LICLIB-2018-00038

City of Madison Liquor/Beer License Application

On-Premises Consumption: ☒ Class B Beer ☐ Class B Liquor ☒ Class C Wine
Off-Premises Consumption: ☐ Class A Beer ☐ Class A Liquor ☐ Class A Cider

Section A – Applicant

1. If needed, a qualified interpreter can be provided at no charge to you. Would you like an interpreter?
   ☐ Yes (language: _____)
   ☒ No (If you answer no and you do require an interpreter, the ALRC will refer your application to a subsequent meeting and this may delay your application process)

   Si usted requiere o necesita un/a intérprete, nosotros podemos proveer un/a intérprete sin costo alguno. ¿Le gustaría tener un/a intérprete?
   ☐ Sí, lenguaje_____
   ☐ No. Si usted escoge "no" en la solicitud/aplicación, y usted sí requiere un/a intérprete, el comité remitirá su solicitud para una nueva junta y esto puede atrasar el proceso de su solicitud.

2. This application is for the license period ending June 30, 20 18 .

3. List the name of your ☐ Sole Proprietor, ☐ Partnership, ☐ Corporation/Nonprofit Organization or ☒ Limited Liability Company exactly as it appears on your State Seller's Permit.
   Madison Chocolate Company LLC

4. Trade Name (doing business as) MADISON CHOCOLATE COMPANY

5. Address to be licensed 729 Glenway

6. Mailing address 729 Glenway, MADISON, WI 53711

7. Anticipated opening date Opened May , 2017

8. Is the applicant an employee or agent of, or acting of behalf of anyone except the applicant named in question 3?
   ☒ No ☐ Yes (explain) _____

9. Does another alcohol beverage licensee or wholesale permitee have interest in this business?
   ☒ No ☐ Yes (explain) _____

Section B—Premises

10. Describe in words the building or buildings where alcohol beverages are to be sold and stored. Include all rooms including living quarters, if used, and any outdoor seating used for the sales, service, and/or storage of alcohol beverages and records. Alcohol beverages may be sold and stored only on the premises as approved by Common Council and described on license.
    Alcoholic beverages will be sold in the cafe. We have indoor seating & outdoor seating. Storage will be in our storage room (locked) + behind front counter at coffee bar.

11. ☒ Attach a floor plan, no larger than 8 ½ by 14, showing the space described above.

12. Applicants for on-premises consumption: list estimated capacity 30

13. Describe existing parking and how parking lot is to be monitored.

We have private / exclusive parking in back.

14. Was this premises licensed for the sale of liquor or beer during the past license year?

☒ No ☐ Yes, license issued to _____ (name of licensee)

15. ☐ Attach copy of lease.

Section C—Corporate Information

This section applies to corporations, nonprofit organizations, and Limited Liability Companies only. Sole proprietorships and partnerships, skip to Section D.

16. Name of liquor license agent Megan Hile

17. City, state in which agent resides Madison, WI

18. How long has the agent continuously resided in the State of Wisconsin? 43 years

19. ☒ Appointment of agent form and background check form are attached.

20. Has the liquor license agent completed the responsible beverage server training course?

☐ No, but will complete prior to ALRC meeting ☒ Yes, date completed _____

21. State and date of registration of corporation, nonprofit organization, or LLC.

1/1/2013 Wisconsin

22. In the table below list the directors of your corporation or the members of your LLC.
☒ Attach background check forms for each director/member.

Title	Name	City and State of Residence
Owner / Founder	Megan Hile	Madison WI

23. Registered agent for your corporation or LLC. This is your agent for service of process, notice or demand required or permitted by law to be served on the corporation. This is not necessarily the same as your liquor agent.

Megan Hile

24. Is applicant a subsidiary of any other corporation or LLC?

☒ No ☐ Yes (explain) _____

25. Does the corporation, any officer, any director, any stockholder, liquor agent, LLC, any member, or any manager hold any interest in any other alcohol beverage license or permit in Wisconsin?

☒ No ☐ Yes (explain) _____

Section D—Business Plan

26. What type of establishment is contemplated?

☐ Tavern ☐ Nightclub ☐ Restaurant ☐ Liquor Store ☐ Grocery Store

☐ Convenience Store without gas pumps ☐ Convenience Store with gas pumps

☒ Other Chocolate Shop + Cafe

27. Business description small upscale chocolate shop. We serve fine flavor chocolate + specialty coffee. Gifts, gluten free pastry

28. Hours of operation M-Thurs 7am - 6pm / Friday Saturday 7am - 9pm / Sunday 8-4

29. Describe your management experience I have owned + operated my own business since 2013. I have also been a manager at a restaurant in the 90's.

30. List names of managers below, along with city and state of residence.

_____ _____

_____ _____

31. Describe staffing levels and staff duties at the proposed establishment _____

Owner, Production Manager, Barista -
All serve front of house clients, production team also works in kitchen.

32. Describe your employee training _____

All go through extensive front of house training. Kitchen training, sanitation, food safety.

33. Utilizing your market research, describe your target market.

Target market - 30-60 year old w/ income between 60 + 90K

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

We advertise on public radio.

We advertise our chocolate.

35. Are you operating under a lease or franchise agreement? ☑ No ☐ Yes

36. 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?
☒ No ☐ Yes

Section E—Consumption on Premises

This section applies to Class B and Class C applicants only. Class A license applicants (consumption off premises) may skip to Section F.

37. Do you plan to have live entertainment? ☐ No ☐ Yes—what kind? _____

38. What age range do you hope to attract to your establishment? 30-60+

39. What type of food will you be serving, if any? -Just sweets
☐ Breakfast ☐ Brunch ☐ Lunch ☐ Dinner

40. Submit a sample menu if applicable. What will be included on your operational menu?
☐ Appetizers ☐ Salads ☐ Soups ☐ Sandwiches ☐ Entrees ☒ Desserts
☐ Pizza ☐ Full Dinners

41. During what hours of operation do you plan to serve food? 7- Close daily

42. What hours, if any, will food service not be available? -never

43. Indicate any other product/service offered. coffee / sweets

44. Will your establishment have a kitchen manager? ☐ No ☒ Yes

45. Will you have a kitchen support staff? ☐ No ☑ Yes

46. How many wait staff do you anticipate will be employed at your establishment? We have seven employees.
During what hours do you anticipate they will be on duty? All open hours

47. Do you plan to have hosts or hostesses seating customers? ☑ No ☐ Yes

48. Do your plans call for a full-service bar? ☒ No ☐ Yes
If yes, how many barstools do you anticipate having at your bar? _____
How many bartenders do you anticipate having work at one time on a busy night? _____

49. Will there be a kitchen facility separate from the bar? ☐ No ☐ Yes
We don't have a bar.

50. Will there be a separate and specific area for eating only?
☐ No ☒ Yes, capacity of that area 25 - 30

51. What type of cooking equipment will you have?
☐ Stove ☒ Oven ☐ Fryers ☐ Grill ☒ Microwave

52. Will you have a walk-in cooler and/or freezer dedicated solely to the storage of food products?
☐ No ☒ Yes

53. What percentage of payroll do you anticipate devoting to food operation salaries? [redacted] / 100%

54. If your business plan includes an advertising budget:

What percentage of your advertising budget do you anticipate will be related to food? All / 100%.

What percentage of your advertising budget do you anticipate will be drink related? none

55. Are you currently, or do you plan to become, a member of the Madison—Dane County Tavern League or the Tavern League of Wisconsin? ☒ No ☐ Yes

56. Are you currently, or do you plan to become, a member of the Wisconsin Restaurant Association or the National Restaurant Association? ☒ No ☐ Yes

57. All restaurants and taverns serving alcohol must substantiate their gross receipts for food and alcohol beverage sales broken down by percentage. New establishments estimate percentages:
5 % Alcohol 70 % Food 25 % Other

58. Do you have written records to document the percentages shown? ☒ No ☐ Yes
You may be required to submit documentation verifying the percentages you've indicated.

Section F—Required Contacts and Filings

59. I understand that liquor/beer license renewal applications are due April 15 of every year, regardless of when license was initially granted. ☐ No ☒ Yes

60. I understand that I am required to host an information session at least one week before the ALRC meeting. ☐ No ☒ Yes

61. I agree to contact the Alderperson for this location to discuss my application and to invite the Alderperson to my information session. ☐ No ☒ Yes

62. I agree to contact the Police Department District Captain for this location prior to the ALRC meeting. ☐ No ☒ Yes

63. I agree to contact the Deputy Clerk prior to the ALRC meeting. ☐ No ☒ Yes

64. I agree to contact the neighborhood association representative prior to the ALRC meeting.
☐ No ☒ Yes

65. I intend to operate under the alcohol license within 90 days of the Common Council granting this license. The license shall be considered surrendered if not issued within 90 days of being granted. ☐ No ☒ Yes

66. I understand we must file a Special Occupational Tax return (TTB form 5630.5) before beginning business. [phone 1-800-937-8864] ☐ No ☒ Yes

67. I 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] ☐ No ☒ Yes

68. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☒ No ☐ Yes

Section G—Information for Clerk's Office

69. State Seller's Permit 456-1020805753-04

70. Federal Employer Identification Number 46-1639725

71. Who may we contact between 8 a.m. and 4:30 p.m. regarding this license?

Contact person Megan Hile

E-mail address megan@madisonchocolate.com

Phone 608-217-5781 Preferred language _____

72. Corporate attorney, if applicable: Name Samantha Skenandore

Phone 608-234-6078 E-mail Samantha.Skenandore@nuschbblackwell.com

Read carefully before signing in front of a notary: 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 the business according to law, and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. Lack of access to any portion of 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 12th day of January 2018

THOMAS LUND NOTARY PUBLIC STATE OF WISCONSIN

Thomas Lund
(Clerk/Notary Public)

(Officer of Corporation/Member of LLC/Partner/Sole Proprietor)

My commission expires 05/24/2019

Clerk's Office checklist for complete applications		
☐ Orange sign ☒ WI Seller's Permit Certificate (matching articles of incorporation) ☒ FEIN ☒ Notarized application ☒ Written description of premises	☒ Background investigation form(s) ☐ ~~Form for surrender~~ of previous license ☒ *Articles of Incorporation ☒ *Notarized Appointment of Agent * Corporation/LLC only	☒ Floor Plans ☐ Lease ☒ Sample Menu ☒ Business Plan

Date complete application filed with Clerk's Office _____

Date of ALRC meeting _____ Date license granted by Common Council _____

Date provisional issued _____ Date license issued _____ License number _____