



38575

# City of Madison Liquor/Beer License Application

On-Premises Consumption:  Class B Beer  Class B Liquor  Class C Wine  
Off-Premises Consumption:  Class A Beer  Class A Liquor

A-17  
P-516

## Section A – Applicant

- If needed, a qualified interpreter can be provided at no charge to you. Would you like an interpreter?  
 Yes (language: \_\_\_\_\_)  
 No (If you answer no and you do require an interpreter, the ALRC will refer your application to a subsequent meeting and this may delay your application process)  
 Si usted requiere o necesita un/a intérprete, nosotros podemos proveer un/a intérprete sin costo alguno. ¿Le gustaría tener un/a intérprete?  
 Sí, lenguaje \_\_\_\_\_  
 No. Si usted escoge "no" en la solicitud/aplicación, y usted sí requiere un/a intérprete, el comité remitirá su solicitud para una nueva junta y esto puede atrasar el proceso de su solicitud.
- This application is for the license period ending June 30, 2015.
- List the name of your  Sole Proprietor,  Partnership,  Corporation/Nonprofit Organization or  Limited Liability Company exactly as it appears on your State Seller's Permit.  
Club Lamark LLC
- Trade Name (doing business as) same
- Address to be licensed 1525 N. Stoughton Rd.
- Mailing address 1525 N. Stoughton Rd.
- Anticipated opening date \_\_\_\_\_
- Is the applicant an employee or agent of, or acting of behalf of anyone except the applicant named in question 2?  
 No  Yes (explain) \_\_\_\_\_
- Does another alcohol beverage licensee or wholesale permittee have interest in this business?  
 No  Yes (explain) \_\_\_\_\_

## Section B—Premises

- Describe in words the building or buildings where alcohol beverages are to be sold and stored. Include all rooms including living quarters, if used, and any outdoor seating used for the sales, service, and/or storage of alcohol beverages and records. Alcohol beverages may be sold and stored only on the premises as approved by Common Council and described on license.  
one Bar Area with pool room in back  
2 walkin coolers with one Day Storage  
out Door Smoking Area. 20x40 Front  
40x40 Back.

11.  Attach a floor plan, no larger than 8 1/2 by 14, showing the space described above.

12. Applicants for on-premises consumption: list estimated capacity 85

13. Describe existing parking and how parking lot is to be monitored.

Parking stalls are marked.

14. Was this premises licensed for the sale of liquor or beer during the past license year?

No  Yes, license issued to Club In Mark (name of licensee)

15.  Attach copy of lease.

### Section C—Corporate Information

This section applies to corporations, nonprofit organizations, and Limited Liability Companies only. Sole proprietorships and partnerships, skip to Section D.

16. Name of liquor license agent Stanley OTIS

17. City, state in which agent resides MADISON WI

18. How long has the agent continuously resided in the State of Wisconsin? life

19.  Appointment of agent form and background check form are attached.

20. Has the liquor license agent completed the responsible beverage server training course?

No, but will complete prior to ALRC meeting  Yes, date completed 1990

21. State and date of registration of corporation, nonprofit organization, or LLC.

MARCH 2015

22. In the table below list the directors of your corporation or the members of your LLC.

Attach background check forms for each director/member.

Title	Name	City and State of Residence
OWNER	Stanley OTIS	MADISON WI

23. Registered agent for your corporation or LLC. This is your agent for service of process, notice or demand required or permitted by law to be served on the corporation. This is not necessarily the same as your liquor agent.

Stanley OTIS

24. Is applicant a subsidiary of any other corporation or LLC?  
 No  Yes (explain) \_\_\_\_\_
25. Does the corporation, any officer, any director, any stockholder, liquor agent, LLC, any member, or any manager hold any interest in any other alcohol beverage license or permit in Wisconsin?  
 No  Yes (explain) \_\_\_\_\_

### Section D—Business Plan

26. What type of establishment is contemplated?  
 Tavern  Nightclub  Restaurant  Liquor Store  Grocery Store  
 Convenience Store without gas pumps  Convenience Store with gas pumps  
 Other \_\_\_\_\_
27. Business description Tavern Serving on Premises  
\_\_\_\_\_  
\_\_\_\_\_
28. Hours of operation 7:00 am to 2:00 pm MON-Thur Fri-Sat 8:00 am 2:30 pm
29. Describe your management experience owner for last 25 yrs.  
\_\_\_\_\_  
\_\_\_\_\_
30. List names of managers below, along with city and state of residence.  
Michele Wheeler AM. \_\_\_\_\_  
Steve Harking PM. \_\_\_\_\_
31. Describe staffing levels and staff duties at the proposed establishment 4 most  
of time  
\_\_\_\_\_  
\_\_\_\_\_
32. Describe your employee training they all have Beverage Certificates  
\_\_\_\_\_  
\_\_\_\_\_

33. Utilizing your market research, describe your target market.

N/A

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

N/A

35. Are you operating under a lease or franchise agreement?  No  Yes

36. 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?  
 No  Yes

### Section E—Consumption on Premises

This section applies to Class B and Class C applicants only. Class A license applicants (consumption off premises) may skip to Section F.

37. Do you plan to have live entertainment?  No  Yes—what kind? \_\_\_\_\_

38. What age range do you hope to attract to your establishment? old

39. What type of food will you be serving, if any? RAT MENU  
 Breakfast  Brunch  Lunch  Dinner

40. Submit a sample menu if applicable. What will be included on your operational menu?  
 Appetizers  Salads  Soups  Sandwiches  Entrees  Desserts  
 Pizza  Full Dinners

41. During what hours of operation do you plan to serve food? 11:00 am till close

42. What hours, if any, will food service not be available? \_\_\_\_\_

43. Indicate any other product/service offered. \_\_\_\_\_

44. Will your establishment have a kitchen manager?  No  Yes

45. Will you have a kitchen support staff?  No  Yes

46. 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? \_\_\_\_\_

47. Do you plan to have hosts or hostesses seating customers?  No  Yes

48. Do your plans call for a full-service bar?  No  Yes  
 If yes, how many barstools do you anticipate having at your bar? 17  
 How many bartenders do you anticipate having work at one time on a busy night? 2
49. Will there be a kitchen facility separate from the bar?  No  Yes
50. Will there be a separate and specific area for eating only?  
 No  Yes, capacity of that area \_\_\_\_\_
51. What type of cooking equipment will you have?  
 Stove  Oven  Fryers  Grill  Microwave
52. Will you have a walk-in cooler and/or freezer dedicated solely to the storage of food products?  
 No  Yes
53. What percentage of payroll do you anticipate devoting to food operation salaries? 80/20
54. If your business plan includes an advertising budget:  
 What percentage of your advertising budget do you anticipate will be related to food? n/a  
 What percentage of your advertising budget do you anticipate will be drink related? n/a
55. Are you currently, or do you plan to become, a member of the Madison—Dane County Tavern League or the Tavern League of Wisconsin?  No  Yes
56. Are you currently, or do you plan to become, a member of the Wisconsin Restaurant Association or the National Restaurant Association?  No  Yes
57. All restaurants and taverns serving alcohol must substantiate their gross receipts for food and alcohol beverage sales broken down by percentage. New establishments estimate percentages:  
80 % Alcohol 20 % Food \_\_\_\_\_ % Other
58. Do you have written records to document the percentages shown?  No  Yes  
 You may be required to submit documentation verifying the percentages you've indicated.

### Section F—Required Contacts and Filings

59. I understand that liquor/beer license renewal applications are due April 15 of every year, regardless of when license was initially granted.  No  Yes
60. I understand that I am required to host an information session at least one week before the ALRC meeting.  No  Yes n/a
61. I agree to contact the Alderperson for this location to discuss my application and to invite the Alderperson to my information session.  No  Yes n/a
62. I agree to contact the Police Department District Captain for this location prior to the ALRC meeting.  No  Yes n/a
63. I agree to contact the Alcohol Policy Coordinator prior to the ALRC meeting.  No  Yes n/a
64. I agree to contact the neighborhood association representative prior to the ALRC meeting.  
 No  Yes n/a



DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
CINCINNATI OH 45999-0023

Date of this notice: 04-21-2015

Employer Identification Number:  
47-3780560

Form: SS-4

Number of this notice: CP 575 A

CLUB LAMARK LLC  
STANLEY A OTIS SOLE MBR  
4781 VERNON RD  
MADISON, WI 53704

For assistance you may call us at:  
1-800-829-4933

IF YOU WRITE, ATTACH THE  
STUB AT THE END OF THIS NOTICE.

#### WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 47-3780560. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 941	07/31/2015
Form 940	01/31/2016

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, *Electronic Choices to Pay All Your Federal Taxes*. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.

**From:** Wisconsin Department of Revenue  
**Date:** 04/24/15 18:04:53  
**To:** saotis1@sbcglobal.net  
**Subject:** Wisconsin Business Tax Registration Confirmation

**\*\*THIS IS AN AUTOMATED MESSAGE. PLEASE DO NOT REPLY TO THIS EMAIL\*\***

We have processed your Business Tax Registration (BTR) application that you recently submitted electronically.

We have issued the following tax accounts and tax account identification numbers:

CLUB LAMARK LLC	
Business Tax Registration	600-1028954375-03
Sales & Use Tax	456-1028954375-02
Withholding Tax	036-1028954375-04

You should receive additional information about your account(s), including your registration certificate and applicable permits, within 5-7 days. If any registration fee is due you will also receive a bill for the fee amount.

Wisconsin Department of Revenue  
Registration Unit

Sec. 183.0202  
Wis. Stats.



State of Wisconsin  
Department of Financial Institutions

**ARTICLES OF ORGANIZATION - LIMITED LIABILITY COMPANY**

Executed by the undersigned for the purpose of forming a Wisconsin Limited Liability Company under Chapter 183 of the Wisconsin Statutes:

Article 1. **Name of the limited liability company:**

Club LaMark LLC

Article 2. **The limited liability company is organized under Ch. 183 of the Wisconsin Statutes.**

Article 3. **Name of the initial registered agent:**

Stanley A Otis

Article 4. **Street address of the initial registered office:**

4781 Vernon Road  
Madison, WI 53704  
United States of America

Article 5. **Management of the limited liability company shall be vested in:**

A member or members

Article 6. **Name and complete address of each organizer:**

Stanley A Otis  
4781 Vernon Road  
Madison, WI 53704  
United States of America

Other Information. **This document was drafted by:**

Dennis J Sieg, ESQ

**Organizer Signature:**

Stanley A Otis



# Transfer of Ownership

(letter to surrender previous license)

*To be filed with the City Clerk at the time a new application is submitted for a change of ownership for any liquor and/or beer establishment.*

The B Beer & B Liquor license for the premise located at  
Class of License  
CLUB HAMAK LLC will be relinquished upon the  
Street Address  
approval of the application and the issuance of the same type of license for the same  
premises to Stanley OTIS  
License Applicant

There have been no convictions for violations during the current license year, nor are there any pending violations against the present licensee except as follows:

\_\_\_\_\_  
\_\_\_\_\_

Stanley OTIS  
Signature of Present License Holder

5/8-15  
Date