

# ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk

For the license period beginning July 1 20 07 ;  
ending June 30 20 08

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): Target Corporation d/b/a Target Stores

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      | <u>see attached list</u> |              |                        |
| Vice President/Member |                          |              |                        |
| Secretary/Member      |                          |              |                        |
| Treasurer/Member      |                          |              |                        |
| Agent                 | <u>Justin Franze</u>     |              |                        |
| Directors/Managers    |                          |              |                        |

3 Trade Name Target Store T-1060 Business Phone Number 608-827-8800

4 Address of Premises 201 Junction Road, 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

(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) See attached description

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

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

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 July 2007  
Joellyn H. Reinke  
(Clerk/Notary Public)  
My commission expires 01/31/2010

Jack N. Reif  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)  
Jack N. Reif  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)  
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

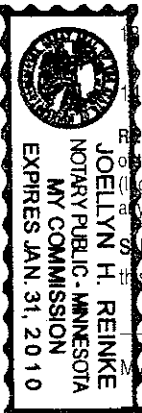
## TO BE COMPLETED BY CLERK

|   |                                |   |                                   |
|---|--------------------------------|---|-----------------------------------|
| Date received and filed with municipal clerk <u>7-30-2007</u> | Date reported to council/board | Date provisional license issued           | Signature of Clerk / Deputy Clerk |
| Date license granted  | Date license issued            | License number issued <u>78764, 78765</u> |                                   |

PO: 128

07150

Alder 9 (Skidmore)



**City of Madison  
Liquor and/or Beer Original Supplemental Form**

| Office Use Only  |   |
|--|---|
| <input checked="" type="checkbox"/> Seller's Permit Number<br><input checked="" type="checkbox"/> Federal Employer Identification Number<br><input checked="" type="checkbox"/> Notarized Original Application Form (AT-106)<br><input checked="" type="checkbox"/> Notarized Supplemental Form<br><input checked="" type="checkbox"/> Description of Licensed Premise<br><input checked="" type="checkbox"/> Notarized Auxiliary Questionnaire(s) (AT-103)<br><input checked="" type="checkbox"/> Background Investigation Form(s)<br><input checked="" type="checkbox"/> Floor Plans | <input type="checkbox"/> Lease - <i>NA</i><br><input checked="" type="checkbox"/> Notarized Transfer of Ownership Letter<br><input checked="" type="checkbox"/> *Schedule of Appointment of Agent (AT-104)<br><input checked="" type="checkbox"/> *Notarized Agent Appointment/Acceptance Form<br><input checked="" type="checkbox"/> *Articles of Incorporation/ Organization<br><input checked="" type="checkbox"/> Sample Menu if possible <i>NA</i><br><input checked="" type="checkbox"/> Business Plan, if one exists <i>NA</i><br>* 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 ~~SANTIAGO ROSAS~~ Joe Clausios can be reached at 608-244-5066 at the Common Council Office (266-4071), or via e-mail at [council@cityofmadison.com](mailto: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](http://www.ci.madison.wi.us/neighborhoods/contacts.htm)

Police Department District Captain JILENE KLUBERTANZ can be reached at 608-266-4887

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 NO ACTIVE ASSOCIATION
3. Name of Applicant/Partner/Corporation/LLC TARGET CORPORATION
4. Telephone Number: 612-761-5541
5. Address of Licensed Premise 201 Junction Rd
6. Anticipated opening date: OPEN SINCE 7/1997
7. Mailing address if not opening immediately 1000 NICOLLET MALL, TPN-0910, MINNEAPOLIS, MN 55403

8 What type of establishment is contemplated?  Tavern  Nightclub  Restaurant  
 Liquor Store  Grocery Store  Convenience Store – Gas Pumps  Yes  No  
 Other Please explain UPSCALE DISCOUNT RETAIL/GROCERY

9 Business Description including hours of operation and if entertainment is part of your venue, what type:  
UPSCALE DISCOUNT RETAILER/Grocery  
HOURS OF OPERATION: 8am -10pm Monday – Saturday; 8am – 9pm 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.**  
see attached

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 see attached site plan

13 Describe your management experience, staffing levels, duties and employee training  
see attached list of Target Stores with liquor licenses and training documents

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. CT CORPORATION SYSTEM

|                               |                |           |              |
|-------------------------------|----------------|-----------|--------------|
|                               | Name           |           |              |
| <u>44 EAST MIFFLIN STREET</u> | <u>MADISON</u> | <u>WI</u> | <u>53703</u> |
| Address                       | City           | State     | Zip          |

15. Excluding pre-packaged snacks, how late will food be served? n/a

16. What type of food will you be serving, if any? n/a

17 Indicate any other product/service offered: n/a

18 Describe your target market. Above average income, middle-aged female guests who currently shop Target for grocery and general merchandise.

19. What is your estimated capacity? 3,697 OCCUPANTS

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: TARGET CORPORATION

Address of Owner: 1000 NICOLLET MALL, MINNEAPOLIS, MN Phone Number 612-761-5541

22. Individual or Partnership: Have individual/partners completed the Beverage Server Training Course?  Yes  No If Yes, indicate names: n/a

**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: 0 %

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                             |
|------------------|--|
| TIMOTHY R. BAER  | 6201 BALDER LN, EDINA, MN 55439          |
| JACK N. REIF     | 479 OWASSO HILLS DR, ROSEVILLE, MN 55113 |
|                  |  |

| Stockholder's Name                  | Address | Extent of Ownership% |
|-------------------------------------|---------|----------------------|
| TARGET CORPORATION IS PUBLICLY HELD |         |                      |
|                                     |         |                      |
|                                     |         |                      |

| Manager's Name | Address            | Business Phone | Home Phone   |
|----------------|--------------------|----------------|--------------|
| RYAN OSTMAN    | 4615 S. Kansas Ave | 608-244-4527   | 608-239-8683 |
|                |                    |                |              |
|                |                    |                |              |

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 n/a

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. n/a

Calendar/fiscal year:  January 1 – December 31  July 1 – June 30

|   |              |
|---|--------------|
| Percent Gross Receipts from Alcohol Beverages | %            |
| Percent Gross Receipts from Food              | %            |
| Percent Gross Receipts from Other             | %            |
| <b>Total Gross Receipts</b>                   | <b>100 %</b> |

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: UPSCALE DISCOUNT RETAIL/GROCERY

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? n/a

33 What hours, if any, will food service not be available? n/a

34 Describe how you plan to advertise/promote your business What products will you be advertising?  
Current advertising methods for liquor are limited to in-store signing and in store promotional pricing.

**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 5 day of April, 2007

Joellyn H. Reinke  
(Clerk/Notary Public)

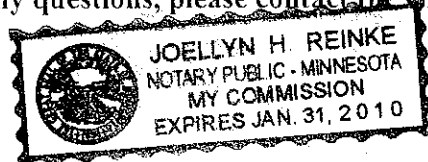
My commission expires 01/31/2010

Jack N. Reif  
(Officer of Corporation/Member/Manager of LLC/Partner/Individual)

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

(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.



**Description of premise:**

Of the total square footage of 122,226, 100,292 square feet is for retail sales, 14,152 square feet is for storage, and 55-110 square feet is planned for the display and sale of alcohol. Please see attached plan.

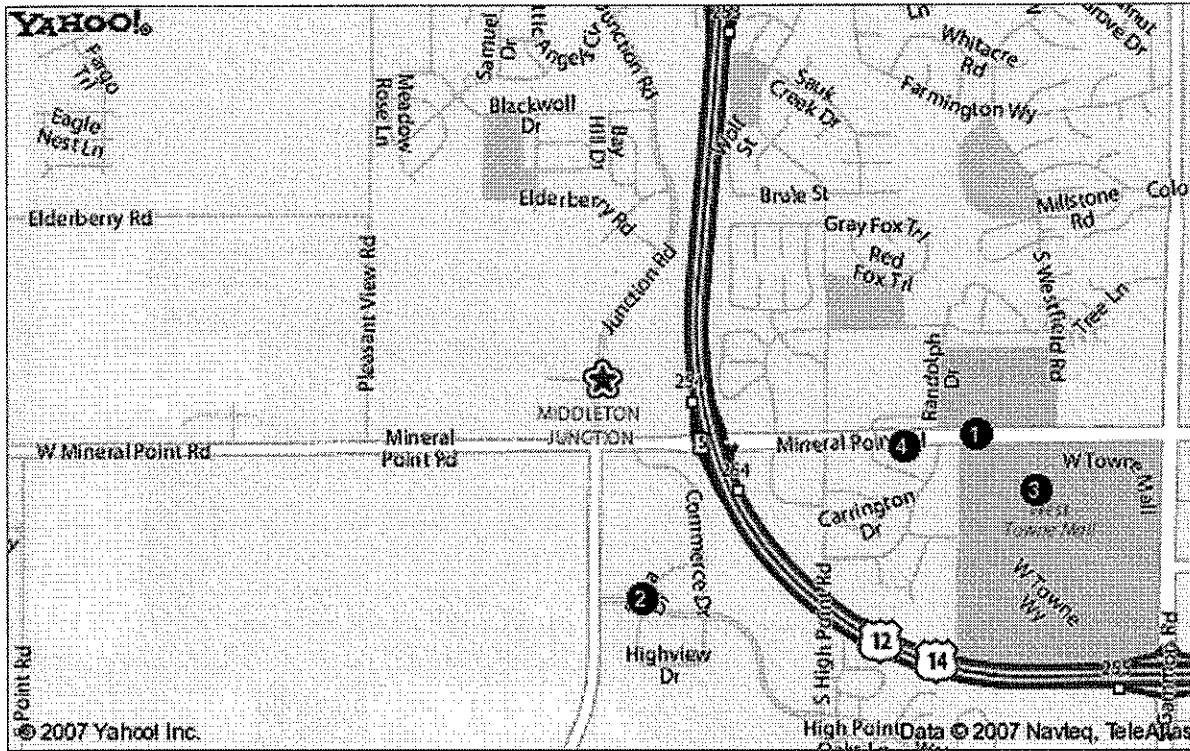
Target Corporation would be applying for package, off – premises liquor license. There will be no bar area, and there is no food being served in connection with the sale of alcohol. Target Corporation prides itself in providing the community with a large variety of products, permitting its guest and neighbors the convenience of “One stop Shopping”. The addition of a liquor license will enhance this concept

Target also programs its cashiering system to prompt cashiers to ask for ID when a UPC for alcohol is scanned. The cashier must enter the birth date from the ID for any guest who appears to be under 40 years old. The register accepts the input and indicates whether the sale can go through. If the Village has age restrictions for cashiers, an underage cashier is trained to contact a manager to complete an alcohol sale.



Target (608) 827-8800 ★★★★★

Yahoo! Maps - 201 JUNCTION RD, Madison, WI 53717, US



Your Points of Interest

- 1. Old Town Pub (608) 276-8589 ★★☆☆☆  
724 S Gammon Rd Madison, WI 53719
- 2. Claddagh's Irish Pub (608) 833-5070 ★★★★★  
1611 Aspen Cmns Middleton, WI 53562
- 3. Martin O'Grady Irish Pub (608) 833-4262 ★★★★★  
7436 Mineral Point Rd Madison, WI 53717
- 4. Doolittle's Pub and Ea  
1021 N Gammon Rd WI 53562
- 5. Challenger's Pub (608) 827-6070  
6722 Odana Rd Madison, WI 53719
- 6. Rp Adler's LLC (608) 828-1250 ★★★★★  
8202 Watts Rd Madison, WI 53719
- 7. Granite City Food & Brewery (608) 829-0700  
72 W Towne Mall Madison, WI 53719
- 8. Otto's Bar and Restaurant (608) 274-4044 ★★★★★  
6405 Mineral Point Rd Madison, WI 53705
- 9. Houlihan's (608) 827-0334 ★★★★★