

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 type="checkbox"/> Notarized Transfer of Ownership <i>NIA</i> <input type="checkbox"/> *Articles of Incorporation	<input type="checkbox"/> Floor Plans <input type="checkbox"/> Lease <i>NIA</i> <input type="checkbox"/> Sample Menu <input checked="" type="checkbox"/> Business Plan <input type="checkbox"/> *Corporation/LLC only
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1. Name of Applicant/Partner/Corporation/LLC Sala Thai LLC

2. Address of Licensed Premise 36 South Fair Oaks Ave

3. Telephone Number: _____ 4. Anticipated opening date: 5-01-8

5. Mailing address if not opening immediately 36 South Fair Oaks Ave

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: 11:00 AM to 9:30 Mon to Sun

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.**

1000 Sq Feet with Basement the Dinner ^{Area} 15 Seating, Service Area, Deli case, Food Steamer, Ice machine, Beer Cooler and Beverage. Kitchen in the back, Walking cooler.

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 2 sides of Street.

13. Describe your management experience, staffing levels, duties and employee training
Managing Restaurant and Convenience Store.

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.

THONGPONE VANPARAVONG 3312 WELLS AVE

Name Address

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

Neighborhood People

16. What age range would you hope to attract to your establishment? 25 years and older

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

Food

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

19. Owner of building where establishment is located: 34 South Fair Oaks Ave

Address of Owner: 3312 WELLS AVE Phone Number 246-8814

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

THONGPONE VANPHAVONG 3312 WELLS AVE, Madison 53714
Name Address

Name Address

Name Address

22. List the Stockholders of your Corporation/LLC

THONGPONE VANPHAVONG 3312 WELLS AVE 100%
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? Thai 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? 11:00 to 9:30 PM

27. What hours, if any, will food service not be available? 10:00 PM
28. Indicate any other product/service offered. N/A
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? 5
 During what hours do you anticipate they will be on duty? Lunch and Dinner
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? _____
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?
75%
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? 20%
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? 30

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	75	%
Gross Receipts from Other	5	%
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 14 day of April, 2008

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

[Signature]
(Clerk/Notary Public)

My commission expires 8-30-09

