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The named INDIVIDUAL PARTNERSHIP ILIMITED LIABILITY COMPANY Reserve C Public CORPORATIONNONPROFIT ORGANIZATION TOTAL FE Lac. Name (individual/partners give last name, first middle; corporations/limited liability companies give registered name): Name (individual/partners give last name, first middle; corporation or nonprofit organization, and by each individual partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member liability company. List the name, fille, and place of residence of each person Name Home Address President/Member Sharp Name Na		
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2. Name (individual/partners give last name, first middle; corporations/limited liability companies give registered name): \(\) NALLY (Inture) Lic An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member liability company. List the name, title, and place of residence of each person Title President/Member Name President/Member Secretary/Member Secretary/Member Secretary/Member Agent Shin Mark Mark Mark Mark Mark Mark Mark Mark	ation fee \$	
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POLICE SECTOR 405	Wisconsin Department	of Revenue
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City of Madison Supplemental Class B License Application

M M	✓ Seller's Permit Number ✓ Description of Licer ✓ Federal Employer Identification ✓ *Notarized Appoint Number ✓ Background Investi ✓ Notarized Original Application Form ✓ Notarized Transfer ✓ Notarized Supplemental Form ✓ *Articles of Incorpo	ment of Agent gation Form(s) of Ownership	 ☑ Floor Plans ☑ Lease ☐ Sample Menu ☑ Business Plan * Corporation/LLC only
1	1. Name of Applicant/Partner/Corporation/LLC_ ₩ A ⋈ ∪ ★	► Venture,	LLC
2	Address of Licensed Premise 255 King St Madison WI 53703		
	3. Telephone Number: 698-2680 4 Anticip		
5	Tailing address if not opening immediately 8540 Greenway Blud #216 Middle ton WI 5356		
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	8 Business Description, including hours of operation: Restu	wrant	
	Open 7 days. Lunch Mon - fri Din		200pm
9.	9. Do you plan to have live entertainment?	at kind?	
10	10. Detailed written description of building, including overall disize and all areas where alcohol beverages are to be sold and below shall not be expanded or changed without the app. 3400 44ft. around 90 4eats including	ed premise described on Council.	
	will be stored in cooler at bur.		
11.	11. Are any living quarters directly or indirectly accessible and Please note that alcohol may be sold and stored only on the		
12	12. Describe existing parking and how parking lot is to be moni	ored Ciny Pari	ling ramp
13	13 Describe your management experience, staffing levels, dutie	s and employee trai	ning.
	I have two existing restaurants in to	wn for 4 yo	eurs now
14	14. Identify the registered agent for your Corporation or LLC. process, notice or demand required or permitted by law to be		
	Shingi Muramato 8540 Greenway Blo Name Address	nd #216 Mid	die to 1 WI 53562
	Name Addiess		

15.	Utilizing your market research, who would you project your target market to be?
	Midage dinners
16.	What age range would you hope to attract to your establishment?
17.	Describe how you plan to advertise/promote your business. What products will you be advertising?
	Are you operating under a lease or franchise agreement? ☐ Yes (attach a copy) ☑ No
<u>/10</u>	Owner of building where establishment is located: State Towner Commercial, LLC
Ad	dress of Owner: 132EWilson and 219 King St Mudison, WI Phone Number 251-6000
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?
21.	List the Directors of your Corporation/LLC
	Shinji Muramoto 8540 Greenway Blud # 216 Middle Ton, WZ 53562 Name Address
	Name Address
	Name Address
22	List the Stockholders of your Corporation/LLC Shinji Maramoto 8540 Green way Blud # 216 Middleton, WI 53562 Name Address % of Ownership
	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?
	□ Breakfast ∇ Lunch ∇ Dinner
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? 11:30 - 10:00pm

27	What hours, if any, will food service <u>not</u> 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? 15-20
	During what hours do you anticipate they will be on duty? 11:00 pm
	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? 12
	How many bartenders do you anticipate you would have working at one time on a busy night? 1 or 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?
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?
39.	If your business plan includes an advertising budget, what percentage of your advertising budget do you
	anticipate will be related to food? Newe
	What percentage of your advertising budget do you anticipate will be drink related?
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

42	What is your estimated capacity?	V1 00
	What is your osumated dapately.	<u> </u>

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	月第 30
Gross Receipts from Food and Non-Alcoholic Beverages	Z 265% 10
Gross Receipts from Other	%
Total Gross Receipts	100%

Do you have written records to document the percentages shown? Yes \square 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.

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

Subscribed and Sworn to before me:

this 3 day of March, 2008

(Clerk/Notary Public)

My commission expires 7 13 0 8

