

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk

For the license period beginning May 16 20 08 ;
ending June 30 20 08

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

County of Dane Aldermanic Dist. No. 3 (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): Lula 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	<u>President Mary E REED</u>	<u>2987 Jahnlke Rd Cottage Grove</u>	<u>53527</u>
Vice President/Member	<u>V. President Keith Blew</u>	<u>6303 WestGate Rd</u>	<u>Madison WI 53716</u>
Secretary/Member			
Treasurer/Member			
Agent	<u>MARY REED</u>	<u>2987 Jahnlke Rd Cottage Grove WI</u>	<u>53716</u>
Directors/Managers	<u>MARY REED</u>	<u>2987 Jahnlke Rd Cottage Grove WI</u>	<u>53716</u>

3. Trade Name TALUA Business Phone Number ?
4. Address of Premises 802 ATLAS AVE Madison Post Office & Zip Code 802 ATLAS AVE 53714

- 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 3-24-08 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) 1st Floor 5600 sq ft Bar area 48 seats Dining 130 seats Kitchen Bullrooms Peter Bogomilski Barquet area
- 10 Legal description (omit if street address is given above): 85 seats full bar no seats Kitchen walk in cooler storage office
- 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? MEXICOLI ROSE side 60 seats
- 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 28 day of March, 20 08

[Signature]
(Clerk/Mary Public)

My commission expires 7/24/11

[Signature]
(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>3-28-08</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued <u>80073</u>	

Police Sector 611
Alden Dist 3

09859

City of Madison Supplemental Class B License Application

<input type="checkbox"/> Seller's Permit Number	<input checked="" type="checkbox"/> Description of Licensed Premise	<input checked="" type="checkbox"/> Floor Plans
<input type="checkbox"/> Federal Employer Identification Number	<input checked="" type="checkbox"/> *Notarized Appointment of Agent	<input checked="" type="checkbox"/> Lease
<input checked="" type="checkbox"/> Notarized Original Application Form	<input checked="" type="checkbox"/> Background Investigation Form(s)	<input checked="" type="checkbox"/> Sample Menu
<input type="checkbox"/> Notarized Supplemental Form	<input type="checkbox"/> Notarized Transfer of Ownership	<input checked="" type="checkbox"/> Business Plan
	<input type="checkbox"/> *Articles of Incorporation	* Corporation/LLC only

- Name of Applicant/Partner/Corporation/LLC: Lula LLC
- Address of Licensed Premise: 802 ATLAS AVE Madison WI 53714
- Telephone Number: 608-279-4434
- Anticipated opening date: middle/End May 2008
- Mailing address if not opening immediately: 2987 Jahnke Rd Cottage Grove WI 53527
- 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
- Are there any special conditions desired by the neighborhood? Yes No

Explain. _____

- Business Description, including hours of operation: Restaurant - Bar - Banquet Lunch Monday - Friday
11am - 2pm Dine in 7 Days a week 5-10pm Bar open 4 to close Banquet
open when rented
- Do you plan to have live entertainment? No Yes—What kind? Local musicians

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.**

1st Floor Full service Bar area 48 seats 850 square feet Kitchen Bathrooms Foyer seating for 130 people 5600
Basement Banquet area 85 seats Full Bar area no seats Kitchen area walk in Cooler Storage office Bathrooms 5600
patio 900 square feet 60 seats

Square feet Total 5600 square feet

- 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.
- Describe existing parking and how parking lot is to be monitored. Large parking lot in front
of restaurant on Cottage Grove Road, it is very well lit and will be
monitored by staff and management
- Describe your management experience, staffing levels, duties and employee training.

19 years bartending, training, ordering, customer service

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.

Mary Z Reed 2987 Jahnke Rd Cottage Grove
Name Address WI 53527

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

Families in the area and local businesses

16. What age range would you hope to attract to your establishment? 30-70

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

Word of mouth, yellow pages and newspaper

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

19. Owner of building where establishment is located: MLC INVESTMENTS INC

Address of Owner: 3920 Meadow Drive Middleton WI 53562 Phone Number (608) 836-6467

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

Mary Reed 2987 Sahnke Road Cottage Grove WI 53527

Name

Address

Name

Address

Name

Address

22. List the Stockholders of your Corporation/LLC

Mary Reed 2987 Sahnke Road Cottage Grove WI 53527

Name

Address

100

% 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? American 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? 11am-2pm Lunch
5-10pm Dinner

27. What hours, if any, will food service not be available? MORNINGS Before 11am and
Between Lunch and Dinner
28. Indicate any other product/service offered. Banquet in Basement seating for 80
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? 20-25
During what hours do you anticipate they will be on duty? 11am-2pm 5pm-10pm
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? 48
How many bartenders do you anticipate you would have working at one time on a busy night? 4
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? 130
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?
15%
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? 1%
What percentage of your advertising budget do you anticipate will be drink related? 1%
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? 290

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	30 %
Gross Receipts from Food and Non-Alcoholic Beverages	70 %
Gross Receipts from Other	%
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:

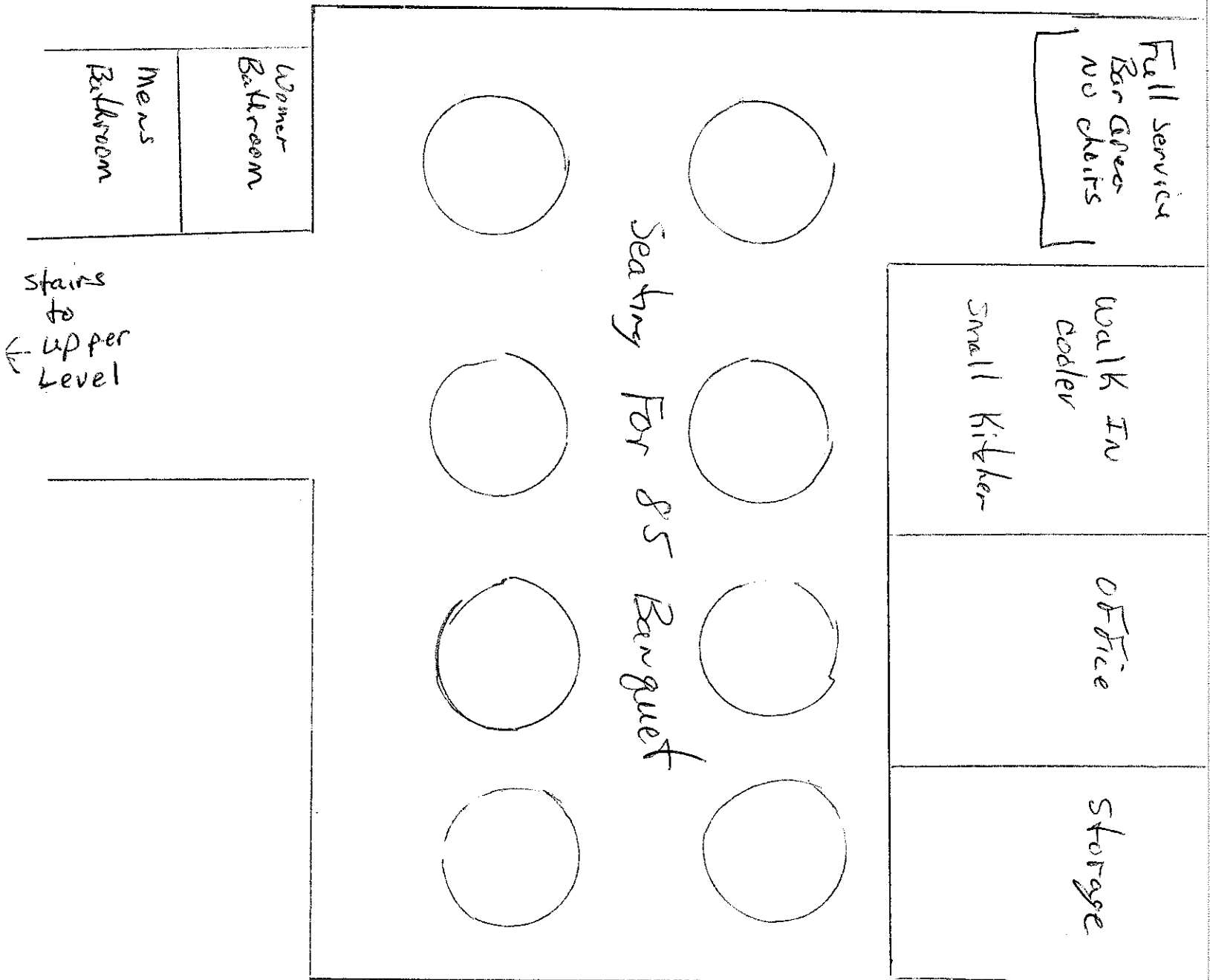
this 28 day of March, 2008

May 3, Reed
(Officer of Corporation/Member/Manager of LLC/Partner/Individual)

[Signature]
(Clerk/Notary Public)

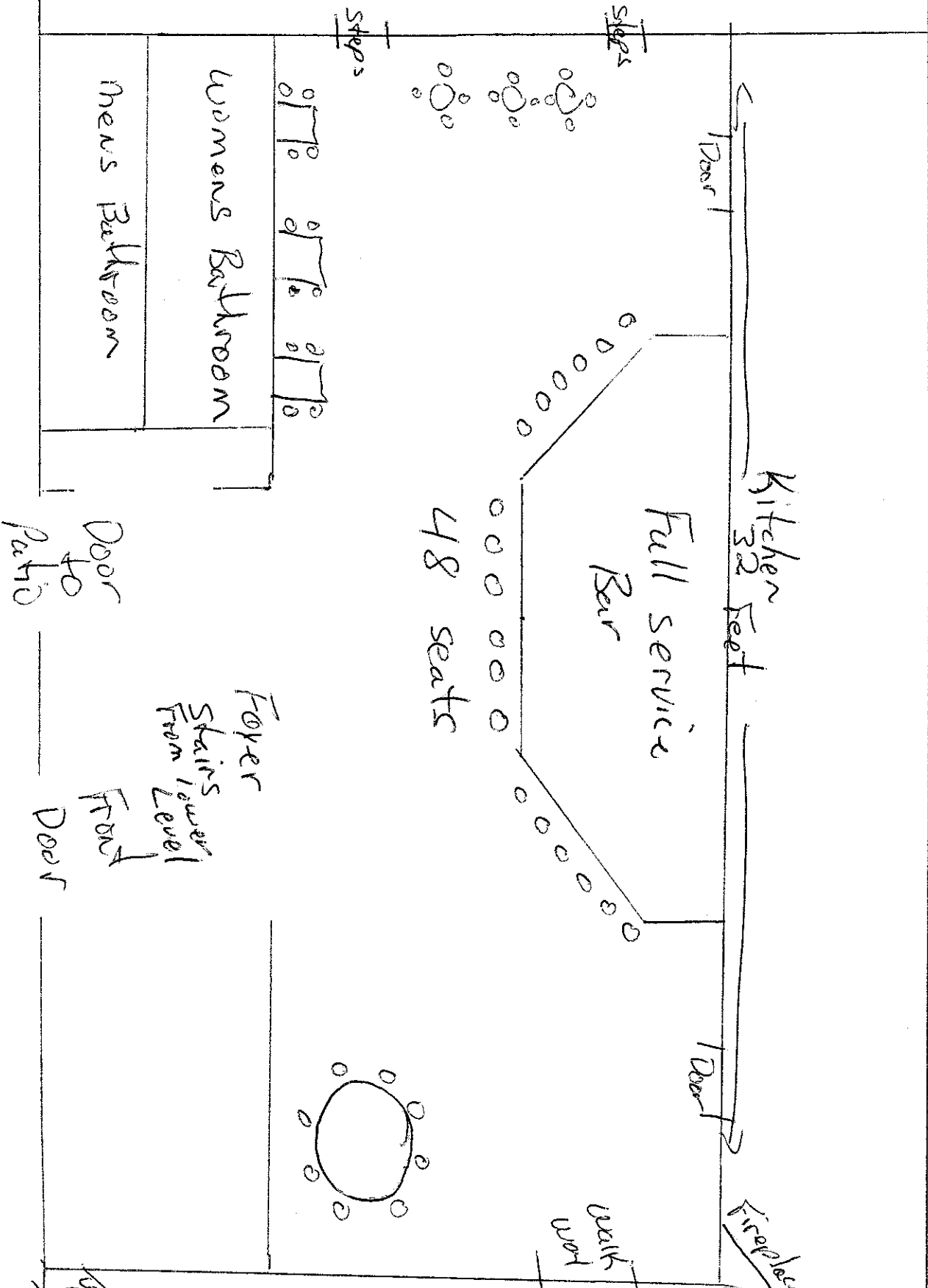
My commission expires 7/24/11

Talula Restaurant
802 ATLAS Ave
Madison WI
Lower Level Lounge Bar Area

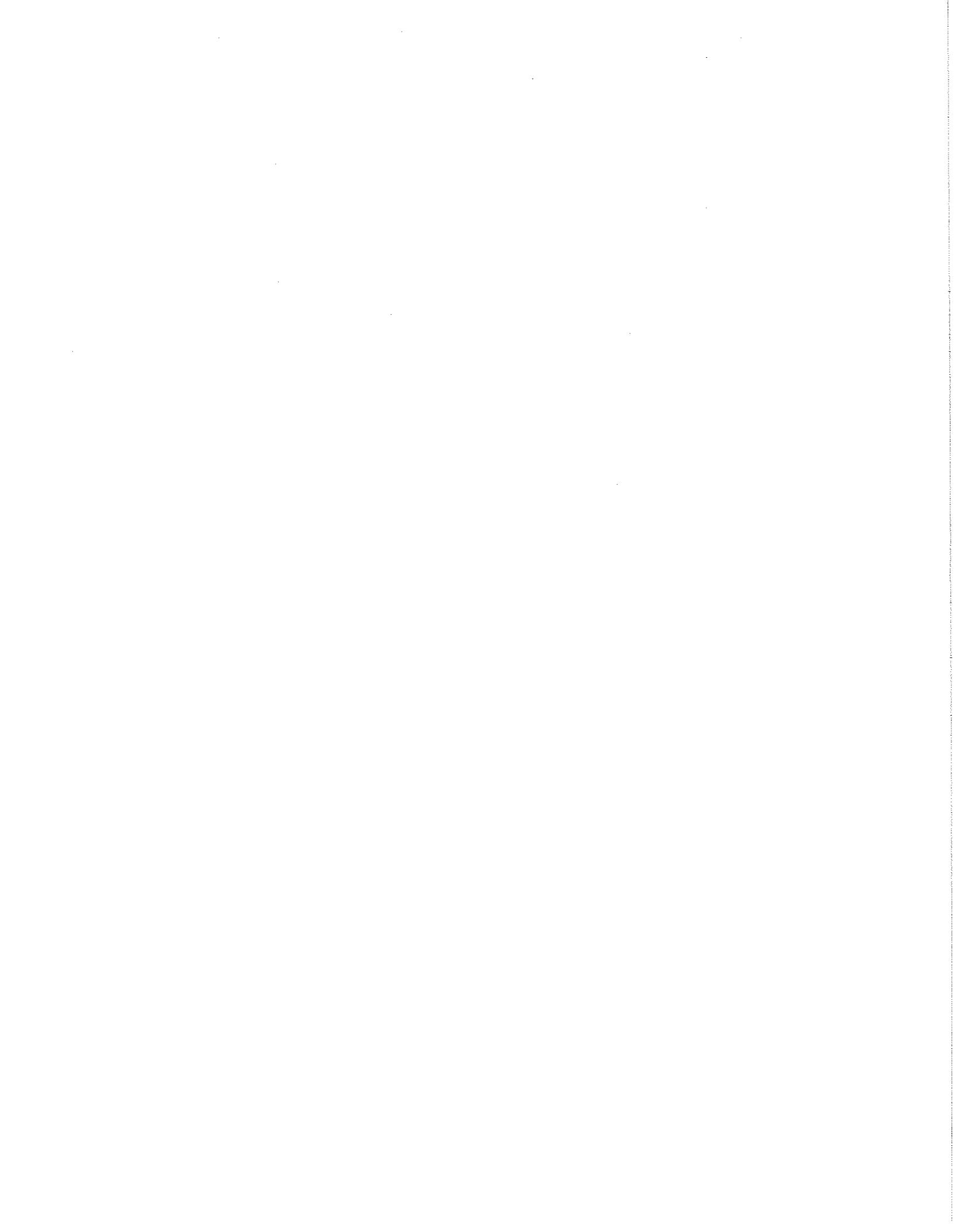


Talula Restaurant
802 ATLAS Ave Madison WI
Main Level Bar and Kitchen

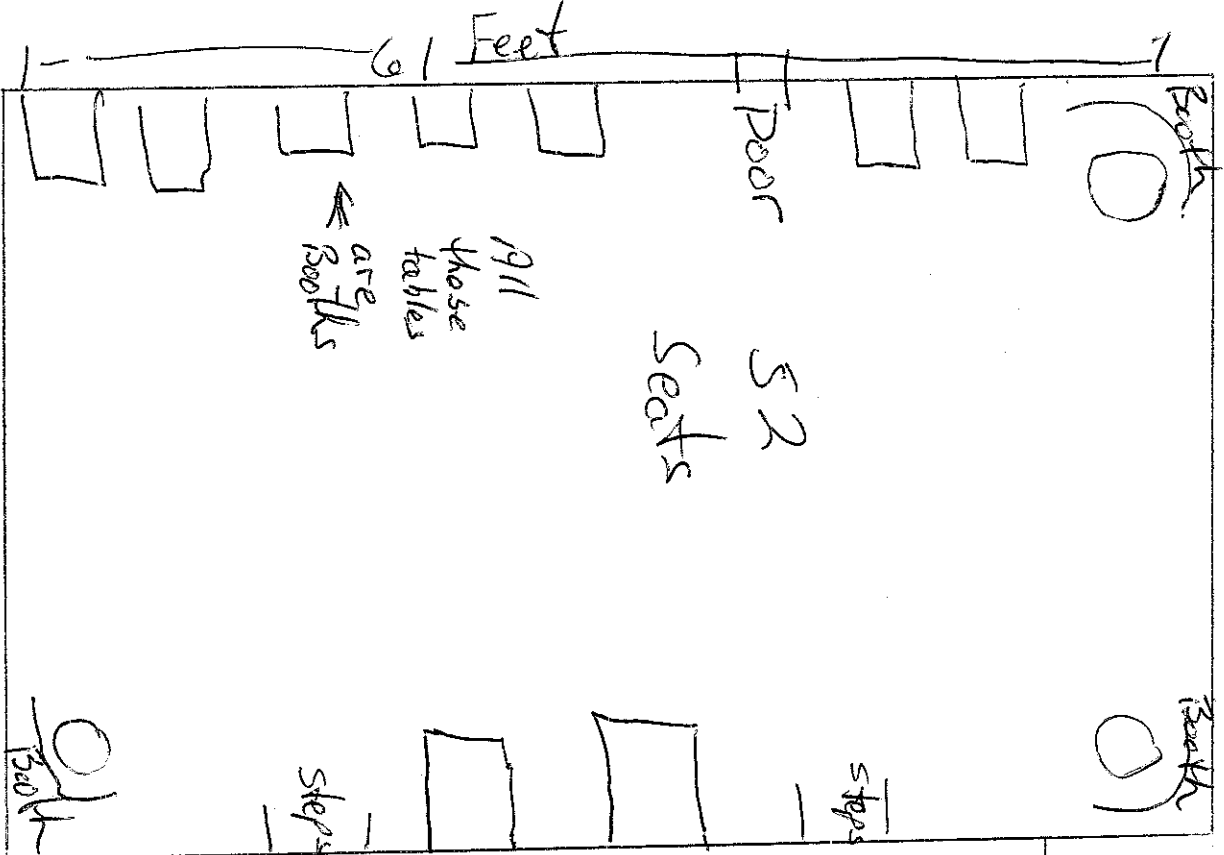
Dining area see Page 3



Dining area see page 3

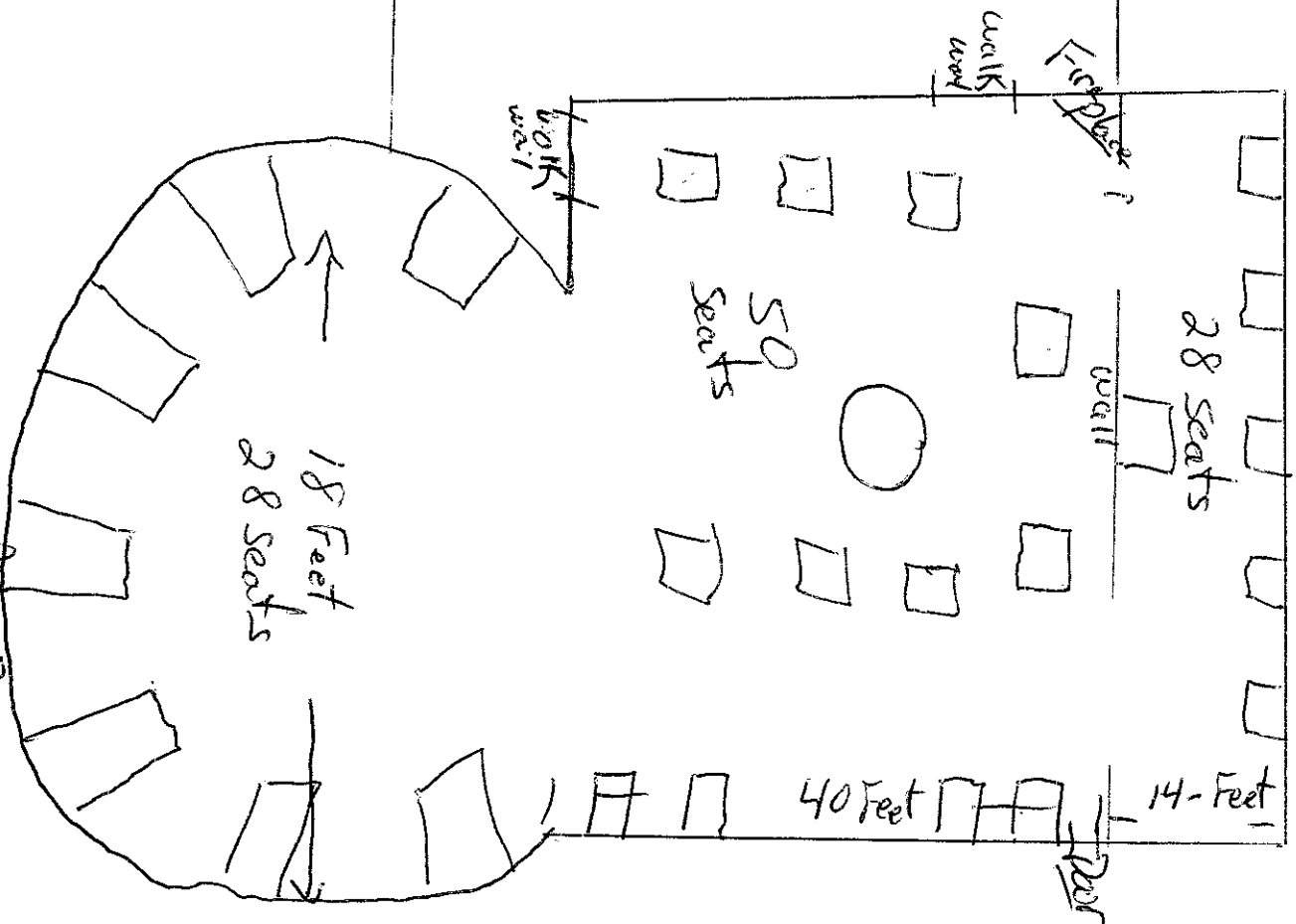


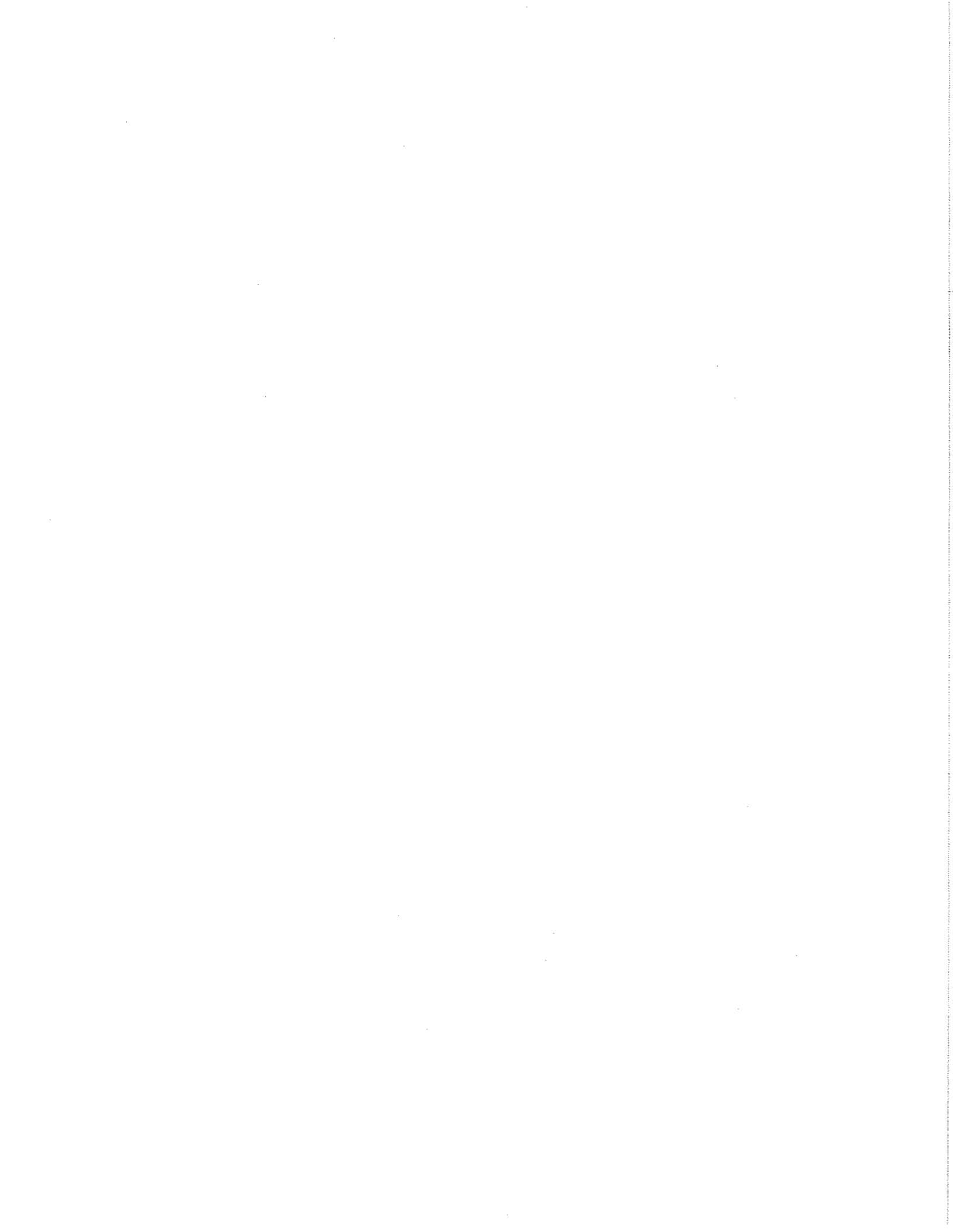
Talula Restaurant
 802 ATLAS Ave Madison WI
 Main Level Dining area



Bar Kitchen
 Foyer area
 See Page 2

Kitchen





Talula Restaurant
802 ATLAS Ave Madison WI
outside Front Patio

