

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning July 1 20 11 ;
ending JUNE 30 20 12

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

County of _____ 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): PUGLIESE VINCENT + PUGLIESE STEPHANIE

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>VINCENT PETER PUGLIESE</u>	<u>3667 SEQUOIA TR. VERONA WI</u>	<u>53593</u>
Vice President/Member	<u>OWNER</u>	<u>STEPHANIE LOUISE PUGLIESE</u>	<u>3667 SEQUOIA TR. VERONA WI</u>	<u>53593</u>
Secretary/Member				
Treasurer/Member				
Agent				
Directors/Managers				

3. Trade Name CAFE PORTA ALBA LLC Business Phone Number 608 441 0202
4. Address of Premises 558 N. MIDVALE BLVD. MADISON Post Office & Zip Code 53705

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.) BACK ROOM, LOCKED IN A METAL CABINET

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? CAFE PORTA ALBA
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 9th day of May, 20 11
Jean Traton-Schmitz
(Clerk/Notary Public)
My commission expires 9-23-2012

[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>5-9-2011</u>			
Date license granted	Date license issued	License number issued	

LICLIB-2011-00391 A-11-SCHMIDT 22518
Reserve - (NOT GRANDFATHERED) P-108

Applicant's Wisconsin Seller's Permit Number:	<u>156-0002857976-02</u>
Federal Employer Identification Number (FEIN):	<u>204648589</u>
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Wholesale beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$
TOTAL FEE	\$

-LEASE
-2090 alcohol

City of Madison Supplemental Class B License Application

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

1. Name of Applicant/Partner/Corporation/LLC VINCENT PUGLIESE - CAFE PORTA ALBA
 2. Address of Licensed Premise 558 N. MIDVALE BLVD MADISON WI 53705
 3. Telephone Number: 608 441 0202 4. Anticipated opening date: opened in 2009
 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. Business Description, including hours of operation: RESTAURANT PIZZERIA WITH 62 SEATS + 16 OUTDOOR SEATS OPEN 11AM-10PM SUNDAY 11AM-8PM

9. Do you plan to have live entertainment? No Yes—What kind? LIVE MUSIC, 1 NIGHT PER WEEK GUITAR

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.**

ALCOHOLIC BEVERAGES ARE STORED IN BACKROOM AND LOCKED. CAPACITY 62 SEATS.

THERE IS NO BAR COUNTER, JUST TABLES FOR DINING. OVERALL DIMENSIONS 1,800 S.F. DINING AREA ABOUT 1,200 S.F. IT IS ONE RECTANGULAR AREA WITH FOUR ROWS OF TABLES TWO-TOPS AND FOUR-TOPS

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 IS OUTDOOR AND INDOOR MANAGED BY HILDALE MALL.

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

I HAVE BEEN IN BUSINESS FOR 4 YEARS AND CURRENTLY HAVE 29 EMPLOYEES (BOTH F/T & P/T). AS THE OWNER, I AM INVOLVED IN ALL OPERATIONS - DAILY.

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.

VINCENT PUGLIESE 3667 SEQUOIA TR. VERONA WI 53593

Name

Address

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

FAMILIES + CHILDREN, SINGLES, PROFESSIONALS, AGE 20 to 70

16. What age range would you hope to attract to your establishment? 20 to 70

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

THROUGH HILLODALE MALL MARKETING - FOOD IS THE FOCUS

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

19. Owner of building where establishment is located: J. FREED + ASSOCIATES

Address of Owner: 33 SOUTH STATE ST. CHICAGO IL 60603 Phone Number 312 675-5500

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

VINCENT PUGLIESE 3667 SEQUOIA TRAIL VERONA WI 53593
Name Address

STEPHANIE PUGLIESE SAME AS ABOVE
Name Address

Name Address

22. List the Stockholders of your Corporation/LLC

VINCENT PUGLIESE 50
Name Address % of Ownership

STEPHANIE PUGLIESE 50
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. _____

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

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? 11 AM - 10 PM

27. What hours, if any, will food service not be available? FOOD IS SERVED ALL HOURS
28. Indicate any other product/service offered. _____
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? 2 to 4 SERVERS
During what hours do you anticipate they will be on duty? FROM OPENING TILL CLOSING PER SHIFT
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? _____ NO BAR COUNTER
How many bartenders do you anticipate you would have working at one time on a busy night? 1
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? 62
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?
100^{0/10}
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? 100^{0/10}
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? 62

43. Pursuant to Chapter 38.02 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.

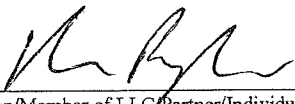
Gross Receipts from Alcoholic Beverages	20 %
Gross Receipts from Food and Non-Alcoholic Beverages	80 %
Gross Receipts from Other	%
Total Gross Receipts	100%

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.

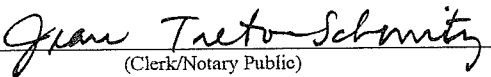
Read carefully before signing: Under penalty provided by law, the applicant states that the above information has been truthfully completed to the best of the knowledge of the signer. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), 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 9th day of May, 2011



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



(Clerk/Notary Public)

My commission expires 9-23-2012


Appointment of New Liquor/Beer Agent

To be completed by Corporate Officer or Member of LLC

I, VINCENT PUGLIESE, officer/member for CAFE PORTA ALBA
(Corporation/LLC), doing business as CAFE PORTA ALBA, authorize and appoint
VINCENT PUGLIESE (Name) as the liquor/beer agent for the premise
located at 558 N. MIDVALE BLVD. MADISON WI 53705

Subscribed and sworn to before me this

9th Day of May, 2011


Signature of Officer/Member

Jean Tretow-Schmitz
Notary Public, Dane County, Wisconsin

My Commission Expires 9-23-2012

To be completed by appointed Liquor/Beer Agent

I, VINCENT PUGLIESE, appointed liquor/beer agent for
CAFE PORTA ALBA (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 100 %.

Subscribed and sworn to before me this

9th Day of May, 2011


Signature of Agent

Jean Tretow-Schmitz
Notary Public, Dane County, Wisconsin

My Commission Expires 9-23-2012

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

PROFESSIONAL SERVER CERTIFICATION CORPORATION



Wisconsin Responsible Serving

This certificate confirms that

Vincent Pugliese

has successfully passed the Professional Server Certification Corporation (PSCC) course of study and has demonstrated at least the minimum skill level and knowledge necessary to act as a responsible alcohol server. This course covers topics including Wisconsin statutes 125.04, 125.17 and Pub. 302 (Wisconsin Alcohol Beverage & Tobacco Laws for Retailers).

Certificate # PSCC10000154470
Award Date: 04-30-2011
Expiration Date: 04-29-2013


Robert Graham, PSCC Director