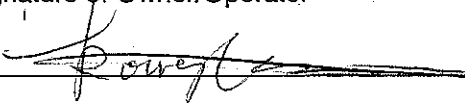


Application Date: 1-5-06 Proof of WI Seller's Permit No. \_\_\_\_\_

Name of Corporation, Limited Liability Company, Individual Owner, Private Club or Partner(s) <u>TAKUMI INC</u>		Liquor/Beer Agent <u>Kong Feng Ni</u>	
Mailing Address <u>4222 <del>East</del> East Town Blvd</u>		Liquor/Beer Agent Address <u>4222 East Town Blvd. Madison WI 53704</u>	
City/State/Zip Code <u>Kong Feng Ni</u>		Liquor/Beer City/State/Zip Code <u>Kong Feng Ni 443-8088</u>	
Name of Registered Agent or General Partner <u>TAKUMI Japanese Restaurant</u>		Local Contact Person Phone Number <u><del>Jan / 27</del> March / 13 / 2007</u>	
Trade Name <u>Kong Feng Ni</u>		Estimated Opening Date <u>Kong Feng Ni</u>	
Business Address <u>4222 East Town Blvd.</u>		Signature of Owner/Operator 	
Type of Business <input checked="" type="checkbox"/> Restaurant <input type="checkbox"/> Tavern <input type="checkbox"/> Grocery Store <input type="checkbox"/> Caterer <input type="checkbox"/> Cafeteria <input type="checkbox"/> Other _____			
Food and Drink License? Needed for:			
Private Club? <input type="checkbox"/> Yes <input type="checkbox"/> No			
License Description	Type	Fee	Number
<u>Liquor/Beer Publication Fee</u>	<u>108</u>	<u>\$20-</u>	<u>76665</u>
<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.

## New Application(s) Fee Schedule

Type of License	Fee	Notes
Class "B" Reserve Fee	\$10,000.00	
Beer, Class "A"	300.00	Prorated \$25.00 per month
Beer, Class "A" – Grocery/Drug (No Liquor License)	425.00	Prorated \$35.42 per month
Beer, Class "B"	100.00	Prorated \$8.33 per month
Beer, Wholesale	25.00	
Liquor, Class "A"	500.00	Prorated \$41.67 per month
Liquor, Class "B"	500.00	Prorated \$41.67 per month
Wine, Class "C"	100.00	Prorated \$8.33 per month
Adult Entertainment Tavern	600.00	
Adult Entertainment	600.00	
Amusement Device	40.00	Per Device
Nightclub (Live Entertainment)	250.00/year	
Temporary Nightclub (limit of five/year)	50.00/day	
Cigarette/Tobacco Products – Over the counter	100.00/year	
Cigarette/Tobacco Products – Vending machine	100.00/year	
Food & Drink Fee based on gross sales for one full year for food and drink and non-alcoholic beverages. Fee includes a pre-inspection fee of \$295. Application must be approved by Building Inspection, Fire Department, and Health Department	<del>525</del> 450.00 <del>740</del> 560.00 <del>850</del> 705.00 <del>1050</del> 905.00 <del>1215</del> 1,085.00 <del>1310</del> 1,475.00	\$0-10,000 10,001-100,000 100,001-250,000 250,001-1,000,000 1,000,001-5,000,000 greater than 5,000,001
Hotel/Motel Fee includes a pre-inspection fee of \$295. Applications must be approved by Building Inspection, Fire Department, and Health Department. Room tax required.	485.00 565.00 685.00 735.00	1 – 30 rooms 31 – 99 rooms 100 – 199 rooms 200 or more rooms
Swimming Pool Fee includes a pre-inspection fee of \$295. Applications must be approved by Health Department.	940.00 760.00 590.00 590.00	Indoor Pool Outdoor Pool Additional Indoor Pool Additional Outdoor Pool
Operator's License (Must be 18)	35.00	Requires Common Council Approval
Provisional Operator's License (Must be applied for in conjunction with operator/manager license)	15.00	60 days only. Issue immediately upon proof of BST course enrollment and completion
Publication Fee/Class A Liquor, Class B Liquor, Class A Beer, Class B Beer, Class C Wine, Wholesale Beer	20.00	This fee payable with application

**Telephone numbers to call for inspection appointments are:**

Health Department	266-4821	Between 8:00-9:00 a.m., Monday–Friday
Building Inspection	266-4551	Between 8:00-9:00 a.m., Monday–Friday
Fire Department	266-4484	Between 8:00-4:30 p.m., Monday–Friday

# City of Madison Liquor/Beer Original Supplemental Form

## Office Use Only

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

- ✓ 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), the Madison Police Department, and the Alcohol Policy Coordinator.**

- ✓ Alderperson Santiago ROSAS can be reached at \_\_\_\_\_  
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).
- Police Department Central District Captain Mary Schauf (Sector 400) can be reached at 266-4316.
- Police Department East District Captain Jill Klubertanz (Sector 600) can be reached at 267-2100.
- ✗  Police Department North District Captain Richard Bach (Sector 500) can be reached at 245-3652.
- Police Department West District Captain Jay Lengfeld (Sectors 100-200) can be reached at 288-6152.
- Police Department South District Captain James Wheeler (Sector 300) can be reached at 267-8687.
- Alcohol Policy Coordinator Joel Plant can be reached at 264-9295.

1. 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

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

Explain. Will Contact

3. Name of Applicant/Partner/Corporation/LLC TAKUMI INC.

4. Telephone Number: 608-663-3899

5. Address of Licensed Premise 4222 East Town Blvd. Madison, WI 53704

6. Anticipated opening date: Jan 27 2007

7. Mailing address if not opening immediately 5265 Summer Ridge Dr. Madison, WI 53704

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

9. Business Description including hours of operation and if entertainment is part of your venue, what type:

Lunch time 11:00 - 2:30 Dinner time 4:30 - 10:30  
7 Days a week

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.**

TAKUMI Restaurant is located in Essex square ~~at~~ East Town. It's about 2200 sqft. of whole Restaurant size. It has 90 seatings, with sushi Bar size of 170 sqft. and Hibachi Grill Room size of 230 sqft. Small Bar size of 77 sqft. TATAMI Room 50 sqft and about 12 Tables.

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. Essex square has own parking lot around, it's building about 150 parking.

13. Describe your management experience, staffing levels, duties and employee training:

I am <sup>owner</sup> ~~am~~ Manager of two TAKARA Restaurant in Madison and served in this community for 7 years

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. Kong Feng Ni

Name

5265 Summer Ridge Dr. Madison WI 53704

Address

City

State

Zip

15. Excluding pre-packaged snacks, how late will food be served? 10:30 pm.

16. What type of food will you be serving, if any? Japanese Cuisine, sushi

17. Indicate any other product/service offered: None.

18. Describe your target market. East Town Community and Dane.

27. 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

28. 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.**

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

Percent Gross Receipts from Alcohol Beverages	5 %
Percent Gross Receipts from Food	95 %
Percent Gross Receipts from Other	%
<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.**

29. What type of establishment are you? (Check all that apply)  Tavern  Restaurant  Nightclub  
 Other Please explain: \_\_\_\_\_

30. Will your establishment have a kitchen manager?  Yes  No

31. Will your establishment be a member of the Wisconsin Restaurant Association?  Yes  No

32. How many wait staff will be employed at the establishment? 5

33. What hours, if any, will food service not be available? after 10:30 pm

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

Hotte advertising and yellow page, Food. sushi

**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 5 day of January, 20 07  
[Signature]  
(Clerk/Notary Public)

[Signature]  
(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.**

19. What is your estimated capacity? 90 Seating

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

21. Owner of building where establishment is located: Flat Development & Investment Corp.  
Address of Owner: 7941 Tree Lane Suite 105 Madison Phone Number 608-833-8100

22. Individual or Partnership: Have individual/partners completed the Beverage Server Training Course?  Yes  No If Yes, indicate names: ~~Kong Feng Ni~~

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

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

24. Corporation/LLC: Agent must disclose interest held in business: 100 %

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

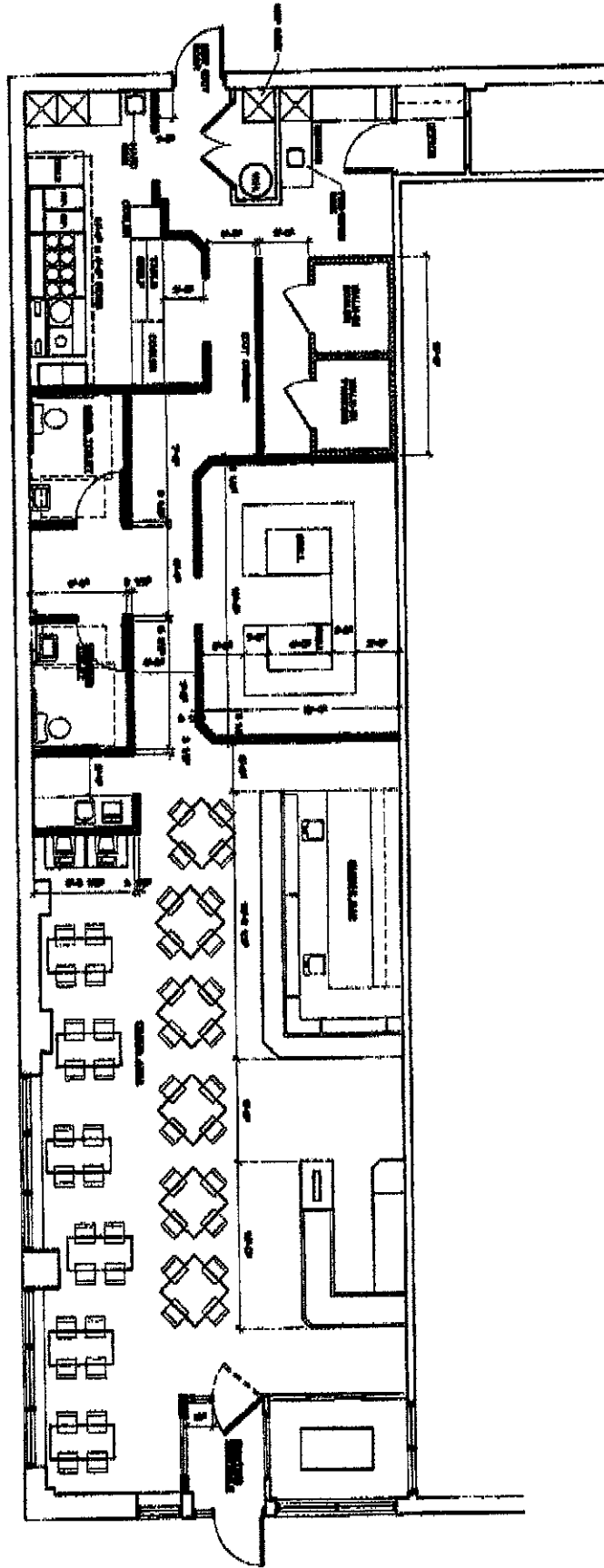
**License cannot be issued until proof of Beverage Server Training completion is shown.**

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

Director(s) Name	Home Address
Kong Feng Ni	5265 Summer Ridge Dr. Madison, WI 53704

Stockholder's Name	Address	Extent of Ownership%

Manager's Name	Address	Business Phone	Home Phone



FLOOR PLAN

