

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning October 20 08 ;
ending _____ 20 _____

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): Leziz LLC

Applicant's Wisconsin Seller's Permit Number: <u>332283801</u>	
Federal Employer Identification Number (FEIN): _____	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Wholesale beer	\$
<input checked="" type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$
TOTAL FEE	\$ <u>20-</u>

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>president Mehmet Dayi</u>	<u>1022 pleasant view Rd.</u>	<u>53562</u>
Vice President/Member	_____	_____	_____
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent	<u>Mehmet Dayi</u>	_____	_____
Directors/Managers	_____	_____	_____

3. Trade Name Oliva Business Phone Number (608) 770-0185

4. Address of Premises 745 N. High point Rd. Madison Post Office & Zip Code 53717

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 Wisconsin and date 8/9/2007 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.)

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) will be sold at the tables by waitress stored back storage room

10. Legal description (omit if street address is given above): see attached

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? Grape and Company

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 29 day of September, 20 08

Michael Amis
(Clerk/Notary Public)

My commission expires 3-18-2012

Mehmet Dayi
(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>09/29/08</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>84051</u> <u>84052</u>	

City of Madison Supplemental Class B License Application

<input type="checkbox"/> Seller's Permit Number <input type="checkbox"/> Federal Employer Identification Number <input checked="" type="checkbox"/> Notarized Original Application Form <input checked="" 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 type="checkbox"/> Notarized Transfer of Ownership <input checked="" type="checkbox"/> *Articles of Incorporation	<input checked="" type="checkbox"/> Floor Plans <input checked="" type="checkbox"/> Lease <input checked="" type="checkbox"/> Sample Menu <input type="checkbox"/> Business Plan * Corporation/LLC only
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1. Name of Applicant/Partner/Corporation/LLC Legiz LLC
2. Address of Licensed Premise 745 N. High point Rd. Madison WI 53717
3. Telephone Number: (608) 770-0185 4. Anticipated opening date: middle october 2008
5. Mailing address if not opening immediately 1022 pleasant view Rd. Middleton, WI 53562
6. Have you contacted the Aldeirperson, 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: servicing lunch and dinner.
hours of operation 11 am - 10⁰⁰ pm

9. Do you plan to have live entertainment? No Yes—What kind? _____

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.**

Building 1410 sq. It won't be bar. Capacity 10 tables 40 sitting.
Alcohol beverages will be sold at the tables by waitress
Stored at back storage room

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. _____
Existing Sant point square parking lot

13. Describe your management experience, staffing levels, duties and employee training.
I have 16 years experience in restaurant business. Last 8 years I ran my own restaurant

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.
Mehmet Dayi 1022 pleasant view Rd. Middleton, WI 53562
 Name Address

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

Family style restaurant

16. What age range would you hope to attract to your establishment? 35 +

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

First word of mouth, Newspapers, Magazines. Food itself

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

Lease

Savik Point Square LLC of madison, WI and

19. Owner of building where establishment is located: Leziz, LLC dba Cafe' Oliva

SAVICK address: 3000 Cahill main suite 216 Fitchburg, WI 53711

Address of Owner: Cafe Oliva address: 745 N. High Point Road Phone Number _____

Madison, WI 53717

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

Mehmet Dayi 1022 pleasant view Rd. Middleton, WI. 53562

Name

Address

Name

Address

Name

Address

22. List the Stockholders of your Corporation/LLC

Mehmet Dayi 1022 pleasant view Rd Middleton, WI. 53562 %100

Name

Address

% 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? Italian and Mediterranean Food

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? 11⁰⁰ am - 10⁰⁰ pm

27. What hours, if any, will food service not be available? close at 10⁰⁰ pm
28. Indicate any other product/service offered. take out
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? 3
During what hours do you anticipate they will be on duty? 11⁰⁰ am - 10⁰⁰ pm
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? —
How many bartenders do you anticipate you would have working at one time on a busy night? —
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? 40
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?
% 100
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? 100 % of food
What percentage of your advertising budget do you anticipate will be drink related? 0%
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? 40

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	15 %
Gross Receipts from Food and Non-Alcoholic Beverages	85 %
Gross Receipts from Other	70 % food
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 29 day of September, 2008

Michael Amerson
(Clerk/Notary Public)

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

My commission expires 3-18-2012

RECEIVED
Sec. 183.0202

State of Wisconsin
Department of Financial Institutions
Division of Corporate and Consumer Services



AUG - 8 2007

WISCONSIN
DFI

ARTICLES OF ORGANIZATION - LIMITED LIABILITY COMPANY

Executed by the undersigned for the purpose of forming a Wisconsin limited liability company under Ch. 183 of the Wisconsin Statutes:

Article 1. Name of the limited liability company:

LEZIZ LLC

Article 2. The limited liability company is organized under Ch. 183 of the Wisconsin Statutes.

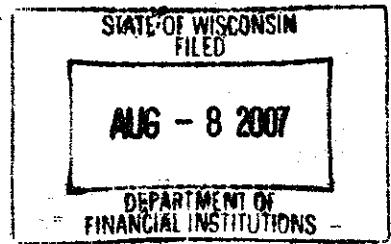
Article 3. Name of the initial registered agent: MEHMET DAYI

Article 4. Street address of the initial registered office:
(The complete address, including street and number, if assigned, and ZIP code. P O Box address may be included as part of the address, but is insufficient alone.)

515 Junction Rd.
Suite # F
Madison, WI 53717

Article 5. Management of the limited liability company shall be vested in:
(Select and check (X) the one appropriate choice below)

- a manager or managers
- OR
- its members



Article 6. Name and complete address of each organizer:

8551 Greenway Blv. #209
Middleton, WI 53562

MEHMET DAYI

[Signature]
Organizer's signature

[Signature]
Organizer's signature

This document was drafted by Mehmet Dayi
(Name the individual who drafted the document)

> OPTIONAL - Second choice company name if first choice is not available:

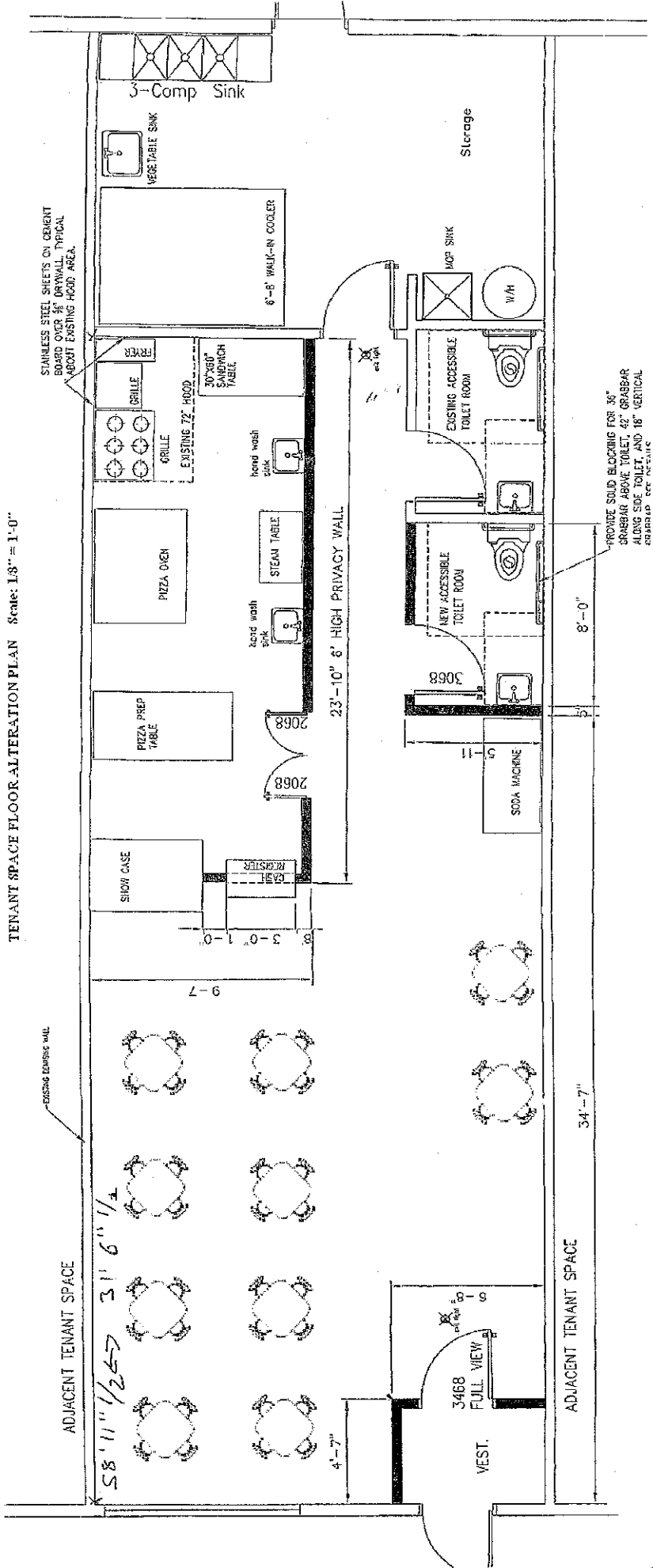
FILING FEE - \$170.00 See instructions, suggestions, and procedures on following pages.
(Note: Electronic edition of this form is "Quickstart LLC," available at www.wdfi.org at a lower fee.)
DFI/CORP/502(R04/22/03) Use of this form is voluntary.

WI - DFI CORP
FILE ID#

L 4339

Olive Italian & Mediterranean Cuisine

TENANT SPACE FLOOR ALTERATION PLAN Scale: 1/8" = 1'-0"



Appointment of New Liquor/Beer Agent

To be completed by Corporate Officer or Member of LLC

I, Mehmet Dayi, officer/member for Lezig LLC
(Corporation/LLC), doing business as Oliva, authorize and appoint
Mehmet Dayi (Name) as the liquor/beer agent for the premise
located at 745 N. Highpoint Ad. Madison, WI 53717

Subscribed and sworn to before me this

29 Day of Sept, 2008

Michael Quinn
Notary Public, Dane County, Wisconsin

My Commission Expires 3-18-2012

Mehmet Dayi
Signature of Officer/Member

To be completed by appointed Liquor/Beer Agent

I, Mehmet Dayi, appointed **liquor/beer agent** for
Lezig LLC (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 100 %.

Subscribed and sworn to before me this

29 Day of September, 2008

Michael Quinn
Notary Public, Dane County, Wisconsin

My Commission Expires 3-18-2012

Mehmet Dayi
Signature of Agent

The appointed Liquor/Beer Agent must complete the other side of this form.