



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

Section A – Applicant

1. 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)
2. This application is for the license period ending June 30, 2014.
3. 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.
Artful Escapes, LLC
4. Trade Name (doing business as) Artful Escapes
5. Address to be licensed 6661 Odana Rd, Madison, WI
6. Mailing address 1718 W Main St Unit 1, Stoughton, WI 53589
7. Anticipated opening date Oct. 1, 2013
8. Is the applicant an employee or agent of, or acting of behalf of anyone except the applicant named in question 2?
 No Yes (explain) _____
9. Does another alcohol beverage licensee or wholesale permittee have interest in this business?
 No Yes (explain) _____

Section B—Premises

10. 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.
The rental space is ~2150 sq ft. Bottled beer and wine will be stored in two locations within the business, behind the bar (only employees will have access) and in a locked storage area.
Guests will consume their beverage at the table where they paint. There will be no seating at the bar or outdoor seating. All beverages will be consumed on-site. Inventory will be purchased via distributor.
11. Attach a floor plan, no larger than 8 ½ by 14, showing the space described below.
12. Applicants for on-premises consumption: list estimated capacity 15-35 persons

31096

LIC-1B-2013-00645

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

The existing parking lot is viewable from the store front. Given the floor plan is very open, the parking lot will be in plain sight from most locations within the business.

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

No Yes, license issued to _____ (name of licensee)

15. Attach copy of lease. LOI - still negotiating details 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 Arlene K. Welcher

17. City, state in which agent resides Stoughton, WI

18. How long has the agent continuously resided in the State of Wisconsin? 35 years (1978)

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 July 8, 2013

21. State and date of registration of corporation, nonprofit organization, or LLC. See Attached
State of Wisconsin on May 2, 2013

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
Chief Executive Officer	Arlene K. Welcher	Stoughton, WI
Chief Financial Officer	Robin Welcher	Fitchburg, 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.

Arlene K. Welcher

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 Art Studio
27. Business description Artful Escapes will offer painting classes to patrons of all levels of artistic skill. There will be an instructor that provides step-by-step instruction to allow guests to be able to create a beautiful painting. Guests will have the option to purchase a bottled beer, glass of wine, or non-alcoholic beverage to enjoy in addition to pre-packaged foods.
28. Hours of operation Vary based on private parties. Standard hours are 5 pm-10 pm Thur/Fri. 9 am-10 pm Sat/Sun.
29. Describe your management experience Robin has a BS in Hotel, Restaurant, & Tourism Management. She was a food and beverage director at a country club for 3 years and has 8 years of experience in the restaurant industry.
Arlene has a total of 29 years of management experience in various settings.
30. List names of managers below, along with city and state of residence.
Arlene K. Welcher Stoughton, WI
Robin Welcher Fitchburg, WI
31. Describe staffing levels and staff duties at the proposed establishment Painting instructors will be the only employees other than the managers/owners. They will be responsible for instruction, set up/clean up, registration, and will assist with serving beverages.
32. Describe your employee training All employees will be required to complete the responsible beverage server training course.
33. Utilizing your market research, describe your target market.
The primary target market is adults aged 25-40 years with disposable income. Artful Escapes also plans to target adolescents/teens for special events and during summer months. No alcohol sales will be permitted during sessions.

34. Describe how you plan to advertise and promote your business. What products will you be advertising?
 Social media and word-of-mouth will be key marketing tools. Initially, vouchers will be given out to people that offer a free class if the card holder is accompanied by 5 other guests. The business will also have a professionally designed website, which will show examples of the paintings.
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? The instructors. for painting classes -
38. What age range do you hope to attract to your establishment? Primarily 25-40 year old patrons.
39. What type of food will you be serving, if any? Pre-packaged snack items.
 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? All hours
42. What hours, if any, will food service not be available? None
43. Indicate any other product/service offered. For theme events, local catering may bring in additional food.
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? None
 During what hours do you anticipate they will be on duty? Owners/instructors will work no later than 10pm
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? _____
 How many bartenders do you anticipate having work at one time on a busy night? _____
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? 1%
54. If your business plan includes an advertising budget:
 What percentage of your advertising budget do you anticipate will be related to food? 1%
 What percentage of your advertising budget do you anticipate will be drink related? <5%
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:
17 % Alcohol 3 % Food 80 % Other *Painting classes*
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
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
62. I agree to contact the Police Department District Captain for this location prior to the ALRC meeting. No Yes
63. I agree to contact the Alcohol Policy Coordinator prior to the ALRC meeting. No Yes
64. I agree to contact the neighborhood association representative prior to the ALRC meeting.
 No Yes
65. I understand we must file a Special Occupational Tax return (TTB form 5630.5) before beginning business. [phone 1-800-937-8864] No Yes
66. I 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] No Yes
67. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?
 No Yes

Section G—Information for Clerk’s Office

68. State Seller’s Permit 4 5 6 . 1 0 2 8 0 9 8 9 0 2 . 0 2

69. Federal Employer Identification Number 46-2409879

70. Who may we contact between 8 a.m. and 4:30 p.m. regarding this license?

Contact person Arlene K. Welcher

E-mail address ArtfulEscapesMadison@gmail.com

Phone 608-333-6412

Preferred language for correspondence English

Read carefully before signing in front of a notary: 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 the business according to law, and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. Lack of access to any portion of 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 29 day of July, 2013

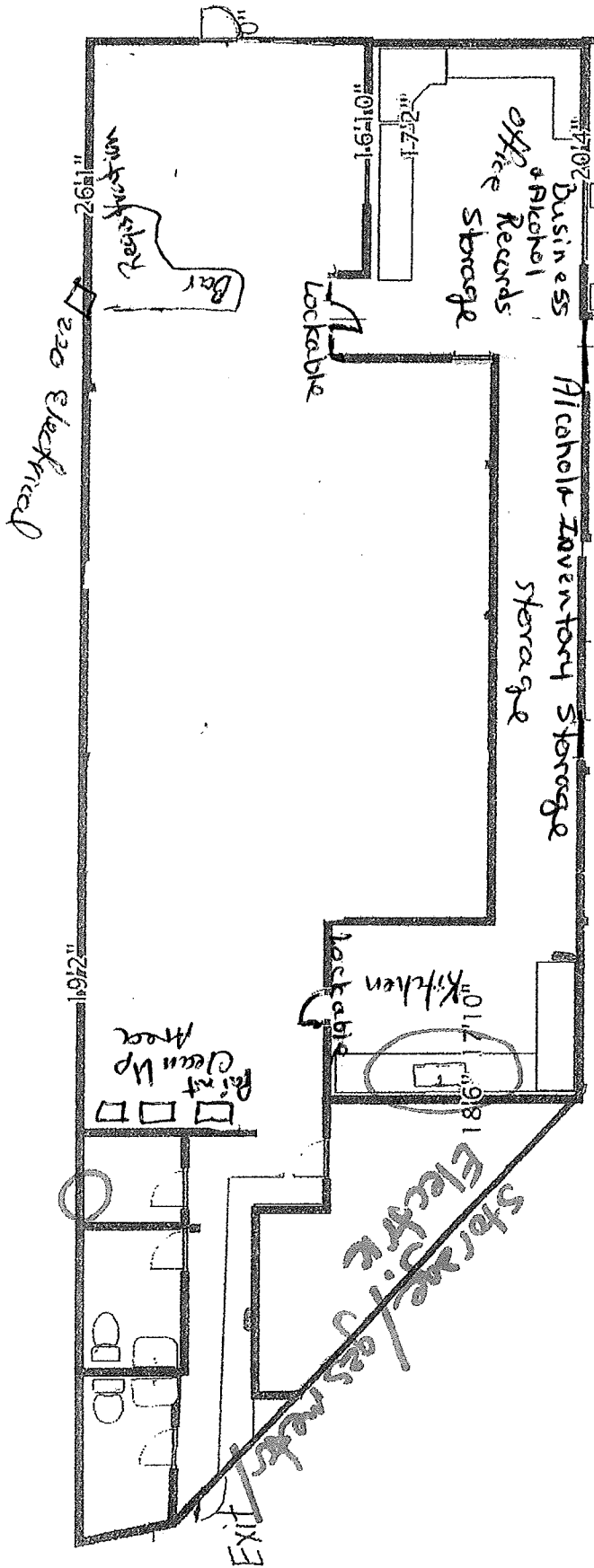
Wendy E. Baer
(Clerk/Notary Public)

Arlene K. Welcher
(Officer of Corporation/Member of LLC/Partner/Sole Proprietor)

My commission expires 5-15-2016

Clerk’s Office checklist for complete applications		
<input checked="" type="checkbox"/> Orange sign <input checked="" type="checkbox"/> WI Seller’s Permit Certificate (matching articles of incorporation) <input checked="" type="checkbox"/> FEIN <input checked="" type="checkbox"/> Notarized application <input checked="" type="checkbox"/> Written description of premises	<input checked="" type="checkbox"/> Background investigation form(s) <input type="checkbox"/> Form for surrender of previous license <input checked="" type="checkbox"/> *Articles of Incorporation <input checked="" type="checkbox"/> *Notarized Appointment of Agent * Corporation/LLC only	<input checked="" type="checkbox"/> Floor Plans <input type="checkbox"/> Lease ~ <input type="checkbox"/> Sample Menu <input checked="" type="checkbox"/> Business Plan
Date complete application filed with Clerk’s Office _____ Date of ALRC meeting _____ Date license granted by Common Council _____ Date provisional issued _____ Date license issued _____ License number _____		

Front door Parking Lot.



Plumbing
 = cement
 \$ 0