

# 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 } MADISON  
 Village of }  
 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): Keith Doherty FULL OF BULL LLC

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	Keith Doherty	119 Pilgrimage Dr	53940
Vice President/Member	Sam Cole	19 Rowland St.	02176
Secretary/Member			
Treasurer/Member			
Agent	KEITH DOHERTY		
Directors/Managers			

- 3 Trade Name Full of Bull Business Phone Number 608-963-9848  
4 Address of Premises 605 E. Washington Post Office & Zip Code \_\_\_\_\_

- 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 \_\_\_\_\_ 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) 605/607 East Washington

- 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. (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 23 day of FEBRUARY, 20 10  
Paula J. [Signature]  
(Clerk/Notary Public)  
My commission expires 5-6-2012

[Signature]  
(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>02-23-10</u>	Date reported to council/board <u>03-17-10</u>	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued <u>88977</u>	

## City of Madison Supplemental Class B License Application

<input type="checkbox"/> Seller's Permit Number <input type="checkbox"/> Federal Employer Identification Number <input checked="" type="checkbox"/> Notarized Original Application Form <input checked="" type="checkbox"/> Notarized Supplemental Form	<input checked="" type="checkbox"/> Description of Licensed Premise <input checked="" type="checkbox"/> *Notarized Appointment of Agent <input checked="" type="checkbox"/> Background Investigation Form(s) <input checked="" 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 Fall of Bull
2. Address of Licensed Premise 605 East Washington
3. Telephone Number: 608-963-9848 4. Anticipated opening date: 4-15-10
5. Mailing address if not opening immediately 119 Pilgrim Dr.
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 Some
7. Are there any special conditions desired by the neighborhood?  Yes  No  
 Explain \_\_\_\_\_
8. Business Description, including hours of operation: Restaurant 11-2:30 am
9. Do you plan to have live entertainment?  No  Yes—What kind? Music (2 man Band)
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.**  
2286 sq ft <sup>under</sup> 50 ppl Seating under 12 at Bar.  
18 ft. Bar size. Locked Liquor Cage Dry Storage  
Room Back half of 607 E. Washington
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. B Existing Parking  
lot shared w/ other Businesses.
13. Describe your management experience, staffing levels, duties and employee training.  
10 years Wilderness Resort Director of F&B Development.
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.  
Sam Calet 119 Pilgrim Dr. Wisconsin Dells, 53965  
 Name Address

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

Families

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

All ages

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

Internet, markers, signs

18. Are you operating under a lease or franchise agreement? Yes (attach a copy)

No

19. Owner of building where establishment is located:

~~██████████~~ ~~██████████~~

East Washington

Address of Owner: 380 W. Washington

Phone Number 294-7000

Retail LLC

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

Keith Doherty 119 Pilgrim Dr, Wis. Dells 53965

Name Address

Sam Calaf 119 Pilgrim Dr, Wis Dells 53965

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?

Sandwiches

Breakfast

Lunch

Dinner

Delivery

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?

11:2:30 am

27. What hours, if any, will food service not be available? N/A.

28. Indicate any other product/service offered. \_\_\_\_\_

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? 1  
During what hours do you anticipate they will be on duty? 11-7.

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? Under 12  
How many bartenders do you anticipate you would have working at one time on a busy night? 1

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? Under 50.

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?  
85%.

39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? 90%.  
What percentage of your advertising budget do you anticipate will be drink related? 10%.

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

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? Under 99

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	10 %
Gross Receipts from Food and Non-Alcoholic Beverages	90 %
Gross Receipts from Other	<del>0</del> % N/A
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 23<sup>rd</sup> day of Feb, 2010

  
(Clerk/Notary Public)



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

My commission expires 5-6-2012

# Appointment of New Liquor/Beer Agent

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

I, Keith Doherty, officer/member for Full of Bull LLC  
(Corporation/LLC), doing business as Full of Bull, authorize and appoint  
KEITH DOHERTY (Name) as the liquor/beer agent for the premise  
located at 605 East Washington

Subscribed and sworn to before me this

23 Day of FEB, 2010

[Signature]  
Notary Public, Dane County, Wisconsin

My Commission Expires 5-6-2012

[Signature]

Signature of Officer/Member

## To be completed by appointed Liquor/Beer Agent

I, Keith Doherty, appointed liquor/beer agent for  
Full of Bull (name of Corporation or LLC), being first duly sworn

say I have vested in me, by properly authorized and executed written delegation, full authority  
and control of the premise described in the license of such corporation or limited liability  
company, 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, therein relating to the intoxicating  
liquor/fermented malt beverage. The interest I have in the business is 75 %.

Subscribed and sworn to before me this

23 Day of FEB, 2010

[Signature]  
Notary Public, Dane County, Wisconsin

My Commission Expires 5-6-2012

[Signature]

Signature of Agent

The appointed Liquor/Beer Agent must complete the other side of this form.