

**ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION**

Submit to municipal clerk.

For the license period beginning April 15 20 10 ;  
 ending April 14 20 11

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

County of Dane Aldermanic Dist. No \_\_\_\_\_ (if required by ordinance)

90829

Applicant's Wisconsin Seller's Permit Number: <u>456-1027272176-30</u>	
Federal Employer Identification Number (FEIN): <u>30-4589225</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	\$
<b>TOTAL FEE</b>	\$

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): KBO Investments, 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 Sole Member Kevin Bostad 806 Shady Bend Dr., Kennendale, TX 76060

Vice President/Member \_\_\_\_\_

Secretary/Member \_\_\_\_\_

Treasurer/Member \_\_\_\_\_

Agent Blake Radtke 717 N. Thompson Dr., Madison, WI 53704

Directors/Managers \_\_\_\_\_

3 Trade Name Fuzzy's Taco Shop Business Phone Number 608-556-3004  
 4 Address of Premises 3519 University Ave, Madison, WI 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 TX and date 3/17/06 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) 3519 university Ave, 2200 sq with patio

10 Legal description (omit if street address is given above): N/A

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 19 day of July, 20 10

Dan Form  
 (Clerk/Notary Public)

K. Bostad  
 (Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

My commission expires 9/29/12  
BARRY R. HOOVER  
 Notary Public, State of Texas  
 (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

**TO BE COMPLETED BY CLERK**

Data 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	

## 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 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 checked="" type="checkbox"/> <del>N/A</del> Notarized Transfer of Ownership <input checked="" type="checkbox"/> *Articles of Incorporation <input checked="" type="checkbox"/> *Notarized Appointment of Agent * Corporation/LLC only	<input checked="" type="checkbox"/> Floor Plans <input checked="" type="checkbox"/> Lease <input checked="" type="checkbox"/> Sample Menu <input checked="" type="checkbox"/> Business Plan <span style="float: right;">see franchise agreement</span>
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1. Name of Applicant/Partner/Corporation/LLC KBO Investments, LLC
2. Address of Licensed Premise 3519 University Ave., Madison, WI 53705
3. Telephone Number: (608) 556-3004      4. Anticipated opening date: September 1, 2010
5. Mailing address if not opening immediately 717 N. Thompson Dr., Madison, WI 53704
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 serving fresh Baja Tex-Mex Food.  
Open 7 a.m. to 11 p.m.
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.**  
2,200 square feet of retail space, 200 square feet of kitchen, 26'3" by 78"2', 2/3 of which is seating, & 60% of patio space shared with other tenant. Alcohol will be served from behind the service counter. Class B liquor will be stored in storage behind the service counter. Alcohol and food will be served throughout the customer seating area and outdoor patio
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 adjacent to building.  
Visual monitoring.
13. Describe your management experience, staffing levels, duties and employee training.  
4 years experience as a restaurant general manager supervising over 50 employees, handling human resources duties, scheduling, hiring, terminating and menu development.
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.  
MIBEF Corporate Services, Inc. 1 S. Pinckney St., Ste. 700, Madison, WI 53703

Name

Address

15. Utilizing your market research, who would you project your target market to be?  
Age range: 18-70, local businesses, students, local traffic

16. What age range would you hope to attract to your establishment? 18 - 70

17. Describe how you plan to advertise/promote your business. What products will you be advertising?  
Advertising via word of mouth, store front and delivering food to local businesses.

18. Are you operating under a lease or franchise agreement?  Yes (attach a copy)  No  
James Stopple, Agent for Landlord

19. Owner of building where establishment is located: c/oMadison Property Management

Address of Owner: 1202 Regent St., Madison, WI 53715 Phone Number (608) 251-8777

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

<u>Kevin Bostad</u>	<u>806 Shady Bend Dr., Kennendale, TX 76060</u>
Name	Address
Name	Address
Name	Address

22. List the Stockholders of your Corporation/LLC

<u>Kevin Bostad</u>	<u>806 Shady Bend Dr., Kennendale, TX 76060</u>	<u>100%</u>
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. \_\_\_\_\_

24. What type of food will you be serving, if any? fresh Baja Tex-Mex 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? 7 a.m. to 11 p.m.

27. What hours, if any, will food service not be available? none
28. Indicate any other product/service offered. N/A
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? 10 - 20  
During what hours do you anticipate they will be on duty? 7 a.m. to 11 p.m.
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? 0  
How many bartenders do you anticipate you would have working at one time on a busy night? 0
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? 50 - 60
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?  
40%
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? 90%  
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
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42. What is your estimated capacity? 60 - 80

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	10-15	%
Gross Receipts from Food and Non-Alcoholic Beverages	85-90	%
Gross Receipts from Other	0	%
<b>Total Gross Receipts</b>	<b>100%</b>	

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.

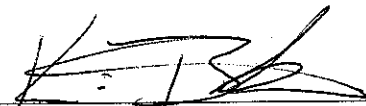
**Read carefully before signing:** Under penalty provided by law, the applicant states that the above information has been truthfully completed to the best of the knowledge of the signer. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the 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.

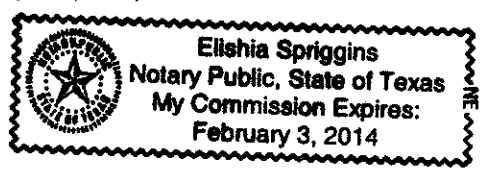
Subscribed and Sworn to before me:

this 21<sup>st</sup> day of July, 2010

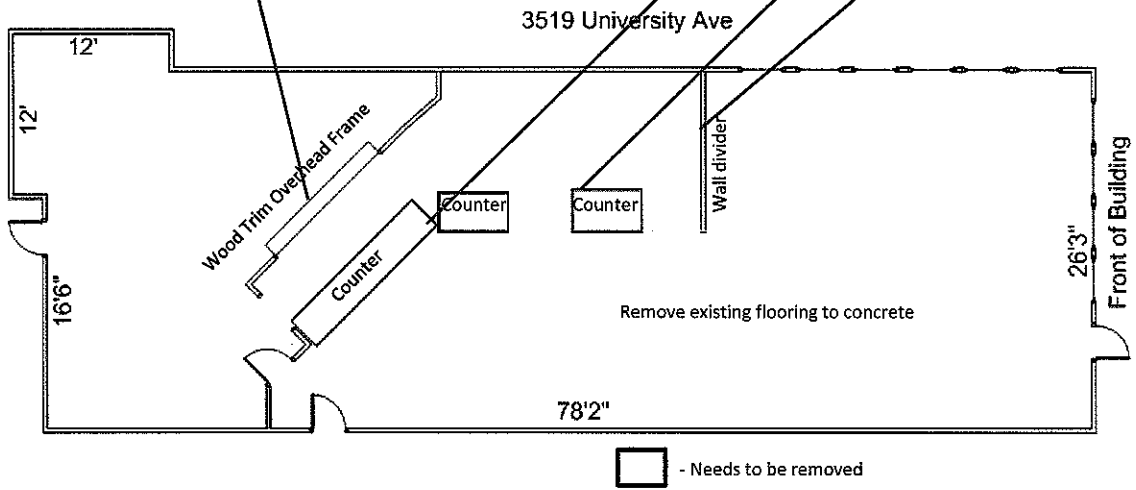
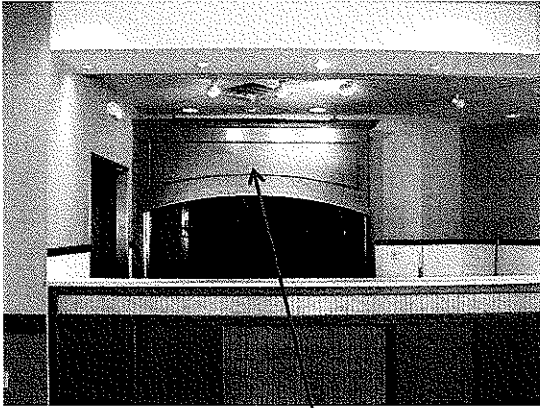
Elishia Spriggins  
(Clerk/Notary Public)

My commission expires Feb 3, 2014

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







# Appointment of New Liquor/Beer Agent

## To be completed by Corporate Officer or Member of LLC

I, Kevin Bostad, officer/member for KBO Investments LLC  
(Corporation/LLC), doing business as Fuzzy's Taco Shop, authorize and appoint  
Blake Radtke (Name) as the liquor/beer agent for the premise  
located at 3519 University Ave, Madison, WI 53719

Subscribed and sworn to before me this

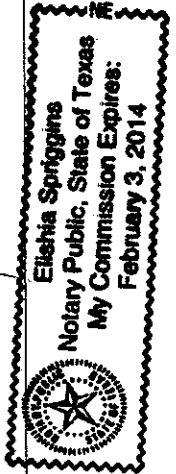
21<sup>st</sup> Day of July, 2010

Elishia Spriggins  
Notary Public, Dane County, Wisconsin

My Commission Expires Feb 3 2014

[Signature]  
Signature of Officer/Member

Tarrant County, Texas



## To be completed by appointed Liquor/Beer Agent

I, Blake Radtke, appointed **liquor/beer agent** for  
KBO Investments 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 0 %

Subscribed and sworn to before me this

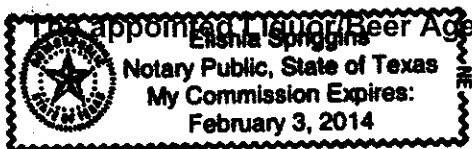
21<sup>st</sup> Day of July, 2010

Elishia Spriggins  
Notary Public, Dane County, Wisconsin

My Commission Expires Feb 3 2014

[Signature]  
Signature of Agent

Tarrant County, Texas



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



Corporations Section  
P.O.Box 13697  
Austin, Texas 78711-3697



Roger Williams  
Secretary of State

## Office of the Secretary of State

March 17, 2006

Attn: Bruce B Hubbard

Bruce B Hubbard  
77 East John Street  
Hicksville, NY 11801 USA

RE: KBO Investments LLC  
File Number: 800628584

It has been our pleasure to file the certificate of formation and issue the enclosed certificate of filing evidencing the existence of the newly created domestic limited liability company (llc).

Unless exempted, the entity formed is subject to state tax laws, including franchise tax laws. Shortly, the Comptroller of Public Accounts will be contacting the entity at its registered office for information that will assist the Comptroller in setting up the franchise tax account for the entity. The first year franchise tax return will be due a year and ninety days following formation. Thereafter, an annual franchise tax return is due in May of each year. If you need to contact the Comptroller about franchise taxes, you may contact the agency by calling (800) 252-1381, by e-mail to [tax\\_help@cpa.state.tx.us](mailto:tax_help@cpa.state.tx.us) or by writing P. O. Box 13528, Austin, TX 78711-3528. Telephone questions regarding other business taxes, including sales taxes, should be directed to (800) 252-5555.

The entity formed does not file annual reports with the Secretary of State. Documents will be filed with the Secretary of State if the entity needs to amend one of the provisions in its certificate of formation. It is important for the entity to continuously maintain a registered agent and office in Texas. Failure to maintain an agent or office or file a change to the information in Texas may result in the involuntary termination of the entity.

If we can be of further service at any time, please let us know.

Sincerely,

Corporations Section  
Business & Public Filings Division  
(512) 463-5555

Enclosure

Phone: (512) 463-5555  
Prepared by: Lisa Sasin

Come visit us on the internet at <http://www.sos.state.tx.us/>  
Fax: (512) 463-3709

TTY: 7-1-1  
Document: 121165930003

Corporations Section  
P.O.Box 13697  
Austin, Texas 78711-3697



Roger Williams  
Secretary of State

## Office of the Secretary of State

### CERTIFICATE OF FILING OF

KBO Investments LLC  
File Number: 800628584

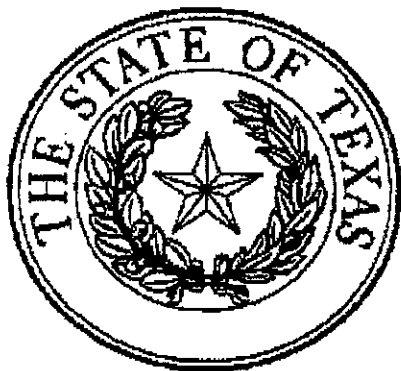
The undersigned, as Secretary of State of Texas, hereby certifies that a Certificate of Formation for the above named Domestic Limited Liability Company (LLC) has been received in this office and has been found to conform to the applicable provisions of law.

ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing filing effective on the date shown below.

The issuance of this certificate does not authorize the use of a name in this state in violation of the rights of another under the federal Trademark Act of 1946, the Texas trademark law, the Assumed Business or Professional Name Act, or the common law.

Dated: 03/17/2006

Effective: 03/17/2006



A handwritten signature in black ink that reads "Roger Williams".

Roger Williams  
Secretary of State

Phone: (512) 463-5553  
Prepared by: Lisa Sasin

Come visit us on the internet at <http://www.scs.state.tx.us/>  
Fax: (512) 463-3709

TTY: 7-1-1  
Document: 121165930003

Secretary of State  
P.O. Box 13697  
Austin, TX 78711-3697  
FAX: 512/463-5709



Filed in the Office of the  
Secretary of State of Texas  
Filing #: 800828584 03/17/2006  
Document #: 121165930003

Filing Fee: \$300

**Certificate of Formation  
Limited Liability Company**

**Article 1 - Entry Name and Type**

The filing entity being formed is a limited liability company. The name of the entity is:

**KBO Investments LLC**

The name of the entity must contain the words "Limited Liability Company" or "Limited Company," or an accepted abbreviation of such terms. The name must not be the same as, deceptively similar to or similar to that of an existing corporate, limited liability company or limited partnership name on file with the secretary of state. A preliminary check for "name availability" is recommended.

**Article 2 - Registered Agent and Registered Office**

A. The initial registered agent is an organization (cannot be company named above) by the name of:

OR

B. The initial registered agent is an individual resident of the state whose name is set forth below:

Name:

**Kevin Bostad**

C. The business address of the registered agent and the registered office address is:

Street Address:

**3939 Green Oaks Boulevard Arlington TX 76016**

**Article 3 - Governing Authority**

A. The limited liability company is to be managed by managers.

OR

B. The limited liability company will not have managers. Management of the company is reserved to the members. The names and addresses of the governing persons are set forth below:

Managing Member 1: **Kevin Bostad**

Title: **Managing Member**

Address: **3939 Green Oaks Boulevard Arlington TX, USA 76016**

**Article 4 - Purpose**

The purpose for which the company is organized is for the transaction of any and all lawful business for which limited liability companies may be organized under the Texas Business Organizations Code

**Supplemental Provisions / Information**

**Mortgage Lending/Real Estate**

[ Any attached addendum, if any, is incorporated herein by reference ]

**Organizer**

The name and address of the organizer are set forth below.

**Kevin Bostad      3939 Green Oaks Boulevard, Arlington, TX 76016**

**Effectiveness of Filing**

A. This document becomes effective when the document is filed by the secretary of state.

**OR**

B. This document becomes effective at a later date, which is not more than ninety (90) days from the date of its signing. The delayed effective date is:

**Execution**

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument.

**Kevin Bostad**



Signature of Organizer

**FILING OFFICE COPY**