



Liquor/Beer License Application

(Agenda Item Number)

(Legistar file number)

(License number)

(Alder District #)

(Police Sector)

Office Use Only

LICLIB-2026-0262
17 520

City of Madison Clerk
210 MLK Jr Blvd, Room 105
Madison, WI 53703

Class A: Beer, Liquor, Cider
Class B: Beer, Liquor,
 Class C Wine

licensing@cityofmadison.com
608-266-4601

Section A - Applicant

- List the name of your Sole Proprietor, Partnership, Corporation/Nonprofit Organization or Limited Liability Company exactly as it appears on your State Seller's Permit.
Landmark hotels, LLC
- Trade Name (doing business as) Cambridge Hotel Madison East
- Address to be licensed 5045 Eastpark Blvd, Madison, WI 53718
- Mailing address Same as above
- Anticipated opening date 04/15/26
- Is the applicant an employee or agent of, or acting of behalf of anyone except the applicant named in question 1?
 No Yes (explain)
EVVOV
AT
- Does another alcohol beverage licensee or wholesale permittee have interest in this business? No Yes (explain)

Section B - Premises

8. Describe in words the building or buildings where alcohol beverages are to be sold and stored. Include all rooms including living quarters, if used, and any outdoor seating used for the sales, service, and/or storage of alcohol beverages and receipts. Alcohol beverages may be sold and stored only on the premises as approved by Common Council and described on license.

An alcohol beverages will be sold and stored at the address listed on this application. It will be sold at bar/bak, at front desk and in outdoor seating (patio). All alcohol will be locked up in a room behind front desk.

9. Applicants for on-premises consumption only. Estimated capacity (patrons and employees):

Indoor: 40 Outdoor: 30

10. Describe existing parking and how parking lot is to be monitored.

private parking lot for the hotel is monitored at least once per shift (8hrs) by front desk staff.

11. Was this premises licensed for the sale of liquor or beer during the past license year?

No Yes, license issued to _____ (name of licensee)

Section C—Corporate Information

This section applies to corporations, nonprofit organizations, and Limited Liability Companies only. Sole proprietorships and partnerships, skip to Section D.

12. Name of liquor license agent Michelle Santek

13. City, state in which agent resides Middleton, WI

14. How long has the agent continuously resided in the State of Wisconsin? _____

15. Has the liquor license agent completed the responsible beverage server training course?

No, but will complete prior to ALRC meeting Yes, date completed 07/01/25

16. State and date of registration of corporation, nonprofit organization, or LLC.

State of Wisconsin, 02/26/26

17. In the table below list the directors of your corporation or the members of your LLC.

Attach background check forms for each director/member.

Title	Name	City and State of Residence
Member	Jignesh Patel	Sun Prairie, WI
Member	Bhavesk Patel	Brookfield, WI
Member	Ashish Patel	New Berlin, WI
Member	Ronak Patel	Racine, WI

Additional members' page attached

18. Registered agent for your corporation or LLC. This is your agent for service of process, notice or demand required or permitted by law to be served on the corporation. This is not necessarily the same as your liquor agent.

Jignesh Patel

19. Is applicant a subsidiary of any other corporation or LLC?

No Yes (explain) _____

20. Does the corporation, any officer, any director, any stockholder, liquor agent, LLC, any member, or any manager hold any interest in any other alcohol beverage license or permit in Wisconsin?

No Yes (explain) Ashish Patel - For a hotel location in Brookfield, WI
Ronak Patel - hotel location in Mount Pleasant, WI
Nishit Amin - hotel location in West Bend, WI

30. I agree to contact the Police Department District Captain for this location prior to the ALRC meeting. No Yes
31. I agree to contact the Deputy Clerk prior to the ALRC meeting. No Yes
32. I agree to contact the neighborhood association representative prior to the ALRC meeting. No Yes
33. I intend to operate under the alcohol license within 180 days of the Common Council granting this license. The license shall be considered surrendered if not issued within 180 days of being granted. No Yes
34. I understand we must file a Special Occupational Tax return (TTB form 5630.5) before beginning business. [phone 1-800-937-8864] No Yes
35. I understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in question 1, above. [phone 608-266-2776] No Yes
36. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? No Yes

Section G—Information for Clerk's Office

37. This application is for the license period ending June 30, 2027.
38. State Seller's Permit 4 5 6 - 1 0 3 2 4 0 7 3 9 2 - 0 2
39. Federal Employer Identification Number 41-4535031
40. Who may we contact between 8 a.m. and 4:30 p.m. regarding this license?

Contact person Jignesh (Jay) Patel

Business phone 608-334-9684 Business e-mail address Jpatel78@hotmail.com

Preferred language English

If needed, a qualified interpreter can be provided at no charge to you. Would you like an interpreter?

Yes (language: _____)

No (If you answer no and you do require an interpreter, the ALRC will refer your application to a subsequent meeting and this may delay your application process)

Si usted requiere o necesita un/a intérprete, nosotros podemos proveer un/a intérprete sin costo alguno. ¿Le gustaría tener un/a intérprete?

Sí, lenguaje: _____

No. Si usted escoge "no" en la solicitud/aplicación, y usted sí requiere un/a intérprete, el comité remitirá su solicitud para una nueva junta y esto puede atrasar el proceso de su solicitud.

41. Corporate attorney, if applicable: Name NA
- Phone _____ E-mail _____

NOTICE: Completed application are due by noon of the third Monday (fourth, if the Clerk's office is closed on the third Monday) to get on the agenda for the proceeding months Alcohol License Review Committee. A completed application **must** be accompanied by the following items:

- Copy of State Seller's Permit (Not Business Tax Registration Certificate), Appointment of Agent (if Corp/LLC),
- Member background investigation forms, Articles of Incorporation (if Corp/LLC), Floor Plans,
- Copy of Lease, Business Plan, and Sample Menu (if applying for Class B license)

If required items are missing, the application will not be considered complete and will not be accepted by the Clerk's Office until all requirements are submitted. No exceptions are made.

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 the business according to law, and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. Lack of access to any portion of licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

Penalty for materially false application information: Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

[Signature]
 (Officer of Corporation/Member of LLC/Partner/Sole Proprietor)

04/13/26
 (Date)

Clerk's Office checklist for complete applications		
<input checked="" type="checkbox"/> WI Seller's Permit Certificate (matching articles of incorporation) <input checked="" type="checkbox"/> FEIN <input checked="" type="checkbox"/> Written description of premises	<input checked="" type="checkbox"/> Background investigation form(s) <input checked="" type="checkbox"/> Form for surrender of previous license <input checked="" type="checkbox"/> *Articles of Incorporation <input checked="" type="checkbox"/> *Appointment of Agent * Corporation/LLC only	<input checked="" type="checkbox"/> Floor Plans <input checked="" type="checkbox"/> Lease <input checked="" type="checkbox"/> Business Plan <input checked="" type="checkbox"/> **Sample Menu ** Class B only
Upon Application Submission, the Clerk's Office issued to the application:		
<input type="checkbox"/> Orange sign <input type="checkbox"/> Orange business card <input type="checkbox"/> "Applying for a Liquor/Beer License in the City of Madison" brochure with contact information		
Date complete application filed with Clerk's Office _____ Date of ALRC meeting _____ Date license granted by Common Council _____ Date provisional issued _____ Date license issued _____		

17. Additional Members of Our LLC

Tite	Name	City & State of Residence
Member	Dipak Patel	Kenosha, WI
Member	Dhaval Patel	Oshkosh, WI
Member	Nishit Patel Amin ^(P)	West Bend, WI
Member	Kamini Patel	Chicago, IL