

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk

For the license period beginning SEPTEMBER 20 09 ;
 ending JUNE 20 10

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): AVRA LLC DBA

Applicant's Wisconsin Seller's Permit Number:	
Federal Employer Identification Number (FEIN): <u>27-0505223</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	\$
TOTAL FEE	\$

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 VASILIS KALLIAS</u>	<u>5460 CADDIS BENT FITCHBURG WI</u>	<u>53711</u>

Vice President/Member _____

Secretary/Member _____

Treasurer/Member _____

Agent ▶ VASILIS KALLIAS

Directors/Managers _____

- 3 Trade Name ▶ AVRA LLC DBA OPA CAFE/LOUNGE Business Phone Number 608-212-1158
 4 Address of Premises ▶ 558 STATE STREET Post Office & Zip Code ▶ MADISON WI 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 7/3-09 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) 1600 SQ FEET ONE FLOOR KITCHEN COUNTER STORAGE

- 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? MANA CAFE

- 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 24th day of July 20 09

Danny Peters
 (Clerk/Notary Public)

[Signature]
 (Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)

My commission expires 5/19/13

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>7-24-09</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

City of Madison Supplemental Class B License Application

<input type="checkbox"/> Seller's Permit Number	<input checked="" type="checkbox"/> Written Description of Premise	<input checked="" type="checkbox"/> Floor Plans
<input checked="" type="checkbox"/> Federal Employer Identification #	<input checked="" type="checkbox"/> Background Investigation Form(s)	<input checked="" type="checkbox"/> Lease
<input checked="" type="checkbox"/> Notarized Original Application Form	<input type="checkbox"/> Notarized Transfer of Ownership	<input type="checkbox"/> Sample Menu
<input checked="" type="checkbox"/> Notarized Supplemental Form	<input checked="" type="checkbox"/> *Articles of Incorporation	<input type="checkbox"/> Business Plan
<input checked="" type="checkbox"/> Orange Sign (Clerk's Office provides at time of application)	<input checked="" type="checkbox"/> *Notarized Appointment of Agent	
	<small>* Corporation/LLC only</small>	

- Name of Applicant/Partner/Corporation/LLC AVRA LLC^{DBA} OPA
- Address of Licensed Premise 558 STATE ST. MADISON WI 53703
- Telephone Number: 608 212 1158 4. Anticipated opening date: Sept 1 2009
- Mailing address if not opening immediately 5460 CADDIS BENT FITCHBURG WI 53711 #1201
- 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
- Are there any special conditions desired by the neighborhood? Yes No
Explain. _____
- Business Description, including hours of operation: Restaurant with a Bar
11 am To 2 am
- Do you plan to have live entertainment? No Yes—What kind? _____
- 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.**
1600 Sq feet on First Floor 2 Bathrooms in the rear kitchen/prep storage in the rear / kitchen and bar (8 bar stools) in the front
10 to 12 Tables about 50 to 65 capacity. Dry storage in Basement
TO INCLUDE SIDEWALK CAFE
- 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.
- Describe existing parking and how parking lot is to be monitored NONE
- Describe your management experience, staffing levels, duties and employee training.
Owner/operator of several establishments with Alcohol.
Currently operating Mercury Code since 2003
- 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.
VASILIS KALLIAS 5460 CADDIS BENT FITCHBURG WI 53711

Name

Address

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

Household incomes of over \$40,000, 28 years old to 60

16. What age range would you hope to attract to your establishment? 28 To 60

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

Small plate, Dinner, Late night Sandwiches

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

19. Owner of building where establishment is located: THE POPUP INC

Address of Owner: 552 STATE ST MADISON WI 53703 Phone Number 608 6926410

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

VASILIS KALLIAS 5460 Cadelis Bend Fitchburg WI 53703

Name Address

Name Address

22. List the Stockholders of your Corporation/LLC

VASILIS KALLIAS 5460 Cadelis Bend Fitchburg WI 53703 100%

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? _____

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? All hours

27. What hours, if any, will food service not be available? NONE / FOOD AVAILABLE ALL TIME
28. Indicate any other product/service offered. _____
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? 4
During what hours do you anticipate they will be on duty? ALL TIMES
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? 8
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?
80%
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? 100%
What percentage of your advertising budget do you anticipate will be drink related? NONE
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? 60

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.

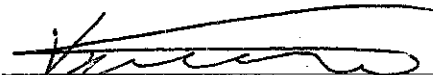
Gross Receipts from Alcoholic Beverages	20 %
Gross Receipts from Food and Non-Alcoholic Beverages	80 %
Gross Receipts from Other	0 %
Total Gross Receipts	100%


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.

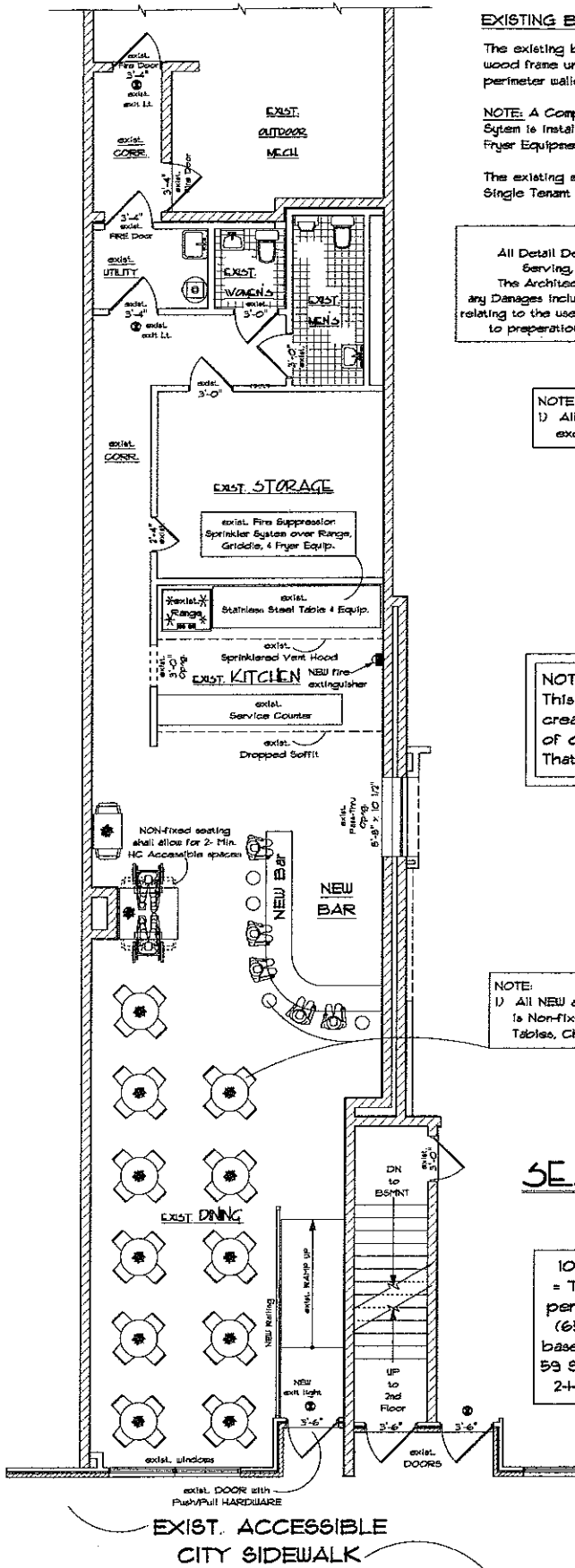
Subscribed and Sworn to before me:

this 24 day of July, 2009


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


(Clerk/Notary Public)

My commission expires 5-6-2012



EXISTING BUILDING SPACE INFORMATION:

The existing building appears to be three-story wood frame unprotected interior, Masonry Constructed perimeter walls, non-sprinklered --

NOTE: A Complete existing Fire Suppression System is installed over the Range, Griddle, & Fryer Equipment.

The existing space is intended for Single Tenant 'ASSEMBLY' A-2 Occupancy.

IMPORTANT!
All Detail Design of the Food Prep, Equip., Layout, Serving, etc. has been designed by Others. The Architect therefore shall not be held liable for any Damages including any such Health Issues including death relating to the use of such Equipment or Facilities as it relates to preparation and/or consumption of food, drink, etc.

NOTE:
1) All Walls & Doorways are existing except as indicated otherwise.

NOTE:
This SEATING PLAN has been created solely for the purpose of obtaining a 'Liquor License'. That is it's only intended purpose.

NOTE:
1) All NEW and/or exist. Seating is Non-fixed - Unconcentrated Tables, Chairs, & Bar Stools.

SEATING PLAN

Scale: 3/16" = 1'-0"

1090 SQ. FT. NET / 15
= 73 Person Occupancy
per IBC Table 1003.2.2.2
(65 Person Occupancy
based on Actual Number -
59 Seats + 6 Employees) -
2-HC Spaces Available

**FOR PURPOSES OF OBTAINING
A LIQUEUR LICENSE ONLY - NOT
FOR CONSTRUCTION PURPOSES**

558 STATE STREET

PRINT DATE: July 24, 2009

ARCH-AIDE
ARCHITECTS
(608) 335-8159
509 W. Fairview Ave.
Endeavor, WI 53930
FAX: (608) 587-2264
WEB-STUDIO:
ARCH-AIDEArchitects.com
E-MAIL: gkamala@tds.net

**A NEW SEATING PLAN for:
OPA, LLC Restaurant
558 State Street
Madison, Wisconsin 53703**

SEATING PLAN

Project Number:	0916
Scale:	3/16" = 1'-0"
Drawn By:	greg karn
Checked By:	
Document Release:	T-2-03 For Liquor License

Sheet Number:

S.1

of 1

All portions of this document, design, etc. are deemed unique and exclusive to a single building project. Any attempt to copy any portion of these documents with the intent of re-use on any other building project without the written consent of the Architect/Designer shall be construed as an infringement or copyright violation and will be pursued with legal action. The Architect/Designer shall not be responsible for any re-use of these documents.

Appointment of New Liquor/Beer Agent

To be completed by Corporate Officer or Member of LLC

I, VASILIS KALLIAS, officer/member for AVRA LLC
(Corporation/LLC), doing business as OPA, authorize and appoint
VASILIS KALLIAS (Name) as the liquor/beer agent for the premise
located at 558 STATE STR MADISON WI 53703


Subscribed and sworn to before me this

24th Day of July, 2009



Notary Public, Dane County, Wisconsin

My Commission Expires 5/19/13

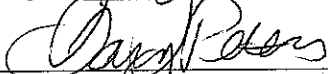

Signature of Officer/Member

To be completed by appointed Liquor/Beer Agent

I, VASILIS KALLIAS, appointed liquor/beer agent for
AVRA LLC DBA OPA (name of Corporation or LLC), being first duly sworn
say I have vested in me, by properly authorized and executed written delegation, full authority
and control of the premise described in the license of such corporation or limited liability
company, and I am involved in the actual conduct of the business as an employee, or have a
direct financial interest in the business of the licensee, therein relating to the intoxicating
liquor/fermented malt beverage. The interest I have in the business is 100 %.

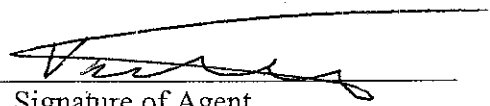
Subscribed and sworn to before me this

24th Day of July, 2009



Notary Public, Dane County, Wisconsin

My Commission Expires 5/19/13


Signature of Agent

The appointed Liquor/Beer Agent must complete the other side of this form.