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City of Madison Supplemental Class B License Application

	Seller's Permit Number Federal Employer Identification Number Notarized Original Application Form Description of Licensed Premise Notarized Appointment of Agent Background Investigation Form(s) Notarized Transfer of Ownership Floor Plans Lease Sample Menu Notarized Original Application Form					
	Notarized Original Application Form					
1.	Name of Applicant/Partner/Corporation/LLC					
2.	Address of Licensed Premise 600 Williamson st space G MADISON W7 53704					
3.	Address of Licensed Premise 600 Williamson St space G MADISON WF 53704 Telephone Number: (608) 250-6280 4 Anticipated opening date: 03-01-08					
5.	Mailing address if not opening immediately 4409 Lennedy rd MARGON WIS 370					
	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: Serve Lunce and Dinner, Driok					
	Do you plan to have live entertainment? No \(\sigma\) Yes—What kind? 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. The pastaurant capacity along type to ye person was Serve.					
	the restaurant capacity about 40 to 45 person, was Serve Lunch and Diner I Sever Beer and Vine for people want During lunch or Diner time					
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 park in Front For Event constant and 50 for Bussing For Front constant and 50 for Bussing For Front constant and 50 for Bussing					
	COSPONIT about over 100 parking for front constoner and of ourselves in					
	Describe your management experience, staffing levels, duties and employee training					
	Safe Handle Beer or Vine to customer not over timet.					
14	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.					
	MEKONG Restaurant 600 willaimson st masspace G-MADISON/ Name Address					
	WI 53704					

15.	Utilizing your market research, who would you project your target market to be?
	sustance like That and agray Food Sopport.
16	What age range would you hope to attract to your establishment? z / and over
17.	Describe how you plan to advertise/promote your business What products will you be advertising? By Custoner word and Friend and Negular old Custoner
18.	Are you operating under a lease or franchise agreement? Yes (attach a copy) No
19.	Owner of building where establishment is located: Pellen Group On Day 2007 to the second of the Sec
Ad	dress of Owner: POBOX 2077, Madeson W1 53701-2077 Phone Number 608-258.4690
20	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?
21	List the Directors of your Corporation/LLC NIT MELLON of Restaurant 600 willain son st space G nadjson with 13704 Address
	Name Address
	Name Address
22	List the Stockholders of your Corporation/LLC
	Name Address % of Ownership
	Name Address % of Ownership
	Name Address % of Ownership
23	What type of establishment are you? (Check all that apply) □ I avern □ Nightclub 🎖 Restaurant
	Other Please Explain Serve Linch and Diner For all public. What type of food will you be serving, if any? That and Camboolta Food.
24	What type of food will you be serving, if any? That and Cambodta Food.
	☐ Breakfast
25	Please submit a sample menu with your application, if possible. What might eventually be included on your operational menu when you open? Appetizers A Salads Soups Sandwiches A Entrees
	□ Desserts □ Pizza 耳 Full Dinners
26	During what hours of your operation do you plan to serve food? 10:00 An 10:00 pm

27	What hours, if any, will food service not be available? 150 100 pm to 11000 pm.
28	Indicate any other product/service offered. No
29.	Will your establishment have a kitchen manager? ▼ Yes □ No
30.	Will you have a kitchen support staff?
	How many wait staff do you anticipate will be employed at your establishment?
	During what hours do you anticipate they will be on duty? Ip; o o AM To 10:00 pm.
32.	Do you plan to have hosts or hostesses seating customers? ☐ Yes Yo
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? □ Yes No
35	Will there be a separate and specific area for eating only? ☐ Yes ➤ No
	If yes, what will be the seating capacity for that area?
36.	What type of cooking equipment will you have? N Stove N Oven N Fryers □ Grill M 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?
	anticipate will be related to food? What percentage of your advertising budget do you anticipate will be drink related?
	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 □ No

- 42 What is your estimated capacity? 40 To 45 person
- 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	10 0 %
Gross Receipts from Food and Non-Alcoholic Beverages	90#5%
Gross Receipts from Other	* %
Total Gross Receipts	100%

44. Do you have written records to document the percentages shown?

Yes No not open yet 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.

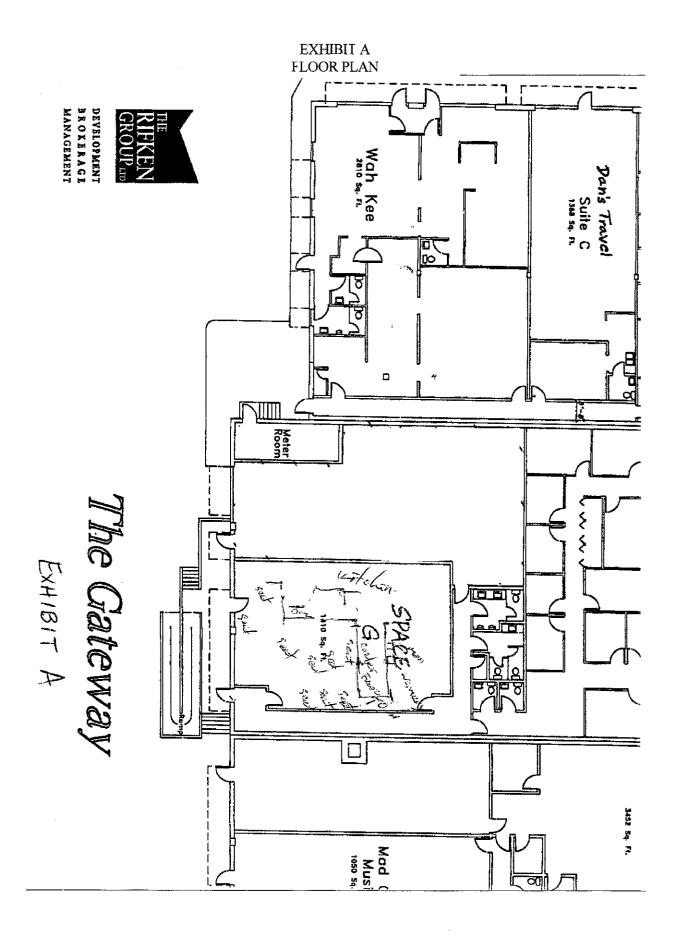
Subscribed and Sworn to before me:

this <u>25</u> day of <u>2</u>, 20<u>0</u> 8

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

(Clary Tuble)

My commission expires 7 - 13 - 68



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