

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
☐ 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): Extreme Franchise Corporation

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>President James Meyer</u>	<u>2 Canvasback Circle</u>	<u>Madison, WI 53719</u>
Vice President/Member	<u>None</u>		
Secretary/Member	<u>Secretary James Meyer</u>	<u>2 Canvasback Circle</u>	<u>Madison, WI 53719</u>
Treasurer/Member	<u>None</u>		
Agent	<u>Phillip Booras</u>	<u>1802 Mitchell Street</u>	<u>Oshkosh, WI 54901</u>
Directors/Managers			

- 3 Trade Name Pizza Extreme Business Phone Number (608) 259-1500
4 Address of Premises 1614 Monroe Street Post Office & Zip Code Madison, WI 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 employee 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 05/22/03 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) We will be leasing approximately 1000 sq ft at 1614 Monroe Street

- 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? Kipps Down Home Cooking
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) are not being 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, and each 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 24 day of July 2009
Kristy Richard
(Clerk/Notary Public)
My commission expires 8/1/2010

[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company or Agent of (Individual)
[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company or Agent of (Individual)
(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
Date license granted	Date license issued	License number issued	

Applicant's Wisconsin Seller's Permit Number: <u>004-0003073480-01</u>	
Federal Employer Identification Number (FEIN): <u>76-0756354</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>20</u>
<input type="checkbox"/> Wholesale beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$
TOTAL FEE	\$ <u>20</u>

City of Madison Original Alcohol Beverage License Application
EXTREME FRANCHISE CORPORATION
Additional Answers

#8A Extreme Franchise Corporation has a Class B beer licenses at their Raymond Road location. The address is 5706 Raymond, Madison WI 53711

City of Madison Supplemental Class B License Application

<input type="checkbox"/> Seller's Permit Number <input type="checkbox"/> Federal Employer Identification # <input type="checkbox"/> Notarized Original Application Form <input type="checkbox"/> Notarized Supplemental Form <input type="checkbox"/> Orange Sign (Clerk's Office provides at time of application)	<input type="checkbox"/> Written Description of Premise <input 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 type="checkbox"/> Floor Plans <input type="checkbox"/> Lease <input type="checkbox"/> Sample Menu <input type="checkbox"/> Business Plan
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- 1 Name of Applicant/Partner/Corporation/LLC Extreme Franchise Corporation
- 2 Address of Licensed Premise 1614 MONROE Street MADISON, WI 53711
- 3 Telephone Number: (608) 259-1504 4. Anticipated opening date: Sept 2, 2009
- 5 Mailing address if not opening immediately 433 GRAND CANYON DRIVE SUITE 204 MADISON, WI 53719
- 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: See Attached
- 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.**
See Attached
- 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. See Attached
- 13 Describe your management experience, staffing levels, duties and employee training.
See Attached
- 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.
James Mayo 2 CANVASBACK CIRCLE MADISON, WI
 Name Address

53719

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

Neighborhood Individuals

16. What age range would you hope to attract to your establishment?

35-55

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

Direct mail, Internet Pizza, Pasta, Sandwiches
chicken, etc.

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

19. Owner of building where establishment is located:

Kathy McCue

Address of Owner: 1713 AURORA ST

Phone Number 831-2186

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

James Meyer 2 Canvasback Circle MANISON, WI 53719
Name Address

Name

Address

Name

Address

22. List the Stockholders of your Corporation/LLC

James Meyer 2 Canvasback Circle MANISON, WI 53719 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.

We plan on operating a beer garden
during badger home football games

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

Pizza, chicken, Pasta, Sandwiches

☐ Breakfast ☒ Lunch ☒ Dinner

Salads, etc.

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

See Attached

26. During what hours of your operation do you plan to serve food?

10am - 2:45 AM

27. What hours, if any, will food service not be available? None
28. Indicate any other product/service offered. None
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? 0 COUNTER SERVICE ONLY
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? N/A
How many bartenders do you anticipate you would have working at one time on a busy night? N/A
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? ~~100~~
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?
95 - 97 %
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? 100
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?

Inside 10-12

BEER GARDEN 150-200

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	% <i>3</i>
Gross Receipts from Food and Non-Alcoholic Beverages	% <i>97</i>
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.

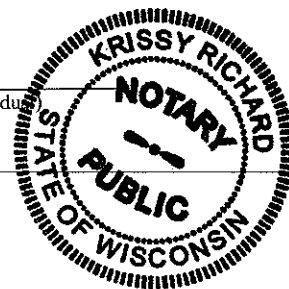
Store is not open

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 *24* day of *July*, 20*09*
Krispy Richard
(Clerk/Notary Public)

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



My commission expires *8/8/2010*

City of Supplemental Class B License Application
EXTREME FRANCHISE CORPORATION
Additional Answers

#8 Pizza restaurant offering sit down dining, delivery, and carryout service. We plan on being open from 10 am to 2 am (Monday – Thursday), 10 am to 2:45 am (Friday – Saturday), and 10 am to 1 am (Sunday) We also plan on operating a beer garden during Wisconsin home football games. This is allowed under the conditional use permit that has been approved for the site.

#10 We will be leasing approximately 1,000 square feet of space at 1614 Monroe Street. We will have three booths, which will seat a 10 – 12 people. There is no bar area. Approximately, 80 % of the space is for kitchen, storage, etc, while the remaining 20 % is for seating.

During football games beer will be sold in the parking lot area, which will hold between 150 and 200 people. All rules relating to operating a beer garden (fencing, security, hours of operation, etc) will be followed.

#12 We have 9-10 parking spaces at this location, management staff will monitor them.

#13 The owner of Extreme Franchise Corporation, James Meyer, brings over 25 year of restaurant experience to the operation. We have three different types of employees, first we have drivers whose primary responsibilities are to deliver food to customers, answer phones, and assist with shop clean up, secondly, we have sandwich people who prepare chicken, sandwiches, salads, pasta, finally, we have pizza makers who serve as shift managers and are responsible for making pizza. Typically pizza makers and sandwich personnel provide counter service.

Employees are trained by shift managers as to there job functions, while James Meyer trains shift managers. Staffing levels vary depending upon time of the day and day of the week. We plan on having four staff on duty from 10 am to 5 pm, two drivers, one pizza maker, and a sandwich person. During the evening hours we plan on having two to four drivers, one or two sandwich people and one - two pizza makers. The exact number of staff varies depending upon day of week, time of year, amount of advertising, special events, and other factors.

In conjunction with various non-profits Pizza Extreme operated a beer garden at this site from 2000 – 2005. Additional staff and or volunteers will be scheduled on football Saturdays.

Appointment of New Liquor/Beer Agent

To be completed by Corporate Officer or Member of LLC

I, James Mezet, officer/member for Extoone Franchise Corporation
(Corporation/LLC), doing business as Pizza Extoone authorize and appoint
Phillip Boorus (Name) as the liquor/beer agent for the premise
located at 1614 Monroe Street
MANISW, WI 53711

Subscribed and sworn to before me this

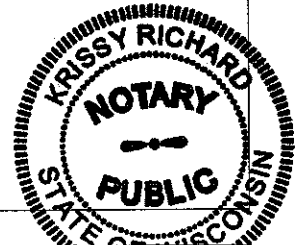
24 Day of July, 2009

Krissy Richard

Notary Public, Dane County, Wisconsin

My Commission Expires 8/8/2010

Signature of Officer/Member



To be completed by appointed Liquor/Beer Agent

I, Phillip Boorus, appointed liquor/beer agent for
Extoone Franchise (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 0 %.

Subscribed and sworn to before me this

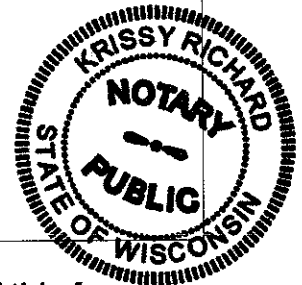
24 Day of July, 2009

Krissy Richard

Notary Public, Dane County, Wisconsin

My Commission Expires 8/8/2010

P. Scott Boorn
Signature of Agent



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

