

## Transfer of License Location

## (Agenda Item Number) (Legistar file number) (License number) (License number) (Alder District #) (Police Sector)

CLERK	City of Madison Clerk 210 MLK Jr Blvd, Room 103	(License mimber)
Class A: ☐ Beer, ☐ Liquor, ☐ Cider	Madison, WI 53703	15 610
Class B: 🛭 Beer, 🖒 Liquor,	licensing@cityofmadison.com	(Alder District #) (Police Sector)
☐ Class C Wine	608-266-4601	Office Use Only
<ul> <li>A completed City of Madison Liq</li> </ul>	for a <b>Reserve Class B Combin</b> uor/Beer License Application shound by the second second second for the second seco	uld accompany this form.
<b>Licensed Premises Information</b>		
This application modifies existing alcol	nol license number: 2017	-00458
Business dba Name: FACE d 1	Kitchen	
Licensed Address: 1738 For	dem AUE Madis	501 W12
Liquor/Beer Agent Name:	Alde	r, District #:
Corporate Information		<del></del> ,
Business Legal Name (as on WI State  Business Mailing Address:	Sellers Permit):	minique Schron
Business Mailing Address:	1 4322 Kedcoa	7 Rd
Business Contact Name, Position:		
Business Phone: 608-665-	1118 Business Email: SE	meo 3434 @gmail
<b>New Premise Information</b>		
☑ Include floor plans with the appli	ication	
Address: 1 dempsey	Rd	
Physical description of building/land	d: 1600.59 two had	ndicap accessible
bathrooms 25 parki	ng Space	
Is any other business conducted or	n same premises? □ No XYes	: Broken Coffee
Was this location licensed for beer	or liquor during the past year:	? 📈 No 🗆 Yes – see below

Name and address of previous licensee:  $\sqrt{H}$ 

REV 09/2021

Will the previous licensee surrender its license? ☐ Yes Ŋ 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:
We own all fixtures
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.
Dominique Johnson , 8/24/23
Domuniar Shriton , 8/24/23 Authorized Sighature , Date

A	OF MADE LICENSE	16: Liquor/Beer	(Agenda Rem Number)		
	Licib-2	lo17-004 License	Decision Champion Loss		
		_	(Legistar file number)		
	CIERL	Application	(License number)		
Clas	ss A: 🛘 Beer, 🖟 Liquor, 🗀	City of Madison Clerk 210 MLK Jr Blvd, Room 103 Cider Madison, WI 53703	(Alder District #) (Police Sector) Office Use Only		
Clas	ss B: 🔀 Beer, 🔀 Liquor, 🂢 Class C Wine	licensing@cityofmadison.com 608-266-4601			
šec	ction A – Applicant				
L.	List the name of your	Sole Proprietor, $\square$ Partnership, $\square$ (ed Liability Company exactly as it ap	· · · · · · · · · · · · · · · · · · ·		
	Dominique Jo	hnson	•		
) . <b>n</b>	Trade Name (doing busi		Έη		
}.	Address to be licensed 1 DEMPSEY Rd Unit 4 Madison Wi				
}.	11222 221 10 - 6 21 2 10 1 1/140				
),	•	e Moving Location			
j.		loyee or agent of, or acting of behalf	of anyone except the applicant		
	No 🛘 Yes (explain	n)			
7.		everage licensee or wholesale permite Yes (explain)	ee have interest in this		
<b>Sec</b> 3.	stored. Include all room the sales, service, and/o	uilding or buildings where alcohol be is including living quarters, if used, a or storage of alcohol beverages and r on the premises as approved by Con	nd any outdoor seating used for eceipts. Alcohol beverages may		
	license.				
		open space and to			
	Accessible	Bathrooms and a b			
	a ciak tim	Large Parking Lot.	S		
	013/11/2 100	incl all alcoholwill			

9.	Applicants for on-premises consumption only. Estimated capacity (patrons and employees):				
	Indoor: 40 Outdoor: 20				
10.	Describe existing parking and how parking lot is to be monitored.				
	large out door parking lot monitored by Comera	P			
11.	Was this premises licensed for the sale of liquor or beer during the past license year?				
8	No				
This	tion C—Corporate Information section applies to corporations, nonprofit organizations, and Limited Liability Companies Sole proprietorships and partnerships, skip to Section D.				
12.	Name of liquor license agent				
13.	City, state in which agent resides				
	How long has the agent continuously resided in the State of Wisconsin?				
15.	. Has the liquor license agent completed the responsible beverage server training course?				
	☐ No, but will complete prior to ALRC meeting ☐ Yes, date completed ///				
16.	State and date of registration of corporation, nonprofit organization, or LLC. $\mathcal{N}\mathcal{P}$				
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				
	NA NA NA				
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. $NH$				
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 n Wisconsin?				
	No 🗆 Yes (explain)				

	tion D—Bus What type of Tavem	establishme	•	olated? urant <b>D</b> Liqu	uor Store 🛭 🗆	] Grocery St	tore
	☐ Convenience Store without gas pumps ☐ Convenience Store with gas pumps						
	□ Other <u></u>	offEE	Shop		***************************************		
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 $\square$ Yes						
23.	. Hours of operation: please enter opening and closing times in the table below.						
	Sunday			Wednesday	I	1	Saturday
	-	1 6 1		7Am-9PM		1	1
	(Class B on	ly) Enter belo	w any hours	when food ser	vice will not b	e available,	if applicable
	-	-	-	-	-	-	-
This (con 24.	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. Food and Coffee						
23.	5. 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:						
	Do you have	written recor	ds to docum	ent the percent entation verifyi	tages shown? ng the percer	☑ No ☐ ntages indica	☐ Yes ted.
26.	Do you plan	to have live e	entertainmen	t? Ø No □	Yes-what k	ind?	
	•			music (except antertainment L	_	), a DJ, or a (	designated
		that liquor/b	eer license n	i <b>lings</b> enewal applicat granted. D		April 15 of e	very year,
28.	I understand ALRC meetin			st an informatio	n session at l	east one we	ek before the
29.				this location to sion. $\square$ No		pplication an	id to invite

30.	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 X 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 X 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
Sec	tion 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 - 1 0 2 7 9 2 8 5 4 7 - 6 4
39.	Federal Employer Identification Number 82 - 1483456
40.	Who may we contact between 8 a.m. and 4:30 p.m. regarding this license?
	Contact person Dominique or SAMUEL Johnson
	Business phone 608-665-1118 Business e-mail address Sameo 343406 Mail.
	Preferred language
	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 MA
	Phone F-mail

NOTICE: Completed application are due by	noon of the third Monday (fourth, if the Clerk's officeding months Alcohol License Review Committee. A	
☐ Member background investigation forms	ess Tax Registration Certificate), \(\simega\) Appointment of \(\simega\), \(\simega\) Articles of Incorporation (if Corp/LLC), \(\simega\) Flow Sample Menu (if applying for Class B license)	
•	n will not be considered complete and will not be ac	cepted by the Clerk's
been truthfully completed to the best of the to law, and that the rights and responsibiliti	enalty provided by law, the applicant states that the knowledge of the signer. Signer agrees to operate les conferred by the license(s), if granted, will not be emises during inspection will be deemed a refusal to for revocation of this license.	the business according eassigned to another.
Penalty for materially false application inform on this application may be required to forfeit	• •	ally false information
Officer of Corporation/Member of LLC/Partner/S	ole Proprietor) $\frac{8/22/23}{\text{(Date)}}$	
Clerk's Office checklist for complete a	pplications	
<ul> <li>□ WI Seller's Permit Certificate         (matching articles of         incorporation)</li> <li>□ FEIN</li> <li>□ Written description of premises</li> </ul>	<ul> <li>□ Background investigation form(s)</li> <li>□ Form for surrender of previous license</li> <li>□ *Articles of Incorporation</li> <li>□ *Appointment of Agent</li> <li>* Corporation/LLC only</li> </ul>	☐ Floor Plans ☐ Lease ☐ Business Plan ☐ **Sample Menu  ** Class B only
☐ Orange sign ☐ Orange business	Clerk's Office issued to the application:  card  in the City of Madison" brochure with contact	information
Date complete application filed with Clerk's	Office	
Date of ALRC meeting Da	ate license granted by Common Council	
Date provisional issued Da	te license issued	
We already have Just changing Loa	E a Liguor License We eations	: are

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License Number = 2017-00458