

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION



Submit to municipal clerk

For the license period beginning _____ 20____ ;
ending _____ 20____

TO THE GOVERNING BODY of the: Town of } Madison
 Village of }
 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): Madison East Beverage, 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>Gary J. Janko, Member</u>		
Vice President/Member		<u>Michael M Janko, Member</u>		
Secretary/Member				
Treasurer/Member				
Agent		<u>Lisa Betow, Officer, 121 Metro Terrace #206, Madison, WI 53718</u>		

Directors/Managers _____

- 3 Trade Name Staybridge Suites Business Phone Number _____
4 Address of Premises 3301 City View Drive, Madison, WI Post Office & Zip Code 53718

- 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 11/18/08 of registration Yes No
(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? Madison Suites LLC

- 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

AUTHENTICATION

Signatures of Gary Janko and Michael Janko
authenticated this 10th day of March, 2009

[Signature] Bradley W. Roethlis
TITLE: MEMBER STATE BAR OF WISCONSIN
(If not, authorized by §706 06, Wis Stats)

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

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

(Additional Partner(s)/Member/Manager of Limited Liability Company, if Any)

Applicant's Wisconsin Seller's Permit Number: <u>456-1026827072-03</u>	
Federal Employer Identification Number (FEIN): <u>26-3706986</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 20
<input type="checkbox"/> Wholesale beer	\$
<input 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	\$

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk: <u>3-23-09</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

Addendum

The Applicant, Madison East Beverage, LLC, will be providing management services for retail wine/beer service and snack food service at the Staybridge Suites hotel located at 3301 City View Drive, Madison, Wisconsin (the "Hotel"). The Hotel is classified as an extended-stay hotel. Accordingly, a majority of guests stay for several weeks or longer, although the Hotel does offer single night rooms. Pursuant to the underlying Franchise Agreement with Holiday Hospitality Franchising, Inc., the Hotel is obligated to provide 3 weekly "Sundowner" sessions for guests. The Sundowner sessions typically last from 4:00 pm to 7:00 pm and are held three times each week. The Sundowner session is held in a "breakfast area" with a counter for service and a number of table/chairs encompassing approximately 150 square feet of the approximately 59,000 square feet hotel facility. There is no formal "bar" area nor is there a formal kitchen. The Applicant will ensure that one attendant/hostess is on duty during service times to maintain the offerings and a clean area.

During a Sundowner session, the Applicant will provide Hotel guests with complimentary wine and beer (no hard liquor is served) along with snacks and hors d'oeuvres. The guests are not charged a separate fee for the wine, beer or food service.

The Applicant will be providing the Sundowner sessions on behalf of the Hotel and neither the Applicant nor the Hotel will be making any sales of beer, wine or liquor. Such activities are only incidental to the Hotel's primary business of operating an extended-stay hotel facility. The Applicant will not advertise these services, does not provide live entertainment and there are no revenues generated directly from these activities. The Applicant seeks a Class B alcohol beverage license for the sole purpose of permitting the provision of these complimentary activities to its guests.

City of Madison Supplemental Class B License Application

<input checked="" 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 checked="" type="checkbox"/> Description of Licensed Premise <input checked="" type="checkbox"/> *Notarized Appointment of Agent <input checked="" type="checkbox"/> Background Investigation Form(s) <input checked="" 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 type="checkbox"/> Sample Menu <input type="checkbox"/> Business Plan <input type="checkbox"/> * Corporation/LIC Only
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1. Name of Applicant/Partner/Corporation/LLC Madison East Beverage, LLC
2. Address of Licensed Premises 3301 City View Drive, Madison, Wisconsin, 53718
3. Telephone Number: (608) 241-2300 4. Anticipated opening date: Currently Open
5. Mailing Address if not opening immediately N/A
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: N/A
8. Business Description, including hours of operation: The business is an extended-stay, full service hotel. The hotel business operates 24 hours per day, 365 days each year. The business provides its guests access to a "Sundowner" service each Tuesday, Thursday and Friday from 4:00 pm to 7:00pm. During the Sundowner sessions guests are invited to enjoy beer/wine and hors d'oevres at no additional cost.
9. Do you plan to have live entertainment: No Yes – What kind? N/A
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.**
The hotel building is approximately 8 years old and includes 90 guest rooms (studios, 1 bedroom and 2 bedroom) on three floors. The building comprises approximately 59,000 square feet. The building does not contain a formal bar area. The Sundowner service is offered in a small (15' x 10') breakfast area located on the first floor. Complimentary beer/wine and hors d'oevres are laid out on existing counters and guests can serve themselves. An attendant/host is also present to assist guests and maintain the area.
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 premises, not in living quarters. The hotel guest room are accessible from the area where the Sundowner service is provided, but no alcohol is sold or stored in or near any living quarters.
12. Describe existing parking and how parking lot is to be monitored: The hotel includes standard parking area that complies with all density and accessibility requirements. Parking is only made available to hotel guests because the Sundowner service is only offered to existing guest. No alcohol/food is made available to the public.
13. Describe your management experience, staffing levels, duties and employee training: The applicant is a management company that provides management services to the hotel business, including the Sundowner service. The applicant is comprised of two members, Gary Janko and Michael Janko, who are the

principals of Janko Hospitality, LLC, which owns 14 hotels facilities in 4 states. In addition, the hotel is staffed by highly experienced on-site management. As noted above, the Sundowner service is staffed by a host/attendant to monitor activity, assist guests and maintain the cleanliness of the area.

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:

Lisa Betow 121 Metro Terrace #206, Madison, WI 53718
Name Address

- 15 Utilizing your market research, who would you project your target market to be:

There is no target market for beer/wine service. The Sundowner service is a complimentary service offered as an ancillary benefit to hotel guests. The hotel will market to business travelers and other travelers for single night and extended-stay room occupancy.

16. What age range would you hope to attract to your establishment? There is no particular age range for prospective hotel guests.

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

The hotel business may, from time to time, engage in promotional activities related to solicitation of guest room occupancy. However, there is no advertising for the Sundowner service.

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

19. Owner of building where establishment is located: MEHG, LLC
Address of Owner: 3301 City View Drive, Madison, WI 53718 Phone Number: (608) 241-2300

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:

Gary Janko c/o 3040 Finley Road, Suite 240, Downers Grove, IL 60515
Name Address

Michael Janko c/o 3040 Finley Road, Suite 240, Downers Grove, IL 60515
Name Address

22. List the Stockholders of your Corporation/LLC:

Gary Janko c/o 3040 Finley Road, Suite 240, Downers Grove, IL 60515
Name Address

Michael Janko c/o 3040 Finley Road, Suite 240, Downers Grove, IL 60515
Name Address

23. What type of establishment are you? (Check all that apply) Tavern Nightclub Restaurant

Other Please explain: Extended-stay hotel

24. What type of food will you be serving, if any? Light snacks and hors d'oevres

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? Light snacks and hors d'oevres will be served during Sundowner services which are held on Tuesday, Thursday and Friday from 4:00 pm to 7:00 pm.
27. What hours, if any, will food service not be available? All other times/days.
28. Indicate any other product/service offered: As noted above, the primary service being offered by the hotel business is single night and extended-stay guest rooms. The beer/wine service is being offered as a supplemental, complimentary benefit to hotel guests.
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? 1 host/attendant.
During what hours do you anticipate they will be on duty: Tuesday, Thursday and Friday from 4:00 pm to 7:00 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? N/A
How many bartenders do you anticipate you would have working at one time on a busy night? N/A
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? N/A
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? No advertising is anticipated for the Sundowner service.
What percentage of you advertising budget will be drink related? None
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? _____
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	0%
Gross Receipts from Food and Non-Alcoholic Beverages	0%
Gross Receipts from Other	100%
Total Gross Receipts	100%

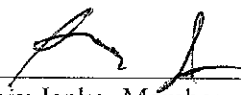
44. Do you have written records to document the percentages shown? Yes No

You may be required to submit documentation verifying the percentages you have 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.

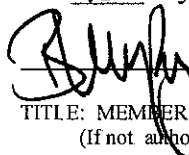
Madison East Beverage, LLC

By: _____


Gary Janko, Member

AUTHENTICATION

Signature of Gary Janko authenticated
this 10th day of March, 2009.

 Bradley W. Raetz
TITLE: MEMBER STATE BAR OF WISCONSIN
(If not authorized by §706.06, Wis Stats)

Appointment of New Liquor/Beer Agent

To be completed by Corporate Officer or Member of LLC

I, MICHAEL JANKO, officer/member for MADISON EAST BEVERAGE, LLC
MADISON EAST HOTEL
(Corporation/LLC), doing business as STAYBRIDGE SUITES GROUP, LLC
HOTEL, authorize and appoint
LISA BETOW (Name) as the liquor/beer agent for the premise
located at 3301 CITY VIEW DR MADISON 53718

Subscribed and sworn to before me this
____ Day of _____, 20____

[Signature]
Signature of Officer/Member

AUTHENTICATION
Signature of Michael Janko authenticated this 10th day of March 2009
[Signature] Bradley W. Roethlis
TITLE: MEMBER STATE BAR OF WISCONSIN
(If not authorized by §706.06 Wis Stats)

Notary Public, Dane County, Wisconsin
My Commission Expires _____

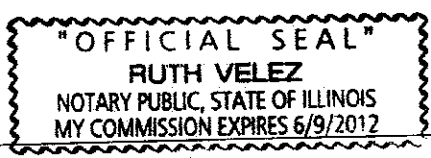
To be completed by appointed Liquor/Beer Agent

I, LISA BETOW, appointed liquor/beer agent for
MADISON EAST HOTEL GROUP, 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 0 %

Subscribed and sworn to before me this
15th Day of September, 2008

[Signature]
Signature of Agent

[Signature]
Notary Public, Dane County, Wisconsin
My Commission Expires _____



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

Payment of Taxes on Liquor/Beer License Transfer

I, Gary Janko, MEMBER of Madison, East Beverage, LLC, applicant for
Name Title
a liquor and/or beer license for the premise located at 3301 City View Drive, have
Address Madison, WI 53718

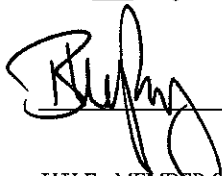
read the provisions in the attached copy of Madison General Ordinance Section 9.01, and understand that payment of all personal property taxes, special assessments, room taxes, forfeitures and judgments must be paid before the Office of the City Clerk can issue said license


Signature of Applicant

3/4/09
Date

AUTHENTICATION

Signature of Gary Janko authenticated
this 10th day of March, 2009.

 Bradley W. Roelke

TITLE: MEMBER STATE BAR OF WISCONSIN
(If not, authorized by §706.06, Wis Stats.)

Transfer of Ownership

(letter to surrender previous license)

*To be filed with the City Clerk at the time a new application is submitted
for a change of ownership for any liquor and/or beer establishment*

The Class B license for the premise located at
Class of License
3301 City View Drive, Madison, WI 53718 will be relinquished upon the
Street Address
approval of the application and the issuance of the same type of license for the same
premises to Madison East Beverage, LLC
License Applicant

There have been no convictions for violations during the current license year, nor are
there any pending violations against the present licensee except as follows:

John P. Stammbacher
Signature of Present License Holder

3-3-09
Date

Sec. 183.0202
Wis. Stats.



State of Wisconsin
Department of Financial Institutions

ARTICLES OF ORGANIZATION - LIMITED LIABILITY COMPANY

Executed by the undersigned for the purpose of forming a Wisconsin Limited Liability Company under Chapter 183 of the Wisconsin Statutes:

Article 1. **Name of the limited liability company:**

Madison East Beverage, LLC

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

Article 3. **Name of the initial registered agent:**

Lisa Betow

Article 4. **Street address of the initial registered office:**

121 Metro Terrace #206
Madison, WI 53718
United States of America

Article 5. **Management of the limited liability company shall be vested in:**

A manager or managers

Article 6. **Name and complete address of each organizer:**

Bradley W. Raaths
2 East Mifflin Street
Suite 600
Madison, WI 53703
United States of America

Other Information. **This document was drafted by:**

Bradley W. Raaths

Organizer Signature:

Bradley W. Raaths

Contact Information:

Bradley W. Raaths
2 East Mifflin Street
Suite 600
Madison, WI 53703
United States of America
bwr@dewittross.com
608-255-8891

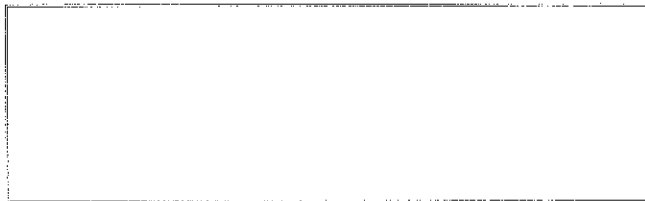
Date & Time of Receipt:

11/13/2008 3:47:29 PM

Credit Card Transaction Number:

200811131696457

**ARTICLES OF ORGANIZATION - Limited Liability
Company(Ch. 183)**



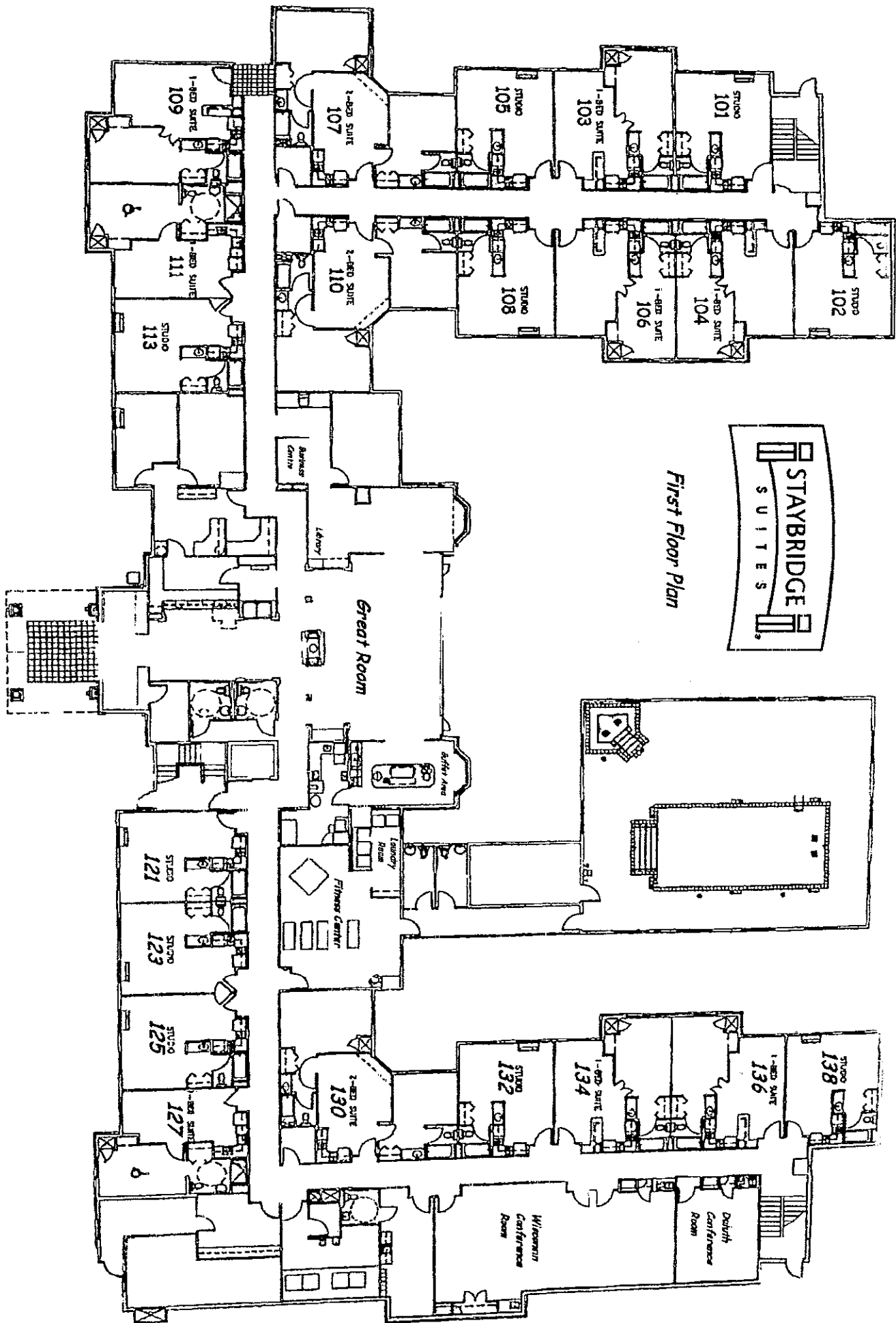
Filing Fee: \$130.00
Total Fee: \$130.00

ENDORSEMENT

**State of Wisconsin
Department of Financial Institutions**

EFFECTIVE DATE
11/13/2008

FILED 11/18/2008	Entity ID Number M073840
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STAYBRIDGE
S U I T E S

First Floor Plan

Great Room

Lobby

Business Center

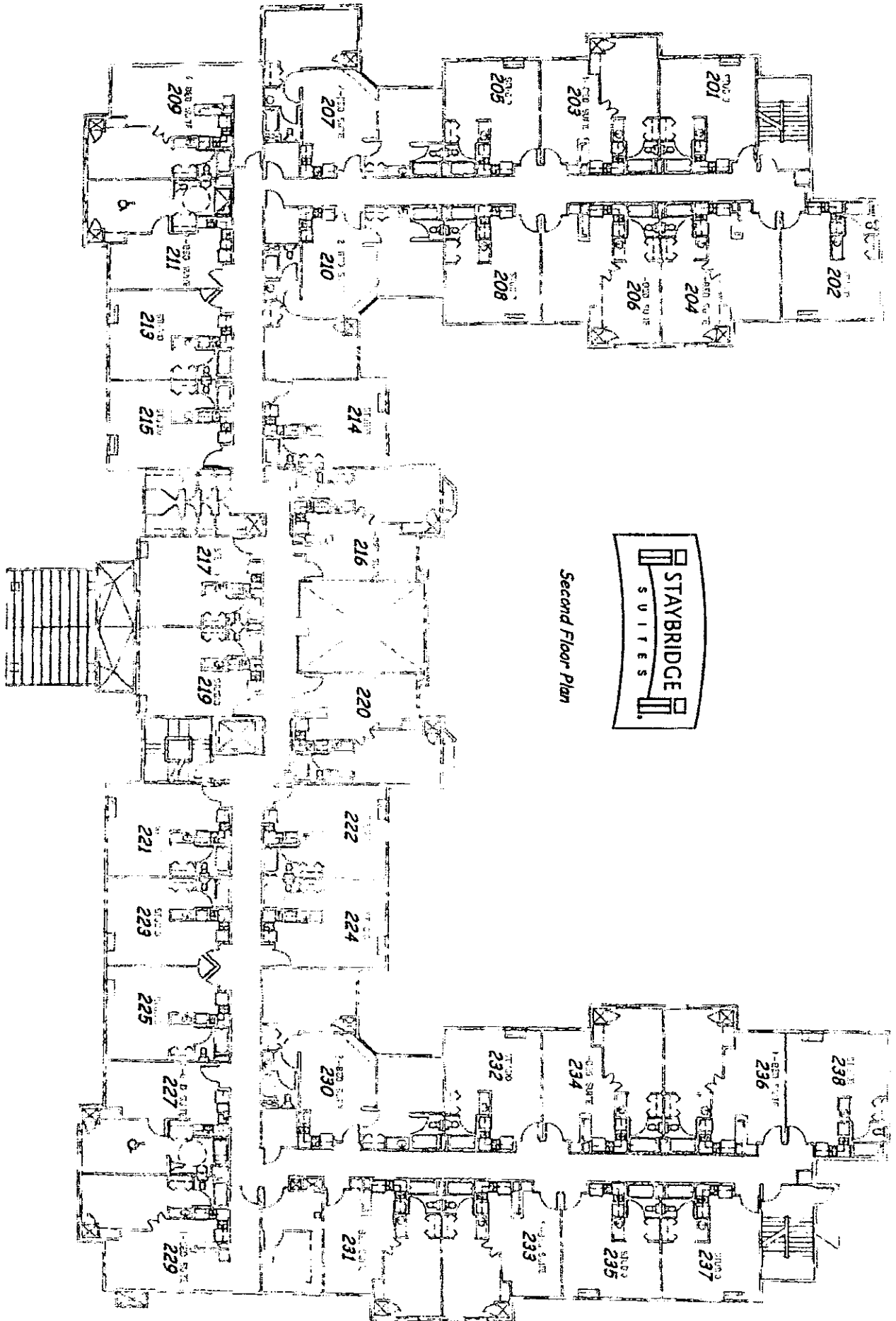
Bicycle Area

Laundry Room

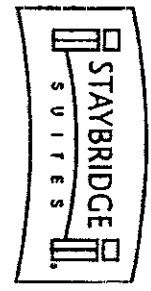
Fitness Center

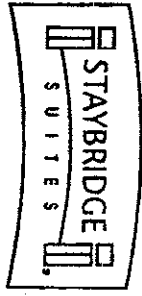
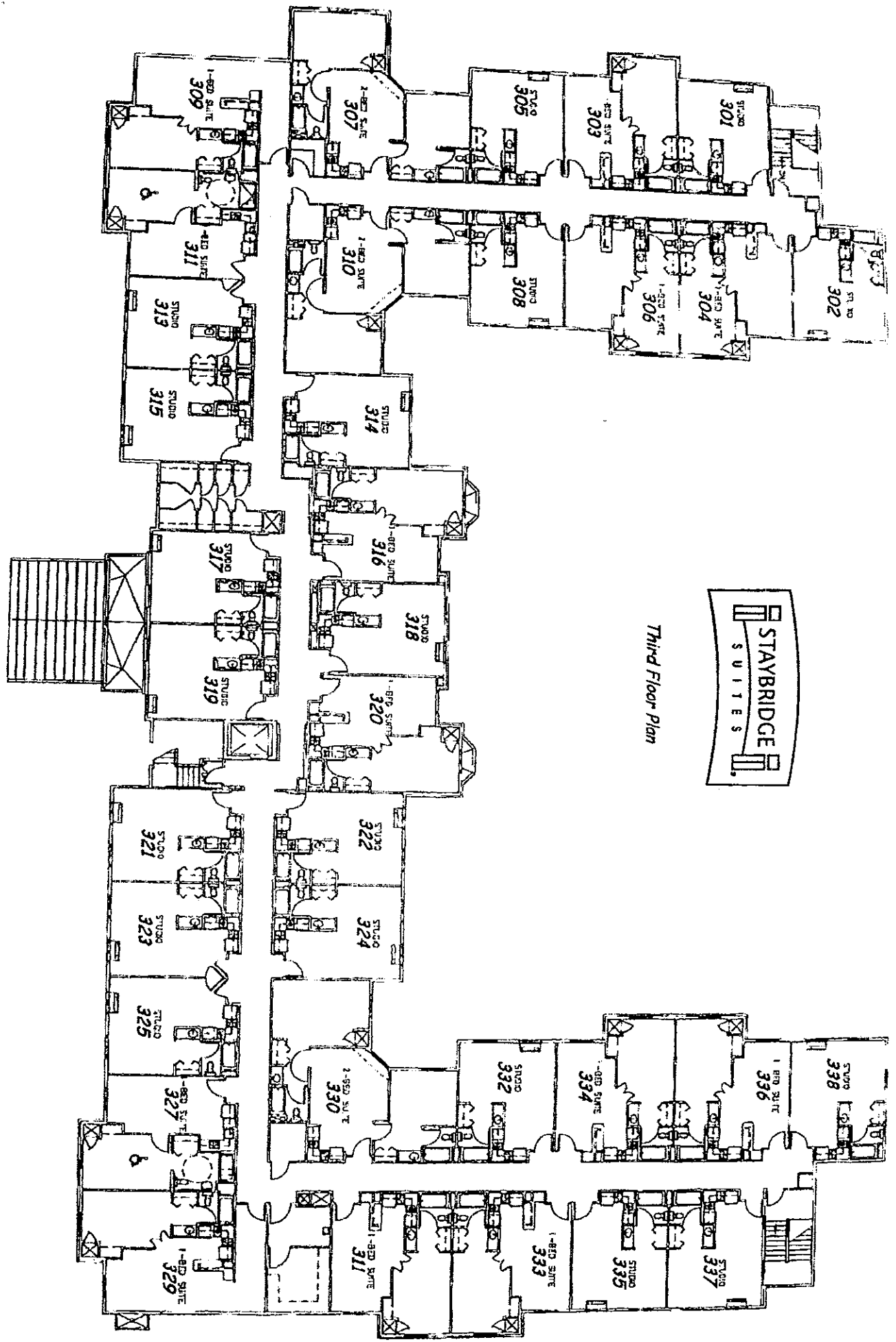
Debrief Conference Room

Workshop Conference Room

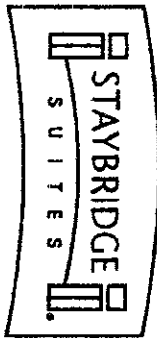
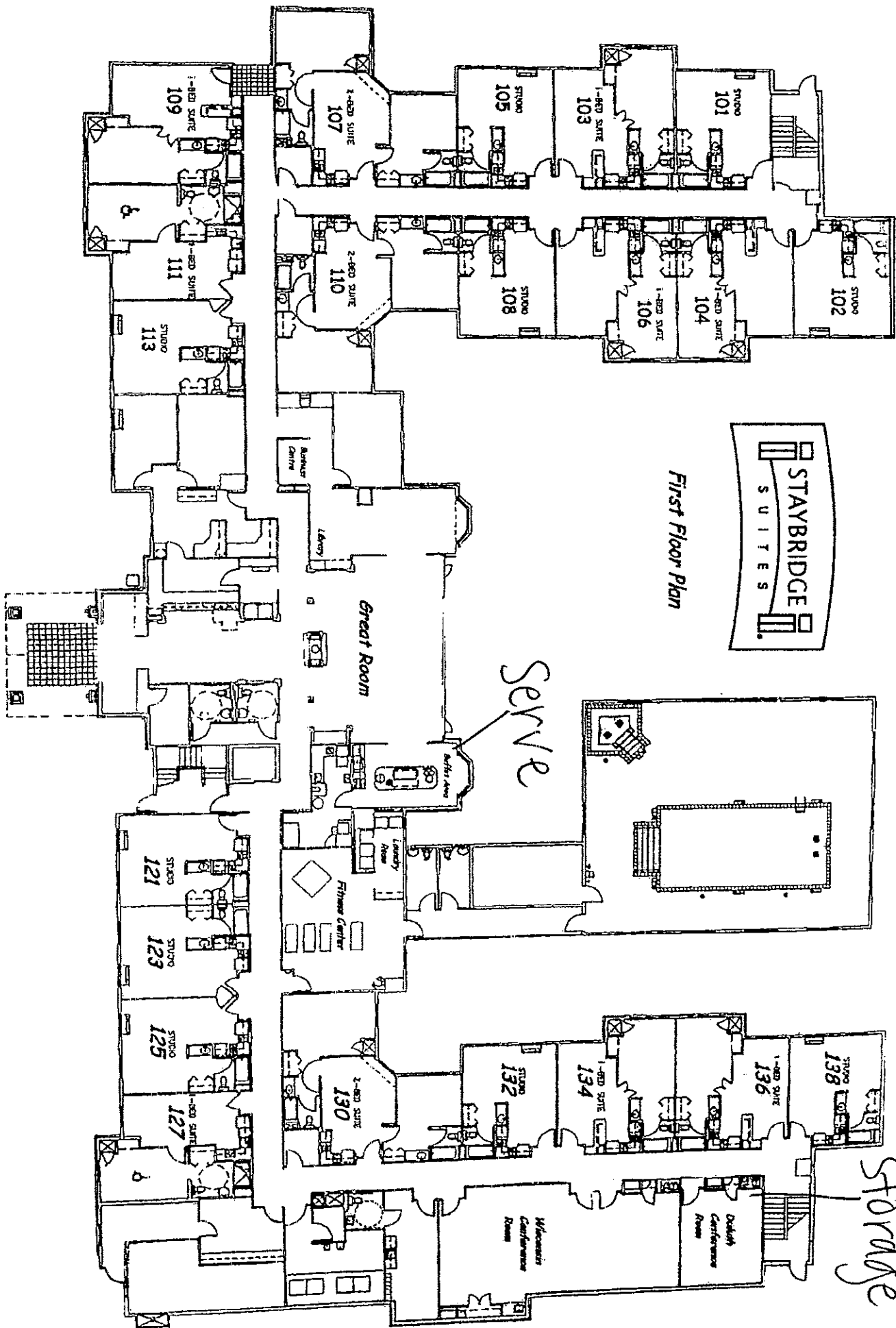


Second Floor Plan





Third Floor Plan



First Floor Plan

serve

Storage