

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning July 1 20 06 ;
ending June 30 20 07

TO THE GOVERNING BODY of the: Town of } Madison
 Village of }
 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): Creative Host Services, 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>Please see attached rider</u>		
Vice President/Member	_____		
Secretary/Member	_____		
Treasurer/Member	_____		
Agent	<u>Patricia L. Brand</u>	_____	_____
Directors/Managers	_____		

3. Trade Name German Wurst Bar Business Phone Number _____

4. Address of Premises 4000 International Lane, Madison, WI Post Office & Zip Code 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 CA and date 3/19/86 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) Please see attached riders.

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) 2391 sq. ft. restaurant with 522 sq. ft. of storage.

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? Compass Group USA, Inc.-Class B Airport License issued by DOR.

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 20th day of JAN, 20 07

(Clerk/Notary Public)

My commission expires 11-2-2008

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

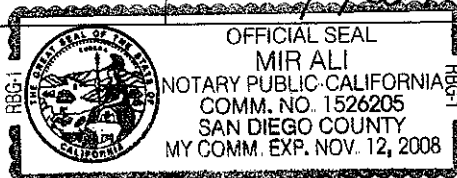
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued <u>7369</u>	

AT-106 (R 1-05)



Wisconsin Department of Revenue

Alder Clausius
Police Sector 513

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Title	Name	Home Address	Post Office & Zip Code
President/Member	<u>Please see attached rider</u>		
Vice President/Member	_____		
Secretary/Member	_____		
Treasurer/Member	_____		
Agent	<u>Patricia L. Brand</u>	_____	_____
Directors/Managers	_____		

- 3 Trade Name German Wurst Bar Business Phone Number _____
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(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

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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
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this 20th day of JAN, 20 07

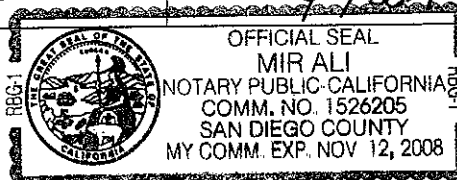
My commission expires 11-2-2008

[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
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AT-106 (R. 1-05)



Wisconsin Department of Revenue

Alder Clausius
Police Sector 1513

City of Madison Liquor and/or Beer Original Supplemental Form

For Office Use Only

- | | |
|--|--|
| <input type="checkbox"/> Seller's Permit Number
<input type="checkbox"/> Federal Employer Identification Number
<input type="checkbox"/> Notarized Original Application Form (AT-106)
<input type="checkbox"/> Notarized Supplemental Form
<input type="checkbox"/> Description of Licensed Premise
<input type="checkbox"/> Notarized Auxiliary Questionnaire(s) (AT-103)
<input type="checkbox"/> Background Investigation Form(s)
<input type="checkbox"/> Floor Plans | <input type="checkbox"/> Lease
<input type="checkbox"/> Notarized Transfer of Ownership Letter
<input type="checkbox"/> *Schedule of Appointment of Agent (AT-104)
<input type="checkbox"/> *Notarized Appointment of Agent Letter
<input type="checkbox"/> *Notarized Agent Authorization Letter
<input type="checkbox"/> *Articles of Incorporation/ Organization

<i>*Required of Corporation/LLC Only</i> |
|--|--|

- ✓ All applicants are required to provide an adequate premise plan which must include exterior and interior dimensions, position of stairs and all entrances and exits, normal and customary use of each room, placement of major appliances, furniture and large gaming tables, placement and dimensions of all bar(s), graphic representation of the normal position of booths, bar stools, tables and chairs. New structures must submit two sets of plans, signed and sealed by a registered architect or engineer to Building Inspection. **Premise plans must be submitted no larger than 8 ½ x 14.**
- ✓ The applicant/partners/Liquor Agent must be enrolled in or have completed the Beverage Server Training course before appearing before the Alcohol License Review Committee.

Prior to your hearing before the Alcohol License Review Committee (ALRC), you must contact the Alderperson of the District in which you intend to do business, the representative of the appropriate neighborhood association (if any), and the Madison Police Department.

Alderperson Santiago Rosas can be reached at _____
 at the Common Council Office (266-4071), or via e-mail at council@cityofmadison.com.

The name of the neighborhood association representative can be obtained by calling the Planning and Development Department at 266-4635 or going to the City's webpage at www.ci.madison.wi.us/neighborhoods/contacts.htm.

The Police Department Liaison, Sergeant Emil Quast, can be reached at 266-4451.

Have you contacted the Alderperson, Police Department Liaison and neighborhood association representative in the area in which you intend to locate?
 Yes No (Comments: _____)

Are there any special conditions desired by the neighborhood? No

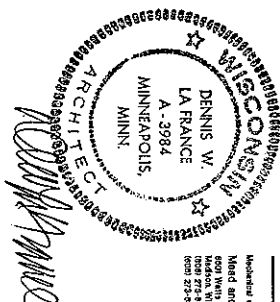
- The ALRC will ask questions of you in several areas with regard to your application. The following questions must be completed. The information provided will assist the committee in making a recommendation to the Common Council:
1. Name of Applicant/Partner/Corporation/Limited Liability Company (LLC): _____
Creative Host Services, Inc.
 2. Telephone Number: _____
 3. Address of Licensed Premise: 4000 International Lane, Madison, WI 53704

d/b/a German Murst Bar
 4000 International Lane
 Madison, WI 53704

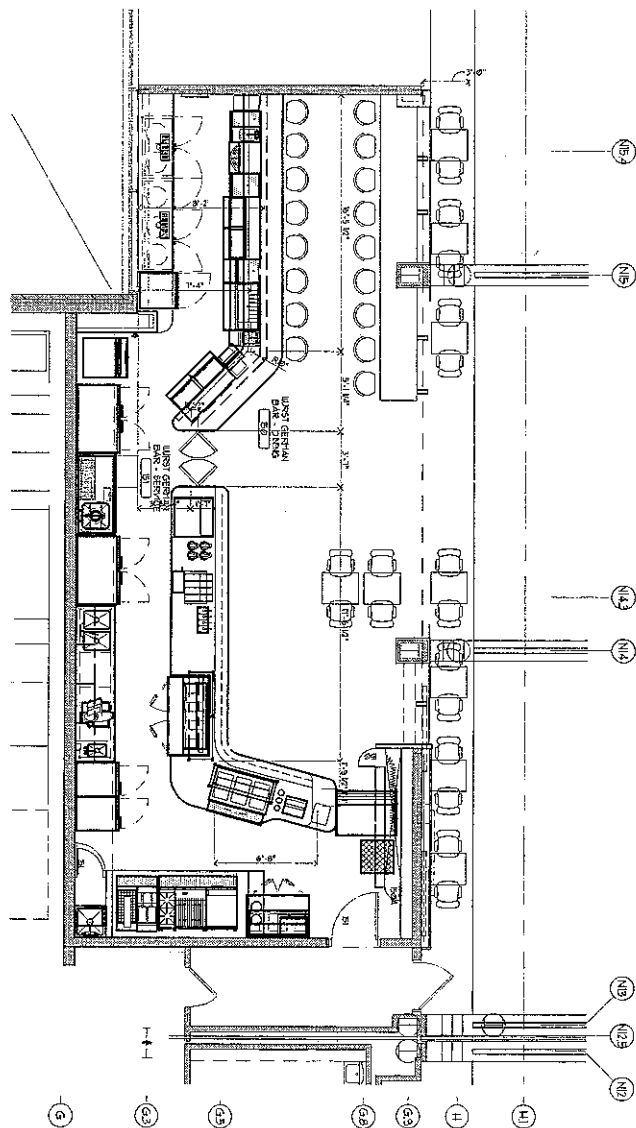
ARCHIT

MINN

Modena &
 Ward and
 Madson Inc
 1005 27th St
 Madison WI 53704
 608 273-3400



Issued for:
 DDB
 ARCHITECT
 1005 27th St
 Madison WI 53704
 608 273-3400
 Project No. 170951



FINISH PLAN - WURST GERMAN BAR
 1/4" = 1'-0"

FINISH PLAN KEY NOTES

1. TILED/STONE FINISHES
2. REMOVE EX. 3/4" GUMBEL, REVEAL, REFINISH EXISTING AND
3. REFINISH EX. 1/2" GUMBEL, REVEAL, REFINISH EXISTING AND
4. OPENING INSTALL BY GC
5. POLYURETHANE FINISHES
6. REFINISH EX. 1/2" GUMBEL, REVEAL, REFINISH EXISTING AND
7. REFINISH EX. 1/2" GUMBEL, REVEAL, REFINISH EXISTING AND
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9. REFINISH EX. 1/2" GUMBEL, REVEAL, REFINISH EXISTING AND
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14. REFINISH EX. 1/2" GUMBEL, REVEAL, REFINISH EXISTING AND
15. REFINISH EX. 1/2" GUMBEL, REVEAL, REFINISH EXISTING AND
16. REFINISH EX. 1/2" GUMBEL, REVEAL, REFINISH EXISTING AND
17. REFINISH EX. 1/2" GUMBEL, REVEAL, REFINISH EXISTING AND

FINISH PLAN GENERAL NOTES

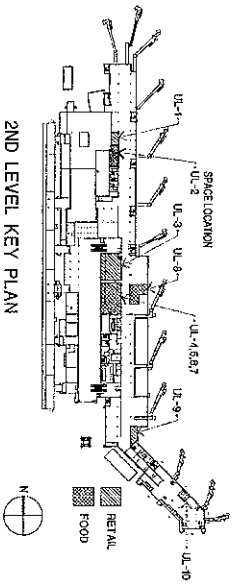
1. REFER TO SELECT PLAN FOR MATERIALS AND RESPONSIBILITIES
2. REFER TO SELECT PLAN FOR MATERIALS AND RESPONSIBILITIES
3. SEE SCHEDULE FOR ALL ROOM FINISHES REFER TO SCHEDULE FOR MATERIALS AND RESPONSIBILITIES
4. INTERFERENCE BETWEEN FINISHES ALL ROOM FINISHES
5. INTERFERENCE BETWEEN FINISHES ALL ROOM FINISHES
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15. INTERFERENCE BETWEEN FINISHES ALL ROOM FINISHES
16. INTERFERENCE BETWEEN FINISHES ALL ROOM FINISHES
17. INTERFERENCE BETWEEN FINISHES ALL ROOM FINISHES

ROOM FINISH SCHEDULE

FLOOR	ROOM	WALL	CEILING
1ST FLOOR	A. HALLWAY	1. B-2	1. A-1
	B. BAR	1. B-3	1. A-2
	C. KITCHEN	1. B-4	1. A-3
	D. RESTROOM	1. B-5	1. A-4
	E. WAITRESS	1. B-6	1. A-5
	F. SERVICE	1. B-7	1. A-6
	G. OFFICE	1. B-8	1. A-7
	H. STORAGE	1. B-9	1. A-8
	I. MEETINGS	1. B-10	1. A-9
	J. CONFERENCE	1. B-11	1. A-10
	K. BREAK ROOM	1. B-12	1. A-11
	L. STORAGE	1. B-13	1. A-12
	M. STORAGE	1. B-14	1. A-13
	N. STORAGE	1. B-15	1. A-14



KEY PLAN

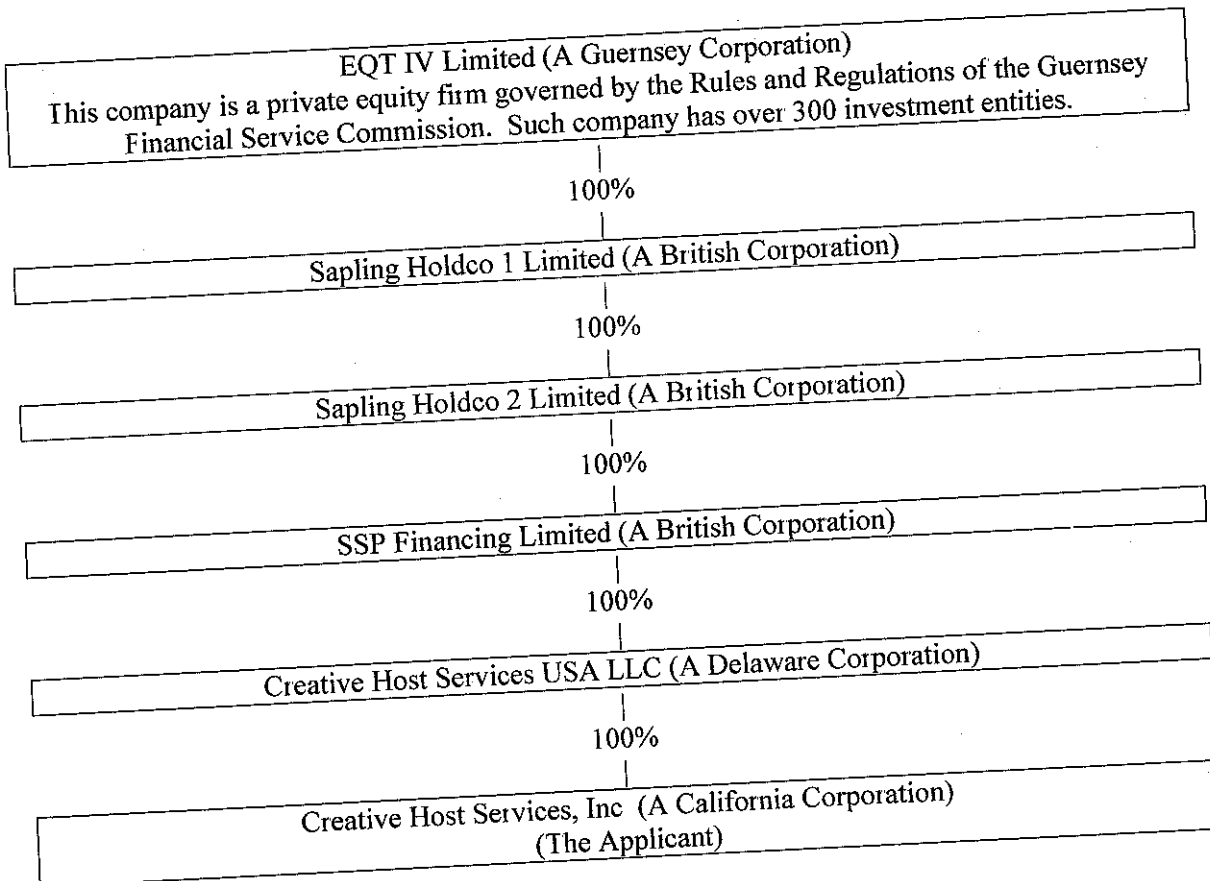


**RIDER TO QUESTION 2 OF THE
ORIGINAL ALCOHOLIC BEVERAGE LICENSE APPLICATION**

**OFFICERS, DIRECTORS AND SHAREHOLDERS OF
CREATIVE HOST SERVICES, INC.**

Title	Name	Address	Shares
Chief Executive Officer & Director	Sayed Ali	7564 Northern Lights San Diego, CA 92027	0%
Vice President, Secretary & Director	Patrick Conrad	809 Conodoguinet Drive Camp Hill, PA 17011	0%
Chief Financial Officer & Director	Luke Tait	443 11 th Street Del Mar, CA 92014	0%
Shareholder	Creative Host Services USA LLC	11440 West Bernardo Ct, Suite 106 San Diego, CA 92127	100%

**RIDER TO QUESTION 8B OF THE ORIGINAL ALCOHOLIC BEVERAGE
LICENSE APPLICATION FOR
CREATIVE HOST SERVICES, INC.**



**RIDER TO QUESTION 8C OF THE
ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION FOR
CREATIVE HOST SERVICES, INC.**

OTHER WISCONSIN LICENSES HELD

Wisconsin	Creative Host Services, Inc. D/b/a Creative Croissants Dane County Regional Airport 4000 International Lane Madison, WI 53704 608/243-9614 Patricia L. Brand	City of Madison License No. 042305 State License No. 316- 0000246098-01 State License No. 004-000246098-01	Class "B", Liquor & Beer Retail Class B Airport Sellers Permit
Wisconsin	Creative Host Services, Inc. D/b/a Creative Croissants Outagamie County Regional Airport W-6390 Challenger Drive Appleton, WI 54914 920-830-3393 Patricia L. Brand Op #13812	City of Greenville License No. 903 State License No. 316000246098-02 State License No. 004-000246098-01	Class B Retailers License for Malt Beverages Retail Class B Airport Sellers

4. What type of establishment is contemplated? Tavern Nightclub Restaurant
 Liquor Store Grocery Store Convenience Store – Gas Pumps Yes No
 Other Please explain: _____

5. Business Description, including hours of operation and if entertainment is part of your venue, what type:
Hours of operation 4:40am-7:30pm. Food to be sold quick service at
register with cashier. No entertainment. Premises will be located within
the concourse level at Dane County Regional Airport.

6. Describe (in detail) building to include overall dimensions, seating arrangements, capacity, bar size and where alcohol beverages are to be sold and stored. All rooms, including living quarters that are directly or indirectly accessible and under control of the applicant must be included. (Alcohol beverages may be sold and stored only on the premise described but does not include living quarters). Located on Concourse level with
2391 sq. ft. and 522 sq. ft. of storage. Seating approx. 35; Customer seating
includes 9 tables with 18 seats; one counter with 9 seats, and a 22 ft. X 3 ft.
bar with 8 bar stools.

The licensed premise as described above shall not be expanded or changed during the license year without approval of the Common Council.

7. Describe existing parking and how parking lot is to be monitored: Airport Parking

8. Describe all management positions, including previous experience, staffing levels/duties and employee training:
General Manager, Assistant Manager, Shift Supervisor and Crew Leader. All new
employees are provided a 2 hour orientation to review corporate standards and
expectations. Training is one on one with Crew Leader/Trainer. Most of our
training programs consist of hands on training while on the job with a qualified
trainer.

9. Excluding pre-packaged snacks, how late will food be served? 7:30pm
 If so, what type of food? Quick Service at cashier; burgers and brats.
 Indicate any other product & services offered: N/A

If possible, provide a sample menu: Please see attached.

10. Please describe your target market; what is your customer profile? 25-45year old business traveler.

If you have a Business Plan, please submit a copy.

11. Describe how you plan on advertising and promoting your business: In-house advertisement.

12. What is your estimated capacity? 35

13. Are you operating under a lease or franchise type agreement? Yes No (If yes, attach copy of agreement.)

Name of owner of building where establishment is located: Dane County Regional Airport
 Address of Owner: 4000 International Lane, Madison, WI Phone Number: 608-246-3380

14. "Individual" or "Partnership" only: Have individual/partners completed the Beverage Server Training Course?
 N/A Yes No If Yes, indicate names: _____
 (Note: License cannot be issued until proof of completion of Beverage Server Training Course is shown)

15. "Corporation" or "LLC" only: Will agent be a resident of Wisconsin at the time of granting? Yes No
 Agent must disclose interest held in business: 0% interest held

Has agent completed the Beverage Server Training Course? Yes No
 (Note: License cannot be issued until proof of completion of Beverage Server Training Course is shown)

Director(s) Name	Home Address
Please see attached rider.	

Stockholder's Name	Address	Extent of Ownership%
Please see attached rider.		

Manager's Name	Address	Business Phone	Home Phone
Patricia L. Brand	802 E. Florida Ave Appleton, WI 54911	608-243-9614	920-991-9268

16. Anticipated opening date: Upon Approval
 Mailing address if not opening immediately: 11440 W. Bernardo Ct., Suite 106, San Deigo, CA 92127
 Contact person for appearance before the ALRC: Michael Hastings

Private organizations (clubs) applying for a new liquor license must answer the following question: N/A
 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

Restaurant/Tavern Establishment Alcohol Beverage & Food Sales Report

Pursuant to Sections 23.05(3)(s) and 23.05(7)(f) 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.**

Calendar/fiscal year: January 1 – December 31 July 1 – June 30

Percent Gross Receipts from Alcohol Beverages	30	%
Percent Gross Receipts from Food	70	%
Percent Gross Receipts from Other	0	%
Total Gross Receipts	100	%

Do you have written records to document the percentages shown? Yes No
You may be required to produce and submit documentation verifying the percentages you've indicated.

What type of establishment are you? (Check all that apply) Tavern Restaurant Nightclub
 Other Please explain: _____

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 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 must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.) 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 29th day of Jan, 2007

[Signature]

(Clerk/Notary Public)

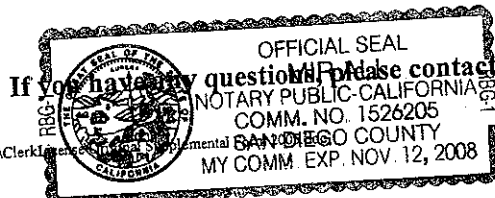
My commission expires 11-12-2008

[Signature]

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

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

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



If you have any questions, please contact the City Clerk's Office at (608) 266-4601.

Appointment Of Agent

Date 3/9/07

State of Wisconsin

County of Dane

I, Patricia L. Brand, appointed liquor/beer agent for Creative Host Services, 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 0 %.

Identify the registered agent for purposes of service of process pursuant to Wisconsin State Statute 180.0504 and 101.0105(8) as it pertains to Limited Liability Companies.

Patricia L. Brand
Name

802 E. Florida Avenue, Appleton, WI 54911
Address City State Zip

Subscribed and sworn to before me this

9th Day of March, 2007

[Signature]
Notary Public, Dane County, Wisconsin
My Commission Expires 8-15-10

[Signature]
Signature of Agent

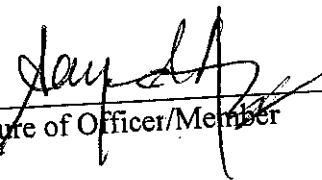
Agent Authorization Letter

Date 1/29/07

I, Sayed Ali, officer/member for Creative Host Services, Inc.
(Corporation/LLC)

German Wurst Bar, authorize and appoint Patricia L. Brand
(DBA) (Name)

as the liquor/beer agent for the premise located at 4000 International Lane
Madison, WI 53704



Signature of Officer/Member

Subscribed and sworn to before me this

29th Day of JAN, 2007

Mir Ali
Notary Public, ~~Dane County, Wisconsin~~ SAN DIEGO CA
My Commission Expires: 11-2-2008



ARCHITECTURAL ALLIANCE

400 CLIFTON AVENUE SOUTH
MINNEAPOLIS, MINNESOTA 55408-2312
TELEPHONE (612) 871-0282
FAX (612) 871-2152

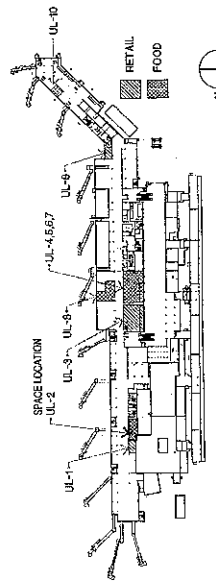
Institution and Electrical Engineers
Meid and Hunt
400 West River Parkway
Minneapolis, MN 55408
PHONE 778-8380 phone
FAX 778-8381 fax



Drawn for	DATE
ARCHITECTURAL ALLIANCE	08/11/2009
	08/16/2009
PROJECT NO.	20090710-02, 03, 04, 05, 07
PROJECT NAME	55
CREATED BY	DTS
DATE	AUGUST 1, 2009
PROJECT	

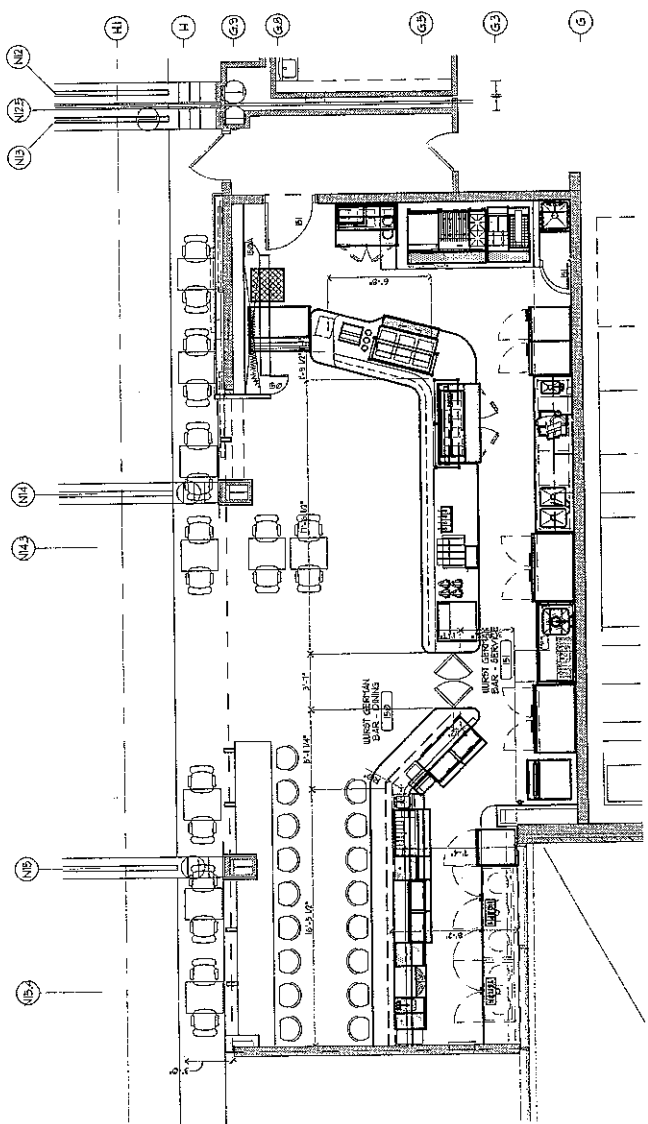
CREATIVE HOST SERVICES, INC.
A Member of the Creative Group

DANE COUNTY REGIONAL AIRPORT
FOOD CONCEPTS
FLOOR FINISH PLAN
WURST GERMAN BAR



2ND LEVEL KEY PLAN

KEY PLAN
NTS



FINISH PLAN GENERAL NOTES

1. REFER TO SEET 3481 FOR MATERIAL AND RESPONSIBILITY SCHEDULE.
2. SEE TCEA FOR FLOOR DRUM LOCATIONS.
3. GC IS RESPONSIBLE FOR ALL FLOOR LEVELING PRIOR TO INSTALLATION OF FINISH MATERIAL TO ENSURE LANDSCAPED AND TENANT FLOOR FINISH ARE FLUSH.
4. WATERPROOF RETRIEVAL REQUIRED UNDER ALL FLOOR FINISH MATERIAL. REFER TO SPECIFICATIONS FOR DETAILS.

FINISH PLAN KEY NOTES

1. MILLWORK SHOW DASHED
2. PROVIDE FINISH BULK CHANNEL REVEAL BETWEEN CEILING AND WALL
3. USE 3/4" X 3/4" X 1/4" LEEB GRANITE GRANITE SUPPLIED BY OWNER INSTALLED BY GC.
4. 1" HOLLOW WOOD SUPPORTS
5. FINISH MATERIALS FOR PARTIALS THIS WALL, CEILING, NOTE
6. 1/4" X 3/4" X 3/4" LEEB GRANITE GRANITE SUPPLIED BY OWNER INSTALLED BY GC.
7. 1/4" X 3/4" X 3/4" LEEB GRANITE GRANITE SUPPLIED BY OWNER INSTALLED BY GC.

FLOOR	BASE	WALL	CEILING
A	1	A	1
B	2	B	2
C	3	C	3
D	4	D	4
E	5	E	5
F	6	F	6
G	7	G	7
H	8	H	8
I	9	I	9
J	10	J	10

ROOM FINISH SCHEDULE NOTES

Room Number	Room Finish
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10

relative Host Services, Inc.
1/b/a German Wurst Bar
400 International Lane
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a 104