

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning Feb 27 20 06 ;
ending June 30 20 07

TO THE GOVERNING BODY of the: Town of Village of City of } Madison

County of Dane Aldermanic Dist. No. 5 (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): Lucky B Enterprises, LLC

Applicant's Wisconsin Seller's Permit Number: <u>018331940</u>	
Federal Employer Identification Number (FEIN): <u>125-1287917</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class-A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Wholesale beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$
TOTAL FEE	\$

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>President Dean Welch</u>	<u>2133 Chadbourne Ave</u>	<u>53726</u>
Vice President/Member	<u>Vice President Erik Thebert</u>	<u>2133 Chadbourne Ave</u>	<u>53726</u>
Secretary/Member			
Treasurer/Member			
Agent			
Directors/Managers			

3. Trade Name The Froth House Business Phone Number 608-231-0100
4. Address of Premises 11 N. Allen St Post Office & Zip Code 53726

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 9/06 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) 1400 sq. ft, front & back seating areas, kitchen & bar area, restrooms,

10. Legal description (omit if street address is given above): 11 N. Allen St., 1st Floor, Madison, WI 53726
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? basement garden
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 27th day of February, 20 07

Susan M. Sloan
(Clerk/Notary Public)
My commission expires 3-15-2009

Dean Welch
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
Erik Thebert
(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>2/27/07</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

Application Date: 2-26-07

Proof of WI Seller's Permit No. 0183319401

Name of Corporation, Limited Liability Company, Individual Owner, Private Club or Partner(s) Lucky 13 Enterprises, LLC	Liquor/Beer Agent Erik Thebert		
Mailing Address 11 N. Allen St	Liquor/Beer Agent Address 2133 Chubbourn Ave		
City/State/Zip Code MADISON / WI / 53726	Liquor/Beer City/State/Zip Code MADISON, WI 53726		
Name of Registered Agent or General Partner Erik Thebert	Local Contact Person Erik Thebert	Phone Number 231-0100	
Trade Name The Froth House	Estimated Opening Date open		
Business Address 11 N. Allen St.	Signature of Owner/Operator <i>[Signature]</i>		
Type of Business <input checked="" type="checkbox"/> Restaurant <input type="checkbox"/> Tavern <input type="checkbox"/> Grocery Store <input type="checkbox"/> Caterer <input type="checkbox"/> Cafeteria <input type="checkbox"/> Other _____			
Food and Drink License? Needed for:			
Private Club? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
License Description	Type	Fee	Number
Beer - Class "B"	102	20.00	76932
Wine - Class "C"	106	20.00	76933
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.

City of Madison Liquor/Beer Original Supplemental Form

Office Use Only

- | | |
|--|--|
| <input checked="" type="checkbox"/> Seller's Permit Number
<input checked="" type="checkbox"/> Federal Employer Identification Number
<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 <i>FD</i>
<input checked="" type="checkbox"/> Notarized Auxiliary Questionnaire(s) (AT-103)
<input checked="" type="checkbox"/> Background Investigation Form(s)
<input checked="" type="checkbox"/> Floor Plans | <input checked="" type="checkbox"/> Lease
<input type="checkbox"/> Notarized Transfer of Ownership Letter
<input checked="" type="checkbox"/> *Schedule of Appointment of Agent (AT-104)
<input checked="" type="checkbox"/> *Notarized Agent Appointment/Acceptance Form
<input checked="" type="checkbox"/> *Articles of Incorporation/ Organization
<input type="checkbox"/> Sample Menu, if possible
<input type="checkbox"/> Business Plan, if one exists
* 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 Robbie Weber can be reached at 233-1390 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 *231-2468*
Kenta
- Police Department Central District Captain Mary Schauf (Sector 400) can be reached at 266-4316.
- Police Department East District Captain Jill Klubertanz (Sector 600) can be reached at 267-2100.
- Police Department North District Captain Richard Bach (Sector 500) can be reached at 245-3652.
- Police Department West District Captain Jay Lengfeld (Sectors 100-200) can be reached at 288-6152.
- Police Department South District Captain James Wheeler (Sector 300) can be reached at 267-8687.
- 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. _____

3. Name of Applicant/Partner/Corporation/LLC Lucky 13 Enterprises, LLC

4. Telephone Number: 608-231-0100

5. Address of Licensed Premise 11 N. Allen St.

6. Anticipated opening date: already open

7. Mailing address if not opening immediately ~~11 N. Allen~~

8. What type of establishment is contemplated? Tavern Nightclub Restaurant
 Liquor Store Grocery Store Convenience Store – Gas Pumps Yes No
 Other Please explain Beer + Wine

9. Business Description including hours of operation and if entertainment is part of your venue, what type:
Coffee house
6:30 am - ? (6pm presently) (10pm desired)

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.**

1st floor of 2 story building in University Heights historical district. 1400 sq. ft. 10 tables, 1 sofa, 2 lounge chairs for a total of 24 seats. Bar size 7ft. marble counter as POS. Storage of alcohol behind bar in enclosed coolers and in locked cellar.

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. NONE

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

9 yrs. of progressive management exp; manager/Agent with 3yrs of management exp; manager to barista two levels; cashier, food + bar prep management; Serve Safe Certification, Resp. Bev. Server certified and Ancora barista trained

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 Erik A. Thebert

2133 Chadbourne Ave

Name

Madison

WI 53726

Address

City

State

Zip

15. Excluding pre-packaged snacks, how late will food be served? 10 pm

16. What type of food will you be serving, if any? Hot + Cold Sandwiches, Soup, Pastries, Appetizers

17. Indicate any other product/service offered: Waffles, Coffee + Teas, Sodas + Juices

18. Describe your target market. neighborhood

19. What is your estimated capacity? 24

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: Mark Schulman
Address of Owner: 2207 Regent St. Phone Number 233-7777

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

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: 10 %

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
Dean Welch	2133 Chadbourne Ave
Erik Thebest	2133 Chadbourne Ave

Stockholder's Name	Address	Extent of Ownership%

Manager's Name	Address	Business Phone	Home Phone

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
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.**

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

Percent Gross Receipts from Alcohol Beverages	23	%
Percent Gross Receipts from Food	27	%
Percent Gross Receipts from Other <i>coffee</i>	50	%
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.

29. What type of establishment are you? (Check all that apply) Tavern Restaurant Nightclub
 Other Please explain: _____

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? 3

33. What hours, if any, will food service not be available? —

34. Describe how you plan to advertise/promote your business. What products will you be advertising?
Cafe featuring coffee, teas, beer, sandwiches, wine and other food

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 27th day of February, 2007

Susan M. Slow
 (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 3-15-2009

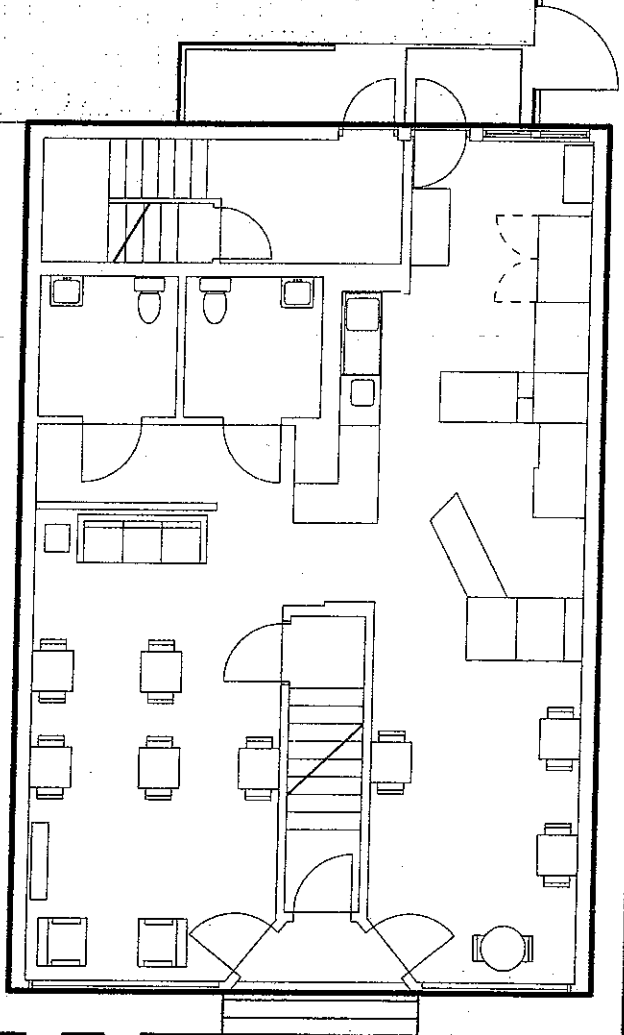
 (Officer of Corporation/Member/Manager of LLC/Partner/Individual)

If you have any questions, please contact the City Clerk's Office at (608) 266-4601.

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PROPOSED OUTDOOR TERRACE BY OTHERS

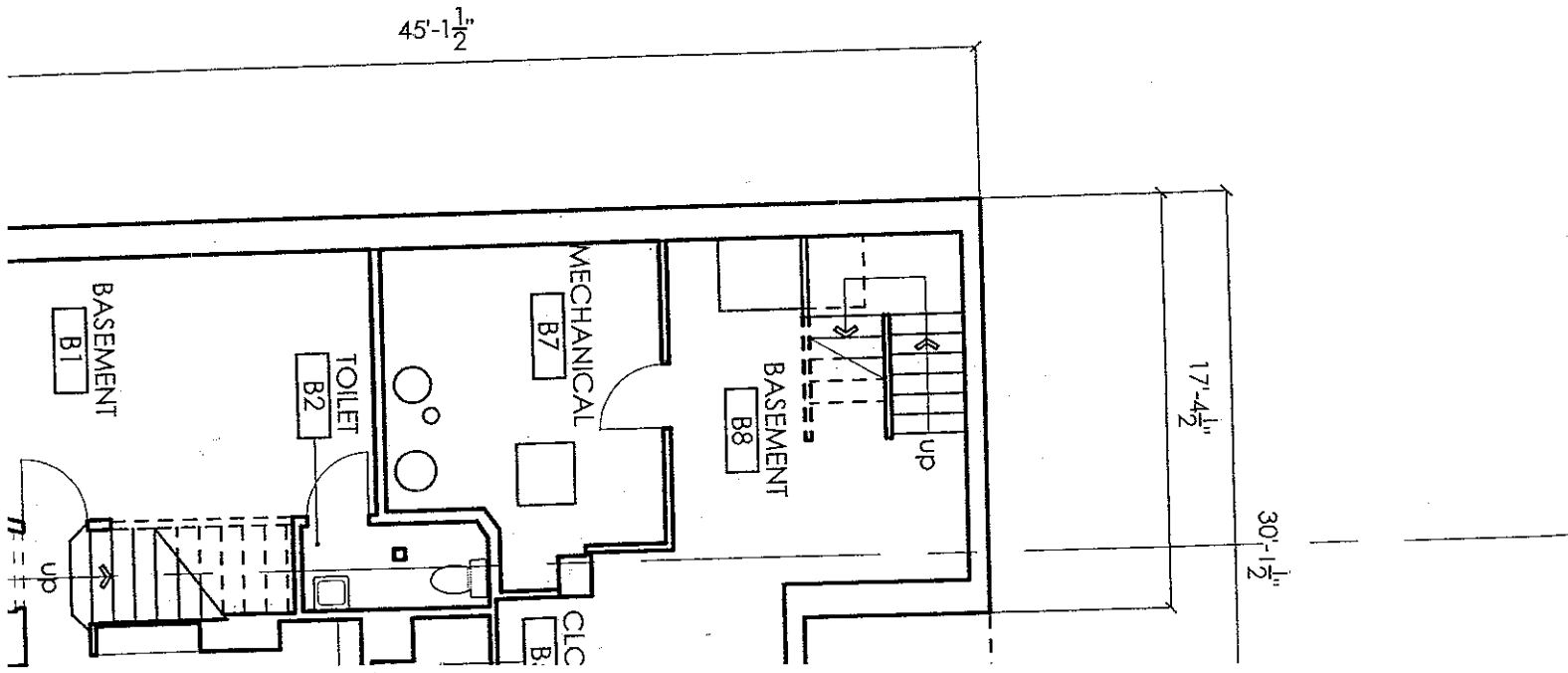
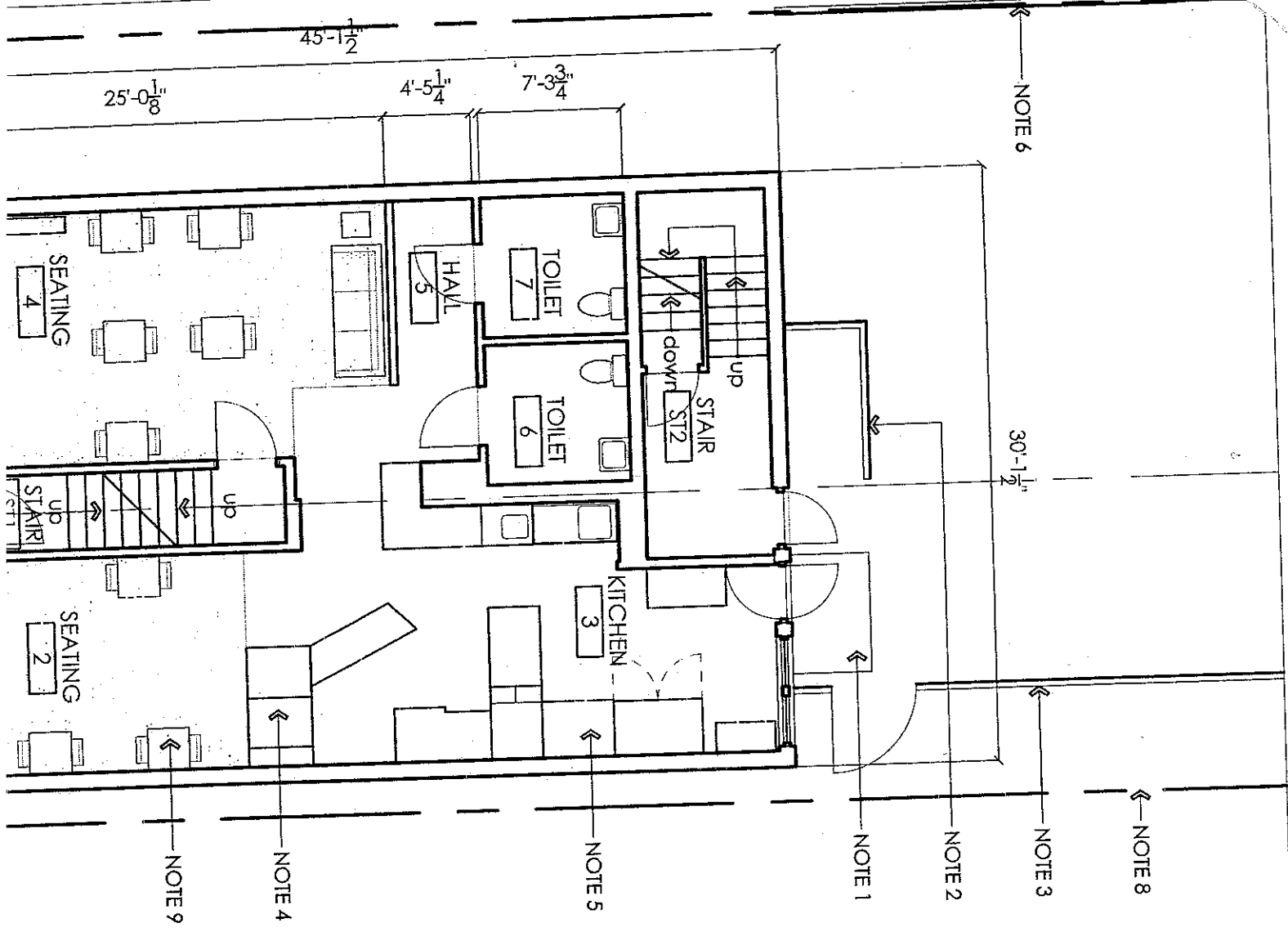
93'-3"
PROPERTY LINE



ALLEN STREET

1 EXISTING SCHEMATIC SITE PLAN

SCALE: 1"=10' 0"



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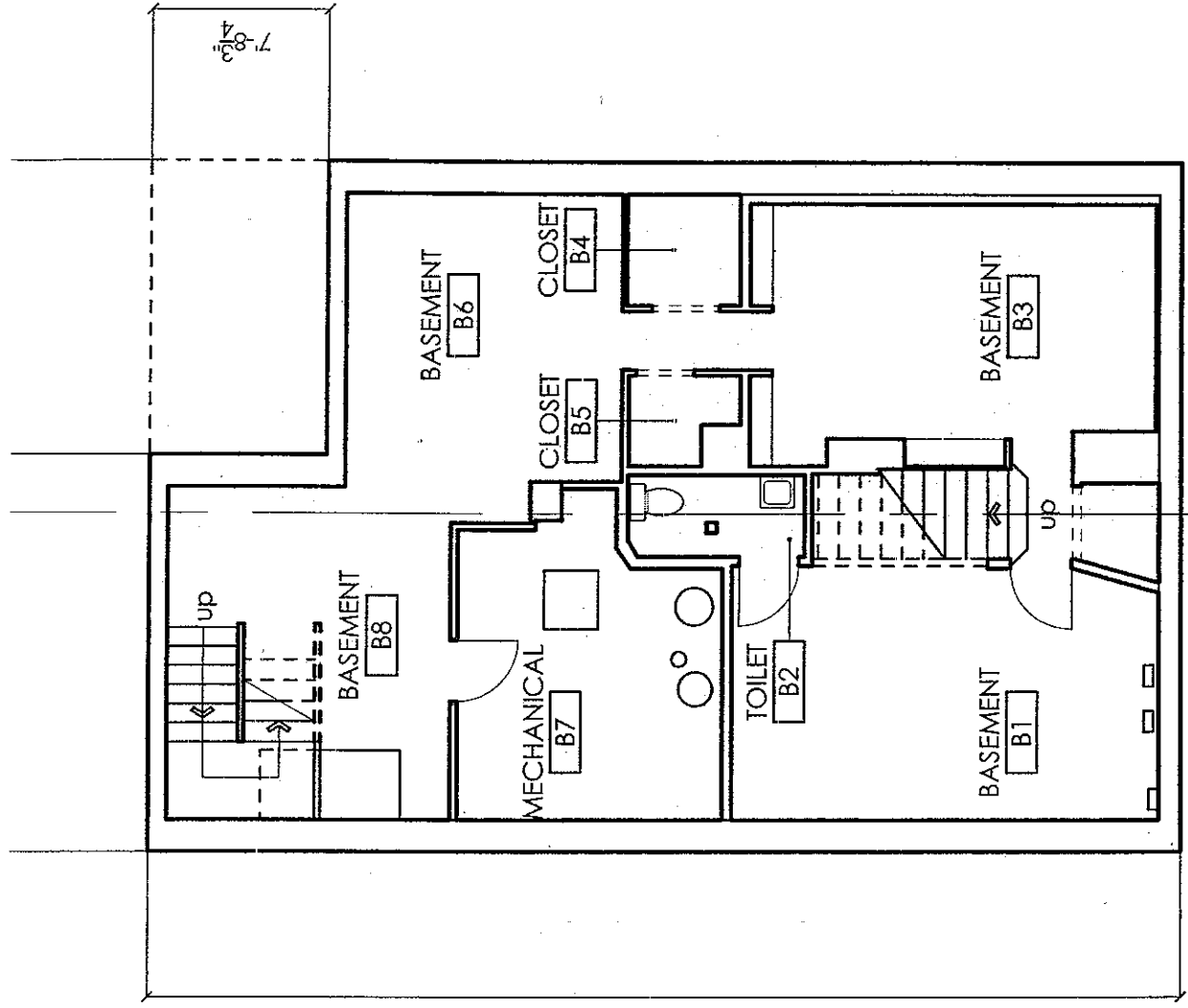
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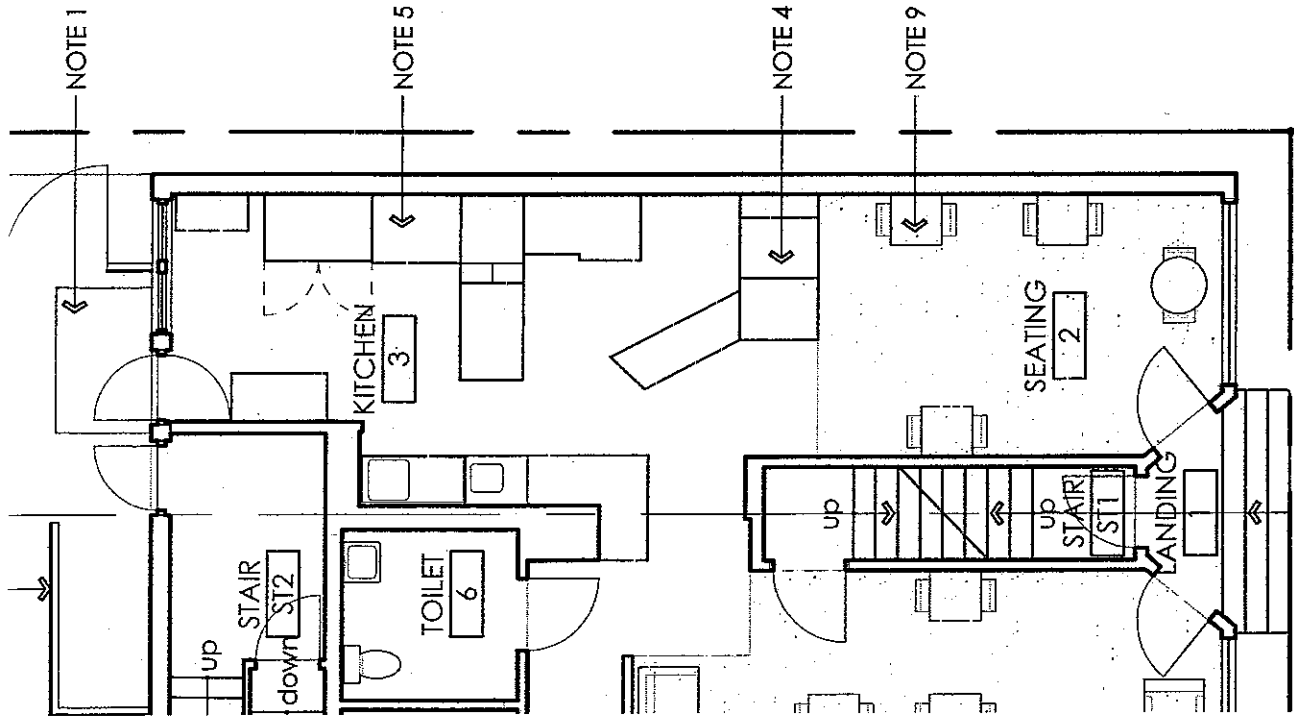
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