

Application for Change of Licensed Premise
No Fee Required. Due at 12 Noon two weeks before ALRC meeting.

Applicants must appear before the ALRC. Detailed floor plans (no larger than 8 ½ x 14) must accompany this form, or request will not be presented to the committee.

Please contact City Zoning (Municipal Building LL-100, 266-4560). A Conditional Use Permit may be required. There is a fee for the Conditional Use Permit.

Corporate/Owner Name OLD MARKET BISTRO LLC

DBA OLD MARKET BISTRO

Address 15 N BUTLER ST

Agent FORREST THOMAS

Capacity _____ % Alcohol _____ % Food _____

Description of Expansion Plans:

SIDEWALK CAFE - SEE ATTACHED

Signature of Applicant see attached app Date _____

To be considered at ALRC meeting of 5-20-09

and Common Council Meeting of 6-2-09

License Type CLASS B COMBO License # 85257 Legistar # 14654

Approved Disapproved

Routed: City Zoning
 Building Inspection Unit – Permit Counter
 Madison Police Department
 Alderperson MANIACI

Application for Sidewalk Café License

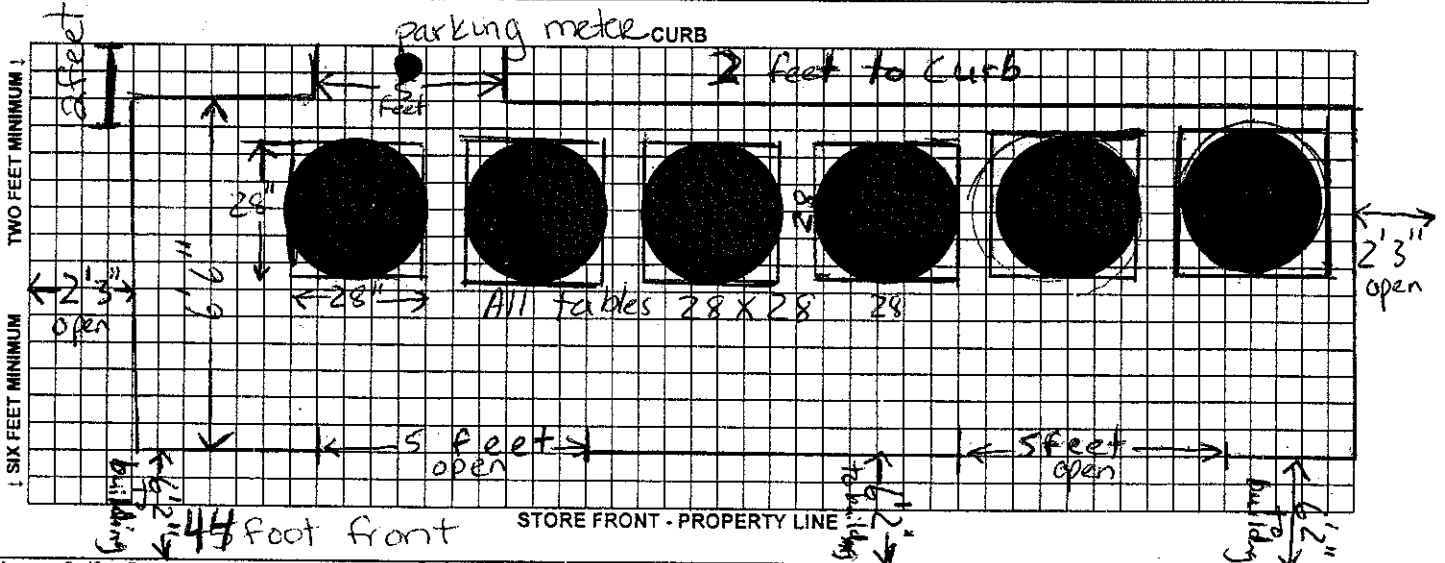
For Year: April 15, 2009 to April 14, 2010

All new applicants and returning sidewalk café operators who wish to make any changes to their sidewalk café must schedule an appointment with the Street Vending Coordinator, who will meet with you at the café site. Include a photo or detailed rendering of your sidewalk café furniture and barrier with your application *whether you are new or returning*. Complete this application and diagram for approval. *Note. Set-up may not obstruct the pedestrian right-of-way. Approved tables, chairs and enclosure must be placed on the contiguous property at the curb in front of the business applying for the outdoor location. Owners must set up table area 2 feet from the curb. Tables, chairs and equipment must be removed nightly. A covered trash receptacle must be provided on-site. On the diagram below, identify trees, planter, bus shelter, posts/poles, in front of your business. All equipment such as tables, racks, chairs and display equipment must be shown with dimensions on this application. All applications must be approved by the Street Vending Coordinator, 261-9171. Make checks payable to: City Treasurer (Fee: \$300.00)*

Name of Corporation or Limited Liability Company Old Market Bistro LLC		Name of Registered Agent Erik Minton	Signature/Date <i>[Signature]</i> 2/16/09
Restaurant Name Old Market Bistro		License Number Assigned/Date	
Address (include Zip Code) 15 N. Butler Street Madison, WI 53703			
Manager Forrest Thomas		Phone 608256-1400	Date of Birth 2-27-64
Driver's License Number T 520 25964067-03 Wisc		License Plate Number	
Hours of Operation From: 7:00 am To: 11:00 pm M-Sat			
Alcohol <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No You are required to have an approved enclosure. Your staff must personally serve patrons in your sidewalk café if you serve alcohol and/or if you have table service inside the restaurant.			
Employee(s) in Charge of Outdoor Operation Forrest Thomas, Erik Minton		A.L.R.C. Approval Date	

Diagram Below

Number of Tables 6 tables	Number of Chairs 18 chairs	Display Equipment n/a
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Insurance Certificate Date on file	Company Farmer's Insurance	Expiration Date 3/5/2010
Policy Number on file with Encroachment	City Approval Date	

Write the name of your business on your insurance certificate. Insurance coverage for contiguous property set-up must be approved by City Risk Manager (266-5965)

Signed *Wendy Hansen*
Vending Coordinator

Date *04/02/09*

PLEASE SEE REVERSE

WHITE - OFFICE COPY

YELLOW - BUILDING INSPECTION

PINK - APPLICANT