

## Liquor/Beer License **Application**

## (Agenda Item Number) (Legistar file number)

City of Madison Clerk oom 103

	City of Madison
	210 MLK Jr Blvd, Ro
Class A: □ Beer, □ Liquor, □ Cider	Madison, WI 53
Class B: ⅓ Beer, ฆLiquor,	licensing@cityofmad
☐ Class C Wine	608-266-460

Office Use Only

Cla	ss A: ☐ Beer, ☐ Liquor, ☐ Cider Madison, WI 53703				
Cla	ss B:  Beer, Liquor, licensing@cityofmadison.com  Class C Wine 608-266-4601				
Se	ction A – Applicant				
1.	List the name of your $\square$ Sole Proprietor, $\square$ Partnership, $\square$ Corporation/Nonprofit Organization or $\square$ Limited Liability Company exactly as it appears on your State Seller's Permit.				
	444 Park St Walters LLC				
2.	Trade Name (doing business as) Walters				
3.	Address to be licensed 444 5 Park St Madison WI 63715				
4.	Mailing address 101 N Mills St Madison WE 53715				
5.	Anticipated opening date Aug 7th 2021				
6.	Is the applicant an employee or agent of, or acting of behalf of anyone except the applicant named in question 1?				
	No ☐ Yes (explain)				
7.	Does another alcohol beverage licensee or wholesale permitee have interest in this business?   ✓ No ☐ Yes (explain)				
Sec	ction B—Premises				
8.	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 receipts. Alcohol beverages may be sold and stored only on the premises as approved by Common Council and described on license.				

9.	Applicants for on-premises consumption only. Estimated capacity (patrons and employees):				
	Indoor: 130-140 Outdoor: 25				
10.	Describe existing parking and how parking lot is to be monitored.				
	Street Parking				
11.	Was this premises licensed for the sale of liquor or beer during the past license year?				
	□ No ☑ Yes, license issued to RockHound (name of licensee)				
Section C—Corporate Information  This section applies to corporations, nonprofit organizations, and Limited Liability Companies only. Sole proprietorships and partnerships, skip to Section D.					
12.	Name of liquor license agent Colin Smith				
	City, state in which agent resides <u>Madison</u>				
14.	How long has the agent continuously resided in the State of Wisconsin? 2 years 10 months				
	Has the liquor license agent completed the responsible beverage server training course?				
	☐ No, but will complete prior to ALRC meeting ☐ Yes, date completed ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐				
16.	State and date of registration of corporation, nonprofit organization, or LLC.				
	WI 6-15-21				
17.	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 Joseph McCormick Madison WI				
	Member Bakatie McCormick Madison WI Member Colin Smith Madison WI				
	Member				
18.	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.  Katie McCorniek				
19.	Is applicant a subsidiary of any other corporation or LLC?				
	No □ Yes (explain)				
20.	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) A)) three members also own 508 state street Golf LLC				

30.	I agree to contact the Police Department District Captain for this location prior to the ALRC meeting. $\square$ No $\normalfa$ Yes		
31.	I agree to contact the Deputy Clerk prior to the ALRC meeting. $\square$ No $\not\boxtimes$ Yes		
32.	I agree to contact the neighborhood association representative prior to the ALRC meeting. $\square$ No $\not\!$		
33.	I intend to operate under the alcohol license within 180 days of the Common Council granting this license. The license shall be considered surrendered if not issued within 90 days of being granted. ☐ No ☒ Yes		
34.	I understand we must file a Special Occupational Tax return (TTB form 5630.5) before beginning business. [phone 1-800-937-8864] $\square$ No $\bowtie$ Yes		
35.	I understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in question 1, above. [phone 608-266-2776]   No X Yes		
36.	Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? $\hfill \hfill $		
Sec	tion G—Information for Clerk's Office		
37.	This application is for the license period ending June 30, $20 \underline{32}$ .		
38.	State Seller's Permit 4 5 6 - 1 0 3 0 7 5 7 5 5 7 - 0 4		
39.	Federal Employer Identification Number <u>47-1221597</u>		
40.	Who may we contact between 8 a.m. and 4:30 p.m. regarding this license?		
	Contact person Colin Smith		
	Business phone 720-560-3640 Business e-mail address colin@jdmccormicK.co		
	Preferred language <u>English</u>		
	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.		
41.	Corporate attorney, if applicable: Name		
	Phone F-mail		

Monday) to get on the agenda for the procemust be accompanied by the following iter		A completed application
Member background investigation form	ness Tax Registration Certificate), Appointment as, Articles of Incorporation (if Corp/LLC), Fig. Sample Menu (if applying for Class B license)	of Agent (if Corp/LLC), oor Plans,
If required items are missing, the application of the control of t	on will not be considered complete and will not be a . No exceptions are made.	ccepted by the Clerk's
been truthfully completed to the best of the	enalty provided by law, the applicant states that the e knowledge of the signer. Signer agrees to operate ties conferred by the license(s), if granted, will not b remises during inspection will be deemed a refusal t ls for revocation of this license.	the business according be assigned to another.
Penalty for materially false application information on this application may be required to forfer (Officer of Corporation/Member of LLC/Partner/	6-19-21	ially false information
Clerk's Office checklist for complete	applications	
WI Seller's Permit Certificate (matching articles of incorporation)	☐ Background investigation form(s) ☐ Form for surrender of previous license ☐ *Articles of Incorporation ☐ *Appointment of Agent	Floor Plans Lease Business Plan **Sample Menu
Written description of premises	* Corporation/LLC only	** Class B only
☐ Orange sign ☐ Orange busines	e in the City of Madison" brochure with contact	: information
그들이 어떻게 되어 잘 되는 것 같은데 이번 그리고 말을 하는데 되는데 그리고 모든 모든데 하는데 하는데 하는데 하다.	Date license granted by Common Council	

Walters will be a 3,346 restaurant with a current capacity of around 140 people. It has a large bar in the center to allow for ample seating and service. There will be a high tops in the bar area and a dinning area with tables, a large banquette and 4 booths. There are multiple locked cabinets for liquor bottle storage including a locked office. There is an outdoor patio that will be used for 6 tables on the south side of the building. This space is on the first floor of an apartment building and attached to a brewery that will be occupied by One Barrel Brewing.