

# ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning 20 ending June 30 2008

TO THE GOVERNING BODY of the:  Town of  Village of  City of Madison

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): PASTA PASSION, 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.

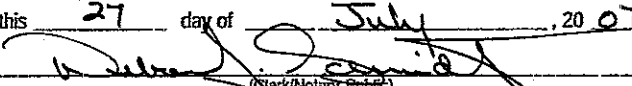
Title	Name	Home Address	Post Office & Zip Code
President/Member	CEO <u>DAVID KORBBERVIG</u>	<u>3230 Tanglewood Dr.</u>	<u>MADISON, WI 53719</u>
Vice President/Member	<u>PRESIDENT PAMELA McCord</u>	<u>3230 Tanglewood Dr.</u>	<u>MADISON, WI 53719</u>
Secretary/Member			
Treasurer/Member			
Agent	<u>Pamela S. McCord</u>	<u>3230 TANGLEWOOD DR.</u>	<u>MADISON, WI 53719</u>
Directors/Managers			

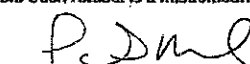
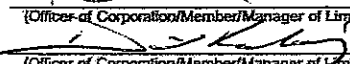
3. Trade Name TUTTO PASTA TRATTORIA Business Phone Number 608-345-4319  
 4. Address of Premises 305 STATE ST. Post Office & Zip Code MADISON, WI 53703

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 WISCONSIN and date 7-18-07 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.) PLEASE SEE ATTACHED DESCRIPTION ON SUPPLEMENTAL FORM  
 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? TUTTO PASTA, INC.  
 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 27 day of July, 2007  
  
 My commission expires 8/5/07

  
 (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>7-27-07</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

*Handwritten notes:*  
 Pd 403  
 Registrar 07149  
 Holden 4 (Verveer)

## Description of Premise at 305 State Street Madison, WI 53705

This building is a two story triangular structure measuring 51'9" x 56'2" x 70'4 1/2". The restaurant occupies the ~~lower level~~, the ~~main level~~ and a ~~Mezzanine level~~ over the main dining area with a capacity of 116

The lower level has a kitchen area, cooler area, bar area and 2 rooms with seating for 42. The bar area measures 8'x10' and has no seating. One room has 2 tables for 10 and 1 tables for 2 and the other room has 3 tables for 4 and 4 tables for 2. All of these areas in the lower level will be used for alcohol storage and/or sales.

The Main level consists of the main bar area, the main dining room, a kitchen area, a server area, a storage closet, the Men's and Women's restrooms and a small entry area; all of which could be used for alcohol storage and/or sales. The bar area is 270 square feet in size and seats 16. There is seating for 4 at the bar, 3 booths seating 4 each. The main dining area seats 26. There are 4 tables for 4 and 5 tables for 2.

The Mezzanine area has two rooms with seating for 32, a storage area, a server area and an office/storage room all of which will be used for storage and/or sale of alcohol. There are 2 tables for 4 and 1 table for 6 in one room and 3 tables for 4 and 4 tables for 2 in the other room.

Weather permitting there is a ~~sidewalk cafe~~ that is 26' x 9' with additional seating for 20. There are 3 tables for 4 and 4 tables for 2. Alcohol is sold in the Sidewalk cafe

# City of Madison Liquor/Beer Original Supplemental Form

## Office Use Only

- |   |   |
|---|---|
| <input 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 type="checkbox"/> Description of Licensed Premise<br><input type="checkbox"/> *Notarized Appointment of New Liquor Agent<br><input checked="" type="checkbox"/> Background Investigation Form(s) | <input type="checkbox"/> Floor Plans<br><input checked="" type="checkbox"/> Lease<br><input type="checkbox"/> Notarized Transfer of Ownership Letter<br><input checked="" type="checkbox"/> *Articles of Incorporation/ Organization<br><input checked="" 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 H. Ke. Verjeev 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 Pasta Passion, INC.
4. Telephone Number: 608-345-4319
5. Address of Licensed Premise 305 STATE ST. Madison, WI 53703
6. Anticipated opening date: Sept. 7, 2007
7. Mailing address if not opening immediately 3230 Tanglewood DR. Madison, WI 53719

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:  
Full Bar and Restaurant open Sunday-Thursday 11 a.m. to 1:30 a.m., Friday & Saturday 11 a.m. to 2:30 a.m. Do not anticipate having live entertainment.

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.**  
SEE ATTACHED DESCRIPTION.

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. No parking

13. Describe your management experience, staffing levels, duties and employee training.  
Experience in all these areas is extensive. Please see attached resume.

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. DAVID KOBBERVIG

Name  
3230 TANGLEWOOD DR. MADISON WI 53719  
Address City State Zip

15. Excluding pre-packaged snacks, how late will food be served? SUNDAY-THURSDAY 11AM TO 1:30 AM  
FRIDAY-SATURDAY 11AM TO 2:30 AM

16. What type of food will you be serving, if any? ITALIAN FOOD

17. Indicate any other product/service offered: NONE, OTHER THAN FOOD & LIQUOR

18. Describe your target market. A combination of Business Professionals, tourists, Patrons of cultural entertainment families and students.

19. What is your estimated capacity? 116

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: HAROLD LANGHAMMER  
Address of Owner: 18 N. CARROLL ST. MADISON, WI 53703 Phone Number 608-255-1767

2/14 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: 50 %

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
DAVID KOBBERVIG	3230 TANGLEWOOD DR. MADISON, WI 53719
PAMELA McCORD	- same -

Stockholder's Name	Address	Extent of Ownership%
DAVID KOBBERVIG	3230 Tanglewood Dr. MADISON, WI 53719	50
PAMELA McCORD	- same -	50

Manager's Name	Address	Business Phone	Home Phone
PAMELA McCORD	3230 Tanglewood Dr. MADISON, WI 53719	608-345-4319	608-345-4319

28. 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	30	%
Percent Gross Receipts from Food	70	%
Percent Gross Receipts from Other	0	%
<b>Total Gross Receipts</b>	<b>100</b>	<b>%</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? 25

33. What hours, if any, will food service not be available? none

34. Describe how you plan to advertise/promote your business. What products will you be advertising?  
ADS WILL RUN IN THE ITHAMUS NEWSPAPER PROMOTING THE RESTAURANT SPECIFICALLY.

**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 27 day of July, 2007

[Signature]  
(Clerk/Notary Public)

My commission expires 8/5/07

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

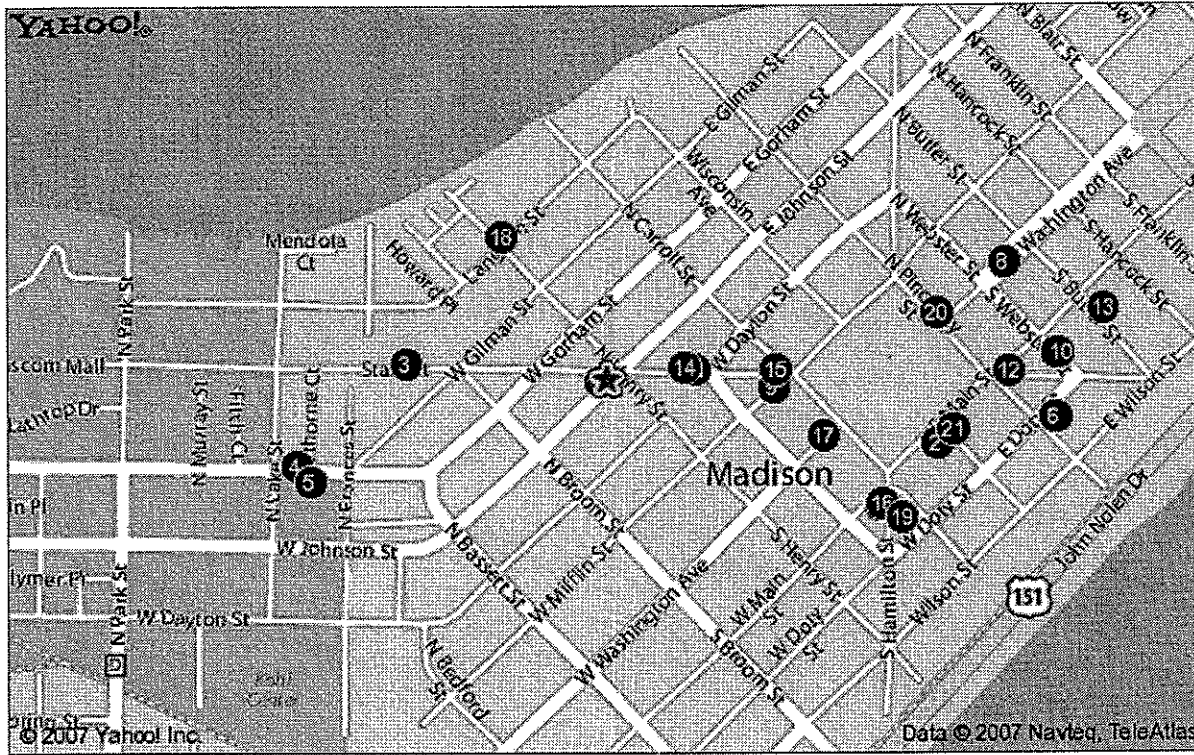
[Signature]  
(Officer of Corporation/Member/Manager of LLC/Partner/Individual)

\_\_\_\_\_  
(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.**

Tutto Pasta (608) 294-1000 ★★★★★

Yahoo! Maps - 305 STATE ST, Madison, WI 53703, **YAHOO!** LOCAL  
US Maps



Your Points of Interest

1. Irish Pub (608) 256-6071  
317 State St Madison, WI 53703
2. Brocach Irish Pub (608) 255-2015 ★★★★★
3. Pub (608) 256-2464 ★★★★★
4. Madison Avenue (608) 257-1122  
624 University Ave Madison, WI 53715
5. Big Ten Pub (608) 251-6375 ★★★★★
6. Church Key Pub & Grill (608) 259-0444 ★★★★★
7. Great Dane Brew Pub (608) 284-0000 ★★★★★
8. Willy Street Pub & Grill (608) 256-8211 ★★★★★
9. Slipper Club (608) 268-0909

121 W Main St Madison, WI 53703

10. Wisconsin Stat of Emplie Trst Funds Department of Pub Emp (608) 264-6633  
201 E Washington Ave Madison, WI 53703

11. High Noon Saloon (608) 268-1122 ★★★★★  
701 E Washington Ave Madison, WI 53703

12. Comedy Club (608) 256-0099 ★★★★★  
119 State St Madison, WI 53703

13. Board-Commissioners Public (608) 266-0034  
125 S Webster St Ste 200 Madison, WI 53702

14. Paul's Club (608) 257-5250 ★★★★★  
212 State St Madison, WI 53703

15. King Club Incorporated (608) 251-5464  
114 King St Madison, WI 53703

16. Kens Bar & Grill (608) 257-1176  
117 S Butler St Madison, WI 53703

17. Nick's Restaurant (608) 255-5450 ★★★★★  
226 State St Madison, WI 53703

18. State Bar & Grill (608) 294-9988  
118 State St Madison, WI 53703

19. Shamrock Bar (608) 255-5029 ★★★★★  
117 W Main St Madison, WI 53703

20. Sierra Club Midwest Ofc (608) 257-4994  
122 W Washington Ave # 830 Madison, WI 53703

21. Kappa Kappa Gamma (608) 255-6764  
601 N Henry St Madison, WI 53703

22. Gennas Lounge (608) 255-4770 ★★★★★  
105 W Main St Madison, WI 53703

23. Lions Club Madison Central (608) 442-5814  
7 N Pinckney St Madison, WI 53703

24. D & LS Suburban Inn (608) 424-1500  
1 E Main St Ste 3 Madison, WI 53703

25. Cardinal Bar (608) 251-0080  
418 E Wilson St Madison, WI 53703

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.