	LICLIB-2017-00/169 P-403 46242
∏ Ma	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
S e 1.	If needed, a qualified interpreter can be provided at no charge to you. Would you like an interpreter? ※Yes (language: ちゅんじ) 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, 20 17.
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.
4.	Trade Name (doing business as) $\angle 8 \land 4 \in 1$ Stoye
5.	Address to be licensed 447 W Gilman St. Madison W/ 53703
6.	Mailing address 447 W Gilman St. Madison W153703 v
7.	Anticipated opening date $\frac{2}{1}$ $\frac{12077}{2077}$
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 permitee have interest in this business? No □ Yes (explain)
	No \square Yes (explain) $3 \ 3$
Se (Describe in words the building or buildings where alcohol beverages are to be sold and stored. Building living quarters, if used, and any outdoor seating used for the sales, and 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.
	of west Gilman St. The place is stuted for \$2
ø	a delitype business. There will be taldes in \$ 3 sitting space for Cherts to eat and drink Meals = 3 are dell style, fast pace serving. Will have tables form 3

(11)	Attach a floor plan, no larger than 8 ½ by 14, showing the space described above.
(12.)	Applicants for on-premises consumption: list estimated capacity 106 inside 32 outside
13.)	
	Street Parking
14.	Was this premises licensed for the sale of liquor or beer during the past license year?
	No ☐ Yes, license issued to (name of licensee) Attach copy of lease.
15.	Attach copy of lease.
This Sole	section C—Corporate Information section applies to corporations, nonprofit organizations, and Limited Liability Companies only. proprietorships and partnerships, skip to Section D.
16.	Name of liquor license agent <u>Juan Gonzalez</u> City, state in which agent resides <u>Madison</u> , WI
17.	City, state in which agent resides Madison, WI
	How long has the agent continuously resided in the State of Wisconsin? ~ 30 years
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
21.	State and date of registration of corporation, nonprofit organization, or LLC.
	WI- 01-23-2017
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
	Owner - Juan Cartos Madison WI Gonzalez Sr
	Gonzale 2 Sr
	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. Juan Carlos Gonzalez St

24.	Is applicant a subsidiary of any other corporation or LLC? ☐ 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)
	ction D—Business Plan What type of establishment is contemplated? □ Tavern □ Nightclub □ Restaurant □ Liquor Store □ Grocery Store
	☐ Convenience Store without gas pumps ☐ Convenience Store with gas pumps ☐ Other ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
	Business description Subway style deli serving salades sand wiches already proported deries just needing ve-heater in microwave or convection over some desserts/spacks, beverages, been swin
28.	Hours of operation M-F 110m-10pm Weekend hrs. 10AM-4an food
29.	Describe your management experience
	CUMPlet IN ANN 3T MUDISON WI
30.	List names of managers below, along with city and state of residence.
	Juan Con Zalez Madison WI
31.	Describe staffing levels and staff duties at the proposed establishment
	MANAGER, SANDWICH DELIST, CUSTOMER SCRUTCE
32.	Describe your employee training N/A UNAM 1100K SER Employees

33.	Utilizing your market research, describe your target market.
	Students, Doutour employees, Visitors
	all ages
34.	Security Control of the Control of t
	Using social media, internet, websites
	Flyers, newspaper emphasis on salado,
	cold sandwiches ready-to-east eterns
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
This	ction E—Consumption on Premises s section applies to Class B and Class C applicants only. Class A license applicants (consumption premises) may skip to Section F.
37.	Do you plan to have live entertainment? ☑ No ☐ Yes—what kind?
38.	What age range do you hope to attract to your establishment?
39.	What type of food will you be serving, if any?
4 0.	Submit a sample menu if applicable. What will be included on your operational menu? ☐ Appetizers ☐ Salads ☐ Soups ☐ Sandwiches ☐ Entrees ☐ Desserts ☐ Pizza ☐ Full Dinners
41.	During what hours of operation do you plan to serve food? for will be available
	What hours, if any, will food service <u>not</u> be available?
43.	Indicate any other product/service offered
44.	Will your establishment have a kitchen manager? ☐ No ☐ Yes
	Will you have a kitchen support staff? ☐ No ☐ Yes
	How many wait staff do you anticipate will be employed at your establishment?
	During what hours do you anticipate they will be on duty?
4 7	Do you plan to have hosts or hostesses seating customers? D. No. D. 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? How many bartenders do you anticipate having work at one time on a busy night?
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? 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?
54.	If your business plan includes an advertising budget:
	What percentage of your advertising budget do you anticipate will be related to food?
	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? ☐ Yes
56.	Are you currently, or do you plan to become, a member of the Wisconsin Restaurant Association or the National Restaurant Association?
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:
	10 % Alcohol 90 % Food % Other I denot know
58.	
Sec	tion 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
32.	I agree to contact the Police Department District Captain for this location prior to the ALRC meeting. ☐ No ☐ Yes
33.	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

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GIVO Samuish tomate Paso chuleta Teluga tury concerne cebotta ROOF bee MUGOR Provolon Che AMI Can . Techuga Orion To Mate Chicken Sannvish Cebola taco, Pita SITantro Sanwigh Leluga TOMAN Mediastu Cheso Daxvanti Meet Trlantro Aguaka Sanwish Tomate Media Luva Pun weed Le lu qu CUCHO 3/100 Pechoga dea bayonela P00 1000 AOP Luchaga. to mate

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