



Liquor/Beer License Application

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

licensing@cityofmadison.com
608-266-4601

LICLIB-2021-00050
(Agenda Item Number)
64408
(Legistar file number)

(License number)
13 205
(Alder District #) (Police Sector)
Office Use Only

Class A: Beer, Liquor, Cider

Class B: Beer, Liquor,

Class C Wine

Section A - Applicant

- 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.
Kettle Black Kitchen LLC
- Trade Name (doing business as) Kettle Black Kitchen
- Address to be licensed 1835 Monroe Street 53711
- Mailing address 122 Dunning Street 53704
- Anticipated opening date 4.1.21 (April 1st)
- Is the applicant an employee or agent of, or acting of behalf of anyone except the applicant named in question 1?
 No Yes (explain)
- Does another alcohol beverage licensee or wholesale permittee have interest in this business? No Yes (explain)

Section B - Premises

- 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.

1835 Monroe St. is a small storefront.
Dining Room is about 800 sq feet, kitchen
300 sqft. Basement (finished) prep kitchen with
2 walk-in fridges, boiler room & employee bathroom
Alcohol will be stored in basement, served at small bar in
dining room (5 seats)

9. Applicants for on-premises consumption only. Estimated capacity (patrons and employees):

Indoor: 60-75 Outdoor: None

10. Describe existing parking and how parking lot is to be monitored.

Metered Street parking on Monroe, parking structure nearby

11. Was this premises licensed for the sale of liquor or beer during the past license year?

No Yes, license issued to maybe to "Teen" (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 Brian D. Hamilton

13. City, state in which agent resides Madison WI

14. How long has the agent continuously resided in the State of Wisconsin? 15 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 2/19

16. State and date of registration of corporation, nonprofit organization, or LLC.

1.28.21 Wisconsin

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
<input checked="" type="checkbox"/> Owner	Brian Hamilton	Madison WI
<input type="checkbox"/> Owner	Alicia Hamilton	Madison WI

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.

Alicia Hamilton

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) _____

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 _____

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
4 ^{pm} - 9 ^{pm}	11 ^{AM} - 11 ^{PM}	11 ^{AM} - 11 ^{PM}	11 ^{AM} - 11 ^{PM}	11 ^{AM} - 11 ^{PM}	11 ^{AM} - 12 ^{AM}	4 ^{pm} - 12 ^{AM}
<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. _____

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:

40 % Alcohol 60 % 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 90 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 - 1 0 3 0 5 3 2 5 4 0 - 0 4
39. Federal Employer Identification Number 86-1664665
40. Who may we contact between 8 a.m. and 4:30 p.m. regarding this license?

Contact person Brian Hamilton

Business phone (608) 906-7007 Business e-mail address info@kettleblackkitchen.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 _____

Phone _____ E-mail _____

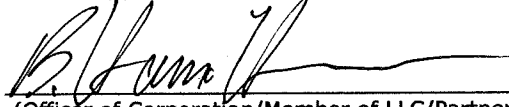
NOTICE: Completed application are due by noon of the third Monday (fourth, if the Clerk's office is closed on the third Monday) to get on the agenda for the proceeding months Alcohol License Review Committee. A completed application **must** be accompanied by the following items:

- 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)

2.12.21
 (Date)

Clerk's Office checklist for complete applications		
<input checked="" type="checkbox"/> WI Seller's Permit Certificate (matching articles of incorporation) <input checked="" type="checkbox"/> FEIN <input checked="" type="checkbox"/> Written description of premises	<div style="text-align: right; font-size: small;"><i>2nd officer is coming</i></div> <input checked="" type="checkbox"/> Background investigation form(s) <input checked="" type="checkbox"/> Form for surrender of previous license <input checked="" type="checkbox"/> *Articles of Incorporation <input type="checkbox"/> *Appointment of Agent * Corporation/LLC only	<input checked="" type="checkbox"/> Floor Plans <input checked="" type="checkbox"/> Lease <input type="checkbox"/> Business Plan <input type="checkbox"/> **Sample Menu ** Class B only <i>coming</i>

Upon Application Submission, the Clerk's Office issued to the application:

Orange sign Orange business card

"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 _____



Liquor/Beer Agent

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Class B: Beer, Liquor,
 Class C Wine

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(Agenda Item Number) -if change-

(Legistar file number) -if change-

(License number)

(Alder District # and Name)

Office Use Only

- This application is for Liquor/Beer Agents for new alcohol licenses and for a change of Liquor/Beer Agent to an existing alcohol license.
 - If you are a **new** agent for a **new** license, there is no charge.
 - If this is a **change of agent**, there is a \$10.00 charge.
- Please include a **background check form** and copy of your **picture ID** with this application.
- Please include documentation that you have taken **Beverage Server Training** or have held an **Operator's License** within the last two years.

To be completed by Corporate Officer or Member of LLC

I, Brian Hamilton, officer/member for Kettle Black Kitch (Corp/LLC),
doing business as same, authorize and appoint Brian Hamilton
Name
as the liquor/beer agent for the premise located at 1835 Monroe Street.

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B. Hamilton, 2.12.21
Signature of corporate officer/member Date

To be completed by appointed Liquor/Beer Agent

I, Brian Hamilton, appointed liquor/beer agent for Kettle Black Kitch (Corp/LLC),
being first duly sworn, affirm that I have full authority and control of the premise described
in this license, 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. The percent of the business I own is 100 %.

I have included a copy of my photo ID and Beverage Server Training certificate/Operator's 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.

B. Hamilton, 2.12.21
Signature of corporate Agent Date



WISCONSIN DEPARTMENT OF REVENUE
 PO BOX 8902
 MADISON, WI 53708-8902

Contact Information:

2135 RIMROCK RD PO BOX 8902
 MADISON, WI 53708-8902
 ph: 608-266-2776 fax: 608-224-5761
 email: DORBusinessTax@wisconsin.gov
 website: revenue.wi.gov

Letter ID L1018788944

BRIAN D HAMILTON
 KETTLE BLACK KITCHEN LLC
 122 DUNNING ST
 MADISON WI 53704-5475

Wisconsin Department of Revenue Seller's Permit

Legal/real name: KETTLE BLACK KITCHEN LLC
Business name: KETTLE BLACK KITCHEN
 1835 MONROE ST
 MADISON WI 53711-2024

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

Tax Type	Account Type	Account Number
Sales & Use Tax	Seller's Permit	456-1030532540-04

