

Application Date: 8-29-2006

Proof of WI Seller's Permit No. 004-000172544-01

Name of Corporation, Limited Liability Company, Individual Owner, Private Club or Partner(s)	Liquor/Beer Agent
<u>Laundry 101 of Madison LLC</u>	<u>Richard Andereg</u> ↑
Mailing Address	Liquor/Beer Agent Address
<u>437 W. Gilman St.</u>	<u>Richard Andereg</u>
City/State/Zip Code	Liquor/Beer City/State/Zip Code
<u>Madison WI 53703</u>	<u>1625 Oconto Dr., Sun Prairie</u>
Name of Registered Agent or General Partner	Local Contact Person   Phone Number
	<u>William Clemens 330-252-5147</u>
Trade Name	Estimated Opening Date
<u>Laundry 101</u>	<u>Open</u>
Business Address	Signature of Owner/Operator
<u>437 W. Gilman St.</u>	

Private Club?  Yes  No

License Description	Type	Fee	Number
<u>Class B Combination</u>	<u>108</u>	<u>20-</u>	<u>75781</u>
<b>Pre-Inspection &amp; License Fees Non-Refundable</b>	<b>TOTAL</b>	<b>\$</b>	

IT IS MANDATORY THAT ALL APPLICABLE INFORMATION BE COMPLETED. INACCURATE INFORMATION MAY RESULT IN SUSPENSION OR REVOCATION OF LICENSE.

# 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): **LAUNDRY 101 OF MADISON 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

President/Member **EDWARD ROSENTHAL** Home Address **6600 CHAPEK PKWY CLEVELAND OH 44125**  
Vice President/Member **MADELINE FRIEDMAN** Home Address **" " " "**  
Secretary/Member \_\_\_\_\_

Treasurer/Member \_\_\_\_\_  
Agent **RICHARD ANDEREGG** **1625 OCONTO DR. SUN PRAIRIE IL**  
Directors/Managers **ZACHARIATH BRANDEN** **3526 MAUMOUTH TRL MADISON, WI 53719**

- 3 Trade Name **LAUNDRY 101** Business Phone Number **608-294-9274**  
4 Address of Premises **437 W. GILMAN ST.** Post Office & Zip Code **MADISON, WI 53703**

- 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 **OH** and date **1998** 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) **1168 sq-ft. IDENTIFIED BY BLUE TILE, 3 COVERS, 1 BAR**

- 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? **LAUNDRY 101**  
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 misstatement and grounds for revocation of this license.

### SUBSCRIBED AND SWORN TO BEFORE ME

this **29th** day of **August**, 20**06**

**Maibeth Wital-Behr**  
(Clerk/Notary Public)

My commission expires **10-26-08**

**[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 <b>8-29-06</b>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued <b>15781</b>	

Register #04446

Ald. 4 (Verveen)  
Sector 403

Applicant's Wisconsin Seller's Permit Number: <b>004-0000-1725-47-01</b>	
Federal Employer Identification Number (FEIN): <b>34-1858102</b>	
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	\$
<b>TOTAL FEE</b>	<b>\$</b>

**City of Madison  
Liquor and/or Beer Original Supplemental Form**

**Office Use Only**

- |  |   |
|--|---|
| <input type="checkbox"/> Seller's Permit Number                        | <input type="checkbox"/> Lease  |
| <input type="checkbox"/> Federal Employer Identification Number        | <input type="checkbox"/> Notarized Transfer of Ownership Letter       |
| <input type="checkbox"/> Notarized Original Application Form (AT-106)  | <input type="checkbox"/> *Schedule of Appointment of Agent (AT-104)   |
| <input type="checkbox"/> Notarized Supplemental Form                   | <input type="checkbox"/> *Notarized Agent Appointment/Acceptance Form |
| <input type="checkbox"/> Description of Licensed Premise               | <input type="checkbox"/> *Articles of Incorporation/ Organization     |
| <input type="checkbox"/> Notarized Auxiliary Questionnaire(s) (AT-103) | <input type="checkbox"/> Sample Menu, if possible                     |
| <input type="checkbox"/> Background Investigation Form(s)              | <input type="checkbox"/> Business Plan, if one exists                 |
| <input type="checkbox"/> Floor Plans                                   | * Forms required of Corporation/LLC only                              |

- ✓ All applicants must provide an adequate premise plan that includes exterior and interior dimensions, position of stairs and all entrances and exits, normal and customary use of each room, placement of major appliances, furniture and large gaming tables, placement and dimensions of all bar(s), and graphic representation of the normal position of booths, bar stools, tables and chairs. **Premise plans must be no larger than 8 ½ x 14.**
- ✓ New structures must submit to Building Inspection two sets of plans, signed and sealed by a registered architect or engineer.
- ✓ **Applicant/partners/Liquor Agent must be enrolled in or have completed the Beverage Server Training course before appearing before the Alcohol License Review Committee.**

**Prior to your hearing before the Alcohol License Review Committee (ALRC), you must contact the Alderperson of the District in which you intend to do business, the representative of the appropriate neighborhood association (if any), and the Madison Police Department.**

- Alderperson \_\_\_\_\_ can be reached at \_\_\_\_\_, at the Common Council Office (266-4071), or via e-mail at [council@cityofmadison.com](mailto:council@cityofmadison.com).
- The name of the neighborhood association representative can be obtained by calling the Planning and Development Department at 266-4635 or online at [www.ci.madison.wi.us/neighborhoods/contacts.htm](http://www.ci.madison.wi.us/neighborhoods/contacts.htm).
- The Police Department Liaison, Sergeant Emil Quast, can be reached at 266-4451.

1. Have you contacted the Alderperson, Police Department Liaison and neighborhood association representative for the area in which you intend to locate?     Yes     No
2. Are there any special conditions desired by the neighborhood?     Yes     No  
 Explain: NO INCREASE IN CAPACITY
3. Name of Applicant/Partner/Corporation/LLC LAUNDRY 101 OF MADISON LLC
4. Telephone Number: 608-294-9274
5. Address of Licensed Premise 437 W. GILMAN ST. MADISON, WI 53703
6. Anticipated opening date: OPEN
7. Mailing address if not opening immediately N/A

8. What type of establishment is contemplated?  Tavern  Nightclub  Restaurant

Liquor Store  Grocery Store  Convenience Store - Gas Pumps  Yes  No

Other Please explain LAUNDROMAT / CYBER CAFE / BAR

9. Business Description, including hours of operation and if entertainment is part of your venue, what type:

FULL SERVICE LAUNDRY INCLUDING 163 STATE OF THE ART MACHINES, DRY CLEANING & CAFE. ~~RESTAURANT~~

10. Describe building in detail, 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.**

ONE SERVICE BAR, ONE WALK-IN COOLER, ONE TAPLINE COOLER + ONE SINGLE DOOR COOLER - ALL CURRENTLY IN PLACE

11. Are any living quarters directly or indirectly accessible and under control of the applicant?  Yes  No  
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. 20 SPACES LIT WITH 4 WALL PACK LIGHTS WITH A FENCE TO THE WEST & SOUTH. PARKING LOT IS MONITORED BY EMPLOYEES.

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

OHIO OPERATION HAS BEEN OPEN FOR 10 YEARS AND MADISON'S FOR 8 YEARS. WE NEVER HAD A VIOLATION AT EITHER LOCATION. NO CHANGES WILL BE NECESSARY AS WE CURRENTLY HAVE A ~~BAR~~ LICENSE AND EXPERIENCED EMPLOYEES

14. Identify the **registered agent** for your Corporation or LLC. This is not necessarily the same person as your liquor/beer agent. This is your corporation's agent for service of process, notice or demand required or permitted by law to be served on the corporation. ZACHARIAH B. BRANDON

Name

3526 MAMMOTH TRL MADISON, WI 53719

Address

City

State

Zip

15. Excluding pre-packaged snacks, how late will food be served? AT ALL TIMES

16. What type of food will you be serving, if any? GOURMET ~~AND~~ STUFFED PRETZELS & SANDWICHES

17. Indicate any other product/service offered: JUICES, SODA, PRE-PACKAGED SNACKS, COFFEE LAUNDRY (FULL & SELF) SERVICE, DRY CLEANING, INTERNET

18. Describe your target market. COLLEGE STUDENTS (UN & MATC) AND YOUNG PROFESSIONALS.

19. Describe how you plan to advertise/promote your business. DIRECT MAIL <sup>WORD-OF-MOUTH</sup>

20. What is your estimated capacity? 99

21. Are you operating under a lease or franchise agreement?  Yes  No (If yes, attach a copy.)

22. Owner of building where establishment is located: URBAN FACILITIES CO.  
Address of Owner: 401 N. CARROLL ST. Phone Number 608-265-8090

23. Individual or Partnership only: Have individual/partners completed the Beverage Server Training Course?  Yes  No If Yes, indicate names: ~~XXXXXXXXXXXX~~ N/A

**License cannot be issued until proof of Beverage Server Training completion is shown.**

24. Corporation/LLC only: Will liquor/beer agent be a Wisconsin resident at the time of granting?  Yes  No

25. Corporation/LLC only: Agent must disclose interest held in business: 0 %

26. Corporation/LLC only: Has agent completed the Beverage Server Training Course?  Yes  No

**License cannot be issued until proof of Beverage Server Training completion is shown.**

27. Corporation/LLC only: List Directors, Stockholders, and Managers below.

Director(s) Name	Home Address

Stockholder's Name MEMBERS	Address	Extent of Ownership%
EDWARD ROSENTHAL	6600 CHAPEK PKWY CLEVELAND, OH 44125	70.2%
MADELINE FRIEDMAN	21	19.8%
ZACH BRANDON	3526 WAMMOTHT TRL MADISON, WI 53719	10.0%

Manager's Name	Address	Business Phone	Home Phone
ZACH BRANDON	3526 WAMMOTHT TRL MADISON WI 53719	800-749-2875	608-848-4894

28. 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

29. Restaurant/Tavern Establishment Alcohol Beverage & Food Sales Report

Pursuant to Sections 23.05(3)(s) and 23.05(7)(f) 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.**

Calendar/fiscal year:  January 1 – December 31  July 1 – June 30

Percent Gross Receipts from Alcohol Beverages	3 %
Percent Gross Receipts from Food	7 %
Percent Gross Receipts from Other	90 %
<b>Total Gross Receipts</b>	<b>100 %</b>

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.**

30. What type of establishment are you? (Check all that apply)  Tavern  Restaurant  Nightclub

Other

Please explain:

LAUNDROMAT / CYPRUS CAFE

**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 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 must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.) 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 29th day of August, 2006

Maibeth Witzel-Behl  
(Clerk/Notary Public)

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

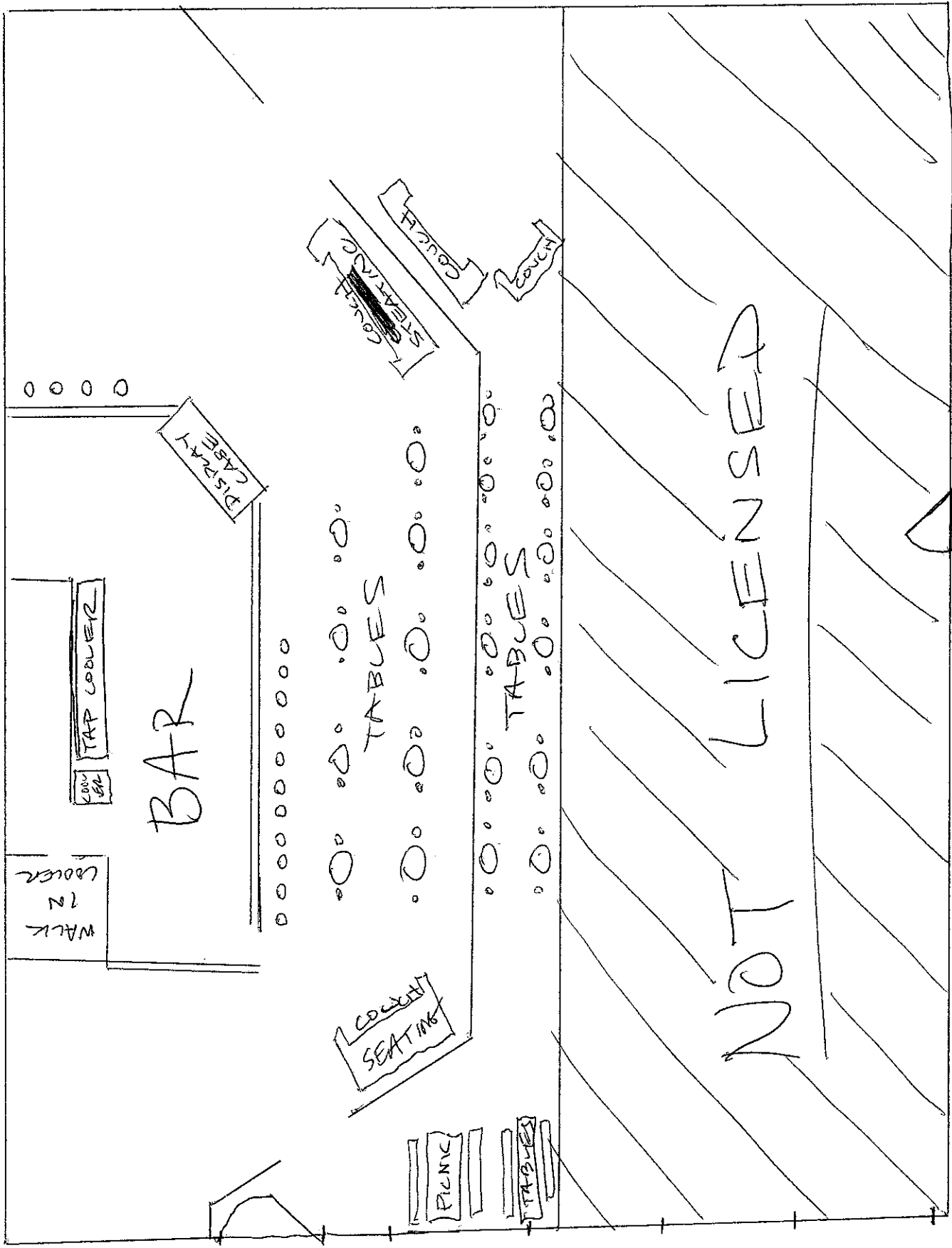
(Officer of Corporation/Member/Manager of LLC/Partner/Individual)

My commission expires 10-26-08

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

**If you have any questions, please contact the City Clerk's Office at (608) 266-4601.**

NOT TO SCALE



LAUNDRY 101 OF MADISON LLC