



# 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

## Section A – Applicant

- 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.

- This application is for the license period ending June 30, 20\_\_\_\_.
- 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.

10 High Crossing LLC

- Trade Name (doing business as) GrandStay Residential Suites

- Address to be licensed 5317 High Crossing BLVD Madison WI 53718

- Mailing address same

- Anticipated opening date opened

- Is the applicant an employee or agent of, or acting of behalf of anyone except the applicant named in question 2?  
 No     Yes (explain) \_\_\_\_\_

- Does another alcohol beverage licensee or wholesale permittee have interest in this business?  
 No     Yes (explain) \_\_\_\_\_

## Section B—Premises

- 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.

Hotel, the beverages are sold at Front Desk, stored in closet, can bring to rooms or outside rear door, meeting rooms.

11.  Attach a floor plan, no larger than 8 1/2 by 14, showing the space described above.

12. Applicants for on-premises consumption: list estimated capacity 250

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

hotel lot ~~is~~ monitored by front desk  
24 hour

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 Sam Russo

17. City, state in which agent resides West Bend WI

18. How long has the agent continuously resided in the State of Wisconsin? 25 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.

Wisconsin 2004

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
<u>Member</u>	<u>David Baymeister</u>	<u>Burlington WI</u>

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.

Samuel J Russo

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 \_\_\_\_\_

27. Business description Hotel

28. Hours of operation 24 hour

29. Describe your management experience 35 years in Hospitality Management

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

Joe Reinhart Madison WI

Ajjoy Pustorich Madison WI

31. Describe staffing levels and staff duties at the proposed establishment 7-3 Shift

3-11 Shift 11-7 Shift - Front Desk Staff  
check in & out of guests

32. Describe your employee training Periodic Cup Training

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

Corporate business

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

10 years Hotel rooms

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? None  
 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? N/A

42. What hours, if any, will food service not be available? N/A

43. Indicate any other product/service offered. Hotel rooms

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? 12

During what hours do you anticipate they will be on duty? 24 hour

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 \_\_\_\_\_
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? 0
54. If your business plan includes an advertising budget:  
 What percentage of your advertising budget do you anticipate will be related to food? 0  
 What percentage of your advertising budget do you anticipate will be drink related? 0
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:  
2 % Alcohol      \_\_\_\_\_ % Food      98 % 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 Alcohol Policy Coordinator prior to the ALRC meeting.  No  Yes
64. I agree to contact the neighborhood association representative prior to the ALRC meeting.  
 No  Yes

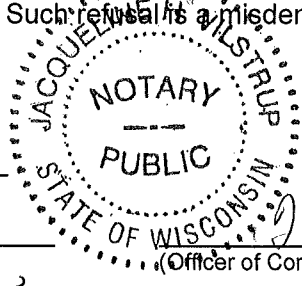
65. I understand we must file a Special Occupational Tax return (TTB form 5630.5) before beginning business. [phone 1-800-937-8864]  No  Yes
66. I understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in section 2, above. [phone 608-266-2776]  No  Yes
67. 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**

68. State Seller's Permit 456-0000069391-02
69. Federal Employer Identification Number 39-2039380
70. Who may we contact between 8 a.m. and 4:30 p.m. regarding this license?  
 Contact person Samuel J Russo  
 E-mail address sam\_russo@sbcglobal.net  
 Phone 262-689-7017 Preferred language English
71. Corporate attorney, if applicable: Name \_\_\_\_\_  
 Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**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 30<sup>th</sup> day of January, 2014  
Jacqueline H. Vilstrup  
 (Clerk/Notary Public) County of Dane, State of Wisconsin  
 My commission expires February 23, 2014



Gary W. Welle  
 (Officer of Corporation/Member of LLC/Partner/Sole Proprietor)

Clerk's Office checklist for complete applications		
<input type="checkbox"/> Orange sign <input type="checkbox"/> WI Seller's Permit Certificate (matching articles of incorporation) <input type="checkbox"/> FEIN <input type="checkbox"/> Notarized application <input type="checkbox"/> Written description of premises	<input type="checkbox"/> Background investigation form(s) <input type="checkbox"/> Form for surrender of previous license <input type="checkbox"/> *Articles of Incorporation <input type="checkbox"/> *Notarized Appointment of Agent * Corporation/LLC only	<input type="checkbox"/> Floor Plans <input type="checkbox"/> Lease <input type="checkbox"/> Sample Menu <input type="checkbox"/> 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 _____		

FORM ST-2

H

**WISCONSIN DEPARTMENT OF REVENUE**  
 Address Mail To: P.O. Box 8902, Madison, WI 53708-8902  
**WISCONSIN SELLER'S PERMIT**



The seller whose name appears below is authorized to engage in the business of selling tangible personal property and taxable services at the location shown. This permit is not transferable and is not valid at any other location, unless noted as "MOBILE." This permit must be conspicuously displayed at the place of business for which issued. Return this permit to the Department if you permanently discontinue sales of taxable property and services at this location.

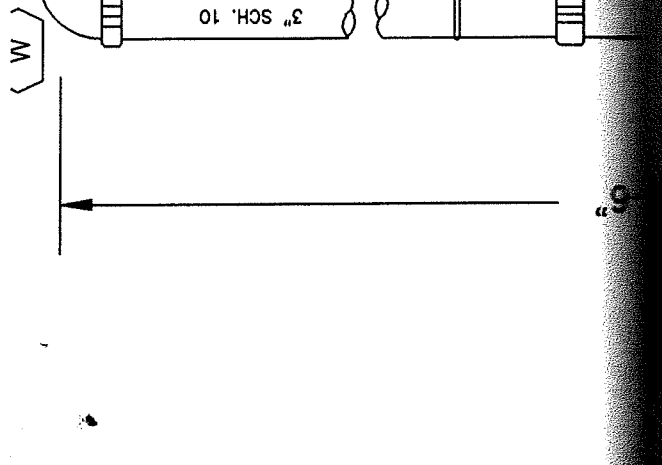
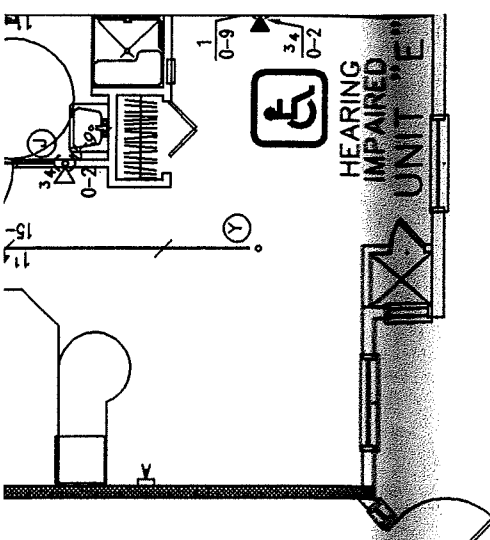
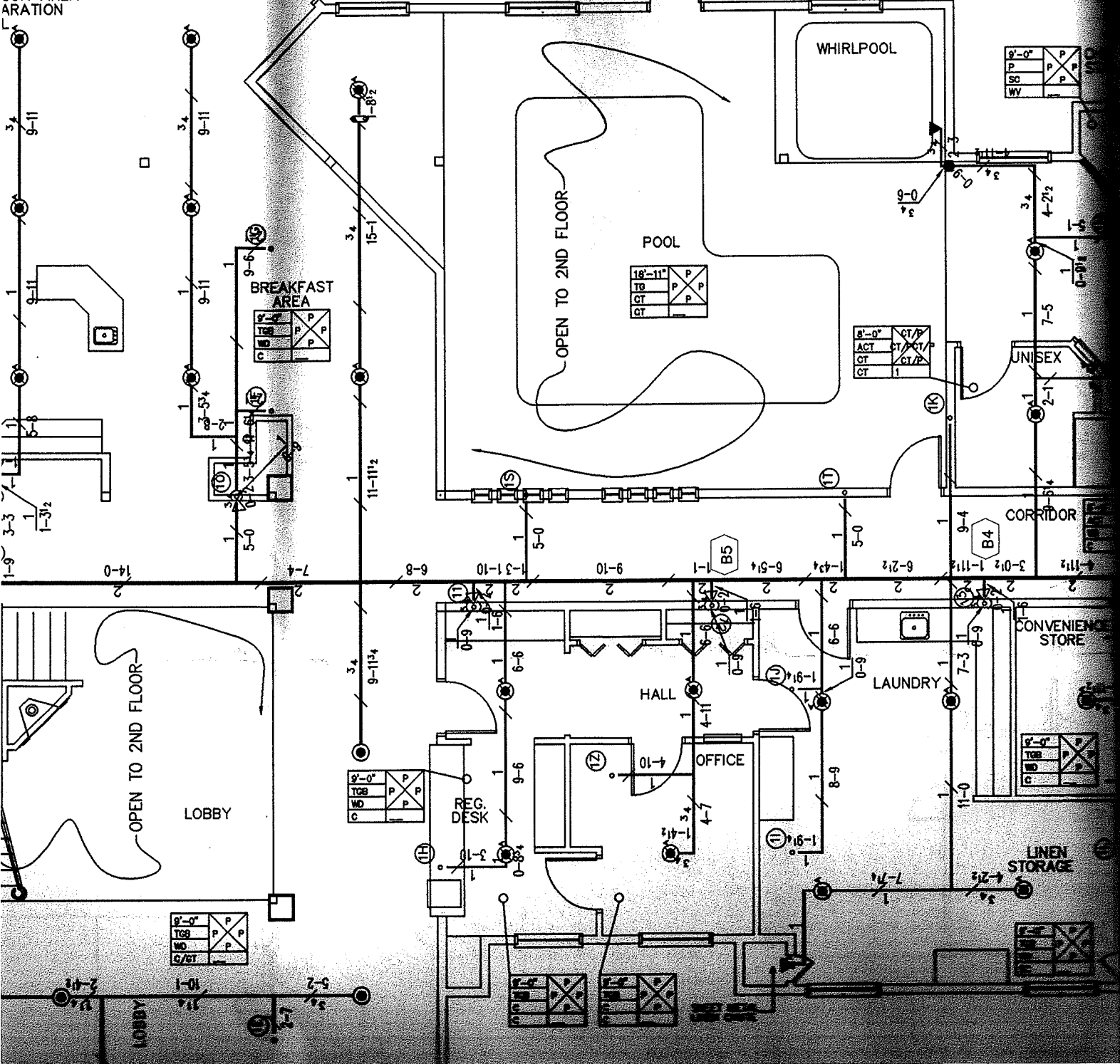
REAL NAME AND ADDRESS	SELLER'S PERMIT NO.	BUSINESS NAME AND ADDRESS
GRAND STAY RESIDENTIAL SUITES 10 HIGH CROSSING LLC 24707 COUNTY RD 75 SAINT AUGUSTA MN 56301	726711	GRAND STAY RESIDENTIAL SUITES 5317 HIGH CROSSING BLVD MADISON WI 53718



HEARING IMPAIRED UNIT 'E'

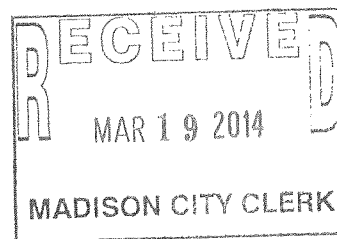
UNLESS NOTED OTHERWISE  
 MAIN PIPE ELEVATION: 9'6"  
 BRANCH PIPE ELEVATION: 8'9"

OUR AREA  
 ARATION





February 28, 2014



City of Madison Clerk's Office

210 Martin Luther King Jr Blvd, Room 103

Madison, WI 53718

Dear Mr. Christianson,

We are including the items you had requested from your 2/10/14 letter regarding our Class B Beer and Class C Wine license.

Enclosed you will find:

- Background checks on officers
- Copy of WI Seller's Permit
- Copy of Articles of Incorporation
- Copy of Floor Plans

We spoke with Wendy on 2/18/14 and informed her that we do not lease anything. We do not sell food. We do not have a business plan. She encouraged us to write that in the cover letter.

We are an extended stay hotel property. We simply want to have the ability to sell Beer and Wine in our Pantry and on occasion during Manager's Receptions.

Please contact us in the event you have any additional questions.

Sincerely,

Joe Reinhart

General Manager

[Madison@grandstay.net](mailto:Madison@grandstay.net)

Cc: Sam Russo