated capacity? 67

43. 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.


Gross Receipts from Alcoholic Beverages	30 %
Gross Receipts from Food and Non-Alcoholic Beverages	70 %
Gross Receipts from Other	NONE %
Total Gross Receipts	100%

44. 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.

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 14 day of November, 20 11


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


(Clerk/Notary Public)

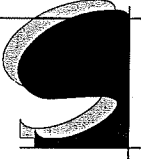
My commission expires 2-24-2013

Untitled

Written Description Of Premise

**301 w. johnson st madison wi is approximatley 12,000 sq ft with three levels and basement
Harold Langhammer is the owner all structural all plumbing and electricity needs no repairs
No structural demolition is gonna be done just basic interior design and remodleing.**

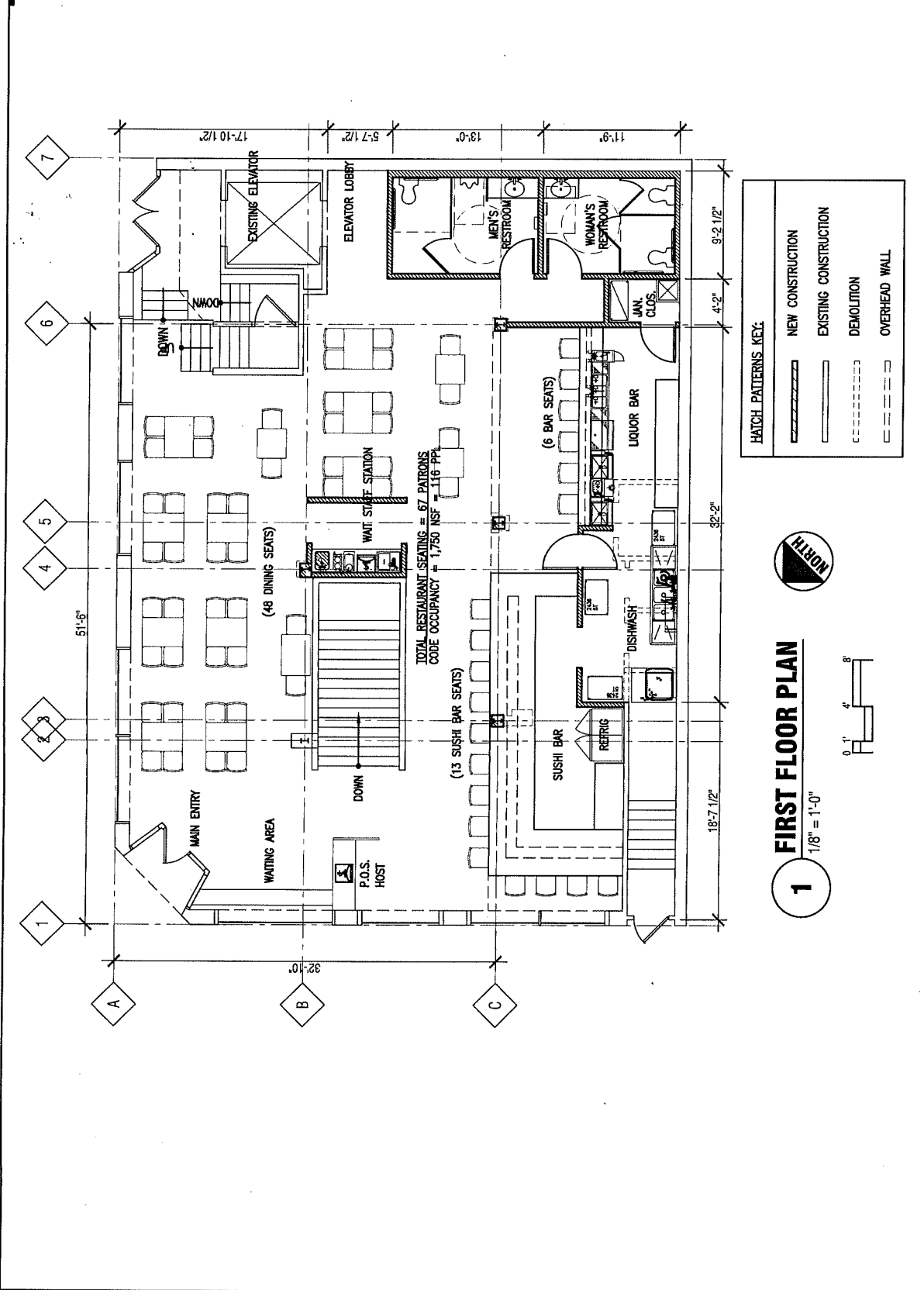
Teddy Stevens



T SUSHI RESTAURANT
 216 HENRY STREET, MADISON, WI

11/11/2011
 ALRC REVIEW

A1.0



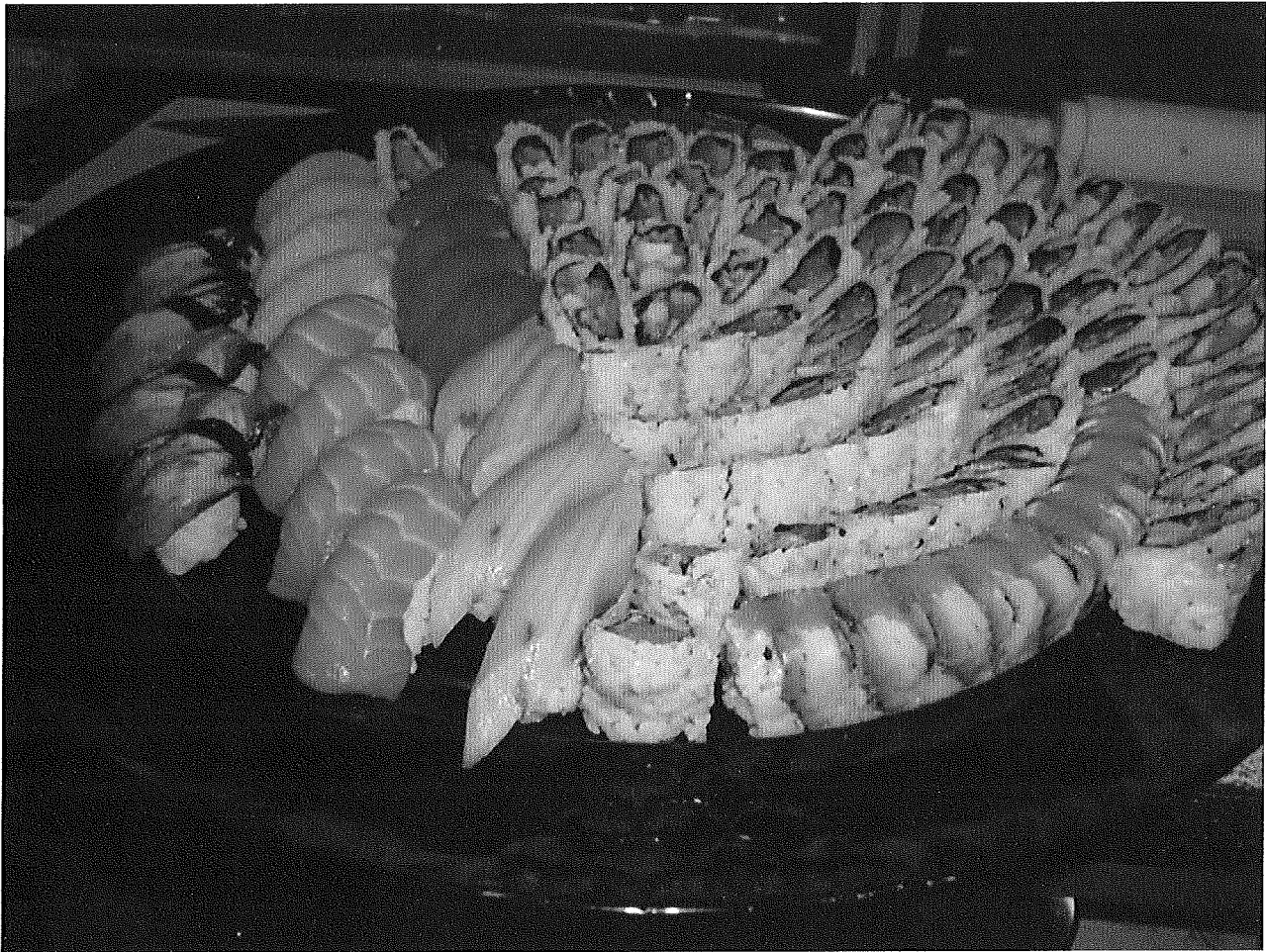
SUSHI ROLLS

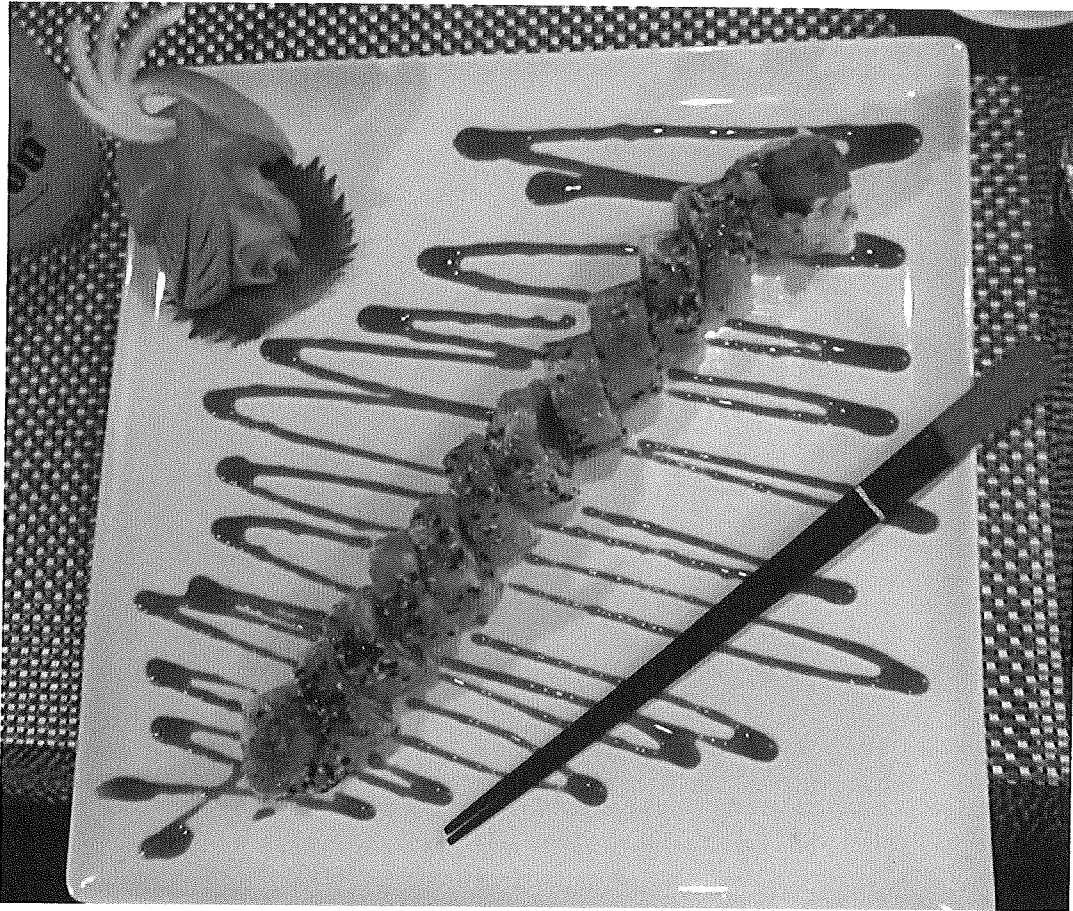
Cut Rolls = 6 pcs, Hand Rolls = Cone Shaped

	Cut Roll	Hand Roll
Avocado Roll	3.29	
California Roll	3.99	3.59
Crazy Roll Salmon, Tuna, Yellowtail, Avocado, Crabmeat	6.59	
Crunchy Roll	5.39	4.29
Crunch Cali Roll Tempura California Roll	6.99	
Crunchy Spicy Tuna Roll	6.99	
Cucumber Roll	3.29	
Philadelphia Roll Cream Cheese, Salmon	6.59	
Rainbow Roll Tuna, Salmon, Shrimp, Avocado over Cali Roll	9.39	
Salmon Roll Salmon, Avocado over Cali Roll	8.99	
Santa Maria Roll Eel, Spicy Tuna & Crab meat (Sweet & Spicy)	8.49	
Spicy Tuna Roll	5.69	3.99
Spicy Tuna Cali Roll Spicy Tuna Over California Roll	6.99	
Spider Roll Deep Fried Soft Shell Crab Roll	9.39	
Tuna Roll	4.39	3.99
Unagi Dragon Roll Eel, Avocado over Cali Roll	9.49	









Business Plan T. Sushi

1. PROJECT NAME: T. SUSHI
2. PROJECT PROPOSED LOCATION: 301 W. JOHSON STREET, MADISON, WI 53717
3. INTENDED USE OF SPACE: SUSHI RESTAURANT WITH BAR SERVING ALCOHOLIC BEVERAGES
4. DESCRIPTION OF SPACE: CONTEMPORARY DESIGN SETTING WTH SERVICE TO LOCAL PROFESSIONALS, OVERTURE CENTER AND RESIDENTS.
5. DELIVERIES: THREE TIMES PER WEEK
6. HOURS OF OPERATION: MONDAY – THURSDAY 11:30 – 11:30, FRIDAY AND SATURDAY 11:30 – 1:30, CLOSED SUNDAYS.
7. SEATING CAPACITY: 67
8. PROJECT SCHEDULE: JANUARY 2012
9. MANAGER: MAT REYNOLDS
10. MASTER SUSHI CHEF: MAT LEEPER
11. STAFF: 18-20 LICENSED

HOW T.SUSHI WILL INFLUENCE THE CITY AND NEIGHBORHOOD

By opening T.Sushi at 301 .W. Johnson Street, not only will the vacant store front be occupied, but will be occupied with a high end establishment, something that State Street sector is lacking. T.Sushi, with its contemporary design and trendy décor, will not only attract local professionals such as overture center patrons but will also provide high end unique sushi plates from our very own master sushi chef, Mat Leeper. Mat defines the word sushi as an art. T.Sushi will also provide fine wines and only the most trendy signature martinis from our alcoholic beverage bar.

Mat Reynolds, as T.Sushi manager, has been in the restaurant industry for over 8 years and managed several restaurants. He has far exceeded my high level of expectations and I look forward to his leadership as head manager at T.Sushi. Accent to the overture center is one of T.Sushi's greatest priorities.

Teddy Stevens