ORIGINAL ALCOHOL BEVERAGE LICE	ENSE APPLICATION	Applicant's Wisconsin Seller's Permit Number: 456-00042233
Submit to municipal clerk		Federal Employer Identification Number (FEIN): 33 - 20913
For the license period beginning	20 ; 20 0 %	LICENSE REQUESTED
ending JUI-U 30	20	TYPE FEE Slass A beer \$
Town of	Moddone	Class B beer \$,20
TO THE GOVERNING BODY of the: Utiliage of Like City of	Madison	Wholesale beer \$
		Class C wine \$20
County of Dane Aldermanic Dist.	No (if required by ordinance)	Class B liquor \$
1 The named INDIVIDUAL PARTNERSHIP	LIMITED LIABILITY COMPANY	Reserve Class B liquor \$
CORPORATION/NONPROFIT ORGANIZA		Publication fee \$ TOTAL FEE \$
hereby makes application for the alcohol beverage license(s) of		
2 Name (individual/partners give last name, first, middle; corpora	ations/ilmited liability companies give regis	tered name):
An "Auxiliary Questionnaire," Form AT-103, must be comp	leted and attached to this application b	y each individual applicant, by each member of a
partnership, and by each officer, director and agent of a co liability company. List the name title, and place of residence	rporation or nonprofit organization, and	by each member/manager and agent of a limited
		Address Post Office & Zip Code,
President/Member THONGPONE VANS		L WELLS AVE 53714
Vice President/Member		
Secretary/Member Treasurer/Member	í	
Treasurer/Member Thongpone Janp	navona	
Directors/Managers	<u> </u>	
3 Trade Name > Sala Mai	Business Ph	one Number
4 Address of Premises 36 South Fire Cark		•
5 Is individual, partners or agent of corporation/limited liability co training course for this license period?	mpany subject to completion of the respoi	nsible beverage server
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 p		
 (a) Corporate/limited liability company applicants only: In (b) Is applicant corporation/limited liability company a subsidia 		
(c) Does the corporation, or any officer, director stockholder of		
agent hold any interest in any other alcohol beverage licen	se or permit in Wisconsin?	. 🗀 Yes 🔀 No
(NOTE: All applicants explain fully on reverse side of this form	-	
9 Premises description: Describe building or buildings where also	phol beverages are to be sold and stored	The applicant must include
all rooms including living quarters, if used, for the sales, service may be sold and stored only on the premises described.) 1 💢	50 Sta Fresh W/ Busemen	- ALLONOI STORE 2 DOORS (00 Lenz
10 Legal description (omit if street address is given above): 34	South Pair Oaks A	-ve
11 (a) Was this premises licensed for the sale of liquor or beer du	ring the past license year?	Yes 🗌 No
12 Does the applicant understand they must file a Special Occupa	tional Tax return (1996)	
before beginning business? [phone 1-800-937-8864]	MINONALOVA	Yes 🗌 No
before beginning business? [phone 1-800-937-8864] 13 Does the applicant understand a Wisconsin Seller's Permit must Section 2, above? [phone (608) 266-2776]	st be applied for and is used in the same n	ame as that shown in
Section 2, above / ipnone (608) 266-2776j 14 Is the applicant indebted to any wholesaler beyond 15 days for	heer of 30 days for linear?	Yes
., , , , , , , , , , , , , , , , , , ,		
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law the of the signers. Signers agree to operate this business according to law and		has been truthfully answered to the best of the knowledge the license(s), if granted, will not be assigned to another
(Individual applicants and each member of a partnership applicant must sign;	corporate sticers) ment r/managers of sin	nited Liability Companies must sign) Any lack of access to meanor and grounds for revocation of this license
of the signers Signers agree to operate this business according to law and (Individual applicants and each member of a partnership applicant must sign; any portion of a licensed premises during inspection will be deemed a refusal SUBSCRIBED AND SWORN TO BEFORE ME	CONSTITUTE OF SECURITION OF THE PROPERTY OF TH	nearitir and grounds for revocation of this license
SUBSCRIBED AND SWORN TO BEFORE ME this dayof 20	08 Managon	of kmV
Des III SITU. Kika	(Officer of Corporation/Men	nor/Manager of Limited Dability Company /Partner/Individual)
(Clerk/Notery Public)	(Officer of Corporation/Mem	ber/Manager of Limited Liability Company /Partner)
My commission expirés 6-22-08	(Additional Partner(s)/Memb	per/Manager of Limited Liability Company if Any)
TO BE COMPLETED BY CLERK	A measure a demonstration	and a support of the
Date received and filed with municipal clerk Date reported to council/board	Date provisional license issued Signa	ture of Clerk / Deputy Clerk
Date license granted Date license issued	License number issued	
AT-106 (R 1-05)	80553	Wisconsin Department of Revenue
M-100 (N-1-00)		madonsin Department of Revenue

Wisconsin Department of Revenue

City of Madison Supplemental Class B License Application

	Seller's Permit Number Federal Employer Identification	Description of Licensed Premise *Notarized Appointment of Agent	☐ Floor Plans ☐ Lease WIA		
X,	Number ✓Notarized Original Application Form Notarized Supplemental Form	Background Investigation Form(s) Notarized Transfer of Ownership	□ Sample Menù ≰a. Business Plan		
X	Notarized Supplemental Form	☐ *Articles of Incorporation	* Corporation/LLC only		
1	Name of Applicant/Partner/Corporation				
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 immedi	4. Anticipated opening date: 1 ately 36 Sowth Fain Oaks	ne		
	Have you contacted the Alderperson, P	olice Department District Captain, Alcohotative for the area in which you intend to leave	l Policy Coordinator, and		
7	Are there any special conditions desire	d by the neighborhood? 🗆 Yes 🖈 No			
	Explain.				
8.	Business Description, including hours	of operation: 11:00 km to 9:	36 Mon to Sun		
9.	Do you plan to have live entertainment	? ☑ No □ Yes—What kind?			
10.	10 Detailed <u>written</u> 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 Sto Fool with Basement the Dinner 15 Section Service April				
1	1000 Sto Feet with Bosement the Dinner 15 Seating Service ARRY, Delicase, Food Steamer, Ice machine, Beer Cooler and Beverage.				
	Kithen in the back, is	lalking cooler's			
	Please note that alcohol may be sold as	rectly accessible and under control of the and stored only on the licensed premise, not	in living quarters.		
12	Describe existing parking and how par	king lot is to be monitored Paking	2 Sides of Street.		
13.		s, staffing levels, duties and employee train	ing		
	Managing Restaurant	ad Convenient Stoke,			
14	Identify the registered agent for your	Corporation or LLC. This is your corpora	tion's agent for service of		
		permitted by law to be served on the corpo	ration		
	THONGPONE VANPARAVONE Address				
	Address	•			

	et research, who would you project your targ	et market to be?	···.
16. What age range wor	ald you hope to attract to your establishment	2 25 years and old	ler
17. Describe how you pl	an to advertise/promote your business Wha	t products will you be advertising	?
18. Are you operating u	nder a lease or franchise agreement? Yes	s (attach a copy) 🗶 No	
19 Owner of building w Address of Owner: 33	where establishment is located: 34 Son	wh Fair Daks AJP Phone Number 246-	<u>-</u> 8814
_	s (clubs): Do your membership policies con rimination in regard to race, creed, color, or		•
21 List the Directors of THONGPONE Name	your Corporation/LLC VANPHRAVONG 3312 V Address	VELLS AVE, Madison S	53714
Name	Address		
Name	Address		
	s of your Corporation/LLC VANPHPANONG 33 2 WE Address	ils Ave (DO % of O	Ownership
Name	Address	% of O	wnership
Name	Address	% of O	wnership
23. What type of establis	shment are you? (Check all that apply) \Box \Box	avern Nightclub Restauran	ıt
☐ Other Please Exp	olain.		
24 What type of food wi	ill you be serving, if any? inch Dinner	ood	
_	ole menu with your application, if possible. en you open? A Appetizers Salads A Full Dinners		
t .	vour operation do you plan to serve food?	11:00 to 9-30 f) M

27.	What hours, if any, will food service not be available? 10 10 10
28.	Indicate any other product/service offered \(\int \int A \)
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 Dines
32.	Do you plan to have hosts or hostesses seating customers? ☐ Yes Wo
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? AYes □ 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? A 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?
39.	If your business plan includes an advertising budget, what percentage of your advertising budget do you
	anticipate will be related to food? _50/
	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
41	Are you currently, or do you plan to become, a member of the Wisconsin Restaurant Association or the
	National Restaurant Association? Types 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.

Total Gross Receipts		100%	•
Gross Receipts from Other	5	%	
Gross Receipts from Food and Non-Alcoholic Beverages	75	%	
Gross Receipts from Alcoholic Beverages	20	%	

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 \\ day of \D\N\

_ duy or ______, 20 de

(Clerk/Notary Public)

My commission expires

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

