

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning _____ 20____ ;
ending _____ 20____

TO THE GOVERNING BODY of the: ☐ Town of } Madison
☐ Village of }
☒ City of }

County of Dane Aldermanic Dist. No. 8 (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): Nam's Noodle Company LLC

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>Raymond Sze</u> | <u>Owner</u> | <u>9213 Crosswinds Ln Apt 304 53593</u> |
| Vice President/Member | | | | |
| Secretary/Member | | | | |
| Treasurer/Member | | | | |
| Agent | | <u>Raymond Sze</u> | | |
| Directors/Managers | | | | |

3. Trade Name Nam's Noodle Business Phone Number 608 2870475
4. Address of Premises 1336 Regent St Madison WI 53715 Post Office & Zip Code WI 53715

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 employee 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 1/12/12 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.) approximately 2100 square feet including 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 space at
(b) If yes, under what name was license issued? Nam's Noodle LLC Raymond Sze
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 1334
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 -1336
14. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No Regent

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.

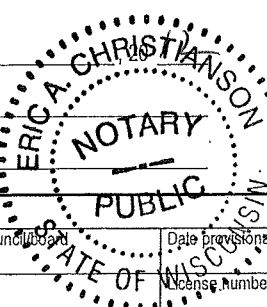
SUBSCRIBED AND SWORN TO BEFORE ME

this 9th day of March

[Signature]

(Clerk/Notary Public)

My commission expires 6/29/2014



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

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

1. Name of Applicant/Partner/Corporation/LLC Nam's Noodle Co
2. Address of Licensed Premise 1336 Regent St Madison WI 53715
3. Telephone Number: 6082870475 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. Business Description, including hours of operation: South Asian Food and dinner
Dine in and take out restaurant from 11:00am to 1:00am
9. Do you plan to have live entertainment? ☒ No ☐ Yes—What kind? _____
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.**
approximately 2100 square feet including
storage space at 1334-1336 Regent
St
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 behind
the restaurant
13. Describe your management experience, staffing levels, duties and employee training.
I have been manage my restaurant for over 10 years
I also have red guideline rule to train the employee
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.

Name _____

Address _____

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

~~Student and~~ Neighborhood and Professor and student

16. What age range would you hope to attract to your establishment? 22 18 to 70

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

month to month, and put some advertise on Newspaper

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

19. Owner of building where establishment is located: JSM Properties

Address of Owner: 101 Mills Street Phone Number _____

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

| Name | Address |
|------|---------|
|------|---------|

| | |
|------|---------|
| Name | Address |
|------|---------|

| | |
|------|---------|
| Name | Address |
|------|---------|

22. List the Stockholders of your Corporation/LLC

| Name | Address | % of Ownership |
|------|---------|----------------|
|------|---------|----------------|

| | | |
|------|---------|----------------|
| 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? South Asian Food

☐ 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? from 11am to 1:00 am

27. What hours, if any, will food service not be available? None
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? _____
During what hours do you anticipate they will be on duty? 11:00 am to 1:00 am
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? _____
How many bartenders do you anticipate you would have working at one time on a busy night? _____
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? 70
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?
15%
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? 5%
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 | 15 % |
| Gross Receipts from Food and Non-Alcoholic Beverages | 85 % |
| 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.

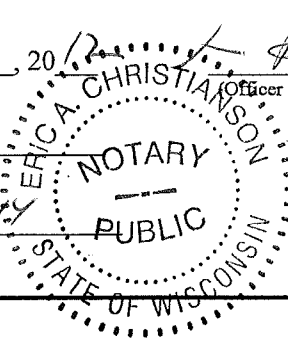
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Subscribed and Sworn to before me:

this 9th day of March, 2012, [Signature] 522
(Officer of Corporation/Member of LLC/Partner/Individual)

[Signature]
(Clerk/Notary Public)

My commission expires 6/29/2014



Appointment of New Liquor/Beer Agent

To be completed by Corporate Officer or Member of LLC

I, Raymond Sze, officer/member for Nam's Noodle LLC
(Corporation/LLC), doing business as Nam's Noodle, authorize and appoint
Raymond Sze (Name) as the liquor/beer agent for the premise
located at 1336 Regent St 53711

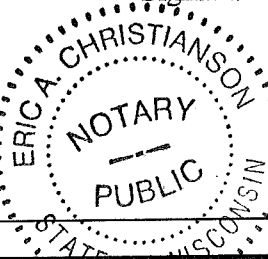
Subscribed and sworn to before me this

9th Day of March, 2012

Eric A. Christianson
Notary Public, Dane County, Wisconsin

My Commission Expires 6/24/2014

X Raymond Sze
Signature of Officer/Member



To be completed by appointed Liquor/Beer Agent

I, Raymond Sze, appointed liquor/beer agent for
Nam's Noodle LLC (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 %.

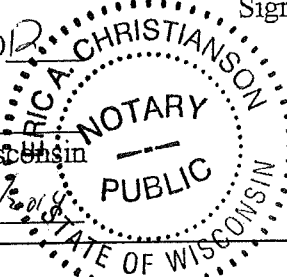
Subscribed and sworn to before me this

9th Day of March, 2012

Eric A. Christianson
Notary Public, Dane County, Wisconsin

My Commission Expires 6/24/2014

X Raymond Sze
Signature of Agent



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