

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 } Madison
 Village of }
 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): 961 Nolan Inc.

Applicant's Wisconsin Seller's Permit Number:	
Federal Employer Identification Number (FEIN):	
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	\$
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 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	<u>Matt Weygandt</u>	<u>1707 Madison St</u>	<u>Madison WI 53711</u>
Vice President/Member	<u>Finn Berge</u>	<u>6824 Erdman Blvd</u>	<u>Middleton WI 53562</u>
Secretary/Member			
Treasurer/Member			
Agent ▶	<u>Matt Weygandt</u>	<u>1707 Madison St</u>	<u>Madison WI 53711</u>
Directors/Managers			

3. Trade Name ▶ Barriaves Business Phone Number 608-284-9463
4. Address of Premises ▶ 961 Park St Post Office & Zip Code ▶ Madison WI 53715

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 _____ of registration. Yes No
(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.) 2000 sqft Cafe + 700 sqft storage + 600 sqft out door
10. Legal description (omit if street address is given above): scenic area
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

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 a 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 _____ day of November, 20 10
(Clerk/Notary Public)
My commission expires 6/29/2014

Matt Weygandt
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>11/15/2010</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>91833</u>	

7. All 5 Barrigues locations are owned by Matt Weygandt
+ Finn Berge

8b. Barrigues Holding Company LLC

c. 5 Barrigues locations + Restaurant Magnus

15. Utilizing your market research, who would you project your target market to be?

Surrounding neighborhood, in/out bound commuters, nearby office workers

16. What age range would you hope to attract to your establishment? We are generally supported by a wide age range ~ 18-60 being the core group

17. Describe how you plan to advertise/promote your business. What products will you be advertising?

Word of mouth, Social Media, Internal Promotions

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

19. Owner of building where establishment is located: David Vogel

Address of Owner: 1021 S. Park St, Madison WI 53715 Phone Number 608-251-5255

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

Name Address

Name Address

Name Address

22. List the Stockholders of your Corporation/LLC

Matt Weygant 1707 Madison St Madison WI 53711 50%
Name Address % of Ownership

Finn Berge 6824 Erdman Blvd Middleton WI 53562 50%
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. Minimal amt of off-premise wine sales

24. What type of food will you be serving, if any? Sandwiches, bakery, salads, soup
 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? From open till 1/2 hr before close ~ 9pm

27. What hours, if any, will food service not be available? Last 1/2 hr before close
28. Indicate any other product/service offered. Merchandise (apparel, mugs, wine accessories)
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? 15 PT + 1 PTMGR
During what hours do you anticipate they will be on duty? All open hours
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 NA
35. Will there be a separate and specific area for eating only? Yes No NA
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?
90+%
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? We don't do paid advertising.
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? 150

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	210 %
Gross Receipts from Food and Non-Alcoholic Beverages	88 %
Gross Receipts from Other	2 %
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.


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:

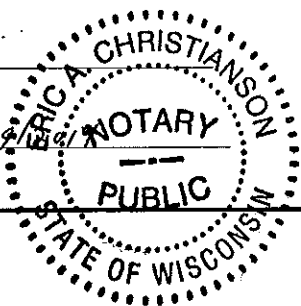
this 15th day of November, 2010



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


(Clerk/Notary Public)

My commission expires 6/29/11



Appointment of New Liquor/Beer Agent

To be completed by Corporate Officer or Member of LLC

I, Matt Waygant, officer/member for 961 Nolan Inc.
(Corporation/LLC), doing business as Barrigues, authorize and appoint
Matt Waygant (Name) as the liquor/beer agent for the premise
located at 961 Park St.

Subscribed and sworn to before me this

15th Day of November, 2010

Matt Waygant
Signature of Officer/Member

Eric A. Christianson
Notary Public, Dane County, Wisconsin

My Commission Expires 6/21/2014



To be completed by appointed Liquor/Beer Agent

I, Matt Waygant, appointed liquor/beer agent for
961 Nolan Inc. (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 50 %.

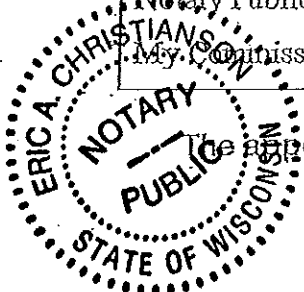
Subscribed and sworn to before me this

15th Day of November, 2010

Matt Waygant
Signature of Agent

Eric A. Christianson
Notary Public, Dane County, Wisconsin

My Commission Expires 6/29/2014



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

This document is not yet filed.

Sec. 180.0202
Wis. Stats.



State of Wisconsin
Department of Financial Institutions

ARTICLES OF INCORPORATION - STOCK FOR-PROFIT CORPORATION

Executed by the undersigned for the purpose of forming a Wisconsin Stock For-Profit Corporation under Chapter 180 of the Wisconsin Statutes:

- Article 1. **Name of the corporation:**
961Nolan Inc.
- Article 2. **The corporation is organized under Ch. 180 of the Wisconsin Statutes.**
- Article 3. **Name of the initial registered agent:**
BARRIQUES HOLDING COMPANY, LLC
- Article 4. **Street address of the initial registered office:**
1831 Monroe St.
Madison, WI 53711
United States of America
- Article 5. **Number of shares of stock the corporation shall be authorized to issue:**
Number of Shares Authorized: 1,000
Class: Common
Series: A
- Article 6. **Name and complete address of each incorporator:**
Matt Weygandt
1831 Monroe St.
Madison, WI 53711
United States of America

Other provisions (optional). (No other provisions declared.)

Other Information.

This document was drafted by:

Matt Weygandt

Incorporator signature:

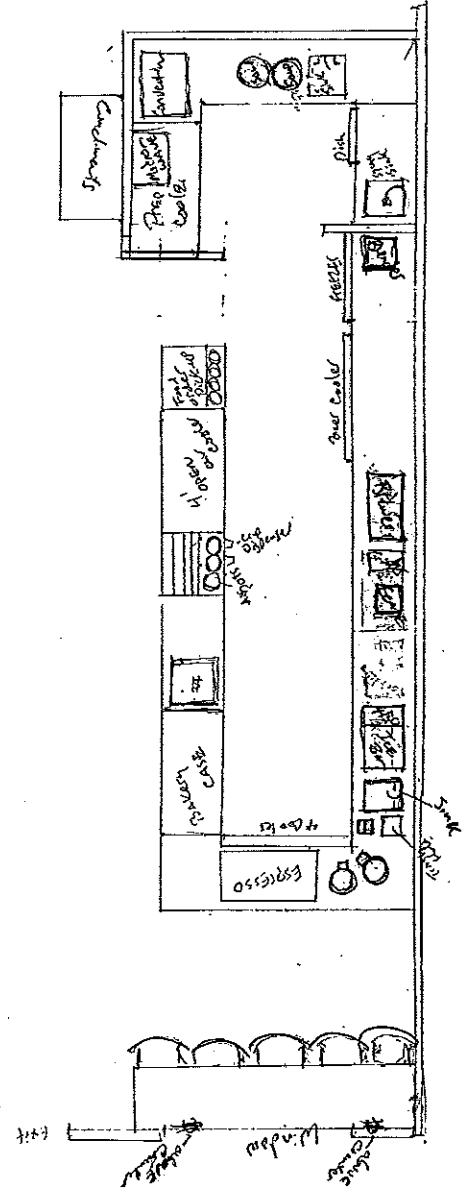
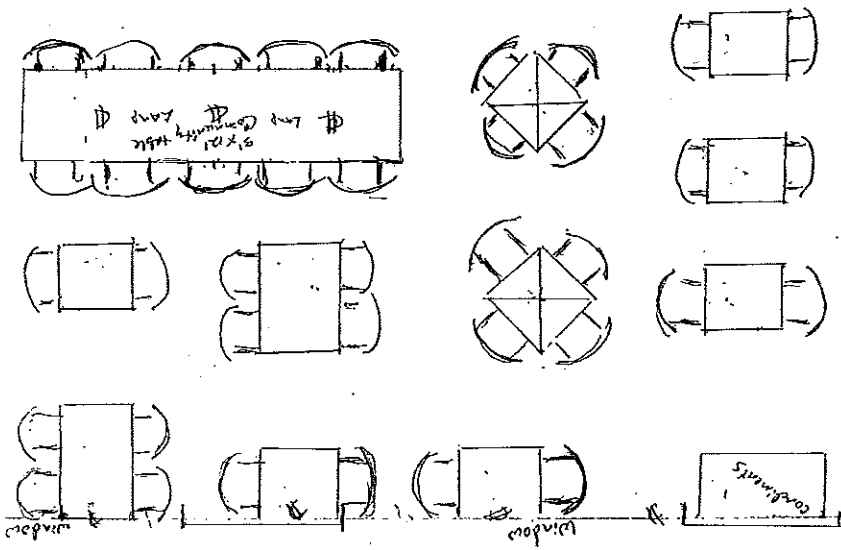
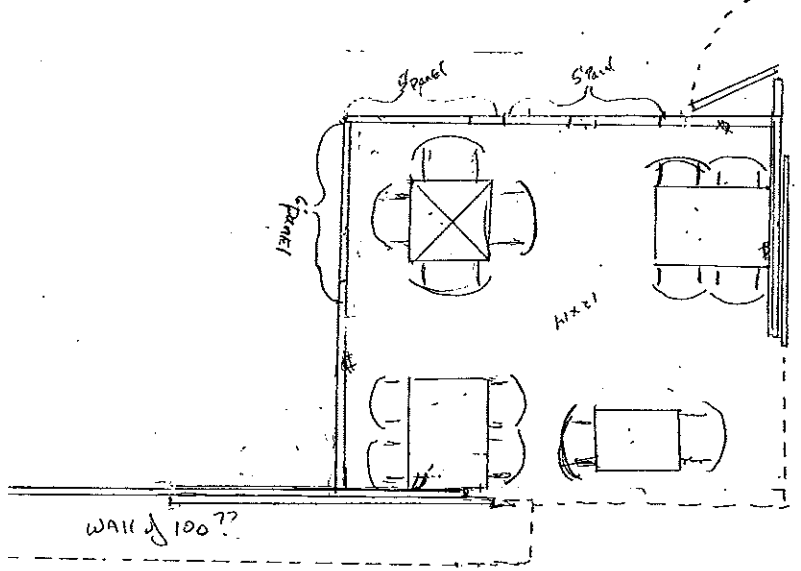
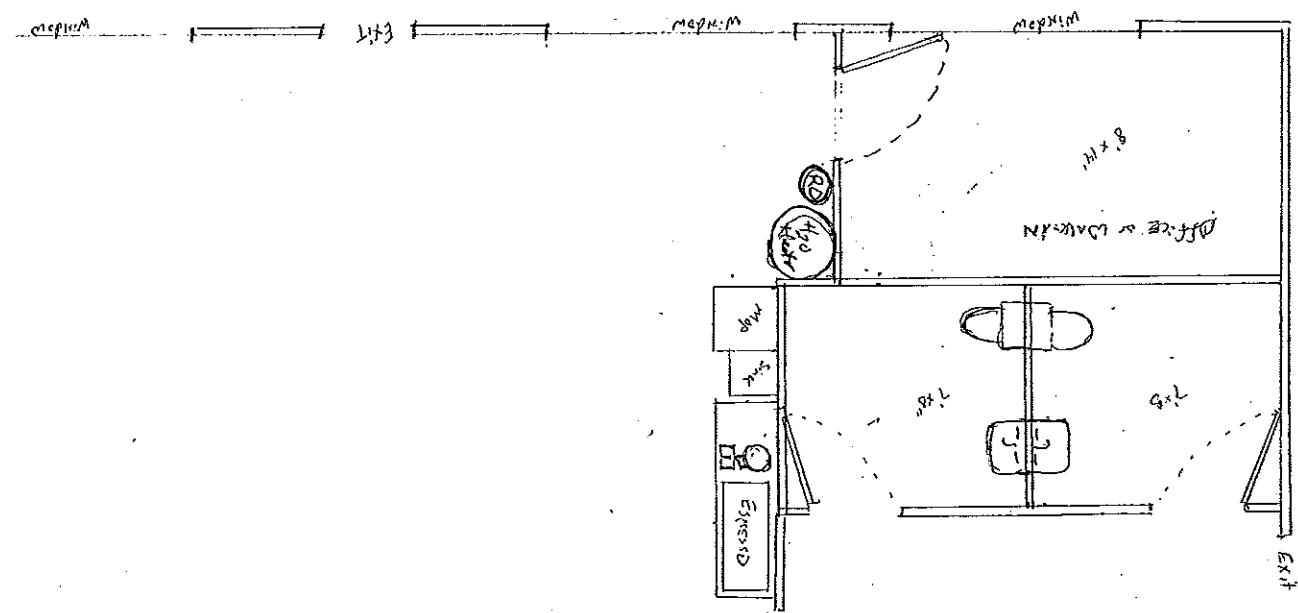
Matt Weygandt

Date & Time of Receipt:

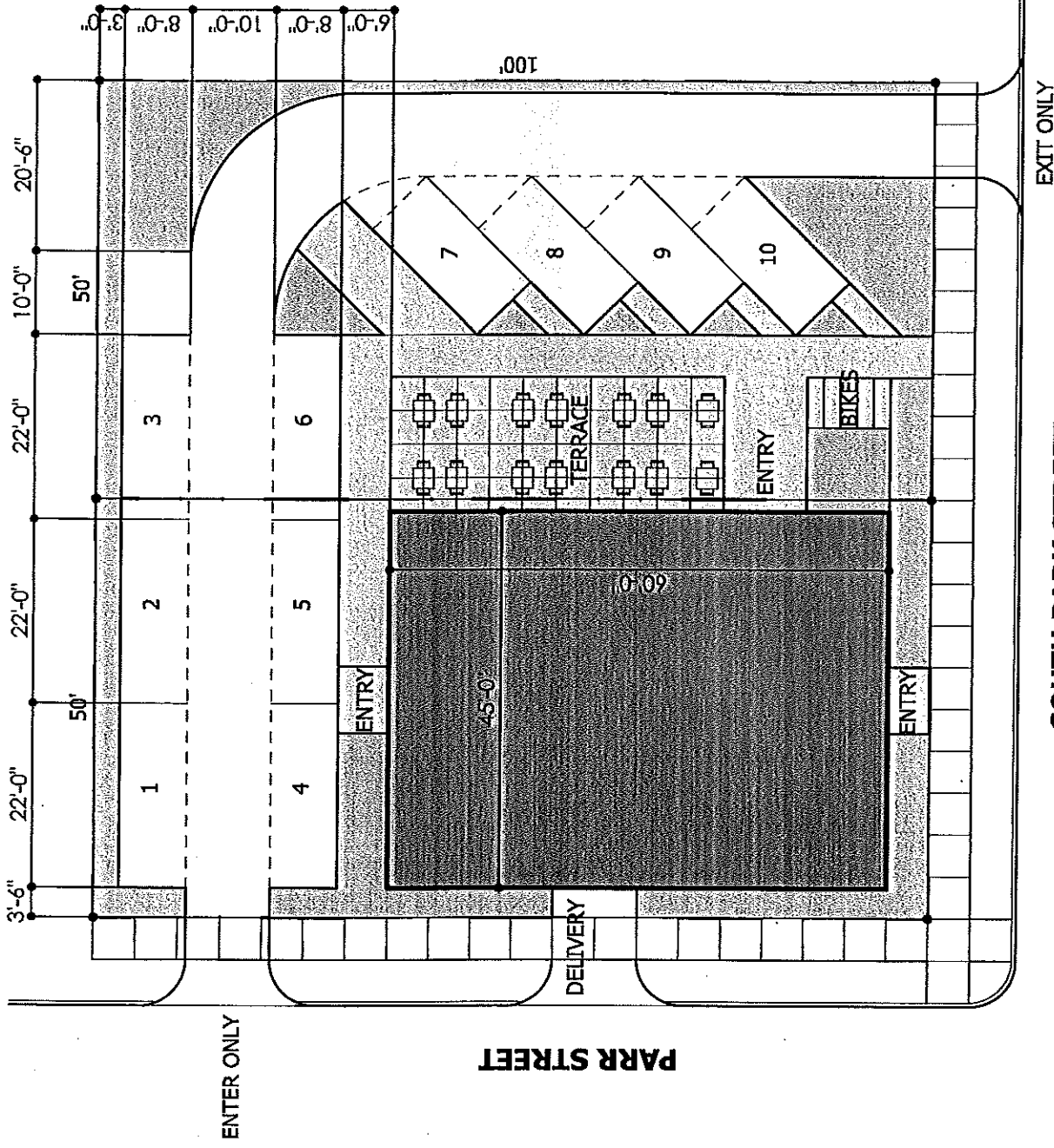
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Credit Card Transaction Number:

201011082402024



Seating in main room 30' x 26' (530 sq ft)
 77 seats

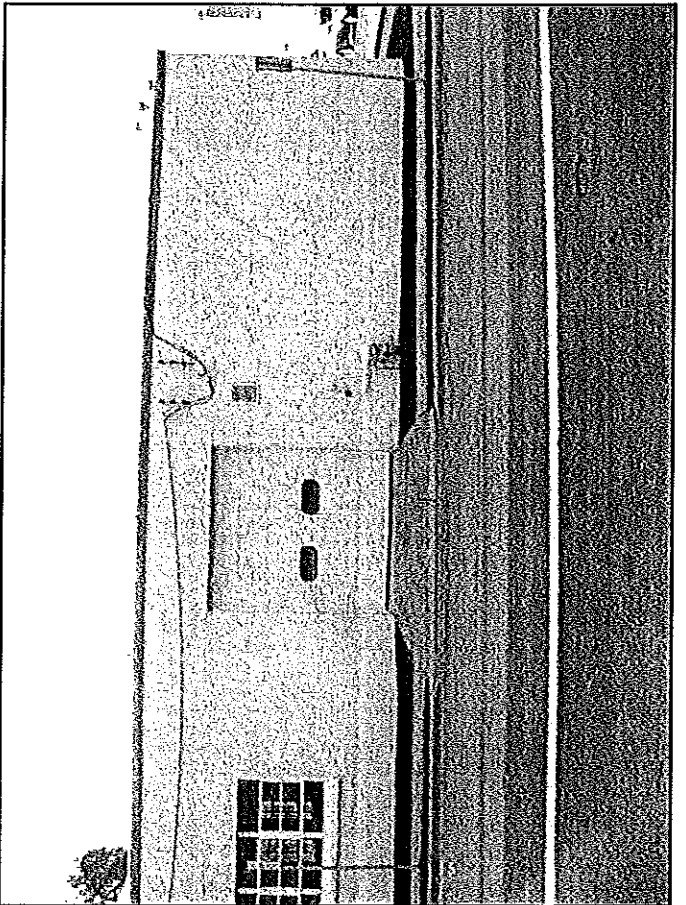
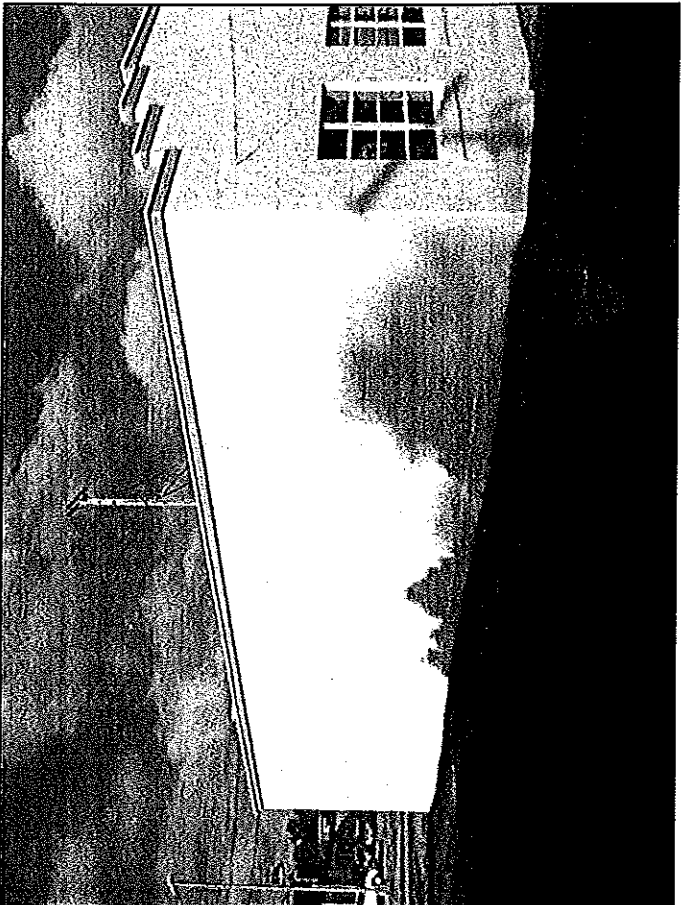
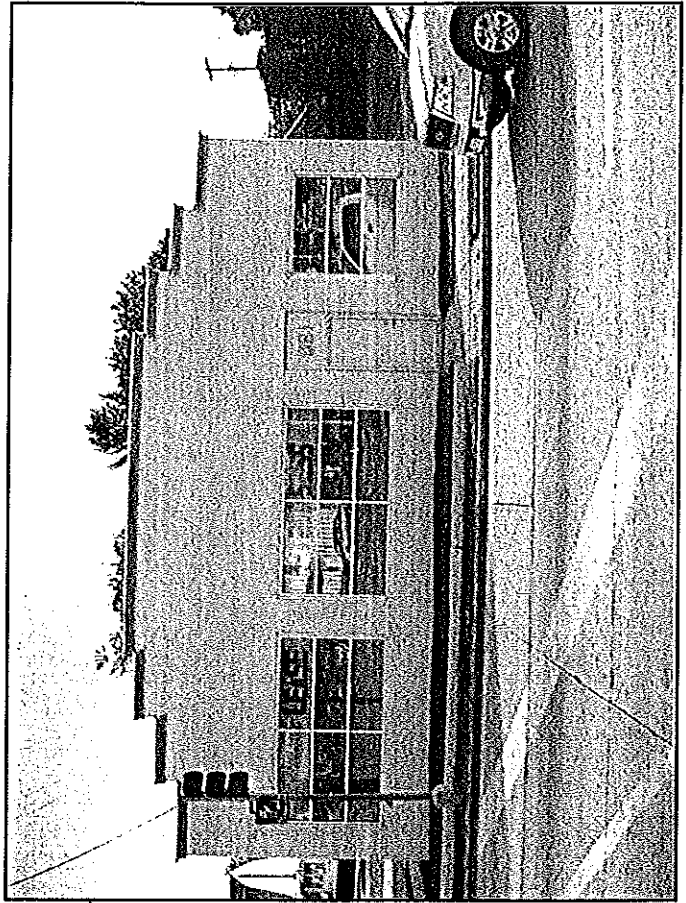
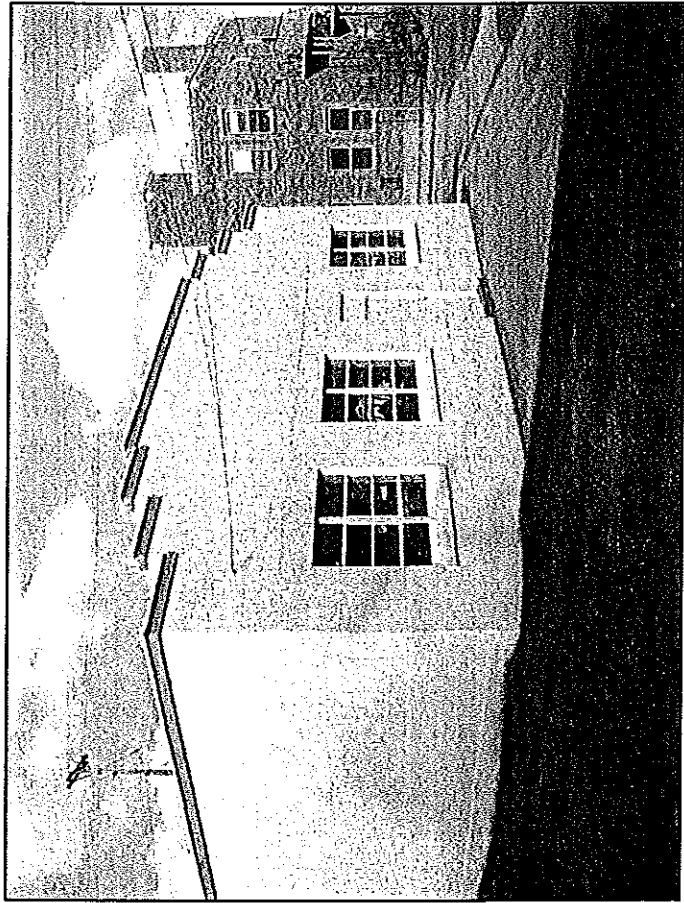


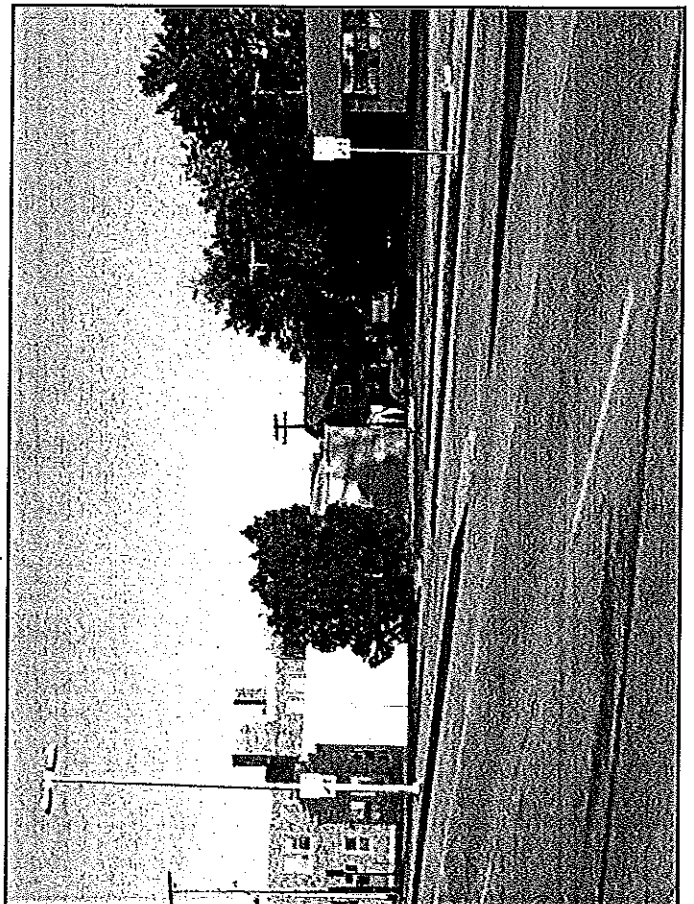
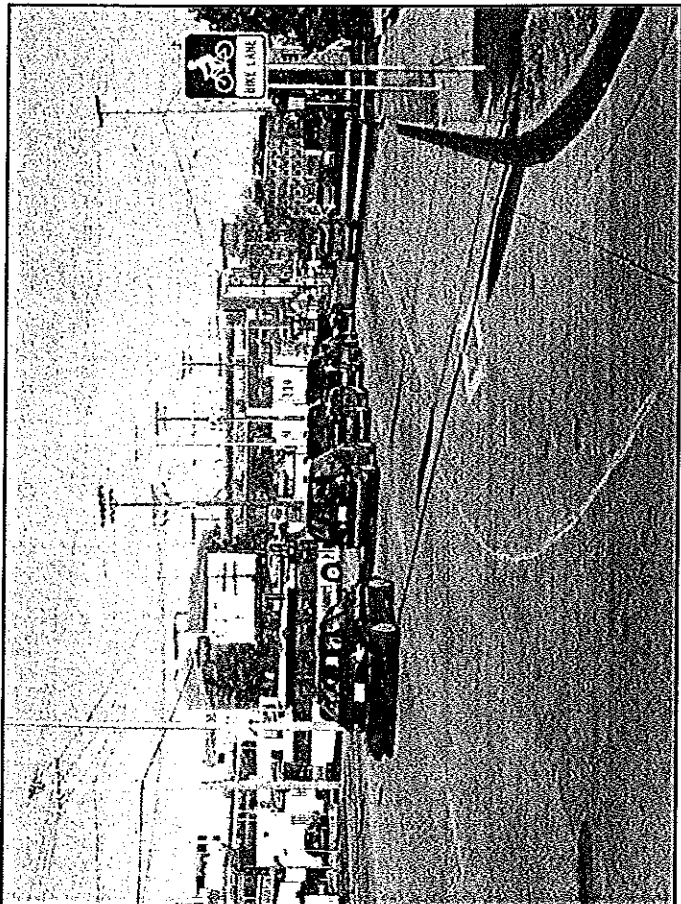
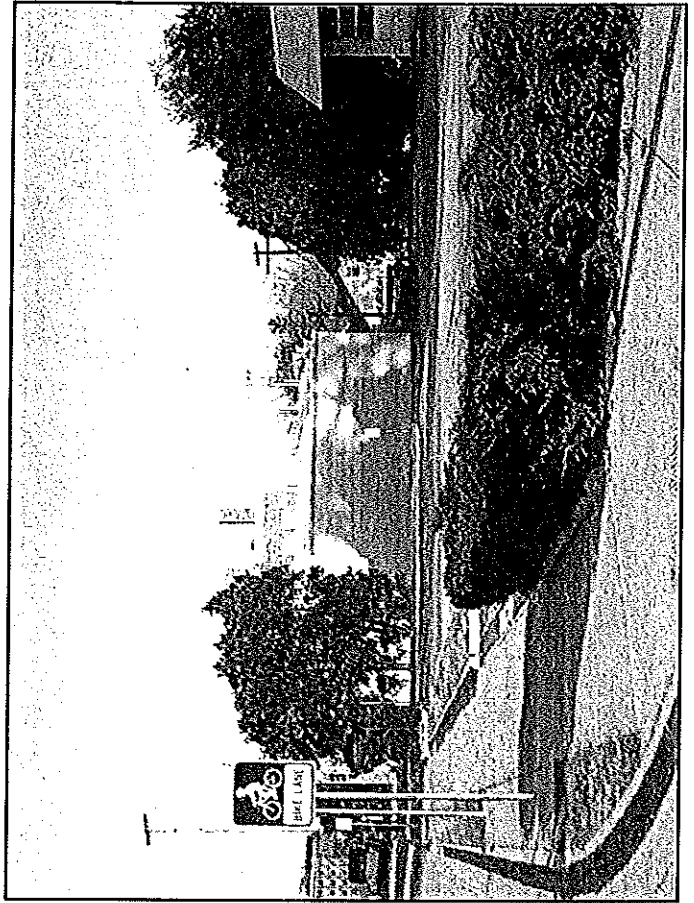
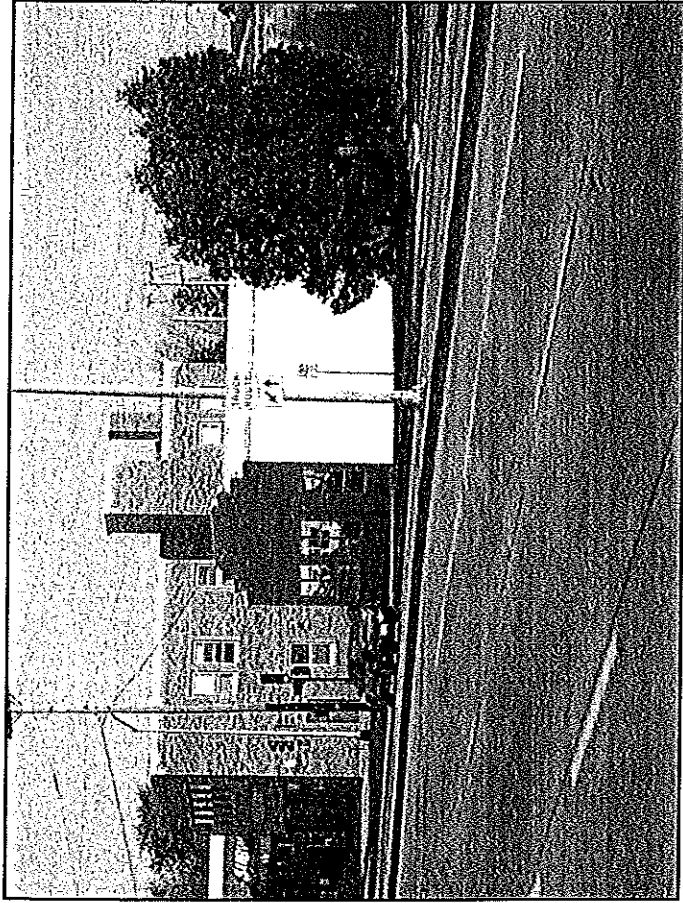
NOTES

1. PROPERTY IS ZONED C2.
2. PROPERTY DIMENSIONS ARE APPROXIMATE CITY OF MADISON RECORDS.
3. BUILDING LOCATION AND SIZE IS APPROXIMATE. SITE GRADING TO BE DEVELOPED.
4. SITE GRADING TO BE DEVELOPED.
5. SITE LANDSCAPING TO BE DEVELOPED.
6. DESIGN IS CONCEPTUAL. FULL DIMENSION RESEARCH AND CITY REVIEWS REQUIRED.

1 SITE STUDY

SCALE: 1"=20'-0"





[Print](#)

Google maps

Address 961 S Park St
Madison, WI 53715

Notes 20591- 961Nolan Inc.
dba Barriques

