

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning _____ 20____ ending June 30 2009

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

County of Dane Aldermanic Dist. No. _____ (if required by ordinance)

Applicant's Wisconsin Seller's Permit Number: <u>004 0000 30960701</u>	
Federal Employer Identification Number (FEIN): <u>39 1900 280</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>20</u>
<input type="checkbox"/> Wholesale beer	\$
<input 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	\$ <u>20</u>

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): ▶ NIGHTENGALE CLASSIC ENTERPRISES 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>Pres</u>	<u>GAIL A KLEIN</u>	<u>1750 CTH BB Deerfield</u>	<u>53531</u>
Vice President/Member				
Secretary/Member	<u>Sec</u>	<u>THOMAS R KLEIN</u>	<u>1750 CTH BB Deerfield</u>	<u>53531</u>
Treasurer/Member				
Agent ▶		<u>THOMAS R KLEIN</u>	<u>1750 CTH BB Deerfield</u>	<u>53531</u>
Directors/Managers				

3 Trade Name ▶ QUIZNO'S SUB Business Phone Number 608 237 2839

4 Address of Premises ▶ 365 E. CAMPUS WALK #222 Post Office & Zip Code ▶ MADISON 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 _____ and date _____ 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) FOOD COURT STALLION UNIVERSITY SQ.

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 25 day of NOV, 2008

[Signature]
(Clerk/Notary Public)
My commission expires 5-6-2012

[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
[Signature]
(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
<u>11-25-08</u>	<u>12-17-08</u>		
Date license granted	Date license issued	License number issued	

FEIN 39 1900 280

WI Seller's Permit # 0040000309607-01

City of Madison Supplemental Class B License Application

<input checked="" type="checkbox"/> Seller's Permit Number	<input checked="" type="checkbox"/> Description of Licensed Premise	<input checked="" type="checkbox"/> Floor Plans
<input checked="" type="checkbox"/> Federal Employer Identification Number	<input checked="" type="checkbox"/> *Notarized Appointment of Agent	<input checked="" type="checkbox"/> Lease
<input checked="" type="checkbox"/> Notarized Original Application Form	<input checked="" type="checkbox"/> Background Investigation Form(s)	<input checked="" type="checkbox"/> Sample Menu
<input checked="" type="checkbox"/> Notarized Supplemental Form	<input type="checkbox"/> Notarized Transfer of Ownership	<input type="checkbox"/> Business Plan
	<input checked="" type="checkbox"/> *Articles of Incorporation	* Corporation/LLC only

1. Name of Applicant/Partner/Corporation/LLC Nightingale Classic Enterprises,
 2. Address of Licensed Premise 365 E. Campus Mall, 53703 ZNE
 3. Telephone Number: 608 237 2839 4. Anticipated opening date: JAN. 09
 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 UNKNOWN

Explain. _____

8. Business Description, including hours of operation: DBA Quiznos Subs
M-F 11-9 Sat 11-9 + special events Sun 12-8

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.**

University Square project - 1.1 million sq. ft, 2nd flr.
Food court seating area, 729 persons capacity, 10,792 sq. ft.
Quiznos Premises; Kitchen, Storage, Seating - 753 sq. ft.

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. UNDERGROUND PAY
PARKING Ramp - Security CAMERAS, GUARD, AUTOMATIC
coded Locks to private AREAS, 260 spaces.

13. Describe your management experience, staffing levels, duties and employee training.
OWNER/MANAGER 10 yrs - 4-5 employees - Admin, Cash
mgr, marketing - Franchise operations course, certified
Seve. Sale mgr.

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.
THOMAS R Kleid 1750 CTH BB, Deerfield WI 53531
 Name Address

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

Primarily UW Students, UW Faculty, Business tenants w/in the U Square project.

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

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

In Store Signage - Beer
So past + seedise evoked

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

19. Owner of building where establishment is located: Executive Management

Address of Owner: 2901 International Ln Phone Number 608 442 5067
MADISON 53708

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

GAIL A. Klein - Pres. 1750 CTH BB, Deerfield 53531
Name Address

THOMAS R Klein - Sec 1750 CTH BB, Deerfield 53531
Name Address

Name Address

22. List the Stockholders of your Corporation/LLC

GAIL A Klein 1750 CTH BB, Deerfield 53531 95
Name Address % of Ownership

THOMAS R Klein 1750 CTH BB, Deerfield 53531 5
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? ALL

27. What hours, if any, will food service not be available? None
28. Indicate any other product/service offered. ONLY per MENU
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? None
 During what hours do you anticipate they will be on duty? —
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? _____
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 Toaster 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?
23%
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? 90%
 What percentage of your advertising budget do you anticipate will be drink related? 10%
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? 729

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.

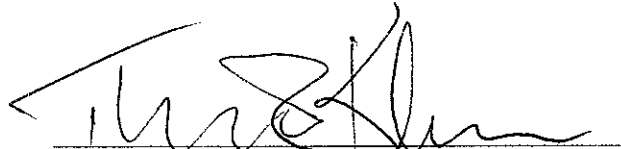
Gross Receipts from Alcoholic Beverages	6-10 %
Gross Receipts from Food and Non-Alcoholic Beverages	90-94 %
Gross Receipts from Other	— %
Total Gross Receipts	100%

44. Do you have written records to document the percentages shown? Yes No - No history
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 25th day of NOV., 2008


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

Candyn D. McKee
(Clerk/Notary Public)


My commission expires 12-13-09

Appointment of New Liquor/Beer Agent

To be completed by Corporate Officer or Member of LLC

I, THOMAS R Klein, officer/member for Nightengale CEI
(Corporation/LLC), doing business as QUIZNOS SUB, authorize and appoint
THOMAS R Klein (Name) as the liquor/beer agent for the premise
located at 365 E. CAMPUS MALL.

Subscribed and sworn to before me this
_____ Day of _____, 20____


Signature of Officer/Member

Notary Public, Dane County, Wisconsin
My Commission Expires _____

To be completed by appointed Liquor/Beer Agent

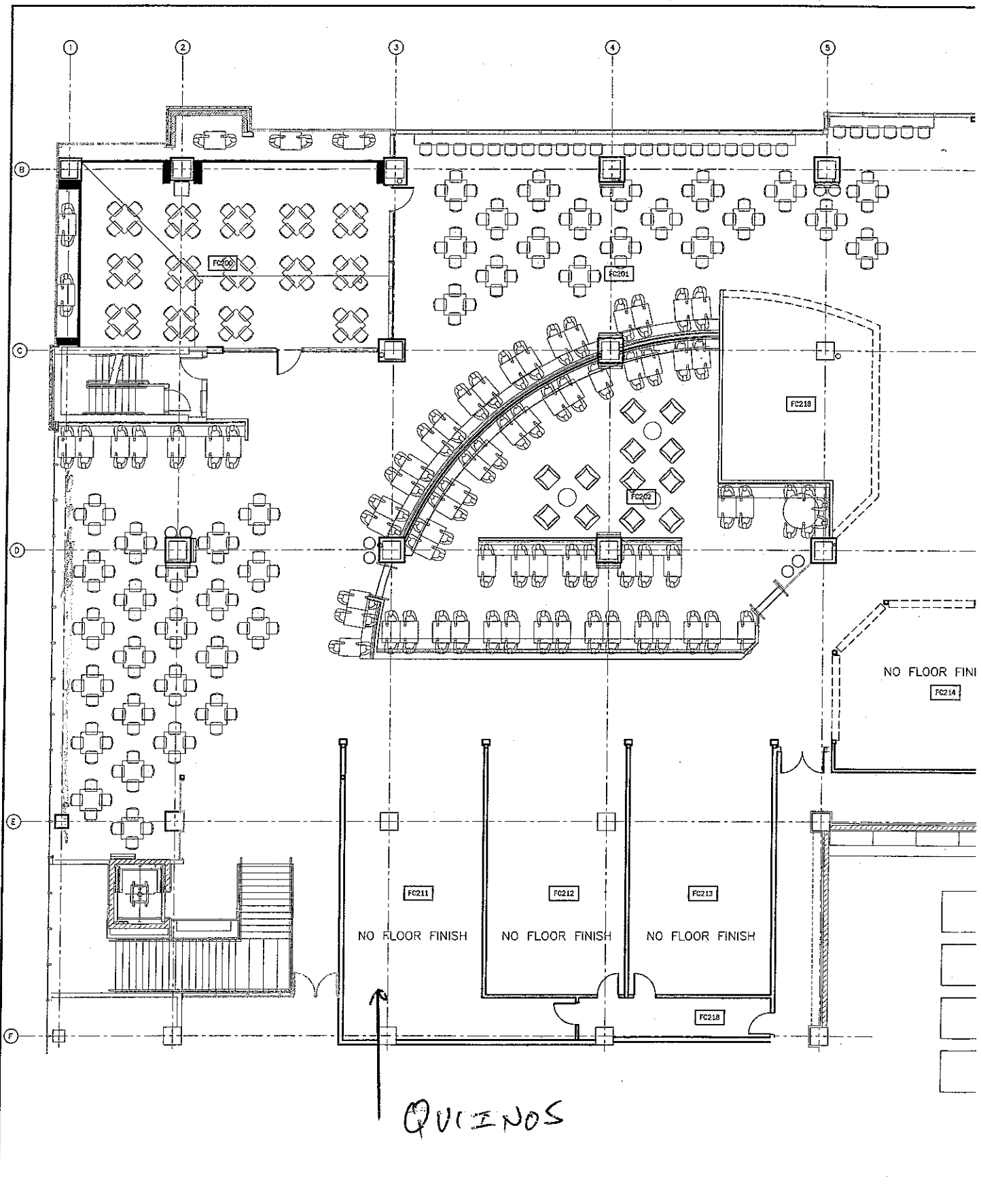
I, THOMAS R Klein, appointed liquor/beer agent for
Nightengale CEI (name of Corporation or LLC), being first duly sworn
say I have vested in me, by properly authorized and executed written delegation, full authority
and control of the premise described in the license of such corporation or limited liability
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 5 %.

Subscribed and sworn to before me this
25th Day of NOV, 2008


Signature of Agent

Carolyn J. McKeown
Notary Public, Dane County, Wisconsin
My Commission Expires 12-13-09

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



QUIZOS

1 FLOOR FINISH PLAN
 SCALE: 1/8"=1'-0"
 0' 2' 4' 8'

PRELIMIN