P-113

LE Mad	City of Madison Liquor/Beer License Application On-Premises Consumption: Class B Beer Class B Liquor Off-Premises Consumption: Class A Beer Class A Liquor					
Sec 1.	<ul> <li>ction A – Applicant</li> <li>If needed, a qualified interpreter can be provided at no charge to you. Would you like an interpreter?</li> <li>☐ Yes (language:)</li> <li>☐ No (If you answer no and you do require an interpreter, the ALRC will refer your application to a subsequent meeting and this mage delay your application process)</li> </ul>					
2.	This application is for the license period ending June 30, 20_16					
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.  Indian Kitchens, Inc.					
4.	Trade Name (doing business as) Maharaja Indian Restaurant To be deturmined Address to be licensed 6713 Odana Road, Madison, WI 53719 Space 12, regrof 3 84					
5.	Address to be licensed 6713 Odana Road, Madison, WI 53719 Space 12, regrof 3 & Y					
6.	Mailing address					
7.	Anticipated opening date					
8.	Is the applicant an employee or agent of, or acting of behalf of anyone except the applicant named in question 2? ■ No □ Yes (explain)					
9.	Does another alcohol beverage licensee or wholesale permitee have interest in this business?					
	■ No □ Yes (explain)					
<b>Sec</b> 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.  Alcohol will be stored in the on-site dry stoage and in the retail display area.					
	Sq. 41. 5840					
11,	Attach a floor plan, no larger than 8 ½ by 14, showing the space described below.  99					
12.	Applicants for on-premises consumption: list estimated capacity 99  A-19(cusar)					

13.	Describe existing parking and how parking lot is to be monitored.  Customer parking is available in the front and side of the building.					
14.	Was this premises	s licensed for the sale	e of liquor or beer during the pas	t license year?		
	□ No ■ Yes, li	cense issued to Nirn	nal Corporation	(name of licensee)		
15.	Attach copy of					
This	section applies to	rate Information corporations, nonpro d partnerships, skip	ofit organizations, and Limited Lia to Section D.	ability Companies only.		
16.	Name of liquor license agent Anwar A. Zaidi					
17.	City, state in which	h agent resides <sup>Vero</sup>	na, WI			
18.	How long has the	agent continuously r	esided in the State of Wisconsin	? 11/08/2001		
19.	Appointment o	f agent form and bac	ckground check form are attache	ed.		
20.			d the responsible beverage serve			
	■ No, but will complete prior to ALRC meeting □ Yes, date completed					
21.	to the state of severeties constraint organization or L.C.					
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 Reside	ence		
	President	Reba Zaidi	Verona, WI			
	Vice President	Dev Raj	Madison, WI			
23.	Registered agent for your corporation or LLC. This is your agent for service of process, notice of demand required or permitted by law to be served on the corporation. This is not necessarily the same as your liquor agent. Anwar A. Zaidi					
24.	Is applicant a subsidiary of any other corporation or LLC?					
<b>24</b> .	■ No □ Yes (explain)					
	■ 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)				
	ction D—Business Plan What type of establishment is contemplated? □ Tavern □ Nightclub ■ Restaurant □ Liquor Store □ Grocery Store				
	☐ Convenience Store without gas pumps ☐ Convenience Store with gas pumps ☐ Other				
27.	Business description Full service restuarant serving ethnic Indian food.				
28.	Hours of operation11:30a - 10:00p Monday thru Sunday.				
29.	Describe your management experience Vice President Dev Raj has been a chef for the				
	last 22 years. He has been a chef at this location for the last 6 years.				
30.	List names of managers below, along with city and state of residence.				
	Anwar A. Zaidi Verona, WI				
31.	Describe staffing levels and staff duties at the proposed establishment				
	2 Kitchen chefs, 1-2 kitchen helpers. Restaurant manager in dining area along with 2-4				
	waitstaff depending on the business				
32.	Describe your employee training 2 year minimum work experience is required for the job.				
33.	Utilizing your market research, describe your target market.  Families, adults, individuals and people working on in Madison area. We also cater to people staying at hotels				
	and attending conferences in Madison and surrounding areas.				

34.	Describe how you plan to advertise and promote your business. What products will you be advertising?				
	Advertise with local newspapers, coupon magazines, online sites, our of website,				
	radio and tv commercials.				
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				
This	ction E—Consumption on Premises s section applies to Class B and Class C applicants only. Class A license applicants (consumption 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? 25-55				
	. What type of food will you be serving, if any?				
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? 11:30a - 10:00p				
42.	What hours, if any, will food service <u>not</u> be available? <sup>3p - 5p</sup> (between lunch and dinner)				
	Indicate any other product/service offered. N/A				
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? 2-4				
	During what hours do you anticipate they will be on duty? 11:30a - 2:00p; 5:00p - 10:00p				
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				

50.	Will there be a separate and specific area for eating only?				
	■ No □ Yes, capacity of that area				
	What type of cooking equipment will you have?  ■ Stove ■ Oven ■ Fryers ■ Grill ■ Microwave				
	□ No ■ Yes				
53.	What percentage of payroll do you anticipate devoting to food operation salaries? 95%				
54.	If your business plan includes an advertising budget:				
	What percentage of your advertising budget do you anticipate will be related to food? 95%				
	What percentage of your advertising budget do you anticipate will be drink related? $\frac{5\%}{}$				
55.	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.	alcohol beverage sales broken down by percentage. New establishments estimate percentages.				
	5 % Alcohol 95 % Food 0 % 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.				
<b>Se</b> (59.	ction F—Required Contacts and Filings 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. $\square$ No $\blacksquare$ 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 Alcohol Policy Coordinator prior to the ALRC meeting. 🛛 No 📲 Yes				
64.	□ No ■ Yes				
65.	I understand we must file a Special Occupational Tax return (TTB form 5630.5) before beginning business. [phone 1-800-937-8864] □ No ■ Yes				
66.	that shown in section 2, above. [phone 608-266-2776] □ No ■ Yes				
67.	ls the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ■ No □ Yes				

