Submit to mui	L ALCOH			OLIVOL A	I I LIOA I	ION	Applicant's Wis Seller's Permit	Number: \ € ~	لاباع	
	•						Federal Employ Number (FEIN)	ver Identification 2	, - 207	\783X
or the licens	e period be	ginning		2	20 20 6 8	;		CENSE REQUE		
	,	ending	June 3	<u>U 2</u>	20 <u>68</u>			TYPE		FEE
			Town of				☐ Class A		\$	
TO THE GOV	ERNING BO	ODY of the:	☐ Village of	ZiBAM /	o ~		Class E		\$	
	-		City of					ale beer	\$	
	DANA		Non-control				Class C		\$	
County of	M. (Aldermanic D	ist. No	_ (if required by	y ordinance)	Class A		\$	
	grammer.	200000		,,,,,,,,,,			Class E		\$	
1 The named		8,000	PARTNERSHIP	terrorisa':	D LIABILITY C	OMPANY		e Class B liquor		
	\$i		NPROFIT ORGAN					blication fee	\$	
•			l beverage license				TOTAL		\$	
	pus	MAHO		.L. C.						
partnership	p, and by eac l mpany . List tl	h officer, dire d he name, title, a	AT-103, must be co ctor and agent of and place of reside	a corporation or ence of each per	r nonprofit org	anization, and	l by each mei	nber/manager a	nd agent o	f a limited
President/M	lember3	Title Con	LANG	Name	1405	Lucy Home	Address ~A~/	Post MAG	Office & Zip	Code 57711
	ent/Member_	1600	KAN.			+	t	8		
Secretary/M		MARK	CAIN		206	SAUL	Chich	Dra	MAI-	537/7
Treasurer/N	lember	MAN			. 6.4	 	1 4 6			
Agent		Johnst	~ \~\\\\ \"		1405	hucy	MAre	WATE	2	אור צי
Directors/Ma	. -							<u> </u>		
Trade Name	∍ ▶		- Pug	Mangy.	25	Business Ph		Po-du-		
Address of I	Premises 🕨	1304	A- M41	in Mo		Post Office 8	k Zip Code 🕨	MAN	577	ν ή
5 Is individual training cou	i, partners or a	agent of corpora ense period?	ation/limited liabilit	ty company subje	ect to completio	n of the respor	nsible beverag	e server	Yes	No
			or acting on behal	if of anyone exce	ept the named a	pplicant?			Yes	☑ No
			licensee or wholes:				this business	?	Yes	▼ No
B (a) Corpora	ate/limited lia	ability compar	y applicants only	y: Insert state _	WIE	and date	3/22/09	of registration	***********	tolerand.ch
(b) Is applic	cant corporation	on/limited liabili	lity company a sub director stockhold	sidiary of any oth	her corporation	or limited liabil	ity company?		Yes	No
			alcohol beverage l			mpany or any		ago. o.	Yes	No
			everse side of this f			ons 5, 6, 7 and	8 above.)		to want i	k. mando k
		-	or buildings where	-				must include		
all rooms in	cluding living	quarters, if use	ed, for the sales, se mises described)_	ervice, and/or sto	rage of alcohol	þeverages and	d records, (Alc	cohol beverages	•	
may be sold					BATTAC	hall o	497) <u>7</u> . 4 \			A
		ctroot addrace				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	26 DUZ	(70 B)	<u>d</u> ~	99 CAK
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City of Madison Supplemental Class B License Application

□ Seller's Permit Number □ Federal Employer Identification Number □ Notarized Original Application Form □ Notarized Supplemental Form □ Notarized Supplemental Form □ Notarized Supplemental Form □ Seller's Permit Number □ *Notarized Appointment of Agent □ *Notarized Appointment of Agent □ Sample Menu □ Sample Menu □ Business Plan □ *Articles of Incorporation □ *Corporation/LLC only
1. Name of Applicant/Partner/Corporation/LLC 2. Address of Licensed Premise 130 \(\text{TE} \) WAS (17/41 \(\text{AU6} \) MADISI \(\text{S} \) 3. Telephone Number: Powdy 4. Anticipated opening date: \(\text{4/9/08} \) 5. Mailing address if not opening immediately 5. Mailing address if not opening immediately
 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 7. Are there any special conditions desired by the neighborhood? □ Yes □ No Explain
8 Business Description, including hours of operation: TAVIAN Simy food And brum fun 11-2 An Anila
9. Do you plan to have live entertainment? No Yes—What kind? 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. 5 A HAWW J 50 X 50 buy by 99 CAPACY BAR, lique stem in Marent, food papin in Whim
BAL, light stur in basemed, food pair in lithing. 11. Are any living quarters directly or indirectly accessible and under control of the applicant? Yes 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. Start parking.
13. Describe your management experience, staffing levels, duties and employee training 30 Mars Oppharms Experience as GON. Mars. 2 Dunas
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. Name Address

15.	Utilizing you	ur market resear	ch, who would y	you project yo	ur target mark	et to be?	
16.	What age ra	ange would you	hope to attract to	your establis	hment?	22 - 1/2	
17	Describe ho	w you plan to ad	Non 2 o 1	your busines	What produc	ets will you be a	ndvertising?
	• •	erating under a l		_	•		
19.	Owner of bu	ilding where est	tablishment is lo	cated: 13	4 EM	h wash	hhc.
Ad	dress of Own	ner: SSS [) o No FAIO	53719	+· H	Phone Number	334-9467
20.	_	nizations (clubs) nse) discriminati	•		•	-	f "Invidious" (likely Yes
21.	List the Dir	ectors of your C	orporation/LLC				
	Name		Address (·			
	Name		Address				
	Name		Address				
22	Jenn for	ckholders of you	1404	LC Eur	, hm	MAAI	25%
	Name	KAN	Address	1		57717	% of Ownership
	Name MAN V	CAIH		squlc	enn k	Nu 577	17 50 %
23.	What type o	f establishment	Address are you? (Checl	c all that appl	y) Tavern) Nightclub	% of Ownership Restaurant
	Other Pl	lease Explain					
24	What type o	of food will you b	Dinner Dinner	y?			
25.		-		-			be included on your
	-	menu when you		izers Sal	ads Sour	s Sandwick	hes Entrees
	Desserts	Pizza 1	Full Dinners				
26	During what	t hours of your c	peration do you	plan to serve	food?	- 10 pm	

27 What hours, if any, will food service <u>not</u> be available?
28. Indicate any other product/service offered. Were + hlyum
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?
During what hours do you anticipate they will be on duty?
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?
How many bartenders do you anticipate you would have working at one time on a busy night?
34. Will there be a kitchen facility separate from the bar? Ves 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? Yes 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
41 Are you currently, or do you plan to become, a member of the Wisconsin Restaurant Association or the National Restaurant Association? Yes

		14	
42	What is your estimated capacity?	 ' (

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	85	%	
Gross Receipts from Food and Non-Alcoholic Beverages	15	%	
Gross Receipts from Other		%	
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 Work day of February , 2008

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

My commission expires 03/2/60/0

