

Application Date: 7-11-2006

Proof of WI Seller's Permit No. 004-0002431-72301

Name of Corporation, Limited Liability Company, Individual Owner, Private Club or Partner(s) <del>STATE BAR &amp; GRILL (RSDC)</del>	Liquor/Beer Agent ROBERT SMITH	
Mailing Address <del>118 STATE ST</del> 201 W Conham St (INVESTMENT LLC)	Liquor/Beer Agent Address 427 Burdett Ct	
City/State/Zip Code MADISON, WI 53703	Liquor/Beer City/State/Zip Code MADISON, WI 53713	
Name of Registered Agent or General Partner ROBERT SMITH	Local Contact Person Robert	Phone Number 217-7567
Trade Name STATE ST BAR & GRILL	Estimated Opening Date Sept 1st-06	
Business Address 118 STATE ST, MADISON, WI 53703	Signature of Owner/Operator <i>Robert Smith</i>	

Private Club?  Yes  No

License Description	Type	Fee	Number
Class B Comb. Pub Fill	108	\$20-	75185
<b>Pre-Inspection &amp; License Fees Non-Refundable</b>	<b>TOTAL</b>	<b>\$</b>	

IT IS MANDATORY THAT ALL APPLICABLE INFORMATION BE COMPLETED. INACCURATE INFORMATION MAY RESULT IN SUSPENSION OR REVOCATION OF LICENSE.

# ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning September 20 06 ;  
ending June 30 20 07

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): Dawn Cherek, Robert Smith as RS/DC Investments 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	Dawn Cherek	2357 Effingham Way, Sun Prairie, WI	53590
Vice President/Member	Robert Smith	427 Burdette Ct., Madison, WI	53713
Secretary/Member			
Treasurer/Member			
Agent	Robert Smith		
Directors/Managers			

- 3 Trade Name State Street Bar & Grill Business Phone Number 608/294-9988  
4 Address of Premises 118 State Street, Madison, WI Post Office & Zip Code 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 WI 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) overall dim 116x36, bar 55x18, dining 50x36, bar 55x18  
10 Legal description (omit if street address is given above): seats 37, 12x2 48, 34 seats 47, 12x15 18 seats, liquor cage  
11 (a) Was this premises licensed for the sale of liquor or beer during the past license year?  Yes  No 2695/kt  
(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 11 day of July, 20 06  
William K. Dik  
(Clerk/Notary Public)  
My commission expires 8-30-2009  
Dawn Cherek  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)  
Robert Smith  
(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>7-11-06</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued <u>75185</u>	

Applicant's Wisconsin Seller's Permit Number: <u>0040002937201</u>	
Federal Employer Identification Number (FEIN): <u>204483748</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Wholesale beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$
<b>TOTAL FEE</b>	\$

**City of Madison**  
**Liquor and/or Beer Original Supplemental Form**

**Office Use Only**

- |                                                                                   |                                                                                |
|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Seller's Permit Number                        | <input checked="" type="checkbox"/> Lease                                      |
| <input checked="" type="checkbox"/> Federal Employer Identification Number        | <input type="checkbox"/> Notarized Transfer of Ownership Letter                |
| <input checked="" type="checkbox"/> Notarized Original Application Form (AT-106)  | <input checked="" type="checkbox"/> *Schedule of Appointment of Agent (AT-104) |
| <input checked="" type="checkbox"/> Notarized Supplemental Form                   | <input checked="" type="checkbox"/> *Notarized Appointment of Agent Letter     |
| <input checked="" type="checkbox"/> Description of Licensed Premise               | <input checked="" type="checkbox"/> *Notarized Agent Authorization Letter      |
| <input checked="" type="checkbox"/> Notarized Auxiliary Questionnaire(s) (AT-103) | <input checked="" type="checkbox"/> *Articles of Incorporation/ Organization   |
| <input checked="" type="checkbox"/> Background Investigation Form(s)              | <input type="checkbox"/> Sample Menu, if possible                              |
| <input checked="" type="checkbox"/> Floor Plans                                   | <input type="checkbox"/> Business Plan, if one exists                          |

- ✓ All applicants must provide an adequate premise plan that includes exterior and interior dimensions, position of stairs and all entrances and exits, normal and customary use of each room, placement of major appliances, furniture and large gaming tables, placement and dimensions of all bar(s), and graphic representation of the normal position of booths, bar stools, tables and chairs. **Premise plans must be no larger than 8 ½ x 14.**
- ✓ New structures must submit to Building Inspection two sets of plans, signed and sealed by a registered architect or engineer.
- ✓ **Applicant/partners/Liquor Agent must be enrolled in or have completed the Beverage Server Training course before appearing before the Alcohol License Review Committee.**

**Prior to your hearing before the Alcohol License Review Committee (ALRC), you must contact the Alderperson of the District in which you intend to do business, the representative of the appropriate neighborhood association (if any), and the Madison Police Department.**

Alderperson Mike Vec Veer can be reached at 255-6498 at the Common Council Office (266-4071), or via e-mail at [council@cityofmadison.com](mailto:council@cityofmadison.com).

The name of the neighborhood association representative can be obtained by calling the Planning and Development Department at 266-4635 or online at [www.ci.madison.wi.us/neighborhoods/contacts.htm](http://www.ci.madison.wi.us/neighborhoods/contacts.htm).

The Police Department Liaison, Sergeant Emil Quast, can be reached at 266-4451.

1. Have you contacted the Alderperson, Police Department Liaison and neighborhood association representative for the area in which you intend to locate?     Yes     No

2. Are there any special conditions desired by the neighborhood?     Yes     No

Explain Police said: "No news from us is good news."

3. Name of Applicant/Partner/Corporation/LLC RS/DC Investments

4. Telephone Number: 608/217-7567

5. Address of Licensed Premise 118 State Street, Madison, WI 53703

6. Anticipated opening date: September 15, 2006

7. Mailing address if not opening immediately Currently in operation

8. What type of establishment is contemplated?  Tavern  Nightclub  Restaurant  
 Liquor Store  Grocery Store  Convenience Store – Gas Pumps  Yes  No  Other

Please explain Bar & Restaurant

9. Business Description, including hours of operation and if entertainment is part of your venue, what type:  
This Bar & Restaurant will serve food and spirits between the hours of 10:00AM and 2:00PM Sunday through Saturday. Entertainment will include satellite radio and a Jazz Quartet (when scheduled).

10. Describe building in detail, 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.**

Overall dim: 116' x 36', LICENSED ROOMS BAR 55' x 18' LEVEL 2 DINING ROOM 50' x 36' (55' x 14')  
 BAR SIZE - 55' x 18', SEATING ARRANGEMENT BAR 37 SEATS, LEVEL 2 DINING 48 SEATS, 3rd + 4th SEATS  
 LEVEL 5 18 SEATS, SOLD BAR AREA + DINING ON LEVEL 2, STORED IN BASEMENT STORAGE  
 269 Sq. Ft., BASEMENT (STORAGE) 16205 Sq. Ft 1st + 2nd ALCOHOL SALES 21605 Sq. Ft  
 3rd + 4th LEVEL DINING 6405 Sq. Ft  
 5th LEVEL GAMES 7501 Sq. Ft

11. Are any living quarters directly or indirectly accessible and under control of the applicant?  Yes  No  
 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 Parking is not included  
in the leasing of 118 State Street

13. Describe your management experience, staffing levels, duties and employee training.  
Our managers have a combined 10 years of experience anchored by two (2) consultants with a combined experience of 40 years.  
Staff must train no less than four (4) shifts with managers.

14. Identify the **registered agent** for your Corporation or LLC. This is not necessarily the same person as your liquor/beer agent. This is your corporation's agent for service of process, notice or demand required or permitted by law to be served on the corporation Robert Smith

<u>427 Burdette Court</u>	<u>Madison</u>	<u>WI</u>	<u>53713</u>
Address	City	State	Zip

15. Excluding pre-packaged snacks, how late will food be served? Food orders taken until 1:00 AM

16. What type of food will you be serving, if any? sandwiches, appetizers and entrees

17. Indicate any other product/service offered: N/A

18. Describe your target market. UW students, area workers and residents

19. Describe how you plan to advertise/promote your business. Local print and electronic media

20. What is your estimated capacity? 169

21. Are you operating under a lease or franchise agreement?  Yes  No (If yes, attach a copy)

22. Owner of building where establishment is located: Lawrence Schmock  
Address of Owner: 513 Edward St., Madison, WI 53711 Phone Number 608/438-3326

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23. Individual or Partnership only: Have individual/partners completed the Beverage Server Training Course?  Yes  No If Yes, indicate names: \_\_\_\_\_

**License cannot be issued until proof of Beverage Server Training completion is shown.**

24. Corporation/LLC only: Will liquor/beer agent be a Wisconsin resident at the time of granting?  Yes  No

25. Corporation/LLC only: Agent must disclose interest held in business: 50 %

26. Corporation/LLC only: Has agent completed the Beverage Server Training Course?  Yes  No

**License cannot be issued until proof of Beverage Server Training completion is shown.**

27. Corporation/LLC only: List Directors, Stockholders, and Managers below.

Director(s) Name	Home Address
Dawn Cherek	2357 Effingham Way, Sun Prairie, WI 53590
Robert Smith	427 Burdette Ct., Madison, WI 53713

Stockholder's Name	Address	Extent of Ownership%

Manager's Name	Address	Business Phone	Home Phone
BRADLY DOBIE	26 CAASMA CT. MADISON, WI 53716		575-942

28. 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

29. Restaurant/Tavern Establishment Alcohol Beverage & Food Sales Report  
Pursuant to Sections 23.05(3)(s) and 23.05(7)(f) 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.**

Calendar/fiscal year:  January 1 – December 31  July 1 – June 30

Percent Gross Receipts from Alcohol Beverages	67 %
Percent Gross Receipts from Food	27 %
Percent Gross Receipts from Other	6 %
<b>Total Gross Receipts</b>	<b>100 %</b>

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.**

30. What type of establishment are you? (Check all that apply)  Tavern  Restaurant  Nightclub  
 Other Please explain: Liquor and beer sales along with food service

**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 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 must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.) 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 11 day of July, 2008

[Signature]  
(Clerk/Notary Public)

[Signature: Dan Chark]  
(Officer of Corporation/Member/Manager of LLC/Partner/Individual)

\_\_\_\_\_  
(Officer of Corporation/Member/Manager of LLC/Partner/Individual)

My commission expires 8-30-2009

\_\_\_\_\_  
(Officer of Corporation/Member/Manager of LLC/Partner/Individual)

**If you have any questions, please contact the City Clerk's Office at (608) 266-4601.**



- 5**      **Phone:** (608) 257-5250

**Nick's Restaurant**      **0.1 miles**  
226 State St  
Madison, WI  
**Phone:** (608) 255-5450
- 6**      **Plaza Tavern & Grill Inc**      **0.1 miles**  
319 N Henry St  
Madison, WI  
**Phone:** (608) 255-6592
- 7**      **Bull Feathers**      **0.1 miles**  
303 N Henry St  
Madison, WI  
**Phone:** (608) 257-6444
- 8**      **Paradise Lounge**      **0.1 miles**  
119 W Main St  
Madison, WI  
**Phone:** (608) 256-2263
- 9**      **Shamrock Bar**      **0.1 miles**  
117 W Main St  
Madison, WI  
**Phone:** (608) 255-5029
- 10**      **Cafe Montmartre**      **0.1 miles**  
127 E Mifflin St  
Madison, WI  
**Phone:** (608) 255-5900
- 11**      **Gennas Lounge**      **0.1 miles**  
105 W Main St  
Madison, WI  
**Phone:** (608) 255-4770
- 12**      **Parthenon-Gyros Restaurant**      **0.1 miles**  
316 State St  
Madison, WI  
**Phone:** (608) 251-6311
- 13**      **Irish Pub**      **0.1 miles**  
317 State St  
Madison, WI  
**Phone:** (608) 256-6071
- 14**      **Brocach Irish Pub**      **0.2 miles**  
7 W Main St  
Madison, WI  
**Phone:** (608) 255-2015
- 15**      **Angelic Brewing Co**      **0.2 miles**  
322 W Johnson St  
Madison, WI  
**Phone:** (608) 257-2707
- 16**      **Crave Restaurant & Lounge**      **0.2 miles**  
201 W Gorham St  
Madison, WI  
**Phone:** (608) 286-6769
- 17**      **Public House**      **0.2 miles**  
380 W Washington Ave  
Madison, WI  
**Phone:** (608) 268-1601
- 18**      **Flatiron Tavern**      **0.2 miles**  
102 King St  
Madison, WI  
**Phone:** (608) 287-1455
- 19**      **Maduro**      **0.2 miles**  
117 E Main St

**Opus Lounge**  
116 King St  
Madison, WI  
**Phone:** (608) 441-6787

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