

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning 6-30 2009 ending 6-30 2009

TO THE GOVERNING BODY of the: Town of Village of City of Madison

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): Edo Garden LLC

An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of 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>Jing Jiang</u>		
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<u>Jing Jiang</u>		
Directors/Managers			

3. Trade Name Edo Steak House Business Phone Number 608 226 9828

4. Address of Premises 610 S Park St Post Office & Zip Code WI 53715

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 12/11/03 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) 4500 sq. foot restaurant, bar cooler in kitchen

10. Legal description (omit if street address is given above): cooler in kitchen

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?

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 13 day of February, 2009

Wendy Schmidt
(Clerk/Notary Public)

My commission expires 7/24/11

[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

[Signature]
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>2-13-09</u>	Date reported to council/board <u>3-18-09</u>	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued <u>04994</u>	

Applicant's Wisconsin Seller's Permit Number: <u>456-000017411-03</u>
Federal Employer Identification Number (FEIN): <u>39-1964920</u>
LICENSE REQUESTED
<input type="checkbox"/> Class A beer \$
<input checked="" type="checkbox"/> Class B beer \$
<input type="checkbox"/> Wholesale beer \$
<input type="checkbox"/> Class C wine \$
<input type="checkbox"/> Class A liquor \$
<input checked="" type="checkbox"/> Class B liquor \$
<input type="checkbox"/> Reserve Class B liquor \$
Publication fee \$
TOTAL FEE \$

City of Madison Supplemental Class B License Application

<input type="checkbox"/> Seller's Permit Number <input checked="" type="checkbox"/> Federal Employer Identification Number <input checked="" type="checkbox"/> Notarized Original Application Form <input checked="" type="checkbox"/> Notarized Supplemental Form	<input type="checkbox"/> Description of Licensed Premise <input checked="" type="checkbox"/> *Notarized Appointment of Agent <input type="checkbox"/> Background Investigation Form(s) <input checked="" type="checkbox"/> *Notarized Transfer of Ownership <input type="checkbox"/> *Articles of Incorporation	<input 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 Edo Garden LLC
2. Address of Licensed Premise 610 S Park ST Madison 53715
3. Telephone Number: 608 226 9828 4. Anticipated opening date: Aug, 2009
5. Mailing address if not opening immediately 532 S Park ST, Madison 53715
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: meeting with association soon
8. Business Description, including hours of operation: resturant with High class steak house resturant in individual dining area, Mon-Sun 10:00am - 1:00 am
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.
4500 sq. ft resturant and bar with 6 chair, cooler in kitchen, Dining area with setting for 6 people. Dining area with 10 Tables.
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 Parking on the street
13. Describe your management experience, staffing levels, duties and employee training.
I own edo Garden on Regent street for about 8 years, staff around 7, training guide and oversight by
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
Jing jiang 532 S Park ST, Madison 53715 Owner

Name

Address

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

neighbors, young professional, university students

16. What age range would you hope to attract to your establishment? 21 plus

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

advertising at my restaurant at Park St

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

19. Owner of building where establishment is located: 610 S. Park St

Address of Owner: jing jiang Phone Number

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

jing jiang 610 S. Park St

Name Address

Name Address

Name Address

22. List the Stockholders of your Corporation/LLC

jing jiang 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 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?

All the open hours

27. What hours, if any, will food service not be available? None

28. Indicate any other product/service offered None

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? 5

During what hours do you anticipate they will be on duty? All opening hour

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? 5

How many bartenders do you anticipate you would have working at one time on a busy night? 1

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? 5 small Dining spaces with seven in each room

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?
80%

39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? 80%

What percentage of your advertising budget do you anticipate will be drink related? 10% for Drink

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? 90

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	20 %
Gross Receipts from Food and Non-Alcoholic Beverages	80 %
Gross Receipts from Other	%
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 13 day of February, 2009

Debra J. Semiat
(Clerk/Notary Public)

My commission expires 7/24/09

Jing Jiang
(Officer of Corporation/Member of LLC/Partner/Individual)

Appointment of New Liquor/Beer Agent

To be completed by Corporate Officer or Member of LLC

I, Frank Jing Tian, officer/member for Edo Garden LLC
(Corporation/LLC), doing business as Edo Steak House, authorize and appoint
Jing Tian (Name) as the liquor/beer agent for the premise
located at 610 's Park St

Subscribed and sworn to before me this

13 Day of Feb, 2009

Robert J. Schmidt
Notary Public, Dane County, Wisconsin

My Commission Expires 7/24/11


Signature of Officer/Member

To be completed by appointed Liquor/Beer Agent

I, Jing Tian, appointed liquor/beer agent for
Edo Garden 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

13 Day of Feb., 2009

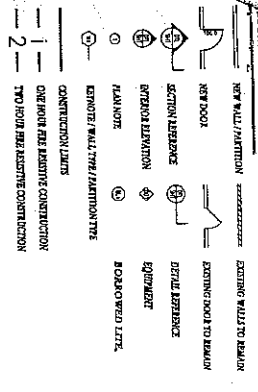
Robert J. Schmidt
Notary Public, Dane County, Wisconsin

My Commission Expires 7/24/11


Signature of Agent

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

FLOOR PLAN - SYMBOLS LEGEND



FLOOR PLAN - GENERAL NOTES

1. DIMENSIONS ON FLOOR PLAN ARE BASED ON FACE OF FINISHED WALL TO FACE OF FINISHED WALL, UNLESS NOTED.
2. VERIFY ALL DIMENSIONS AND CONDITIONS AT JOB SITE. VARIATIONS OF EXISTING CONSTRUCTION MATERIALS HAVE BEEN REMOVED BY OWNER.
3. MAINTAIN CONTINUOUS UTILITY SERVICE TO ALL SPACES IN THE BUILDING. DO NOT REMOVE ANY WORK, EXCEPT WORK OR TO MODIFY EXISTING SPING, DUCTWORK OR ANY ASSOCIATED EQUIPMENT.
4. REFER TO SHEET #01 FOR ROOM FINISH SCHEDULE AND NOTES.
5. REFER TO SHEET #02 FOR DOOR SCHEDULE, DOOR TYPES, AND NOTES.

Gypsum Board Partition Schedule

- SOUND PARTITION**
- 1. 1/2" STEEL STUDS @ 16" OC W/ 3 1/2" SOUND ATTENUATION INSUL. @ 5/8" GYPSUM BOARD @ EACH FACE.
 - 2. 6" STEEL STUDS @ 16" OC W/ 6" SOUND ATTENUATION INSUL. @ 5/8" GYPSUM BOARD @ EACH FACE.

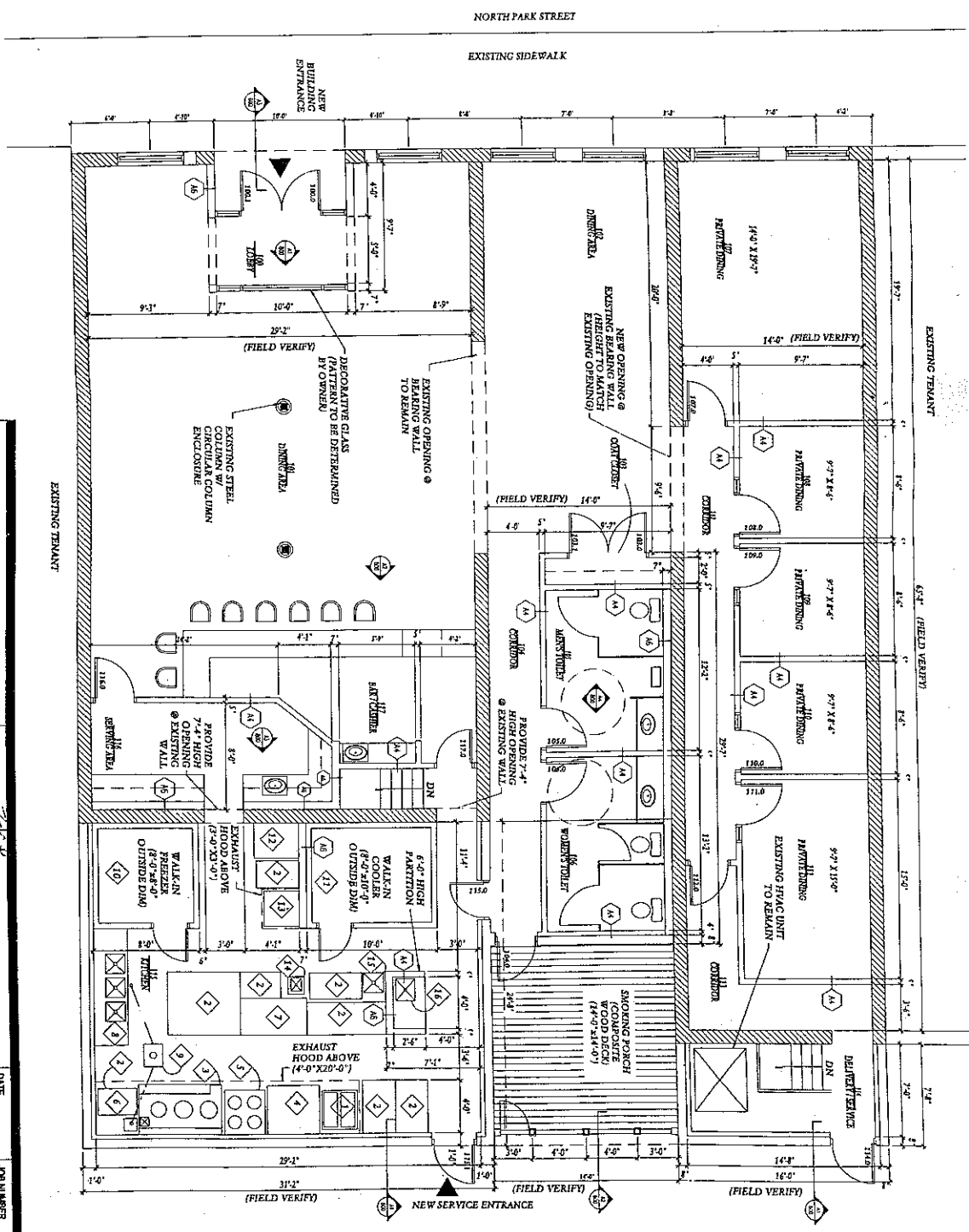
Gypsum Board Partition General Notes

ALL GYPSUM BOARD PARTITIONS SHALL BE (FIELD VERIFY) OVERLAP NOTED ON FLOOR PLAN. GYPSUM BOARD PARTITION DIMENSIONS ON FLOOR PLAN ARE BASED ON FACE OF FINISHED PARTITION TO FACE OF FINISHED PARTITION UNLESS NOTED. DETAIL ALL GYPSUM BOARD PARTITIONS FULL HEIGHT TO OVERSHOOT OPERATIONAL HEIGHT. AT MIN. 2" CLEARANCE FROM CEILING. DETAIL ALL GYPSUM BOARD PARTITIONS TO MATCH EXISTING PARTITION AND OVERSHOOT OF 2" MIN. ABOVE.

Kitchen Equipment List

1	GAS REFR.
2	S.S. WORK TABLE (TO BE DETERMINED)
3	WINE COOLER (8'-0" X 3'-0" W/ EXHAUST HOOD ABOVE) (4'-0" X 2'-0" X 3'-0")
4	GAS RY PAN (4'-0" X 3'-0")
5	GAS OVEN (3'-0" X 3'-0")
6	RICE COOKER
7	HEB. COOLER (7'-0" X 3'-0")
8	3 COOL. SINK UNIT (6'-0" X 2'-0" X 2'-0")
9	GREASE TRAP (LOCATION TO BE DETERMINED)
10	WALK-IN REFRIG. (8'-0" X 3'-0")
11	WALK-IN COOLER (8'-0" X 3'-0")
12	ICE MAKER (3'-0" X 2'-0")
13	DISH WASHER (3'-0" X 2'-0")
14	W/ EXHAUST HOOD ABOVE (8'-0" X 3'-0")
15	S.S. STAND SINK
16	FOOD PREP. SINK (FOOD PREP. SINK) (4'-0" X 2'-0" X 2'-0")
17	NO. SINK

NOTE: ALL KITCHEN EQUIPMENT TO BE PURCHASED BY OWNER & INSTALLED BY CONTRACTOR.



PROPOSED FIRST FLOOR PLAN

1/8" = 1'-0"



BARRY C. J. YANG ARCHITECT, AIA
 5550 North Shoreland Avenue,
 Milwaukee, WI 53217
 Phone: (414) 431-3131; Fax: (414) 431-0531
 Email: bcyang@bgarch.com

EDO STAKE HOUSE
 TENANT IMPROVEMENT & ADDITION
 614 SOUTH PARK STREET
 MADISON, WI 53715

DATE	5-14-2008	JOB NUMBER	08011
DRAWN BY	BCY	SHEET NUMBER	200



PROPOSED SITE PLAN & ROOF PLAN (HVAC EQUIPMENT LOCATIONS)

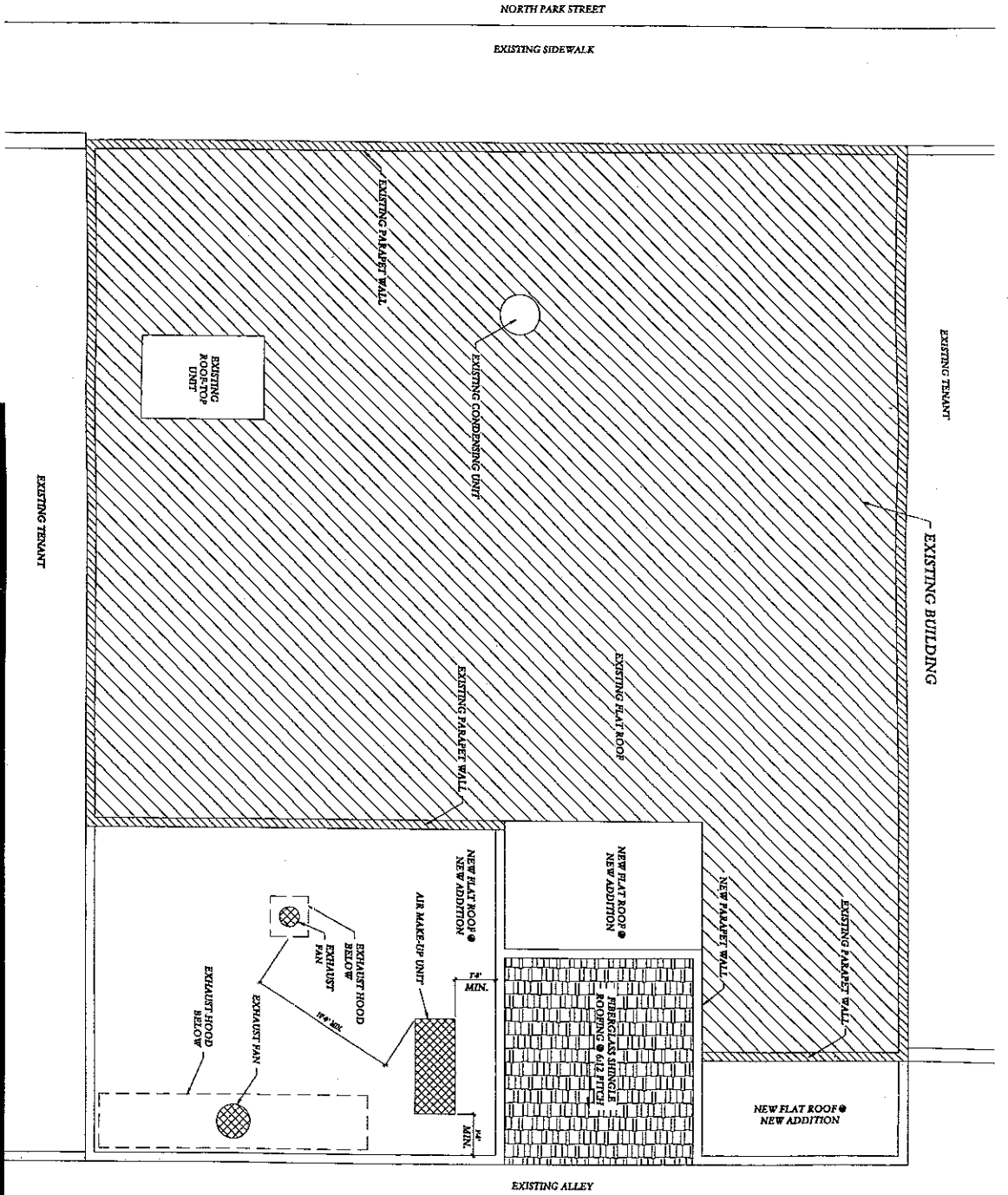
1/8"=1'-0"



BARRY C. J. YANG ARCHITECT, AIA
 5559 North Shoreland Avenue,
 Milwaukee, WI 53227
 Phone: (414) 431-3131; Fax: (414) 431-0531
 Email: bcyang@bcjarch.com

EDO STAKE HOUSE
 TENANT IMPROVEMENT & ADDITION
 674 SOUTH PARK STREET
 MADISON, WI 53716

DATE	5-14-2008	JOB NUMBER	08011
DRAWN BY	BCJY	SHEET NUMBER	400



NORTH PARK STREET
EXISTING SIDEWALK

EXISTING TENANT

EXISTING BUILDING

EXISTING PARAPET WALL

EXISTING CONDENSING UNIT

EXISTING ROOFTOP UNIT

EXISTING FLAT ROOF

EXISTING PARAPET WALL

EXISTING PARAPET WALL

NEW PARAPET WALL

NEW FLAT ROOF

NEW FLAT ROOF

FIBERGLASS SHINGLE FLOORING & 6/12 PITCH

NEW FLAT ROOF

EXISTING ALLEY

NEW FLAT ROOF

NEW ADDITION

AIR MAKE-UP UNIT

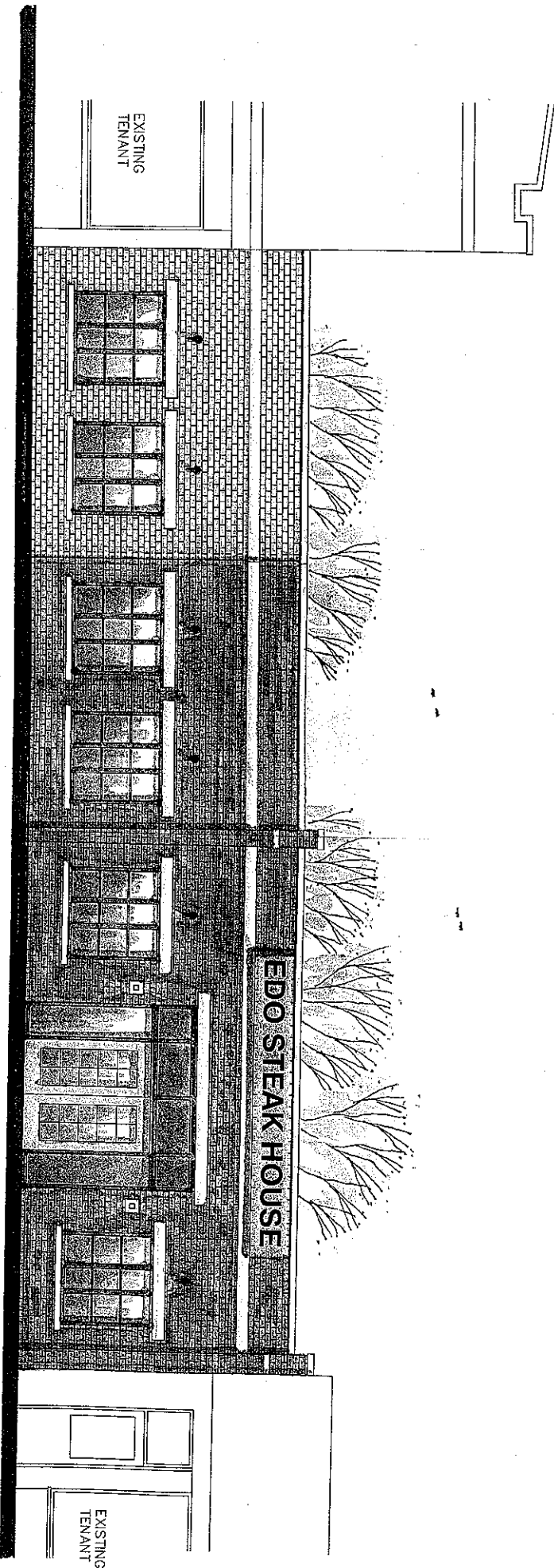
EXHAUST HOOD BELOW EXHAUST PAN

EXHAUST HOOD BELOW EXHAUST PAN

EXHAUST PAN

EXISTING TENANT

EXISTING TENANT



PROPOSED BUILDING ELEVATION (COLORED)
 3/16" = 1'-0"

BARRY C. J. YANG ARCHITECT, AIA
 6559 North Shoreland Avenue,
 Milwaukee, WI 53217
 Phone: (414) 431-3131; Fax: (414) 431-0531
 Email: boyang@bcjarch.com

EDO STEAK HOUSE
 TENANT IMPROVEMENT & ADDITION
 614 SOUTH PARK STREET
 MADISON, WI 53716

DATE	5-14-2008	JOB NUMBER	08011
DRAWN BY	BCY	SHEET NUMBER	500-1