

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning 07-01 20 11 ;
ending 06-30 20 12

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

County of DAVE 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): OPEN PANTRY FOOD MARTS OF WISCONSIN, INC

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>ROBERT A. BUHLER</u>	<u>660 ROCKEFELLER RD</u>	<u>LAKE FOREST, IL 60065</u>
Vice President/Member				
Secretary/Member				
Treasurer/Member				
Agent		<u>JAMES L. SCHUTZ</u>	<u>4045 S ADAMS AVE</u>	<u>NEW BERLIN, WI 53151</u>
Directors/Managers				

3. Trade Name OPEN PANTRY FOOD MART #1245 Business Phone Number 608-256-1441
4. Address of Premises 2201 S PARK ST Post Office & Zip Code MADISON, WI 53713

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 1-21-16 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.) COOLERS, SALES FLOOR DISPLAYS, BACKROOM STORAGE IN BUILDING @ 2201 S PARK ST.

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? OPEN PANTRY FOOD MARTS OF WI INC DBA OPEN PANTRY FOOD MART #1245
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] AGENT: JAMES SCHUTZ 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 15TH day of MAY, 20 11
[Signature]
(Clerk/Notary Public)

[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)
[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)

My commission expires 06-16-2013

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued <u>LIC11A-2011-00541</u>	

Applicant's Wisconsin Seller's Permit Number: <u>456-0000563918-04</u>	
Federal Employer Identification Number (FEIN): <u>39-1681367</u>	
LICENSE REQUESTED	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Wholesale beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$
TOTAL FEE	\$ <u>20.00</u>

CLASS A BEER ONLY

City of Madison Supplemental Class A License Application

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

1. Name of Applicant/Partner/Corporation/LLC OPEN PANTRY FOOD MARKS OF WISCONSIN, INC.
2. Address of Licensed Premise 2703 W BELTLINE HWY MADISON, WI 53713
3. Telephone Number: 608-278-1226 4. Anticipated opening date: CURRENTLY OPEN
5. Mailing address ~~if not opening immediately~~ 10505 CORPORATE DR #101 PLEASANT PRAIRIE, WI 53188
CORPORATE ADDRESS 262-857-1156
6. 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
7. Are there any special conditions desired by the neighborhood? Yes No
 Explain. _____
8. What type of establishment is contemplated? Liquor Store Grocery Store
 Convenience Store – Gas Pumps Yes No Other—Explain _____
9. Business Description: RETAIL CONVENIENCE STORE WITH GAS

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.**
A 2500 SQFT STORE, ALCOHOL TO BE SOLD & STORED IN COOLERS, SALES FLOOR DISPLAYS, BACKROOM STORAGE.

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. HAS (8) STALLS w/ (1) HANDICAP ALL IN FRONT OF STORE. (2) CAMERAS RECORD THE LOT, FACING THE PUMPS. PARKING STALLS ARE VISABLE FROM INSIDE STORE. EVERY HOUR VISITS TO THE EXTERIOR OF THE BUILDING ARE PERFORMED BY EMPLOYEES WHILE CHECKING GARBAGE, SUPPLIES, ETC. LOT IS ALSO CHECKED FOR SUSPICIOUS OR ABANDONED VEHICLES.
13. Describe your management experience, staffing levels, duties and employee training. OVER 30 YRS OF LEADERSHIP. 15 OF THEM IN THE CONVENIENCE STORE INDUSTRY, STORE WILL BE STAFFED WITH HIGHLY QUALITY PEOPLE THAT ARE RESPONSIBLE FOR MAINTAINING THE OPEN PANTRY IMAGE, EACH EMPLOYEE IS TRAINED ON EXCEPTIONAL CUSTOMER SERVICE AS WELL AS TRAINING ON SELL AGE RESTRICTED PRODUCTS & ROBBERY PREVENTION.
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.
ROBERT A. BUTLER 10505 CORPORATE DR #101 PLEASANT PRAIRIE, WI 53188
Name Address

15. Utilizing your market research, who would you project your target market to be?
OPEN PANTRY'S FOCUS ON THE FEMALE CONSUMER IS APPARENT IMMEDIATELY UPON ENTRANCE TO STORE. WELL-LIT LOCATION. PLEASEING HIGH QUALITY RESTAURANT STYLED RESTROOMS AND FREE WI-FI ACCESS TERMINALS. INNOVATIVE CONCEPTS.

16. Describe how you plan to advertise/promote your business. What products will you be advertising?
OUR ADVERTISING IS LIMITED TO IN-STORE SIGNAGE. WE ADVERTISE CONVENIENCE STORE TYPE ITEMS.

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

18. Owner of building where establishment is located: EOK LAND, LLC.

Address of Owner: 10505 CORPORATE DR #101 Phone Number 362-857-1156
PLEASANT PRAIRIE, ILL 60158

19. 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? N/A Yes No

20. List the Directors of your Corporation/LLC

ROBERT A. BUTLER 660 ROCKEFELLER RD LAKE FOREST, IL 60045
Name Address

Name Address

Name Address

21. List the Stockholders of your Corporation/LLC

ROBERT A. BUTLER 660 ROCKEFELLER RD LAKE FOREST, IL 100%
Name Address % of Ownership

Name Address % of Ownership


Name Address % of Ownership

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:

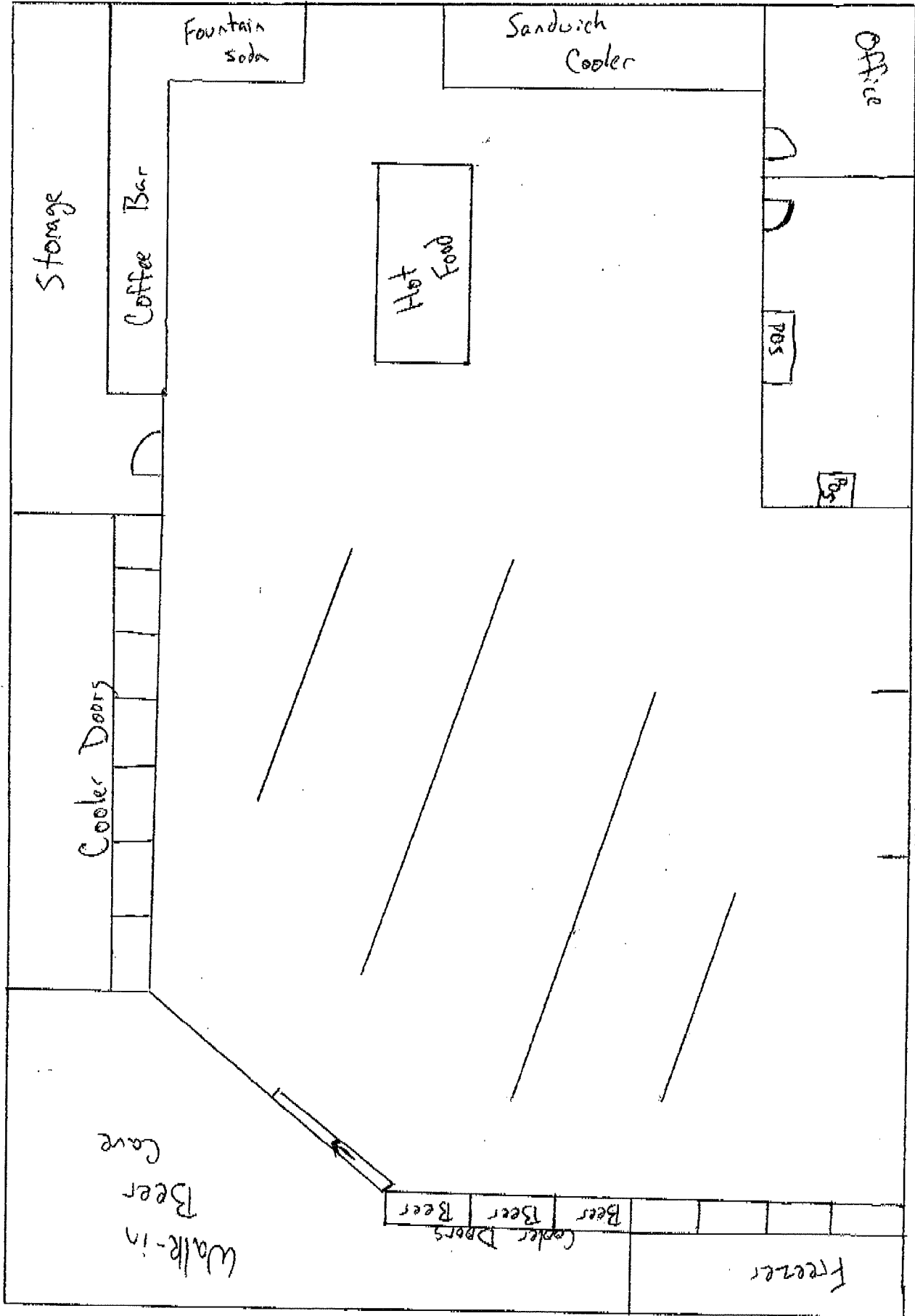
this 18TH day of MAY, 2011

FLOY K. LAUBOND
(Clerk/Notary Public)


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

My commission expires 06-16-2013

Restrooms



Store 1247 - Park St.