

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 } Madison
 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): Hartjes Ventures, LLC

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

President/Member Sole member Title Val Hartjes Name 1213 N. High Point Rd, Middleton, WI Home Address 53562 Post Office & Zip Code

Vice President/Member _____

Secretary/Member _____

Treasurer/Member _____

Agent Val Hartjes

Directors/Managers _____

3 Trade Name Hartjes Ventures, LLC DBA WineStyles Business Phone Number Not yet assigned

4 Address of Premises 554 N. Midvale Boulevard Post Office & Zip Code Madison 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 Wisconsin and date 7/10/07 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) 1389 sq ft total: 1124 retail space, 200 storage space, 65 restroo:

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 27 day of July, 2007

Willie K. K.
(Clerk/Notary Public)

Val Hartjes
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

My commission expires 8-30-09

(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

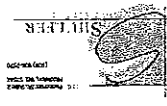
TO BE COMPLETED BY CLERK

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 <u>78748</u>	

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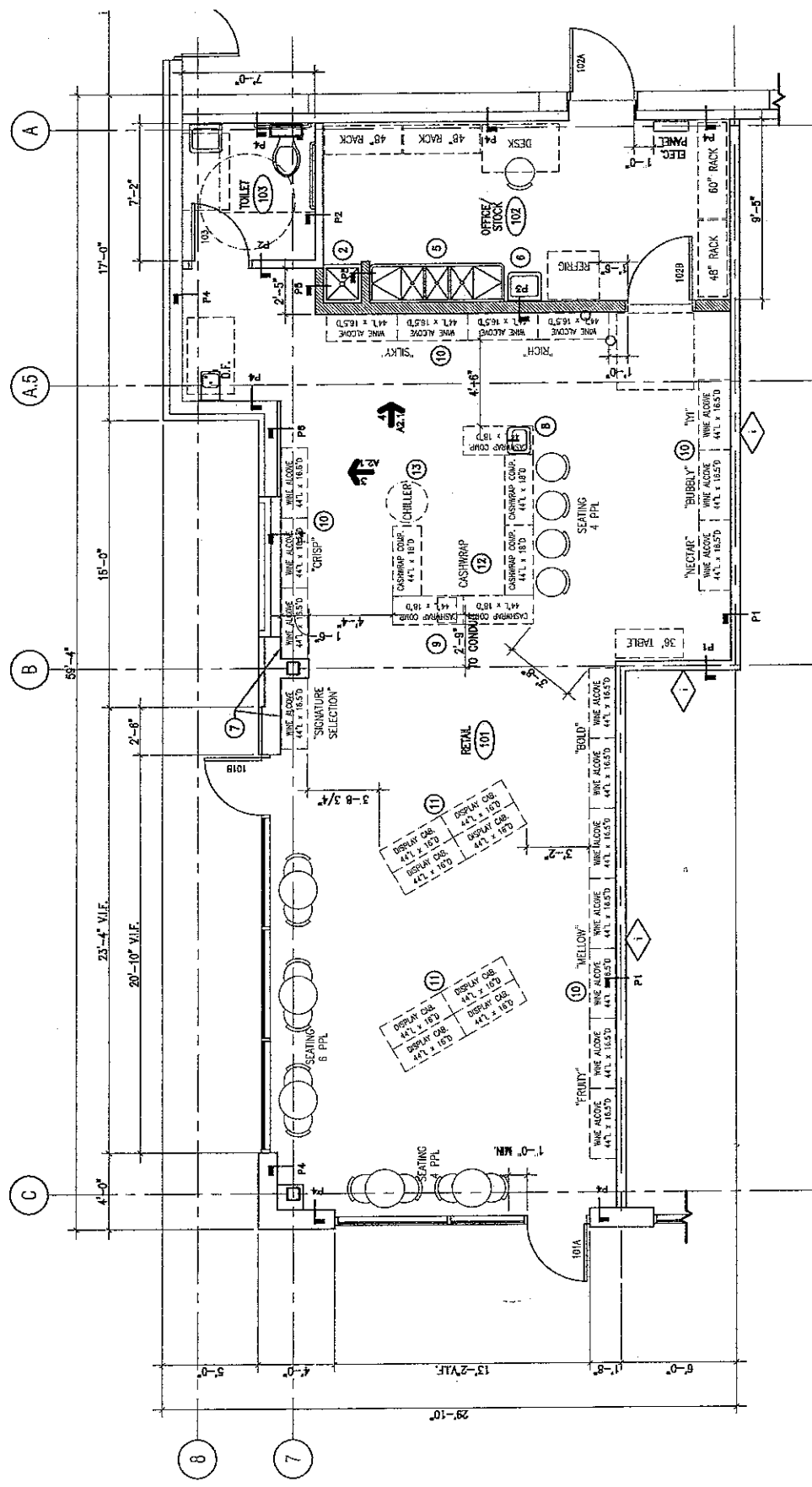


41 HILLDALE SHOPPING CENTER
554 K. MIDVALE BLVD., MADISON, WI 53705

PROPOSED FLOOR PLAN

JULY 27, 2007

A1.0



2 1/8" = 1'-0"

TYPICAL PARTITION TYPES:

- P1: NEW PARTITION WALL, ONE LAYER 5/8" TYPE "X" GIB OVER 1/2" GIB STUDS AT 16" O.C. WITH SOUND BATT INSUL. AT STUD CAVITY. EXTEND WALL TO ROOF DECK. (P1 WALL TYPE TO BE PART OF DEVELOPER'S "WHITE BOX" FIT-UP) A.I.C.
- P2: 5/8" GIB OVER EXISTING WOOD RETAINER, INSUL. AND MIL STUD FRAMING OVER EXISTING PRECAST OR OTHER SUBSTRATE. EXTEND GIB TO ROOF DECK. (P2 WALL TYPE TO BE PART OF DEVELOPER'S "WHITE BOX" FIT-UP) A.I.C.
- P3: 5/8" GIB OVER EA. SIDE OF 3-1/2" 22 GA. MIL STUDS AT 16" O.C. EXTEND WALL TO 10'-0" A.F.F.
- P4: 5/8" GIB OVER EA. SIDE OF 3-1/2" 22 GA. MIL STUDS AT 16" O.C. EXTEND WALL TO 10'-0" A.F.F.
- P5: 5/8" GIB OVER MIL FLOORING TO FLUSH OUT WITH ADJACENT EXISTING MIL. CEILING. EXTEND GIB TO ROOF DECK. (P5 PARTITION REMAINS INTACT. EXTEND GIB & FLOORING TO ROOF DECK.)

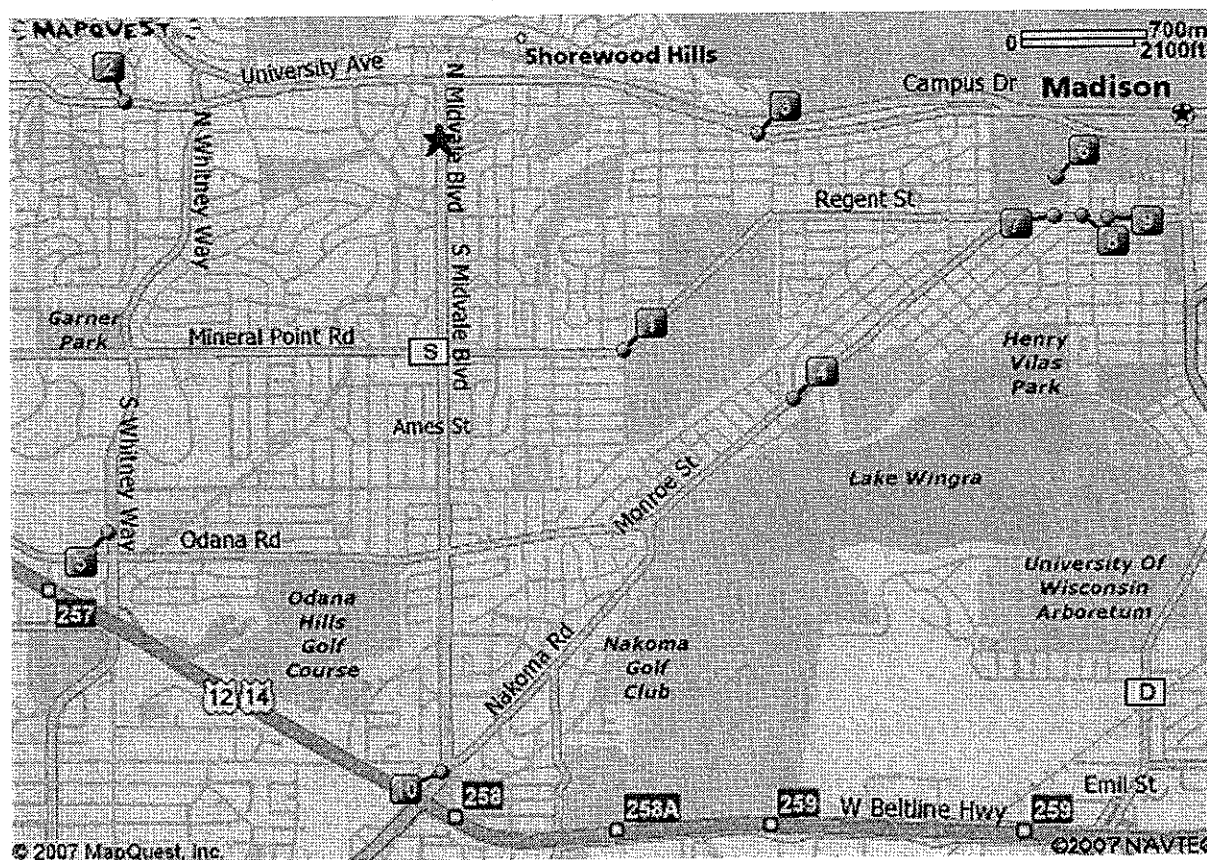
GENERAL NOTES:

- A. REFER TO CONSTRUCTION BUILD-OUT SPECIFICATIONS FOR WINESTORES TYPICAL MATERIAL SELECTIONS. THIS DOCUMENT SHALL APPLY TO ALL MATERIAL SELECTIONS NOT SPECIFICALLY REFERENCED WITHIN THESE DOCUMENTS.
- B. FOLLOW THE BUILDING OWNER'S POLICIES AND PROCEDURES FOR CONSTRUCTION TRACES, INCLUDING PROVISIONS FOR WORK HOURS, STAFFING, SAFETY, BUILDING ACCESS, AND PERMITTING.

- 9 POWER AND DATA VIA UNDER-FLOOR EMPTY CONDUIT PLACED BY DEVELOPER.
- 10 "WINE ALCOVE" 60" HIGH DISPLAY FURNISHINGS TO BE PROVIDED AND INSTALLED BY THE TENANT (A.I.C.). PROVIDE BLOCKING IN WALLS TO ALLOW ANCHORING.
- 11 "DISPLAY CABINETS" 30" HIGH COUNTERTOP WITH COUNTERTOP TO BE PROVIDED AND INSTALLED BY THE TENANT (A.I.C.).
- 12 "CASHWRAP" 33" HIGH COUNTERTOP AND COUNTERTOP TO BE PROVIDED AND INSTALLED BY THE TENANT (A.I.C.).
- 13 WINE CHILLED FUTURE TO BE PROVIDED AND INSTALLED BY THE TENANT (A.I.C.).

SHEET A1.1 KEY NOTES:

- 1 SEMI-FREESSED FIVE EXTINGUISHER CABINET
- 2 WIP BASK (BY DEVELOPER, A.I.C.)
- 3 ELECTRIC WYER COOLER
- 4 NEW ELECTRICAL SERVICE / PANEL
- 5 3-COMPARTMENT STAINLESS STEEL SULLARY SINK WITH TWO DRAIN BOWLS
- 6 STAINLESS STEEL 1/4" HD SINK
- 7 DEVELOPER TO MAKE STUD INTEL./PERMALL FLUSH (A.I.C.)
- 8 S.S. SINK WITH COLD WATER & SANITARY IN CASHWRAP COUNTER. DEVELOPER TO PLACE SANITARY AND CIP PIPING UNDER CAB TO THIS LOCATION.



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Notes:

Only text visible within note field will print.

Results 1 to 10 for **Bars** near **554 N Midvale Blvd, Madison, WI 53705-3238**

1 Village Bar
3801 Mineral Point Rd, Madison, WI
(1.00 miles away)
608-233-9956

2 Sweeney's Oakcrest Tavern
5371 Old Middleton Rd, Madison, WI
(1.08 miles away)
608-233-1243

3 Blue Moon Bar & Grill
2535 University Ave, Madison, WI
(1.09 miles away)
608-233-0441

4 Laurel Tavern
2505 Monroe St, Madison, WI
(1.54 miles away)
608-233-1043

5 J T Whitney's Pub & Brewery
674 S Whitney Way, Madison, WI
(1.83 miles away)
608-274-1776

6 Stadium Sports Bar & Eatery
1419 Monroe St, Madison, WI
(2.10 miles away)
608-256-2544

7 Lucky's Bar & Grille
1421 Regent St, Madison, WI
(2.11 miles away)
608-250-8989

8 Big Ten Pub
1330 Regent St, Madison, WI
(2.21 miles away)
608-251-6375

9 Regent Street Retreat
1212 Regent St, Madison, WI
(2.30 miles away)
608-256-7750

10 Le Tigre Lounge
1328 S Midvale Blvd, Madison, WI
(2.32 miles away)
608-274-0944

City of Madison Liquor/Beer Original Supplemental Form

Office Use Only

- | | |
|---|--|
| <input type="checkbox"/> Seller's Permit Number
<input checked="" type="checkbox"/> Federal Employer Identification Number
<input checked="" type="checkbox"/> Notarized Original Application Form (AT-106)
<input checked="" type="checkbox"/> Notarized Supplemental Form
<input checked="" type="checkbox"/> Description of Licensed Premise
<input checked="" type="checkbox"/> Notarized Auxiliary Questionnaire(s) (AT-103)
<input checked="" type="checkbox"/> Background Investigation Form(s)
<input checked="" type="checkbox"/> Floor Plans | <input checked="" type="checkbox"/> Lease
<input type="checkbox"/> Notarized Transfer of Ownership Letter <i>N/A</i>
<input checked="" type="checkbox"/> *Schedule of Appointment of Agent (AT-104)
<input checked="" type="checkbox"/> *Notarized Agent Appointment/Acceptance Form
<input checked="" type="checkbox"/> *Articles of Incorporation/ Organization
<input type="checkbox"/> Sample Menu, if possible
<input checked="" type="checkbox"/> Business Plan, if one exists
* 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 Tim Gruber can be reached at 608-5264 / 217-3390 at the Common Council Office (266-4071), or via e-mail at council@cityofmadison.com. Cell
- ✗ 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.
- 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 Hartjes Ventures, LLC
4. Telephone Number: (608) 836-6624
5. Address of Licensed Premise 554 N. Midvale Boulevard, Madison WI 53705
6. Anticipated opening date: 11/1/07
7. Mailing address if not opening immediately 1213 N. High Point Road, Middleton, WI 53562

8. What type of establishment is contemplated? Tavern Nightclub Restaurant
 Liquor Store Grocery Store Convenience Store – Gas Pumps Yes No
 Other Please explain Wine shop

9. Business Description including hours of operation and if entertainment is part of your venue, what type:
Retail wine shop selling bottled wine, wine by the glass and wine-related gifts/accessories. Hours Monday through Saturday 10 am - 9 pm, Sunday 12 pm - 5 pm

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.**
1389 total sq. ft.: 1124 retail space, 200 storage space, 65 restroom.
Seating for up to 14 customers, Capacity up to 30 customers during special events.
Wine will be sold in the retail space. Wine will be stored in the retail and storage spaces.

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. Multi-level parking structure behind store, stall parking in front of store. Both monitored by on-site security.

13. Describe your management experience, staffing levels, duties and employee training.
Ten years marketing, management and retail experience. Direct and indirect staff management. Trained employees on a semi-regular basis.

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. Val Hartjes

Name
1213 N. High Point Road Middleton WI 53562
 Address City State Zip

15. Excluding pre-packaged snacks, how late will food be served? At special events until 9:00 pm.

16. What type of food will you be serving, if any? Catered appetizers occasionally

17. Indicate any other product/service offered: Wine and wine-related gifts/accessories.

18. Describe your target market. Middle aged upper income women.

19. What is your estimated capacity? Up to 30 customers during special events.

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: Joseph Freed and Associates

Address of Owner: 220 N. Smith St, Suite 300 Phone Number (847) 215-5500
Palatine, IL 60067

22. 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: 100 %

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

Stockholder's Name	Address	Extent of Ownership%

Member's

Manager's Name	Address	Business Phone	Home Phone
<u>Val Hartjes</u>	<u>1213 N High Point Middleton, WI 53562</u>		<u>(608) 836-6624</u>

27. 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	97 %
Percent Gross Receipts from Food	3 %
Percent Gross Receipts from Other	%
Total Gross Receipts	100 %

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: Wine shop

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? 0 (2 sales associates)

33. What hours, if any, will food service not be available? N/A

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

Community networking, Hilldate ^{connections} channels, radio, newspaper, magazines, direct mail. Advertised products/services: wine, gifts, tasting events.

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)

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

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

My commission expires 8-30-09

(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.