

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning July 1 2008 ;
ending JUNE 30 2009 ;

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): HABGET, INC.

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>TIPTON L. HAHN</u>	<u>1645 PLEASANT VIEW DR.</u>	<u>WI. DELLS, 53965</u>
Vice President/Member				
Secretary/Member	<u>SEC. TREAS.</u>	<u>BEVERLY A. HAHN</u>	<u>1645 PLEASANT VIEW DR.</u>	<u>WI. DELLS 53965</u>
Treasurer/Member				
Agent		<u>BRIAN P. HAHN</u>	<u>4312 MELODY LN.</u>	<u>MADISON, WI. 53704</u>

3 Trade Name AREA 51 BAR AND GRILL Business Phone Number 608-222-1400
4 Address of Premises 2513 Seifert Rd Post Office & Zip Code MADISON WI 53716

- 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 7-22-91 of registration. Yes No
- (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) ENTIRE SEATING AREA, BACK STORAGE ROOMS, OUTSIDE DECK AND PARKING LOT
- 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? JUNK YARD BAR ROXANE STILLMAN
- 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 9 day of May, 2008

Terre J. Paskey
(Clerk/Notary Public)
My commission expires 7/20/08

[Signature] Pres.
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
Beverly A. Hahn SEC. TREAS
(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>6/2/08</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

10744

City of Madison Supplemental Class B License Application

<input checked="" type="checkbox"/> Seller's Permit Number <input checked="" type="checkbox"/> Federal Employer Identification Number <input checked="" type="checkbox"/> Notarized Original Application Form <input checked="" type="checkbox"/> Notarized Supplemental Form	<input checked="" type="checkbox"/> Description of Licensed Premise <input checked="" type="checkbox"/> *Notarized Appointment of Agent <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"/> Floor Plans <input checked="" type="checkbox"/> Lease <input checked="" type="checkbox"/> Sample Menu <input checked="" type="checkbox"/> Business Plan <input checked="" type="checkbox"/> Corporation/LLC only
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1. Name of Applicant/Partner/Corporation/LLC HABBET, INC.
 2. Address of Licensed Premise 2513 SEIFERTH RD., MADISON, WI. 53716
 3. Telephone Number: 608-222-1400 4. Anticipated opening date: 7-1-08
 5. Mailing address if not opening immediately P.O. Box 382, WI. DELLS, WI. 53965

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: BAR + GRILL 10AM-200AM

9. Do you plan to have live entertainment? No Yes—What kind? LIVE MUSIC, DJ + KARAOKE

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.**

BUILDING SIZE IS 40'x60', BAR APPROX 25' LONG, TABLES + CHAIRS 99 CAPACITY STORAGE AREA, DECK AREA, AND PARKING LOT FOR SPECIAL EVENTS LIQUOR WILL BE SOLD IN ENTIRE BAR AND TABLE AREA INCLUDING DECK + PARKING LOT AREA. IT WILL BE STORED IN BACK ROOM AND WALK-IN COOLER BEHIND BAR AREA

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. APPROX. 30,000 SQ. FT. FOR PARKING, LOT WILL BE MONITORED BY CAMERAS.

13. Describe your management experience, staffing levels, duties and employee training.
BEEN IN BAR BUSINESS FOR 40+ YEARS HAVED OWNED 4 DIFFERENT BARS IN WI. DELL, WI

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.
BRIAN P. HAHN 4312 MELODY LANE, MADISON, WI. 53704
 Name Address

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

RESIDENTIAL & INDUSTRIAL PARK PERSONNEL, SMILE RADIAS

16. What age range would you hope to attract to your establishment? 21 YRS PLUS

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

NEWSPAPER, BROCHURES, FLYERS, LIVE MUSIC & FOOD

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

19. Owner of building where establishment is located: COMMERCIAL PARTNERS II, LLC

Address of Owner: P.O. BOX 46425, MADISON, WI 53572 Phone Number 608-735-9567

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

TIPTON L. HAHN 1645 PLEASANT VIEW DR WI, DELLS, WI 53765

Name Address

BEVERLY A. HAHN " " " " " " " "

Name Address

Name Address

22. List the Stockholders of your Corporation/LLC

TIPTON L. HAHN " " " " " " 50%

Name Address % of Ownership

BEVERLY A. HAHN " " " " " " 50%

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? SANDWICHES

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? 11AM - 12 MIDNIGHT

27. What hours, if any, will food service not be available? MIDNIGHT TO CLOSE
28. Indicate any other product/service offered NONE
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? NONE
During what hours do you anticipate they will be on duty? _____
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? 20
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?
50%
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? 50%
What percentage of your advertising budget do you anticipate will be drink related? 0%
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? 99

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.

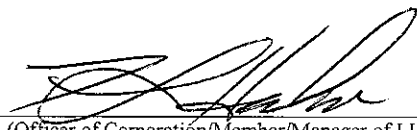
Gross Receipts from Alcoholic Beverages	50 %
Gross Receipts from Food and Non-Alcoholic Beverages	50 %
Gross Receipts from Other	%
Total Gross Receipts	100%

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 31 day of May, 2008


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

Terri J. Paskey
(Clerk/Notary Public)

My commission expires 7/20/08

Transfer of Ownership

(letter to surrender previous license)

To be filed with the City Clerk at the time a new application is submitted for a change of ownership for any liquor and/or beer establishment

The B license for the premise located at
Class of License

2513 SEIFERTH RD. will be relinquished upon the
Street Address

approval of the application and the issuance of the same type of license for the same

premises to TIPTON L. HAHN
License Applicant

There have been no convictions for violations during the current license year, nor are there any pending violations against the present licensee except as follows:

Rafaela Stiller 5-31-08
Signature of Present License Holder Date

The JUNKYARD
The name will be
changed from the Junkyard

Payment of Taxes on Liquor/Beer License Transfer

I, _____, _____, applicant for
Name Title
a liquor and/or beer license for the premise located at _____, have
Address
read the provisions in the attached copy of Madison General Ordinance Section 9 01, and understand
that payment of all personal property taxes, special assessments, room taxes, forfeitures and judgments
must be paid before the Office of the City Clerk can issue said license.

Signature of Applicant

Date

Subscribed and sworn to before me this
_____ day of _____, 20____

Notary Public, Dane County, State of Wisconsin
My Commission Expires _____

Payment of Taxes on Liquor/Beer License Transfer

I, TIPTON L. HAHN, PRESIDENT, applicant for
Name Title

a liquor and/or beer license for the premise located at 2513 SEIFERTH RD, have
Address

read the provisions in the attached copy of Madison General Ordinance Section 9.01, and understand that payment of all personal property taxes, special assessments, room taxes, forfeitures and judgments must be paid before the Office of the City Clerk can issue said license.

[Signature]
Signature of Applicant

5-31-08
Date

Subscribed and sworn to before me this
31 day of May, 2008

[Signature]
Notary Public, Dane County, State of Wisconsin

My Commission Expires 7/20/08

SEIFERTH RD

100'

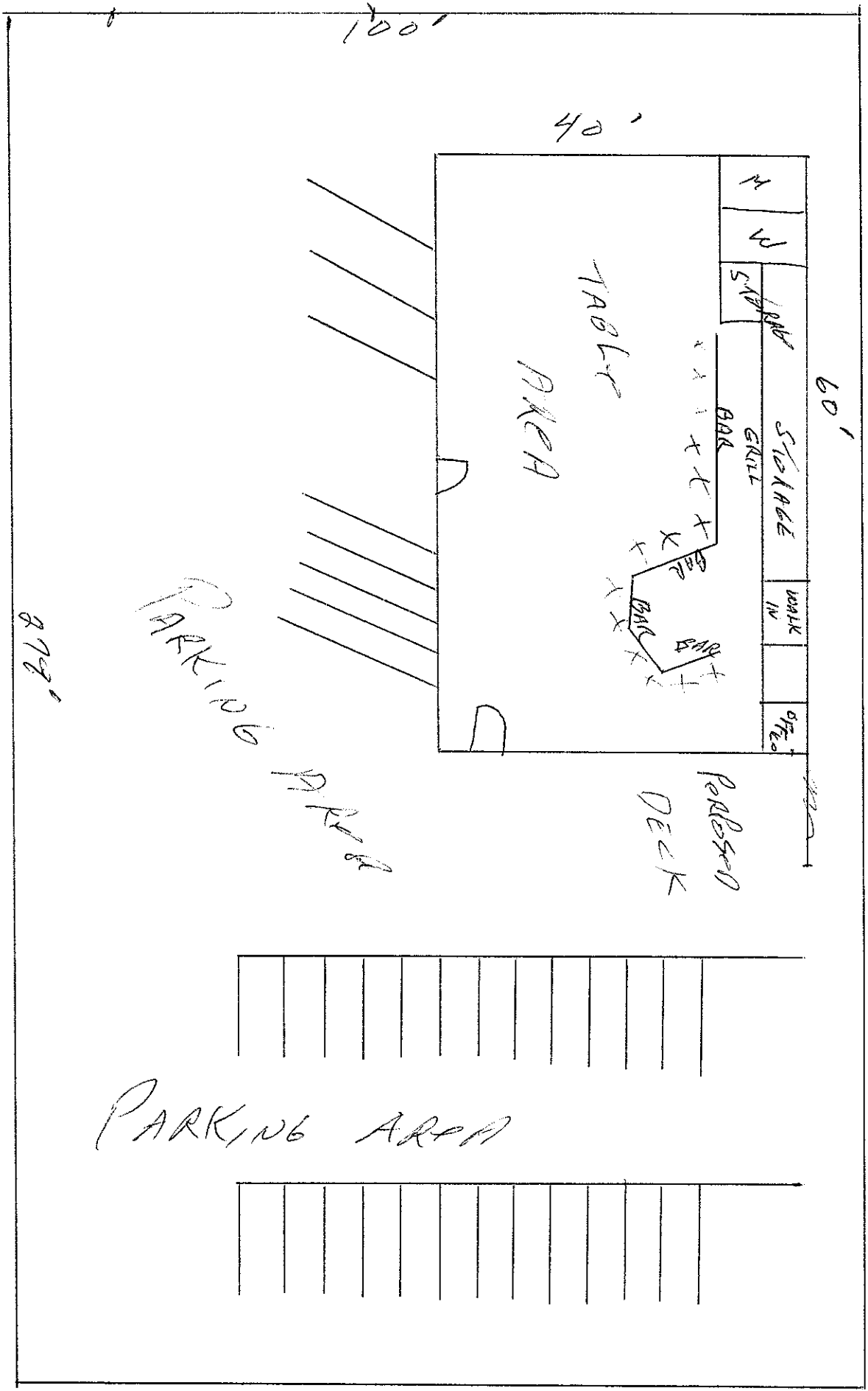
40'

60'

878'

PARKING AREA

PARKING AREA

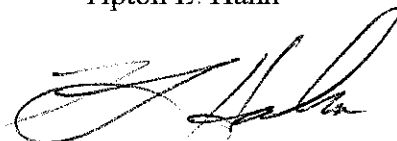


May 30, 2008

To whom it may concern:

My business plan for the bar at 2513 Seiferth Rd., Madison Wi., 53716. I intend to run a tight ship. Bartenders will not be allowed to drink while on duty, I will not tolerate over indulging or abundant foul language. Anyone who is disrupted will be asked to leave. I want all women to feel safe when they come into my bar. I plan on having some great live entertainment that all ages will enjoy. I plan on having express lunches that the people in the industrial area will have time to come in and enjoy. Food will be served all day up till at least midnight. I plan on following all ordinances and codes set up by the city and looking forward to working with the community and helping to put on any special events that they might want to do.

Tipton L. Hahn

A handwritten signature in black ink, appearing to read 'T. Hahn', written in a cursive style.

