

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning JULY 1 20 11 ;
 ending JUNE 30 20 12 ;

TO THE GOVERNING BODY of the: Town of } MADISON
 Village of }
 City of }
 County of DANE Aldermanic Dist. No. 12 (if required by ordinance)

Applicant's Wisconsin Seller's Permit Number:	
Federal Employer Identification Number (FEIN): <u>80-0753169</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	\$

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): Rosemary Corporation

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 Dhana M Shrestha</u>	<u>2893 Bolan Ln</u>	<u>Fitchburg WI 53711</u>
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<u>Dinar Shrestha</u>		
Directors/Managers			

3. Trade Name ▶ Rosemary Corporation Business Phone Number _____
 4. Address of Premises ▶ 2301 Commercial Ave Madison Post Office & Zip Code ▶ 53704

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 09/07/11 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.) 2301 Commercial Ave Madison WI 53704

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? Buddi Corporation
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 9th day of September, 20 11

 (Clerk/Notary Public)

My commission expires 6/29/2014

[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
Date license granted	Date license issued	License number issued <u>L14C19, 2011.01.551</u>	

A-12
 P-501

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

N/A.

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

N/A

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

18. Owner of building where establishment is located: _____

Address of Owner: 1009 W. Main St. Stoughton, WI Phone Number 608-772-9452

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? Yes No

20. List the Directors of your Corporation/LLC

N/A
Name _____ Address _____

N/A
Name _____ Address _____

N/A
Name _____ Address _____

21. List the Stockholders of your Corporation/LLC

N/A
Name _____ Address _____ % of Ownership _____

N/A
Name _____ Address _____ % of Ownership _____

N/A
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 9th day of September, 2011

TDH12

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

[Signature]

(Clerk/Notary Public)

My commission expires 6/29/2014

Appointment of New Liquor/Beer Agent

To be completed by Corporate Officer or Member of LLC

I, Dhona M. Shrestha, officer/member for Rosemary Corporation
(Corporation/LLC), doing business as Agent, authorize and appoint
Dinar B. Shrestha (Name) as the liquor/beer agent for the premise
located at 2301 Commercial Ave Madison WI 53704

Subscribed and sworn to before me this

9th Day of September, 2011

Dhona M. Shrestha
Signature of Officer/Member

[Signature]
Notary Public, Dane County, Wisconsin

My Commission Expires 6/29/2014

To be completed by appointed Liquor/Beer Agent

I, Dhona M. Shrestha, appointed liquor/beer agent for
Dinar B. Shrestha (name of Corporation or LLC), being first duly sworn
say I have vested in me, by properly authorized and executed written delegation, full authority
and control of the premise described in the license of such corporation or limited liability
company, and I am involved in the actual conduct of the business as an employee, or have a
direct financial interest in the business of the licensee, therein relating to the intoxicating
liquor/fermented malt beverage. The interest I have in the business is 0 %.

Subscribed and sworn to before me this

9th Day of September, 2011

[Signature]
Signature of Agent

[Signature]
Notary Public, Dane County, Wisconsin

My Commission Expires 6/29/2014

The appointed Liquor/Beer Agent must complete the other side of this form.

FINANCIAL INSTITUTIONS
STATE OF WISCONSIN

State of Wisconsin
DEPARTMENT OF FINANCIAL INSTITUTIONS
Division of Corporate & Consumer Services



11 SEP -6 PM 12:16

ARTICLES OF INCORPORATION – STOCK FOR-PROFIT CORPORATION

Executed by the undersigned for the purpose of forming a Wisconsin for-profit corporation under Ch. 180 of the Wisconsin Statutes:

ROSEMARY CORPORATION

Article 1. Name of the corporation: _____

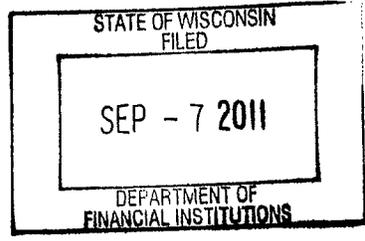
Article 2. The corporation is organized under Ch. 180 of the Wisconsin Statutes.

Article 3. The corporation shall be authorized to issue 1 shares.

Article 4. Name of the initial registered agent: DHANA M SHRESTHA

Article 5. Street address of the initial registered office: *(The complete address, including street and number, if assigned, and ZIP code. P O Box address may be included as part of the address, but is insufficient alone.)*
2301 COMMERCIAL AVENUE
MADISON, WI 53704

Article 6. Other provisions (OPTIONAL):



FILING FEE - \$100.00

WI - DFI CORP
FILE ID# ➔ R055394

Article 7. Name and complete address of each incorporator:

DHANA M SHRESTHA

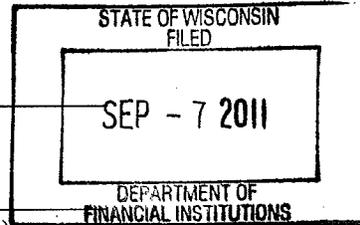
2893 BRIAN LANE, FITCHBURG WI
53711

DMS

Incorporator's signature

Incorporator's signature

This document was drafted by DHANA M SHRESTHA
(Name the individual who drafted the document)



► OPTIONAL – Second choice corporate name if first choice is not available:

INSTRUCTIONS (Ref. sec. 180.0202 Wis. Stats. for document content)

Submit one original and one exact copy to Department of Financial Institutions, P O Box 7846, Madison WI, 53707-7846, together with the appropriate **FILING FEE of \$100**. Filing fee is **non-refundable**. (If sent by Express or Priority U.S. mail, address to 345 W. Washington Ave., 3rd Floor, Madison WI, 53703). Sign the document manually or otherwise as allowed under sec. 180.0120(3)(c), Wis. Stats. **NOTICE:** This form may be used to accomplish a filing required or permitted by statute to be made with the department. Information requested may be used for secondary purposes. If you have any questions, please contact the Division of Corporate & Consumer Services at 608-261-7577. Hearing-impaired may call 608-266-8818 for TTY. This document can be made available in alternate formats upon request to qualifying individuals with disabilities.

Article 1. The name must contain "corporation", "incorporated", "company", or "limited" or the abbreviation "corp.", "inc.", "co." or "ltd." or comparable words or abbreviations in another language. If you wish to provide a second choice name that you would accept if your first choice is not available, enter it in the "Optional" area on page 2.

Article 2. This statement is required by sec. 180.0202(1)(a).

Article 3. Some quantity of shares must be authorized.

ARTICLES OF INCORPORATION
Stock, For-Profit Corporation

Γ

DHANA M SHRESTHA
2893 BRIAN LANE
FITCHBURG, WI 53711

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▲ Your **return address** and **phone number** during the day: (608) 698-3010

INSTRUCTIONS (Continued)

Articles 4 & 5. The corporation must have a registered agent located at a registered office in Wisconsin. The address of the registered office is to describe the physical location where the registered agent maintains their business office. Provide the street number and name, city and ZIP code in Wisconsin. P O Box addresses may be included as part of the address, but are insufficient alone. The corporation may not name itself as its own registered agent.

Article 6. This space is provide for insertion of any desired material, such as grant or limit of preemptive rights, or other information not inconsistent with law.

Article 7. Print the name and complete address of each incorporator. At least one incorporator is required to sign the document, although all incorporators may sign.

If the document is executed in Wisconsin, sec. 182.01(3), Wis. Stats., provides that it shall not be filed unless the name of the drafter (either an individual or a governmental agency) is printed in a legible manner. If the document is not executed in Wisconsin, enter that remark.

No certificate of incorporation will be issued. The "FILED" endorsement applied to this document by the Department of Financial Institutions is evidence that the articles of incorporation have been accepted. One or more "Received" endorsements may appear on the document, but do not indicate its acceptance for filing.

This document may declare a delayed effective date. To do so, enter a remark under Article 6: "This document has a delayed effective date of (enter the future date)." The delayed effective date may not be before, or more than 90 days after, the document is received by the Department of Financial Institutions for filing.

FILING FEE - \$100. Make check payable to Department of Financial Institutions.

Lessee: Singh Gas Company
1009 W. Main St.
Stoughton, WI 53589

Lessor: DINAR SHRESTHA
DHANA SHRESTHA
2893 BRIAN LN.
FITCHBURG, WI 53711-6418

~~Both Parties agree to lease terms~~

Singh Gas Company received earnest money in the amount of Five Thousand (\$5,000) to lease Dean's BP located at 2301 Commercial Ave. Madison, WI 53589. Both parties agree on 5 year lease term with Rent to \$6,700/mo and goodwill of \$100,000.

M. Stillion

8.24.2011

2301 Commercial Ave

Floor Plan of the Store

