

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk

For the license period beginning _____ 20 _____
ending _____ 20 _____

TO THE GOVERNING BODY of the: Town of } Madison
 Village of }
XCITY

County of Dane 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): Blue Plate Catering, Inc.

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	Jodi J. Fowler	1671 City Rd K	Hollandale, WI 53544
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	Jodi J. Fowler		
Directors/Managers			

- 3 Trade Name Same - Blue Plate Catering Business Phone Number 608 821 3199
4 Address of Premises 702 South Highpoint Road Post Office & Zip Code 53717

- 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 WI and date 1991 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) ground floor of the Bishop O'Connor Center which includes 6 meeting rooms + a main dining room
- 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; corporate 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 26 day of April, 20 10

T. Ad. Gell
(Clerk/Notary Public)

My commission expires 8.26.12

Jodi J. Fowler president
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>8.26.12</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

Applicant's Wisconsin Seller's Permit Number: <u>456 0000388469-03</u>	
Federal Employer Identification Number (FEIN): <u>39-1759874</u>	
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	\$
TOTAL FEE	\$

City of Madison Supplemental Class B License Application

<input checked="" type="checkbox"/> Seller's Permit Number <input checked="" type="checkbox"/> Federal Employer Identification # <input checked="" type="checkbox"/> Notarized Original Application Form <input checked="" type="checkbox"/> Notarized Supplemental Form <input type="checkbox"/> Orange Sign (Clerk's Office provides at time of application)	<input checked="" type="checkbox"/> Written Description of Premise <input checked="" type="checkbox"/> Background Investigation Form(s) <input type="checkbox"/> Notarized Transfer of Ownership <input type="checkbox"/> *Articles of Incorporation <input type="checkbox"/> *Notarized Appointment of Agent * Corporation/LLC only	<input checked="" type="checkbox"/> Floor Plans <input checked="" type="checkbox"/> Lease <input type="checkbox"/> Sample Menu <input type="checkbox"/> Business Plan
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1. Name of Applicant/Partner/Corporation/LLC Blue Plate Catering, Inc.
 2. Address of Licensed Premise 702 South High Point Rd, Madison
 3. Telephone Number: 608 221-3199 4. Anticipated opening date: (June 2, 2010)
 5. Mailing address if not opening immediately N/A

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: special, private events only.

9. Do you plan to have live entertainment? No Yes—What kind? _____

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.**

The entire ground floor of the Bishop O'Connor Catholic Pastoral Center located at 702 S. High Point. Includes main dining room, 6 meeting rooms, commercial kitchen w/ square footage of ~15,000 ft², Capacity ~753

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. exterior parking lots around building. Monitored by private security firm.

13. Describe your management experience, staffing levels, duties and employee training.
Extensive experience managing restaurants + hotels in Madison since 1985. Have been sole owner + operator of Blue Plate Catering for 17 years.

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.
Jodi J. Fowler 1671 Cty. Rd K Hollandale WI 53544

Name _____ Address _____

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

special, private events only.

16. What age range would you hope to attract to your establishment? again, special events only.

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

N/A

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

19. Owner of building where establishment is located: Holy Name Catholic Center, Inc.

Address of Owner: (same) 702 S. High Point Phone Number 608 821 3197

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 N/A

21. List the Directors of your Corporation/LLC

Jodi J Fowler, 1671 Chy Rd K Hollandale WI 53544
Name Address

Name Address

Name Address

22. List the Stockholders of your Corporation/LLC

Jodi J. Fowler, 1671 Chy Rd K, Hollandale 100%
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 Private, Special events only.

24. What type of food will you be serving, if any? Contracted food service

Breakfast Lunch Dinner only (ie. meetings + banquets)

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? as contracted by customer

27. What hours, if any, will food service not be available? N/A
28. Indicate any other product/service offered. N/A
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? (see below)
 During what hours do you anticipate they will be on duty? as required by special event.
32. Do you plan to have hosts or hostesses seating customers? Yes No N/A
33. Do your plans call for a full-service bar? Yes No (Banquet bar service only)
 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? 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?
approx. 20%
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? N/A
 What percentage of your advertising budget do you anticipate will be drink related? N/A
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? total for all space is 753 approx

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	5 %
Gross Receipts from Food and Non-Alcoholic Beverages	95 %
Gross Receipts from Other	— %
Total Gross Receipts	100%

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 26 day of April, 2010

T. Al Gall
(Clerk/Notary Public)

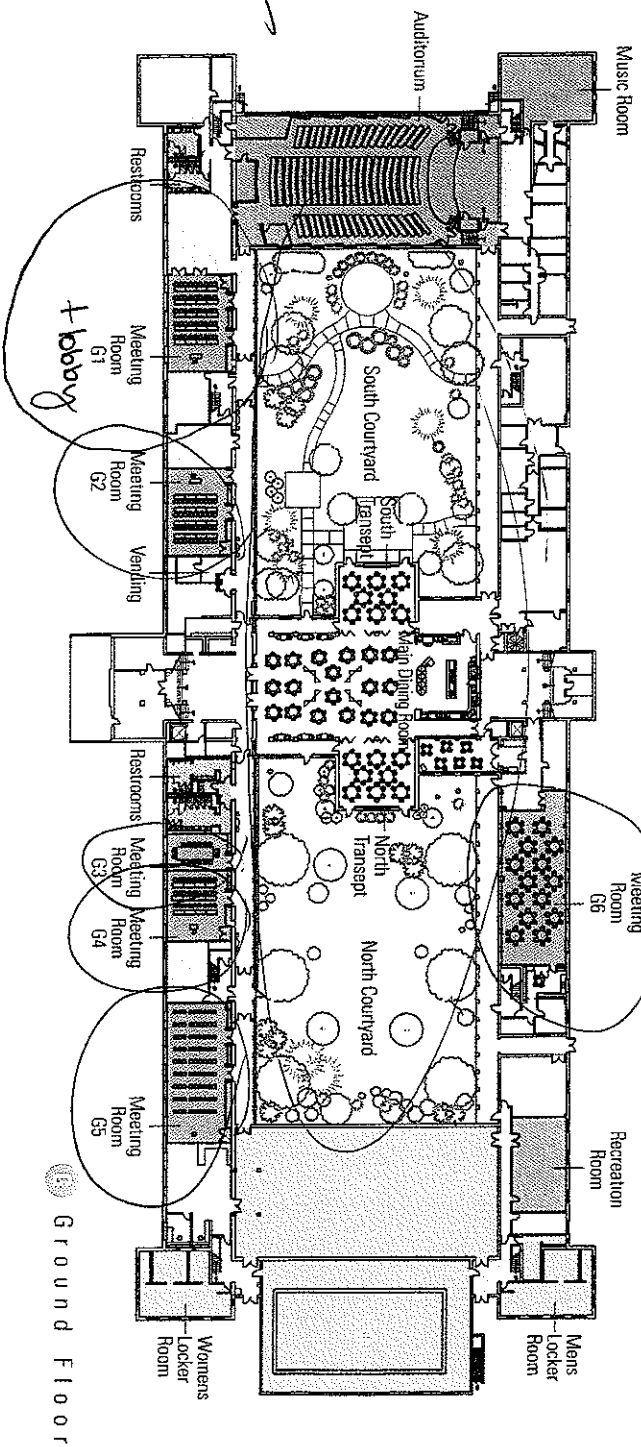
My commission expires 8.26.12

[Signature] president
(Officer of Corporation/Member of LLC/Partner/Individual)

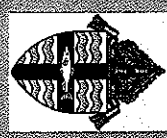
Max Capacities:

- G1 ~ 70 ppl
- G2 ~ 80 ppl
- G3 ~ 30 ppl
- G4 ~ 60 ppl
- G5 ~ 110 ppl
- G6 ~ 150 ppl
- Main Dining ~ 250 ppl w/ courtyard

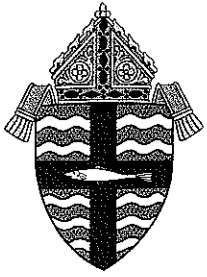
753



15 Ground Floor



Diocese of Madison
 Bishop O'Connor Catholic Pastoral Center
 702 South High Point Road P.O. Box 44988 • Madison, WI 53744-4988 • 608.824.3800



DIOCESE OF MADISON
BISHOP O'CONNOR CATHOLIC PASTORAL CENTER

Office of the Chancellor
702 South High Point Road
Madison, WI 53719

608/821-3016
Fax: 608/821-3013

February 15, 2010

Ms Jodi Fowler
Blue Plate Catering
8401 Greenway Blvd
Middleton, WI 53562

Dear Jodi,

By this letter I appoint Blue Plate Catering as the Official Caterer of the Bishop O'Connor Catholic Pastoral Center (BOCCPC) located at 702 S. High Point Road, Madison, WI 53719

As we have discussed Blue Plate will coordinate food and beverage service, including the sale of mixed drinks, beer and wine, for any group wishing to rent the BOCCPC facilities for their meetings. You understand that the Diocese of Madison must maintain strict standards with regard to the use of the property and therefore any event not sponsored by a Catholic Church related ministry will need to be cleared by this office before a contract is signed.

This agreement is effective as of today and either party may cancel this agreement with 30 days written notice.

I have every confidence that you and your company will be an asset to our efforts to provide quality meeting space to the Catholic population of our diocese.

Sincerely,

Kevin R. Phelan
Chancellor

Appointment of New Liquor/Beer Agent

To be completed by Corporate Officer or Member of LLC

I, Jodi Fowler, officer/member for Blue Plate Catering, Inc.

(Corporation/LLC), doing business as Same authorize and appoint

Jodi Fowler (Name) as the liquor/beer agent for the premise

located at 702 S. High Point Road

Subscribed and sworn to before me this

26 Day of April, 20 10

T. Ad Galgl
Notary Public, Dane County, Wisconsin

My Commission Expires 8.26.12

Jodi Fowler, president
Signature of Officer/Member

To be completed by appointed Liquor/Beer Agent

I, Jodi Fowler, appointed liquor/beer agent for
Blue Plate Catering, Inc. (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 100 %.

Subscribed and sworn to before me this

26 Day of April, 20 10

T. Ad Galgl
Notary Public, Dane County, Wisconsin

My Commission Expires 8.26.12

Jodi Fowler
Signature of Agent

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