

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk

For the license period beginning _____ 20____ ;
ending June 30 2008

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): JVS LLC,
4967 Highwood circle, Middleton, WI 53562

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	Mr. Jaspalinder Singh Chahal	5321 Odland Rd, WI 53711	Madison
Vice President/Member	Mr. Udaivir Singh Sidhu	5917 Stanton Ln, Madison WI 53719	
Secretary/Member	Mr. Surinder Singh Pangli	4967 Highwood Cir, Middleton, WI 53562	
Treasurer/Member			
Agent	Jaspalinder Singh Chahal		
Directors/Managers			

- 3 Trade Name MILLPOND GAS STATION Business Phone Number 608-658-9717 (cell)

- 4 Address of Premises 6410 Millpond Rd, Madison Post Office & Zip Code WI 53718

- 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 12/22/05 of registration Yes No

- (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) Gas station and convenience store with coolers

- 10 Legal description (omit if street address is given above): with coolers

- 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? L.H. Wagner, Inc, DBA Wagner Travel Mart

- 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 13th day of November, 2007

Ulendy E. Barton
(Clerk/Notary Public)

My commission expires 7-18-07

Jaspalinder Singh Chahal
(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>11/13/07</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>79714 + 79715</u>	

Ald- Compton
PD- 621

City of Madison Supplemental Class A 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 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 type="checkbox"/> Floor Plans <input type="checkbox"/> Lease <input type="checkbox"/> Sample Menu <input checked="" type="checkbox"/> Business Plan * Corporation/LLC only
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

1. Name of Applicant/Partner/Corporation/LLC JUS LLC
2. Address of Licensed Premise 6410 Millpond Rd, Madison, WI 53718
3. Telephone Number: 608-658-9717 4. Anticipated opening date: ~~11-21-2007~~
5. Mailing address if not opening immediately 4967 Highwood Cir, Middleton, WI 53562
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. What type of establishment is contemplated? Liquor Store Grocery Store
 Convenience Store – Gas Pumps Yes No Other—Explain _____

9. Business Description: Millpond Gas Station

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.**

Existing Wagner's Travel Mart

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. Detailed in the current license holder, Wagner's Travel Mart. JUS LLC, the applicant, plans to install security cameras to monitor

13. Describe your management experience, staffing levels, duties and employee training. inside and outside of Millpond Gas Station premises

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.

Udawan Singh Sirohi, 5917 Stanton Ln, Madison, WI 53719

Name Address

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

Inter. Highway 90/39 and State Highway 12 Travellers

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

Swing and local newspapers, Grocery and convenience items

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

18. Owner of building where establishment is located: JVS LLC

Address of Owner: 4967 Highwood Cir, Middleton, WI 53562 Phone Number 608-334-8232 (cell)
608-827-6765 (H)

19. 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

20. List the Directors of your Corporation/LLC

- (a) Jaspalinder Singh Chahal, 5321 Odama Rd, Madison, WI 53711
Name Address
- (b) Udaivir Singh Sihri 5917 Stanton Ln, Madison, WI 53719
Name Address
- (c) Swinder Singh Pangli, 4967 Highwood Cir, Middleton, WI 53562
Name Address

21. List the Stockholders of your Corporation/LLC

<u>see 20(a) above</u>	<u>33.33%</u>
Name Address	% of Ownership
<u>see 20(b) above</u>	<u>33.33%</u>
Name Address	% of Ownership
<u>see 20(c) above</u>	<u>33.33%</u>
Name Address	% of Ownership

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 13th day of November, 2007

Jaspalinder Singh Chahal
(Officer of Corporation/Member/Manager of LLC/Partner/Individual)

Wendy E. Britton
(Clerk/Notary Public)

My commission expires 7-13-08

Surinder Singh Pangli has interest in
the following alcohol beverage licenses
in WI

1) Monona Mart, 1221 E Broadway,
Monona, WI

2) Town & Country, 2250 Country
Trunk Hwy MM, Fitchburg, WI

3) Columbus Mart, 221 Dix St.
Columbus, WI