

LIC 418.2011.00145

# ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning \_\_\_\_\_ 20\_\_\_\_ ;  
ending \_\_\_\_\_ 20\_\_\_\_

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

County of DANE Aldermanic Dist. No. 1 (if required by ordinance)

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): Tytan Hospitality Inc.

Applicant's Wisconsin Seller's Permit Number: <u>1027155873-03</u>	
Federal Employer Identification Number (FEIN): <u>27-4826543</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>

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</u>	<u>Tyler Kneubuehl</u>	<u>8259 Starr Grass Dr., Madison, 53719</u>
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<u>Tyler Kneubuehl</u>		
Directors/Managers			

3. Trade Name The Roost Pub and Grill Business Phone Number 608-848-~~4~~5751  
4. Address of Premises 88 Hawks Landing Cir., Verona, WI Post Office & Zip Code 53593

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 2/4/11 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.) Bar & dining room, deck, golf course, pool area

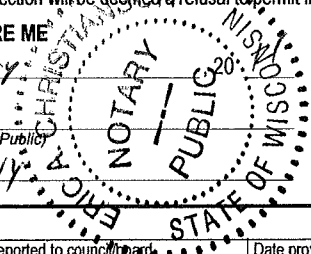
10. Legal description (omit if street address is given above):  
11. (a) Was this premises licensed for the sale of liquor or beer during the past license year?  Yes  No  
(b) If yes, under what name was license issued?  
12. Does the applicant understand they must file a Special Occupational Tax return (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 28<sup>th</sup> day of February, 2011

[Signature]  
(Clerk/Notary Public)



[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)

My commission expires 6/29/2014

### 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	

AD-1  
10-135

## City of Madison Supplemental Class B License Application

<input checked="" type="checkbox"/> Seller's Permit Number <input checked="" type="checkbox"/> Federal Employer Identification # <input checked="" type="checkbox"/> Notarized Original Application Form <input checked="" type="checkbox"/> Notarized Supplemental Form <input checked="" type="checkbox"/> Orange Sign (Clerk's Office provides at time of application)	<input checked="" type="checkbox"/> Written Description of Premise <input checked="" type="checkbox"/> Background Investigation Form(s) <input type="checkbox"/> Notarized Transfer of Ownership <input checked="" type="checkbox"/> *Articles of Incorporation <input checked="" type="checkbox"/> *Notarized Appointment of Agent * Corporation/LLC only	<input checked="" type="checkbox"/> Floor Plans <input checked="" type="checkbox"/> Lease <input checked="" type="checkbox"/> Sample Menu <input type="checkbox"/> Business Plan
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1. Name of Applicant/Partner/Corporation/LLC Tytan Hospitality Inc.
2. Address of Licensed Premise 88 Hawks Landing Cir., Verona, WI, 53593
3. Telephone Number: 608-848-5751      4. Anticipated opening date: 3/18/11
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

7. Are there any special conditions desired by the neighborhood?     Yes     No

Explain. \_\_\_\_\_

8. Business Description, including hours of operation: Sports bar connected to a golf course. Open 10am - Bar time. Concession area connected to pool area, open 10am-9pm. Beverage carts on golf course, operating 10am-9pm

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.**

Building is a co-op of the restaurant/pro shop/locker rooms. Restaurant square footage is approximately 1700 sq. ft. Pool concession area is approximately 200 sq. ft. Small tables are spread throughout indoor and deck space w/ seating for up to 130+ people. Alcohol will be served in Bar & Dining room, pool concession area, and from 2 beverage golf carts.

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. Parking lot in front of building monitored by staff and Hawk's Landing staff

13. Describe your management experience, staffing levels, duties and employee training.

Six years of restaurant management experience at State Street Brats. Staffing levels will be heavy (30-50) in summer and light (10-20) in winter. Staff duties will be providing great customer service to customers through training from management staff and co-workers

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.

Tyler Kneubuehl                      8259 Starr Grass Dr., Madison, WI, 53719  
 Name                                      Address

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

Golfers, Members of Hawks Landing, Sports Fans, Residents of Hawks Landing Area

16. What age range would you hope to attract to your establishment? 25-75

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

Social Media, Signage, Postcards, advertising food, drinks, specials

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

19. Owner of building where establishment is located: Jeff Haen

Address of Owner: 9 Hawks Landing Cir, Verona, 53593 Phone Number 608-845-1550

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?  Yes  No

21. List the Directors of your Corporation/LLC

Tyler Kneubuehl 8259 Starr Grass Dr., Madison, 53719  
Name Address

Name Address

Name Address

22. List the Stockholders of your Corporation/LLC

Tyler Kneubuehl 8259 Starr Grass Dr., Madison, 53719 100%  
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

Other Please Explain. \_\_\_\_\_

24. What type of food will you be serving, if any? \_\_\_\_\_

Breakfast  Lunch  Dinner

25. 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? 10am - 10pm

27. What hours, if any, will food service not be available? 10pm - Close, unless absolutely needed
28. Indicate any other product/service offered. Beverage Carts run on golf course
29. Will your establishment have a kitchen manager?  Yes  No
30. Will you have a kitchen support staff?  Yes  No
31. How many wait staff do you anticipate will be employed at your establishment? 5-25, depends on the season  
During what hours do you anticipate they will be on duty? 10am-10pm
32. Do you plan to have hosts or hostesses seating customers?  Yes  No
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? 15  
How many bartenders do you anticipate you would have working at one time on a busy night? 2
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? 40-70
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
38. What percentage of your overall payroll do you anticipate will be devoted to food operation salaries?  
60%
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? 60%  
What percentage of your advertising budget do you anticipate will be drink related? 35%
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? 200

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.

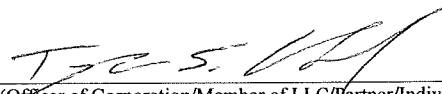
Gross Receipts from Alcoholic Beverages	40%
Gross Receipts from Food and Non-Alcoholic Beverages	60%
Gross Receipts from Other	1%
<b>Total Gross Receipts</b>	<b>100%</b>

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.

Subscribed and Sworn to before me:

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

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

\_\_\_\_\_  
(Clerk/Notary Public)

My commission expires \_\_\_\_\_

Page 01

Premise - dining room, restaurant, kitchen and storage rooms in basement hold the liquor and beer. Also included: deck seating of 32 and front outside veranda with seating of 16. Includes entire golf course.

End of Report

Sec. 180.0202  
Wis. Stats.



State of Wisconsin  
Department of Financial Institutions

**ARTICLES OF INCORPORATION - STOCK FOR-PROFIT CORPORATION**

Executed by the undersigned for the purpose of forming a Wisconsin Stock For-Profit Corporation under Chapter 180 of the Wisconsin Statutes:

- Article 1.                    **Name of the corporation:**  
Tytan Hospitality, Inc.
- Article 2.                    **The corporation is organized under Ch. 180 of the Wisconsin Statutes.**
- Article 3.                    **Name of the initial registered agent:**  
Teresa K Kobelt
- Article 4.                    **Street address of the initial registered office:**  
1424 N. High Point Road, Ste. 202  
P. O. Box 628005  
Middleton, WI 53562-8005  
United States of America
- Article 5.                    **Number of shares of stock the corporation shall be authorized to issue:**  
**Number of Shares Authorized: 10,000**  
**Class: Common**
- Article 6.                    **Name and complete address of each incorporator:**  
Teresa K Kobelt  
1424 N. High Point Road, Ste. 202  
P. O. Box 628005  
Middleton, WI 53562-8005  
United States of America  
Tyler Kneubuehl  
8259 Starr Grass Dr  
Madison, WI 53719  
United States of America
- Other provisions (optional).    (No other provisions declared.)
- Other Information.            **This document was drafted by:**

Teresa K Kobelt

**Incorporator signature:**

Teresa K Kobelt

**Contact Information:**

Teresa K Kobelt  
1424 N. High Point Road, Ste. 202  
P. O. Box 628005  
Middleton, WI 53562-8005  
United States of America  
christine@hplawoffice.com  
608-836-6400

**Date & Time of Receipt:**

2/4/2011 4:35:48 PM

**Credit Card Transaction Number:**

201102042492435

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**ARTICLES OF INCORPORATION - Wisconsin Stock  
For-Profit Corporation (Ch. 180)**

Filing Fee: \$100.00  
Total Fee: \$100.00

**ENDORSEMENT**

**State of Wisconsin  
Department of Financial Institutions**

EFFECTIVE DATE	
2/4/2011	



**FILED**

2/4/2011

Entity ID Number  
T052972

# Appointment of New Liquor/Beer Agent

## To be completed by Corporate Officer or Member of LLC

I, Tyler Kneubuehl, officer/member for Tytan Hospitality Inc.

(Corporation/LLC), doing business as The Roost Pub and Grill, authorize and appoint

Tyler Kneubuehl (Name) as the liquor/beer agent for the premise

located at 88 Hawks Landing, Verona, WI 53593

Subscribed and sworn to before me this

28<sup>th</sup> Day of February, 2011

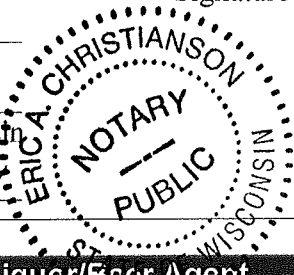
[Signature]

Notary Public, Dane County, Wisconsin

My Commission Expires 6/29/2014

[Signature]

Signature of Officer/Member



## To be completed by appointed Liquor/Beer Agent

I, Tyler Kneubuehl, appointed liquor/beer agent for  
Tytan Hospitality Inc. (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 \_\_\_\_\_ %.

Subscribed and sworn to before me this

28<sup>th</sup> Day of February, 2011

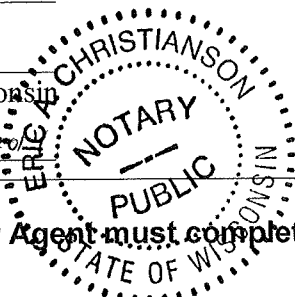
[Signature]

Notary Public, Dane County, Wisconsin

My Commission Expires 6/29/2014

[Signature]

Signature of Agent



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

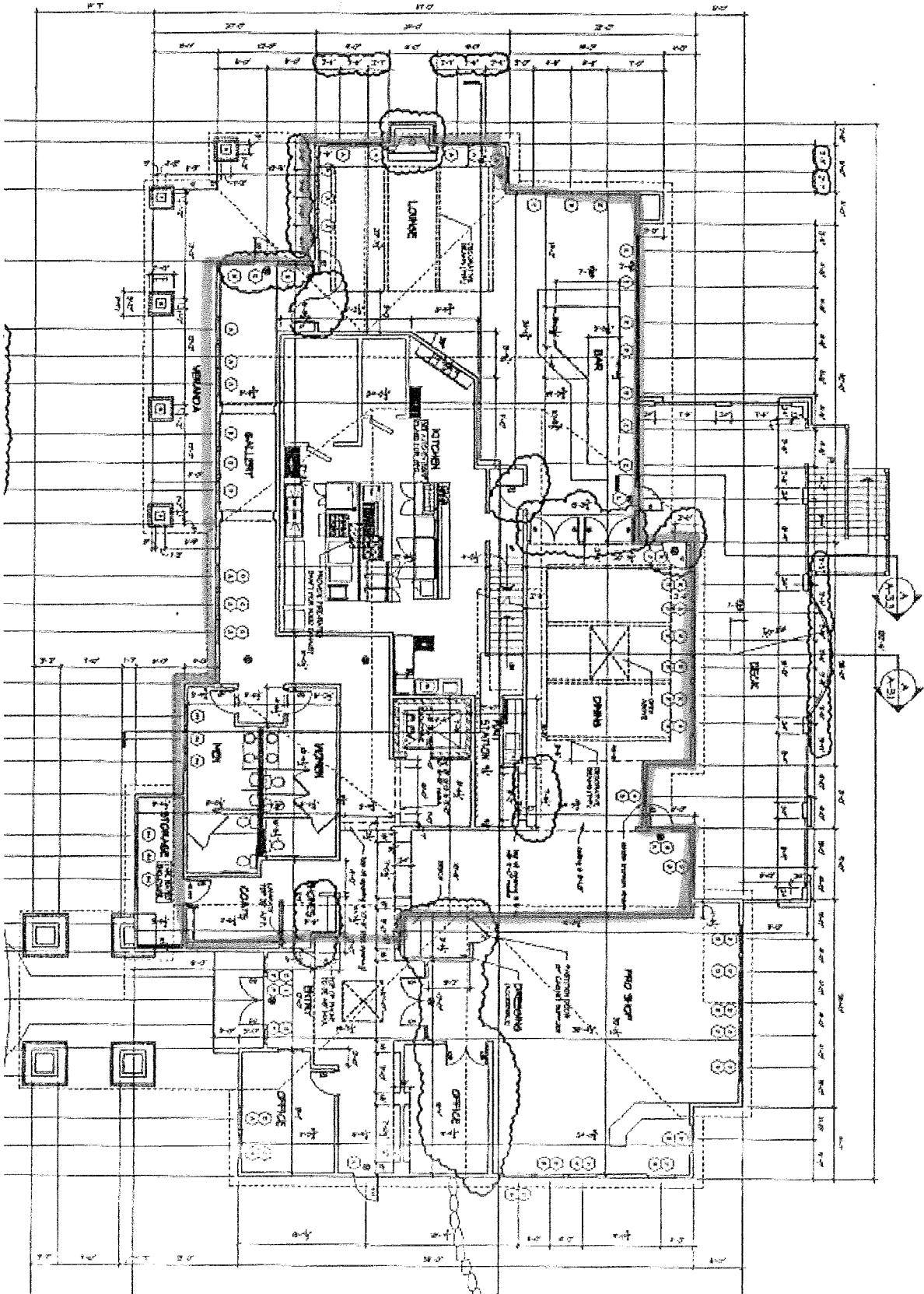
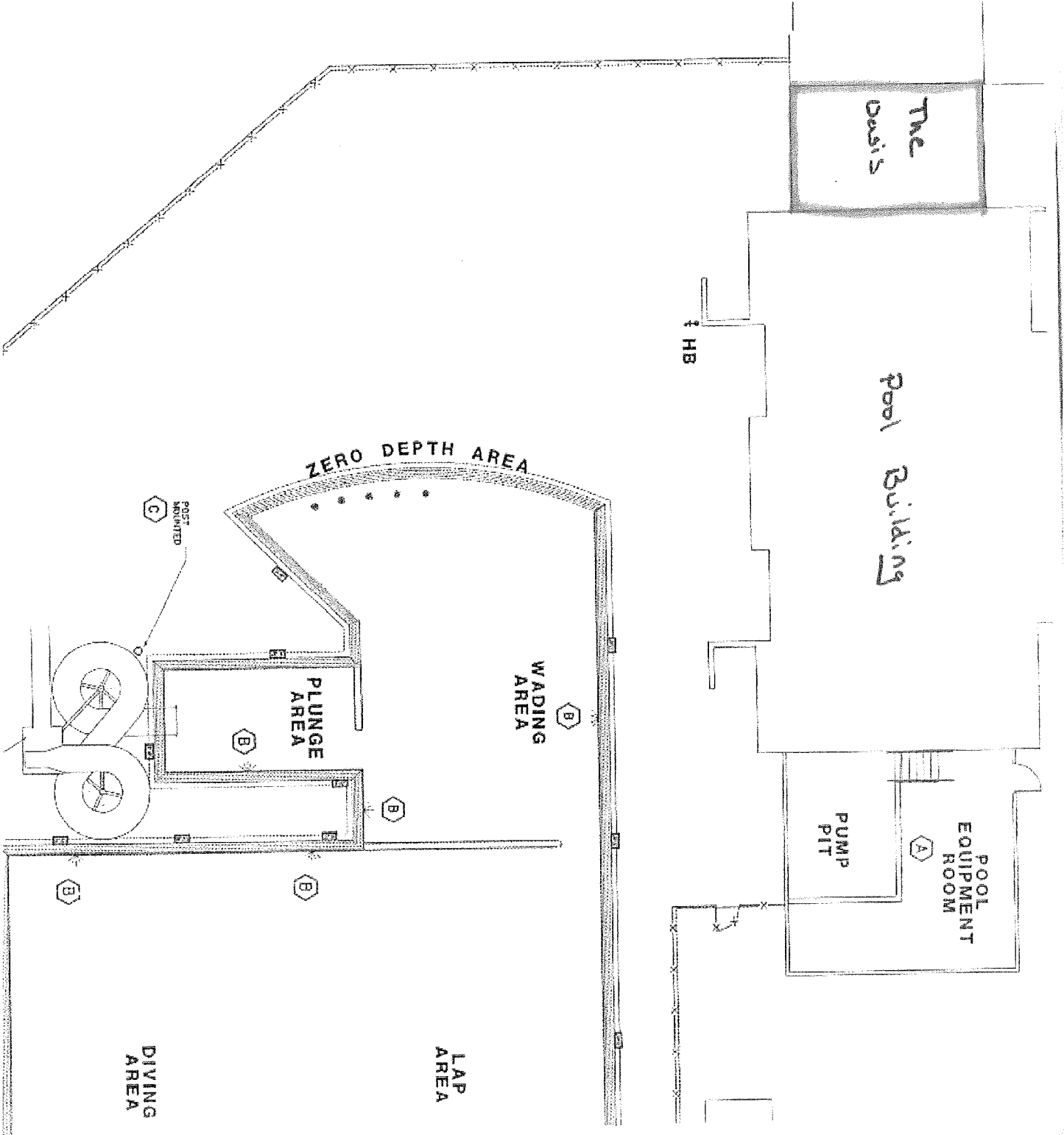


EXHIBIT 3





Appetizers

Nachos  
Cheese Curds  
Chicken Fingers  
Boneless Wings  
Quesadillas  
Fries – cheese, chili cheese  
Sweet Potato Fries/Slices  
Pub Chips  
Onion Petals

Soup and Salad

Soup of the Day  
Chili  
Chopped Salad  
Chicken Strip Salad  
Caesar Salad  
Chef Salad  
House/Side Salad  
Spinach Strawberry Walnut

Wraps and Sandwiches

Chicken Caesar  
Club  
BLT  
Chicken Finger  
Deli  
Tuna Salad  
Grilled Chicken  
Southwest Chicken  
BBQ Chicken  
Buffalo Chicken  
Chicken Bacon Swiss  
Chicken Bacon Ranch

Burgers and Brats

White Brat

Red Brat

Hot Dog

Chili Dog

Roost Dog

Burger – add cheese, bacon

Rodeo Burger

Roost Burger

Alpine Burger

Juicy Lucy

Black and Blue Burger

Rueben Burger

Chili Burger

Pizza Burger

Pub Chip Burger

Steak Sandwich

Pizza

12” or 16”

Pepperoni, sausage, bacon, ham, chicken, onions, green peppers, mushrooms, tomatoes,

olives, jalapenos

Cheeseburger Pizza

Loaded Sausage Pizza

Roost Pizza

Steak and Eggs Pizza

Fish Fry

Cod

Walleye

Perch

Blue Gill

Shrimp

# Payment of Taxes on Liquor/Beer License Transfer

I, Tyler Kneubuehl, President, applicant for  
Name Title

a liquor and/or beer license for the premise located at 88 Hawks Landing, <sup>Grde</sup> Verona 53593, have  
Address

read the provisions in the attached copy of Madison General Ordinance Section 9.01, and understand that payment of all personal property taxes, special assessments, room taxes, forfeitures and judgments must be paid before the Office of the City Clerk can issue said license.

Tyler Kneubuehl  
Signature of Applicant

2/28/2011  
Date

Subscribed and sworn to before me this  
28<sup>th</sup> day of February, 20 11

Eric A. Christianson  
Notary Public, Dane County, State of Wisconsin  
My Commission Expires 6/29/2014

