For the license period beginning	ORIGINAL ALCOHOL BEVERAGE	LICENSE APPLICATION	Applicant's Wisconsin Seller's Permit Number: 004-00	003194226-01	
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2 Name (individual/partners give last name first, middle, corporations/limited liability companies give registered name): GAS USAVE LLC An "Auxiliary Questionnaire," From AT-183, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each member of a partnership. The partnership and agent of a limited liability company. It is the name. this, and place of residence of each person President/Member MEMBER JEANNETTE REPYE 9809 SHADOW WOOD DR, VERONA, WI 53593 Vice President/Member MEMBER SID KABIR 9809 SHADOW WOOD DR, VERONA, WI 53593 Secretars/Member Treasurer/Member Pagent SiD KABIR 9809 SHADOW WOOD DR, VERONA, WI 53593 Directors/Managers Trade Name Pagent SiD KABIR 9809 SHADOW WOOD DR, VERONA, WI 53593 Directors/Managers Trade Name Pagent SiD KABIR 9809 SHADOW WOOD DR, VERONA, WI 53593 Directors/Managers Trade Name Pagent SiD KABIR 9809 SHADOW WOOD DR, VERONA, WI 53593 Trade Name Pagent Page			TOTAL FEE	\$	
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 office, director and agent of a corporation or rangroff or granization, and by each member of a limited liability company. Its the name, title, and place of residence of each person. **Raine** Person Micro & MEMBER JEANNETTE REEVE 9809 SHADOW WOOD DR, VERONA, WI 53593 **Vec President/Member** Treasurer/Member** Treadershamagers T	2 Name (individual/partners give last name first, middle;		stered name): 🔈		
SecretaryMember SID KABIR 9809 SHADOW WOOD DR, VERONA, WI 53593	An "Auxiliary Questionnaire," Form AT-103, must be partnership, and by each officer, director and agent liability company. List the name, title, and place of restricte.	of a corporation or nonprofit organization, ar sidence of each person Name Home	d by each member/manager a	nd agent of a limited Office & Zip Code	
Secretary/Member Treasuser/Member Agent b SID KABIR 9809 SHADOW WOOD DR, VERONA, WI 53593 Directors/Managers 3 Trade Name b GAS U SAVE LLC Business Phone Number 608.238.1334 Address of Premises b 2801 UNIVERSITY AVENUE Post Office & Tip 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 licensee period? 6 Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? 7 Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? 8 (a) Corporate/limited liability company a subsidiary of any other corporation or limited liability company as ubsidiary of any other corporation or limited liability company as ubsidiary of any other corporation or any officer, director, stockholder or agent or limited liability company or any member/manager or agent hold any interest in any other adortol beverage itense to permit in Misconsin? (NOTE: All applicants explain fully on reverse side of this form every YE's answer in sections 5, 6, 7 and 8 above). 10 Legal description: Describe building or buildings where abortol heverages 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 ATCHED 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? 12 Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [prione 1-800-937-884] 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? [prione (608) 266-2776] 14 September 15 Does (1009) 266-2776] 15 Does t	President/Member VIEWIBER JEANNE	TIEREEVE 9809 SHADOW	WOOD DR, VERON	IA, W1 55595 IA W/I 52502	
Treasurer/Member Agent SID KABIR 9809 SHADOW WOOD DR, VERONA, WI 53593 Directors/Managers 3 Trade Name GAS U SAVE LLC Business Phone Number 608.238.1334 Address of Premises 2801 UNIVERSITY AVENUE Post Office & Tip 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 licenses period? 6 Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? 7 Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? 8 (a) Corporatel/mitted liability company palpicants only; Insert state of date of registration (b) is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company or any member/manager or agent hold any interest in any other alcohol beverage licensee or permit in Wisconsin? (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 of 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 and records (Alcohol beverages may be sold and stored only on the premises described) SEE ATTCHED EXHIBIT - A 10 Legal description (and if steps and adverse alcohol beverages and records (Alcohol beverages and recor		KADIK 9009 SHADOW	WOOD DR, VERON	(A, WI 33393	
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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] 14 Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? 15 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 Company is any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for evocation of this license. SUBSCRIBED AND SWORN TO BEFORE ME This day of Corporation/Mem permanager of Limited Liability Company /Pactner/ AARON POLICER Notary Public of Corporation/Mem permanager of Limited Liability Company /Pactner/ State of Wisconsin (Additional Partner(s)/Members/manager of Limited Liability Company if Any) TO BE COMPLETED BY CLERK Date received and filled with municipal clerk / Jay / Jay - Jay		Occupational Tax return (TTR form 5630.5)			
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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	13 Does the applicant understand a Wisconsin Seller's Per	mit must be applied for and issued in the same i	name as that shown in		
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AARON POLLER (Clerk/Notary Public) My commission expires 5 - 9 - 3010 TO BE COMPLETED BY CLERK Date received and filed with municipal clerk / May 1000 Date license issued Date license granted Date license issued AARON POLLER (Officer of Corporation/Merit er/Manager of Limited Liability Company / Readner/Indiredual) Notary Public of Corporation/Merit er/Manager of Limited Liability Company / Readner/Indiredual) Notary Public of Corporation/Merit er/Manager of Limited Liability Company / Readner/Indiredual) Notary Public of Corporation/Merit er/Manager of Limited Liability Company / Readner/Indiredual) Notary Public of Corporation/Merit er/Manager of Limited Liability Company / Readner/Indiredual) State of Wisconsin (Additional Partner(s)/Memit er/Manager of Limited Liability Company / Readner/Indiredual) State of Wisconsin (Additional Partner(s)/Memit er/Manager of Limited Liability Company / Readner/Indiredual) Date received and filed with municipal clerk / Deputy Clerk Date license issued License number issued	of the signers. Signers agree to operate this business according to l. (Individual applicants and each member of a partnership applicant me	aw and that the rights and responsibilities conferred bust sign; corporate officer(s), members/managers of Li	y the license(s), if granted, will not l mited Liability Companies must sign	be assigned to another) Any lack of access to	
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Notary Public Notary Public State of Corporation/Men ser/Manager of Limited Liability Company /Pertner	this 24 day of April	(Officer of Corporation/Me	er/Manager of Limited Liability Comp	any (Padare/Individual)	
My commission expires 5 - 9 - 3010 State of Wisconsin (Additional Partner(s)/Memit sr/Manager of Limited Liability Company if Any) TO BE COMPLETED BY CLERK Date received and filed with municipal clerk A 4407 Date license granted Date license issued License number issued State of Wisconsin (Additional Partner(s)/Memit sr/Manager of Limited Liability Company if Any) Date license issued Signature of Clerk / Deputy Clerk Date license issued	AARON POLLER PAR TIE Reeve				
(Additional Partner(s)/Memit ar/Manager of Limited Liability Company if Any) TO BE COMPLETED BY CLERK Date received and filed with municipal clerk / Jay/or Date license issued Date provisional license issued License number issued (Additional Partner(s)/Memit ar/Manager of Limited Liability Company if Any) Date provisional license issued Signature of Clerk / Deputy Clerk Date license issued	(Clerk/Notary Public) Notary Pedial of Corporation/Men er/Manager of Limited Liability Company-Feather)				
TO BE COMPLETED BY CLERK Date received and filed with municipal clerk / Jay / Date license issued Date license granted Date license issued Date license issued License number issued	17 3010				
Date received and filed with municipal clerk / 1/4/07 Date license granted Date provisional license issued Signature of Clerk / Deputy Clerk License number issued	TO BE COMPLETED BY CLEDK				
	Date received and filed with municipal clerk 34/84/02 Date reported to council/board		ature of Clerk / Deputy Clerk		
			Wisconsin	Department of Revenue	

Legister # 06643

1991-266-4601

City of Madison Liquor and/or Beer Original Supplemental Form

	Office Use Only			
	Seller's Permit Number Federal Employer Identification Number Notarized Original Application Form (AT-106) Notarized Supplemental Form Description of Licensed Premise Notarized Auxiliary Questionnaire(s) (AT-103) Background Investigation Form(s) Floor Plans Lease © WV Notarized Transfer of Ownership Letter Notarized Appointment of Agent (AT-104) **Schedule of Appointment of Agent (AT-104) **Notarized Agent Appointment/Acceptance Form **Articles of Incorporation/ Organization Sample Menu, if possible Business Plan, if one exists **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 eighborhood 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 TULE STROICK - NOT THE ASSOCIATION ASSOCIATION 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 Police Department District Captain TAY LENGSED can be reached at 288 6150			
	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 LCC			
4	Telephone Number: 608 238 1334			
5.	Address of Licensed Premise 2801 UNIVERSITY AVENUE, MADISON			
6 .	Anticipated opening date: $4/16/200$			
	Mailing address if not opening immediately A3 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-STCRE
	\sqcup Other Please explain $SAS + C-STCRE$
9	Business Description including hours of operation and if entertainment is part of your venue, what type:
	HOURS-BAM TO 12 AM (MIDNIGHT)
	HOURS-GAM TO 12 AM (MIDNIGHT) GAS STATION & CONVINENCE STORE
10.	Detailed <u>written</u> 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 CHK PARKING +
	Describe existing parking and how parking lot is to be monitored CAR PARKING & 2 PARKINGUT LIGHTS TO BE MENITERED THROUGH
13	Describe your management experience, staffing levels, duties and employee training
	GAS U SAUE - MANAGEMENT SINCE 09/2005
1.4	
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.
	Name
	· ·
	Address City State Zip
15	Excluding pre-packaged spacks, how late will food be served? [A AM [MIDNIGHT]]
1.7	SELF SELVE 11
16.	What type of food will you be serving, if any? TOT DOGS, PORCORN, NACHO, Early
	Excluding pre-packaged snacks, how late will food be served? [2] AM (MIDNIGHT) SELF SERVE HOT DOGS, PORORN, NACHO, Tear Copputit Indicate any other product/service offered: C-Stre Items
17	Indicate any other product/service offered: C-> Tove / tem>
10	Describe your target market All Public
.0/11/0	6-OriginalSupplementalForm2006 doc

19	What is your estimated capacity?	\$ NO	STING FTS	A GAS STATION	
	Are you operating under a lease o				
21	Owner of building where establish Address of Owner: 280/	ment is located:	AZZ GENERA 177 AVE PH	1 Contractor CC one Number <u>682381</u> 3	
22.	Individual or Partnership: Have in Course? Yes UNO If Yes, License cannot be issued until pr	indicate names:	SID (SAJEED)) KABIR_	
23	Corporation/LLC: Will liquor/beer	agent be a Wisc	onsin resident at the time o	f granting? ∠Yes ⊔ No	
24	Corporation/LLC: Agent must disc	close interest held	l in business: 50 %		
	 25 Corporation/LLC: Has agent completed the Beverage Server Training Course? Yes UNO License cannot be issued until proof of Beverage Server Training completion is shown. 26 Corporation/LLC: List Directors, Stockholders, and Managers below 				
	5 o.p				
_	Director(s) Name	"."	Hor	ne Address	
Ī	Director(s) Name	RESUEL		ne Address	
	Director(s) Name SEANNETTE C ON KABIR ()	RESUEL MEMOEL)			
		RESVEL MEMOEL)			
		RESUEL MEMOEL)			
\ <-	JEANNETTE C SID KABIR (RESUEL MEMOER)	9809 SHA 9809 SHA	DOW WOOD DR	
	Stockholder's Name		9809 SHA 9809 SHA	DOW WOOD DR. DOW WOOD DR. Extent of Ownership%	
	JEANNETTE C SID KABIR (RESUEL MEMOEL) Address	44,9809 SHA 9809 SHA Address	DOW WOOD DR	
	Stockholder's Name		44,9809 SHA 9809 SHA Address	DOW WOOD DR. DOW WOOD DR. Extent of Ownership%	

_	izations (clubs): Do your membership policies contain any requirement of "Invidious" (likely se) discrimination in regard to race, creed, color, or national origin?
beverages sha	Chapter 23 of the Madison General Ordinances, all restaurants and taverns serving alcohol all substantiate their gross receipts for food and alcohol beverage sales broken down by For new establishments, the percentage will be an estimate.
Calendar/fisca	ıl year: ☐ January 1 – December 31 ☐ July 1 – June 30 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
	Percent Gross Receipts from Alcohol Beverages Percent Gross Receipts from Food Percent Gross Receipts from Other GA SOLINE 90 % Percent Gross Receipts from Other GA SOLINE 90 %
	Percent Gross Receipts from Food 5 % estimate active active The state of the s
	Percent Gross Receipts from Other GA SOLINE 90 %
	Total Gross Receipts 100 %
You may be 1	written records to document the percentages shown? \(\subseteq\text{Yes}\) \(\geq\text{No}\) required to submit documentation verifying the percentages you've indicated.
29 What type of	establishment are you? (Check all that apply) \sqcup Tavern \sqcup Restaurant \sqcup Nightclub
	Please explain: GAS STATION + C- STORE
	ablishment have a kitchen manager? ☐ Yes ∠No
31. Will your est	ablishment be a member of the Wisconsin Restaurant Association? UYes ANO vait staff will be employed at the establishment? NO SITTING ARIANGETENT. if any, will food service not be available? 12 MID NIGHT TO 6AM
32 How many w	rait staff will be employed at the establishment? VO SIIII O GAM
34 Describe how	you plan to advertise/promote your business What products will you be advertising? HOT DOGS, BROORN, NACHO, CAFEE, TEA, DOIN O FROM FINSIDE window Signs.
has been truthfully according to law a assigned to anothe members/manager premise during ins	efore signing: Under penalty provided by law, the applicant states that the above information by completed to the best of the knowledge of the signers. Signers agree to operate this business and that the rights and responsibilities conferred by the license(s), if granted will not be certainly in the companies and each member of a partnership must sign; corporate officer(s), are of Limited Liability Companies must sign. Any lack of access to any portion of a licensed spection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and action of this license.
this 247H da	y of Apaic , 2007 (Officer of Corporation/Member/Manager of LLC/Rattner/Individual) (Officer of Corporation/Member/Manager of LLC/Rattner/Individual)
My commission exp	pires 6+ 25/2010
MATTH	(Officer of Corporation/Member/Manager of LLC/Partner/Individual) EWR DEFENDENCE OF THE PROPERTY PUBLIC IN THE PROPERTY PUBLIC IN THE PUBLIC

After 1eggy

Fax-608.266.4666

City Hard Son, approximately

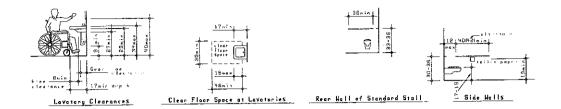
Gre-Three Cooles Doors with 32"-wide

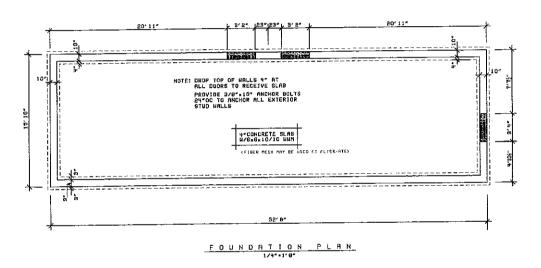
gre-Three

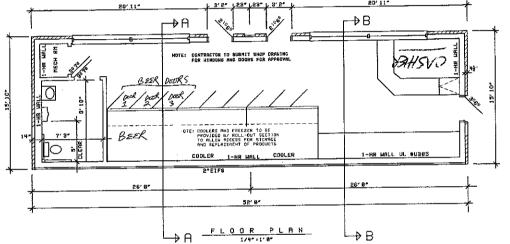
GAS USAVE GAS USAVE 2801 UNIV AVE MADISON, WT

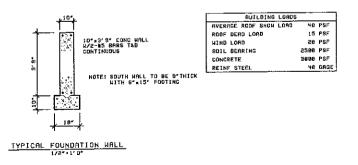
GAS U SAVE LCC Address- 2801 UNIVERSITY AVE

EXHIBIT - A





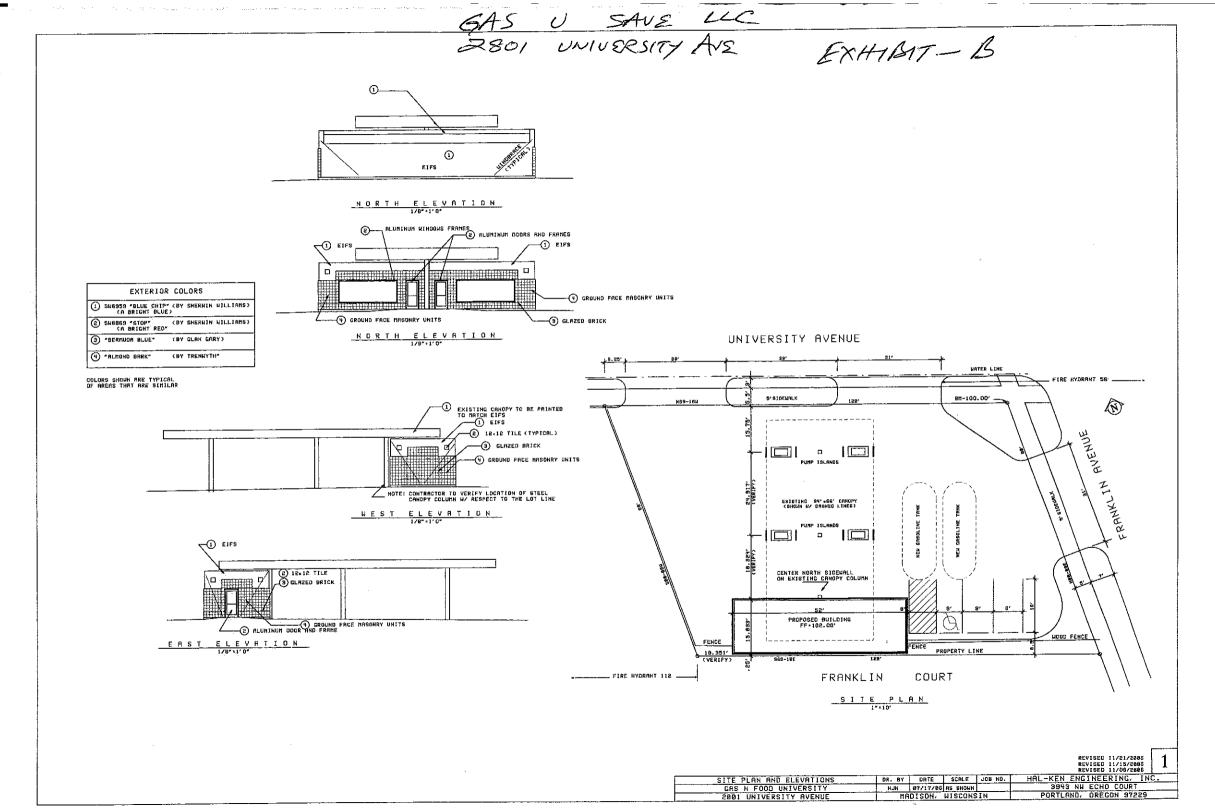




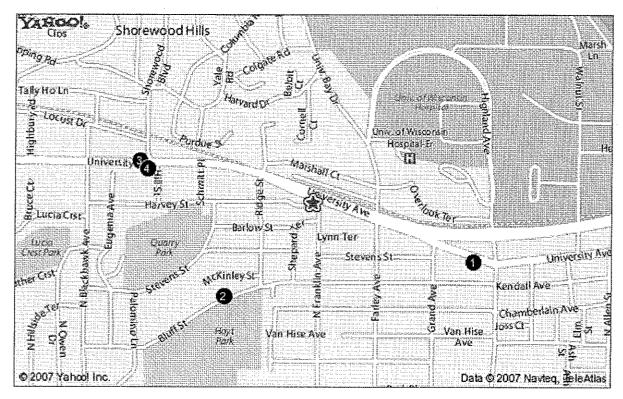
NOTE: ALL DOORS HUST HAVE FRAMES
DESIGNED TO WORK WITH
HASONRY DIMENSIONS
(SEE SECTIONS) DOORS AND WINDOWS TO HAVE DOUBLE GLAZING

11/21/2806	2
 DILLO TIL	_

BUILDING PLANS	DR. BY DATE SCALE JOB NO.	HAL-KEN ENGINEERING, INC.
GAS N FOOD UNIVERSITY	NJH . 84/18/88 AS SHOWN	3943 NW ECHO COURT
2801 UNIVERSITY AVENUE	MADISON, WISCONSIN	PORTLAND, DREGON 97229
COOT ONLY TOWN		



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



Your Points of Interest

- 1 Great Dane Brew **Pub** (608) 661-9400 357 Price Pl Madison, Wl 53705
- 2 Blue Moon **Bar** & Grill (608) 233-0441 *** *** *** 2535 University Ave Madison, WI 53705
- 3 Jaycees Madison (608) 238-16003006 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) 245-88903330 University Ave Ste 100 Madison, WI 53705
- 6 Village Bar (608) 233-99563801 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

