

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning _____ 20____
ending June 30 202009

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

County of Dane Aldermanic Dist. No. _____ (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): Sam and Ben Enterprises LLC

Applicant's Wisconsin Seller's Permit Number: <u>456-1026897306-03</u>	
Federal Employer Identification Number (FEIN): <u>26-4306914</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Wholesale beer	\$
<input checked="" type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$
TOTAL FEE	\$

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

President/Member OWNER CHEN, QIUFANG Home Address 3400 BRUGGER PL MC FARLAND, WI 53558
Vice President/Member _____
Secretary/Member _____
Treasurer/Member _____
Agent MANAGER CHEN, QIUFANG 3400 BRUGGER PL
Directors/Managers _____

3. Trade Name CHINA ONE Business Phone Number 608-833-5288
4. Address of Premises 518 GRAND CANYON DR, MADISON Post Office & Zip Code WI 53719

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 02/03/09 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) 19000 Dining room, 40 SRF bar, enclosed storage
10. Legal description (omit if street address is given above): CHINA ONE
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 17 day of April, 2009

Michael [Signature]
(Clerk/Notary Public)

My commission expires 3-18-2012

[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)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-17-09</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

City of Madison Supplemental Class B License Application

<input checked="" type="checkbox"/> Seller's Permit Number <input checked="" type="checkbox"/> Federal Employer Identification Number <input checked="" type="checkbox"/> Notarized Original Application Form <input checked="" type="checkbox"/> Notarized Supplemental Form	<input type="checkbox"/> Description of Licensed Premise <input type="checkbox"/> *Notarized Appointment of Agent <input type="checkbox"/> Background Investigation Form(s) <input type="checkbox"/> Notarized Transfer of Ownership <input type="checkbox"/> *Articles of Incorporation	<input type="checkbox"/> Floor Plans <input type="checkbox"/> Lease <input type="checkbox"/> Sample Menu <input type="checkbox"/> Business Plan * Corporation/LLC only
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1. Name of Applicant/Partner/Corporation/LLC SAM & BEN ENTERPRISES LLC
 2. Address of Licensed Premise 518 GRAND CANYON DR, MADISON WI 53719
 3. Telephone Number: 608-833-5288 4. Anticipated opening date: OPENED ALREADY
 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: 11AM ~ 9:30PM (SUN ~ THURSDAY)
11AM ~ 10PM

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.**
PREMISE - 10,000 square foot free-standing Building with two general dining areas, 40 square foot bar area. Alcohol beverages stored in an enclosed storage room

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 has 60 parking spot, Under Video-Recorder Monitored.

13. Describe your management experience, staffing levels, duties and employee training.
7 years Experience as Front manager, waitress in Restaurant

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.
CHEN, QIUFANG 3400 BRUGGER PL Mc FARLAND, WI 53558
Name Address

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

People who like to eat Chinese Buffet

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

All ages

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

Buffet Food item (chinese & American)

18. Are you operating under a lease or franchise agreement? Yes (attach a copy)

No

19. Owner of building where establishment is located:

Josephine CHO

Address of Owner: 7534 Welton DR madison WI 53719 Phone Number 608-212-4498

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

CHEN QIU FANG 3400 BRUGGER PL, Mc Farland WI 53558
Name Address

Name Address

Name Address

22. List the Stockholders of your Corporation/LLC

CHEN QIU FANG 3400 BRUGGER PL, Mc Farland WI 53558 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?

11 AM ~ 10 PM Serve Food

27. What hours, if any, will food service not be available? NONE
28. Indicate any other product/service offered. NONE
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? 4
During what hours do you anticipate they will be on duty? 11AM ~ 9:30PM
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? _____
How many bartenders do you anticipate you would have working at one time on a busy night? 1
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? _____
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?
25%
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? 5%
What percentage of your advertising budget do you anticipate will be drink related? NONE
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? 360

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	1 %
Gross Receipts from Food and Non-Alcoholic Beverages	99 %
Gross Receipts from Other	0 %
Total Gross Receipts	100%

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 17 day of April, 2009

Michael Quist
(Clerk/Notary Public)

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

My commission expires 3-18-2012

Appointment of New Liquor/Beer Agent

To be completed by Corporate Officer or Member of LLC

I, CHEN, QIUFANG, officer/member for SAM & BEN ENTERPRISES LLC
(Corporation/LLC), doing business as CHINA ONE, authorize and appoint
CHEN, QIUFANG (Name) as the liquor/beer agent for the premise
located at 518 GRAND CANYON DR, MADISON, WI 53719

Subscribed and sworn to before me this

17 Day of April, 2009

Michael [Signature]
Notary Public, Dane County, Wisconsin

My Commission Expires 3-18-2012

[Signature]
Signature of Officer/Member

To be completed by appointed Liquor/Beer Agent

I, CHEN, QIUFANG, appointed liquor/beer agent for
SAM & BEN ENTERPRISES LLC (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 100 %.

Subscribed and sworn to before me this

17 Day of April, 2009

Michael [Signature]
Notary Public, Dane County, Wisconsin

My Commission Expires 3-18-2012

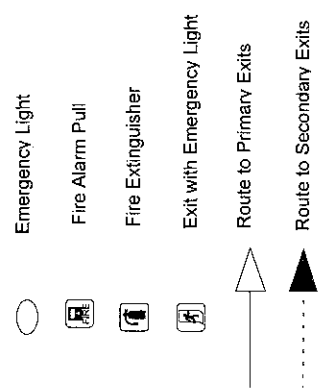
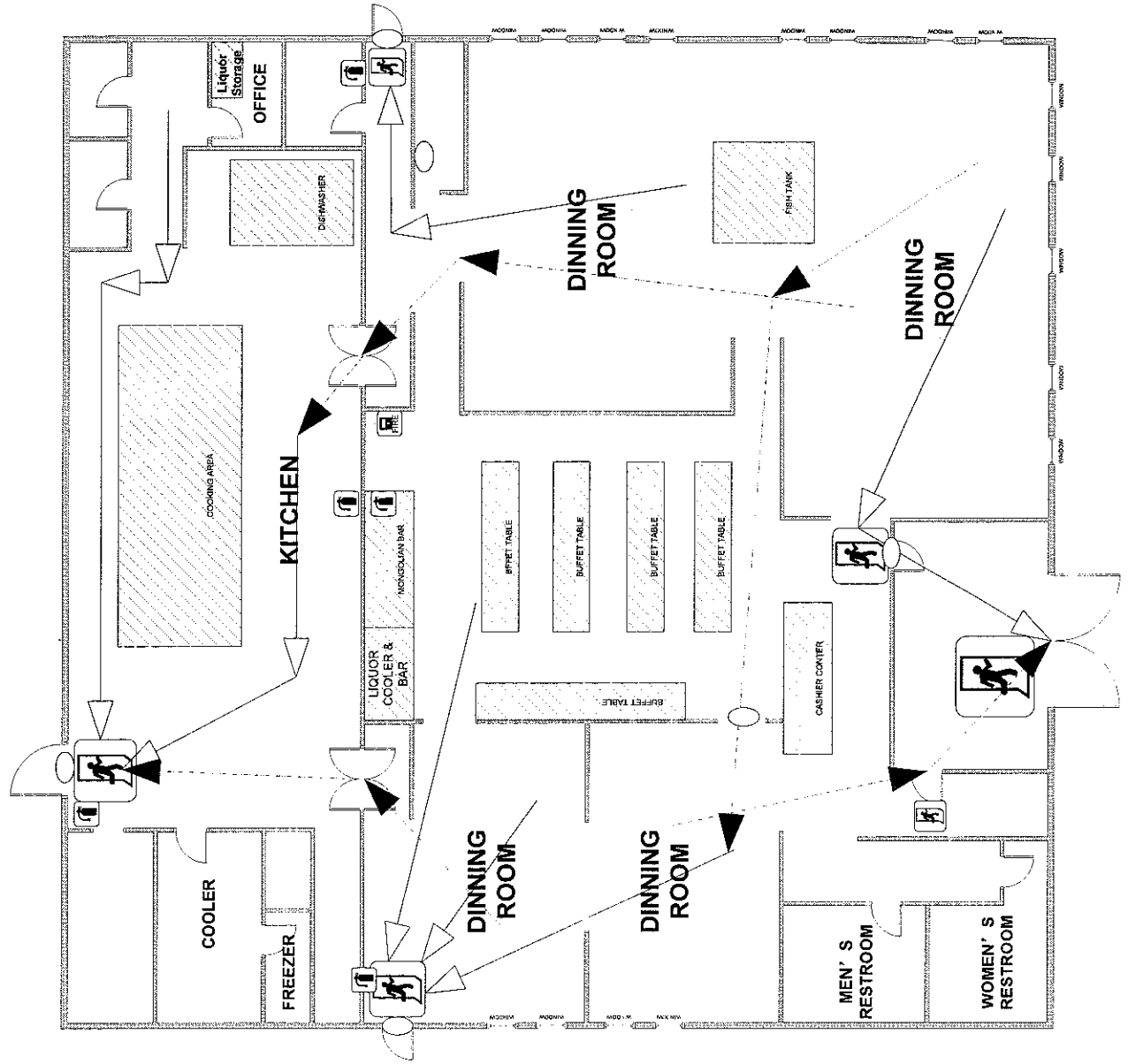
[Signature]
Signature of Agent

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

BUSINESS NAME: CHINA ONE KING BUFFET
ADDRESS: 518 GRAND CANYON DR
MADISON, WI 53719

Emergency Evacuation Plan

1. Front Manager is responsible for evacuation and emergency medical aid.
2. When a fire is noticed or fire alarms sound, evacuate the building. This will be done by the primary route. Use the secondary route only if the primary route is blocked or unsafe.
 - a. Isolate the fire by closing doors
 - b. Active fire alarm system
 - c. Call 911
 - d. Evacuate the building
3. Front Manager will notify occupants of fire by voice. Front Manager and Servers indicate location or exits
4. After occupants have started to evacuate the building, the Front Manager will insure that everybody has left the building.
5. All customers and employee will go to the far south side of the parking lot at least 200 feet from the building. Front Manager will take head count at this time.
6. When Fire Department arrives, the Front Manager will assist as Much as Possible.



Transfer of Ownership
(letter to surrender previous license)

*To be filed with the City Clerk at the time a new application is submitted
for a change of ownership for any liquor and/or beer establishment*

The Class B license for the premise located at
Class of License
518 GRAND CANYON DR will be relinquished upon the
Street Address
Madison WI 53719
approval of the application and the issuance of the same type of license for the same
premises to GM & Ben Enterprises LLC
License Applicant

There have been no convictions for violations during the current license year, nor are

there any pending violations against the present licensee except as follows:

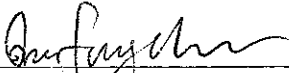
None

[Signature]
Signature of Present License Holder

4/8/09
Date

Payment of Taxes on Liquor/Beer License Transfer

I, CHEN, QIU FANG, OWNER, applicant for
Name Title
a liquor and/or beer license for the premise located at 518 GRAND CANYON D, have
Address MADISON, WI 53719
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.


Signature of Applicant

4-17-09
Date

Subscribed and sworn to before me this

17 day of April, 2009


Notary Public, Dane County, State of Wisconsin

My Commission Expires 3-18-2012