

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk

For the license period beginning April 1 20 08 ;
ending June 30 20 08

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

County of Dane Aldermanic Dist. No. 6 (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): Africana Restaurant & Lounge LLC Ouattara, Issouf

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>Owner</u>	<u>Ouattara, Issouf</u>	<u>226 Meadowside Drive, Verona, WI 53593</u>
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<u>OUATTARA, ISSOUF</u>		
Directors/Managers			

3. Trade Name AFRICANA RESTAURANT & LOUNGE Business Phone Number 608-333-4523
4. Address of Premises 2701-2705 Atwood Avenue, Madison, WI 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? 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 10/23/07 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) 2701 Atwood Avenue, Madison, WI 53704

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 18 day of January, 20 08
William K. Ditt
(Clerk/Notary Public)

[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)

My commission expires 8-30-2009

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>1-18-08</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>80008</u>	

MPD 6001

Aid. 6

09023

City of Madison Supplemental Class B License Application

<input type="checkbox"/> Seller's Permit Number <input checked="" type="checkbox"/> Federal Employer Identification Number <input checked="" type="checkbox"/> Notarized Original Application Form <input checked="" type="checkbox"/> Notarized Supplemental Form	<input checked="" type="checkbox"/> Description of Licensed Premise <input checked="" type="checkbox"/> *Notarized Appointment of Agent <input checked="" type="checkbox"/> Background Investigation Form(s) <input type="checkbox"/> Notarized Transfer of Ownership <i>N/A</i> <input checked="" type="checkbox"/> *Articles of Incorporation	<input checked="" type="checkbox"/> Floor Plans <input checked="" type="checkbox"/> Lease <input checked="" type="checkbox"/> Sample Menu <input type="checkbox"/> Business Plan * Corporation/LLC only
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1. Name of Applicant/Partner/Corporation/LLC AFRICANA RESTAURANT & LOUNGE LLC
2. Address of Licensed Premise 2701 ATWOOD Avenue, MADISON, WI 53704
3. Telephone Number: 608-333-4523 4. Anticipated opening date: 04/01/2008
5. Mailing address if not opening immediately 226 MEADOWSIDE DRIVE, VERONA, WI 53593
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: Restaurant & lounge serving ethnic food from West Africa. Open Tuesday - Sunday from 11am to 12am
9. Do you plan to have live entertainment? No Yes—What kind? Banquets, Wedding receptions...

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.**

2580 sq ft with main floor is restaurant & lounge. Please see floor layout for details. Inventory will be stored in the basement and brought to the bar and stored in coolers as needed.

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. 18 Parking spaces available on site (copy of Parking layout included in the application).

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

Enclosed resume. Over 7 years of experience in management of restaurants & gas stations in Ivory Coast. Experience in managing people and business degree

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.

DUATTARA, ISSOUF 226 Meadowside Drive, Verona, WI 53593
 Name Address

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

East side people liking ethnic foods and African Community of Madison

16. What age range would you hope to attract to your establishment? 22-55 years old

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

Concept of "Word-of-mouth", local newspapers, Uniqueness of our food

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

19. Owner of building where establishment is located: KRISHNA PRADHAN

Address of Owner: 332 S. BASSETT Ave, Madison, WI 53703 Phone Number 608-251-4892

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

QUATTARA, ISSOUF 226 MEADOWSIDE DRIVE, VERONA, WI 53593
Name Address

Name Address

Name Address

22. List the Stockholders of your Corporation/LLC

QUATTARA, ISSOUF 226 Meadowside Drive, VERONA, WI 53593 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. LOUNGE

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

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? 11am to 12am

27. What hours, if any, will food service not be available? 12 am to 10:59 am
28. Indicate any other product/service offered. Catering services, banquets, wedding receptions
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? 4
During what hours do you anticipate they will be on duty? 10 am to 1 am
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? 13
How many bartenders do you anticipate you would have working at one time on a busy night? 2
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? 65
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?
90%
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? 65

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	30 %
Gross Receipts from Food and Non-Alcoholic Beverages	60 %
Gross Receipts from Other	10 %
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.

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:

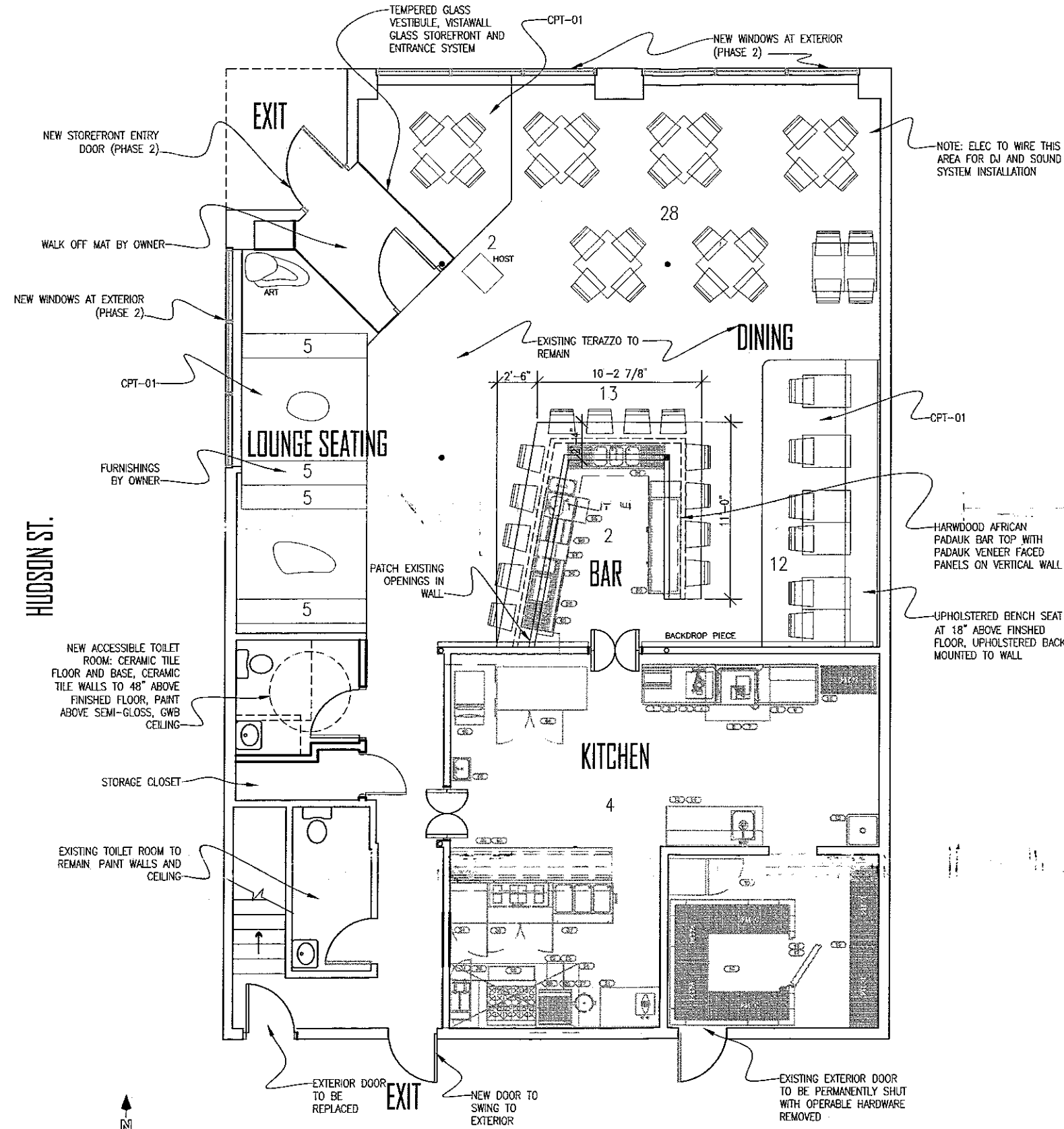
this 18 day of January, 2008

[Signature]
(Clerk/Notary Public)

> [Signature]
(Officer of Corporation/Member/Manager of LLC/Partner/Individual)

My commission expires 8-30-2009

ATWOOD AVENUE



OCCUPANT LOAD: 81 MAX.

ARO ARCHITECTURE
LLC

PO Box 2319
Madison, WI 53701-2319
(608) 220 2382

NOT FOR
CONSTRUCTION

Africana Restaurant & Lounge

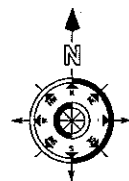
2701 Atwood Ave
Madison, WI

Floor Plan

January 26, 2008

A1.0

HUDSON ST.

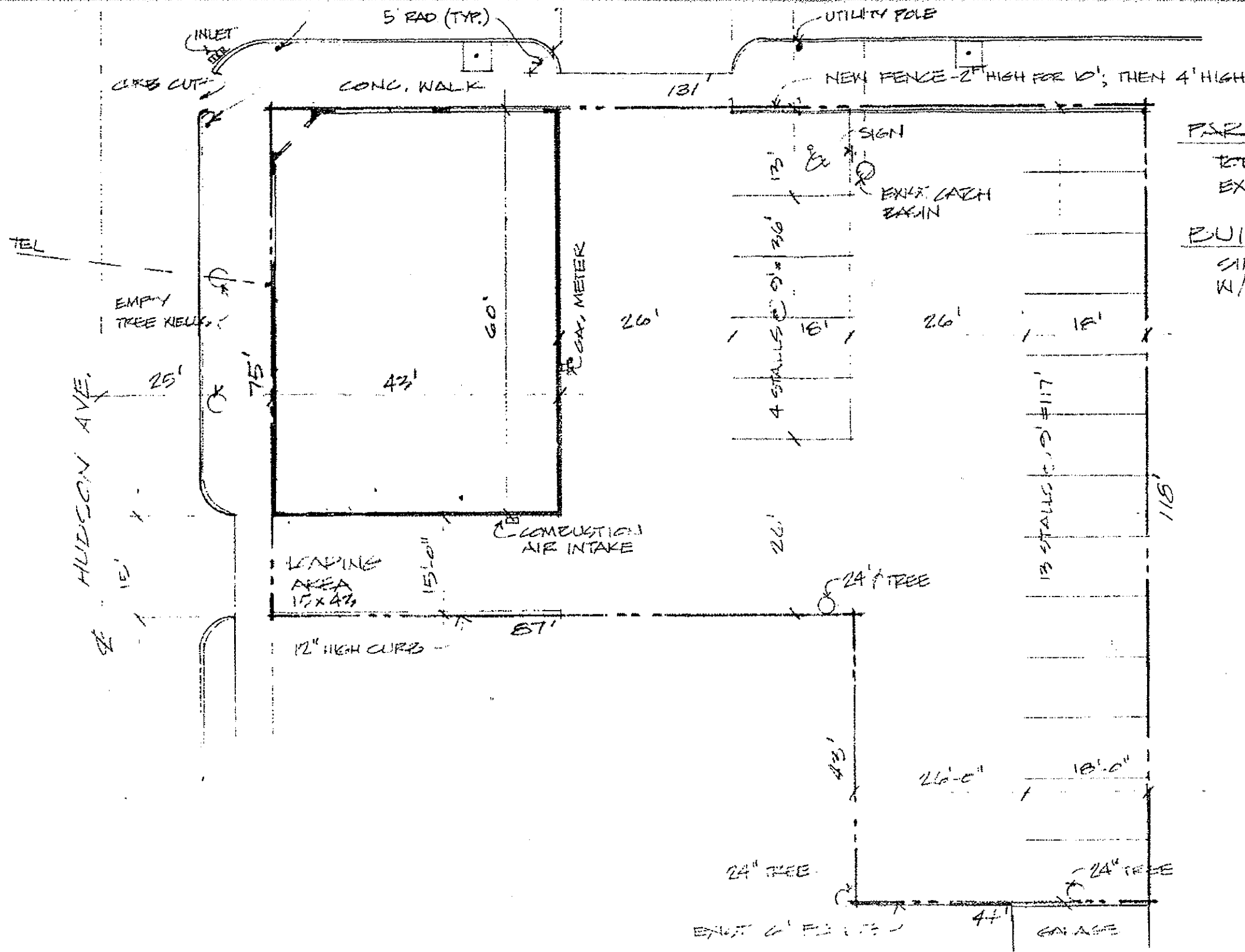


I. FLOOR PLAN

1/8" = 1'-0"

0 4 8 16'



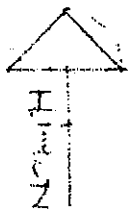


PARKING
 TOTAL PARKING = 18 STALLS
 EXIST. SURFACE - ASPHALT

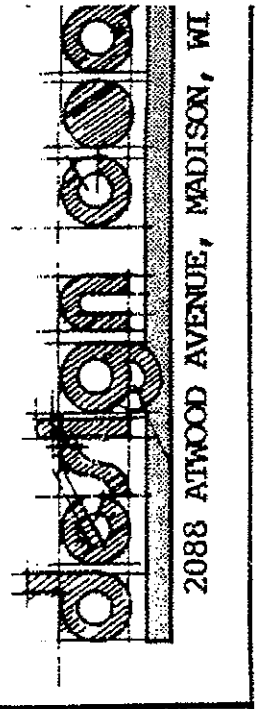
BUILDING
 SINGLE STORY MASONRY
 W/ FULL BASEMENT

SITE PLAN
 1" = 20'-0"

Lawrence Rudy



PAGE 11	PROJECT GLACIER PAINT 2701 ATWOOD AVE. MADISON, WI 53704	REVISIONS	BY L.J.L.
	NO.		



2088 ATWOOD AVENUE, MADISON, WI