

LICLIB-2012-00265
LIC TLL-12-00285

SCANNED

FEE \$ _____

APPLICATION FOR TRANSFER OF LICENSES FOR SALE OF FERMENTED MALT BEVERAGES
AND/OR INTOXICATING LIQUOR FROM ONE PREMISES TO ANOTHER

DANE Co., Wisconsin
4-13, 20 12

To the governing body of the (City) (Village) (Town) of MADISON
County of DANE Wisconsin.

The undersigned hereby applies for a transfer of Class B license from _____
212 STATE ST (present location) to 204 STATE ST (proposed location)
on or about 6-1-12 (date)

1. APPLICANT: (print name and address plainly)
(a) Full name of applicant PAULS CLUB INC
(b) Address 212 STATE ST MADISON WI 53707

2. LOCATION AND DESCRIPTION OF PREMISES TO WHICH APPLICATION FOR TRANSFER IS MADE:
Describe building or buildings where alcohol beverages are to be sold, served and stored.

(a) Street number 204 STATE ST

(b) Trade name of establishment PAULS CLUB

(c) Physical description of building, buildings and/or land area comprising licensed premises.
FIRST FLOOR STATE STREET ENTRANCE 2400 SQ FT
BASEMENT STORAGE WITH SIDEWALK CAFE

(d) Legal description (omit if street address is given above.) _____

(e) Is any other business conducted on same premises? Yes No If so, what?

(f) Was this location licensed for beer or liquor during the past year? Yes No

(g) Give name and address of previous licensee. _____

(h) Will the previous licensee surrender its license? Yes No

26176

ALL APPLICANTS FOR TRANSFER OF CLASS B LICENSES MUST ANSWER THE FOLLOWING:

3. If granted, state any interest, directly or indirectly, that any brewer, bottler, wholesaler, manufacturer, or rectifier will hold in the premises for which you are applying

NONE

4. If you do not own the fixtures, state the manner, terms and conditions under which said fixtures are held

OWN

James E. Boxrud
(Signature)

State of Wisconsin }
County of DANE } ss.

(I) (We), JAMES E. BOXRUD and _____
being first duly sworn on oath says that (he/she is) (they are) the person(s) above named and that the answers to the questions in each instance are complete and true.

James E. Boxrud

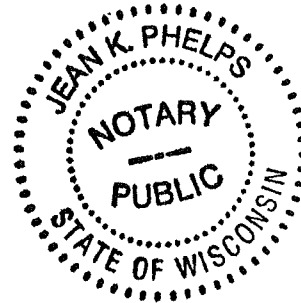
Subscribed and sworn to before me this

13th day of April, 2012

Jean K. Phelps

Notary Public, 6/22/14 Dane County, Wis.

My Commission Expires 6/22/14



CLASS OF BUSINESS

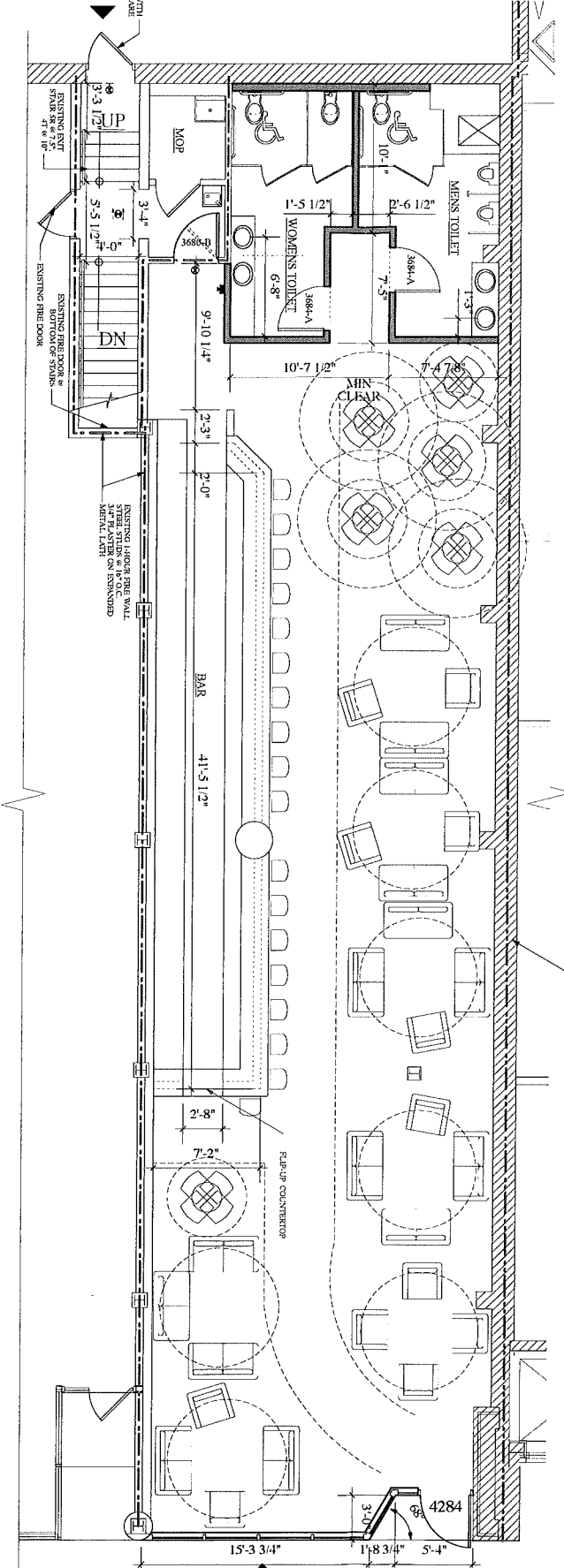
Name	_____
Original Location	_____
Ward	_____
Proposed Location	_____
Ward	_____
License No.	_____
Treasurer's Receipt No.	_____
Filed	_____
Submitted to Council or Board	_____
Approved	_____ Date _____
Denied	_____ Date _____

City of Madison Supplemental Class B License Application

<input type="checkbox"/> Seller's Permit Certificate (Entity must match the Articles of Incorporation) <input type="checkbox"/> Federal Employer Identification # <input type="checkbox"/> Notarized Original Application Form <input type="checkbox"/> Notarized Supplemental Form <input type="checkbox"/> Orange Sign (Clerk's Office provides at time of application)	<input type="checkbox"/> Written Description of Premise <input type="checkbox"/> Background Investigation Form(s) <input type="checkbox"/> Notarized Transfer of Ownership <input type="checkbox"/> *Articles of Incorporation <input type="checkbox"/> *Notarized Appointment of Agent * Corporation/LLC only	<input type="checkbox"/> Floor Plans <input type="checkbox"/> Lease <input type="checkbox"/> Sample Menu <input type="checkbox"/> Business Plan
---	---	--

1. Name of Applicant/Partner/Corporation/LLC PAUL'S CLUB INC
2. Address of Licensed Premise 204 STATE ST MADISON
3. Telephone Number: 608 257-5250 4. Anticipated opening date: 6-1-12
5. Mailing address if not opening immediately P.O. Box 1874 MADISON 53701-1874
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: TAVERN M-FR 4:00 TO 2:AM
FR 4:00 PM TO 2:30 AM SAT 12:00PM TO 2:30 AM SUN 5:00PM - 2:00AM
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.**
INTERIOR, 100 FT X 24 FT, BAR SEATING PLUS A COMBINATION OF
HIGH COCKTAIL TABLES AND LOWER CHAIRS AND TABLES
THE BAR IS 50 LINEAR FEET (L SHAPED), 150 CAPACITY
ALCOHOL SOLD IN BAR AREA PLUS SIDEWALK CAFE AND STORED IN BASEMENT
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. NONE
13. Describe your management experience, staffing levels, duties and employee training.
OWNED AND OPERATED PAUL'S CLUB AT 212 STATE ST SINCE 7-91
ONE FULL TIME MANAGER 13 PART TIME EMPLOYEE. EMPLOYEES TRAINED BY MANAGER
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.
JAMES E. BOLRUD 5010 CARD AV MCFARLAND 53555
 Name Address

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? 3
During what hours do you anticipate they will be on duty? 9 PM TO BAR TIME
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? 16
How many bartenders do you anticipate you would have working at one time on a busy night? 3
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?
10%
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
-



1 FLOOR PLAN
 Scale: 1/4" = 1'-0"
 CAPACITY: 150 PERSONS

- NOTES**
- 1 NEW TAVERN IS SEPARATED FROM ADJACENT SPACES BY A 1/2" MINIMUM 1-HR FIRE RATED WALL AS NOTED ON PLAN.
 - 2 STEEL BAR POSTS WITH 3/4" PLASTER CEILING ON WIRE LATH. SPRINKLER SYSTEM PROVIDED IN TAVERN SINCE AS WELL AS MOP ROOM AND SHARED EXIT STAIR.

- EXISTING LEGEND**
- EXIT DESIGNATION
 - EXIT PATH
 - EXISTING EXIT LIGHT
 - WALL MOUNTED EXIT LIGHT
 - NON-DIRECTED OR DIRECTED
 - NON-DIRECTED OR DIRECTED
 - NON-DIRECTED OR DIRECTED
- DOOR TYPES**
- WOOD VENEER FLUSH DOOR, NO RAINING, WITH CLOSER AND PULL/PUSH PLATE
 - WOOD VENEER FLUSH DOOR, 60-MINUTE RATING, WITH CLOSER, AND PULL/HANDLINGS
- EXISTING FIRE**
- EXTINGUISHER CABINET
 - EXTINGUISHER CABINET

LEGEND

- EXISTING WALL TO REMAIN
- EXISTING MASONRY WALL
- TO REMAIN
- NEW WALLS - STEEL STUDS @ 16" O.C. W/ 5/8" GYPSUM CEILING BOARD TO 4'-0" INSIDE TOILET ROOM
- EXISTING 1-HR FIRE RATED WALLS
- EXISTING 1-HR FIRE RATED WALLS
- EXISTING DOOR TO REMAIN
- EXISTING WINDOW TO REMAIN
- NEW DOOR TAG (GRADE) SEE WINDOW SCHEDULE
- NEW WINDOW TAG (GRADE) SEE WINDOW SCHEDULE

REVISIONS

NO.	DATE	DESCRIPTION

DATE: 11 APRIL 2012
SCALE: AS NOTED, 50% @ 1/8"
PROJECT: Keg218
DRAWN BY: ASH
DRAWING NAME: FIRST FLOOR PLAN

DRAWING NUMBER:

Paul's Club Tavern
 Madison, Wisconsin

Paul's Club Tavern
 for
PAUL'S CLUB TAVERN

DATE: 11 APRIL 2012
SCALE: AS NOTED, 50% @ 1/8"
PROJECT: Keg218
DRAWN BY: ASH
DRAWING NAME: FIRST FLOOR PLAN

DRAWING NUMBER:

A-1.1

architecture network, inc.

116 East Diggins Street
 Madison, WI 53703
 608-251-7515 Phone
 608-251-7516 Fax
 www.architecturenetwork.com