

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning July 1 2010 ;
ending June 30 2011

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

County of _____ Aldermanic Dist. No. _____ (if required by ordinance)

Applicant's Wisconsin Seller's Permit Number:	
Federal Employer Identification Number (FEIN):	
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 type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$
TOTAL FEE	\$

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): Tropical Cuisine, LLC

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>Daryl Malone</u>	<u>2595 Clara Ave Aurora</u>	<u>IL 60502</u>
Vice President/Member			
Secretary/Member			
Treasurer/Member	<u>Tropical Cuisine</u>		
Agent	<u>Daryl Malone</u>	<u>Blanca Maldonado</u>	
Directors/Managers			

3 Trade Name Tropical Cuisine Business Phone Number _____

4 Address of Premises 15 W. Broom St. Madison WI Post Office & Zip Code _____

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 records (Alcohol beverages may be sold and stored only on the premises described) See attached

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 14th day of May, 20 10
Maibeth Witzel-Behl
(Clerk/Notary Public)

Daryl Malone
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

My commission expires 8-26-12

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5-14-10</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued <u>89691, 89692</u>	

City of Madison Supplemental Class B License Application

<input type="checkbox"/> Seller's Permit Number <input type="checkbox"/> Federal Employer Identification # <input checked="" type="checkbox"/> Notarized Original Application Form <input checked="" type="checkbox"/> Notarized Supplemental Form <input checked="" type="checkbox"/> Orange Sign (Clerk's Office provides at time of application)	<input checked="" type="checkbox"/> Written Description of Premise <input checked="" type="checkbox"/> Background Investigation Form(s) <input checked="" type="checkbox"/> Notarized Transfer of Ownership <input type="checkbox"/> *Articles of Incorporation <input checked="" type="checkbox"/> *Notarized Appointment of Agent * Corporation/LLC only	<input type="checkbox"/> Floor Plans <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Sample Menu <input type="checkbox"/> Business Plan
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8630
803
8471

1. Name of Applicant/Partner/Corporation/LLC Daryl Malone / Tropical Cuisine LLC
2. Address of Licensed Premise 15 N. Broom St Madison WI
3. Telephone Number: 3125451361 ⁸¹⁶³⁰⁷¹⁰⁵²⁷² 4. Anticipated opening date: June 2010
5. Mailing address if not opening immediately 1360 N. Regent St #162 Madison WI
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: Family owned rest. We will offer Puerto Rican/Caribbean foods to the people.
9. Do you plan to have live entertainment? No Yes—What kind? live band -
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.**
Stored in kitchen, behind the counter. Served in the main seating area of the restaurant and patio area. Total square footage is approximately 2,1600 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. street permit and lot
13. Describe your management experience, staffing levels, duties and employee training.
Chef 28 years of experience. Owner over 25 yrs of business management experience
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.

<u>Daryl Malone</u>	<u>1360 Regent St #162 Madison WI</u>
Name	Address
<u>Blanca Maldonado</u>	<u>5833 Balsam Rd. #4</u>
	<u>53715</u> <u>53711</u>

Appointment of New Liquor/Beer Agent

To be completed by Corporate Officer or Member of LLC

I, Daryl Malone, officer/member for TROPICAL CUISINE LLC
(Corporation/LLC), doing business as TROPICAL CUISINE, LLC, authorize and appoint
Blanca M. D'Amico (Name) as the liquor/beer agent for the premise
located at 15 N. Brown St. Madison, WI

Subscribed and sworn to before me this

9 Day of June, 20 10

Elmer Berg
Notary Public, Dane County, Wisconsin

My Commission Expires 2-24-10

Daryl Malone
Signature of Officer/Member
Daryl Malone

To be completed by appointed Liquor/Beer Agent

I, Blanca M. D'Amico, appointed liquor/beer agent for
TROPICAL CUISINE, LLC (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 _____ %.

Subscribed and sworn to before me this

9 Day of June, 20 10

Elmer Berg
Notary Public, Dane County, Wisconsin

My Commission Expires 2-24-10

Blanca M. D'Amico
Signature of Agent
Blanca M. D'Amico

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