

# ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk

For the license period beginning \_\_\_\_\_ 20\_\_\_\_ ;  
ending JUNE 30 2010

TO THE GOVERNING BODY of the:  Town of  
 Village of } MADISON  
 City of

County of \_\_\_\_\_ Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

1 The named  INDIVIDUAL  PARTNERSHIP  LIMITED LIABILITY COMPANY  
 CORPORATION/NONPROFIT ORGANIZATION

hereby makes application for the alcohol beverage license(s) checked above

2 Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): Bernie & Tony's Piano Bar & Sicilian Restaurant, LLC

An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company List the name title and place of residence of each person

Title	Name	Home Address	Post Office & Zip Code
President/Member	<u>THOMAS CAPUTO</u>	<u>1831 CAPITAL AVE</u>	<u>MADISON WI 53705</u>
Vice President/Member	<u>PATRICIA CAPUTO</u>	" "	" "
Secretary/Member			
Treasurer/Member			
Agent	<u>THOMAS CAPUTO</u>		
Directors/Managers			

3 Trade Name BERNIE & TONY'S BACK DOOR Business Phone Number \_\_\_\_\_  
4 Address of Premises 4265-67 W. BELTLINE HWY Post Office & Zip Code MADISON WI 53711

- 5 Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period?  Yes  No
- 6 Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant?  Yes  No
- 7 Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business?  Yes  No
- 8 (a) Corporate/limited liability company applicants only: Insert state \_\_\_\_\_ and date \_\_\_\_\_ of registration  
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company?  Yes  No  
(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin?  Yes  No

(NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above)

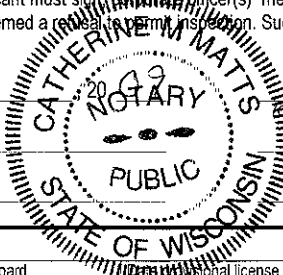
9 Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described) 1ST FLOOR OF 4265 W. BELTLINE HWY BLDG.

- 10 Legal description (omit if street address is given above): \_\_\_\_\_
- 11 (a) Was this premises licensed for the sale of liquor or beer during the past license year?  Yes  No  
(b) If yes under what name was license issued? \_\_\_\_\_
- 12 Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630 5) before beginning business? [phone 1-800-937-8864]  Yes  No
- 13 Does the applicant 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]  Yes  No
- 14 Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree 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 (Individual applicants and each member of a partnership applicant must sign, with the officer(s) members/managers of Limited Liability Companies must sign.) Any lack of access to any portion of a 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 20th day of November  
Catherine Matts (Clerk/Notary Public)  
Patricia Caputo (Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)  
My commission expires 1-17-2010  
Dane Co, Wis (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)



**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <u>11-20-09</u>	Date reported to council/board _____	Date original license issued _____	Signature of Clerk / Deputy Clerk _____
Date license granted _____	Date license issued _____	License number issued _____	

Applicant's Wisconsin Seller's Permit Number: _____	
Federal Employer Identification Number (FEIN): _____	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$ _____
<input checked="" type="checkbox"/> Class B beer	\$ _____
<input type="checkbox"/> Wholesale beer	\$ _____
<input type="checkbox"/> Class C wine	\$ _____
<input type="checkbox"/> Class A liquor	\$ _____
<input checked="" type="checkbox"/> Class B liquor	\$ _____
<input type="checkbox"/> Reserve Class B liquor	\$ _____
Publication fee	\$ _____
<b>TOTAL FEE</b>	\$ _____

# City of Madison Supplemental Class B License Application

<input type="checkbox"/> Seller's Permit Number <small>DON'T HAVE</small> <input type="checkbox"/> Federal Employer Identification Number <small>DON'T HAVE</small> <input checked="" type="checkbox"/> Notarized Original Application Form <input checked="" type="checkbox"/> Notarized Supplemental Form	<input checked="" type="checkbox"/> Description of Licensed Premise <input checked="" type="checkbox"/> Notarized Appointment of Agent <input checked="" type="checkbox"/> Background Investigation Form(s) <small>read</small> <input checked="" type="checkbox"/> Notarized Transfer of Ownership <small>part 2 in</small> <input checked="" type="checkbox"/> *Articles of Incorporation	<input checked="" type="checkbox"/> Floor Plans <input type="checkbox"/> Lease <small>Don't Members own</small> <input checked="" type="checkbox"/> Sample Menu <small>NOT yet</small> <input checked="" type="checkbox"/> Business Plan <small>NOT yet</small> <small>* Corporation/LLC only</small>
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1. Name of Applicant/Partner/Corporation/LLC Bernie & Tony's PIANO BAR : SICILIAN RESTAURANTE LLC
2. Address of Licensed Premise 4265 W. Beltline Highway, Madison, WI
3. Telephone Number: (608) 271-4110      4. Anticipated opening date: January 1, 2010
5. Mailing address if not opening immediately 1502 Greenway Cross, #5, Madison, WI 53713
6. 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: Authentic Sicilian cuisine, classical piano music, with accompanying vocalists.

9. Do you plan to have live entertainment?     No     Yes—What kind? Classic piano music

10. 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.**

(45) table seats and (25) bar seats w/capacity of 150. Bar will be 500 sq. ft. of the 1,500 sq. ft. (1st) floor. 800 sq. ft. on (2nd) floor is a (2) bedroom apartment, entire property is comprised of (2) lots, patio

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. (3) parking stalls in front of garages in left lot, (20) stalls in right lot, (10) stalls public stalls on Danbury Street to be monitored by owner/management,

13. Describe your management experience, staffing levels, duties and employee training.

2 1/2 years managing and operating Ken's Bar on Butler St., 1 year developing and managing Redhead Piano lounge

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.

Thomas Caputo, 1502 Greenway Cross, #5, Madison, WI 53713

Name

Address

15. Utilizing your market research, who would you project your target market to be?

30-55 year old age group

16. What age range would you hope to attract to your establishment? 30-55 year olds

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

Newspaper, online, events promotions

18. Are you operating under a lease or franchise agreement?  Yes (attach a copy)  No

19. Owner of building where establishment is located: Capital Development, LLC

Address of Owner: 1502 Greenway Cross, #5, Madison, WI 53713 Phone Number (608) 271-4110

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? Yes  No

21. List the Directors of your Corporation/LLC

Thomas Caputo 1831 Capital Ave., Madison, WI 53705

Name Address

Patricia A. Caputo 1831 Capital Ave., Madison, WI 53705

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)  Tavern  Nightclub  Restaurant

Other Please Explain N/A

24. What type of food will you be serving, if any? Sicilian cuisine

Breakfast Lunch  Dinner

25. Please submit a sample menu with your application, if possible. What might eventually be included on your operational menu when you open?  Appetizers  Salads  Soups  Sandwiches  Entrees

Desserts  Pizza  Full Dinners

26. During what hours of your operation do you plan to serve food? 4:00 P.M. - 10:00 P.M.

27. What hours, if any, will food service not be available? 10:00 P.M. - 2:00 A.M.
28. Indicate any other product/service offered. Del: meats, cheeses, salads, gift products and likenesses,
29. Will your establishment have a kitchen manager?  Yes No
30. Will you have a kitchen support staff?  Yes No
31. How many wait staff do you anticipate will be employed at your establishment? Three (3)  
 During what hours do you anticipate they will be on duty? 4:00 P.M. - 10:00 P.M.
32. Do you plan to have hosts or hostesses seating customers?  Yes No
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? 25  
 How many bartenders do you anticipate you would have working at one time on a busy night? 1 1/2
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? 45
36. What type of cooking equipment will you have?  Stove  Oven  Fryers  Grill  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?  
65%
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? 70%  
 What percentage of your advertising budget do you anticipate will be drink related? 30%
40. 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? 100

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.

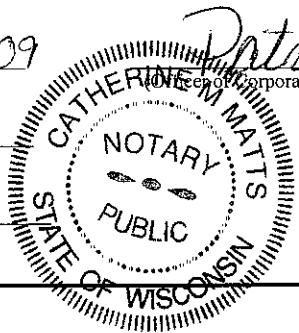
Gross Receipts from Alcoholic Beverages	30 %
Gross Receipts from Food and Non-Alcoholic Beverages	65 %
Gross Receipts from Other	5 %
<b>Total Gross Receipts</b>	<b>100%</b>

44. Do you have written records to document the percentages shown?  Yes  No  
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 20<sup>th</sup> day of Nov., 2009  
Catherine Matt  
(Clerk/Notary Public)  
My commission expires 1-17-2010  
Jane City, Wisc.



Patricia Caput  
(Officer of Corporation/Member of LLC/Partner/Individual)

# Appointment of New Liquor/Beer Agent

## To be completed by Corporate Officer or Member of LLC

I, Thomas Caputo, officer/member for Bernie & Tony's PIANO BAR & SICILIAN RESTAURANTE LLC  
(Corporation/LLC), doing business as Bernie & Tony's Back Door authorize and appoint  
Thomas Caputo (Name) as the liquor/beer agent for the premise  
located at 4265 W. Beltline Hwy,

Subscribed and sworn to before me this

11 Day of September, 2009

Stephanie Wallom

Notary Public, Dane County, Wisconsin

My Commission Expires 3/7/2010



## To be completed by appointed Liquor/Beer Agent

I, Thomas Caputo, appointed liquor/beer agent for  
Bernie & Tony's PIANO BAR & SICILIAN RESTAURANTE LLC (name of Corporation or LLC), being first duly sworn  
say I have vested in me, by properly authorized and executed written delegation, full authority  
and control of the premise described in the license of such corporation or limited liability  
company, and I am involved in the actual conduct of the business as an employee, or have a  
direct financial interest in the business of the licensee, therein relating to the intoxicating  
liquor/fermented malt beverage. The interest I have in the business is 50 %.

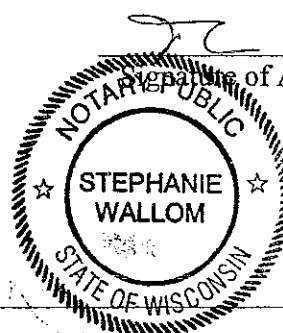
Subscribed and sworn to before me this

11 Day of September, 2009

Stephanie Wallom

Notary Public, Dane County, Wisconsin

My Commission Expires 3/7/2010



The appointed Liquor/Beer Agent must complete the other side of this form.