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LICUB-2014-00125

City of Madison Liquor/Beer License Renewal

Clerk's Office Liaison: Nikki, nperez@cityofmadison.com

| D | eadline: In Clerk's Office by 4 p.m. Friday, April 15, or postmarked by April 15 |
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| | On-Premises Consumption: Class B Beer Class B Liquor Class C Wine |
| | Off-Premises Consumption: ☐ Class A Beer ☐ Class A Liquor ☐ Class A Cider |
| 1. | Preferred language for correspondence from the City Clerk's Office |
| 2. | Name of Sole Proprietor, Partnership, Corporation or LLC |
| 3. | Trade Name (doing business as) NOTH OF The BAYON / CLUB VW-CW |
| | Licensed Address 862 Aflas Aue. |
| 5. | State Seller's Permit 4 5 6 - 0 0 0 0 2 1 4 2 7 4 - 0 3 |
| 6. | Federal Employer Identification Number (FEIN) 39 - 1886956 |
| | Do you understand that you must purchase alcohol beverages only from Wisconsin wholesalers, breweries, and brewpubs? ▶ Yes □ No |
| 8. | Do you understand that alcohol invoices must be kept at the licensed premises for two years from the date of invoice and made available for inspection by law enforcement? Yes No |
| 9. | Since filing of last application, has the named licensee or any other person affiliated with this license (partner, member, officer, director, manager or liquor/beer agent) been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, Wisconsin laws, any laws of other states, or ordinances of any county or municipality? □ Yes (If yes, complete convictions supplement) |
| 10 | Are any charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license (partner, member, officer, director, manager or liquor/beer agent)? ☐ Yes (If yes, complete pending charges supplement) |
| 11 | . Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? ✓ Yes □ No □ Taxes are not filed yet, but will include this profit/loss when filed |
| 12 | Areas where alcohol beverages are sold/permitted, including outdoor seating, if applicable. Allof 13t Flow Lower Level All Bathroms |
| | Volley Gall CORT / fatto |
| 13 | Areas where alcoholic beverages are stored |
| | BACEMENT OUTSIDE Cooler |

| 14 | . Class B establishments: estimated percentage of gross sales for liquor/beer vs. food business |
|-----|--|
| | |
| 15 | . Class B establishments Please list your lowest approved capacities for each category that apply: |
| | Indoor: 480 AMOutdoor: 108 Other (Type and #): (Such as Badger Football, upper level, etc.) Entertainment: |
| 16 | Entertainment: |
| 10. | (a) Do you offer or allow live music performances (excluding solo accoustic)? ✓ Yes ✓ No |
| | (b) Do you have a designated dance floor area? (c) Do you offer or allow the use of a disc jockey? ✓ Yes ✓ No |
| | If you answered yes to any of the above questions, please complete an Entertainment License application. |
| 17. | Establishments that currently hold and 21+ or 18+ Entertainment Licenses: |
| 10 | Please also complete the Entertainment License Renewal Form and submit with this form. Corporation/LLC: Name of Liquor/Beer Agent |
| | Corporation/LLC: City and state in which Agent resides McFarland WISC. |
| | Corporation/LLC: Is this Liquor/Beer Agent listed on your current license? |
| | Yes |
| | Corporation/LLC: List names of all officers/members, along with city and state of residence. |
| /W | no Dale Beck McForland WISC. 6W9 EXCHANGE ST. |
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| 22. | List names of managers, along with their city and state of residence. |
| | Mya Miyazato |
| | |
| | Me Forland, WIX. 53558 |
| 23. | Dale Beck 608-275-1329 |
| | Who to contact 8 a.m 4:30 p.m. regarding problems with application Phone Number |
| | 5outh 2 bed @ yahur - wm |
| | E-mail Address |
| 24. | Does the name on your Wisconsin Seller's Permit exactly match the name on your liquor/beer license? |
| | Yes □ No |
| 25. | Are you indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No |
| > | (Jalvan 4-18-azz |
| | Signature of Officer/Member/Partner/Sole Proprietor Date |
| | Clerk's Office: Date Filed/Postmarked |
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