			NSE APPLICA	111011	Applicant's Wisconsin Seller's Permit Number 156 (O	150340	>5245 ~
Submit to municipal clerk.		1			Federal Employer Identification Number (FEIN):	15888	67
For the license period begin en	ning	8/1	20 /2	;	LICENSE REQUEST	ED	
en	dina		20		TYPE		EE
	<u> </u>				Class A beer	\$	
		☐ Town of		•	Class B beer	\$	
TO THE GOVERNING BOD	Y of the:	☐ Village of }_	MADISON	w_1	Wholesale beer	\$	
		City of		•	Class C wine	\$	
		ليسنا					
County of		Aldermanic Dist.	No (if requ	red by ordinand	ce) Class A liquor	\$	••
					Class B liquor	\$	
1. The named INDIVIDU	JAL [PARTNERSHIP	LIMITED LIABIL	ITY COMPANY	Reserve Class B liquo	r \$	
h		 NPROFIT ORGANIZAT			Publication fee	\$	
hereby makes application for					TOTAL FEE	\$	
	ve last name	e, first, middle; corporat		mpanies give reg	gistered name):		
An "Auxiliary Questionnair partnership, and by each of liability company. List the resident/Nember	re," Form A officer, direct name, title, a Title	T-103, must be comp ctor and agent of a co and place of residence	orporation or nonpro of each person. Name BOURAS	fit organization Ho , 1 802 人		and agent o	f a limite
3. Trade Name ▶ 712	ZA	EXTREM	F	Rusinos	s Phone Number 60%-250	9-1=1	(P)
. Hade Name /	1/1/1/	110100=	()	Dusines	San B. Zin Onda A. A. A. A. C. C. O.	1 1 5 6	271
1. Address of Premises >	1617/	VIONROF	,,	Post On	ice & Zip Code P ZVOT DISCAV	WIS	3/13
Is individual, partners or ager	nt of corpora	ation/limited liability con	npany subject to comp	detion of the resp	onsible beverage server	100 1	
							L_ No
Is the applicant an employe of	or agent of, o	or acting on behalf of a	nyone except the nam	ed applicant?	<i></i>	. Yes	Ø No
					of this business?		N
					late of registration.		
					bility company?		□No
							<u> </u>
(c) Does the corporation, or	any officer,	director, stockholder or	r agent or limited liabili	ty company, or a	ny member/manager or		
(c) Does the corporation, or agent hold any interest in	any officer, on any other a	director, stockholder or alcohol beverage licens	r agent or limited liabili se or permit in Wiscon	ty company, or a sin?	ny member/manager or		
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LICKIB-2012-00468

AT-106 (R. 4-09)

W) SELLEN #456-10250	034038-04 FED EMP. #45	6-1027745192-02
City of Madison Su	pplemental Class B License A	- 4568067/) pplication (
Seller's Permit Number Federal Employer Identification # Notarized Original Application Form Notarized Supplemental Form Corange Sign (Clerk's Office provides at time of application)	 ☑ Written Description of Premise ☑ Background Investigation Form(s) ☑ Notarized Transfer of Ownership ☐ *Articles of Incorporation ☐ *Notarized Appointment of Agent * Corporation/LLC only 	☐ Floor Plans ☐ Lease ☐ Sample Menu ☐ Business Plan
1. Name of Applicant/Partner/Corporation	on/LLCA GOOD SION LLC	
2. Address of Licensed Premise 1619	MONROE ST, MANISON	W1 53711
3. Telephone Number: 608 259-1	4. Anticipated opening date:	8-1-12
5. Mailing address if not opening immedi	ately SAMF	
6. Have you contacted the Alderperson, P the neighborhood association represen	Police Department District Captain, Alcohotative for the area in which you intend to	locate?
7. Are there any special conditions desired Explain.	d by the neighborhood? □ Yes 🖎 No	AS ABOVIE
	A DURING BADGFAR FOR	TBALL GAMPSONE
9. Do you plan to have live entertainment	? ☒No □ Yes—What kind?	
	g, including overall dimensions, seating a ages are to be sold and stored. The licensiged without the approval of the Comm	sed premise described
11. Are any living quarters directly or indirectly or indirectly are note that alcohol may be sold at 12. Describe existing parking and how part	nd stored only on the licensed premise, no	ot in living quarters.
13. Describe your management experience HACE BEEN ACENT FO	e, staffing levels, duties and employee training the Solar Ton For	•
14. Identify the registered agent for your process, notice or demand required or p	permitted by law to be served on the corn	oration
PHILIP SCOTT BOD	RAS, 1802 MITCHELL	ST., OSH HOSH WI
Nåme Address	RAS, 1802 MITCHFUL	54901

15. Utilizing your market research, who would you project your target market to be?	
FOOTBALL FAMS, ALUMINI, UISITING TEAM SUPPURITIONS	
16. What age range would you hope to attract to your establishment?	
17. Describe how you plan to advertise/promote your business. What products will you be advertising? SIGNS - POSSIBUE RADIO TIE-IN	
18. Are you operating under a lease or franchise agreement? ☐ Yes (attach a copy) ∠XNo	
19. Owner of building where establishment is located:	
Address of Owner: 1713 McGUE, MIDDLETON WI Phone Number	
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 ❷ No	
21. List the Directors of your Corporation/LLC	
PHILIP SCOTT BOORAS, 1802 MITCHTELL ST., 65/H105/H W1540 Name Address	90]
Name Address	
Name Address	
22. List the Stockholders of your Corporation/LLC	
AS ABOVE 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? P1224 + BP415	
☐ 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? 2 HOUR BEFORE FAFTEN BANGER FOOT BALL GAMES	

27.	What hours, if any, will food service <u>not</u> be available?
28.	Indicate any other product/service offered. SODA, WATER
29.	Will your establishment have a kitchen manager? ÆYes □ No
	Will you have a kitchen support staff? □ Yes □ No
31.	How many wait staff do you anticipate will be employed at your establishment? During what hours do you anticipate they will be on duty? 9M-MIDNIG-15
	Do you plan to have hosts or hostesses seating customers? Yes
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?
	How many bartenders do you anticipate you would have working at one time on a busy might? 574
	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
	If yes, what will be the seating capacity for that area?
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? ▶¥es □ No
38.	What percentage of your overall payroll do you anticipate will be devoted to food operation salaries?
39.	If your business plan includes an advertising budget, what percentage of your advertising budget do you
	anticipate will be related to food?
	What percentage of your advertising budget do you anticipate will be drink related?
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
	Are you currently, or do you plan to become, a member of the Wisconsin Restaurant Association or the National Restaurant Association? Yes

42.	What is your estimated	capacity?	
4 ∠.	What is your estimated	cupacity.	

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.

DURING GAMES	ONCY	
Gross Receipts from Alcoholic Beverages	60	%
Gross Receipts from Food and Non-Alcoholic Beverages	40	%
Gross Receipts from Other		. %
Total Gross Receipts	10	0%

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 De day of June, 2012

My commission expires 5/15/2016

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

Appointment of New Liquor/Beer Agent

To be completed by Corporate Officer or Member of LLC
I, PHILIP SCOTT BOORTS, officer/member for A 6000 SION LLC
(Corporation/LLC), doing business as <u>PIZZA FATREME</u> , authorize and appoint
CHULIP SCOTT BOORIS (Name) as the liquor/beer agent for the premise
located at 1614 MONROF ST., MANISON WI 5371/
'
Subscribed and sworn to before me this Signature of Officer/Member
Signature of Officer/Member Day of
Notary Public, Dane County, Wisconsin
My Commission Expires 6 15 12
To be completed by appointed Liquor/Beer Agent
I, PHILIP SCOTT BOORAS, appointed liquor/beer agent for
A GOOD SION UC (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%.
Subscribed and sworn to before me this PSUT Bor-
Day of June 2012
1111 mole & Bacto
Notary Public, Dane County, Wisconsin My Commission Expires 5/15/2016

Payment of Taxes on Liquor/Beer License Transfer

Payment of Taxes on Liquot/Deer License Transfer
I, $\frac{VHIVV 3001}{Name}$, $\frac{OWNMC}{Title}$, applicant for
a liquor and/or beer license for the premise located at 1614 MONROF ST, have
read the provisions in the attached copy of Madison General Ordinance Section 9.01, and understand
that payment of all personal property taxes, special assessments, room taxes, forfeitures and judgments
must be paid before the Office of the City Clerk can issue said license.
Signature of Applicant Signature of Applicant Date
Signature of Applicant Date
Subscribed and sworn to before me this 22Nd day of

Transfer of Ownership

(letter to surrender previous license)

To be filed with the City Clerk at the time a new application is submitted for a change of ownership for any liquor and/or beer establishment.

The Class of License	license for the premise located at
1614 MONROE. Street Address	ST will be relinquished upon the
approval of the application and the	e issuance of the same type of license for the same
premises to PHILIP 5.	BOORAS.
There have been no convictions for	or violations during the current license year, nor are
there any pending violations again	ast the present licensee except as follows:
NONE	
JE Mun	3-1-12
Signature of Present License Hold	3-1-12 ler Date

FENCE BEEN SEWING TIMES. DOOR CHECKERS ALL EXITS AREA WILL BE Show FANCED DURING 1614 MONROE, MAN 5000 WISSTI TOANT BRATS TERPACE EXISTING PIZZA PORT ABOOMES BNFCZG PEXTENDAY! 100 EXTREME

CITY OF MADISON

LICENSE

NOT TRANSFERABLE

License For	License Number	Page	Date Issued	Expiration Date
Clerks - Operator License	65706-67092	1 of 1	05/27/2012	06/30/2014
	CONTROL ORDINANCES			

PURSUANT TO SECTION 38 OF THE MADISON GENERAL ORDINANCES.

BOORAS, PHILIP S 1802 MITCHELL ST OSHKOSH, WI 54901

BEVERAGE SERVER TRAINING COMPLETED

Ful NA

Mayor

Maribeth Witzel-Behl

Clerk