



City of Madison Liquor/Beer License Application

On-Premises Consumption: ☒ Class B Beer ☒ Class B Liquor ☒ Class C Wine
Off-Premises Consumption: ☐ Class A Beer ☐ Class A Liquor ☐ Class A Cider

Section A – Applicant

1. If needed, a qualified interpreter can be provided at no charge to you. Would you like an interpreter?
☐ Yes (language: _____)
☒ No (If you answer no and you do require an interpreter, the ALRC will refer your application to a subsequent meeting and this may delay your application process)

Si usted requiere o necesita un/a intérprete, nosotros podemos proveer un/a intérprete sin costo alguno. ¿Le gustaría tener un/a intérprete?

- ☐ Sí, lenguaje _____
☐ No. Si usted escoge "no" en la solicitud/aplicación, y usted sí requiere un/a intérprete, el comité remitirá su solicitud para una nueva junta y esto puede atrasar el proceso de su solicitud.

2. This application is for the license period ending June 30, ~~2019~~ 2018 ⁹³.
3. List the name of your ☐ Sole Proprietor, ☐ Partnership, ☒ Corporation/Nonprofit Organization or ☐ Limited Liability Company exactly as it appears on your State Seller's Permit.

~~ZON SHRINERS ASSOCIATES OF NA~~ Shriners International.

4. Trade Name (doing business as) ZON SHRINERS
5. Address to be licensed 575 ZON SHRINE PL. MADISON 53719
6. Mailing address 575 ZON SHRINE PL. MADISON, WI 53719
7. Anticipated opening date JULY 6, 2016 already Open. ⁹³.
8. Is the applicant an employee or agent of, or acting of behalf of anyone except the applicant named in question 2?
☒ No ☐ Yes (explain) _____
9. Does another alcohol beverage licensee or wholesale permittee have interest in this business?
☒ No ☐ Yes (explain) _____

Section B—Premises

10. Describe in words the building or buildings where alcohol beverages are to be sold and stored. Include all rooms including living quarters, if used, and any outdoor seating used for the sales, service, and/or storage of alcohol beverages and records. Alcohol beverages may be sold and stored only on the premises as approved by Common Council and described on license.

HANKWITZ HALL BAR & STORAGE AREA, DASH ROOM AND
WALK-IN COOLER ON LOWER LEVEL. APPROX 5000 SQ.FT.

A-8
P-125

11. ☒ Attach a floor plan, no larger than 8 1/2 by 14, showing the space described above.

12. Applicants for on-premises consumption: list estimated capacity 250

13. Describe existing parking and how parking lot is to be monitored.

Parking for approx 125 cars adjacent to Bldg - Bar Manager
to monitor parking area.

14. Was this premises licensed for the sale of liquor or beer during the past license year?

☐ No ☒ Yes, license issued to BLUE PLATE CATERING (name of licensee)

Zur Shriners AAONMS
of
NA.

15. ☐ Attach copy of lease. No lease

Section C—Corporate Information

This section applies to corporations, nonprofit organizations, and Limited Liability Companies only. Sole proprietorships and partnerships, skip to Section D.

16. Name of liquor license agent KENT ENGLAND

17. City, state in which agent resides EVANSVILLE, WI

18. How long has the agent continuously resided in the State of Wisconsin? 69 yrs

19. ☒ Appointment of agent form and background check form are attached.

20. Has the liquor license agent completed the responsible beverage server training course?

☐ No, but will complete prior to ALRC meeting ☒ Yes, date completed 2001

21. State and date of registration of corporation, nonprofit organization, or LLC.

January 1934

22. In the table below list the directors of your corporation or the members of your LLC.

☒ Attach background check forms for each director/member.

Title	Name	City and State of Residence
☒ President	ROBERT GIESLER	WASHTON, WI
Vice Pres.	CHARLES MILLER	MILWAUKEE, WI
☒ Secretary	JAMES STIELSEL	MADISON, WI
Treasurer	DALE OLSON	WATKINS, WI
	Gary Cuskey	Spaner WI
Treasurer	Larry Hansen	Albany WI
Vice President	William Truett	Platteville WI
	Robert Gorsuch	Fitchburg WI

23. Registered agent for your corporation or LLC. This is your agent for service of process, notice or demand required or permitted by law to be served on the corporation. This is not necessarily the same as your liquor agent.

JAMES L. STIELSEL

24. Is applicant a subsidiary of any other corporation or LLC?

☒ No ☐ Yes (explain) _____

25. Does the corporation, any officer, any director, any stockholder, liquor agent, LLC, any member, or any manager hold any interest in any other alcohol beverage license or permit in Wisconsin?

☒ No ☐ Yes (explain) _____

Section D—Business Plan

26. What type of establishment is contemplated?

☐ Tavern ☐ Nightclub ☐ Restaurant ☐ Liquor Store ☐ Grocery Store

☐ Convenience Store without gas pumps ☐ Convenience Store with gas pumps

☒ Other Non profit organization

27. Business description Non-profit organization with a

Banquet Hall and meeting rooms

28. Hours of operation Regular office 9-4 M-F, other hours per event-

29. Describe your management experience Don has operated BEVERAGE

AND food service (they catered) since 1987-

30. List names of managers below, along with city and state of residence.

William C. Jones

Wauwatosa, WI

Kent England

Evansville, IN

31. Describe staffing levels and staff duties at the proposed establishment NO DIRECT

Hires. All staff provided by caterer for food service.
Max 2 Trained + Licensed Bartenders.

32. Describe your employee training we require our bartenders

to be properly trained + licensed.

33. Utilizing your market research, describe your target market.

Members of ZOL SHIRINER & FRIENDS

34. Describe how you plan to advertise and promote your business. What products will you be advertising?

We do not advertise.

35. Are you operating under a lease or franchise agreement? ☒ No ☐ Yes

36. 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?
☒ No ☐ Yes

Section E—Consumption on Premises

This section applies to Class B and Class C applicants only. Class A license applicants (consumption off premises) may skip to Section F.

37. Do you plan to have live entertainment? ☐ No ☒ Yes—what kind? DJ's and
occasional live music.

38. What age range do you hope to attract to your establishment? ALL AGES

39. What type of food will you be serving, if any? Wedding Reception, Birthday Parties
☐ Breakfast ☐ Brunch ☒ Lunch ☒ Dinner ANNIVERSARIES, ETC.

40. Submit a sample menu if applicable. What will be included on your operational menu?
☐ Appetizers ☐ Salads ☐ Soups ☐ Sandwiches ☐ Entrees ☐ Desserts
☐ Pizza ☐ Full Dinners ALL food catered.

41. During what hours of operation do you plan to serve food? HOURS PER EVENT

42. What hours, if any, will food service not be available? N/A

43. Indicate any other product/service offered. NONE

44. Will your establishment have a kitchen manager? ☐ No ☐ Yes PER CATERER

45. Will you have a kitchen support staff? ☐ No ☐ Yes PER CATERER

46. How many wait staff do you anticipate will be employed at your establishment? NONE CATERER

During what hours do you anticipate they will be on duty? N/A

47. Do you plan to have hosts or hostesses seating customers? ☒ No ☐ Yes

48. Do your plans call for a full-service bar? ☐ No ☒ Yes
If yes, how many barstools do you anticipate having at your bar? 24
How many bartenders do you anticipate having work at one time on a busy night? 2
49. Will there be a kitchen facility separate from the bar? ☐ No ☒ Yes
50. Will there be a separate and specific area for eating only?
☒ No ☐ Yes, capacity of that area _____
51. What type of cooking equipment will you have? ALL food CATERED
☐ Stove ☐ Oven ☐ Fryers ☐ Grill ☐ Microwave
52. Will you have a walk-in cooler and/or freezer dedicated solely to the storage of food products?
☐ No ☒ Yes
53. What percentage of payroll do you anticipate devoting to food operation salaries? PER CATERER
54. If your business plan includes an advertising budget: NONE
What percentage of your advertising budget do you anticipate will be related to food? DO NOT ADVERTISE
What percentage of your advertising budget do you anticipate will be drink related? "
55. Are you currently, or do you plan to become, a member of the Madison—Dane County Tavern League or the Tavern League of Wisconsin? ☒ No ☐ Yes
56. Are you currently, or do you plan to become, a member of the Wisconsin Restaurant Association or the National Restaurant Association? ☒ No ☐ Yes
57. All restaurants and taverns serving alcohol must substantiate their gross receipts for food and alcohol beverage sales broken down by percentage. New establishments estimate percentages:
20% ~~%~~ Alcohol 80% ~~%~~ Food \$ % Other
58. Do you have written records to document the percentages shown? ☒ No ☐ Yes
You may be required to submit documentation verifying the percentages you've indicated.

Section F—Required Contacts and Filings

59. I understand that liquor/beer license renewal applications are due April 15 of every year, regardless of when license was initially granted. ☐ No ☒ Yes
60. I understand that I am required to host an information session at least one week before the ALRC meeting. ☐ No ☒ Yes
61. I agree to contact the Alderperson for this location to discuss my application and to invite the Alderperson to my information session. ☐ No ☒ Yes
62. I agree to contact the Police Department District Captain for this location prior to the ALRC meeting. ☐ No ☒ Yes
63. I agree to contact the Alcohol Policy Coordinator prior to the ALRC meeting. ☐ No ☒ Yes
64. I agree to contact the neighborhood association representative prior to the ALRC meeting.
☐ No ☒ Yes

66. I understand we must file a Special Occupational Tax return (TTB form 5630.5) before beginning business. [phone 1-800-937-8864] ☐ No ☒ Yes
67. I 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] ☐ No ☒ Yes
68. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?
☒ No ☐ Yes

Section G—Information for Clerk's Office

69. State Seller's Permit 456-1020026043-03

70. Federal Employer Identification Number 39-0729335

71. Who may we contact between 8 a.m. and 4:30 p.m. regarding this license?

☒ Contact person BOB GORSUCH

E-mail address rgorsuch@oakbankonline.com

Phone 608-250-5500 Preferred language ENGLISH

72. Corporate attorney, if applicable: Name Mark Hazelbaker
Cell- 220-7271 E-mail mark@hazelbakerlaw.com

Read carefully before signing in front of a notary: 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 the business according to law, and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. Lack of access to any portion of 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 13 day of June, 2018

Sheila G. Maguire (Clerk/Notary Public)

Mark Hazelbaker (Office of Corporation/Member of LLC/Partner/Sole Proprietor)

My commission expires 05-17-19

Clerk's Office checklist for complete applications

- | | | |
|---|---|--|
| ☒ Orange sign
☒ WI Seller's Permit Certificate (matching articles of incorporation)
☐ FEIN
☐ Notarized application
☐ Written description of premises | ☐ Background investigation form(s)
☐ Form for surrender of previous license
☐ *Articles of Incorporation
☐ *Notarized Appointment of Agent
* Corporation/LLC only | ☐ Floor Plans
☐ Lease
☐ Sample Menu
☐ Business Plan |
|---|---|--|

Date complete application filed with Clerk's Office _____

Date of ALRC meeting _____ Date license granted by Common Council _____

Date provisional issued _____ Date license issued _____ License number _____