

Application Date: 7-17-06

Proof of WI Seller's Permit No. 0000581644

Name of Corporation, Limited Liability Company, Individual Owner, Private Club or Partner(s) <u>Devinder Badwal + Sital Singh</u>	Liquor/Beer Agent
Mailing Address <u>930 W. Waube Ln.</u>	Liquor/Beer Agent Address
City/State/Zip Code <u>Green Bay WI 54304</u>	Liquor/Beer City/State/Zip Code
Name of Registered Agent or General Partner	Local Contact Person Phone Number
Trade Name <u>Taste of India</u>	Estimated Opening Date <u>September 1, 2006</u>
Business Address <u>2623 Monroe St, Ste 150</u>	Signature of Owner/Operator

Private Club? Yes No

License Description	Type	Fee	Number
<u>Class B Beer</u>	<u>102</u>	<u>20- Publication</u>	<u>75241</u>
<u>Class C Wine</u>	<u>106</u>	<u>20- Publication</u>	<u>75242</u>
Pre-Inspection & License Fees Non-Refundable	TOTAL	\$	

IT IS MANDATORY THAT ALL APPLICABLE INFORMATION BE COMPLETED. INACCURATE INFORMATION MAY RESULT IN SUSPENSION OR REVOCATION OF LICENSE.

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 }
 City of }

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): **DEVINDER BADWAL / SITAL SINGH / Company name TASTE OF INDIA**
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	DEVINDER BADWAL	1551 POLK RUN GREEN BAY	54313
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent			

- 3 Trade Name **TASTE of INDIA** Business Phone Number **920-338-9200**
4 Address of Premises **2623 MONROE ST. STE 150** Post Office & Zip Code **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 regords (Alcohol beverages may be sold and stored only on the premises described) **58 Seats, no bar, alcohol served in dining room, Beer**
10 Legal description (omit if street address is given above): **wine stored in coolers & display racks on wall.**
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? **Yizgalem Ethiopian Cuisine**
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 **16th** day of **July**, 20 **06**

[Signature]
(Clerk/Notary Public)

[Signature: Devinder Badwal]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

[Signature: Sital Singh]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

My commission expires **2/11/09**

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 7/17/06	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued 75241 75242	

Legistar # 04232
Ald. Dist. 10 (Golden)

Police Sector 302

Applicant's Wisconsin Seller's Permit Number 004-0000581644-01	
Federal Employer Identification Number (FEIN): 39-1956783	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 20⁰⁰ pub fee
<input type="checkbox"/> Wholesale beer	\$
<input checked="" type="checkbox"/> Class C wine	\$ 20⁰⁰ pub fee
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$
TOTAL FEE	\$

City of Madison Liquor and/or Beer Original Supplemental Form

Office Use Only

- | | |
|--|---|
| <input checked="" type="checkbox"/> Seller's Permit Number
<input checked="" type="checkbox"/> Federal Employer Identification Number
<input checked="" type="checkbox"/> Notarized Original Application Form (AT-106)
<input checked="" type="checkbox"/> Notarized Supplemental Form
<input checked="" type="checkbox"/> Description of Licensed Premise
<input checked="" type="checkbox"/> Notarized Auxiliary Questionnaire(s) (AT-103)
<input checked="" type="checkbox"/> Background Investigation Form(s)
<input checked="" type="checkbox"/> Floor Plans | <input type="checkbox"/> Lease
<input type="checkbox"/> Notarized Transfer of Ownership Letter
<input checked="" type="checkbox"/> *Schedule of Appointment of Agent (AT-104)
<input checked="" type="checkbox"/> *Notarized Appointment of Agent Letter
<input checked="" type="checkbox"/> *Notarized Agent Authorization Letter
<input type="checkbox"/> *Articles of Incorporation/ Organization
<input type="checkbox"/> Sample Menu, if possible
<input type="checkbox"/> Business Plan, if one exists |
|--|---|

- ✓ All applicants must provide an adequate premise plan that includes exterior and interior dimensions, position of stairs and all entrances and exits, normal and customary use of each room, placement of major appliances, furniture and large gaming tables, placement and dimensions of all bar(s), and graphic representation of the normal position of booths, bar stools, tables and chairs. **Premise plans must be no larger than 8 ½ x 14.**
- ✓ New structures must submit to Building Inspection two sets of plans, signed and sealed by a registered architect or engineer.
- ✓ **Applicant/partners/Liquor Agent must be enrolled in or have completed the Beverage Server Training course before appearing before the Alcohol License Review Committee.**

Prior to your hearing before the Alcohol License Review Committee (ALRC), you must contact the Alderperson of the District in which you intend to do business, the representative of the appropriate neighborhood association (if any), and the Madison Police Department.

- Alderperson Golden can be reached at _____ at the Common Council Office (266-4071), or via e-mail at council@cityofmadison.com.
- The name of the neighborhood association representative can be obtained by calling the Planning and Development Department at 266-4635 or online at www.ci.madison.wi.us/neighborhoods/contacts.htm.
- The Police Department Liaison, Sergeant Emil Quast, can be reached at 266-4451.

1. Have you contacted the Alderperson, Police Department Liaison and neighborhood association representative for the area in which you intend to locate? Yes No

2. Are there any special conditions desired by the neighborhood? Yes No

Explain. _____

3. Name of Applicant ~~Partner~~ Corporation/LLC BADWAL A SINAM

4. Telephone Number: 920-731 9200

5. Address of Licensed Premise 2623 MONROE ST. STE# 150

6. Anticipated opening date: first week of September.

7. Mailing address if not opening immediately 930 W. Waube Lane, Greenbay, WI 54304

8. What type of establishment is contemplated? Tavern Nightclub Restaurant
 Liquor Store Grocery Store Convenience Store – Gas Pumps Yes No Other

Please explain _____

9. Business Description, including hours of operation and if entertainment is part of your venue, what type:

TASTE of INDIA, Veg & Non-Veg Indian Cuisine, Lunch & dinner
Hours: 11:00 AM to 10:00 PM.

10. Describe building in detail, 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.**

58 Seats, no bar. Alcohol served in dining room.
Beer & wine stored in coolers and display racks on wall.

11. Are any living quarters directly or indirectly accessible and under control of the applicant? Yes No
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 It is in front of Restaurant
It is visible from window of Restaurant.

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

We have 10 years experience of Restaurant. we have restaurant in Milwaukee, Appleton & Greenbay.

14. Identify the **registered agent** for your Corporation or LLC. This is not necessarily the same person as your liquor/beer agent. This is your corporation's agent for service of process, notice or demand required or permitted by law to be served on the corporation. BADWAL D SINGH

Name

930 W. WAUWATSE LANE GREENBAY, WI 54304.

Address

City

State

Zip

15. Excluding pre-packaged snacks, how late will food be served? Indian Cuisine till 10pm

16. What type of food will you be serving, if any? None: Indian Cuisine

17. Indicate any other product/service offered: None

18. Describe your target market. everybody

19. Describe how you plan to advertise/promote your business Newspaper, Media etc.
20. What is your estimated capacity? 58 seats
21. Are you operating under a lease or franchise agreement? Yes No (If yes, attach a copy.)
22. Owner of building where establishment is located: Fiore Companies
 Address of Owner: 150 East Gilman Street, Madison, WI 53703 Phone Number 608-2555000
23. Individual or Partnership only: Have individual/partners completed the Beverage Server Training Course? Yes No If Yes, indicate names: Devinder Badwal & SITAL SINGH.
License cannot be issued until proof of Beverage Server Training completion is shown.
24. Corporation/LLC only: Will liquor/beer agent be a Wisconsin resident at the time of granting? Yes No
25. Corporation/LLC only: Agent must disclose interest held in business: 50-50 %
26. Corporation/LLC only: Has agent completed the Beverage Server Training Course? Yes No
License cannot be issued until proof of Beverage Server Training completion is shown.
27. Corporation/LLC only: List Directors, Stockholders, and Managers below.

Director(s) Name	Home Address
SITAL SINGH	2241 W. Cortland Dr. Appleton, WI 54914
DEVINDER BADWAL	1551 Polo Run, GREENBAY, WI 54313

Stockholder's Name	Address	Extent of Ownership%

Manager's Name	Address	Business Phone	Home Phone
SUMANJIT BADWAL	2241 W. CORTLAND DR. Appleton WI 54914		920-9120950

28. 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

29. Restaurant/Tavern Establishment Alcohol Beverage & Food Sales Report
Pursuant to Sections 23.05(3)(s) and 23.05(7)(f) 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.**

Calendar/fiscal year: January 1 – December 31 July 1 – June 30

Percent Gross Receipts from Alcohol Beverages	20 %
Percent Gross Receipts from Food	80 %
Percent Gross Receipts from Other	%
Total Gross Receipts	100 %

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.

30. What type of establishment are you? (Check all that apply) Tavern Restaurant Nightclub

Other Please explain: _____

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 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 must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.) 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 16th day of July, 2006.

[Signature]
(Clerk/Notary Public)

Dereen du Baduel
(Officer of Corporation/Member/Manager of LLC/Partner/Individual)

Sitel Singh
(Officer of Corporation/Member/Manager of LLC/Partner/Individual)

My commission expires 2/11/09

(Officer of Corporation/Member/Manager of LLC/Partner/Individual)

If you have any questions, please contact the City Clerk's Office at (608) 266-4601.



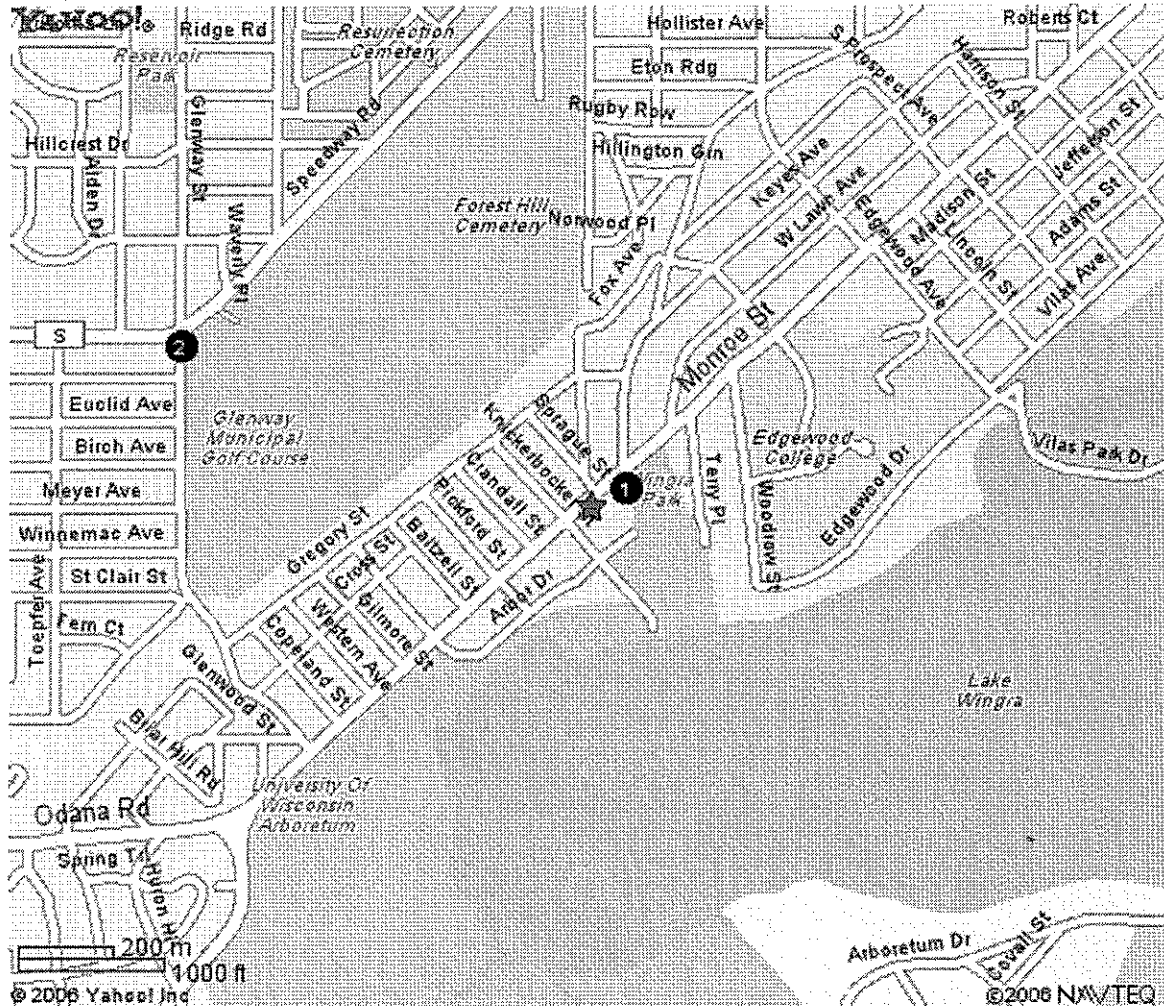
Sign In
New User? [Sign Up](#)

[Map](#)

Yahoo! Maps - Madison, WI 53711-1869

[<< Back to Map](#)

2623 Monroe St Madison, WI 53711-1869



ADVERTI

Map#

Business/Landmark Info

Distance

1

Laurel Tavern
2505 Monroe St
Madison, WI
Phone: (608) 233-1043

0.0 miles

2

Village Bar
3801 Mineral Point Rd
Madison, WI
Phone: (608) 233-9956

0.5 miles

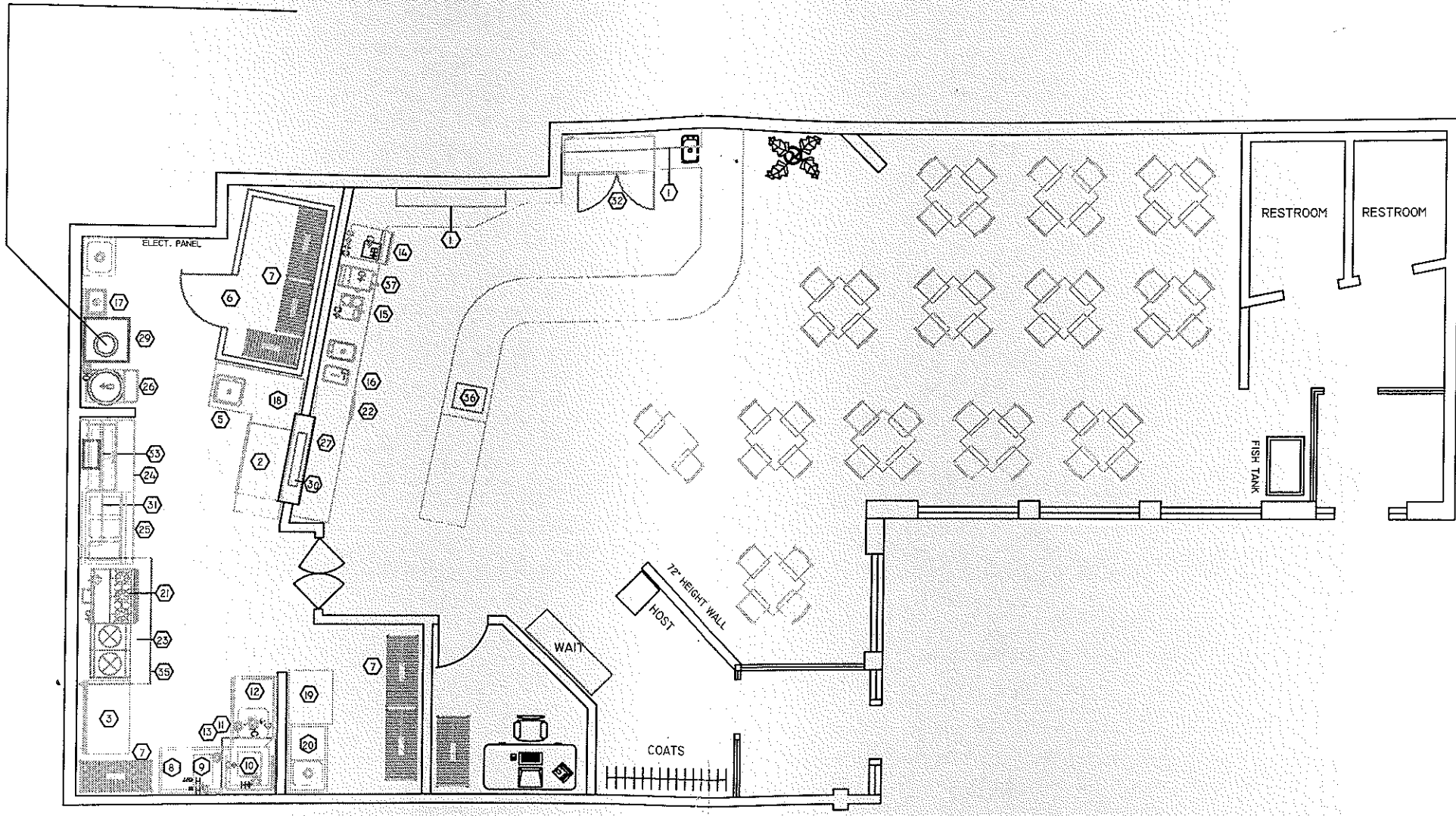
When using any driving directions or map, it's a good idea to do a reality check and make sure the road still exists, watch out for construction, and follow all traffic safety precautions. This is only to be used as an aid in planning.

7-17-06
DJT

NOTE: CHECK TO SEE IF WATER HEATER AND SOFTNER CAN BE RAISED OR RELOCATED TO TOP OF WALK-IN

EQUIPMENT LIST

1. WINE RACK
2. UNDERCOUNTER FREEZER
3. WORK TOP FREEZER
4. REACH-IN REFRIGERATOR
5. DROP-IN SINK
6. WALK-IN COOLER
7. SHELVING UNITS
8. CLEAN DISHTABLE
9. BOOSTER HEATER
10. DISHWASHER
11. GARBAGE DISPOSER
12. SOILED DISHTABLE
13. CONDENSATE HOOD
14. SODA DISPENSER
15. COFFEE BREWER
16. DROP-IN ICE (RELOCATE EXISTING)
17. HAND SINK
18. CUSTOM PREP COUNTER
19. PREP TABLE
20. PREP SINK
21. STOCK POT RANGE
22. DRAWER WARMER
23. RANGE / OVENS
24. SANDWICH TOP
25. HOT FOOD WELL
26. ICE MAKER
27. OVER SHELF
28. OPEN NUMBER
29. STACKABLE WASHER/DRYER
30. HEAT LAMP
31. WALL SHELF
32. BACK BAR COOLER
33. MICROWAVE
34. OPEN NUMBER
35. EXHAUST HOOD
36. CASH REGISTER
37. CAPPUCCINO MACHINE
38. DUMP SINK
39. DRAIN BOARD
40. ICE CHEST



General Notes

- * P.C. TO FURNISH AND INSTALL ALL PRESSURE REDUCING VALVES AND STEP DOWN GAS REGULATORS.
- * ELECTRICAL DIMENSIONS ARE TO BOTTOM OF OUTLETS
- * DIMENSIONS OF PLUMBING ROUGH-INS ARE TO CENTER OF DRAINS AND WATER LINES
- * ALL PLUMBING AND ELECTRICAL CONNECTIONS ARE TO BE MADE BY A LICENSED CONTRACTOR AND INSTALLED ACCORDING TO MFG SPECIFICATIONS

- * WHEN WALK-IN COOLERS AND FREEZERS ARE TILED, IT IS IMPERATIVE THAT THE G.C. MONITOR THE FLOOR CONTRACTOR AND BE CERTAIN THAT THE DOORS ARE EITHER REMOVED OR LEFT OPEN UNTIL FLOOR IS COMPLETE AND FULLY CURED. FAILURE TO DO SO WILL IRREVERSIBLY DAMAGE THE INTERIOR WALLS

- * ALL FEES, PERMITS ARE OWNERS RESPONSIBILITY

FINAL DRAWINGS MUST BE APPROVED AND SIGNED BY CUSTOMER / OWNER

SIGNED BY:	DATE:	
No.	Revision/Issue	Date

Firm Name and Address

KESSENICH S LTD
131 S FAIR OAKS AVE.
MADISON, WI. 53704

Project Name and Address

VIRGALEM

DRAWN BY:	BAS	Sheet
Date:	8-22-03	
Scale:		

FOOD SERVICE EQUIPMENT LAYOUT
VIRGALEM / DAN TEFERRA