

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2010 ending: 06/30/2011  
(MM DD YYYY) (MM DD YYYY)

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

County of DANE Aldermanic Dist. No. 5 (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number: <u>456-0000522344-02</u>	
Federal Employer Identification Number (FEIN): <u>39-1799496</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>

Complete A or B. All must complete C.

A Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code  
 ▶ Schmoeck, Lawrence W. 5074 W. Clayton Rd. Fitchburg WI 53711  
Schmoeck, Thomas E. 1114 Mohican Pass Madison WI 53711

B Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member			
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶			

Directors/Managers

C. 1. Trade Name ▶ Blue Moon Bar + Grill Business Phone Number 233-0441

2. Address of Premises ▶ 2535 University Ave. Post Office & Zip Code ▶ Madison WI 53705

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers?  Yes  No

4. 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) See attached Liquor/Beer Supplemental Form

5. Legal description (omit if street address is given above): See street address above

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side  Yes  No

b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side  Yes  No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain.  Yes  No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not explain  Yes  No

9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776]  Yes  No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No

11. 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.)

**SUBSCRIBED AND SWORN TO BEFORE ME**

this 13 day of April, 2010

[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 3-18-2012

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

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <u>4-13-10</u>	Date reported to council/board <u>5-19-2010</u>	Date license granted <u>6-1-2010</u>
License number issued <u>32313</u>	Date license issued <u>6-15-2010</u>	Signature of Clerk / Deputy Clerk <u>M. Taubert</u>

# Liquor/Beer Renewal Supplemental Form

## Individual or Partnership

1. Name of Individual Owner or Partnership (list all General Partners)  
Lawrence W. Schmock, Thomas E. Schmock
2. Address of Licensed Premise 2535 University Ave.
3. State Seller's Permit Number <sup>456</sup>~~004~~ - 0000522344-02
4. Federal Employer Identification Number 39-1799496
5. Approximate square footage of licensed premise 1380 6. Capacity 99
7. Areas where alcohol beverages are sold/permitted (include outdoor seating, if applicable)  
Sold at Bar + Dining Area + Sidewalk Cafe  
and Walk-in Cooler
8. Areas where alcohol beverages are stored Stored in Basement Liquor Room  
and Walk-in Cooler
9. Indicate the estimated percent of liquor/beer vs. food business, based on gross sales.  
45 % Alcohol 55 % Food — % Other
10. **Establishments with a capacity of 100 or more:**  
(a) Do you offer or allow live music performances? — Yes — No  
(b) Do you have a designated dance floor area? — Yes — No  
(c) Do you offer or allow the use of a disc jockey? — Yes — No
11. **Establishments that currently hold Nightclub Licenses:**  
Does your approved Security Plan remain in force and unchanged? — Yes — No
12. **Establishments that currently hold Centers for Visual & Performing Arts Licenses:**  
Do your underage identification and security procedures remain in force and unchanged, as approved on your initial application? — Yes — No
13.  Notify me when Tavern Safety Training sessions have been scheduled.  No notice needed
14. How long has the sole proprietor or each partner resided in Wisconsin?  
Permanent
15. List the individuals who have completed the Beverage Server Training Course.  
Lawrence Schmock, Thomas Schmock, Douglas Brown
16. Thomas Schmock 235-8150  
Who to contact 8 a.m. - 4.30 p.m. regarding problems with application Contact Phone Number  
Steakplace@inxpress-net  
Contact E-mail Address, if possible

X

[Signature]

4-13-10

Signature of Individual/Partner

Date