

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning June, 15 20 11 ;
ending June, 15 20 12

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

County of DANE Aldermanic Dist. No. _____ (if required by ordinance)

Applicant's Wisconsin Seller's Permit Number: <u>456-1027274266-02</u>	
Federal Employer Identification Number (FEIN): <u>27-4490615</u>	
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	\$

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): DUMPLING HAUS 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>president</u>	<u>JENNY P. YIN</u>	<u>3008 EDENBERRY ST 53711</u>
Vice President/Member	<u>Vice President</u>	<u>John Rei</u>	<u>5499 MAVES RD 53711</u>
Secretary/Member	<u>secretary</u>	<u>WILMING WALK</u>	<u>3008 EDENBERRY ST 53711</u>
Treasurer/Member			
Agent			

3. Trade Name DUMPLING HAUS Business Phone Number 608-273-2237

4. Address of Premises 702 N. Midvale Blvd, S-125 Post Office & Zip Code 53705

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 _____ and date _____ 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.) permitted sales wine and Beer in the lease

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? _____

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 April, 20 11
Mindy E. Barta
(Clerk/Notary Public)
My commission expires 5/6/2012

Jenny P. Yin
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)
Jenny P. Yin
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)
Jenny P. Yin
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK			
Date received and filed with municipal clerk <u>4/29/11</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

A-11-Schmidt
P-108
22516

City of Madison Supplemental Class B License Application

<input checked="" type="checkbox"/> Seller's Permit Number <input checked="" type="checkbox"/> Federal Employer Identification # <input checked="" type="checkbox"/> Notarized Original Application Form <input checked="" type="checkbox"/> Notarized Supplemental Form <input checked="" type="checkbox"/> Orange Sign (Clerk's Office provides at time of application)	<input type="checkbox"/> Written Description of Premise <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"/> *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 type="checkbox"/> Business Plan
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1. Name of Applicant/Partner/Corporation/LLC DUMPLING HAUS
2. Address of Licensed Premise 702 N. MIDVALE Blvd. Suite S-125
3. Telephone Number: _____ 4. Anticipated opening date: JUNE 15, 2011
5. Mailing address if not opening immediately 3008 EDENBERRY ST
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. _____
8. Business Description, including hours of operation: Eatery in Hilldale Mall
11:00 am to 9:00 pm. Monday - Saturday, 11:00 am to 6:00 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.**

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. Hilldale Mall Parking

13. Describe your management experience, staffing levels, duties and employee training.
Owner of YENCHING Restaurant, MADISON. Over 20
Years experience in Restaurant and sales figures.
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.

Name _____ Address _____

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

casual drink with food.

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

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

Oriental Rice wine and Wine, Beer

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

19. Owner of building where establishment is located: Hilldale Land Company LLC

Address of Owner: 33 South State St Suite 400 Chicago, Illinois 60603 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

Jenny P. Yin 3008 EDENBERRY ST. Fitchburg WI. 53711
Name Address

John Pei 5499 MAVES Rd. Fitchburg WI 53711
Name Address

Weiming Wang 3008 EDENBERRY ST. Fitchburg WI. 53711
Name Address

22. List the Stockholders of your Corporation/LLC

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? _____

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? 11:00 am - 9:00 pm Monday - Saturday
11:00 am - 6:00 pm Sunday

27. What hours, if any, will food service not be available? _____
28. Indicate any other product/service offered. _____
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? 1-4
During what hours do you anticipate they will be on duty? Business hours
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? _____
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?
95%
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? _____
What percentage of your advertising budget do you anticipate will be drink related? _____
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? 24-30

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	5%
Gross Receipts from Food and Non-Alcoholic Beverages	95%
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 29 day of April, 2011

Jenny P. G...
(Officer of Corporation/Member of LLC/Partner/Individual)

Wendy E Banta
(Clerk/Notary Public)

My commission expires 5/6/2012

Appointment of New Liquor/Beer Agent

To be completed by Corporate Officer or Member of LLC

I, Jenny P. Yin, officer/member for Dumpling Haus
(Corporation/LLC), doing business as Restaurant, authorize and appoint
Jenny P. Yin (Name) as the liquor/beer agent for the premise
located at 702 N. Midvale Blvd S-125

Subscribed and sworn to before me this

29 Day of April, 2011

Wendy E Barta
Notary Public, Dane County, Wisconsin

My Commission Expires 5/6/2012

Jenny P. Yin
Signature of Officer/Member

To be completed by appointed Liquor/Beer Agent

I, Jenny P. Yin, appointed liquor/beer agent for
Dumpling Haus (name of Corporation of 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 40 %.

Subscribed and sworn to before me this

29 Day of April, 2011

Wendy E Barta
Notary Public, Dane County, Wisconsin

My Commission Expires 5/6/12

Jenny P. Yin
Signature of Agent

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

WERFALJ@phelps.com

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:**
Dumpling Haus L.L.C.

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

Article 3. **Name of the initial registered agent:**
Jenny P Yin

Article 4. **Street address of the initial registered office:**
3008 Edenberry St
Madison, WI 53711-6952
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:**
Jenny P Yin
3008 Edenberry st.
Madison, wi 53711
United States of America

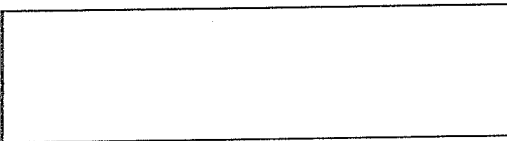
Other Information. **This document was drafted by:**
weiming wang

Organizer Signature:
Jenny P Yin

Date & Time of Receipt:
10/20/2010 8:39:15 AM

Credit Card Transaction Number:
201010202383636

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



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

ENDORSEMENT

EIN Assistant

Your Progress: 1. Identity ✓ 2. Authenticate ✓ 3. Addresses ✓ 4. Details ✓ 5. EIN Confirmation

Congratulations! Your EIN has been successfully assigned.

EIN Assigned: 27-4490615

Legal Name: DUMPLING HAUS LLC

Your confirmation letter will be mailed to you. This letter will be your official IRS notice and will contain important information regarding your EIN. Allow up to 4 weeks for your letter to arrive by mail.

We strongly recommend you print this page for your records.

Click "Continue" to get additional information about using your new EIN.

[Continue >>](#)

Help Topics

- [Can the EIN be used before the confirmation letter is received?](#)

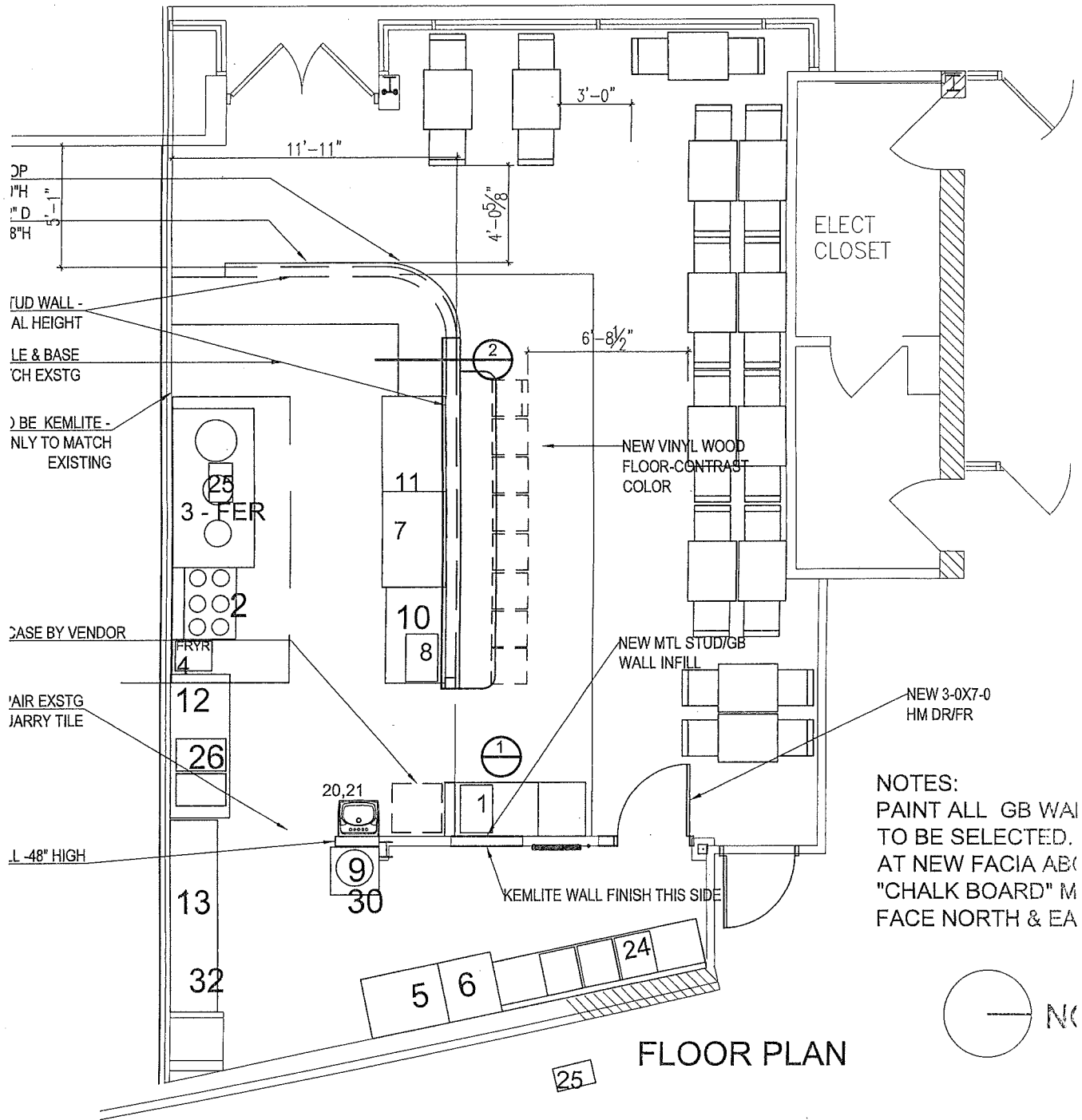
State of Wisconsin Department of Financial Institutions

EFFECTIVE DATE	
10/20/2010	

FILED 10/22/2010	Entity ID Number D046772
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38A

1,102 SF



FLOOR PLAN



Dumpling Haus

Love wrapped in dough

"Hearty and light; perfectly balanced goodness anytime of day. Our dumplings and other fare evoke delight to the last bite with the freshest ingredients prepared from scratch daily. Welcome, feast, and enjoy..."

DUMPLINGS

Haus Dumplings with pork, veggies, onions, scallions

Pork Dumplings with Ginger, Scallion

Shrimp Dumplings with Ginger, Onion

Pork Shao Mai

Shrimp Shao Mai

YUMMY BUN BUN

Smoked Salmon with mixed greens, red onions, almonds, and capers tossed in a honey mustard dressing.

Pork with cilantro, onions, mixed greens

Beef tossed with cilantro, scallions, ginger, mixed greens

Egg & Bacon with Scallions

NOODLE BOWLS

Substitute with Rice

Savory Noodle w/ Chicken

House Beef Noodle

Pork Chop Noodle

Noodle w/ Spicy Sesame Sauce

Noodle w/ Black Bean Sauce

Veggie Noodles

Shrimp Noodle w/ Greens

SALADS & SIDES

Seasonal Greens (House Or Peanut Dressing)

Tofu Salad With Green Onions

Dry Tofu Salad With Celery (Spicy)

Aromatic Beef

Dong Po Pork

Savory Meatballs

BAO

Pork & Veggie Bao

Barbeque Pork Bao

Xiao Long Bao – Mini Bao

Veggie Bao

WANTON BOWLS

Pork & Veggie Wonton

Shrimp Wonton

House Wonton

SWEET THINGS

Red Bean Bao

Custard Bao

Sesame Bao

Eight Treasure Rice