

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk

For the license period beginning 20 08 ;
ending June 30 20 08

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

County of Dane Aldermanic Dist No. 4 (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): Trek Hospitality, LLC

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>Sole Member: Trek Bicycle Corporation,</u>	<u>a Wisconsin corporation, 801 W. Madison Street,</u>	<u>Waterloo, WI 53594</u>
Vice President/Member	<u>President</u>	<u>Mark Joslyn</u>	<u>7905 Wood Pond Trail, Cross Plains, WI 53528</u>
Secretary/Member	<u>Treasurer</u>	<u>Joseph R. Siefkes,</u>	<u>N57 W35767 Surrey Ct., Oconomowoc, WI 53066</u>
Treasurer/Member	<u>Agent</u>	<u>Mark Joslyn</u>	<u>7905 Wood Pond Trail, Cross Plains, WI 53528</u>
Directors/Managers	<u>Manager</u>	<u>Joseph R. Siefkes,</u>	<u>N57 W35767 Surrey Ct., Oconomowoc, WI 53066</u>

- 3 Trade Name 424 N. Pinckney Street (Mansion Hill Inn) Business Phone Number 920-478-2191
4 Address of Premises 424 N. Pinckney Street (Mansion Hill Inn) Post Office & Zip Code Madison 53703

- 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 01/17/08 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) see attached Addendum

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

- 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? Randall P. Alexander d/b/a Mansion Hill Inn

- 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 21st day of February, 20 08

Lisa Smith
(Clerk/Notary Public)

My commission expires 10-17-10

By: [Signature]

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

Mark R. Joslyn, President
(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>2/25/08</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

alder dist 4 police dist 408

09399

ADDENDUM TO
ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION
FOR MANSION HILL INN

5. Mark Joslyn will complete the Beverage Server Training Course prior to issuance of license.

8(b). Trek Bicycle Corporation is the sole member of the applicant.

9. Premises description: Approximately 9000 square feet, historical bed and breakfast inn built in 1857, commonly known as Mansion Hill Inn. The inn will contain 10 suites for rent to the public or for private corporate functions. There is a parlor on the first floor which will be used as the area from which liquor will be served. The bar is only available to guests of the inn. Food and drink will be consumed, for the most part, on the first floor in the reception space. Guests may take drinks to their suite. A locked wine cellar is located in the lower level and can hold approximately 10 bottles of wine. A small kitchen is also located on the lower level. Meals served to guests only consist of light breakfast, hors d' oeuvres and an occasional private catered event

15. Utilizing your market research, who would you project your target market to be?
Upper end bed and breakfast patrons and corporate relationships.
16. What age range would you hope to attract to your establishment? 21 and over
17. Describe how you plan to advertise/promote your business. What products will you be advertising?
Internet and local publications, very little advertising required.
18. Are you operating under a lease or franchise agreement? ~~Yes (attach a copy)~~ No
19. Owner of building where establishment is located: Applicant
 Address of Owner: _____ 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 N/A
21. List the Directors of your Corporation/LLC
- | N/A | |
|------|---------|
| Name | Address |
| | |
| | |
| | |
22. List the Stockholders of your Corporation/LLC
- | N/A | | |
|------|---------|----------------|
| Name | Address | % of Ownership |
| | | |
| | | |
| | | |
23. What type of establishment are you? (Check all that apply) Tavern Nightclub Restaurant
 Other Please Explain. Bed and breakfast inn
24. What type of food will you be serving, if any? Breakfast, hors d'oeuvres, catered meals
 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 No menu, see 24.
26. During what hours of your operation do you plan to serve food? Morning, catered as needed.

27. What hours, if any, will food service not be available? After 11 a.m. except for private functions.
28. Indicate any other product/service offered. N/A
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? 0
During what hours do you anticipate they will be on duty? N/A
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? 0
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? approximately 20
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?
less than 1%
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? 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? less than 40 in main serving

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.

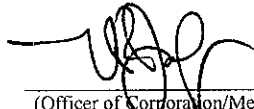
Gross Receipts from Alcoholic Beverages	less 1 %
Gross Receipts from Food and Non-Alcoholic Beverages	0 %
Gross Receipts from Other	99 %
Total Gross Receipts	100%

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 21st day of Feb, 20 08
Lisa Smith
(Clerk/Notary Public)



(Officer of Corporation/Member of LLC/Partner/Individual)
Mark Joslyn, President

My commission expires 10-17-10

wine cellar

LOWER LEVEL FLOOR PLAN

NOTES:
1) dimensions are not to scale
2) door swings always to the right unless noted
3) walls are shown in solid lines
4) walls are shown in dashed lines

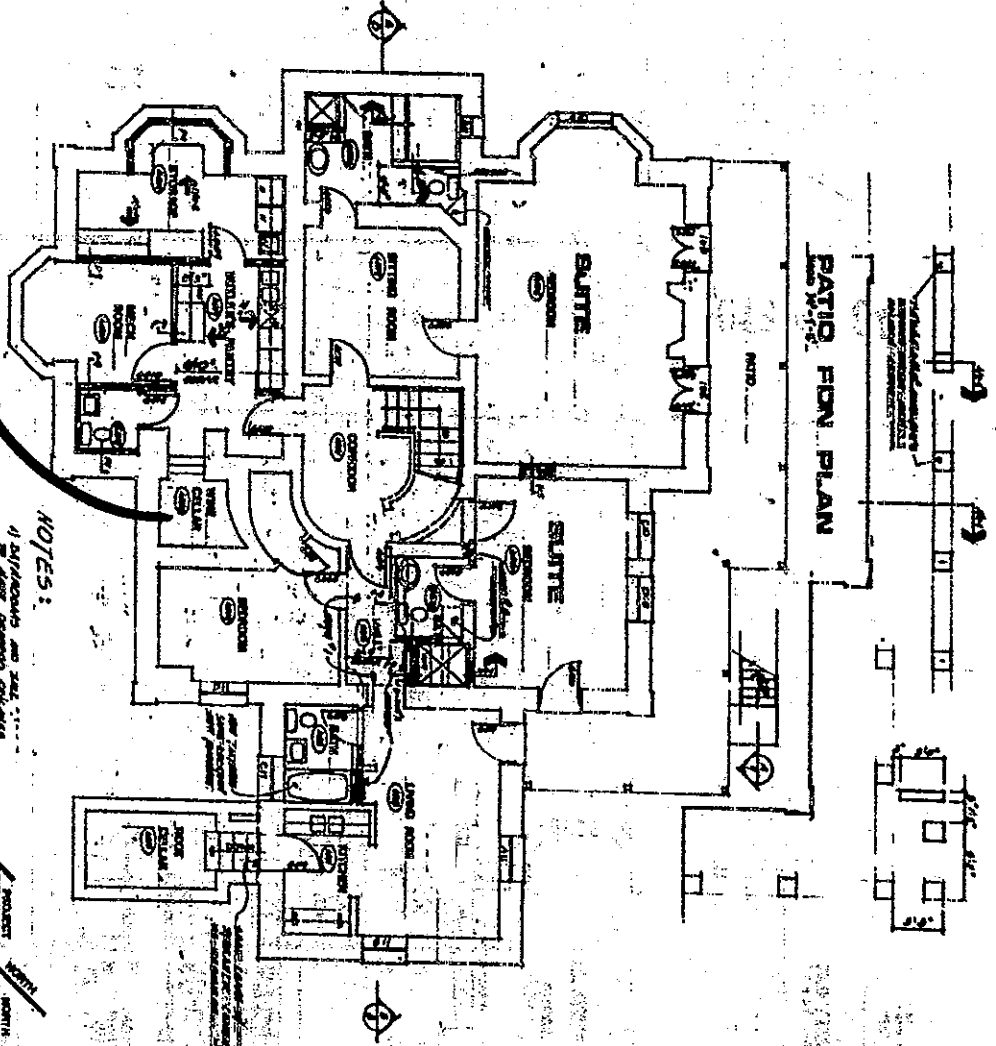


IRREGULARLY IMPAIRED

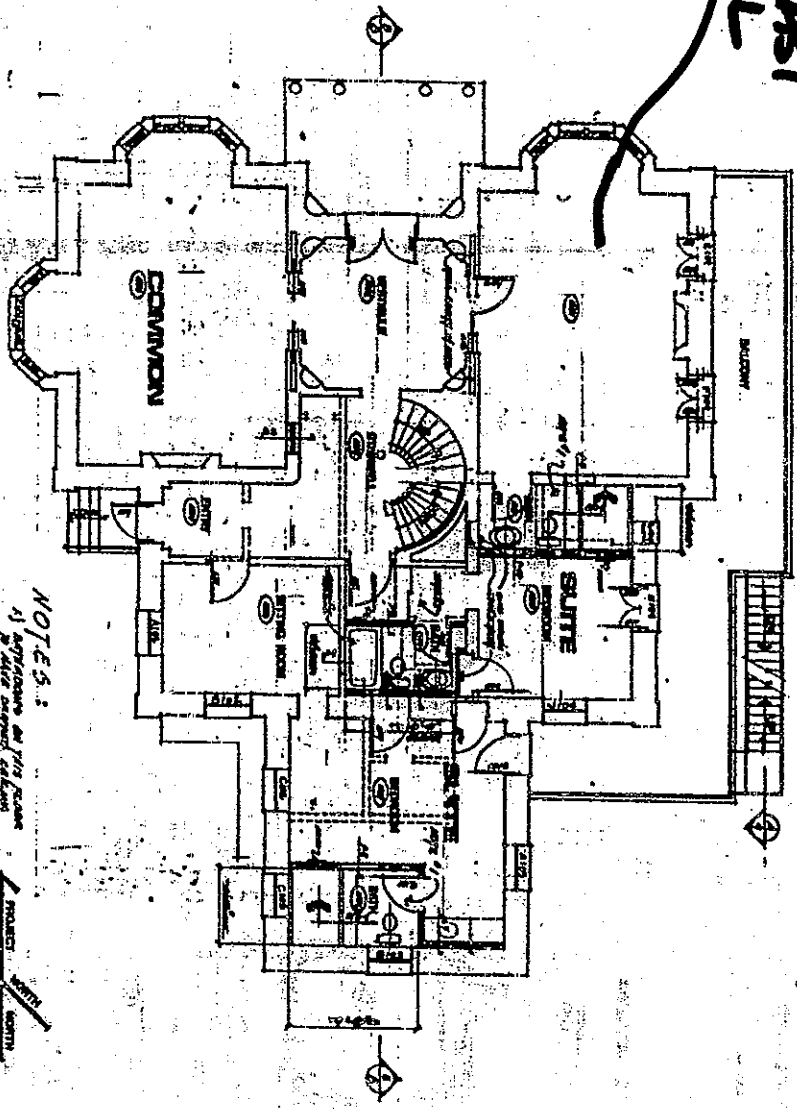
Jordan Kay & Associates
Architects
1000 North Park Street
Madison, Wisconsin 53706
Phone: 608/261-1111
Fax: 608/261-1112

MANSION HILL INN
424 NORTH PARKWAY STREET
MADISON, WISCONSIN

2084
3-9



**BREAKFAST
& ALCOHOL
SERVICE
AREA**



FIRST FLOOR PLAN

NOTES:

1) Approximate size of room
is based on square footage
of floor plan. All other
dimensions are approximate.



LEGIBILITY IMPAIRED

MANSION HILL INN
424 NORTH BERKLEY STREET
MADISON, WISCONSIN

K Arthur (Jay) & Associates
Architects
1000 Wisconsin Street
Madison, Wisconsin 53703

2084