

#35023



# City of Madison Liquor/Beer License Application

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

## Section A – Applicant

1. 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.

2. This application is for the license period ending June 30, 2015.
3. 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.  
Two Pinners, LLC
4. Trade Name (doing business as) Cheba Hut
5. Address to be licensed 453 Gilman St. Madison, WI 53703
6. Mailing address 1537 Quail Hollow Dr. Fort Collins, CO 80525
7. Anticipated opening date 8-1-14
8. Is the applicant an employee or agent of, or acting of behalf of anyone except the applicant named in question 2?  
 No  Yes (explain) \_\_\_\_\_
9. Does another alcohol beverage licensee or wholesale permittee have interest in this business?  
 No  Yes (explain) \_\_\_\_\_

## Section B—Premises

10. 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.

Cheba hut premises at 453 Gilman st. and outdoor seating  
on building looking Southeast facing University

11.  Attach a floor plan, no larger than 8 1/2 by 14, showing the space described above.

12. Applicants for on-premises consumption: list estimated capacity 58

13. Describe existing parking and how parking lot is to be monitored.

Two parking spaces with

14. Was this premises licensed for the sale of liquor or beer during the past license year?

No  Yes, license issued to Headre Foods, 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 Jess Colton

17. City, state in which agent resides Madison, Wisconsin

18. How long has the agent continuously resided in the State of Wisconsin? 21 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 4-4-2012

21. State and date of registration of corporation, nonprofit organization, or LLC. Madison, Wisconsin 6-13-14 *→ will take it again before 8-20-2014*

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
Owner	David Timmons	Fort Collins, CO.
Owner	Marc Torres	Fort Collins, CO.

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.

David Timmons

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 \_\_\_\_\_

27. Business description Toasted Subs restaurant and bar.  
 \_\_\_\_\_  
 \_\_\_\_\_

28. Hours of operation 10:00am - 10:00pm Sunday - Wednesday 10:00am - 3:00am Thurs - Sat.

29. Describe your management experience Owner of 2 other Cheba Hats in Fort Collins, CO. for the last 2 years and owner and manager of the Iowa City Cheba Hat prior to that.

30. List names of managers below, along with city and state of residence.  
David Timmas Fort Collins, CO.  
Marc Torres Fort Collins, CO.

31. Describe staffing levels and staff duties at the proposed establishment 20-25 employees. Onsite manager at all times. Normal restaurant duties for employees.

32. Describe your employee training Corporate manager training and certified training programs. TIPS Alcohol training and server training.

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

College students, city workers, families, and anyone who  
enjoys a delicious sandwich.

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

Social Media and street teams of employees.  
We will be advertising special events and giveaways  
and discounted food specials.

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? \_\_\_\_\_

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

39. What type of food will you be serving, if any? \_\_\_\_\_

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? 10am-10pm Sun-Wed. 10am-3am Thurs-Sat

42. What hours, if any, will food service not be available? N/A

43. Indicate any other product/service offered. \_\_\_\_\_

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? 20-25

During what hours do you anticipate they will be on duty? 8am-12am Sun-Wed. 8am-3am  
Thurs-Sat.

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? 10  
 How many bartenders do you anticipate having work at one time on a busy night? 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  Toaster
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? 100%
54. If your business plan includes an advertising budget:  
 What percentage of your advertising budget do you anticipate will be related to food? 75%  
 What percentage of your advertising budget do you anticipate will be drink related? 25%
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:  
2 % Alcohol 98 % Food \_\_\_\_\_ % Other *Estimated gross sales: \$150,000*
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 456-1028678708-02

69. Federal Employer Identification Number 47-1096324

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

Contact person David Timmons

E-mail address Timmons.D1@gmail.com

Phone 319-389-1563 Preferred language English

71. Corporate attorney, if applicable: Name \_\_\_\_\_

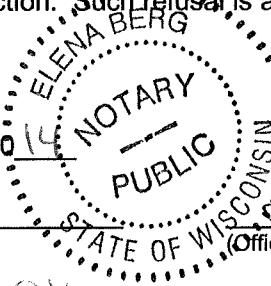
Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**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 3 day of July, 2014

Elena Berg  
 (Clerk/Notary Public)



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

My commission expires 10-31-2016

Clerk's Office checklist for complete applications		
<input checked="" type="checkbox"/> Orange sign <input checked="" type="checkbox"/> WI Seller's Permit Certificate (matching articles of incorporation) <input checked="" type="checkbox"/> FEIN <input checked="" type="checkbox"/> Notarized application <input checked="" type="checkbox"/> Written description of premises	<input checked="" type="checkbox"/> Background investigation form(s) <input checked="" type="checkbox"/> Form for surrender of previous license <input checked="" type="checkbox"/> *Articles of Incorporation <input checked="" type="checkbox"/> *Notarized Appointment of Agent * Corporation/LLC only	<input checked="" type="checkbox"/> Floor Plans <input checked="" type="checkbox"/> Lease <input checked="" type="checkbox"/> Sample Menu <input checked="" 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 <u>LIC LIB. 2014. 00755</u>		

**453 W. Gilman St.  
(Commercial Space)**

