

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. 11 (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): GAS U SAVE 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	MEMBER	JEANNETTE REEVE	9809 SHADOW WOOD DR, VERONA, WI	53593
Vice President/Member	MEMBER	SID KABIR	9809 SHADOW WOOD DR, VERONA, WI	53593
Secretary/Member				
Treasurer/Member				
Agent		SID KABIR	9809 SHADOW WOOD DR, VERONA, WI	53593

3 Trade Name GAS U SAVE LLC Business Phone Number 608.238.1334

4 Address of Premises 2801 UNIVERSITY AVENUE 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) SEE ATTACHED EXHIBIT - A

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? _____

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 24 day of April, 2008
[Signature]
(Clerk/Notary Public)

[Signature]
AARON POLLER
Notary Public
State of Wisconsin
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)
[Signature]
Jeannette Reeve
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

My commission expires 5-9-2010

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>24/04/08</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

Legistar # 06643

1994 - 266-4601
City Hall

City of Madison Liquor and/or Beer Original Supplemental Form

Office Use Only	
<input checked="" type="checkbox"/> Seller's Permit Number	<input checked="" type="checkbox"/> Lease <u>OWN</u>
<input checked="" type="checkbox"/> Federal Employer Identification Number	<input type="checkbox"/> Notarized Transfer of Ownership Letter
<input checked="" type="checkbox"/> Notarized Original Application Form (AT-106)	<input checked="" type="checkbox"/> *Schedule of Appointment of Agent (AT-104)
<input checked="" type="checkbox"/> Notarized Supplemental Form	<input checked="" type="checkbox"/> *Notarized Agent Appointment/Acceptance Form
<input type="checkbox"/> Description of Licensed Premise	<input type="checkbox"/> *Articles of Incorporation/ Organization
<input checked="" type="checkbox"/> Notarized Auxiliary Questionnaire(s) (AT-103)	<input type="checkbox"/> Sample Menu, if possible
<input checked="" type="checkbox"/> Background Investigation Form(s)	<input type="checkbox"/> Business Plan, if one exists
<input checked="" 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 1/2 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), the Madison Police Department, and the Alcohol Policy Coordinator.

- Alderperson TIM GRUBER #11 can be reached at 608.217.3390 at the Common Council Office (266-4071), or via e-mail at 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
Ms. Linda
- Police Department District Captain JAY LENGSELD can be reached at 288 6152
- Alcohol Policy Coordinator Joel Plant can be reached at 264-9295

- 1 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
- 2 Are there any special conditions desired by the neighborhood? Yes No

Explain _____

- 3 Name of Applicant/Partner/Corporation/LLC GAS U SAVE LLC
- 4 Telephone Number: 608 238 1334
- 5 Address of Licensed Premise 2801 UNIVERSITY AVENUE, MADISON
- 6 Anticipated opening date: 4/18/2007
- 7 Mailing address if not opening immediately AS ABOVE

8. What type of establishment is contemplated? Tavern Nightclub Restaurant
 Liquor Store Grocery Store Convenience Store - Gas Pumps Yes No
 Other Please explain GAS + C-STORE

9. Business Description including hours of operation and if entertainment is part of your venue, what type:
HOURS - 6AM TO 12 AM (MIDNIGHT)
GAS STATION + CONVENIENCE STORE

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.**
SEE ATTACHED EXHIBIT - A

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 CAR PARKING +
2 PARKING LIGHTS TO BE MONITORED THROUGH

13. Describe your management experience, staffing levels, duties and employee training
GAS U SAVE - MANAGEMENT SINCE 09/2005

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. N/A
Name

Address City State Zip

15. Excluding pre-packaged snacks, how late will food be served? 12 AM (MIDNIGHT)

16. What type of food will you be serving, if any? SELF SERVE - HOT DOGS, POPCORN, NACHOS, COFFEE, TEA, Cappuccino

17. Indicate any other product/service offered: C-Store items

18. Describe your target market ALL PUBLIC

19 What is your estimated capacity? 0 NO SEATING. IT'S A GAS STATION & C-STORE ONLY

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

21 Owner of building where establishment is located: AQZ GENERAL CONTRACTORS LLC
Address of Owner: 2801 UNIVERSITY AVE Phone Number 6082381334

22 Individual or Partnership: Have individual/partners completed the Beverage Server Training Course? Yes No If Yes, indicate names: SID (SAEED) KABIR
License cannot be issued until proof of Beverage Server Training completion is shown.

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

24 Corporation/LLC: Agent must disclose interest held in business: 50 %

25 Corporation/LLC: Has agent completed the Beverage Server Training Course? Yes No
License cannot be issued until proof of Beverage Server Training completion is shown.

26 Corporation/LLC: List Directors, Stockholders, and Managers below

Director(s) Name	Home Address
<u>JEANNETTE C REEVE (MEMBER)</u>	<u>9809 SHADOW WOOD DR</u>
<u>SID KABIR (MEMBER)</u>	<u>9809 SHADOW WOOD DR</u>

Stockholder's Name	Address	Extent of Ownership%

Manager's Name	Address	Business Phone	Home Phone

27. 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
28. 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.**

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

Percent Gross Receipts from Alcohol Beverages	5 %
Percent Gross Receipts from Food	5 %
Percent Gross Receipts from Other <i>GASOLINE</i>	90 %
Total Gross Receipts	100 %

NEW BUSINESS estimate only

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.

29. What type of establishment are you? (Check all that apply) Tavern Restaurant Nightclub
 Other Please explain: *GAS STATION + C-STORE*

30. Will your establishment have a kitchen manager? Yes No

31. Will your establishment be a member of the Wisconsin Restaurant Association? Yes No

32. How many wait staff will be employed at the establishment? *NO SITTING ARRANGEMENT.*

33. What hours, if any, will food service not be available? *12 MIDNIGHT TO 6AM*

34. Describe how you plan to advertise/promote your business What products will you be advertising?
HOT DOGS, POPCORN, NACHO, COFFEE, TEA, FROM INSIDE window SIGNS, CAPPUCCINO

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 *24TH* day of *April*, 20*07*

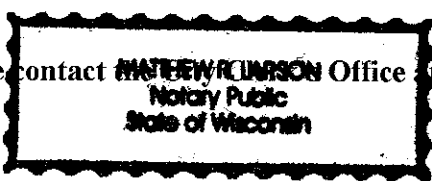
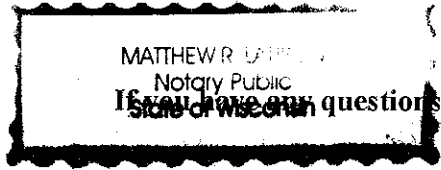
[Signature]
 (Clerk/Notary Public)

[Signature]
 (Officer of Corporation/Member/Manager of LLC/Partner/Individual)

[Signature]
 (Officer of Corporation/Member/Manager of LLC/Partner/Individual)

My commission expires *04/25/2010*

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



If you have any questions, please contact **MATTHEW LARSON Office** at (608) 266-4601.

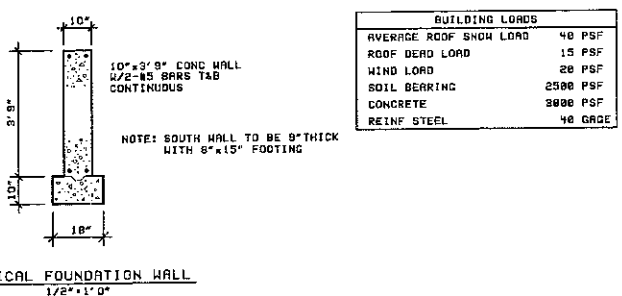
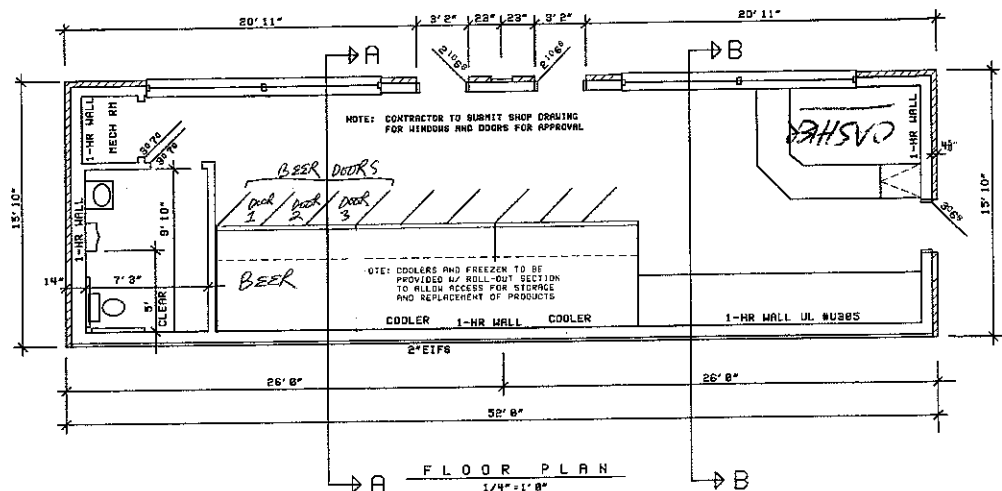
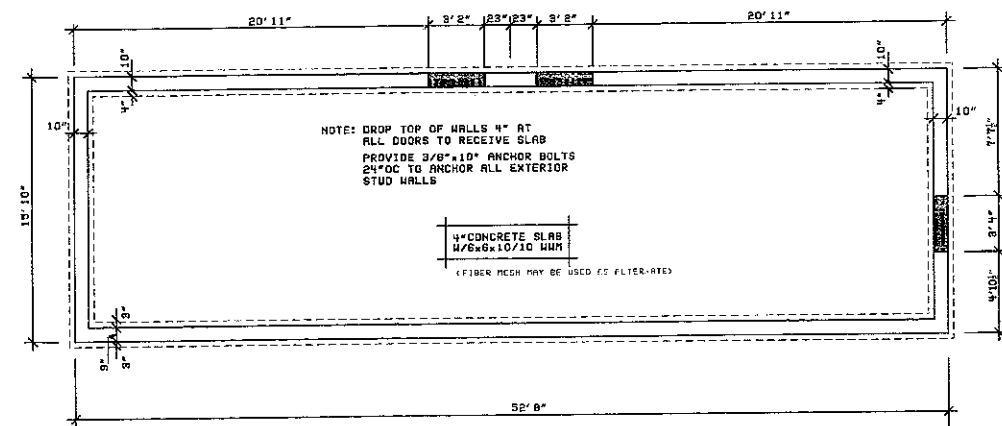
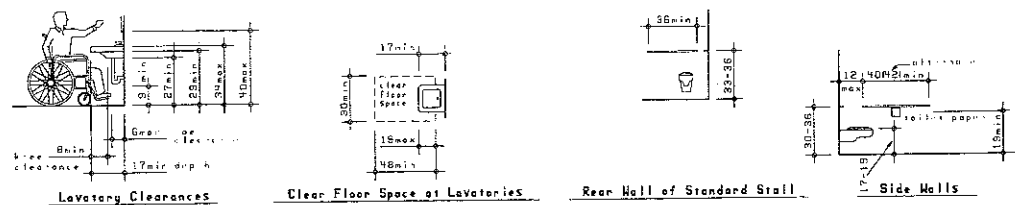
Attn: Peggy
Fax - 608.266.4666
City Hall
City of Madison.

Size - Three Cooler Doors with ^{approximately} 32" wide
& 72" height. Cash register is located
visibly from the front entrances towards
the cooler doors 1, 2, 3. Please
see attached Exhibit A for details.

SID KARR
MEMBER
GAS U SAVE
LLC
2801 UNIV AVE
MADISON, WI

GAS U SAVE LLC
 Address - 2801 UNIVERSITY AVE

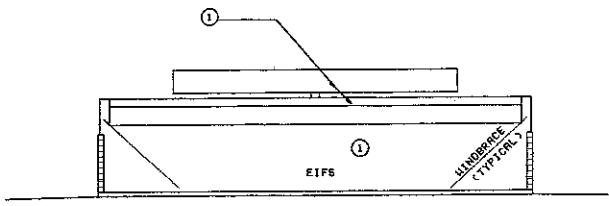
EXHIBIT - A



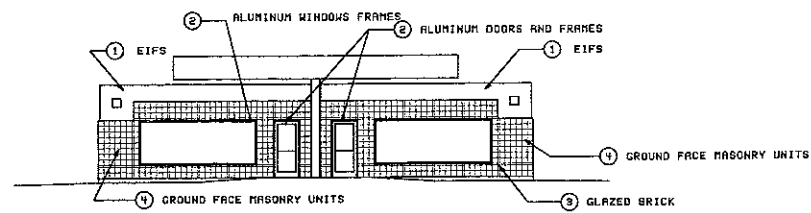
NOTE: ALL DOORS MUST HAVE FRAMES DESIGNED TO MARK WITH MASONRY DIMENSIONS (SEE SECTIONS)
 DOORS AND WINDOWS TO HAVE DOUBLE GLAZING

GAS U SAVE LLC
2801 UNIVERSITY AVE

EXHIBIT - B



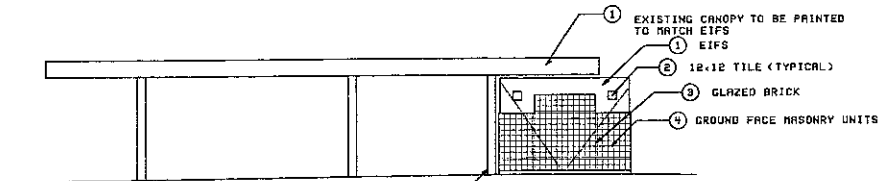
NORTH ELEVATION
1/8"=1'-0"



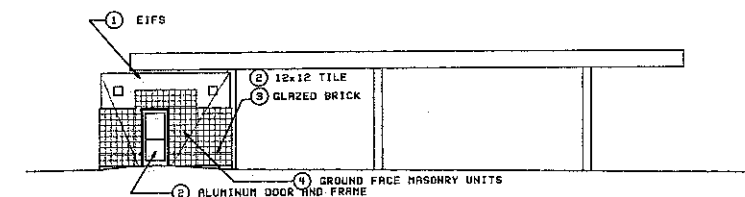
NORTH ELEVATION
1/8"=1'-0"

EXTERIOR COLORS	
①	SU6959 "BLUE CHIP" (BY SHERWIN WILLIAMS) (A BRIGHT BLUE)
②	SU6869 "STOP" (BY SHERWIN WILLIAMS) (A BRIGHT RED)
③	"BERNHARD BLUE" (BY CLAN GARY)
④	"ALMOND BARK" (BY TRENNYTH)

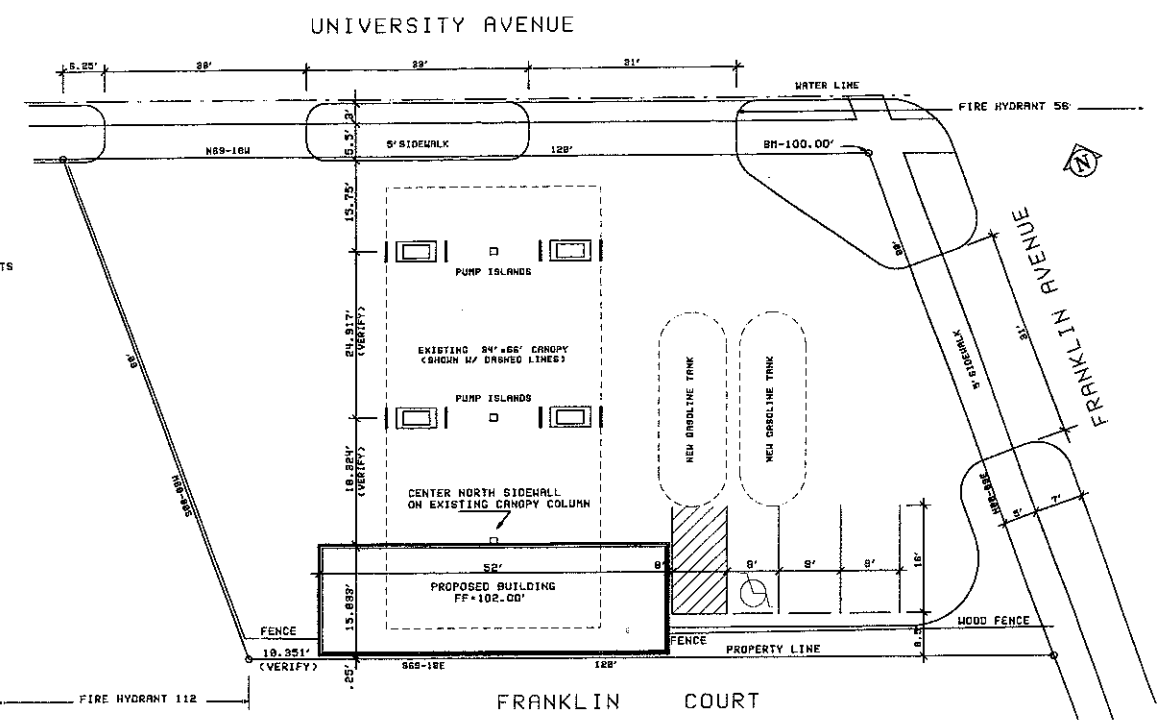
COLORS SHOWN ARE TYPICAL OF AREAS THAT ARE SIMILAR



WEST ELEVATION
1/8"=1'-0"



EAST ELEVATION
1/8"=1'-0"

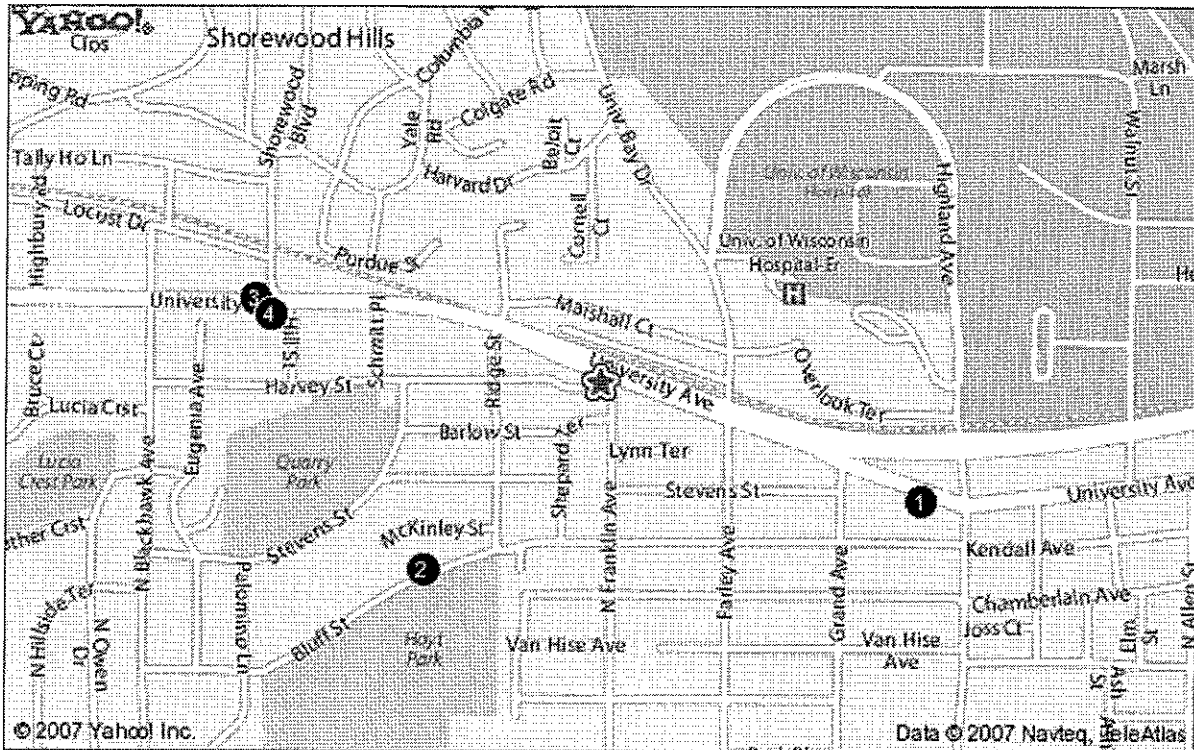


SITE PLAN
1"=10'

REVISED 11/21/2006
REVISED 11/15/2006
REVISED 11/09/2006

SITE PLAN AND ELEVATIONS		DR. BY	DATE	SCALE	JOB NO.	HAL-KEN ENGINEERING, INC.
GAS U FOOD UNIVERSITY		HJH	07/17/06	AS SHOWN		3943 NW ECHO COURT
2801 UNIVERSITY AVENUE				MADISON, WISCONSIN		PORTLAND, OREGON 97229

Yahoo! Maps - 2801 UNIVERSITY AVE, Madison, WI 53705, US



Your Points of Interest

- 1 Great Dane Brew **Pub** (608) 661-9400
357 Price Pl Madison, WI 53705
- 2 Blue Moon **Bar & Grill** (608) 233-0441 ★★★★★
2535 University Ave Madison, WI 53705
- 3 Jaycees Madison (608) 238-1600
3006 Bluff St Madison, WI 53705
- 4 Kiwanis Club of Madison West (608) 661-0272
3330 University Ave Ste 100 Madison, WI 53705
- 5 Madison Area Repeater Association (608) 245-8890
3330 University Ave Ste 100 Madison, WI 53705
- 6 Village **Bar** (608) 233-9956
3801 Mineral Point Rd Madison, WI 53705

When using any driving directions or map, it's a good idea to do a reality check and make sure the road still exists, watch out for construction, and follow all traffic safety precautions. This is only to be used as an aid in planning

