

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning July 1 20 09 ;
 ending June 30 20 09

TO THE GOVERNING BODY of the: Town of }
 Village of } Madison
 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): W+W Enterprises Inc
Wing, Walter, A 5220 River Rd Wauwakee WI 53597

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>Pres Walter Wing</u>	<u>5220 River Rd Wauwakee</u>	<u>53597</u>
Vice President/Member			
Secretary/Member	<u>Sec Mary J Wing</u>	<u>same</u>	
Treasurer/Member	<u>Treas Mary J Wing</u>	<u>same</u>	
Agent	<u>Walter Wing</u>	<u>same</u>	
Directors/Managers			

3. Trade Name Northport Shell Business Phone Number 608-241-0777
 4. Address of Premises 1423 Northport Dr Post Office & Zip Code Madison 53704

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 6/03 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) See Attached
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? _____
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

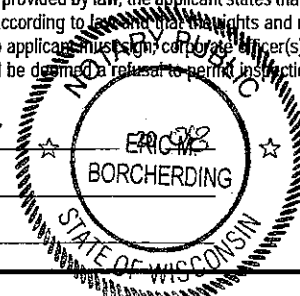
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to laws and regulations and responsibilities conferred by the 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 1 day of July

[Signature]
 (Clerk/Notary Public)

My commission expires 10-2-11



[Signature]
 (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
[Signature]
 (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>7-1-09</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued <u>82831/82832</u>	

11232

City of Madison Supplemental Class A License Application

<input checked="" type="checkbox"/> Seller's Permit Number <input 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 type="checkbox"/> Notarized Transfer of Ownership <input type="checkbox"/> *Articles of Incorporation	<input checked="" type="checkbox"/> Floor Plans <input type="checkbox"/> Lease <input type="checkbox"/> Sample Menu <input type="checkbox"/> Business Plan * Corporation/LLC only
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1. Name of Applicant/Partner/Corporation/LLC Northport Shell
 2. Address of Licensed Premise 1423 Northport Dr., Madison, WI 53704
 3. Telephone Number: (608) 241-0777 4. Anticipated opening date: _____
 5. Mailing address if not opening immediately _____

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. What type of establishment is contemplated? Liquor Store Grocery Store
 Convenience Store – Gas Pumps Yes No Other—Explain _____

9. Business Description: Automotive Repair - 3 service Bays - Convenience store

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.**

See Attached

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. Parking for ten cars as well as 6 cars at the pumps. Parking lot has a camera pointed at Gas Pump.

13. Describe your management experience, staffing levels, duties and employee training:
I have owned and operated Northport Shell and Northgate Auto since 2003. Prior to that I was General Manager of Lowy America since 1983.

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.
Walter Wines 1423 Northport Dr Madison WI 53704
 Name Address

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

Mostly local people, from the neighborhood.

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

No advertising plans at this time.

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

18. Owner of building where establishment is located: Walt + Mary Jo Why

Address of Owner: 423 Northport Dr Madison Phone Number _____

19. 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

20. List the Directors of your Corporation/LLC

Walt + Mary Jo Why 5220 River Rd Wauwatosa
Name Address

Name Address

Name Address

21. List the Stockholders of your Corporation/LLC

Walt + Mary Jo Why 5220 River Rd Wauwatosa 100%
Name Address % of Ownership

Name Address % of Ownership

Name Address % of Ownership

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 1 day of JULY, 2008

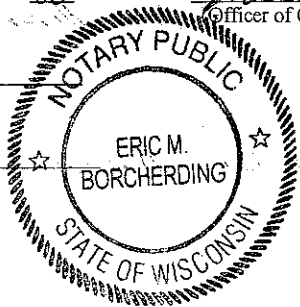
[Signature]

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

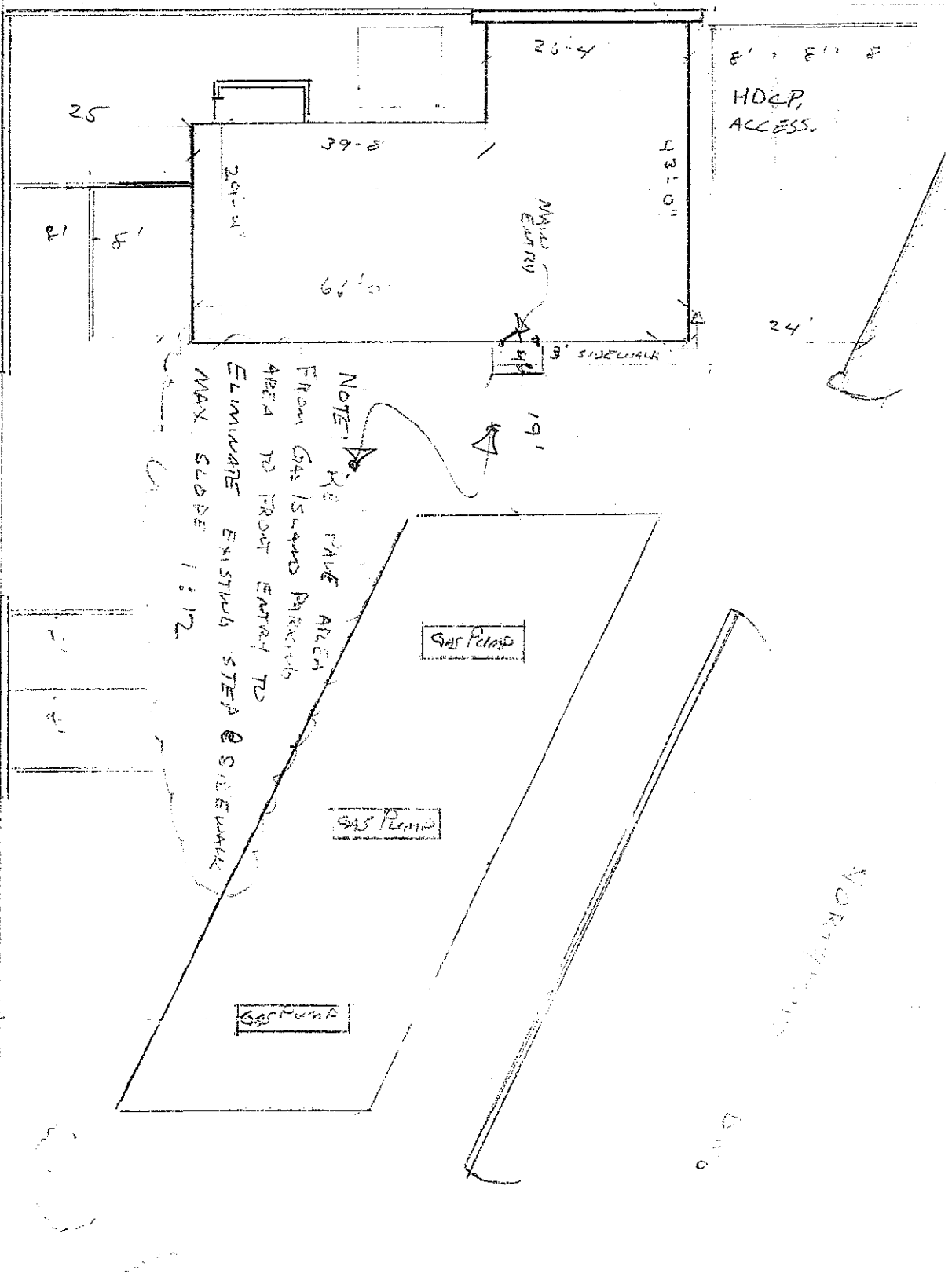
[Signature]

(Clerk/Notary Public)

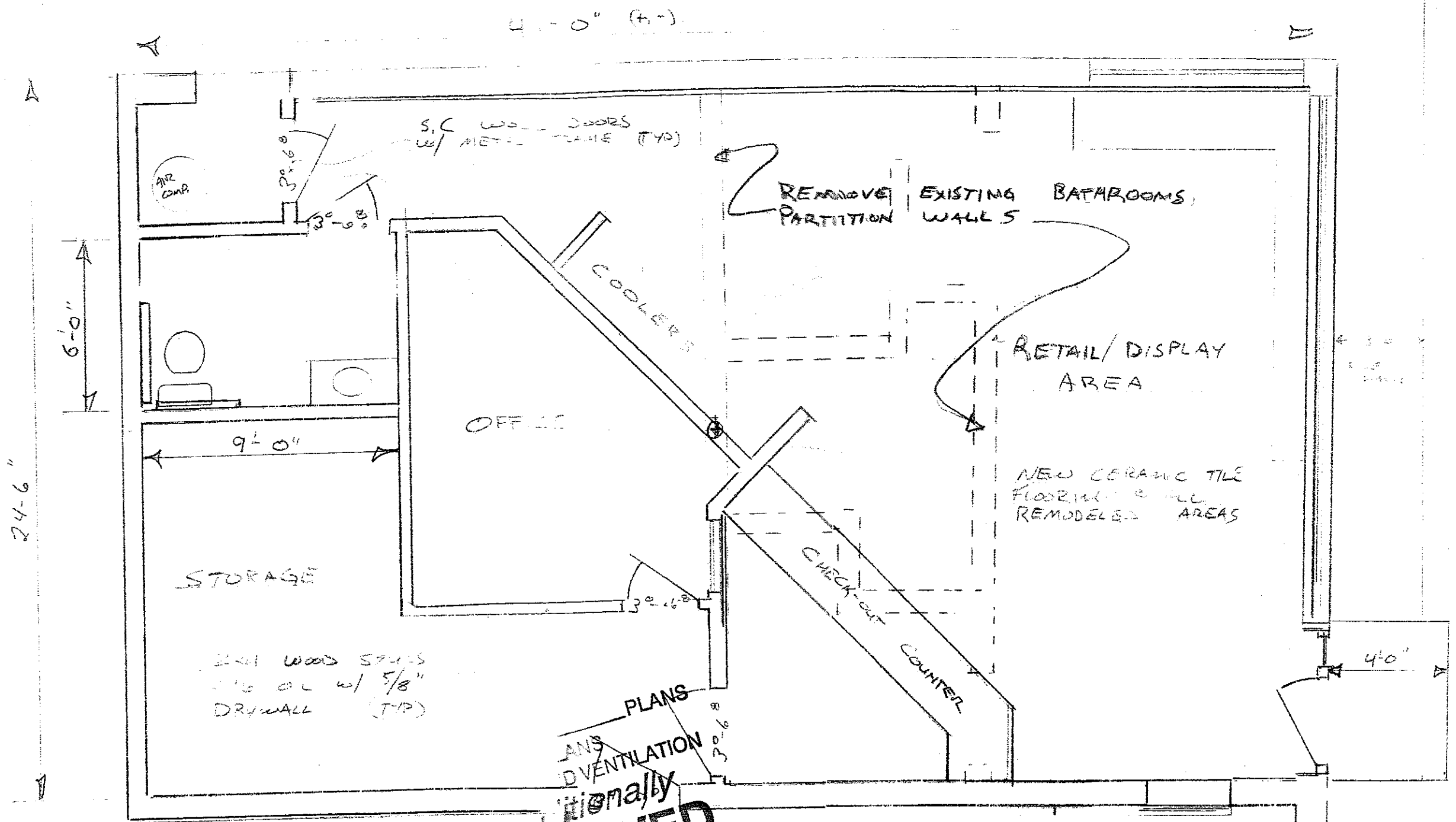
My commission expires 10-2-11



NORTHPORT SHELL
 INTERIOR RENOVATION PROJECT
 1423 NORTHPORT DR. MADISON
 10-19-04
 11-02-04
 MEK
 1"=20'



TROY DR.



PLANS
 MECHANICAL & VENTILATION
 APPROVED
 OF MADISON
 11-12-04
 CORRESPONDENCE

SERVE BAYS

RT SHELL	10-19-04
REMODEL PROJECT	BY MFK
REPORT DR	REV 11-02-04
PLAN	1/4" = 1'-0"