



Change of Premises

Fee: \$25.00

City of Madison Clerk
210 MLK Jr Blvd, Room 103
Madison, WI 53703

Class A: Beer, Liquor, Cider

Class B: Beer, Liquor,

Class C Wine

licensing@cityofmadison.com
608-266-4601

(Agenda Item Number)

(Legistar file number)

UCPCH-7020-00638
(License number)

(Alder District #) (Police Sector)
Office Use Only

Licensed Premises Information

This application modifies existing alcohol license number: _____

Business dba Name: Lombardino's Restaurant

Licensed Address: 2500 University Ave Madison, WI 53705

Liquor/Beer Agent Name: Michael Banas

20 % Alcohol, 80 % Food, _____ % Other Alder, District #: _____ Police Sector: _____

Corporate Information

Business Legal Name (as on WI State Sellers Permit): Pat & Mike, Inc

Business Mailing Address: 2500 University Ave Madison, WI 53705

Business Contact Name, Position: Michael Banas, Co-Owner

Business Phone: 608.332.7076 Business Email: mb@lombardinos.com

Current Capacity (indoor): 99 Current Capacity (outdoor): 0

Proposed Capacity (indoor): 99 Proposed Capacity (outdoor): 60
If your capacity is increasing, contact Building Inspection: (608) 266-4551, binspection@cityofmadison.com

Description of Proposed Changes: Garden style patio in the parking lot

& Detailed Floor Plans included (required)

[Signature]
Authorized Signature

7/10/20
Date

- Orange sign and business card issued
 - "License Renewals & Changes" brochure with next steps issued
- Office Use Only



City of Madison Building Inspection Division
 215 Martin Luther King Jr Blvd, Suite 017 PO Box 2984 Madison, WI 53701-2984
 608.266.4551 <http://www.cityofmadison.com/dpced/bl/>

Temporary Outdoor Seating Application

BE SURE TO INCLUDE THE FOLLOWING WITH YOUR APPLICATION:

- ✓ Site Plan showing location of outdoor seating. If you do not have a site plan, please email Zoning@cityofmadison.com to request a PDF copy.
- ✓ Property owner's approval

OFFICE USE ONLY	
Permit Number: LND	_____ -20_____ - _____
Application Date	_____
Issued Date	_____
Approved by	_____
Zoning District	_____

Location Address 2500 University Ave Madison, WI 53705
 Business Name Lombardino's Restaurant (Pat & Mike, Inc)
 Contact Person Michael Banas
 Telephone 608.332.7876 Email mb@lombardinos.com

Which of the following best describes the Use?

- Brewpub
 Coffee shop or Tea House
 Restaurant (You do NOT have an alcohol license)
 Restaurant-nightclub (You have an entertainment license)
 Restaurant-tavern (You have an alcohol license)

Do you have an existing outdoor seating Conditional Use approval? Yes No

Do you have an existing liquor license? Yes No

Your capacity limit set by Building Inspections: 99

I understand the temporary outdoor eating area requirements as listed on the following page and understand once this application is approved, it is only valid until **October 25, 2020**. Any violations of the temporary accessory outdoor eating area approved by the Zoning Administrator shall be enforceable by the Zoning Administrator as ordinance violations under Chapter 28, Madison General Ordinances.

Applicant signature: [Signature] Date: 7/10/20
 Owner's signature*: [Signature] Date: 7/10/20

* Or attached separate letter of approval from owner

*** Please see following page for temporary outdoor seating requirements and Site Plan requirements ***

