

LIC 1/B.2011.00324

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 City of } MADISON

County of DANE Aldermanic Dist. No. 4 (if required by ordinance)

Applicant's Wisconsin Seller's Permit Number: <u>456-102717652603</u>	
Federal Employer Identification Number (FEIN): <u>27-2540701</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	\$
TOTAL FEE	\$

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): ORPHEUM OF MADISON, INC.

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>Eric M Fleming</u>	<u>428 N. Livingston</u>	<u>MADISON, WI 53703</u>
Vice President/Member	<u>Olga Kuzmenko</u>	<u>1541 Wild Tris</u>	
Secretary/Member	<u>Eric Fleming (same)</u>	<u>San Bruno, WI 53590</u>	
Treasurer/Member	<u>Eric Fleming (same)</u>		
Agent	<u>Eric M Fleming</u>		

Directors/Managers

3. Trade Name ▶ ORPHEUM THEATRE Business Phone Number 608-255-2594
 4. Address of Premises ▶ 210 State Street Post Office & Zip Code ▶ MADISON WI 53703

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 4/2010 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.) ENTIRE BUILDING AT 210 STATE STREET

10. Legal description (omit if street address is given above): N/A

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? ORPHEUM THEATRE COMPANY OF MADISON, INC.

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 15th day of April, 2011

[Signature] 3:06 PM
(Clerk/Notary Public)

[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

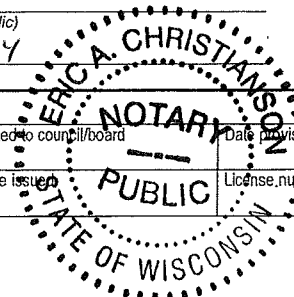
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)

My commission expires 6/27/2014

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

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	



City of Madison Supplemental Class B License Application

<input type="checkbox"/> Seller's Permit Number <input type="checkbox"/> Federal Employer Identification # <input type="checkbox"/> Notarized Original Application Form <input type="checkbox"/> Notarized Supplemental Form <input type="checkbox"/> Orange Sign (Clerk's Office provides at time of application)	<input type="checkbox"/> Written Description of Premise <input type="checkbox"/> Background Investigation Form(s) <input type="checkbox"/> Notarized Transfer of Ownership <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
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1. Name of Applicant/Partner/Corporation/LLC ORPHEUM of MADISON, INC.
2. Address of Licensed Premise 210 State STREET
3. Telephone Number: 608-255-2594 4. Anticipated opening date: April, 2011
5. Mailing address if not opening immediately PO Box 1829 MADISON, WI 53701
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: Thurs. 5-10pm, Fri. 11-2, 5-12am
Sat 9-1pm, 5-12am, Sun 10-2pm
9. Do you plan to have live entertainment? No Yes—What kind? Continued Live Music
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.**
2000 sq. ft of Theatre space, 5,000 sq. ft Restaurant space,
1,850 seats/theatre, 1,850 persons, 250 lobby; liquor sold
or stored on entire premises including storage in basement.
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. N/A
13. Describe your management experience, staffing levels, duties and employee training.
Operated many restaurants successfully most
recently Live Restaurant & Lounge 2003-2009
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.
Eric M Fleming 4248 N. Livingston, MADISON, WI 53703
 Name Address

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

Adults ages 18 and up.

16. What age range would you hope to attract to your establishment? 18 and up

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

Internet Advertising, Print ADS, and word of mouth

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

19. Owner of building where establishment is located: 216 State Street, LLC

Address of Owner: PO Box 1879, MADISON WI 53701 Phone Number 608-212-3050

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

Eric M Fleming 428 N. Livingston, MADISON, WI 53703
Name Address

Olesya Kuzmanko 1542 Wild Iris, Sun Prairie, WI 53590
Name Address

Name Address

22. List the Stockholders of your Corporation/LLC

Eric M Fleming 428 N. Livingston, MADISON, WI 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. Live Music Venue, Special Event Facility

24. What type of food will you be serving, if any? American Comfort Food

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? all hours RESTAURANT IS OPEN

27. What hours, if any, will food service not be available? During concerts, concessions only
28. Indicate any other product/service offered. Concert Tickets, and Promotional Items
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? 15-20
 During what hours do you anticipate they will be on duty? RESTAURANTS
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? 10
 How many bartenders do you anticipate you would have working at one time on a busy night? 15-20
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? 85 seats
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?
50%
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? 50%
 What percentage of your advertising budget do you anticipate will be drink related? 0%
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

1350 Theatre
250 Lobby

42. What is your estimated capacity? _____

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.

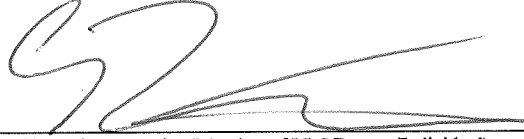
Gross Receipts from Alcoholic Beverages	38 %
Gross Receipts from Food and Non-Alcoholic Beverages	37 %
Gross Receipts from Other	25 %
Total Gross Receipts	100%

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.

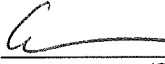
Read carefully before signing: Under penalty provided by law, the applicant states that the above information has been truthfully completed to the best of the knowledge of the signer. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), 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 15th day of April, 2011

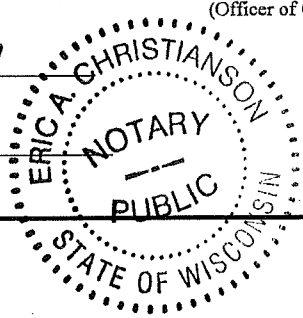


(Officer of Corporation/Member of LLC/Partner/Individual)

 3:06 PM

(Clerk/Notary Public)

My commission expires 6/29/2014



Appointment of New Liquor/Beer Agent

To be completed by Corporate Officer or Member of LLC

I, Eric M Fleming, officer/member for Orpheum of Madison, Inc
(Corporation/LLC), doing business as same, authorize and appoint
Eric M Fleming (Name) as the liquor/beer agent for the premise
located at 216 State Street.

Subscribed and sworn to before me this

15th Day of April, 2011

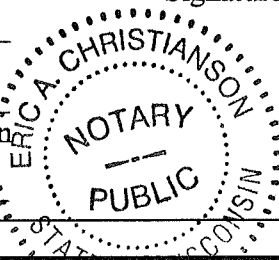
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Notary Public, Dane County, Wisconsin

My Commission Expires 6/29/2014



Signature of Officer/Member



To be completed by appointed Liquor/Beer Agent

I, Eric M Fleming, appointed **liquor/beer agent** for
Orpheum of Madison 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 100 %.

Subscribed and sworn to before me this

15th Day of April, 2011

3:06 PM

Notary Public, Dane County, Wisconsin

My Commission Expires 6/29/2011



Signature of Agent



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

Payment of Taxes on Liquor/Beer License Transfer

I, Eric M Fleming, PRESIDENT, applicant for
Name Title

a liquor and/or beer license for the premise located at 2116 State Street, 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.

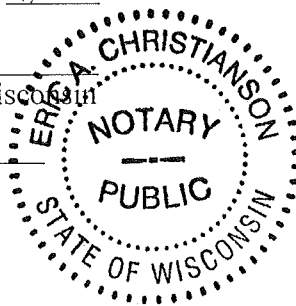
[Signature]
Signature of Applicant

4/15/2011
Date

Subscribed and sworn to before me this
15th day of April, 20 11

[Signature] 3:06 PM
Notary Public, Dane County, State of Wisconsin

My Commission Expires 6/29/2014



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
216 State Street will be relinquished upon the
Street Address

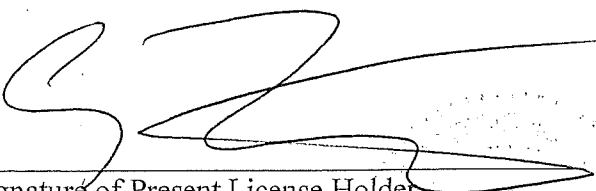
approval of the application and the issuance of the same type of license for the same

premises to CAPHEUM of MADISON, Inc.
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:

N/A


Signature of Present License Holder

4/15/2011
Date

PARAMETER ENTRY - (BC20)

Account: 961-0285-2 Date: 04/11/11 Time: 15:37:08
OR Address: 216 State St MCD Code: MAD-C
OR Owner name: ORPHEUM THEATRE PROJECT LLC

OR DBA name: ORPHEUM THEATRE
Browsing ACCOUNT file in ADDRESS order

PERSONAL PROPERTY - GENERAL INFORMATION

D/B/A: ORPHEUM THEATRE	Acct Type: C=CLOSED
Situs: 216 State St	Prev acct: 580-7000-5
	Prev type: B
Name: ORPHEUM THEATRE PROJECT LLC	Ownership code
	L =LIMITED LIABILITY CORP
Addr: 216 STATE ST	NAICS Code
City: MADISON	000000=
State: WI Zip code 53703-2215	Tif dist: 32
Current Assessment	Tif year: 2003
Previous Assessment	Tax School dist: 3269
Machinery	Stmnt recvd: no
Furn/fix 20,800 17,300	Current assessment code
EDP 600 100	2=DOOMAGE
Bld on ll	Previous asesment code
Leasehold	1=STATEMENT FILED
Supplies 4,800 4,000	
Other	Tax amount
Tot assess: 26,200 21,400	.00
Exempt EDP 400	
Remarks: HOLDER # 56056 & 66439	Sq. Ft. occupied
	0