



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 Class A Cider

A-14
P-308

Section A – Applicant

- 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.

- This application is for the license period ending June 30, 2016.
- 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.

Divine Orders Catering LLC

- Trade Name (doing business as) Divine Orders Catering LLC

- Address to be licensed 2122 LUANN LN MADISON, WI 53713

- Mailing address 2122 LUANN LN MADISON, WI 53713

- Anticipated opening date June 30, 2016

- Is the applicant an employee or agent of, or acting of behalf of anyone except the applicant named in question 2?
 No Yes (explain) _____

- Does another alcohol beverage licensee or wholesale permittee have interest in this business?
 No Yes (explain) _____

Section B—Premises

- 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.

Beverages sold and consumed on the ground (main level floor) of 2122 LUANN LN and on the upper and basement level of the building. Beverages stored at 1502 Greenway cross, in the basement.

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 75

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

parking in front and/or behind premise building.

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

No Yes, license issued to _____ (name of licensee)

15. Attach copy of lease.

* no but will be provided prior to ALRC meeting

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 Sebrina Smith

17. City, state in which agent resides Madison WI

18. How long has the agent continuously resided in the State of Wisconsin? 37 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 _____

21. State and date of registration of corporation, nonprofit organization, or LLC.

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
<u>owner/self</u>	<u>M. Laverne Buchanan</u>	<u>Madison, WI</u>

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.

M. Laverne Buchanan (owner/self)

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 CATERING EVENT SPACE AND DELI RESTAURANT
COCKTAIL BAR.

27. Business description _____
"SEE ATTACHED"

28. Hours of operation "SEE ATTACHED"

29. Describe your management experience _____
All Employee hired my Divine Orders Catering LLC ARE
experience. IF employees ARE NOT experience A MANAGER
will shadow until employee is fully trained.

30. List names of managers below, along with city and state of residence. IN BUSINESS OVER 3 1/2 years now.
Donna
Sebrina Lynn Smith Madison Wisconsin

31. Describe staffing levels and staff duties at the proposed establishment _____
1 or 2 Bartenders - Bartending
1 or 2 Selling Food (Temp staff will be hired for events)

32. Describe your employee training _____
EXISTING STAFF AND/OR STAFF CURRENTLY HIRED THROUGH
RELIABLE TEMP SERVICE. CATERING DID NOT REQUIRE
PERMANENT HOURLY STAFF. HOWEVER, STAFF WILL BE
HIRED TO RUN THE EVENT SPACE AND COCKTAIL BAR
AND DELI RESTAURANT. D.O.C. HAS ITS OWN TRAINING
SCHOOL - COMING SOON.

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

Existing Event clients and the neighborhood that host reproducible events: receptions, Bouquets, Ball room dancing, step dancing, line dancing, etc.

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

word of mouth, support neighborhood events, and advertising (focus on events).

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? Korean, Bands, DJ (no Hip Hop will be allowed)

38. What age range do you hope to attract to your establishment? 25+
Cybergen for special events or education

39. What type of food will you be serving, if any? Breakfast Brunch Lunch Dinner chicken, chips, pizza, deli sandwich

40. Submit a sample menu if applicable. What will be included on your operational menu? Appetizers Salads Soups Sandwiches Entrees Desserts Pizza Full Dinners Food catered from FEED. The sell of refrigerated deli sandwich, etc.

41. During what hours of operation do you plan to serve food? All hours of operation

42. What hours, if any, will food service not be available? None (as long as operations/open)

43. Indicate any other product/service offered. Korean, DJ (for events)

44. Will your establishment have a kitchen manager? No Yes (for events)

45. Will you have a kitchen support staff? No Yes (deli restaurant/coffee shop items for sell)

46. How many wait staff do you anticipate will be employed at your establishment? Approx: 10
During what hours do you anticipate they will be on duty? once business gets going. Currently we hire temp staff.

47. Do you plan to have hosts or hostesses seating customers? No Yes Maybe in the future.

48. Do your plans call for a full-service bar? No Yes
 If yes, how many barstools do you anticipate having at your bar? None (only in Lounge Area)
 How many bartenders do you anticipate having work at one time on a busy night? _____
49. Will there be a kitchen facility separate from the bar? No Yes
1 or 2 (more w/ be called if needed)
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? N/A
 Stove Oven Fryers Grill Microwave
52. Will you have a walk-in cooler and/or freezer dedicated solely to the storage of food products?
 No Yes we will have AN industrial refrigerator to store PACKAGE Del. Food.
53. What percentage of payroll do you anticipate devoting to food operation salaries? NONE
(until perm staff)
54. If your business plan includes an advertising budget:
 What percentage of your advertising budget do you anticipate will be related to food? 25%
 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 (once I am up and running)
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:
 _____ % Alcohol _____ % Food _____ % Other See Attached
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



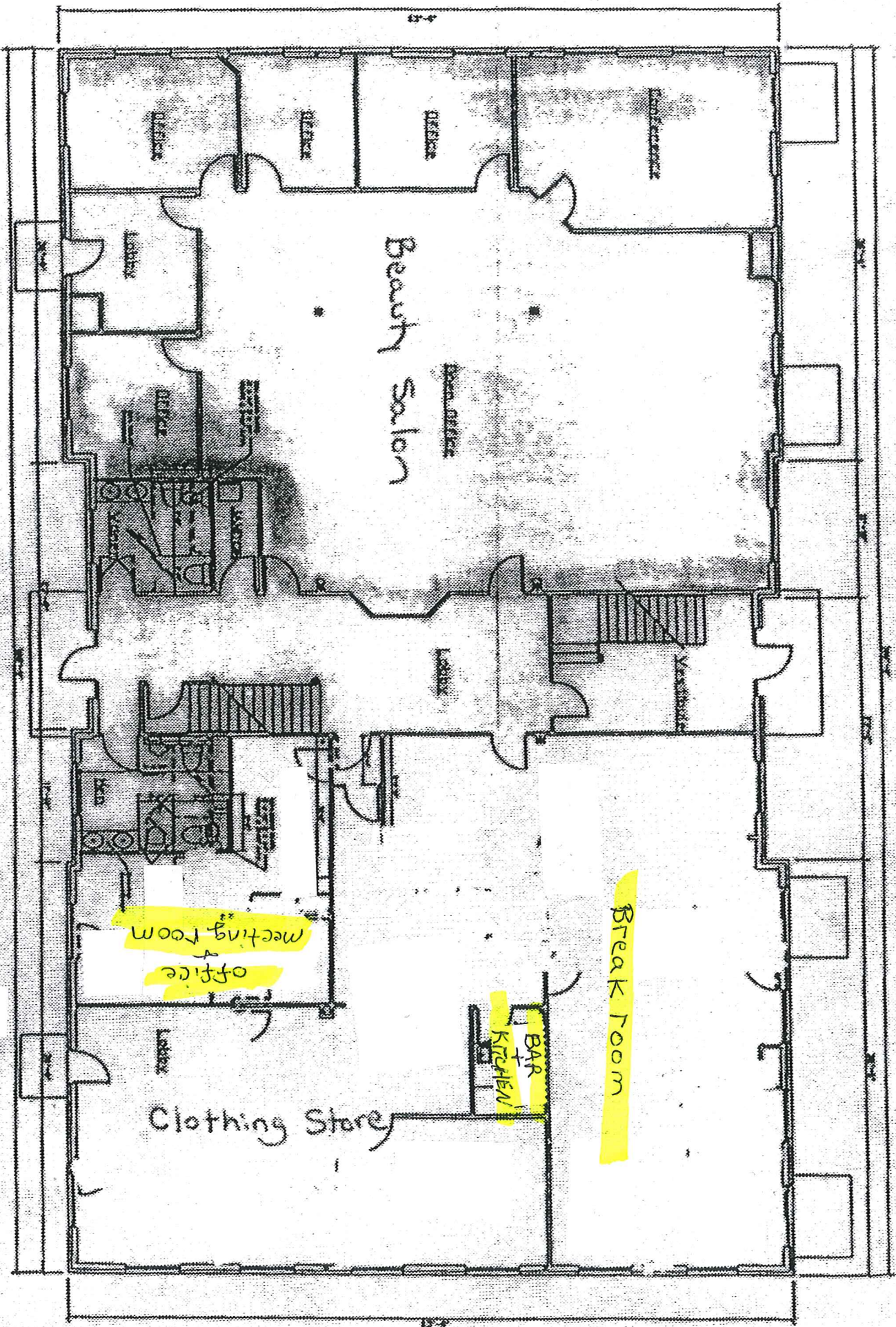
State of Wisconsin • DEPARTMENT OF REVENUE

Personal Wallet Copy

Seller's Permit: 456-1028212079-02
Legal/Real Name: DIVINE ORDERS CATERING LLC
OWNED BY M LAVERNE BUCHANAN

Signature

A handwritten signature in black ink, appearing to read 'M Laverne Buchanan', written over a horizontal line.

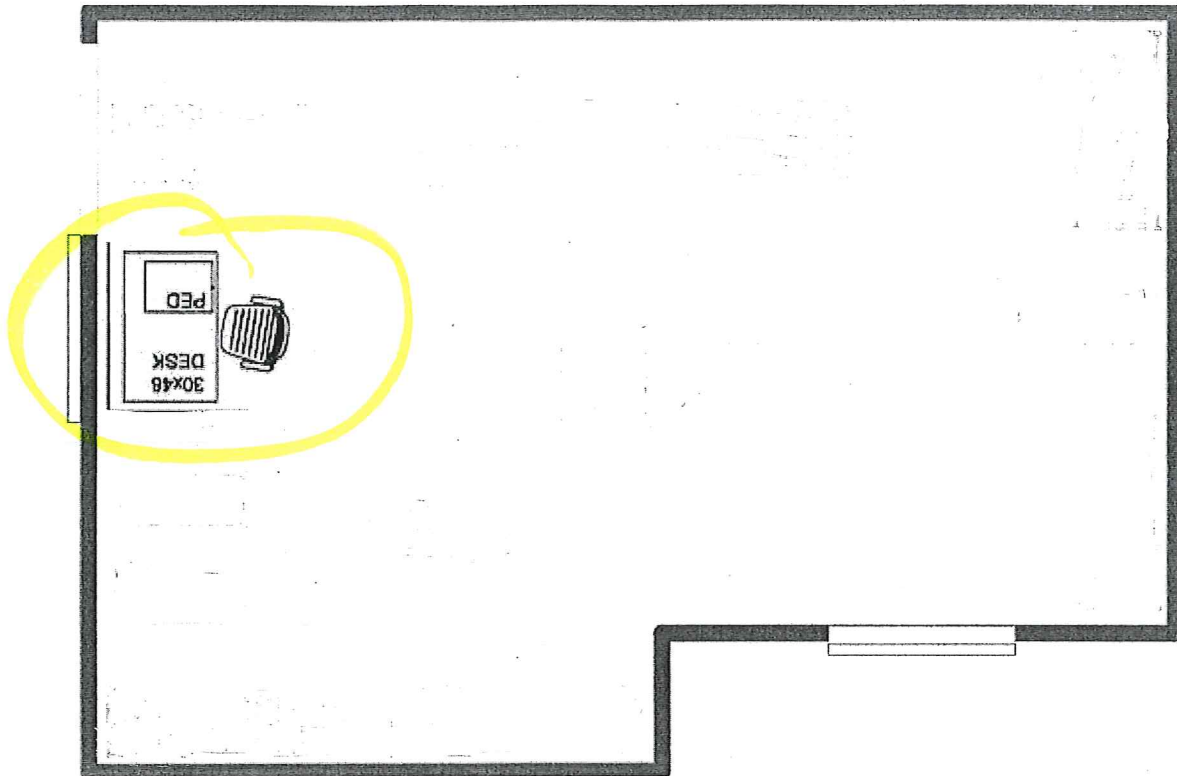


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OVERALL FIRST FLOOR PLAN



STORAGE FLOOR PLAN



Divine Orders catering LLC

1502 Greenway Cross

Madison WI, 53713

Office suite # 101A

Storage room #6