

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk

For the license period beginning _____ 20____ ;
 ending June 30 2011

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): BUB'S BURGER PALACE, 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			
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<u>Renaissance Property Group, LLC / Michael H.R. Matty</u>		
Directors/Managers			

President/Member _____

Vice President/Member _____

Secretary/Member _____

Treasurer/Member _____

Agent Renaissance Property Group, LLC / Michael H.R. Matty

Directors/Managers _____

- 3 Trade Name Bub's Burger Joint Business Phone Number 608-244-2827
 4 Address of Premises 2810 E. Washington Ave 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 7.04.10 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) RETAIL C3

- 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? EL PASADOR

- 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 inspections 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 28th day of July 2010
Laura E. Callan
 (Clerk/Notary Public)

Michael Matty
 (Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)
Michael Matty Authorized Agent
 (Officer of Corporation/Member/Manager of Limited Liability Company/Partner)
Bub's Burger Palace, LLC
 (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>7-27-10</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>90830</u>	

Applicant's Wisconsin Seller's Permit Number: <u>4561027119819-03</u>	
Federal Employer Identification Number (FEIN): <u>27-2120523</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 type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$
TOTAL FEE	\$

City of Madison Supplemental Class B License Application

<input checked="" type="checkbox"/> Seller's Permit Number <input checked="" 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 type="checkbox"/> Notarized Transfer of Ownership <input checked="" 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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1. Name of Applicant/Partner/Corporation/LLC BUR'S BURGER PALACE, LLC
 2. Address of Licensed Premise 2810 E. WASHINGTON AVE
 3. Telephone Number: 608-244-2827 4. Anticipated opening date: OPEN
 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 UNKNOWN AT THIS TIME

8. Business Description, including hours of operation: Burger Joint
M-Sun 11am-9or 10pm

9. Do you plan to have live entertainment? No Yes—What kind? _____

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.**
Bus Cap of approx 4000 sqft Bldg. Leased owned space is 2000 sqft. BY SEAT CAPACITY. BOTTLED BEER ONLY. NO BAR. Just food, beer handed to purchaser. Beer stored cooler, served to purchaser

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. 34 STAL parking lot lighted, no carry out.

13. Describe your management experience, staffing levels, duties and employee training
Grew up in Tavern, owned establishments that served alcohol, train all employees now.

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
Renaissance Property Group, LLC
 Name _____ Address 1 Sherman Terrace Suite 102A Madison WI 53704

15. Utilizing your market research, who would you project your target market to be?
Families, neighborhood, drive by to game.

16. What age range would you hope to attract to your establishment? All ages.

17. Describe how you plan to advertise/promote your business. What products will you be advertising?
None word of mouth.

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

19. Owner of building where establishment is located: Same
Address of Owner: 1 Sherman Terrace 102A Phone Number 608 301-0000

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
Renaissance Property Group. LLC Member W# 53704

Name	Address

22. List the ~~Stockholders~~ ^{Authorized members} of your Corporation/LLC

Name	Address	% of Ownership
<u>Michael H.B. Matty</u>	<u>1 Sherman Terrace Suite 102A</u>	
<u>Madison W# 53704</u>		

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? _____
 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? All

27. What hours, if any, will food service not be available? NEVER
28. Indicate any other product/service offered. NOTHING
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? None
During what hours do you anticipate they will be on duty? _____
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? _____
How many bartenders do you anticipate you would have working at one time on a busy night? _____
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? _____
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%
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? _____
What percentage of your advertising budget do you anticipate will be drink related? _____
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? 04

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	10 %
Gross Receipts from Food and Non-Alcoholic Beverages	90 %
Gross Receipts from Other	0 %
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

ok

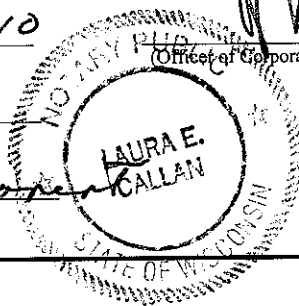
Read carefully before signing: Under penalty provided by law, the applicant states that the above information has been truthfully completed to the best of the knowledge of the signer. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), 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 27th day of July, 2010

Laura E. Callan
(Clerk/Notary Public)

My commission expires is permanent



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

Michael Muthy,
Authorized Agent of
Bub's Burger Palace, LLC

Appointment of New Liquor/Beer Agent

To be completed by Corporate Officer or Member of LLC

I, _____, officer/member for _____

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

_____ (Name) as the liquor/beer agent for the premise

located at _____

Subscribed and sworn to before me this

_____ Day of _____, 20_____

Signature of Officer/Member

Notary Public, Dane County, Wisconsin

My Commission Expires _____

To be completed by appointed Liquor/Beer Agent

I, Michael H.B. Matty, appointed liquor/beer agent for
Bubs Burger Palace, 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 100 %.

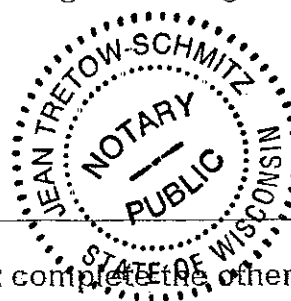
Subscribed and sworn to before me this

27th Day of July, 2010

Jean Tretow-Schmitz
Notary Public, Dane County, Wisconsin

My Commission Expires 9-23-2012

Michael H.B. Matty
Signature of Agent



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

BUB → S BURGER JOINT



BUB'S BONA FIDE BURGERS ®

BONA FIDE BURGER	\$4.99
BONA FIDE CHEESEBURGER	\$5.59
BUB'S BACON BURGER	\$5.69
BUB'S BACON CHEESEBURGER	\$6.29
SINGLE BF BURGER	\$3.59
SINGLE BF CHEESEBURGER	\$3.89
SINGLE BF BACON BURGER	\$4.29
SINGLE BF BACON CHEESEBURGER	\$4.59
RIB EYE STEAK	\$6.99
ALL NATURAL CHICKEN	\$6.29
ALL BEEF HOT DOG	\$3.29

BUB'S BODACIOUS FRIES ®

FRESH CUT REGULAR	\$2.59
FRESH CUT LARGE	\$4.99
KATY'S SWEET POTATO REG	\$2.79
LARGE	\$4.99
DRINKS REG	\$1.99
LARGE	\$2.79

4.99
2.59
2.40

ALL TOPPINGS INCLUDED

MAYO • RELISH • ONIONS • LETTUCE • PICKLES • TOMATOES
A1 STEAK SAUCE • JALAPENO PEPPERS
GRILLED ONIONS • GRILLED MUSHROOMS • KETCHUP • MUSTARD

608.244.BUBS

2810 E Washington Ave

WWW.BUBSBURGERJOINT.COM

Sec. 183.0202
Wis. Stats.



State of Wisconsin
Department of Financial Institutions

ARTICLES OF ORGANIZATION - LIMITED LIABILITY COMPANY

Executed by the undersigned for the purpose of forming a Wisconsin Limited Liability Company under Chapter 183 of the Wisconsin Statutes:

- Article 1. **Name of the limited liability company:**
Bub's Burger Palace LLC
- Article 2. **The limited liability company is organized under Ch. 183 of the Wisconsin Statutes.**
- Article 3. **Name of the initial registered agent:**
RENAISSANCE PROPERTY GROUP, LLC
- Article 4. **Street address of the initial registered office:**
1 Sherman Ter, Ste 102
Suite 102
Madison, WI 53704-4403
United States of America
- Article 5. **Management of the limited liability company shall be vested in:**
A member or members
- Article 6. **Name and complete address of each organizer:**
Renaissance Property Group
1 Sherman Terrace Suite 102
Madison, WI 53704
United States of America
- Other Information. **This document was drafted by:**
michael matty

Organizer Signature:
michael matty
(Signing on behalf of Renaissance Property Group)

Date & Time of Receipt:

3/4/2010 5:18:27 PM

Credit Card Transaction Number:

2010342152303

**ARTICLES OF ORGANIZATION - Limited Liability
Company(Ch. 183)**



Filing Fee: \$130.00
Total Fee: \$130.00

ENDORSEMENT

**State of Wisconsin
Department of Financial Institutions**

EFFECTIVE DATE	
3/4/2010	

FILED 3/9/2010	Entity ID Number B066387
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