

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning OCTOBER 20 11 ;
ending OCTOBER 20 12

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): BROCACH THREE LLC DBA BROCACH IRISH PUB

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>CLIFF McDONALD</u>	<u>2707 W FURD RD</u>	<u>MADISON, WI 53705</u>
Vice President/Member	<u>ANDY DRUBAC</u>	<u>1660 N WATER # 311</u>	<u>MILWAUKEE, WI 53202</u>
Secretary/Member	<u>MELANIE GAUREAN</u>	<u>1755 CHADBOULNE</u>	<u>MADISON, WI 53723</u>

Treasurer/Member _____
Agent Cliff McDonald
Directors/Managers _____

3. Trade Name BROCACH IRISH PUB Business Phone Number 608-669-0216
4. Address of Premises 1843 Monroe St Post Office & Zip Code WI 53705

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 _____ 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.) _____

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

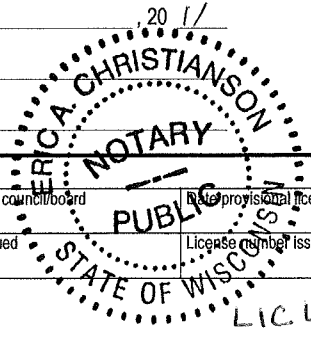
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the 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 22nd day of April, 20 11

(Clerk/Notary Public)

My commission expires 6/29/2014



Cliff McDonald
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)
Andy Drubac
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)
Melanie Gaurean
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK			
Date received and filed with municipal clerk <u>4-25-11</u>	Date reported to council/board	Is provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

LIC LIB-2011-00350

Applicant's Wisconsin Seller's Permit Number:	
Federal Employer Identification Number (FEIN):	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Wholesale beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input checked="" type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$
TOTAL FEE	\$

City of Madison Supplemental Class B License Application

<input type="checkbox"/> Seller's Permit Number	<input type="checkbox"/> Written Description of Premise	<input type="checkbox"/> Floor Plans
<input type="checkbox"/> Federal Employer Identification #	<input type="checkbox"/> Background Investigation Form(s)	<input type="checkbox"/> Lease
<input type="checkbox"/> Notarized Original Application Form	<input type="checkbox"/> Notarized Transfer of Ownership	<input type="checkbox"/> Sample Menu
<input type="checkbox"/> Notarized Supplemental Form	<input type="checkbox"/> *Articles of Incorporation	<input type="checkbox"/> Business Plan
<input type="checkbox"/> Orange Sign (Clerk's Office provides at time of application)	<input type="checkbox"/> *Notarized Appointment of Agent * Corporation/LLC only	

1. Name of Applicant/Partner/Corporation/LLC BROCAZH THREE LLC

2. Address of Licensed Premise 1843 MONROE ST

3. Telephone Number: 608.669.0216 4. Anticipated opening date: NOV 2011

5. Mailing address if not opening immediately 7 W MAIN ST MADISON

6. 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

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

Explain. _____

8. Business Description, including hours of operation: IRISH PUB & RESTAURANT

11 AM - MIDNIGHT M-TH, 11AM - 1AM FR, 8AM - 1AM SAT, 8AM - 10PM SUN

9. Do you plan to have live entertainment? No Yes—What kind? ACOUSTIC IRISH/FOLK

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.**

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. FOUR SPOTS BEHIND BUILDING - NOT FOR GUESTS

13. Describe your management experience, staffing levels, duties and employee training.

SEVERAL YEARS EXPERIENCE MANAGING OTHER BROCAZH LOCATIONS

14. Identify the **registered agent** for your Corporation or LLC. This is your corporation's agent for service of process, notice or demand required or permitted by law to be served on the corporation.

CLIFF McDONALD 2707 OXFORD RD SHOREWOOD HILLS, WI
Name Address

15. Utilizing your market research, who would you project your target market to be?

25+ EDUCATED, CULTURALLY AWARE, PROFESSIONALS

16. What age range would you hope to attract to your establishment? 25+

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

WORD OF MOUTH

18. Are you operating under a lease or franchise agreement? Yes (attach a copy) No

19. Owner of building where establishment is located: CHRIS AND DAN KERWIN

Address of Owner: 1843 MONROE ST Phone Number _____

20. 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

21. List the Directors of your Corporation/LLC

CLIFF McDONALD 2707 OXFORD RD
Name Address

MELANIE GAUTREAU 1855 CHADBOURNE
Name Address

ANDY DRUBAC
Name Address

22. List the Stockholders of your Corporation/LLC

CLIFF McDONALD 2707 OXFORD RD _____
Name Address % of Ownership

MELANIE GAUTREAU 1855 CHADBOURNE _____
Name Address % of Ownership

Name Address % of Ownership

23. What type of establishment are you? (Check all that apply) Tavern Nightclub Restaurant

Other Please Explain. _____

24. What type of food will you be serving, if any? CONTEMPORARY PUB CUISINE

Breakfast Lunch Dinner (BRUNCH WEEKEND)

25. Please submit a sample menu with your application, if possible. What might eventually be included on your

operational menu when you open? Appetizers Salads Soups Sandwiches Entrees

Desserts Pizza Full Dinners

26. During what hours of your operation do you plan to serve food? ALL HOURS

27. What hours, if any, will food service not be available? _____

28. Indicate any other product/service offered. _____

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

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

31. How many wait staff do you anticipate will be employed at your establishment? TEN

During what hours do you anticipate they will be on duty? ALL HOURS

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

33. Do your plans call for a full-service bar? Yes No

If yes, how many bar stools do you anticipate having at your bar? TEN TO FIFTEEN

How many bartenders do you anticipate you would have working at one time on a busy night? 2

34. Will there be a kitchen facility separate from the bar? Yes No

35. Will there be a separate and specific area for eating only? Yes No

If yes, what will be the seating capacity for that area? APPROXIMATELY 80

36. What type of cooking equipment will you have? Stove Oven Fryers Grill Microwave

37. Will you have a walk-in cooler and/or freezer dedicated solely to the storage of food products? Yes No

38. What percentage of your overall payroll do you anticipate will be devoted to food operation salaries?

75%

39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? 100%

What percentage of your advertising budget do you anticipate will be drink related? 0%

40. Are you currently, or do you plan to become, a member of the Madison—Dane County Tavern League or the Tavern League of Wisconsin? Yes No

41. Are you currently, or do you plan to become, a member of the Wisconsin Restaurant Association or the National Restaurant Association? Yes No

42. What is your estimated capacity? 125

43. 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.

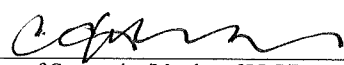
Gross Receipts from Alcoholic Beverages	25 %
Gross Receipts from Food and Non-Alcoholic Beverages	75 %
Gross Receipts from Other	- %
Total Gross Receipts	100%

44. 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.


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 signer. Signer agrees 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. 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 22nd day of April, 2011

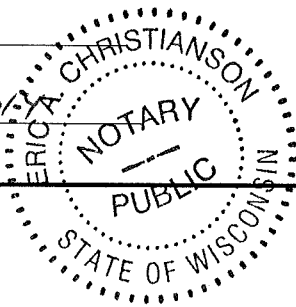


(Officer of Corporation/Member of LLC/Partner/Individual)



(Clerk/Notary Public)

My commission expires 6/29/2011



Appointment of New Liquor/Beer Agent

To be completed by Corporate Officer or Member of LLC

I, CLIFF McDONALD, officer/member for BROUACH THREE LLC
(Corporation/LLC), doing business as BROUACH IRISH PUB, authorize and appoint
CLIFF McDONALD (Name) as the liquor/beer agent for the premise
located at 1843 MONROE ST.

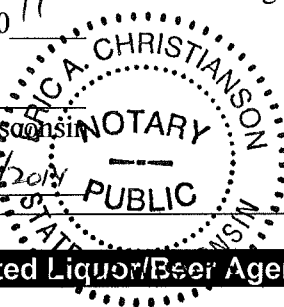
Subscribed and sworn to before me this

22nd Day of April, 2011

[Signature]
Signature of Officer/Member

[Signature]
Notary Public, Dane County, Wisconsin

My Commission Expires 6/29/2014



To be completed by appointed Liquor/Beer Agent

I, CLIFF McDONALD, appointed liquor/beer agent for
BROUACH THREE LLC (name of Corporation or LLC), being first duly sworn
say I have vested in me, by properly authorized and executed written delegation, full authority
and control of the premise described in the license of such corporation or limited liability
company, and I am involved in the actual conduct of the business as an employee, or have a
direct financial interest in the business of the licensee, therein relating to the intoxicating
liquor/fermented malt beverage. The interest I have in the business is 33 1/3 %.

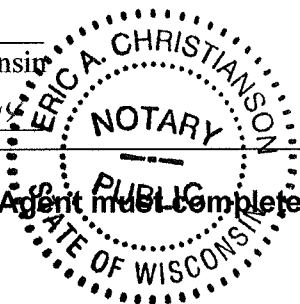
Subscribed and sworn to before me this

22nd Day of April, 2011

[Signature]
Signature of Agent

[Signature]
Notary Public, Dane County, Wisconsin

My Commission Expires 6/29/2014



The appointed Liquor/Beer Agent must complete the other side of this form.

KITCHEN

MEN'S ROOM

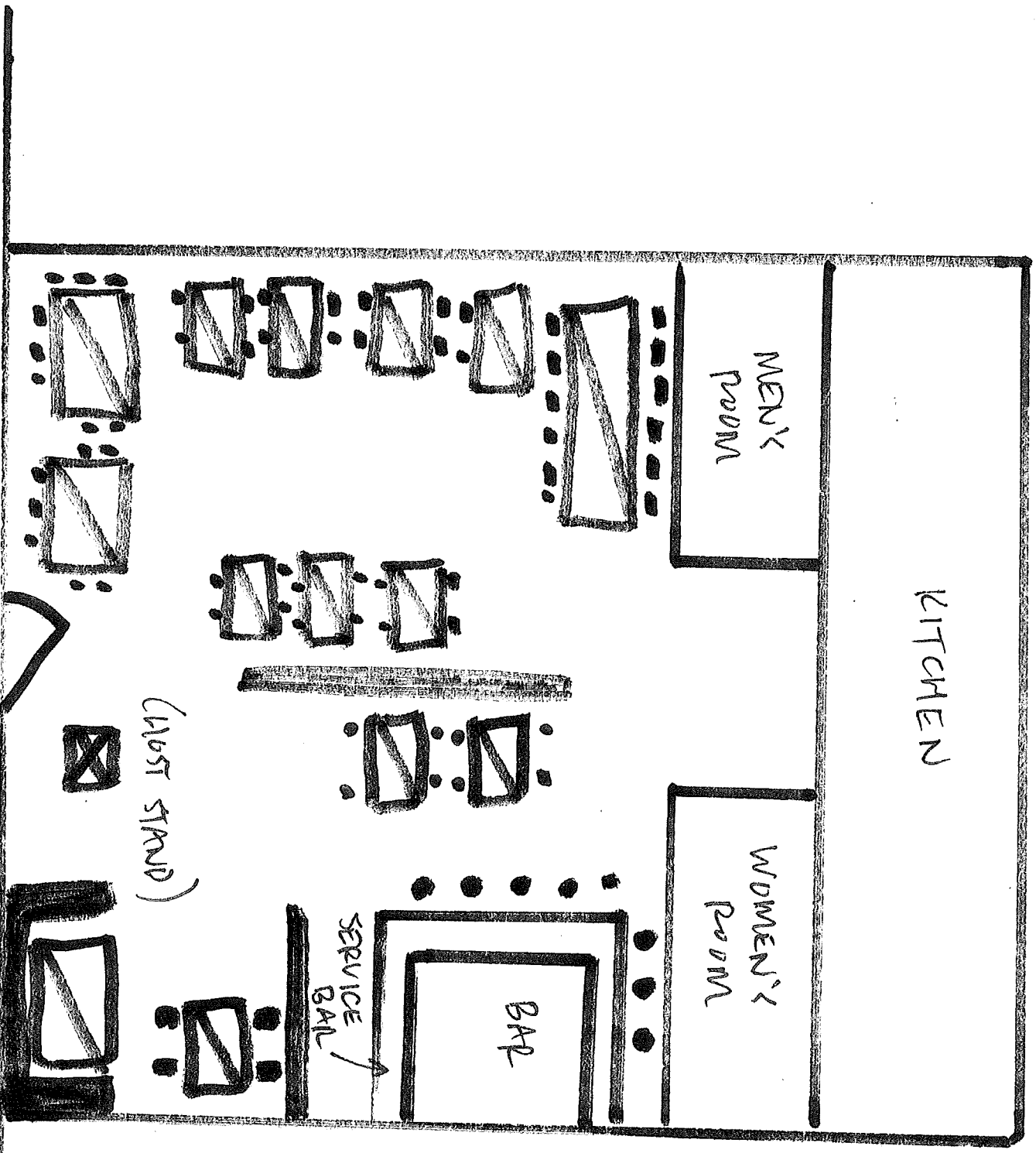
WOMEN'S ROOM

BAR

SERVICE BAR

(BEST STAND)

* PRELIMINARY
Floor plan



MONROE ST