

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk

For the license period beginning February 14 20 08 ;
ending April 14th 20 08

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

County of Dane Aldermanic Dist. No 6 (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): Alchemy Cafe LLC

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	Member- Michael T. Randall	2534 E. Johnson St. Madison, WI	53704
Vice President/Member	Member- Amanda Versch	231 Powers Ave. Madison, WI	53714
Secretary/Member	Member- Joshua A. Wacker	2534 E. Johnson St. Madison, WI	53704
Treasurer/Member			

- * Agent Michael T Randall
Directors/Managers

- 3 Trade Name Alchemy Cafe Business Phone Number Pending
4 Address of Premises 1980 Atwood Ave Post Office & Zip Code Madison, WI 53704

- 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 Wisconsin and date 12/17/07 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) Dining Room(service), Basement(storage) Kitchen, Bathrooms 60'x60'

- 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? Wonders Pub/Steven Weakley
- 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 21st day of December, 20 07

Shirley Wehner
(Clerk/Notary Public)

My commission expires 5-29-2011

Amanda Versch
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
Michael T Randall
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
Joshua A Wacker
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>12-28-07</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued <u>079894</u>	

08684

Applicant's Wisconsin Seller's Permit Number: <u>Pending</u>	
Federal Employer Identification Number (FEIN): <u>26-1584848</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>16.66</u>
<input type="checkbox"/> Wholesale beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$ <u>83.34</u>
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ <u>20.00</u>
TOTAL FEE	\$ <u>120.00</u>

City of Madison Supplemental Class B License Application

<input 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 checked="" type="checkbox"/> Description of Licensed Premise <input checked="" type="checkbox"/> Notarized Appointment of Agent <input checked="" type="checkbox"/> Background Investigation Form(s) <input checked="" type="checkbox"/> Notarized Transfer of Ownership <input checked="" type="checkbox"/> *Articles of Incorporation	<input checked="" type="checkbox"/> Floor Plans <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Sample Menu <input type="checkbox"/> Business Plan * Corporation/LLC only
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1. Name of Applicant/Partner/Corporation/LLC Alchemy Cafe LLC
 2. Address of Licensed Premise 1980 Atwood Ave. Madison WI 53704
 3. Telephone Number: Pending 4. Anticipated opening date: 02/15/2008
 5. Mailing address if not opening immediately 2534 E. Johnson St. Madison WI 53704

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: Full Service Bar and Restaurant
11 AM - Bar time Seven Days per Week

9. Do you plan to have live entertainment? No Yes—What kind? Live Bands/DJ's

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.**

Building is approximately 60' x 60' 75% of which is service area. Tables exist throughout the service area catering to approximately 50 guests. The bar, on the west side of the service room, has 10 stools. Capacity is 100. Beverages will be sold from behind the bar and stored securely there or in locked rooms in the 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. Public parking exists in front of the establishment. No parking lot exists.

13. Describe your management experience, staffing levels, duties and employee training.
The three members possess a wealth of collective experience including bar and restaurant management, small business ownership, payroll, training, culinary arts, server responsibility, and mixology.

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

Joshua Wachter 2534 E. Johnson St. Madison, WI 53704
 Name Address

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

Citizens of the immediate and adjacent neighborhoods.

16. What age range would you hope to attract to your establishment? 21+

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

Food and drink - Initially through publications and mailings then by 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: Bachus - Bredeson Investment Fund

Address of Owner: 1741 Commercial Ave. Madison WI 53704 Phone Number 608-255-5468

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

Joshua Wachter 2534 E. Johnson St. Madison, WI 53704
Name Address

Amanda Versch 231 Powers Ave. Madison, WI 53714
Name Address

Michael Randall 2534 E. Johnson St. Madison, WI 53704
Name Address

22. List the Stockholders of your Corporation/LLC

Joshua Wachter 2534 E. Johnson Madison, WI 53704 45%
Name Address % of Ownership

Michael Randall 2534 E. Johnson St. Madison, WI 53704 45%
Name Address % of Ownership

Amanda Versch 231 Powers Ave. Madison, WI 53714 10%
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? Healthy international cuisine

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 - 1 AM

27. What hours, if any, will food service not be available? 1 AM - Closing
28. Indicate any other product/service offered. Entertainment
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? 3-4
During what hours do you anticipate they will be on duty? All
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? 1-2
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?
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? 25%
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
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42. What is your estimated capacity? 99 _____

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.

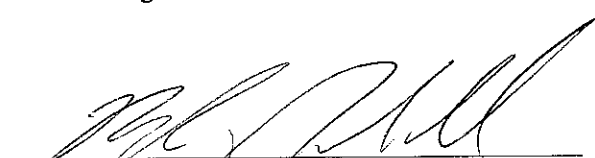
Gross Receipts from Alcoholic Beverages	50 %
Gross Receipts from Food and Non-Alcoholic Beverages	50 %
Gross Receipts from Other	— %
Total Gross Receipts	100%

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 21st day of December, 2007



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



(Clerk/Notary Public)

My commission expires 5-29-2011

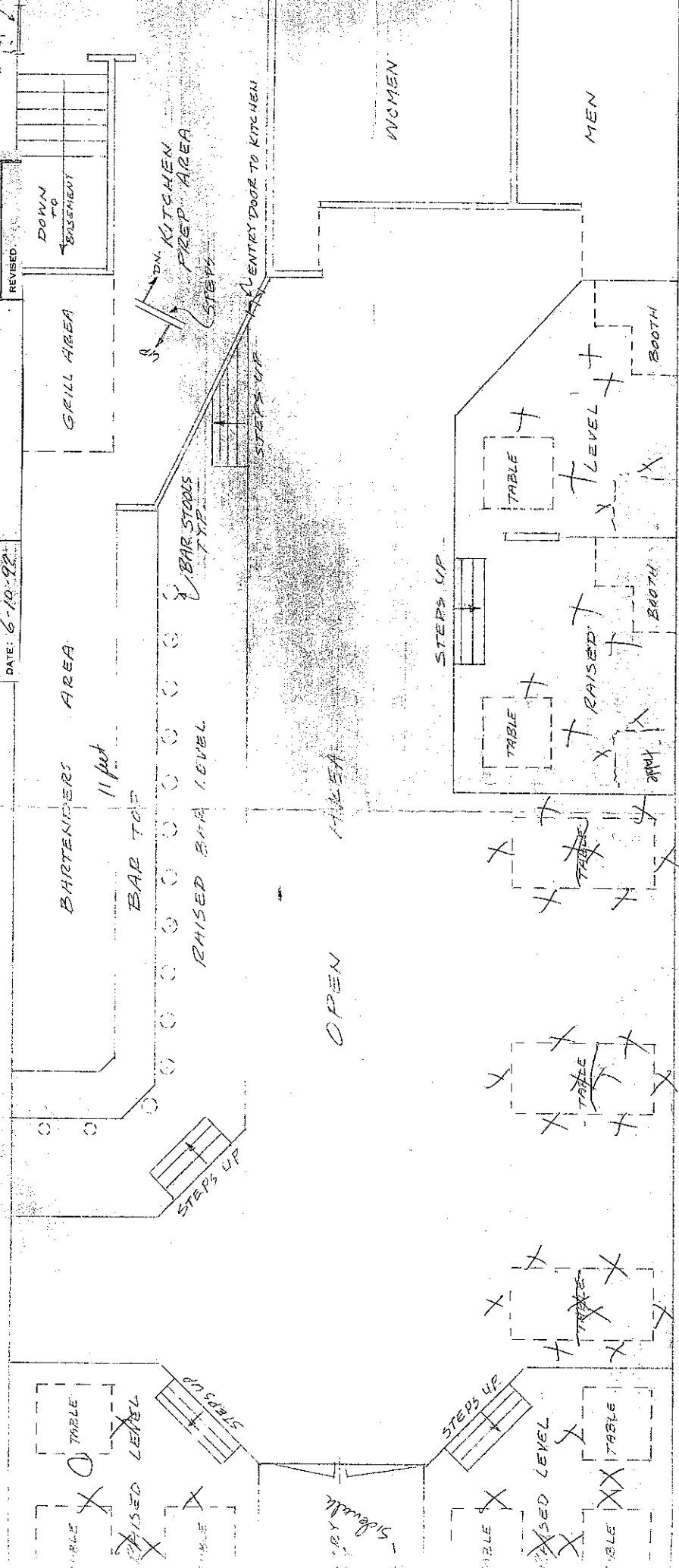
1980 Atwood Ave
 HEAKLEY, STEPHAN D. 5/10/93
 DBA WONDERS PUB
 4741 MAHER AV
 MADISON WI 53716

WONDERS PUB (FLOOR PLAN) APPROX.
 1980 ATWOOD AVENUE APPROX.

SCALE: 1/4" = 1 FT.
 DATE: 6-19-92
 DRAWN BY: LEMMY
 REVISED:

DRAWING NUMBER
 1027
 OK
 2-7-94

Wonders Pub 63' =



WTR 12/28/07
 JAN 12/28/07
 CAD. 99
 Dimensions are Approximate