



City of Madison Liquor/Beer License Application

LICLIB-201800446
A-4 P-4XX

On-Premises Consumption: Class B Beer Class B Liquor Class C Wine
Off-Premises Consumption: Class A Beer Class A Liquor Class A Cider

Section A – Applicant

- If needed, a qualified interpreter can be provided at no charge to you. Would you like an interpreter?
 Yes (language: _____)
 No (If you answer no and you do require an interpreter, the ALRC will refer your application to a subsequent meeting and this may delay your application process)

Si usted requiere o necesita un/a intérprete, nosotros podemos proveer un/a intérprete sin costo alguno. ¿Le gustaría tener un/a intérprete?

- Sí, lenguaje _____
 No. Si usted escoge "no" en la solicitud/aplicación, y usted sí requiere un/a intérprete, el comité remitirá su solicitud para una nueva junta y esto puede atrasar el proceso de su solicitud.

- This application is for the license period ending June 30, 2019.
- List the name of your Sole Proprietor, Partnership, Corporation/Nonprofit Organization or Limited Liability Company exactly as it appears on your State Seller's Permit.

DFLLSB, LLC

- Trade Name (doing business as) Flannery's
- Address to be licensed 117 S Pinckney St, Madison WI 53703
- Mailing address 117 S Pinckney St, Madison WI 53703
- Anticipated opening date Already Open
- Is the applicant an employee or agent of, or acting of behalf of anyone except the applicant named in question 2?
 No Yes (explain) _____
- Does another alcohol beverage licensee or wholesale permittee have interest in this business?
 No Yes (explain) _____

Section B—Premises

- Describe in words the building or buildings where alcohol beverages are to be sold and stored. Include all rooms including living quarters, if used, and any outdoor seating used for the sales, service, and/or storage of alcohol beverages and records. Alcohol beverages may be sold and stored only on the premises as approved by Common Council and described on license.

1300 sq ft space, includes 70sq ft utility room and 90 sq ft office. Main room is cafe.

Both utility room and office will have space for storage of beverages. Records will be kept in the office.

11. Attach a floor plan, no larger than 8 ½ by 14, showing the space described above.
12. Applicants for on-premises consumption: list estimated capacity 80
13. Describe existing parking and how parking lot is to be monitored.
Public street parking along Pinckney St. shared with numerous other establishments nearby.
Parking is in full view of the establishment.
14. Was this premises licensed for the sale of liquor or beer during the past license year?
 No Yes, license issued to DFLLSB, LLC (name of licensee)
15. Attach copy of lease.

Section C—Corporate Information

This section applies to corporations, nonprofit organizations, and Limited Liability Companies only. Sole proprietorships and partnerships, skip to Section D.

16. Name of liquor license agent Hart Allen Miller
17. City, state in which agent resides Madison, WI
18. How long has the agent continuously resided in the State of Wisconsin? 35 years
19. Appointment of agent form and background check form are attached.
20. Has the liquor license agent completed the responsible beverage server training course?
 No, but will complete prior to ALRC meeting Yes, date completed 8/10/16
21. State and date of registration of corporation, nonprofit organization, or LLC.
WI, 7/27/2016

22. In the table below list the directors of your corporation or the members of your LLC.
 Attach background check forms for each director/member.

Title	Name	City and State of Residence
Member	Stephen Baraboo	Stoughton, WI

23. Registered agent for your corporation or LLC. This is your agent for service of process, notice or demand required or permitted by law to be served on the corporation. This is not necessarily the same as your liquor agent.
Stephen Baraboo

24. Is applicant a subsidiary of any other corporation or LLC?
 No Yes (explain) _____
25. Does the corporation, any officer, any director, any stockholder, liquor agent, LLC, any member, or any manager hold any interest in any other alcohol beverage license or permit in Wisconsin?
 No Yes (explain) _____

Section D—Business Plan

26. What type of establishment is contemplated?
 Tavern Nightclub Restaurant Liquor Store Grocery Store
 Convenience Store without gas pumps Convenience Store with gas pumps
 Other Cafe _____
27. Business description Flannery's is a coffee bar and coffee retail store that serves roasted coffee
produced by a charity based farm in Tanzania. Menu includes brewed coffee and espresso drinks, as
well as limited bakery. Intending to also serve very limited cocktails and wine by
the glass. _____
28. Hours of operation Mon-Thurs 6:30am - 4pm. Fri 6:30am-11pm. Sat 8am - 11pm _____
29. Describe your management experience Owner, Stephen Baraboo, has managed various businesses
for the last decade. _____
30. List names of managers below, along with city and state of residence.
Stephen Baraboo, Stoughton, WI Hart Allen Miller, Madison WI

31. Describe staffing levels and staff duties at the proposed establishment 1-2 staff at any one time.
Duties will include cleaning and maintenance of cafe and bar equipment, customer service,
& preparing coffee and alcoholic drinks. _____
32. Describe your employee training Detail-oriented in-house training program, plus supervision
and mentoring with new employees. Continued education and evaluations beyond that. _____

33. Utilizing your market research, describe your target market.

All ages for cafe, targeting customers seeking a curated, specific, high-quality service

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

We are a word-of-mouth business

35. Are you operating under a lease or franchise agreement? No Yes

36. 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?
 No Yes

Section E—Consumption on Premises

This section applies to Class B and Class C applicants only. Class A license applicants (consumption off premises) may skip to Section F.

37. Do you plan to have live entertainment? No Yes—what kind? Occasional live music,

usually jazz or similar

38. What age range do you hope to attract to your establishment? All ages

39. What type of food will you be serving, if any? Limited bakery

Breakfast Brunch Lunch Dinner

40. Submit a sample menu if applicable. What will be included on your operational menu?

Appetizers Salads Soups Sandwiches Entrees Desserts

Pizza Full Dinners

41. During what hours of operation do you plan to serve food? Bakery is always available during hours

42. What hours, if any, will food service not be available? _____

43. Indicate any other product/service offered. Establishment operates as a coffee shop

44. Will your establishment have a kitchen manager? No Yes

45. Will you have a kitchen support staff? No Yes

46. 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? _____

47. Do you plan to have hosts or hostesses seating customers? No Yes

48. Do your plans call for a full-service bar? No Yes
 If yes, how many barstools do you anticipate having at your bar? 6
 How many bartenders do you anticipate having work at one time on a busy night? 1-2
49. Will there be a kitchen facility separate from the bar? No Yes
50. Will there be a separate and specific area for eating only?
 No Yes, capacity of that area _____
51. What type of cooking equipment will you have?
 Stove Oven Fryers Grill Microwave
52. Will you have a walk-in cooler and/or freezer dedicated solely to the storage of food products?
 No Yes
53. What percentage of payroll do you anticipate devoting to food operation salaries? N/A
54. If your business plan includes an advertising budget:
 What percentage of your advertising budget do you anticipate will be related to food? _____
 What percentage of your advertising budget do you anticipate will be drink related? _____
55. Are you currently, or do you plan to become, a member of the Madison—Dane County Tavern League or the Tavern League of Wisconsin? No Yes
56. Are you currently, or do you plan to become, a member of the Wisconsin Restaurant Association or the National Restaurant Association? No Yes
57. All restaurants and taverns serving alcohol must substantiate their gross receipts for food and alcohol beverage sales broken down by percentage. New establishments estimate percentages:
15 % Alcohol 85 % Food _____ % Other
58. Do you have written records to document the percentages shown? No Yes
 You may be required to submit documentation verifying the percentages you've indicated.

Section F—Required Contacts and Filings

59. I understand that liquor/beer license renewal applications are due April 15 of every year, regardless of when license was initially granted. No Yes
60. I understand that I am required to host an information session at least one week before the ALRC meeting. No Yes
61. I agree to contact the Alderperson for this location to discuss my application and to invite the Alderperson to my information session. No Yes
62. I agree to contact the Police Department District Captain for this location prior to the ALRC meeting. No Yes
63. I agree to contact the Alcohol Policy Coordinator prior to the ALRC meeting. No Yes
64. I agree to contact the neighborhood association representative prior to the ALRC meeting.
 No Yes

65. I understand we must file a Special Occupational Tax return (TTB form 5630.5) before beginning business. [phone 1-800-937-8864] No Yes
66. I 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] No Yes
67. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?
 No Yes

Section G—Information for Clerk's Office

68. State Seller's Permit 4 5 6 - 1 0 2 9 3 3 3 5 1 2 - 0 2

69. Federal Employer Identification Number 81-3540145

70. Who may we contact between 8 a.m. and 4:30 p.m. regarding this license?

Contact person Stephen Baraboo

E-mail address stephen.baraboo@gmail.com

Phone 608/220 8951 Preferred language English

71. Corporate attorney, if applicable: Name Phillip Violi


Phone 608/225 4997 E-mail violi@pjvlaw.com

Read carefully before signing in front of a notary: 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 the business according to law, and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. Lack of access to any portion of 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 _____ day of _____, 20____

 (Clerk/Notary Public)



 (Officer of Corporation/Member of LLC/Partner/Sole Proprietor)

My commission expires _____

Clerk's Office checklist for complete applications		
<input type="checkbox"/> Orange sign <input type="checkbox"/> WI Seller's Permit Certificate (matching articles of incorporation) <input type="checkbox"/> FEIN <input type="checkbox"/> Notarized application <input type="checkbox"/> Written description of premises	<input type="checkbox"/> Background investigation form(s) <input type="checkbox"/> Form for surrender of previous license <input type="checkbox"/> *Articles of Incorporation <input type="checkbox"/> *Notarized Appointment of Agent * Corporation/LLC only	<input type="checkbox"/> Floor Plans <input type="checkbox"/> Lease <input type="checkbox"/> Sample Menu <input type="checkbox"/> Business Plan
Date complete application filed with Clerk's Office _____ Date of ALRC meeting _____ Date license granted by Common Council _____ Date provisional issued _____ Date license issued _____ License number _____		