		ISE APPLICATION	Applicant's Wisconsin Seller's Permit Number  Federal Employer Identification Number (FEIN):	100379736 53057
or the license period beginning		20 :	LICENSE REQUES	
or the license period beginning ending	lione 3	0 20 08	TYPE	FEE
<u> </u>			Class A beer	\$
THE COVERNING BODY of the	☐ Town of	adison	Class B beer	\$
O THE GOVERNING BODY of the:		adison	Wholesale beer	\$
	x City of J		Class C wine	\$
ounty of <b>Dane</b>	Aldermanic Dist. No	). (if required by ordinal	nce) Class A liquor	\$
	_		Class B liquor	\$
1 The named INDIVIDUAL			Reserve Class B liquor	\$
☐ CORPORATION/NC	NPROFIT ORGANIZATIO	IN.	Publication fee	\$
hereby makes application for the alcohol	of beverage license(s) che	cked above.	TOTAL FEE	\$
Name (individual/partners give last nam	ne, first, middle; corporation	ns/limited liability companies give	registered name):	
An "Auxiliary Questionnaire," Form A partnership, and by each officer, dire liability company. List the name, title,	ector and agent of a corp and place of residence of	oration or nonprofit organization each person	n, and by each member/manager and	each member of a l agent of a limited fice & Zip Code
President/Member				····
Vice President/Member				
Secretary/Member				
Treasurer/Member				
Agent -				
Directors/Managers				· //
Trade Name • GLENW Address of Premises • 3.74	AY GOLF	<u>Co∪RSE</u> Busine	ss Phone Number( <u>608)</u> <b>26</b> 6	0-4737
Address of Premises -374	3OPEEDW	AU KD Post 0	ffice & Zip Code	ON, 53
Is individual, partners or agent of corpo	ration/limited liability comp	pany subject to completion of the r	esponsible beverage server	
training course for this license period?	and the second second	and the second second		Yes No
Is the applicant an employe or agent of,				Yes No
Does any other alcohol beverage retail				Yes - No
(a) Corporate/limited liability compa				
<ul><li>(b) Is applicant corporation/limited liabi</li></ul>				🗌 Yes 🔲 No
(c) Does the corporation, or any officer				
agent hold any interest in any other				Yes 🗌 No
(NOTE: All applicants explain fully on re	everse side of this form ev	ery YES answer in sections 5, 6, :	7 and 8 above )	
Premises description: Describe building all rooms including living quarters, if use may be sold and stored only on the pre-	or buildings where alcoholed, for the sales, service, mises described)	I beverages are to be sold and st and/or storage of alcohol beverage SHOUSE TATIO.	ored. The applicant must include es and records (Alcohol beverages	
Legal description (omit if street address	is given above):	<del>-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	<u> </u>	
(a) Was this premises licensed for the		a the past license year?		
			GOLF PROFESSIO	¥≺Yes Nn
Int it ves, linder what hame was licens	e issued?     1   1   1   1   1   1   1   1   1	AMA NOTES	・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・	XYes ∐ No O <i>NJAI</i>
(b) If yes, under what name was licens  Does the applicant understand they mu			GOUP TOUPESSIO	Yes No
Does the applicant understand they mu	st file a Special Occupation		GOUL TROPESSIO	Yes No
Does the applicant understand they mu before beginning business? [phone 1-8	st file a Special Occupation 300-937-8864]	nal Tax return (TTB form 5630 5)		ONAL
Does the applicant understand they mu before beginning business? [phone 1-8	st file a Special Occupation 300-937-8864] Insin Seller's Permit must	nal Tax return (TTB form 5630 5)		ONAL
Does the applicant understand they mu before beginning business? [phone 1-8 Does the applicant understand a Wisco Section 2 above? [phone (608) 266-27	st file a Special Occupatio 300-937-8864] nsin Seller's Permit must 76]	nal Tax return (TTB form 5630 5) be applied for and issued in the sa	ame name as that shown in	Tes No
<ul> <li>Does the applicant understand they mu before beginning business? [phone 1-8</li> <li>Does the applicant understand a Wisco Section 2 above? [phone (608) 266-27</li> <li>Is the applicant indebted to any wholesa</li> </ul>	st file a Special Occupation 300-937-8864] Insin Seller's Permit must 76] aler beyond 15 days for be	nal Tax return (TTB form 5630 5) be applied for and issued in the sa eer or 30 days for liquor?	ame name as that shown in	Yes No
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ALDER 10-SOLOMON

## City of Madison Supplemental Class B License Application

Seller's Permit Number					
Notarized Original Application Form	_	Federal Employer Identification			
2 Address of Licensed Premise 3747 SPEEDWAY RD. MADISONS 3 Telephone Number: 608 266-4737 4 Anticipated opening date: April 1 5 Mailing address if not opening immediately 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 Explain. 8 Business Description, including hours of operation: 7 Am - 9 pm 9 Do you plan to have live entertainment? No Yes—What kind? 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.  CLUBHOUSE - 700 Sq. FT TABLES W. 4 CHAIRS PATIO - 6 OUTBOOK PICKIC TABLES TOO Sq. FEET  GOLF COURSE - 40 ACRES L. QUON WILL BE LOCKED IN CLUBHOUSE STORE ROOM.  NO BART 1 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.  2 Describe existing parking and how parking lot is to be monitored HOUT YO PARKING SPACES — VIEW FROM CLUBHOUSE  13 Describe your management experience, staffing levels, duties and employee training  NOCLE - FOOD BUSINESS FOR 26 YEARS — MANAGED GLAN  FOR \$\frac{1}{2}\$ YEARS \$\frac{1}{2		Notarized Original Application Form			
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3. Telephone Number: 608 266-4737 4 Anticipated opening date: April    5. Mailing address if not opening immediately    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 SNo Explain.    7. Are there any special conditions desired by the neighborhood?   Yes SNo Explain.    8. Business Description, including hours of operation:   7am - 9 pm    9. Do you plan to have live entertainment? Ino   Yes—What kind?    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.   CAPS    CLUBHOUSE - 900 Sq. FT.   ThBLES W 9 CHAIRS    PATIO - 6 OUTDOON PICKIC THBLES TOO Sq. FEET    GOLF COURSE - 40 ACRES   Liquon WILL Be Locken IN    NO BAR    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   About 90 PARKING    SPACES - VIEW FROM CLUBHOUSE    13. Describe your management experience, staffing levels, duties and employee training   IN GOLF - FROM BUSINESS FOR 26 YEARS   MANAGED GLEAN    FOR 19 YEARS   STAFFING IS VSVALLY 2-3 People Employee    14. Identify the registered agent for your Corporation or LLC. This is your corporation's agent for service of	2.	Address of Licensed Premise 3747 Speenway RD. Madison S.			
5. Mailing address if not opening immediately  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 SNo  7. Are there any special conditions desired by the neighborhood?   Yes SNo  Explain.    8. Business Description, including hours of operation:   Zam - 9 pm    9. Do you plan to have live entertainment?   No   Yes What kind?    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.    Cubhouse - 900 Sq. Ft.   Thbues W 4 chairs  Patto   6 outbook   Figure Thbues   700 Sq. Feet    Golf Course - 40 news   Lavon Will Be Locked Inc.    No BAR    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 low parking lot is to be monitored   About 40   Parking    Spaces   View From Course   About 40   Parking    Spaces   View From Course   About 40   Parking    Spaces   View From Course   About 40   Parking    For 59   Years   Station   Station   About 50    For 60   Person Business   For 26   Years   Management   Employee    For 59   Years   Station   For 10    14. Identify the registered agent for your corporation's agent for service of	3.	Telephone Number: 608)266-4737 4 Anticipated opening date: April 1			
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. Business Description, including hours of operation:   Zam - 9 pm    9. Do you plan to have live entertainment?   No   Yes—What kind?    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.   Capacity    Council Coun					
Business Description, including hours of operation:	6				
8 Business Description, including hours of operation:	7	Are there any special conditions desired by the neighborhood?   Yes XNo			
9. Do you plan to have live entertainment? No Yes—What kind?  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.  CLUBHOUSE - GOO SG. FT. YTABLES WY CHAIRS  PATIO - 6 OUTDOON PICKIC TABLES TOO SG. FEET  GOLFCOURSE - GOACRES LIQUON WILL BE LOCKED IN  NO BAR!  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 ABOUT YO PARKING SPACES - VIEW FROM CLUBHOUSE  13. Describe your management experience, staffing levels, duties and employee training  NOCF - FOOD BUSINESS FOR 26 YEARS - MANAGED GLEATINGS TOO BARRENDER STAFFING IS VISUALLY 2-3 PEOPLE EMPLOYED TOO BARRENDER DURSES LASSES.  14. Identify the registered agent for your Corporation or LLC. This is your corporation's agent for service of		Explain			
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.  CLUBHOUSE - GOO SG. FT TABLES W/ 4 CHAIRS  PATIO - 6 OUTDOON PICNIC TABLES TOO SG. FEET  GOLF COURSE - 40 ACRES LIQUON WILL BE LOCKED IN CLUBHOUSE STORE ROOM.  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. ABOUT 40 PARKING SPACES - VIEW FROM CLUBHOUSE  13. Describe your management experience, staffing levels, duties and employee training    NOSINESS FOR 26 YEARS - MANAGED GLEATERS - MANAGED GLEATERS - TOO BARTENDER PULPERS CLASSES.  14. Identify the registered agent for your Corporation or LLC. This is your corporation's agent for service of	8				
11. Are any living quarters directly or indirectly accessible and under control of the applicant?   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.  Spaces — VIEW FROM CLUBHOUSE  13. Describe your management experience, staffing levels, duties and employee training  WOLF — FOOD BUSINESS FOR 26 YEARS — MANAGED GLEN  FOR 19 YEARS STAFFING IS VSVALLY 2-3 PEOPLE EMPLOYEE  14. Identify the registered agent for your Corporation or LLC. This is your corporation's agent for service of		CLUBHOUSE - 900 Sq. FT. 4 TABLES V/ 4 CHAIRS  PATIO - 6 OUTDOOR PICNIC TABLES 700 Sq. FEET			
11. Are any living quarters directly or indirectly accessible and under control of the applicant?   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.  Spaces — VIEW FROM CLUBHOUSE  13. Describe your management experience, staffing levels, duties and employee training  WOLF — FOOD BUSINESS FOR 26 YEARS — MANAGED GLEATERS — MAN	(	SOLF COURSE - 40 ACRES LIQUON WILL BE LOCKED IN			
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.  Spaces - VIEW FROM CLUBHOUSE  13 Describe your management experience, staffing levels, duties and employee training  NOCF - FOOD BUSINESS FOR 26 YEARS - MANAGED GLEATER  FOR \$9 YEARS STAFFING IS VSUALLY 2-3 PEOPLE EMPLOYEE  14 Identify the registered agent for your Corporation or LLC. This is your corporation's agent for service of	(	NO BARI)			
Describe existing parking and how parking lot is to be monitored ABOUT 40 PARKING SPACES - VIEW FROM CLUBHOUSE  13 Describe your management experience, staffing levels, duties and employee training    NOCF - FOOD BUSINESS FOR 26 YEARS - MANAGED GLEATED TO BARTENDER AWARENESS CLASSES.  14 Identify the registered agent for your Corporation or LLC. This is your corporation's agent for service of	17.	Please note that alcohol may be sold and stored only on the licensed premise, not in living quarters.			
13. Describe your management experience, staffing levels, duties and employee training    Socf - Food Business For 26 years - Management Staffing levels, duties and employee training    For #9 Years Staffing levels, duties and employee training    For #9 Years Staffing levels, duties and employee training    For #9 Years Staffing levels, duties and employee training    For #9 Years Staffing levels, duties and employee training    For #9 Years Staffing levels, duties and employee training    For #9 Years Staffing levels, duties and employee training    For #9 Years Staffing levels, duties and employee training	12.				
LN GOLF - FOOD BUSINESS FOR 26 YEARS - MANAGED GLEN FOR \$9 YEARS STAFFING 15 VSVALLY 2-3 PEOPLE EMPLOYED MUST DO BARTENDER AWARENESS CLASSES.  14 Identify the registered agent for your Corporation or LLC. This is your corporation's agent for service of		pi. Co yiota j. Co yiota j			
For \$9 Years Staffing 15 VSVALLY 2-3 PEOPLE Employed must Do BARTENDER AWARENESS CLASSES.  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.	13.	Describe your management experience, staffing levels, duties and employee training  WEST - FOR BUSINESS FOR 26 YEARS - MANAGED GLENGER			
	14.	For #9 YEARS STAFFING 15 VSVALLY 2-3 PEOPLE EMPLOYEE Identify the registered agent for your Corporation or LLC. This is your corporation's agent for service of			
Name Address		process, notice or demand required or permitted by law to be served on the corporation			

15.	Utilizing your market research, who would you project your target market to be?  EXISTING GOLFER CLIENTELE
16.	What age range would you hope to attract to your establishment? 25-85
_	Describe how you plan to advertise/promote your business. What products will you be advertising?  Z WILL NOT HOVERTHE OUTSIDE OF SIGNS IN CLUBHOUSE
	Are you operating under a lease or franchise agreement?   Yes (attach a copy)  No TNOTADANT CONTRACTOR
19.	Owner of building where establishment is located: CITY OF MADISON
Ad	dress of Owner:Phone Number
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?
21	List the Directors of your Corporation/LLC
	Name Address
	Name Address
	Name Address
22	List the Stockholders of your Corporation/LLC
	Name Address % of Ownership
	Name Address % of Ownership
	Name Address % of Ownership
23.	What type of establishment are you? (Check all that apply) □ Tavern □ Nightclub □ Restaurant
\	What type of food will you be serving, if any? BAKERY SANDWICHES, SNACK.  Breakfast Dinner
24	What type of food will you be serving, if any? BAKERY SANDWICHES SNACK.
,	Breakfast Dunch Dinner
	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? Zam - 9pm

27 What hours, if any, will food service <u>not</u> be available? <b>Wone</b>
28. Indicate any other product/service offered. GoLF"
29. Will your establishment have a kitchen manager? □ Yes No
30. Will you have a kitchen support staff? □ Yes XNo
31 How many wait staff do you anticipate will be employed at your establishment?  During what hours do you anticipate they will be on duty?
32 Do you plan to have hosts or hostesses seating customers?   Yes
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
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?
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
What percentage of your overall payroll do you anticipate will be devoted to food operation salaries?
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you
anticipate will be related to food?
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?	40-50

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	150 %
Gross Receipts from Food and Non-Alcoholic Beverages	25 6 %
Gross Receipts from Other	60 %
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.

icer of Corporation/Member/Manager of LLC/Partner/Individual)

Subscribed and Sworn to before me:

this 28th day of Moreh, 2008

My commission expires 7 -13 -08