



# 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

## Section A – Applicant

1. 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.

2. This application is for the license period ending June 30, 20 16.
3. 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.

MARK LLC dba Badger Tavern

4. Trade Name (doing business as) Badger Tavern

5. Address to be licensed 1612 Seminole Hwy.

6. Mailing address 1612 Seminole Hwy.

7. Anticipated opening date 11/15/15

8. Is the applicant an employee or agent of, or acting of behalf of anyone except the applicant named in question 2?  
 No     Yes (explain) \_\_\_\_\_

9. Does another alcohol beverage licensee or wholesale permittee have interest in this business?  
 No     Yes (explain) \_\_\_\_\_

## Section B—Premises

10. 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.

- main floor bar with outdoor patio in front of building.  
- upstairs and basement storage of liquor and beer.  
- liquor and beer served in main bar area and dining room and also proposed patio.

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 99

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

PARKING lot on premise

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

No  Yes, license issued to JAMES FRANK (name of licensee)

15.  Attach copy of lease.

### 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 Mike Franklin

17. City, state in which agent resides Verona WI

18. How long has the agent continuously resided in the State of Wisconsin? 4 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.

Wisconsin - 9/17/15

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
member	Mark Franklin	Verona WI
member	Mike Franklin	Verona WI

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.

Mike Franklin

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) DRAFTHOUSE, PAOLI PUB, MURPHY'S

### 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 \_\_\_\_\_

27. Business description Neighborhood Bar + Grill.

28. Hours of operation 11AM - close 7 days a week.

29. Describe your management experience I owned the Stadium Bar from 1996 until 2001. Deaks Pub + Grill from 2005 - 2006. I currently own parts of the Drafthouse, Paoli Pub + Murphy's.

30. List names of managers below, along with city and state of residence.

N/A

31. Describe staffing levels and staff duties at the proposed establishment I will be onsite GM. I will have a manager - I foresee 1 Cook and 2 Bartenders at most times.

32. Describe your employee training I hire with experience and train onsite.

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

Local neighborhood + businesses.

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

We don't advertise.

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? \_\_\_\_\_

38. What age range do you hope to attract to your establishment? ALL

39. What type of food will you be serving, if any? \_\_\_\_\_  
 Breakfast  Brunch  Lunch  Dinner

40. Submit a sample menu if applicable. What will be included on your operational menu?  
 Appetizers  Salads  Soups  Sandwiches  Entrees  Desserts  
 Pizza  Full Dinners

41. During what hours of operation do you plan to serve food? 11AM until 10pm.

42. What hours, if any, will food service not be available? \_\_\_\_\_

43. Indicate any other product/service offered. \_\_\_\_\_

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

45. Will you have a kitchen support staff?  No  Yes

46. How many wait staff do you anticipate will be employed at your establishment? 6-8 full time

During what hours do you anticipate they will be on duty? 10AM until midnight.

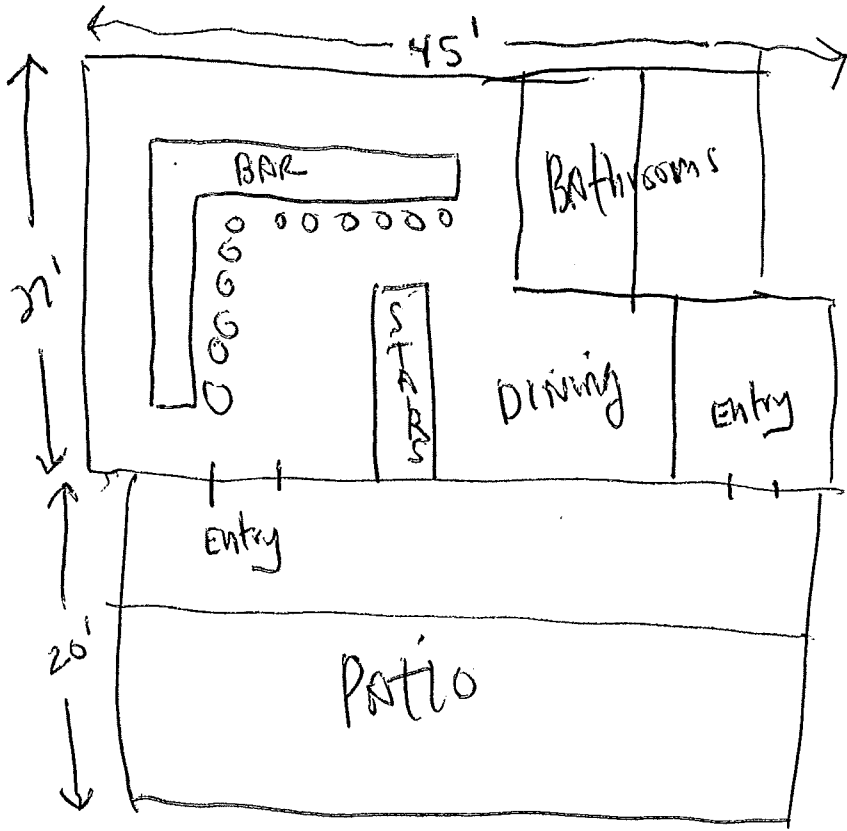
47. Do you plan to have hosts or hostesses seating customers?  No  Yes

48. Do your plans call for a full-service bar?  No  Yes  
 If yes, how many barstools do you anticipate having at your bar? 14  
 How many bartenders do you anticipate having work at one time on a busy night? 2
49. Will there be a kitchen facility separate from the bar?  No  Yes
50. Will there be a separate and specific area for eating only?  
 No  Yes, capacity of that area 25
51. What type of cooking equipment will you have?  
 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
53. What percentage of payroll do you anticipate devoting to food operation salaries? 50%
54. 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? \_\_\_\_\_
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
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:  
50 % Alcohol 50 % Food \_\_\_\_\_ % Other
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

1612 Seminole Hwy.



# Badger Tavern Business Model

1. Hours of Operation - Daily at 11 A.M
2. Revenue will be based on a 50-50% projection of food versus alcohol. If demand increases which we will project it will, we will increase food choices to possibly include wraps, fish fry, and breakfast.
3. Employees will be hired to meet customer demand.
4. We do not want to be just a bar, so we will continue to operate the way the establishment did the prior 80 years by offering a clean safe environment offering Madison's best hamburger.

MARC FRANKLIN  
