

# ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk

For the license period beginning July 1 20 07  
ending June 30 20 08

TO THE GOVERNING BODY of the:  Town of } Madison  
 Village of }  
 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): Calvin Beecher - Tip Top Tap Inc.

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>owner Pres Calvin Beecher</u> | <u>4500 Green</u>    | <u>53704</u>           |
| Vice President/Member | <u>None</u>                      | <u>HEATH BEECHER</u> | <u>"</u>               |
| Secretary/Member      | <u>Heath Beecher</u>             |                      |                        |
| Treasurer/Member      | <u>Heath Beecher</u>             |                      |                        |
| Agent                 |                                  |                      |                        |

Directors/Managers CALVIN BEECHER

- 3 Trade Name Tip Top Tap Business Phone Number 264-8968  
4 Address of Premises 601 NORTH STREET 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 WISC and date \_\_\_\_\_ 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) 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 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 25th day of May, 2007

Maibeth Wigel-Behl  
(Clerk/Notary Public)

My commission expires 10-26-08

Calvin D. Beecher  
(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 <u>5/25/07</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># 77734</u> |                                   |

Registrar # 06649

| Applicant's Wisconsin Seller's Permit Number: <u>004-0002964369-01</u> |                 |
|--|-----------------|
| Federal Employer Identification Number (FEIN): <u>20-520 5249</u>      |                 |
| LICENSE REQUESTED  |                 |
| TYPE   | FEE             |
| <input type="checkbox"/> Class A beer                                  | \$              |
| <input checked="" type="checkbox"/> Class B beer                       | \$ <u>20.00</u> |
| <input type="checkbox"/> Wholesale beer                                | \$              |
| <input type="checkbox"/> Class C wine                                  | \$              |
| <input type="checkbox"/> Class A liquor                                | \$              |
| <input checked="" type="checkbox"/> Class B liquor                     | \$              |
| <input type="checkbox"/> Reserve Class B liquor                        | \$              |
| Publication fee  | \$              |
| <b>TOTAL FEE</b>   | \$ <u>20.00</u> |

#9

under bar coolers, back bar  
coolers, back room storage,  
downstairs walk in cooler  
downstairs storage room

Bar capacity 80-

800 sq. ft serving area  
20 Bar stools

Tip Tap

004-008 2964369-01

## City of Madison Liquor/Beer Original Supplemental Form

### Office Use Only

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Seller's Permit Number<br><input checked="" type="checkbox"/> Federal Employer Identification Number<br><input checked="" type="checkbox"/> Notarized Original Application Form (AT-106)<br><input checked="" type="checkbox"/> Notarized Supplemental Form<br><input checked="" type="checkbox"/> Description of Licensed Premise<br><input type="checkbox"/> Notarized Auxiliary Questionnaire(s) (AT-103) <i>NA</i><br><input type="checkbox"/> Background Investigation Form(s) <i>NA</i><br><input type="checkbox"/> Floor Plans <i>NA</i> | <input type="checkbox"/> Lease <i>NA</i><br><input type="checkbox"/> Notarized Transfer of Ownership Letter <i>NA</i><br><input checked="" type="checkbox"/> *Schedule of Appointment of Agent (AT-104)<br><input checked="" type="checkbox"/> *Notarized Agent Appointment/Acceptance Form<br><input type="checkbox"/> *Articles of Incorporation/ Organization<br><input type="checkbox"/> Sample Menu, if possible<br><input type="checkbox"/> Business Plan, if one exists<br>* Forms required of Corporation/LLC only |
|---|--|

- ✓ All applicants must provide an adequate premise plan that includes exterior and interior dimensions, position of stairs and all entrances and exits, normal and customary use of each room, placement of major appliances, furniture and large gaming tables, placement and dimensions of all bar(s), and graphic representation of the normal position of booths, bar stools, tables and chairs. **Premise plans must be no larger than 8 ½ x 14.**
- ✓ New structures must submit to Building Inspection two sets of plans, signed and sealed by a registered architect or engineer.
- ✓ **Applicant/partners/Liquor Agent must be enrolled in or have completed the Beverage Server Training course before appearing before the Alcohol License Review Committee.**

**Prior to your hearing before the Alcohol License Review Committee (ALRC), you must contact the Alderperson of the District in which you intend to do business, the representative of the appropriate neighborhood association (if any), the Madison Police Department, and the Alcohol Policy Coordinator.**

- Alderperson \_\_\_\_\_ can be reached at \_\_\_\_\_ at the Common Council Office (266-4071), or via e-mail at [council@cityofmadison.com](mailto:council@cityofmadison.com).
- The name of the neighborhood association representative can be obtained by calling the Planning and Development Department at 266-4635 or online at [www.ci.madison.wi.us/neighborhoods/contacts.htm](http://www.ci.madison.wi.us/neighborhoods/contacts.htm).
- Police Department Central District Captain Mary Schauf (Sector 400) can be reached at 266-4316.
- Police Department East District Captain Jill Klubertanz (Sector 600) can be reached at 267-2100.
- Police Department North District Captain Richard Bach (Sector 500) can be reached at 245-3652.
- Police Department West District Captain Jay Lengfeld (Sectors 100-200) can be reached at 288-6152.
- Police Department South District Captain James Wheeler (Sector 300) can be reached at 267-8687.
- Alcohol Policy Coordinator Joel Plant can be reached at 264-9295.

1. 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
2. Are there any special conditions desired by the neighborhood?     Yes     No

Explain. \_\_\_\_\_

3. Name of Applicant/Partner/Corporation/LLC Tip Top Tap Inc

4. Telephone Number: 249-2468

5. Address of Licensed Premise 601 North Street, Madison WI

6. Anticipated opening date: ? June 07 (already open) 53704

7. Mailing address if not opening immediately \_\_\_\_\_

8. What type of establishment is contemplated?  Tavern  Nightclub  Restaurant  
 Liquor Store  Grocery Store  Convenience Store - Gas Pumps  Yes  No  
 Other Please explain \_\_\_\_\_

9. Business Description including hours of operation and if entertainment is part of your venue, what type:  
Tavern - open 10:00 am to 2:00 am

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.**

under bar, back bar, back room storage, downstairs walk-in cooler, downstairs storage - Bar capacity 80-20 bar stools - 800 sq. ft - 0

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. Off street parking lot, monitored with cameras & staff.

13. Describe your management experience, staffing levels, duties and employee training.  
Bar Bartended at this establishment for 33 years.

14. Identify the **registered agent** for your Corporation or LLC. This is not necessarily the same person as your liquor/beer agent. This is your corporation's agent for service of process, notice or demand required or permitted by law to be served on the corporation. CALVIN Beecher

4326 GREEN AVE MADISON WI 53704  
Address City State Zip

15. Excluding pre-packaged snacks, how late will food be served? 6:00 pm

16. What type of food will you be serving, if any? Hamburgers, fried food, pizzas

17. Indicate any other product/service offered: Chips, nuts etc.

18. Describe your target market. Neighborhood clientele

19. What is your estimated capacity? 80

20. Are you operating under a lease or franchise agreement?  Yes  No (If yes, attach a copy.)

21. Owner of building where establishment is located: CALVIN Beecher  
Address of Owner: 4326 GREEN AVE, MADISON Phone Number \_\_\_\_\_

22. Individual or Partnership: Have individual/partners completed the Beverage Server Training Course?  Yes  No If Yes, indicate names: \_\_\_\_\_

**License cannot be issued until proof of Beverage Server Training completion is shown.**

23. Corporation/LLC: Will liquor/beer agent be a Wisconsin resident at the time of granting?  Yes  No

24. Corporation/LLC: Agent must disclose interest held in business: 95 %

25. Corporation/LLC: Has agent completed the Beverage Server Training Course?  Yes  No

**License cannot be issued until proof of Beverage Server Training completion is shown.**

26. Corporation/LLC: List Directors, Stockholders, and Managers below.

| Director(s) Name | Home Address                       |
|------------------|------------------------------------|
| CALVIN Beecher   | 4326 GREEN AVE<br>MADISON WI 53704 |
|                  |                                    |
|                  |                                    |

| Stockholder's Name | Address                            | Extent of Ownership% |
|--------------------|------------------------------------|----------------------|
| CALVIN Beecher     | 4326 GREEN AVE<br>MADISON WI 53704 | 90                   |
| Heath Beecher      | 4326 GREEN AVE<br>MADISON WI 53704 | 10                   |
|                    |                                    |                      |

| Manager's Name | Address | Business Phone | Home Phone |
|----------------|---------|----------------|------------|
| CALVIN Beecher |         |                |            |
|                |         |                |            |
|                |         |                |            |

27. 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
28. 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.**

Calendar/fiscal year:  January 1 – December 31  July 1 – June 30

|   |                   |
|---|-------------------|
| Percent Gross Receipts from Alcohol Beverages | 70 %              |
| Percent Gross Receipts from Food              | 5 <del>70</del> % |
| Percent Gross Receipts from Other             | 5 %               |
| <b>Total Gross Receipts</b>                   | <b>100 %</b>      |

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.**

29. What type of establishment are you? (Check all that apply)  Tavern  Restaurant  Nightclub  
 Other Please explain: \_\_\_\_\_

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

31. Will your establishment be a member of the Wisconsin Restaurant Association?  Yes  No

32. How many wait staff will be employed at the establishment? 0

33. What hours, if any, will food service not be available? 6:00 pm to close 2:00 am

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

Walk-in, no advertisement

**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 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 must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.) 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 25<sup>th</sup> day of May, 2007

Maibeth Witzel-Behl  
 (Clerk/Notary Public)

[Signature]  
 (Officer of Corporation/Member/Manager of LLC/Partner/Individual)

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

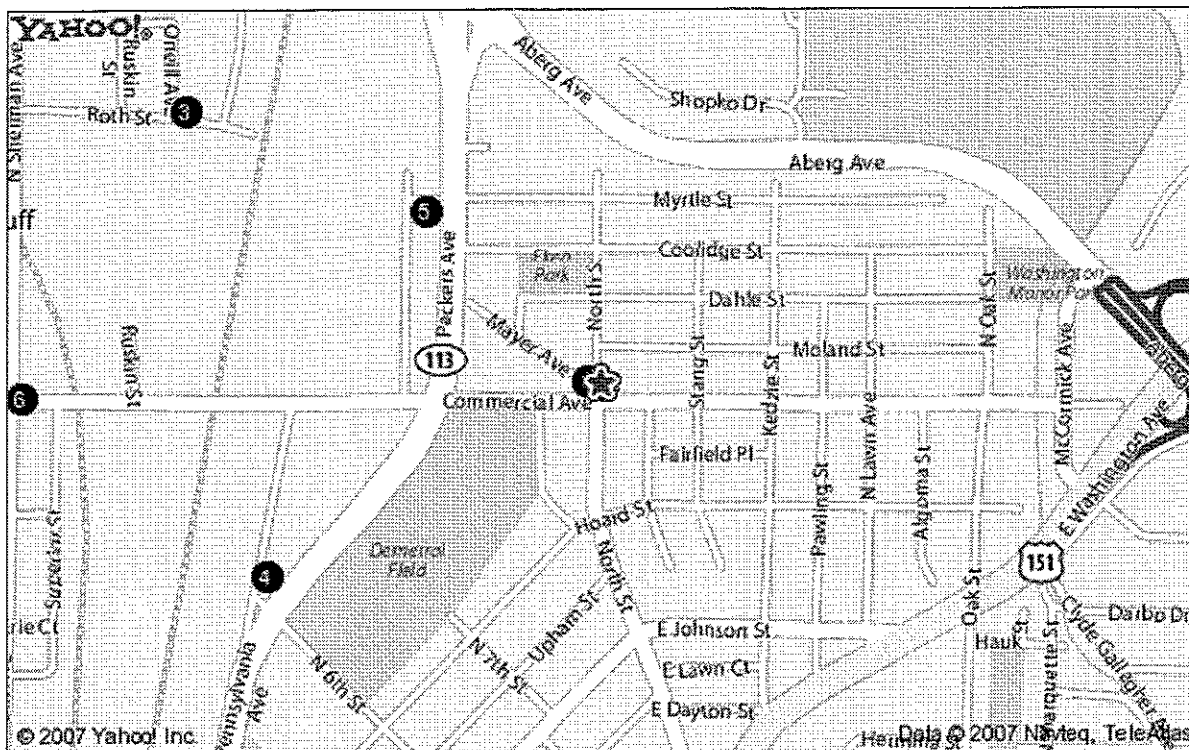
My commission expires 10-26-08

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

**If you have any questions, please contact the City Clerk's Office at (608) 266-4601.**

Tip Top Tavern (608) 249-2468 ★★★★★

Yahoo! Maps - 601 NORTH ST, Madison, WI 53704, US



Your Points of Interest

- 1 Wonders **Pub** (608) 244-8563 ★★★★★  
1980 Atwood Ave Madison, WI 53704
- 2 Grieg Club (608) 242-0741  
610 North St Madison, WI 53704
- 3 The Local **Bar** (715) 476-3838  
5203 United States Highway 51 Madison, WI 53704
- 4 Ray's **Bar** & Grill (608) 241-9335  
2526 E Washington Ave Madison, WI 53704
- 5 Tip Top Tavern (608) 249-2468 ★★★★★  
601 North St Madison, WI 53704
- 6 Locker Room Sports **Bar** & Grill (608) 246-2010 ★★★★★  
1810 Roth St Madison, WI 53704
- 7 Harmony **Bar** & Grill (608) 249-4333 ★★★★★  
2201 Atwood Ave Madison, WI 53704
- 8 Wilson's **Bar** (608) 241-2226 ★★★  
2144 Atwood Ave Madison, WI 53704
- 9 Brothers Three **Bar** & Grill (608) 244-6818

614 N Fair Oaks Ave Madison, WI 53714

- 10 Slices (608) 243-6925 ★★★★★  
2417 Pennsylvania Ave Madison, WI 53704
- 11. Players Sports **Bar** (608) 244-9722 ★★★★★  
2013 Winnebago St Madison, WI 53704
- 12 Simm's Place (608) 244-9719  
2231 Myrtle St Madison, WI 53704
- 13 Inferno (608) 245-9583 ★★★★★  
1718 Commercial Ave Madison, WI 53704
- 14 Union House Tavern (608) 244-3221  
2609 E Washington Ave Madison, WI 53704
- 15 Ideal **Bar** (608) 244-9702 ★★★★★  
1968 Atwood Ave Madison, WI 53704
- 16. Wiggie's (608) 241-0544 ★★★★★  
1901 Aberg Ave Madison, WI 53704
- 17 Geisha Bath House (608) 249-2636 ★★★★★  
3157 E Washington Ave Madison, WI 53704
- 18. Prime Quarter Steak House (608) 244-3520 ★★★★★  
3250 E Washington Ave Madison, WI 53704
- 19 Woody & Anne's (608) 249-5157 ★★★★★  
2236 Winnebago St Madison, WI 53704
- 20. Intent to Seduce (608) 446-1615  
Madison, WI 53704
- 21. Ohio Tavern (608) 245-0007 ★★★★★  
224 Ohio Ave Madison, WI 53704
- 22 Mr Robert's (608) 249-1660  
2116 Atwood Ave Madison, WI 53704
- 23. Simple Pleasures (608) 446-1692  
Madison, WI 53704
- 24. Glass Nickel Pizza Company (608) 245-0880 ★★★★★  
2916 Atwood Ave Madison, WI 53704

When using any driving directions or map, it's a good idea to do a reality check and make sure the road still exists, watch out for construction, and follow all traffic safety precautions. This is only to be used as an aid in planning.

