

Transfer of License Location

City of Madison Clerk
210 MLK Jr Blvd, Room 103
Madison, WI 53703

Class A: ☐ Beer, ☐ Liquor, ☐ Cider

Class B: ☒ Beer, ☒ Liquor,
X Class C Wine

licensing@cityofmadison.com
608-266-4601

(Agenda Item Number)

(Legistar file number)

(License number)

(Alder District #)

(Police Sector)

Office Use Only

- This application **cannot** be used for a **Reserve Class B Combination Liquor & Beer licenses**.
- A completed City of Madison Liquor/Beer License Application should accompany this form.
- The fees will total \$110: \$100 Publication Fee and \$10 License Transfer Fee.

Licensed Premises Information

This application modifies existing alcohol license number: LICLIB-2020-00646

Business dba Name: CocoVaa Chocolatier

Licensed Address: 1815 East Washington Ave

Liquor/Beer Agent Name: Syovata Edari Alder, District #: Rummel dist 6

Corporate Information

Business Legal Name (as on WI State Sellers Permit): CocoVaa LLC

Business Mailing Address: 10 Odana Ct., Madison, Wisconsin 53719

Business Contact Name, Position: Syovata Edari, owner

Business Phone: 414-779-0074 Business Email: Info@cocovaa.com

New Premise Information

X Include floor plans with the application

Address: 10 Odana Ct, Madison, WI 53719

Physical description of building/land: Split level brick building with production up stairs
and retail down stairs with an outdoor patio. .5
acre lot with 15 stall parking lot.

Is any other business conducted on same premises? ☒ No ☐ Yes: _____

Was this location licensed for beer or liquor during the past year? ☒ No ☐ Yes – see below

Name and address of previous licensee: CocoVaa Chocolatier 1815 East Washington

REV 09/2021

continued on page two - OVER

Will the previous licensee surrender its license? ☐ Yes ☒ No

State any interest, directly or indirectly, that any brewer, bottler, wholesaler, manufacturer, or rectifier will hold in the premises for which you are applying:

None

If you do not own the fixtures, state the manner, terms and conditions under which said fixtures are held:

Owned

☒ Include City of Madison Alcohol License application form

Penalty for materially false application information: Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.


Authorized Signature

March 24, 2025
Date



Liquor/Beer License Application

City of Madison Clerk
210 MLK Jr Blvd, Room 103
Madison, WI 53703

licensing@cityofmadison.com
608-266-4601

Class A: ☐ Beer, ☐ Liquor, ☐ Cider
Class B: ☒ Beer, ☒ Liquor,
☐ Class C Wine

(Agenda Item Number)

(Legistar file number)

LICLIB-2025-00304

(License number)

19	218
(Alder District #)	(Police Sector)
Office Use Only	

Section A – Applicant

1. 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.
CocoVaa LLC
2. Trade Name (doing business as) CocoVaa Chocolatier
3. Address to be licensed 10 Odana Court
4. Mailing address 10 Odana Court, Madison, WI 53719
5. Anticipated opening date April 25, 2015
6. Is the applicant an employee or agent of, or acting of behalf of anyone except the applicant named in question 1?
☒ No ☐ Yes (explain)
7. Does another alcohol beverage licensee or wholesale permittee have interest in this business? ☒ No ☐ Yes (explain)

Section B—Premises

8. 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 receipts. Alcohol beverages may be sold and stored only on the premises as approved by Common Council and described on license.
Alcohol will be sold on the licensed premises and limited online sales for pick up. Alcohol will be sold and consumed in the retail area in the lower level of the building and may front time to time be sold and consumed in the production kitchen as part of events such as tastings or tours. Alcohol will be also sold and consumed on the outdoor patio seasonally as weather permits outdoor seating. Alcohol will be stored in cabinets in the retail area and in cold storage in the production level. Please note that CocoVaa's primary mission is the manufacturing and sales of fine chocolate and alcohol is at no time a central focus of the business. It is strictly sold incidental to our primary function as a purveyor of fine chocolate to enhance the customer experience and educate our consumers and the public with regard to proper pairings.

9. *Applicants for on-premises consumption only.* Estimated capacity (patrons and employees):
Indoor: 50 Outdoor: 30
10. Describe existing parking and how parking lot is to be monitored.
We just finished acquiring a property we own, rehabbing a blighted building in our community. The property comes with about 15 parking stalls. Additionally, there is on street parking monitored by the city. As part of our revitalization of this property, our exterior - especially our parking lot - is monitored via monitored video surveillance through a private security firm and by employees as the need arises.
11. Was this premises licensed for the sale of liquor or beer during the past license year?
☒ No ☐ Yes, license issued to _____ (name of licensee)

Section C—Corporate Information

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

12. Name of liquor license agent Syovata Edari
13. City, state in which agent resides Madison, Wisconsin
14. How long has the agent continuously resided in the State of Wisconsin? Over 10 years
15. Has the liquor license agent completed the responsible beverage server training course?
☐ No, but will complete prior to ALRC meeting ☒ Yes, date completed 2019. Agent is a licensed atty who has specialized in DUI litigation in the past.
16. State and date of registration of corporation, nonprofit organization, or LLC. Wisconsin 2016
17. 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
Sole member LLC		

18. 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.
Syovata Edari
19. Is applicant a subsidiary of any other corporation or LLC?
☒ No ☐ Yes (explain) _____
20. 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) We currently hold a license at our former premises at 1815 East Washington. We are relocating to 10 Odana CT

Section D—Business Plan

21. What type of establishment is contemplated?
☐ Tavern ☐ Nightclub ☐ Restaurant ☐ Liquor Store ☐ Grocery Store
☐ Convenience Store without gas pumps ☐ Convenience Store with gas pumps
☒ Other Fine chocolate manufacturer and retail/cafe
22. 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
23. Hours of operation: please enter opening and closing times in the table below.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
10am-7pm	-	-	10am-7pm	10am-7pm	10am-7pm	10am-7pm
<i>(Class B only) Enter below any hours when food service will not be available, if applicable</i>						
-	-	-	-	-	-	-

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.

24. Indicate any other product/service offered. Chocolates, cake, tastings, tea and coffee.
25. All restaurants and taverns serving alcohol must substantiate their gross receipts for food and alcohol beverage sales broken down by percentage. (Note: Non-alcoholic drinks are classified as "Food.") New establishments estimate percentages:
5 % Alcohol 95 % Food _____ % Other
- If applicable, describe "Other": _____
- Do you have written records to document the percentages shown? ☐ No ☒ Yes
You may be required to submit documentation verifying the percentages indicated.
26. Do you plan to have live entertainment? ☒ No ☐ Yes—what kind? _____

If planned entertainment includes live music (except solo acoustic), a DJ, or a designated dance floor, please also complete an Entertainment License.

Section F—Required Contacts and Filings

27. I understand that liquor/beer license renewal applications are due April 15 of every year, regardless of when license was initially granted. ☐ No ☒ Yes
28. I understand that I am required to host an information session at least one week before the ALRC meeting. ☐ No ☒ Yes
29. I agree to contact the Alderperson for this location to discuss my application and to invite the Alderperson to my information session. ☐ No ☒ Yes

30. I agree to contact the Police Department District Captain for this location prior to the ALRC meeting. ☐ No ☒ Yes
31. I agree to contact the Deputy Clerk prior to the ALRC meeting. ☐ No ☒ Yes
32. I agree to contact the neighborhood association representative prior to the ALRC meeting. ☐ No ☒ Yes
33. I intend to operate under the alcohol license within 180 days of the Common Council granting this license. The license shall be considered surrendered if not issued within 180 days of being granted. ☐ No ☒ Yes
34. I understand we must file a Special Occupational Tax return (TTB form 5630.5) before beginning business. [phone 1-800-937-8864] ☐ No ☒ Yes
35. I understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in question 1, above. [phone 608-266-2776] ☐ No ☒ Yes
36. 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

37. This application is for the license period ending June 30, 20____.
38. State Seller's Permit 4 5 6 - 1030008287-02 - ____
39. Federal Employer Identification Number 87-1182116

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

Contact person Syovata Edari

Business phone 414-778-0074 414-779-0074 PER ACCELA Business e-mail address Info@cocovaa.com

Preferred language English

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.

41. Corporate attorney, if applicable: Name Syovata Edari
- Phone 414-779-0074 E-mail Info@cocovaa.com


NOTICE: Completed application are due by noon of the third Monday (fourth, if the Clerk's office is closed on the third Monday) to get on the agenda for the proceeding months Alcohol License Review Committee. A completed application **must** be accompanied by the following items:

- ☐ Copy of State Seller's Permit (Not Business Tax Registration Certificate), ☐ Appointment of Agent (if Corp/LLC),
☐ Member background investigation forms, ☐ Articles of Incorporation (if Corp/LLC), ☐ Floor Plans,
☐ Copy of Lease, ☐ Business Plan, and ☐ Sample Menu (if applying for Class B license)

If required items are missing, the application will not be considered complete and will not be accepted by the Clerk's Office until all requirements are submitted. No exceptions are made.

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 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.

Penalty for materially false application information: Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.


 (Officer of Corporation/Member of LLC/Partner/Sole Proprietor)

March 24, 2025
 (Date)

Clerk's Office checklist for complete applications		
<input type="checkbox"/> WI Seller's Permit Certificate (matching articles of incorporation) <input type="checkbox"/> FEIN <input type="checkbox"/> Written description of premises	<input type="checkbox"/> Background investigation form(s) <input type="checkbox"/> Form for surrender of previous license <input type="checkbox"/> *Articles of Incorporation <input type="checkbox"/> *Appointment of Agent * Corporation/LLC only	<input type="checkbox"/> Floor Plans <input type="checkbox"/> Lease <input type="checkbox"/> Business Plan <input type="checkbox"/> **Sample Menu ** Class B only
Upon Application Submission, the Clerk's Office issued to the application: <input type="checkbox"/> Orange sign <input type="checkbox"/> Orange business card <input type="checkbox"/> "Applying for a Liquor/Beer License in the City of Madison" brochure with contact information		
Date complete application filed with Clerk's Office _____ Date of ALRC meeting _____ Date license granted by Common Council _____ Date provisional issued _____ Date license issued _____		