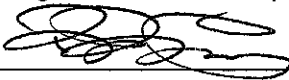


Application Date: 6-27-06

Proof of WI Seller's Permit No _____

Name of Corporation, Limited Liability Company, Individual Owner, Private Club or Partner(s) ERIN'S SNUG OF MADISON	Liquor/Beer Agent BRAD A BAILEY
Mailing Address 9622 SHADOW RIDGE	Liquor/Beer Agent Address 9622 SHADOW RIDGE
City/State/Zip Code MIDDLETON WI 53562	Liquor/Beer City/State/Zip Code MADISON WI 53562
Name of Registered Agent or General Partner BRAD A. BAILEY	Local Contact Person Phone Number BRAD BAILEY 608/516-8234
Trade Name ERIN'S SNUG IRISH PUB	Estimated Opening Date NOV 17, 06
Business Address 4601 1672 AMERICAN PKWY MADISON	Signature of Owner/Operator 

Private Club? Yes No

License Description	Type	Fee	Number
Class B Comb. Liquor & Beer	108	\$ 20 pub. fee	74937
Pre-Inspection & License Fees Non-Refundable	TOTAL	\$	

IT IS MANDATORY THAT ALL APPLICABLE INFORMATION BE COMPLETED. INACCURATE INFORMATION MAY RESULT IN SUSPENSION OR REVOCATION OF LICENSE.

** July 19 ALRC **

Notice of License Application
for July 19 ALRC

Office Use Only

- New Application
- Transfer of Ownership Application
- Transfer of Location Application

Date 6-28-06

You are hereby notified that the following application(s) has been filed in the City Clerk's Office. Investigation and report back on approval or disapproval for the granting of license(s) is requested by your department as required by Ordinance.

To: Assessor Personal Property \$ _____

City Attorney (Pending Charges) _____
Names of Previous License Holder _____

Building Inspection Date of Last Inspection _____
 Zoning Classification _____
 Specify distance from schools, churches, libraries and hospitals if under 300 feet _____

Fire Date of Last Inspection _____

Health Date of Last Inspection _____

Police

Treasurer (Hotel/Motel or Bed & Breakfast) (Information Only)

Accounting (Hotel/Motel or Bed & Breakfast)(Information Only)

Alderperson Santiago Rosas

Please return this notice with any comments you might have regarding the above application to the City Clerk's Office.

- Approved Disapproved No Recommendation

Comments:

Signature of Dept/Div Head or Auth. Rep.

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk

For the license period beginning JAN 1st 20 06
 ending DEC 31st June 30 20 07

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): ERIN'S SNUG OF MADISON 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	<u>MEMBER</u>	<u>BRAD A BAILEY</u>	<u>9622 SAADOW RIDGETR MADISON WI 53562</u>
Vice President/Member	<u>MEMBER</u>	<u>JEFF SCHLUTER</u>	<u>510 MAIN PLAIN WI 53577</u>
Secretary/Member	<u>MEMBER</u>	<u>JERRY WALLER</u>	<u>4672 SIGNATURE LN MADISON WI 53562</u>
Treasurer/Member			
Agent	<u>BRAD A. BAILEY</u>		
Directors/Managers			

- 3 Trade Name ERIN'S SNUG Business Phone Number 608 516 8234
 4 Address of Premises 4607 AMERLAW PARKWAY 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 WISCONSIN and date 4/22/06 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) LOCKED BASEMENT STORAGE FOR ALCOHOL ONLY
 10 Legal description (omit if street address is given above): ENTIRE PREMISE + OUTSIDE PATIO 8400 SQ FT NO LIVING QUARTERS
 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 07 day of June, 20 06

Danielle B Post
 (Clerk/Notary Public)

DANIELLE B. POST
 NOTARY PUBLIC

My commission expires May 23, 2010

STATE OF WISCONSIN

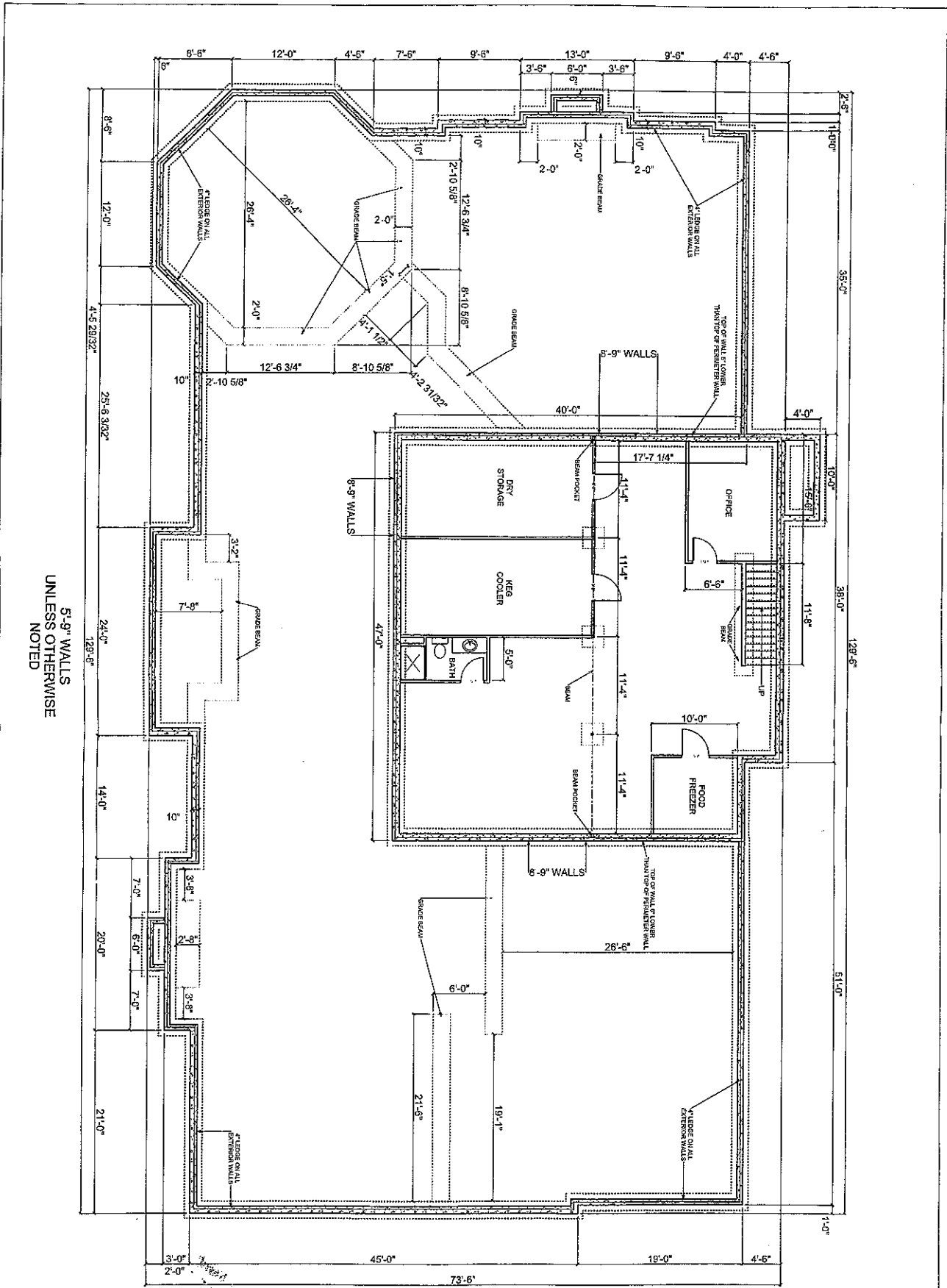
TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>6-27-06</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>74937</u>	

AT-106 (R 1-05)

Wisconsin Department of Revenue

8c) JERRY WALLER & SCHLUTER CONST. INC. OWN 50/50 ERIN'S SNUG IN REEPSBURG, WI
 Registrar # 04053



5-9" WALLS
UNLESS OTHERWISE
NOTED



Schluter Construction, Inc.
GENERAL CONTRACTOR
510 MAIN STREET P.O. BOX 45
PLAIN, WI 53577
408/546-2671
FAX 408/546-2107
www.schluterconst.com

ERINS SNUG #2

FOUNDATION PLAN - 2082 SQ FT

THIS DRAWING AND DESIGN IS MADE EXCLUSIVELY FOR THE PARTY NAMED IN THE TITLE BLOCK. IT REMAINS THE PROPERTY OF SCHLUTER CONSTRUCTION, INC. AND MAY NOT BE REPRODUCED OR COPIED IN WHOLE OR PART BY ANY METHOD WITHOUT PRIOR CONSENT OF SCHLUTER CONSTRUCTION, INC.

SCALE: 3/32" = 1'-0"

DRAWN BY
WAR

DATE 3/30/06

REVISED 6/21/06

DRAWING # 4

City of Madison Liquor and/or Beer Original Supplemental Form

Office Use Only

- | | |
|--|---|
| <input checked="" type="checkbox"/> Seller's Permit Number
<input type="checkbox"/> Federal Employer Identification Number <i>ADDED</i>
<input checked="" type="checkbox"/> Notarized Original Application Form (AT-106)
<input checked="" type="checkbox"/> Notarized Supplemental Form
<input checked="" type="checkbox"/> Description of Licensed Premise
<input type="checkbox"/> Notarized Auxiliary Questionnaire(s) (AT-103)
<input type="checkbox"/> Background Investigation Form(s)
<input checked="" type="checkbox"/> Floor Plans | <input type="checkbox"/> Lease <i>OWN LAND</i>
<input checked="" type="checkbox"/> Notarized Transfer of Ownership Letter
<input checked="" type="checkbox"/> *Schedule of Appointment of Agent (AT-104)
<input checked="" type="checkbox"/> *Notarized Appointment of Agent Letter
<input checked="" type="checkbox"/> *Notarized Agent Authorization Letter
<input checked="" type="checkbox"/> *Articles of Incorporation/ Organization
<input type="checkbox"/> Sample Menu, if possible
<input type="checkbox"/> Business Plan, if one exists <i>does not exist</i> |
|--|---|

- ✓ 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), and the Madison Police Department.

- Alderperson SANTIAGO ROSAS 244 9197 can be reached at 244 9197 at the Common Council Office (266-4071), or via e-mail at 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.
- The Police Department Liaison, Sergeant Emil Quast, can be reached at 266-4451.

1. Have you contacted the Alderperson, Police Department Liaison and 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: _____

3. Name of Applicant/Partner/Corporation/LLC ERIN'S SNUG OF MADISON, LLC

4. Telephone Number: (608) 516-8234

5. Address of Licensed Premise ~~4477~~ 4601 AMERICAN PARKWAY

6. Anticipated opening date: NOV. 15TH

7. Mailing address if not opening immediately 9622 SHADOW RIDGE TR MIDDLETON WI 53562

8. What type of establishment is contemplated? Tavern Nightclub Restaurant
 Liquor Store Grocery Store Convenience Store - Gas Pumps Yes No Other

Please explain IRISH PUB & REST.

9. Business Description, including hours of operation and if entertainment is part of your venue, what type:

PUB & RESTAURANT W/ ACOUSTICAL ENTERTAINMENT OPEN FROM
11 AM TO BAR TIME

10. Describe building in detail, 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.**

\$700 sqft building w/ 230 PERSON CAPACITY AND OUTDOOR PATIO
APPROXIMATELY 22x30 BAR SEATS ABOUT 45 PERSONS

11. Are any living quarters directly or indirectly accessible and under control of the applicant? Yes No
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. PLANNED 80 CAR
PARKING LOT MONITORED BY ~~VIDEO~~ SECURITY CAMERAS

13. Describe your management experience, staffing levels, duties and employee training

HAVE RUN TWO RESTAURANTS SUCCESSFULLY IN PAST FULLY
STAFFED AT PEAK TIMES W/ 15-20 PERSONS TRAINING IS 2 WEEK PROCESS
FOR ALL EMPLOYEES

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. BRAD ALAN BAILEY

Name

9622 SHADOW RIDGE TR MIDDLETON WI

53562

Address

City

State

Zip

15. Excluding pre-packaged snacks, how late will food be served? 1 HOUR BEFORE CLOSING

16. What type of food will you be serving, if any? IRISH, AMERICAN WIDE VARIETY
SEE ATTACHED MENU

17. Indicate any other product/service offered: BANQUET FACILITIES CORPORATE MEETING ROOMS

18. Describe your target market. 27-62 INCOME +\$32,000 ANN SINGLE +\$75,00 dual income

19. Describe how you plan to advertise/promote your business. BILL BOARD, LIMITED RADIO, PRINT

20. What is your estimated capacity? 230

21. Are you operating under a lease or franchise agreement? Yes No (If yes, attach a copy.)

22. Owner of building where establishment is located: JEFF SCHLUTER
~~FOODS~~ PUB CREATIONS OF MADISON
Address of Owner: _____ Phone Number 608)546-2671

23. Individual or Partnership only: Have individual/partners completed the Beverage Server Training Course? Yes No If Yes, indicate names: BRAD BAILEY

License cannot be issued until proof of Beverage Server Training completion is shown.

24. Corporation/LLC only: Will liquor/beer agent be a Wisconsin resident at the time of granting? Yes No

25. Corporation/LLC only: Agent must disclose interest held in business: X 33%

26. Corporation/LLC only: Has agent completed the Beverage Server Training Course? Yes No

License cannot be issued until proof of Beverage Server Training completion is shown.

27. Corporation/LLC only: List Directors, Stockholders, and Managers below

Director(s) Name	Home Address

Stockholder's Name	Address	Extent of Ownership%
SCHLUTER COUST	510 MAIN ST PLAIN WI 53577	33.33
JERRY WALLER	4672 SIGNATURE BLVD MIDDLETON WI 53562	33.33
BRAD A BAILEY	9622 SHADOW RIDGE TR MIDDLETON WI 53562	33.33

Manager's Name	Address	Business Phone	Home Phone
BRAD A. BAILEY	9622 SHADOW RIDGE TR MIDDLETON WI 53562	608 516 8234	608 833 0999

28. 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

29. Restaurant/Tavern Establishment Alcohol Beverage & Food Sales Report

Pursuant to Sections 23.05(3)(s) and 23.05(7)(f) 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.**

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

Percent Gross Receipts from Alcohol Beverages	50 %
Percent Gross Receipts from Food	50 %
Percent Gross Receipts from Other	%
Total Gross Receipts	100 %.

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.

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

Other Please explain: _____

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 27 day of June, 2006

Danielle B Post
(Clerk/Notary Public)

[Signature]
(Officer of Corporation/Member/Manager of LLC/Partner/Individual)

[Signature]
(Officer of Corporation/Member/Manager of LLC/Partner/Individual)

My commission expires May 23, 2010

(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.

**DANIELLE B. POST
NOTARY PUBLIC
STATE OF WISCONSIN**