

# ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning September 1 2007 ;  
ending August 31 2008 ;

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

County of Dane Aldermanic Dist. No. 4 (if required by ordinance)

Applicant's Wisconsin Seller's Permit Number: <u>004-0002345138-01</u>	
Federal Employer Identification Number (FEIN): <u>07-0811670</u>	
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	\$
<b>TOTAL FEE</b>	<b>\$</b>

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): Romzy Restaurants, 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>Owner</u>	<u>Mohamed Barketallah</u>	<u>1929 Vondron Rd, Madison WI 53716</u>
Vice President/Member			<u>53716</u>
Secretary/Member			
Treasurer/Member			
Agent	<u>Owner</u>	<u>Mohamed Barketallah</u>	<u>1929 Vondron Rd, Madison WI 53716</u>
Directors/Managers	<u>Owner</u>	<u>Mohamed Barketallah</u>	<u>1929 Vondron Rd, Madison WI 53716</u>

3 Trade Name The Icon Business Phone Number (608) 332-3737  
4 Address of Premises 206 State St, Madison WI Post Office & Zip Code 53703

- 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.  
(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.) 31300 sq. ft. Beverages will be stored at the bar and downstairs

10 Legal description (omit if street address is given above): Beverages served in dining room & outside patio sidewalk loop

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? \_\_\_\_\_

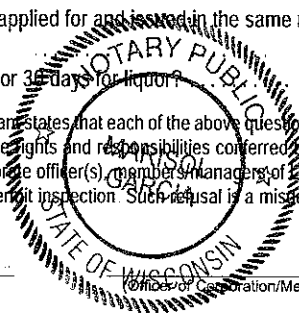
12 Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864]  Yes  No

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

**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 11th day of July, 2007.  
[Signature]  
(Clerk/Notary Public)  
My commission expires 5-24-2009



[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	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
<u>7-17-07</u>			
Date license granted	Date license issued	License number issued	
		<u>78547</u>	

*sec. 406* *hd. of* *legistar 07144*

**City of Madison  
Liquor and/or Beer Original Supplemental Form**

**Office Use Only**

- |  |   |
|--|---|
| <input type="checkbox"/> Seller's Permit Number                        | <input type="checkbox"/> Lease  |
| <input type="checkbox"/> Federal Employer Identification Number        | <input checked="" type="checkbox"/> Notarized Transfer of Ownership Letter <i>N/A</i> |
| <input type="checkbox"/> Notarized Original Application Form (AT-106)  | <input type="checkbox"/> *Schedule of Appointment of Agent (AT-104)                   |
| <input type="checkbox"/> Notarized Supplemental Form                   | <input type="checkbox"/> *Notarized Agent Appointment/Acceptance Form                 |
| <input type="checkbox"/> Description of Licensed Premise               | <input type="checkbox"/> *Articles of Incorporation/ Organization                     |
| <input type="checkbox"/> Notarized Auxiliary Questionnaire(s) (AT-103) | <input type="checkbox"/> Sample Menu, if possible                                     |
| <input type="checkbox"/> Background Investigation Form(s)              | <input type="checkbox"/> Business Plan, if one exists                                 |
| <input type="checkbox"/> Floor Plans                                   | * 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 neighborhood association (if any), the Madison Police Department, and the Alcohol Policy Coordinator.**

- Alderperson Michael E. Verveer can be reached at (608) 255-6498 at the Common Council Office (266-4071), or via e-mail at council@cityofmadison.com.
- 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 Mike Masterson can be reached at Levell Zellers (H) 231-1526.
- 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 Romzy Restaurants, LLC.
4. Telephone Number: (608) 332-3732
5. Address of Licensed Premise 206 State St., Madison, WI 53703
6. Anticipated opening date: September 1, 2007
7. Mailing address if not opening immediately 117 State St., Madison, WI 53703

8. What type of establishment is contemplated?  Tavern  Nightclub  Restaurant  
 Liquor Store  Grocery Store  Convenience Store – Gas Pumps  Yes  No  
 Other Please explain \_\_\_\_\_

9 Business Description including hours of operation and if entertainment is part of your venue, what type:  
Tapa restaurant open for lunch and dinner (Sun-Thurs. 11am-12pm, Fri, Sat. 11-2am).

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.**  
Please see attached. Premise approximately 1300 sq. ft. Beverages will be stored at the bar and in the basement. Beverages will be served in dining room and on the outdoor patio (sidewalk cafe).

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. The property is located on State St.. There is no parking with the property.

13. Describe your management experience, staffing levels, duties and employee training.  
I now manage a waitstaff of over 30 including two dining room managers. Plus I manage and oversee a full bar and kitchen. I have worked in the restaurant industry for over 10 years and have opened three restaurants.

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 Mohamed Barketallah

Name  
1929 Vondron Rd, Madison, WI 53716  
 Address City State Zip

15. Excluding pre-packaged snacks, how late will food be served? 12 pm

16. What type of food will you be serving, if any? Spanish Tapas

17. Indicate any other product/service offered: N/A

18. Describe your target market. Overture center patrons and professionals.

19. What is your estimated capacity? 80

20. Are you operating under a lease or franchise agreement?  Yes  No (If yes, attach a copy.)

21. Owner of building where establishment is located: Erus Paras

Address of Owner: 2605 Middleton Beach Rd., Middleton WI 537 Phone Number 608-233-5155

22 Individual or Partnership: Have individual/partners completed the Beverage Server Training Course?  Yes  No If Yes, indicate names: Mohamed Barketallah

**License cannot be issued until proof of Beverage Server Training completion is shown.**

23. Corporation/LLC: Will liquor/beer agent be a Wisconsin resident at the time of granting?  Yes  No

24. Corporation/LLC: Agent must disclose interest held in business: 100 %

25. Corporation/LLC: Has agent completed the Beverage Server Training Course?  Yes  No

**License cannot be issued until proof of Beverage Server Training completion is shown.**

26. Corporation/LLC: List Directors, Stockholders, and Managers below

Director(s) Name	Home Address
Mohamed Barketallah	1929 VONDRON RD MADISON WI 53716

Stockholder's Name	Address	Extent of Ownership%

Manager's Name	Address	Business Phone	Home Phone
Mohamed Barketallah	1929 VONDRON RD MADISON WI 53716	(608) 256-4000	(608) 332-3732

- 27 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
- 28 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.**

Calendar/fiscal year:  January 1 – December 31  July 1 – June 30

Percent Gross Receipts from Alcohol Beverages	40 %
Percent Gross Receipts from Food	60 %
Percent Gross Receipts from Other	0 %
<b>Total Gross Receipts</b>	<b>100 %</b>

Do you have written records to document the percentages shown?  Yes  No *N/A New Establishment*  
**You may be required to submit documentation verifying the percentages you've indicated.**

29. What type of establishment are you? (Check all that apply)  Tavern  Restaurant  Nightclub  
 Other Please explain: Spanish Tapas will be served

30. Will your establishment have a kitchen manager?  Yes  No

31. Will your establishment be a member of the Wisconsin Restaurant Association?  Yes  No

32. How many wait staff will be employed at the establishment? 12 servers

33. What hours, if any, will food service not be available? 12am - 8am *Restaurant will be closed*

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

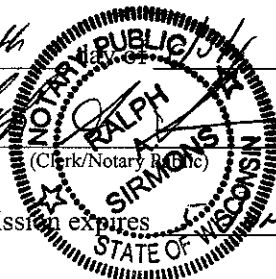
Through Overture center material and downtown printed material.  
We will advertise the Tapas menu.

**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 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 must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.) 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 16<sup>th</sup> day of July, 2007

[Signature]  
 My commission expires Dec 2010

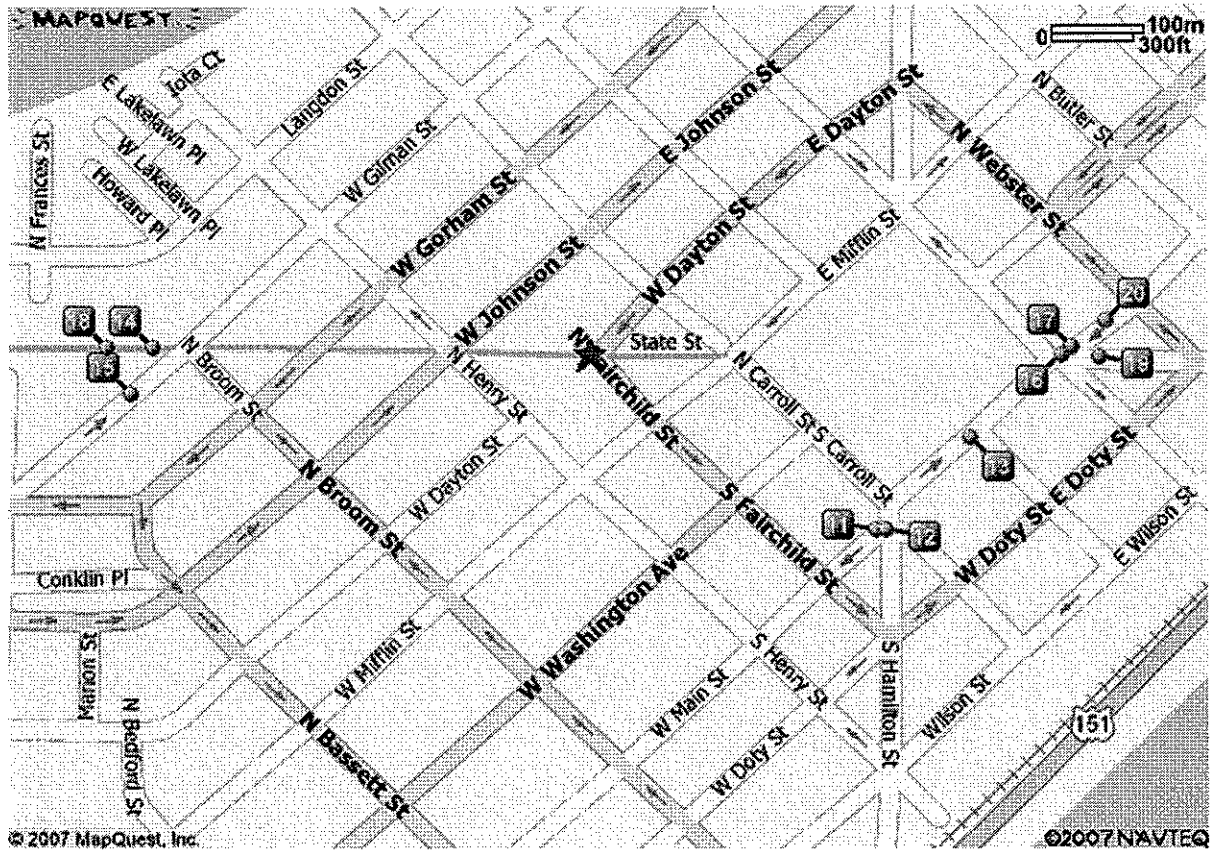


[Signature]  
 (Officer of Corporation/Member/Manager of LLC/Partner/Individual)

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

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

**If you have any questions, please contact the City Clerk's Office at (608) 266-4601.**



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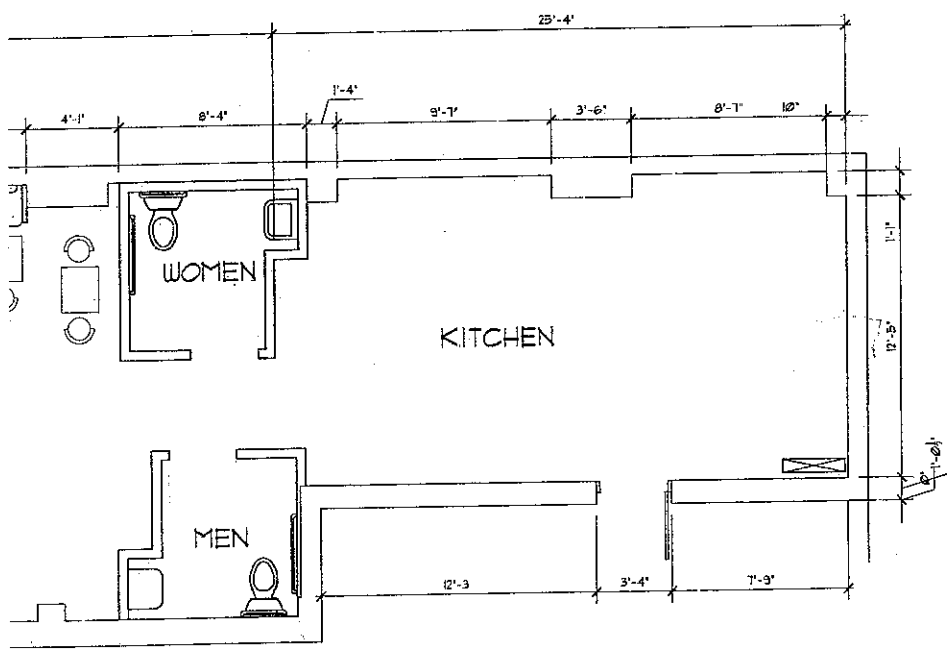
**Notes:**

Only text visible within note field will print.

Results 11 to 20 for **Bars** near **206 State St, Madison, WI 53703-2215**

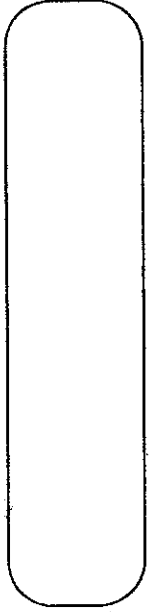
- 11 Shamrock Bar**  
117 W Main St, Madison, WI  
(0.23 miles away)  
608-255-5029
- 12 Gennas Lounge**  
105 W Main St, Madison, WI  
(0.23 miles away)  
608-255-4770
- 13 Brocach Irish Pub**  
7 W Main St, Madison, WI  
(0.26 miles away)  
608-255-2015
- 14 Mondays**  
523 State St, Madison, WI  
(0.29 miles away)  
608-251-1020
- 15 Blue Velvet Lounge**  
430 W Gilman St, Madison, WI  
(0.30 miles away)  
608-250-9900

- 16 Flatiron Tavern**  
102 King St, Madison, WI  
(0.31 miles away)  
608-287-1455
- 17 Maduro**  
117 E Main St, Madison, WI  
(0.32 miles away)  
608-294-9371
- 18 Pub**  
552 State St, Madison, WI  
(0.32 miles away)  
608-256-2464
- 19 Opus Lounge**  
116 King St, Madison, WI  
(0.34 miles away)  
608-441-6787
- 20 Argus**  
123 E Main St, Madison, WI  
(0.34 miles away)  
608-256-4226



221 SOUTH MIDVALE BLVD.  
MADISON, WI 53703  
(608) 231-4443 FAX (608) 231-8004

*Designed by  
Jim Vincent*



**FLOOR PLAN**  
**THE ICON**  
206 STATE STREET  
MADISON • WISCONSIN

DRAFTED BY: JV	
CHECKED BY: JV	
DRAWING STATUS:	
PRELIMINARY:	<input type="checkbox"/>
PROGRESS:	<input type="checkbox"/>
REVIEW:	<input type="checkbox"/>
FINAL:	<input type="checkbox"/>
REVISION NO:	DATE:

DATE: JULY 13, 2011  
PROJ. NO: 0130  
SHEET NUMBER

**A-2**



