

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 [X] City of City of Madison

County of Dane Aldermanic Dist. No. 17 (if required by ordinance) Clausius P.D. E-518

Table with columns: LICENSE REQUESTED, TYPE, FEE. Includes rows for Class A beer, Class B beer, Wholesale beer, Class C wine, Class A liquor, Class B liquor, Reserve Class B liquor, Publication fee, and TOTAL FEE.

- 1. The named [] INDIVIDUAL [] PARTNERSHIP [] LIMITED LIABILITY COMPANY [X] 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): Singh Lakhbir

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.

President/Member Title: Presiden Name: Lakhbir Singh Home Address: 4700 Dale St #203 Post Office & Zip Code: WI, 53558

- 3. Trade Name: 4810 Washington Inc Business Phone Number: 262-237-0958
4. Address of Premises: 4810 E. Washington Rd Post Office & Zip Code: 53704

- 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? [X] Yes [] No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? [] Yes [X] No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? [] Yes [X] No
8. (a) Corporate/limited liability company applicants only: Insert state WI and date 09/21/11 of registration.
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? [] Yes [X] 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? [X] 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.) c-store cooler

- 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? [X] Yes [] No
(b) If yes, under what name was license issued? Samim Enterprises

- 12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [X] 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? [X] Yes [] No
14. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? [] Yes [X] 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.

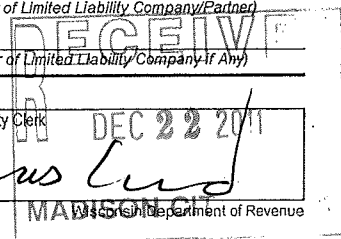
SUBSCRIBED AND SWORN TO BEFORE ME

this 22nd day of December Thomas Lund (Clerk/Notary Public) Lakhbir Singh (Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

TO BE COMPLETED BY CLERK

Table with columns: Date received and filed with municipal clerk, Date reported to council/board, Date license granted, Date license issued, License number issued, Signature of Clerk / Deputy Clerk, License number issued.

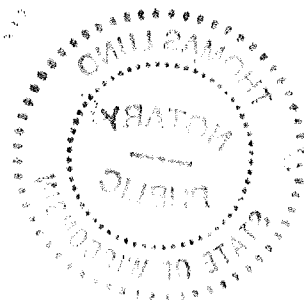
ALD - 17, Clausius P.D - 518 - East



Hold an Licences as an ~~agent~~ agent

at Edgerton Travel Plaza

at 568 Naugen Rd, Edgerton WI 53534



City of Madison Supplemental Class A 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"/> 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 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 4810 Washington Inc
 2. Address of Licensed Premise 4810 E. Washington Ave., Madison WI 53704
 3. Telephone Number: 262-237-0958 4. Anticipated opening date: 12/28/11
 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. What type of establishment is contemplated? Liquor Store Grocery Store
 Convenience Store – Gas Pumps Yes No Other—Explain _____

9. Business Description: C-Store with Gas Pumps

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.**

It is a convenience store with gas pumps
"locking cooler doors, behind Beer sold from
cooler which will be closed at closing hours

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
by the pump islands, monitored by cameras.

13. Describe your management experience, staffing levels, duties and employee training.
Have ran various this type business in past.
will Train Employee at learn2serve.com

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.
Lakshmi Singh 4700 Dale St #203 McFarland
 Name Address WI 53588

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

Free way Traffic existing to get gas.

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

will put up windows signs allowed by the city

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

18. Owner of building where establishment is located: 4810 E. Washington Ave.

Address of Owner: 4700 Dale St #203, McFarland WI Phone Number 262-237-0958

19. 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

20. List the Directors of your Corporation/LLC

Lakshbir Singh 4700 Dale St #203 McFarland, WI

Name

Address

Name

Address

Name

Address

21. List the Stockholders of your Corporation/LLC

Name Address % of Ownership

Name Address % of Ownership

Name Address % of Ownership

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.

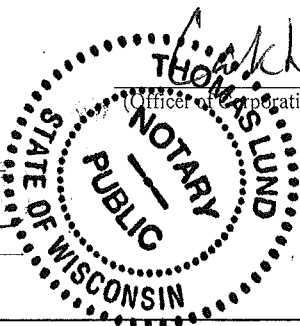
Subscribed and Sworn to before me:

this 22nd day of December, 2011

Thomas Lund

(Clerk/Notary Public)

My commission expires 05/25/2015



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

Liquor/Beer Agent Authorization

I, Lakhhvir Singh, officer/member for 4810 Washington Inc

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

Lakhhvir Singh (Name) as the liquor/beer agent for the premise

located at 4810 E. Washington Ave, Madison WI

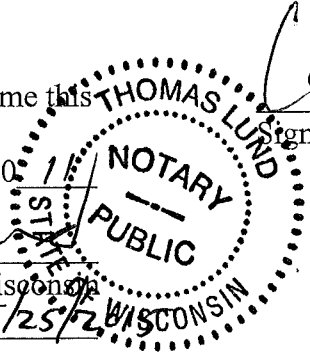
Subscribed and sworn to before me this _____ Lakhhvir Singh
Signature of Officer/Member

22nd Day of December, 2011

Thomas Lund

Notary Public, Dane County, Wisconsin

My Commission Expires 05/25/12



Acceptance of Liquor/Beer Agent Appointment

I, Lakhhvir Singh, appointed **liquor/beer agent** for

4810 Washington Inc (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 _____ %.

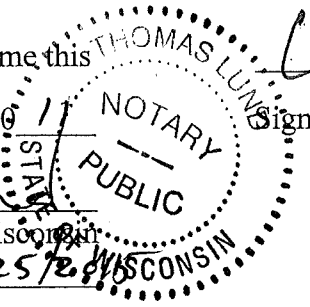
Subscribed and sworn to before me this _____ Lakhhvir Singh
Signature of Agent

22nd Day of December, 2011

Thomas Lund

Notary Public, Dane County, Wisconsin

My Commission Expires 05/25/12



Payment of Taxes on Liquor/Beer License Transfer

I, Lakshvir Singh, President, applicant for
Name Title
a liquor and/or beer license for the premise located at 9810 E. Washington Ave, Madison, have
Address
read the provisions in the attached copy of Madison General Ordinance Section 9.01, and understand
that payment of all personal property taxes, special assessments, room taxes, forfeitures and judgments
must be paid before the Office of the City Clerk can issue said license.

Lakshvir Singh
Signature of Applicant

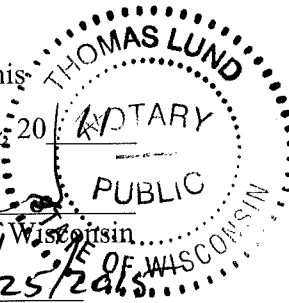
12/22/11
Date

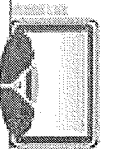
Subscribed and sworn to before me this

22nd day of December, 2011

Thomas Lund
Notary Public, Dane County, State of Wisconsin

My Commission Expires 05/25/2015



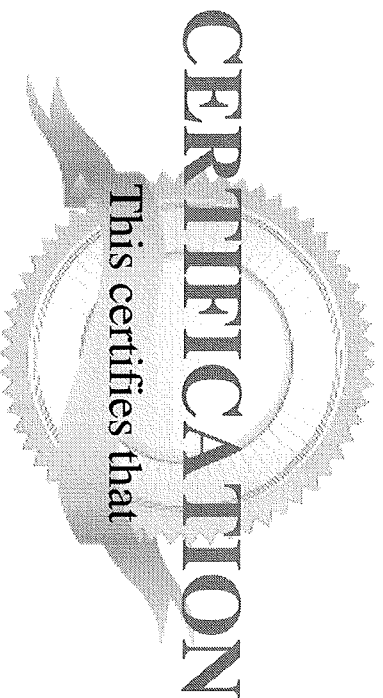


VALIDATE ONLINE AT SERVINGALCOHOL.COM

CODE: WZDLHRK8HW

ONLINE TRAINING

SERVING ALCOHOL INC
UNITED STATES OF AMERICA
team@servinalcohol.com



Lakbhir Singh

has completed the Serving Alcohol Inc. approved course
Wisconsin Alcohol Seller-Server (2011)

December 21, 2011

APPROVED BY THE STATE OF WISCONSIN SS-125.04
PROVIDER TRAINING IN COMPLIANCE WITH SS-134.66

STUDENT ACKNOWLEDGED UNDERSTANDING OF SS-134.88:
Restrictions on sale or gift of cigarettes or tobacco products: that state law prohibits selling tobacco products to any person under the age of 18; and failure to comply with these restrictions may result in a citation.

PERSONS COMPLETING THIS COURSE HAVE AGREED TO EXECUTE THE FOLLOWING POLICIES TO THE BEST OF THEIR ABILITIES:

- * CARD ANY PERSON 35 YEARS OF AGE OR YOUNGER
- * OBSERVE AND REPORT ANY CUSTOMER SHOWING SIGNS OF POSSIBLE IMPAIRED BEHAVIOR
- * RESPOND IMMEDIATELY TO ANY POSSIBLE PROBLEM SITUATIONS
- * DETERMINE THAT PEOPLE ENTERING THE PREMISES TO CONSUME ALCOHOL ARE OF LEGAL ALCOHOL DRINKING AGE AND REGARD THEM IF THERE IS ANY QUESTION AS TO THEIR AGE
- * ENSURE A PERSON MATCHES THEIR VALID LEGAL IDENTIFICATION



Sec. 180.0202
Wis. Stats.

State of Wisconsin
Department of Financial Institutions

ARTICLES OF INCORPORATION - STOCK FOR-PROFIT CORPORATION

Executed by the undersigned for the purpose of forming a Wisconsin Stock For-Profit Corporation under Chapter 180 of the Wisconsin Statutes:

- Article 1. **Name of the corporation:**
4810 Washington, Inc.

- Article 2. **The corporation is organized under Ch. 180 of the Wisconsin Statutes.**

- Article 3. **Name of the initial registered agent:**
Lakhbir Singh

- Article 4. **Street address of the initial registered office:**
W150 N7248 Paseo Lane
Menomonee Falls, WI 53051
United States of America

- Article 5. **Number of shares of stock the corporation shall be authorized to issue:**
Number of Shares Authorized: 9,000
Class: Common

- Article 6. **Name and complete address of each incorporator:**
Lakhbir Singh
W150 N7248 Paseo Lane
Menomonee Falls, WI 53051
United States of America

- Other provisions (optional). (No other provisions declared.)

- Other Information. **This document was drafted by:**
E. Joseph Kershek

Incorporator signature:

Lakhbir Singh

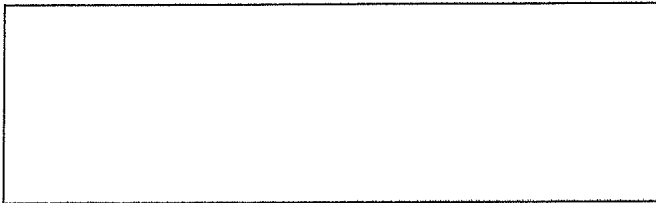
Date & Time of Receipt:

9/21/2011 9:45:55 AM

Credit Card Transaction Number:

201109212730209

**ARTICLES OF INCORPORATION - Wisconsin Stock
For-Profit Corporation (Ch. 180)**



Filing Fee: \$100.00
Total Fee: \$100.00

ENDORSEMENT

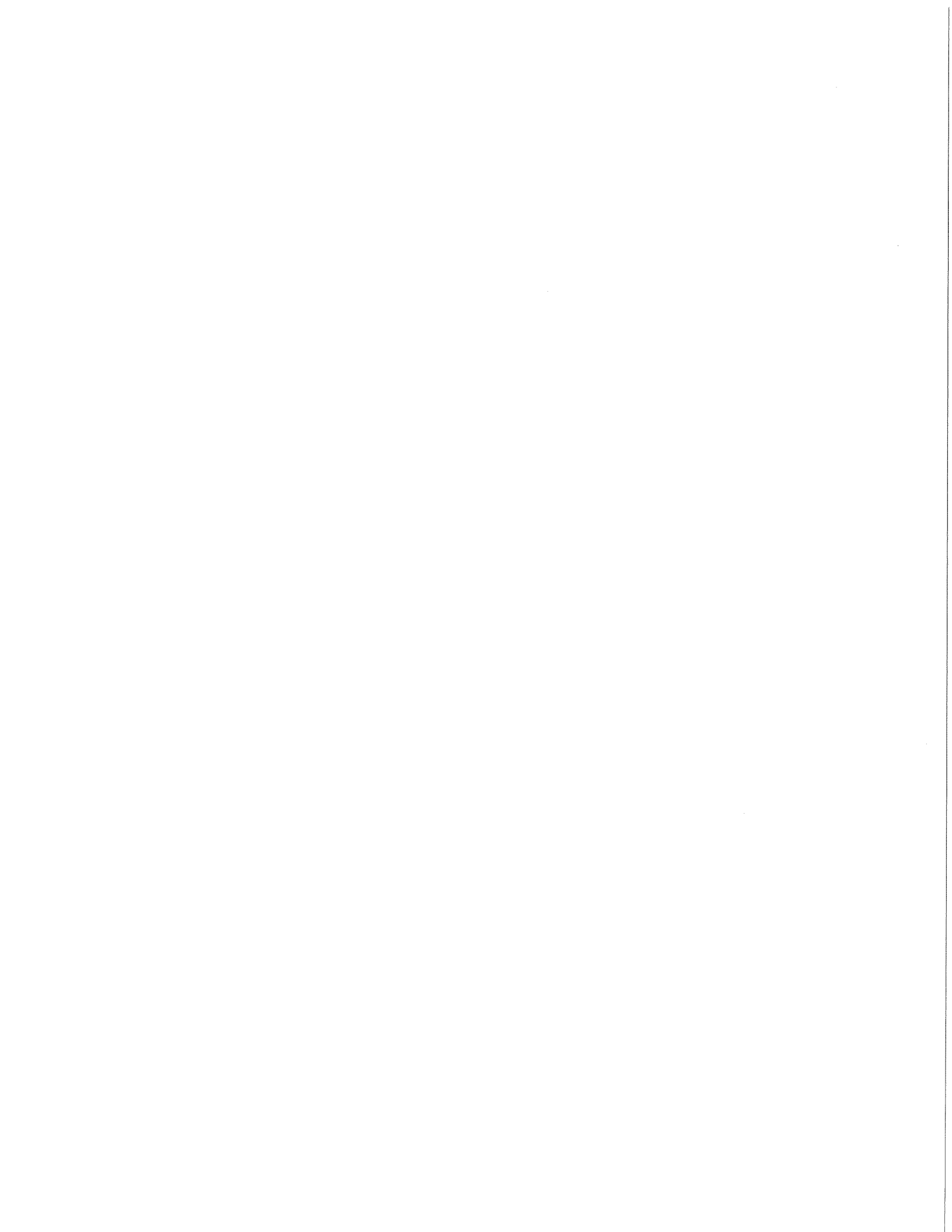
**State of Wisconsin
Department of Financial Institutions**

EFFECTIVE DATE	
9/21/2011	

FILED	
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9/21/2011

Entity ID Number
F046792





EIN Assistant

Your Progress: 1. Identity ✓ 2. Authenticate ✓ 3. Addresses ✓ 4. Details ✓ 5. EIN Confirmation

Congratulations! Your EIN has been successfully assigned.

EIN Assigned: 45-3338054

Legal Name: 4810 WASHINGTON INC

IMPORTANT:

Save and/or print this page and the confirmation letter below for your permanent records.

The confirmation letter below is your official IRS notice and contains important information regarding your EIN.



[CLICK HERE for Your EIN Confirmation Letter](#)

[Help with saving and printing your letter](#)

Once you have saved or printed your letter, click "Continue" to get additional information about using your new EIN.

Continue >>

Help Topics

- [What if I do not have access to a printer at this time?](#)
- [Can I access this letter at a later date?](#)

Date of this notice: 09-21-2011

Employer Identification Number:
45-3338054

Form: SS-4

Number of this notice: CP 575 A

4810 WASHINGTON INC
% LAKHBIR SINGH
W150N7248 PASEO LN
MENOMONEE FLS, WI 53051

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 45-3338054. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1120

03/15/2012

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

IMPORTANT INFORMATION FOR S CORPORATION ELECTION:

If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, *Election by a Small Business Corporation*.

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, *Electronic Choices to Pay All Your Federal Taxes*. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.

The IRS is committed to helping all taxpayers comply with their tax filing obligations. If you need help completing your returns or meeting your tax obligations, Authorized e-file Providers, such as Reporting Agents (payroll service providers) are available to assist you. Visit the IRS Web site at www.irs.gov for a list of companies that offer IRS e-file for business products and services. The list provides addresses, telephone numbers, and links to their Web sites.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub. Thank you for your cooperation.

Keep this part for your records.

CP 575 A (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 A

9999999999

Your Telephone Number Best Time to Call
() -

DATE OF THIS NOTICE: 09-21-2011
EMPLOYER IDENTIFICATION NUMBER: 45-3338054
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

4810 WASHINGTON INC
% LAKHBIR SINGH
W15QN7248 PASEO LN
MENOMONEE FLS, WI 53051

