

Original

# ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning July 1, 2008; ending June 30, 2009

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

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

CHECK ONE  Individual  Partnership  Limited Liability Company  Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A Individual or Partnership:

Full Name(s) (Last, First and Middle Name)

Home Address

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Sloppy Lobster Seafood Market INC.  
Address of Corporation/Limited Liability Company (if different from licensed premises) \_\_\_\_\_

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Veronica Graham</u>	<u>5326 Comanche</u>	<u>Madison WI 53704</u>
Vice President/Member	<u>Jon Graham</u>	<u>5326 Comanche</u>	<u>Madison WI 53704</u>
Secretary/Member			
Treasurer/Member			
Agent	<u>Veron Graham</u>		
Directors/Managers			

C 1. Trade Name Sloppy Lobster Seafood Market Business Phone Number 828-9711

2. Address of Premises 2452 Old Sauk Rd Post Office & Zip Code 53562

3. Is agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period?  Yes  No

4. 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) See attached Liquor/Beer Supplemental Form.

5. Legal description (omit if street address is given above): See street address given above.

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any municipality? If yes, complete reverse side  Yes  No

b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side  Yes  No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain.  Yes  No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No

9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776]  Yes  No

10. 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

11. 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)

SUBSCRIBED AND SWORN TO BEFORE ME

this 1 day of July, 2008

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

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

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

My commission expires 5-6-2012

### TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>7-1-08</u>	Date reported to council/board	Date license granted
License number issued <u>82816</u>	Date license issued	Signature of Clerk / Deputy Clerk

108

11158

**INSTRUCTIONS FOR RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION (AT-115)**

**THIS RENEWAL FORM CANNOT BE USED IF:**

1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

**PARTNERSHIPS:**

Indicate full name and home address of each partner. Each partner must sign application. **Reminder:** If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

**CORPORATIONS:**

The Officer(s) must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) **AND** AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

**LIMITED LIABILITY COMPANY:**

Members/managers must sign application. Follow procedure under Corporations for any change of members or agent.

**NOTE:** Application must be signed where indicated on all copies in the presence of a notary public. Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on reverse side are "YES," outline details below:

**CONVICTIONS**

1. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
CHARGE \_\_\_\_\_ WHERE CONVICTED \_\_\_\_\_  
DATE \_\_\_\_\_ PENALTY \_\_\_\_\_  MISDEMEANOR  FELONY
2. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
CHARGE \_\_\_\_\_ WHERE CONVICTED \_\_\_\_\_  
DATE \_\_\_\_\_ PENALTY \_\_\_\_\_  MISDEMEANOR  FELONY
3. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
CHARGE \_\_\_\_\_ WHERE CONVICTED \_\_\_\_\_  
DATE \_\_\_\_\_ PENALTY \_\_\_\_\_  MISDEMEANOR  FELONY

**PENDING CHARGE**

1. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
PENDING CHARGE \_\_\_\_\_ DATE \_\_\_\_\_

**Liquor/Beer Agent Authorization**

I, Veronica Graham, officer/member for Sloppy Lobster

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

Veronica Graham (Name) as the liquor/beer agent for the premise

located at 8452 Old Sauk Rd  
Madison, WI 53562

Subscribed and sworn to before me this

1 Day of July, 2008

Veronica Graham  
Signature of Officer/Member

[Signature]  
Notary Public, Dane County, Wisconsin  
My Commission Expires 5-6-2012

**Acceptance of Liquor/Beer Agent Appointment**

I, Veronica Graham, appointed liquor/beer agent for  
Sloppy Lobster (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

1 Day of July, 2008

Veronica Graham  
Signature of Agent

[Signature]  
Notary Public, Dane County, Wisconsin  
My Commission Expires 5-6-2012

**Liquor/Beer Renewal Supplemental Form**  
**Corporation or LLC**

1. Name of Corporation or LLC Slappy Lobster Seafood Market
2. Address of Licensed Premise 8452 Old Scout Rd, Matheson WI 53562
3. State Seller's Permit Number 004 - \_\_\_\_\_
4. Federal Employer Identification Number 20-4944107
5. Approximate square footage of licensed premise 1824
6. Capacity 152
7. Areas where alcohol beverages are sold/permitted (include outdoor seating, if applicable)  
COOKING CLASSES
8. Areas where alcohol beverages are stored IN FRONT DISPLAY  
NEAR CASH REGISTER
9. Indicate the estimated percent of liquor/beer vs. food business, based on gross sales.  
5 % Alcohol    95 % Food    \_\_\_\_\_ % Other
10. **Establishments with a capacity of 100 or more:**  
(a) Do you offer or allow live music performances?    \_\_\_\_\_ Yes     No  
(b) Do you have a designated dance floor area?    \_\_\_\_\_ Yes     No  
(c) Do you offer or allow the use of a disc jockey?    \_\_\_\_\_ Yes     No
11. **Establishments that currently hold Nightclub Licenses:**  
Does your approved Security Plan remain in force and unchanged?    \_\_\_\_\_ Yes     No
12. **Establishments that currently hold Centers for Visual & Performing Arts Licenses:**  
Do your underage identification and security procedures remain in force and unchanged, as approved on your initial application?    \_\_\_\_\_ Yes     No
13.  Notify me when Tavern Safety Training sessions have been scheduled.     No notice needed.

14. How long has the Liquor/Beer Agent resided in the State of Wisconsin? 10 yrs

15. Percentage of the business owned by the Liquor/Beer Agent 50 %

16. Has the Agent completed the Beverage Server Training Course?  Yes  No

17. 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.

Veronica Graham

Name

5326 Comanche Madison WI 53704

Address

City

State

Zip

18. List names and addresses of all directors, stockholders, members, and managers below.

Names of Directors/Members	Home Address, City, State, Zip

Names of Stockholders (Corporation Only)	Home Address, City, State, Zip	% of Ownership (must = 100%)

Name(s) of Manager(s)	Home Address, City, State, Zip	Phone #
<u>Veronica Graham</u>	<u>5326 Comanche Ave Madison WI 53704</u>	<u>239-7804</u>

19. Roni (Veronica) Graham 239-7804  
Who to contact 8 a.m. - 4:30 p.m. regarding problems with application Contact Phone Number

Roni.Ron.366@aol.com

Contact E-mail Address, if possible

**X** Veronica Graham

Signature of Officer/Member

7/1/08

Date

# City of Madison Supplemental Class B License Application

<input type="checkbox"/> Seller's Permit Number <input type="checkbox"/> Federal Employer Identification Number <input type="checkbox"/> Notarized Original Application Form <input type="checkbox"/> Notarized Supplemental Form	<input type="checkbox"/> Description of Licensed Premise <input type="checkbox"/> *Notarized Appointment of Agent <input type="checkbox"/> Background Investigation Form(s) <input type="checkbox"/> Notarized Transfer of Ownership <input type="checkbox"/> *Articles of Incorporation	<input checked="" type="checkbox"/> Floor Plans <input type="checkbox"/> Lease <input type="checkbox"/> Sample Menu <input type="checkbox"/> Business Plan * Corporation/LLC only
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1. Name of Applicant/Partner/Corporation/LLC Slippy Lobster Seafood Market  
 2. Address of Licensed Premise 8452 Old Sauk Rd  
 3. Telephone Number: 828-9711 4. Anticipated opening date: open 10/06  
 5. Mailing address if not opening immediately \_\_\_\_\_

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: Seafood Market and Cooking Class facility M-S 10-8

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.**

We are in a strip mall, 1827 square feet

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. Parking is located in front of store and additional parking in back of store.

13. Describe your management experience, staffing levels, duties and employee training.  
Managed company for one and half years, employed and trained 8 employees.

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.

Veronica Graham 5326 Comanche Way Madison 53704

Name Address

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

16. What age range would you hope to attract to your establishment? 30 yrs to 70 yrs of age

17. Describe how you plan to advertise/promote your business. What products will you be advertising?  
I've advertised in advantage magazine, Radio and newspaper.

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

19. Owner of building where establishment is located: Plad Developement

Address of Owner: \_\_\_\_\_ Phone Number \_\_\_\_\_

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

Veronica Graham 5326 Comanche Madison WI 53704  
Name Address

Jon Graham 5326 Comanche Madison WI 53704  
Name Address

Name Address

22. List the Stockholders of your Corporation/LLC

Veronica Graham 5326 Comanche 50  
Name Address % of Ownership

Jon Graham 5326 Comanche 50  
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 Market

24. What type of food will you be serving, if any? \_\_\_\_\_

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? M-F 10-8 pm

27. What hours, if any, will food service not be available? \_\_\_\_\_
28. Indicate any other product/service offered. fish seafood, condiments,  
seasonings
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? 5  
During what hours do you anticipate they will be on duty? 10-8
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? \_\_\_\_\_  
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 <sup>n/a</sup>  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? 10
36. What type of cooking equipment will you have?  Stove  Oven  Fryers  Grill  Microwave  
soup warmers
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?  
20%
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? 5%  
What percentage of your advertising budget do you anticipate will be drink related? 0
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? 75 152

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	%
<b>Total Gross Receipts</b>	<b>100%</b>

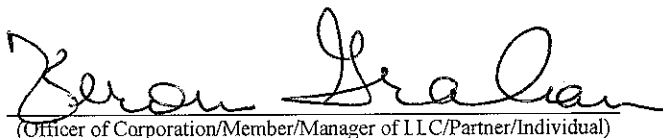
44. Do you have written records to document the percentages shown?  Yes  No  
You may be required to submit documentation verifying the percentages you've indicated.

**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 1 day of JULY, 2008

  
(Clerk/Notary Public)

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

My commission expires 5-6-2012