

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning _____ 20 _____ ;
ending JUNE 30 20 09

TO THE GOVERNING BODY of the: Town of
 Village of } Madison
 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): BRADBURY'S COFFEE, LLC

Applicant's Wisconsin Seller's Permit Number: <u>004-0003251145-01</u>	
Federal Employer Identification Number (FEIN): <u>26-0238479</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Wholesale beer	\$
<input checked="" type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$ <u>20</u>
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$
TOTAL FEE	\$ <u>20</u>

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	<u>JOSHUA J. MAKOURZ</u>	<u>214 JUDN ST</u>	<u>MADISON WI 53714</u>
Vice President/Member	<u>JILL S. MAKOURZ</u>		
Secretary/Member			
Treasurer/Member			
Agent	<u>JOSHUA J. MAKOURZ</u>		
Directors/Managers			

3. Trade Name BRADBURY'S Business Phone Number 608-204-0474

4. Address of Premises 127 N. HAMILTON Post Office & Zip Code MADISON, WI 53703

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 Aug-07 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.) 1 main room w/ back area & bathroom. Records stored at home

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 25 day of NOV, 2008

[Signature]
(Clerk/Notary Public)
My commission expires 5-6-2012

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

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

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

TO BE COMPLETED BY CLERK			
Date received and filed with municipal clerk	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
<u>11-25-08</u>	<u>12-17-08</u>		
Date license granted	Date license issued	License number issued	
		<u>84429</u> <u>84430</u>	

City of Madison Supplemental Class B License Application

<input checked="" type="checkbox"/> Seller's Permit Number <input checked="" type="checkbox"/> Federal Employer Identification Number <input checked="" type="checkbox"/> Notarized Original Application Form <input type="checkbox"/> Notarized Supplemental Form	<input type="checkbox"/> Description of Licensed Premise - <input checked="" type="checkbox"/> *Notarized Appointment of Agent - <input checked="" type="checkbox"/> Background Investigation Form(s) - <input checked="" type="checkbox"/> Notarized Transfer of Ownership <input checked="" type="checkbox"/> *Articles of Incorporation -	<input type="checkbox"/> Floor Plans - <input type="checkbox"/> Lease - <input checked="" type="checkbox"/> Sample Menu - <input checked="" type="checkbox"/> Business Plan - * Corporation/LLC only
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1. Name of Applicant/Partner/Corporation LLC BRADBURNS COFFEE, LLC
 2. Address of Licensed Premise 127 N. HAMILTON MADISON, WI 53703
 3. Telephone Number: 608-204-0474 4. Anticipated opening date: already open
 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: currently M-F 6:30am-7pm Sat 7am-2pm
sell mostly coffee drinks & crepes - some bakery

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.**

about 650 ft² total in triangular space. total capacity is 15 persons
alcohol would be stored in back room & on shelves in bar area. bar
area has 2 counters running parallel to each other. there is 1 bathroom
near the entrance to the shop.

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. All city parking
(streets & parking ramp-city)

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

Shift-Manager @ starbucks - about 3 years; manager - Ancor coffee - 2 1/2 years,
owner of this shop almost 1 year. 2 staff full time, about 5 very part time.

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.

JOSHUA MAKAR 214 JUDD ST. MADISON, WI 53714

Name Address

27. What hours, if any, will food service not be available? N/A (except when closed)
28. Indicate any other product/service offered. Sometimes soup, bottled waters, tea, etc.
29. Will your establishment have a kitchen manager? Yes No (owners present most of time as managers)
30. Will you have a kitchen support staff? Yes No
31. How many wait staff do you anticipate will be employed at your establishment? N/A
 During what hours do you anticipate they will be on duty? N/A
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 No (all together → and no real bar)
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
 * crepe iron
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?
100
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? Coffee - 100%
 What percentage of your advertising budget do you anticipate will be drink related? _____
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

Appointment of New Liquor/Beer Agent

To be completed by Corporate Officer or Member of LLC

I, JOSHUA MAKOUR, officer/member for BRADBURNS COFFEE
(Corporation/LLC), doing business as BRADBURNS, authorize and appoint
JOSHUA MAKOUR (Name) as the liquor/beer agent for the premise
located at 127 N. HAMILTON,
MADISON, WI 53703

Subscribed and sworn to before me this

25 Day of NOV, 2008


Notary Public, Dane County, Wisconsin

My Commission Expires 5-6-2012


Signature of Officer/Member

To be completed by appointed Liquor/Beer Agent

I, JOSHUA MAKOUR, appointed liquor/beer agent for
BRADBURNS COFFEE (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

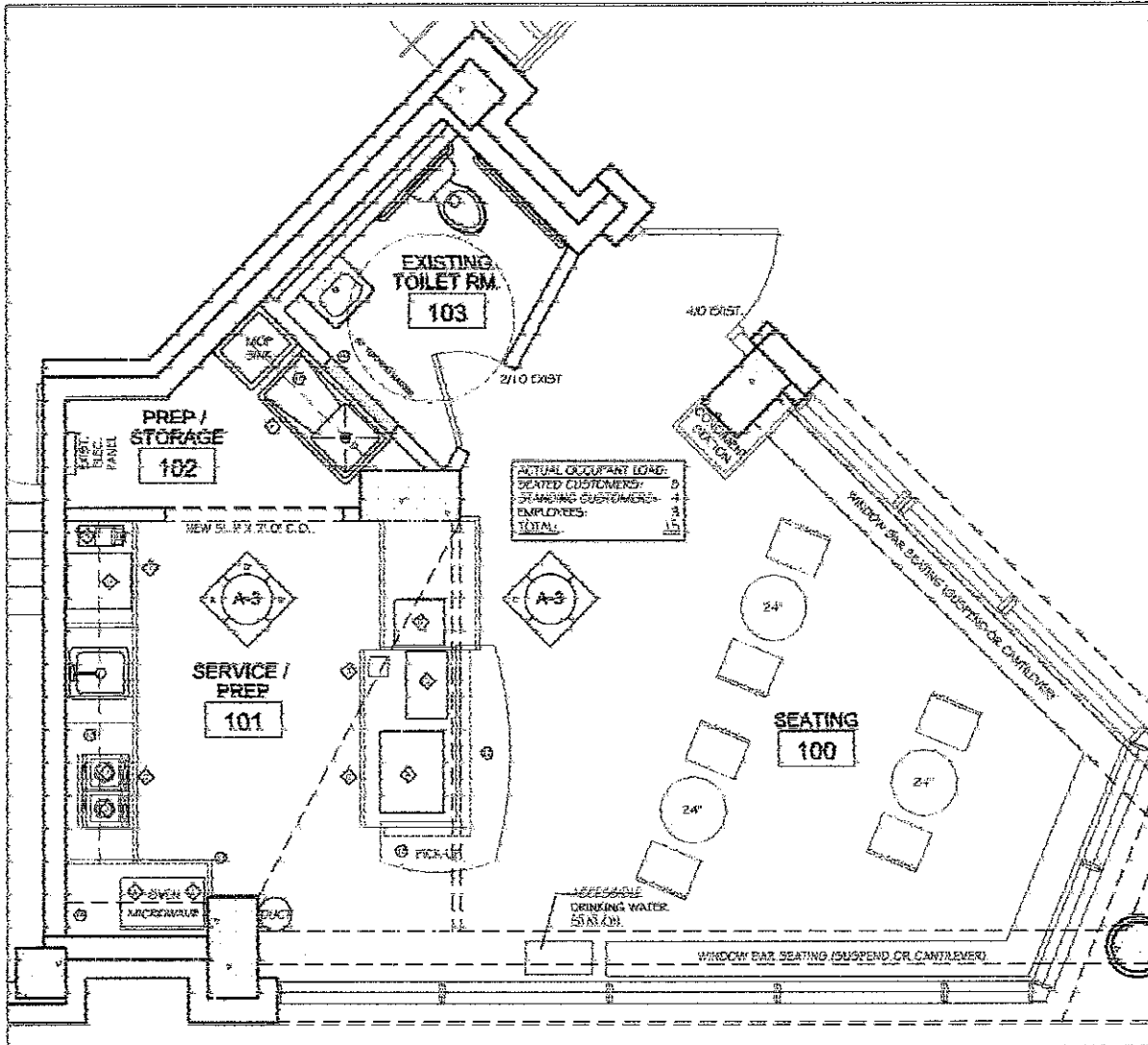
25 Day of NOV, 2008


Notary Public, Dane County, Wisconsin

My Commission Expires 5-6-2012


Signature of Agent

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



ACTUAL OCCUPANT LOAD:	
SEATED CUSTOMERS	9
STANDING CUSTOMERS	4
EMPLOYEES	3
TOTAL	16

Bradbury's Coffee

LOCATION:

127 N. Hamilton
Madison, WI 53702

OWNERS:

Bradbury's Coffee, LLC
Joshua & Jill Makoutz
214 Judd Street
Madison, WI 53714
(608) 245-1008
(608) 255-0285
bradburycoffee@gmail.com

BUILDER:

Brandon Jaylan
Jordan Design & Construction
(608) 439-1311
brandon514@charter.net

ARCHITECT:

Brandon King
Building Insight, LLC
10 E. Doty Street, Suite 800
Madison, WI 53703
(608) 441-6110 office
(608) 208-1515 cell
(608) 237-2022 fax

DATE DESCRIPTION

10/11/07 ISSUED FOR REVIEW

Floor Plan
Scale: 1/4" = 1'-0"

A-1

Bradbury's
coffee -- espresso -- crepes

We have had the dream of owning our own coffee shop for many years now, and have spent a lot of time working different jobs that have taught us invaluable lessons about how to prepare drinks, serve customers well, and understand the business side of the operation. The ideas that we have for Bradbury's are a culmination of these experiences, as well as ideas that we have taken from some of our favorite cafes in London, and a few ideas of our own.

Bradbury's is located at 127 N. Hamilton, about one block from the capitol building. It is located in the Capitol Point Condominiums, and is situated in an ideal location with heavy car and foot traffic. There are a few places nearby that serve coffee as well: Gotham City Bagels, which primarily focuses on bagels, and Cafe Soleil, which serves incredible bakery and decent coffee.

Our vision for Bradbury's is to sell high end coffee, and to have a special focus on crepes -- both sweet and savory. The owners, Josh and Jill Makoutz, have 12 years of combined coffee experience at 4 different coffee shops in Madison, the most recent being Ancora Coffee Roasters on King St. which Josh managed for 2 ½ years. Josh has competed in a regional latte art competition, and both Jill and Josh have trained many baristas in Madison. We are really passionate about serving amazing coffee/espresso. We have been really excited about the crepes that we are offering, as we use mostly local and farm fresh ingredients. This has generated a lot of good press for Bradbury's -- including a major inclusion in the cover article in the Isthmus featuring the local food movement.

An average day for us sees about 75-100 people come through our doors, some come just for coffee, and others sit down and have crepes. We would like to add beer/wine to the menu as we feel that it would pair well with our crepe offerings.

Thank you for considering our alcohol beverage license application.
-Josh and Jill Makoutz