

City of Madison Supplemental Class B License Application

<input type="checkbox"/> Seller's Permit Number <input checked="" type="checkbox"/> Federal Employer Identification # <input checked="" type="checkbox"/> Notarized Original Application Form <input checked="" type="checkbox"/> Notarized Supplemental Form <input type="checkbox"/> Orange Sign (Clerk's Office provides at time of application)	<input checked="" type="checkbox"/> Written Description of Premise <input checked="" type="checkbox"/> Background Investigation Form(s) <input type="checkbox"/> Notarized Transfer of Ownership <input checked="" type="checkbox"/> *Articles of Incorporation <input checked="" type="checkbox"/> *Notarized Appointment of Agent <small>* Corporation/LLC only</small>	<input checked="" 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 NEW CARDINAL LLC
 2. Address of Licensed Premise 418 E. Wilson St. - Madison, WI 53703
 3. Telephone Number: _____ 4. Anticipated opening date: Oct. 7, 2009
 5. Mailing address if not opening immediately Same as above.

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: Tavern with dancing, to open at 4pm daily until bar time.

9. Do you plan to have live entertainment? No Yes—What kind? Very limited/acoustic

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.**

Located in Cardinal Apts. building, the bar & dance area occupies most of 1st floor (2000 sq ft) and half of basement for storage. There are 2 bars w/ total of 12 bar stools and seating capacity for 72. Overall capacity is 196.

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 There is street parking along E. Wilson, ^{SOUTH} FRANKLIN AND So. HANCOCK Streets plus city lot across Wilson St. with access from So. Hancock St. We will monitor this lot on busy nights.

13. Describe your management experience, staffing levels, duties and employee training.
35 years in bar business; former owner of CARDINAL BAR. Staff will undergo training prior to job assignment.

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.

RICARDO A. GONZALEZ 4330 CRITCHFIELD TER.
 Name Address MADISON, WI 53711

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

DOWNTOWN RESIDENTS; students; neighborhood folks; MUSIC AFICIONADOS,

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?

WE WILL ADVERTISE OUR DANCING MUSIC & OTHER ENTERTAINMENT THRU LOCAL MEDIA; SOCIAL MEDIA SUCH AS FACEBOOK, WORD OF MOUTH & OWN WEBSITE.

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

19. Owner of building where establishment is located: CARDINAL ASSOCIATES LLC

Address of Owner: 2080 S. PARK ST. - MADISON Phone Number 608-258-2080
53713

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

RICARDO A. GONZALEZ 4330 CRITCHELL TER
Name Address MADISON, WI 53711

Name Address

Name Address

22. List the Stockholders of your Corporation/LLC

RICARDO A. GONZALEZ 4330 CRITCHELL TER. 100%
Name Address MADISON, WI 53711 % 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 _____

24. What type of food will you be serving, if any? N/A

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? N/A

27. What hours, if any, will food service not be available? All hours, except catering for special events.
28. Indicate any other product/service offered. Dancing and meeting place for community events.
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? N/A
 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? 12
 How many bartenders do you anticipate you would have working at one time on a busy night? 5-6
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?
0
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? 0
 What percentage of your advertising budget do you anticipate will be drink related? 25%
WE WILL PROMOTE THE ENTERTAINMENT AND NOT THE DRINKING.
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? 196

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	75 %
Gross Receipts from Food and Non-Alcoholic Beverages	5 %
Gross Receipts from Other (DOOR COVER CHARGE)	20 %
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 25 day of AUG, 2009

[Signature]
(Clerk/Notary Public)

My commission expires 5-6-2012

[Signature]
(Officer of Corporation/Member of LLC/Partner/Individual)

