Application Date: 8/29/06 Proof of WI Seller's Permit No 00 40000 512 32/0/

Name of Corporation, Limited Liability Company, Individual Owner, Private Club or Partner(s)	Liquor/Beer Agent
Samba LLC	Jong year Lee
Mailing Address	Liquor/Beer Agent Address
402 W Gorham St	402 W. Gorham St.
City/State/Zip Code	Liquor/Beer City/State/Zip Code
madison, WZ 53703	madison, WZ 53703
Name of Registered Agent or General Partner	Local Contact Person Phone Number
Jong yean Lee	Jong year Lee (608) 257-0400
Trade Name	Estimated Opening Date
Sambai Restaurant LLC.	7-1-07
Business Address	Signature of Owner/Operator
2401 234 W. Gilman	In forgum

Private Club? Yes No

License Description	Туре	Fee	Number
License Description The existing stage to be utilized for evening entertains meluding, classical guitar, acoustic performances, traditional Brazilian music. Class B Combination Publication fee	Nightclub	250 -	Number 75793
Pre-Inspection & License Fees Non-Refundable	TOTAL	\$ 250-	

IT IS MANDATORY THAT ALL APPLICABLE INFORMATION BE COMPLETED. INACCURATE INFORMATION MAY RESULT IN SUSPENSION OR REVOCATION OF LICENSE.

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION	Applicant's Wisconsin Seller's Permit Number: CO 4CCC	5/12/32/01
Submit to municipal clerk.	Federal Employer Identification Number (FEIN): 39-158	4 F ; E
For the license period beginning Tuly 20 07;	LICENSE REQUESTE	4717
ending June 30 20 08	ТҮРЕ	FEE
☐ Town of ■	Class A beer	\$
TO THE GOVERNING BODY of the: Village of Madison	Class B beer	\$
x City of	Wholesale beer	\$
- ·	Class C wine Class A liquor	\$
County of Aldermanic Dist. No (if required by ordinance)	Class B liquor	\$
1. The named 🔲 INDIVIDUAL 🔲 PARTNERSHIP 😾 LIMITED LIABILITY COMPANY	Reserve Class B liquor	\$
CORPORATION/NONPROFIT ORGANIZATION	Publication fee	\$
hereby makes application for the alcohol beverage license(s) checked above	TOTAL FEE	\$
2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give regist	ered name):	Mari
Samba LL.C.		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application b	y each individual applicant, by eac	h member of a
partnership, and by each officer, director and agent of a corporation or nonprofit organization, and liability company. List the name, title, and place of residence of each person	-	
Title , Name Home /	ddress Post Office	& Zip Code
President/Member Presid	6 Anti etam Lane	Madison WI 5312
Secretary/Member		
Treasurer/MemberAgent		
Agent Lel, Jongyean Directors/Managers		
	one Number	
	Zip Code'	
5. Is individual, partners or agent of corporation/limited liability company subject to completion of the respon		, .
training course for this license period?	Sible beverage Server	′es □ No
training course for this license period? 6 Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? 7 Does any other alcohol beverage retail licenses or wholesale permittee have any interest in or control of	×	'es 🗌 No
2 Does any other decision beverage retain received of wholesale permittee have any little est fit of control of	ilio nuolileoo: 🗀 i	'es 🔀 No
8 (a) Corporate/limited liability company applicants only: Insert state wt and date	$1 - 1 - c_6$ of registration	AA
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability.	ty company?	'es 🏿 No
(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any agent hold any interest in any other alcohol beverage license or permit in Wisconsin?	-	(aa □ Na
(NOTE. All applicants explain fully on reverse side of this form every YES answer in sections 5. 6, 7 and	S above)	'es ∐ No
9 Promises description: Describe building or buildings where alcohol beverages are to be said and stored	The applicant must include	·
all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and may be sold and stored only on the premises described) 15 File Dening, 2 nd F	records (Alcohol beverages	
may be sold and stored only on the premises described) 1 St Flr Dining, 2 nd F	1 + Mezzanine Fin	e Dining Tooks F.
to Legal description (office) street address is given above). Seating area		
11 (a) Was this premises licensed for the sale of liquor or beer during the past license year? (b) If yes, under what name was license issued? Tong Year Lee		'es 🗌 No
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]		es 🗌 No
13 Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same na		
Section 2, above? [phone (608) 266-2776]		
14 Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?	Y	es 🔯 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 (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Lim	the license(s), if granted, will not be assi	gned to another
any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdem	eanor and grounds for revocation of this	license.
SUBSCRIBED AND SWORN TO BEFORE ME	, , , , , , , , , , , , , , , , , , ,	
this 21th day of August 2006 & &	on more	
(Officer of Corporation/Mem	per/Manager of Limited Liability Company /Pa	rtner/Individual)
(Glegy/Notary Bublic) (Officer of Corporation/Mem)	per/Manager of Limited Liability Company /Pa	rtner)
My commission expires 10-26-08		
	er/Manager of Limited Liability Company if An	у)
TO BE COMPLETED BY CLERK Date received and filed— Date reported to council/board Date provisional license issued Signat	sto of Clork / Donatu Clork	
Date received and filed————————————————————————————————————	ure of Clerk / Deputy Clerk	
Date license granted Date license issued License number issued		
AT-106 (R 1-05)	Wisconsin Depar	ment of Revenue
$A \omega X$	Kinal	
gistar #04462 Sector 4	7)	
Joseph Li	クス	

City of Madison Liquor and/or Beer Original Supplemental Form

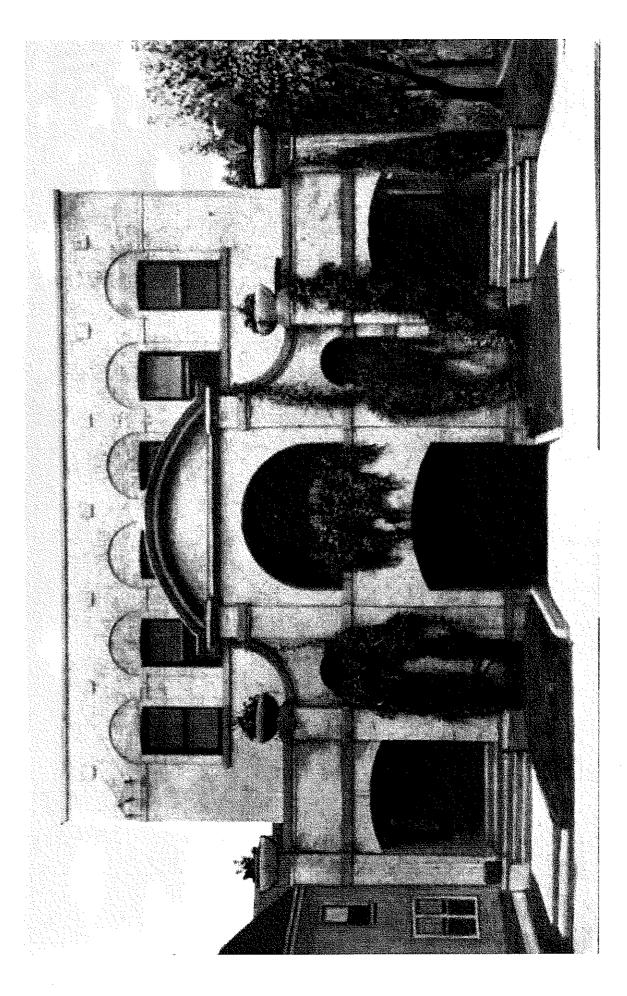
	Office Use (Only
Fed Nota Nota Des Nota Nota Nota Bac	tarized Original Application Form (AT-106) tarized Supplemental Form scription of Licensed Premise tarized Auxiliary Questionnaire(s) (AT-103) ckground Investigation Form(s)	Lease Notarized Transfer of Ownership Letter *Schedule of Appointment of Agent (AT-104) *Notarized Agent Appointment/Acceptance Form *Articles of Incorporation/ Organization Sample Menu, if possible Business Plan, if one exists Forms required of Corporation/LLC only
of stairs a furniture	and all entrances and exits, normal and customate and large gaming tables, placement and dimens	at includes exterior and interior dimensions, position ry use of each room, placement of major appliances, ions of all bar(s), and graphic representation of the Premise plans must be no larger than 8 ½ x 14.
	uctures must submit to Building Inspection two some or engineer.	sets of plans, signed and sealed by a registered
	nt/partners/Liquor Agent must be enrolled in refore appearing before the Alcohol License R	or have completed the Beverage Server Training leview Committee.
of tl ☐ Alderper at the Co ☐ The nam Develop	the appropriate neighborhood association (if a	ich you intend to do business, the representative any), and the Madison Police Department. can be reached at 1 at council@cityofmadison.com. e can be obtained by calling the Planning and v.ci.madison.wi.us/neighborhoods/contacts.htm.
1. Have you	u contacted the Alderperson, Police Department atative for the area in which you intend to locate	Liaison and neighborhood association
-	e any special conditions desired by the neighbor	. 1
Explain	Close earlier than bartime Co	ontrol restaurant noisel sinells
3 Name of	f Applicant/Partner/Corporation/LLC_Saw	ba (Restaurant) LLC
4. Telephor	ne Number: 608 - 251 - 04 00	<u>C</u>
5. Address	of Licensed Premise 240 & 234 U) Gilman
6 Anticipate	ted opening date: July 1, Zo	201
7 Mailing a	address if not opening immediately. $A \land \gamma$	(1) Galagna St Made 1175

8 What type of establishment is contemplated? \Box Tav	ern \square Nightclub M Restaurant
☐ Liquor Store ☐ Grocery Store ☐ Co	onvenience Store – Gas Pumps 🗆 Yes 🗆 No
☐ Other Please explain	
9 Business Description, including hours of operation as	nd if entertainment is part of your venue, what type:
10 Describe building in detail, including overall dimens areas where alcohol beverages are to be sold and sto	sions, seating arrangements, capacity, bar size and all red. The licensed premise described below shall not
be expanded or changed without the approval of	· •
, See Attached Concept	Plan
Approx. 12,000 square & Alcohol Stored in lower	Feet level, served in dining
11. Are any living quarters directly or indirectly accessible. Alcohol may be sold and stored only on the licensed.	
12 Describe existing parking and how parking lot is to to monitored be video Camer	
13 Describe your management experience, staffing level 10 full time & 20 part time vestaurant manager W/20	employees supervied by a
14. Identify the registered agent for your Corporation or	•
liquor/beer agent. This is your corporation's agent fo	* *
permitted by law to be served on the corporation.	Jong Yean Lee
402 W Gorham St	Madisan WZ 53703 City State Zip
15 Excluding pre-packaged snacks, how late will food b	e served?
16 What type of food will you be serving, if any? Pvo	izilian steakhouse L Tapas
17 Indicate any other product/service offered:	ate Dining & Banquit Avea
18. Describe your target market. Madison Comp	munity in general Downtown in particular

19, Describe how you plan to ad	vertise/promote your b	ousiness Geneval Medi	a Wemphasis on
20. What is your estimated capa	city?358_	Latrons of dom	ntown culteral events
21. Are you operating under a le	ase or franchise agreer	ment? □ Yes ☑ No (If yes	s, attach a copy.)
22 Owner of building where esta Address of Owner: 402			e Number <u>(608) 257-0</u> 407
23. Individual or Partnership only	y: Have individual/par	tners completed the Beverage	e Server Training
Course? ☑ Yes □ No If	Yes, indicate names:		-
License cannot be issued un			
24 Corporation/LLC only: Will I	iquor/beer agent be a	Wisconsin resident at the time	e of granting? ∀Yes □ No
25. Corporation/LLC only: Agen	t must disclose interes	t held in business: 100	_%
26. Corporation/LLC only: Has a	gent completed the Be	verage Server Training Cour	se? ∀Yes □No
License cannot be issued un			
27. Corporation/LLC only: List	Directors, Stockholder	s, and Managers below.	
Director(s) I	Vame	Home	Address
Cita al-la a			
Stockholder's Name		Address	Extent of Ownership%
		•	
2.37			
Manager's Name	Address	Business Phone	Home Phone

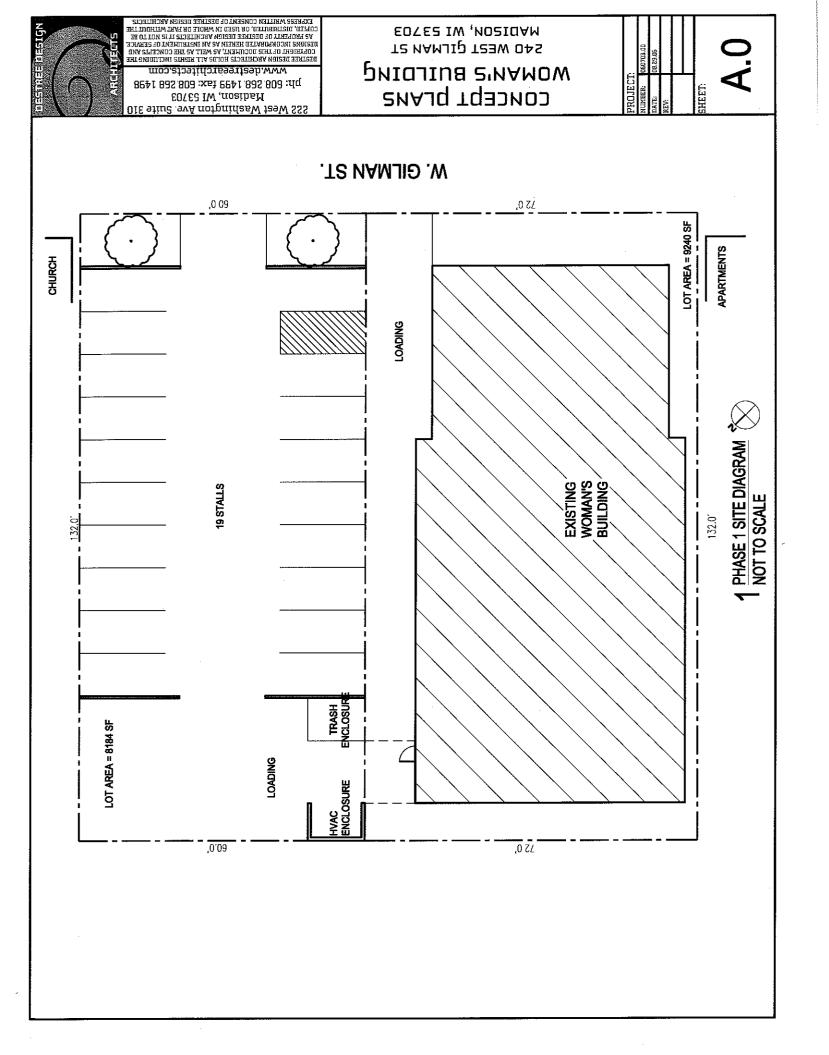
•	ons (clubs): Do your members scrimination in regard to race,				f "Invidious" (likel] Yes ∀No	À.
Pursuant to Section taverns serving alc	Establishment Alcohol Bever as 23.05(3)(s) and 23.05(7)(f) ohol beverages shall substanti ercentage. For new establish	of the Madison Cate their gross re	General Ord ceipts for fo	ood and alo	cohol beverage sale	:S
Calendar/fiscal yea	r: ☐ January 1 – December 3	1 □ July 1 ·	– June 30			
	Percent Gross Receipts from Beverages	Alcohol	40 %			
į	Percent Gross Receipts from	Food	55 %			
	Percent Gross Receipts from	Other	55 % 5 %			
	Total	Gross Receipts	100 %]		
You may be require 30. What type of estab	records to document the percent red to submit documentation lishment are you? (Check all explain:	verifying the po	ercentages			
Read carefully before has been truthfully con according to law and the assigned to another. (I members/managers of	e signing: Under penalty proven pleted to the best of the known at the rights and responsibility and vidual applicants and each Limited Liability Companies to will be deemed a refusal to	ledge of the sign les conferred by to member of a par must sign) Any	the license the license tnership makes lack of acc	rs agree to s), if grant ust sign; co ess to any	operate this busine ed will not be orporate officer(s), portion of a license	SS
SUBSCRIBED AND SW this 29 day of A Markoth 4 (Clerk/Notary P	John 10 BEFORE ME: Light, 2006 Light-ball Jobie,	(Officer of Corporation/i	J		,	
My commission expires_	10-26-08	(Officer of Corporation	/Member/Manag	er of LLC/Partr	ner/Individual)	

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

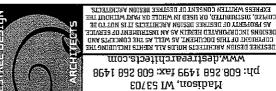


The Women's Club of Madison

Founded in 1893, The Women's Club of Madison focused on improving the quality of life in the city, concentrating efforts on activities as well as provide a meeting place for all local womens organizations. Over the years the Women's Building has parks, playgrounds, city cleanliness, and child welfare. The Women's Building was constructed in 1907 to house the clubs provided meeting space to many clubs and a wide variety of organizations, as well as offering auditorium space for performances and cultural events. Most recently it was home to an independent bookstore.



SEATING CAPACITY= 72 PEOPLE



NEW EXIT DOORS WITH LIGHT TRANSOMS ABOVE







STORAGE 62 SF

80

SERVING COUNTER

SEATING AREA 1133 SF

KITCHEN 1290 SF

HOOD

PREP KITCHEN 265 SF

woman's вилиши

STORAGE 340 SF

EQUIP

ELECT

STORAGE 58 SF

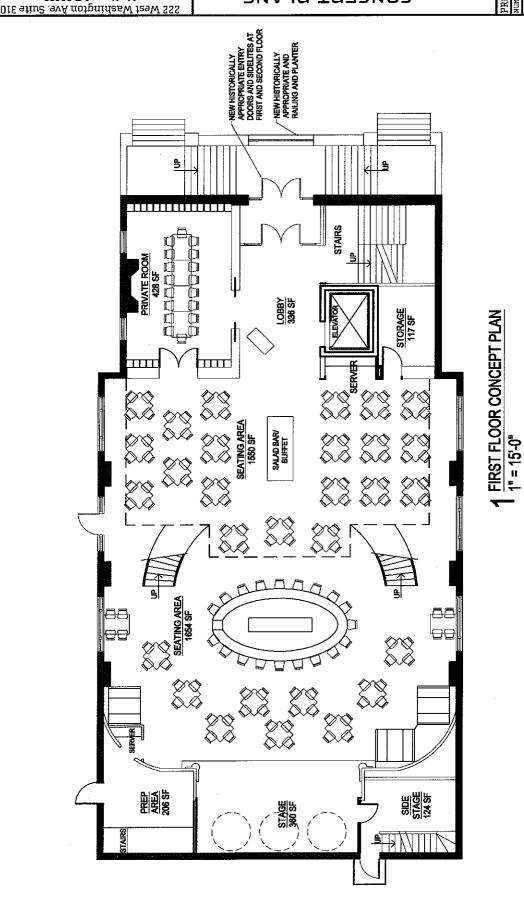
5 |

CENTRAL WATERS 919 SF

HVAC 150 SF

4 BASEMENT FLOOR CONCEPT PLAN 1" = 15'-0"

HEET:



SEATING CAPACITY=173 PEOPLE

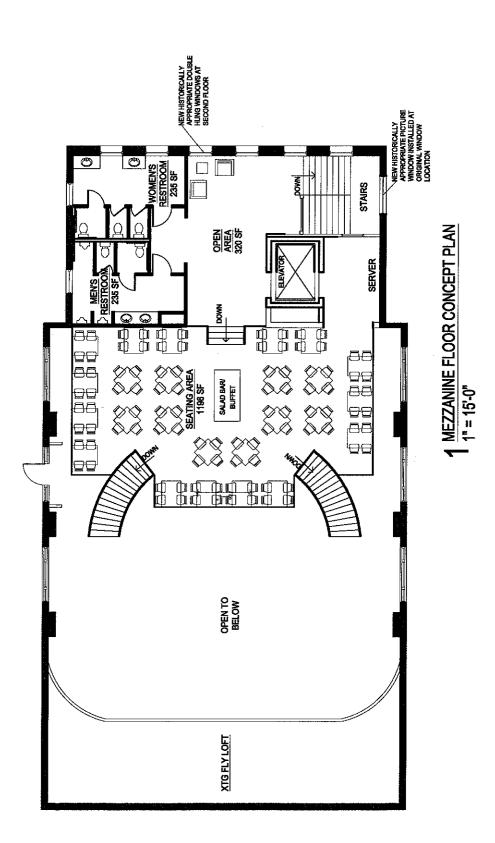
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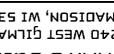
ph: 608 268 1499 fax: 608 268 1498

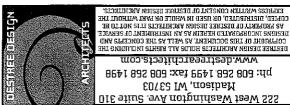
ww.destreearchitects.com

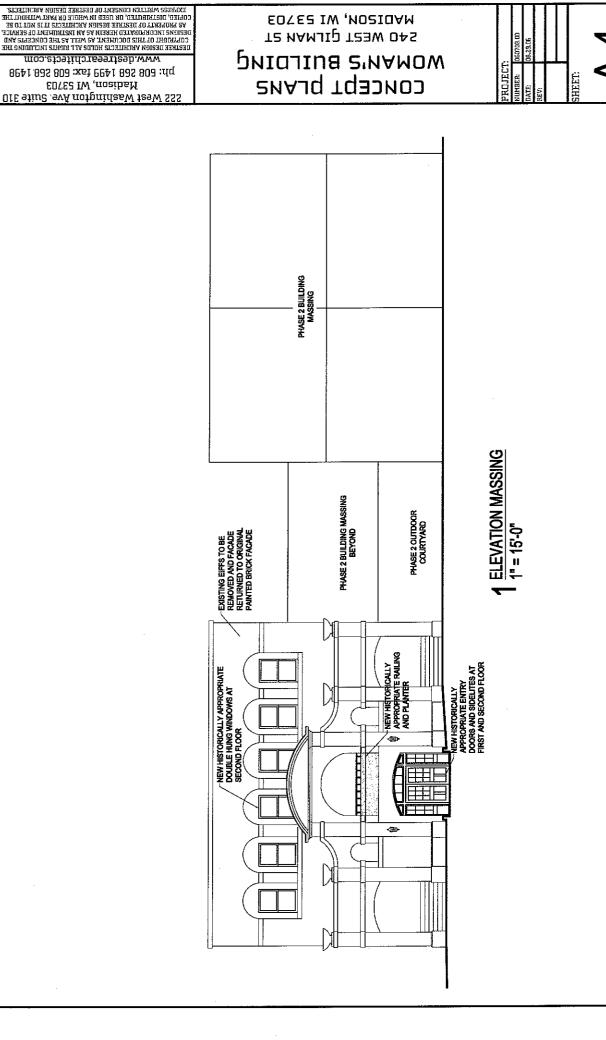
Kadison, W 53703

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EDTE2 IW , NO210AM 240 WEST GILMAN ST

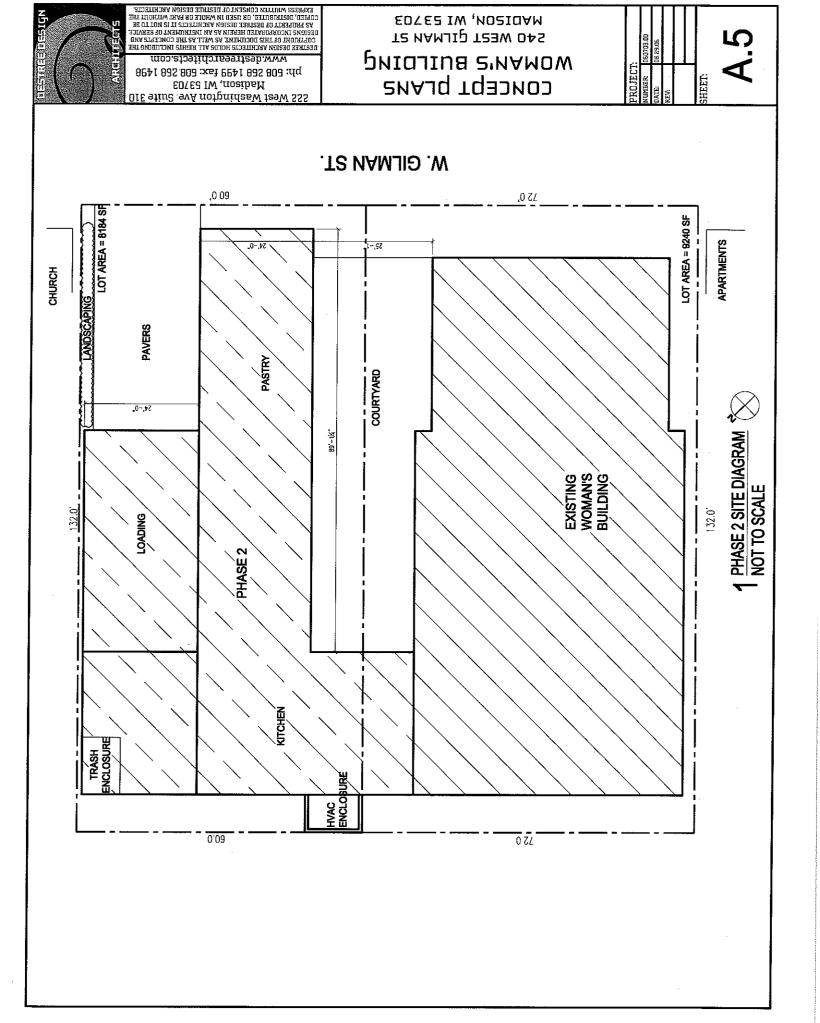








EOTE2 IW , mozibsM



Project:

Brazilian Steakhouse – (to be named) Featuring Skewered meats served tableside, complemented by lavish salad and seafood selections.

Project Schedule:

Opening July 1, 2007

Location:

240 W. Gilman, Historic Woman's Building, Phase 1

(Phase 1 includes returning the façade to it original painted brick, creating two separate dining areas, and adding an elevator to make all levels accessible.)

234 W. Gilman, Phase 2

(Phase 2 includes a Pastry shop, enclosed trash and delivery area, and a garden courtyard seating area.)

Hours of Operation:

Sunday -Thursday

Open from 11am – 2am
Serving lunch and dinner from 11am - 11pm
Late night menu from 11pm – 2am

Friday-Saturday (Closing ½ hour before bat closing time) Serving brunch and dinner from 11am - 11pm Late night menu from 11pm - 2am.

Entertainment:

The existing stage to be utilized for evening entertainment - including, classical guitar, acoustic performances, traditional Brazilian music.

Dining Capacity:

358 persons

Brazilian Story:

The vast plains of the southern most region of Brazil are called the Rio Grande do Sul. This area is cattle country; the nutrient rich prairie is grazing heaven. The Gauchos, or South American cowboy, would prepare a feast for their families by slow roasting the various meats over an open pit. There would be seasonable greens and vegetables dishes using native ingredients. Rice and beans were an important part of this meal, as were the fruits of the region. The roasted meats were brought around to each family, offering the best of the gaucho's heard. They carved meats at each table in a show of skill and festive gift giving

Other Information:

Mrs. Lee has a written employee policy in place for her staff, which includes a detail training policy.

Prior to phase 2 implementation, limited temporary parking will be made available for patrons.