

∏. Ma.	City of Madison Liquor/Beer License Application On-Premises Consumption: Class B Beer Class B Liquor Class C Wine Off-Premises Consumption: Class A Beer Class A Liquor
Se (1.	ction A – Applicant If needed, a qualified interpreter can be provided at no charge to you. Would you like an interpreter? ☐ Yes (language:) ☐ No (If you answer no and you do require an interpreter, the ALRC will refer your application to a subsequent meeting and this mage delay your application process)
	Si usted requiere o necesita un/a intérprete, nosotros podemos proveer un/a intérprete sin costo alguno. ¿Le gustaría tener un/a intérprete? ☐ Sí, lenguaje ☐ No. Si usted escoge "no" en la solicitud/aplicación, y usted sí requiere un/a intérprete, el comité remitirá su solicitud para una nueva junta y esto puede atrasar el proceso de su solicitud.
2.	This application is for the license period ending June 30, 2014.
3.	List the name of your □ Sole Proprietor, □ Partnership, □ Corporation/Nonprofit Organization or □ Limited Liability Company exactly as it appears on your State Seller's Permit.
	Cattle Club LLC
4.	Trade Name (doing business as) <u>Prime 14</u>
5.	Address to be licensed 14 W. Mifflin St. Madison, WI 53703
6.	Mailing address 45 Burrough Dr. Fitchburg, WI 53713
7.	Anticipated opening date May 1st, 2014
8.	Is the applicant an employee or agent of, or acting of behalf of anyone except the applicant named in question 2? ☑ No □ Yes (explain)
9.	Does another alcohol beverage licensee or wholesale permitee have interest in this business? ☑ No ☐ Yes (explain)
	Describe in words the building or buildings where alcohol beverages are to be sold and stored. Include all rooms including living quarters, if used, and any outdoor seating used for the sales, service, and/or storage of alcohol beverages and records. Alcohol beverages may be sold and stored only on the premises as approved by Common Council and described on license.
	Stored in Coolers, shelves behind bar. Separati wine Storage on man flour.
	Saw from behind bow, at diving tables, outdoor seating. (5: Lew-116 cere)
(D50005g, Rt.
	CAP. 219

11.	☐ Attach a floor p	olan, no larger than 8 ½ by	y 14, showing the space describe	ed above.		
12.	Applicants for on-premises consumption: list estimated capacity					
13.	Describe existing	lot is to be monitored.				
	Street pa	nung, nearby parking ,	ramps,			
14.			iquor or beer during the past lice Sur ? Marsala - (atassel wine)	•		
15.			· (-			
This	section applies to	rate Information corporations, nonprofit or nd partnerships, skip to Se	ganizations, and Limited Liability ection D.	Companies only.		
16.	Name of liquor lice	ense agent <u>Jonathan</u>	Sosnowski			
17.	City, state in whic	h agent resides <u>M</u> 54c	hbwg, WI			
18.	How long has the	agent continuously reside	d in the State of Wisconsin? <u>3</u>	2 years		
19.			und check form are attached.	J		
20.	Has the liquor lice	nse agent completed the i	responsible beverage server trai	ning course?		
	□ No, but will complete prior to ALRC meeting 🏿 Yes, date completed					
21.						
22.	Attach backgro	und check forms for each		ur LLC.		
	Title	Name Jonathan Sarnowski	City and State of Residence			
	Member Member	Julie Somowini	Fitchbug, WI	·		
	LINEINISC	July Johnson	R+Chbw, WZ			
	·			,		

. 8						
•	Registered agent for demand required of same as your liquo	r permitted by law to be se r agent.	. This is your agent for service of erved on the corporation. This is	of process, notice or s not necessarily the		

24.	Is applicant a subsidiary of any other corporation or LLC?		
	Is applicant a subsidiary of any other corporation or LLC? No Pres (explain) Duma LLC, King Arthw LLC, Moore & Moure LLC, Nobilet Holland LLC, Nobilet LLC		
25.	5. Does the corporation, any officer, any director, any stockholder, liquor agent, EEO, any member, or any manager hold any interest in any other alcohol beverage license or permit in Wisconsin?		
	□ No Yes (explain) Tvory Room piano Bar, Capital Tap Haw; Buch and Badye		
	tion D—Business Plan What type of establishment is contemplated? □ Tavern □ Nightclub ☒ Restaurant □ Liquor Store □ Grocery Store		
	☐ Convenience Store without gas pumps ☐ Convenience Store with gas pumps		
	□ Other		
27.	Business description Fine dining Strakhouse, Specializing in Straker.		
	1920's to 30' Decor with a walk-in hind Cellar. 2 private diring		
	rooms, including allowing provides to experience of the contract of		
	Off the DATA William Williams Min.		
28.	Hours of operation Nam - Main M-7hws. Ham-Zam Fri, Sat 8Am-10pm Sunday		
29.	Describe your management experience Managed our Current 3 establishment		
	Tuony Room Piano Bar (Since 2006), Capital Tap Hay, & Buck and Bage.		
30.	List names of managers below, along with city and state of residence.		
	Jack Jamowski Flehbuy, WI Patrick Mughy Madijan, WI		
	Julie Jamowini Fitchbus, WI		
31.	Describe staffing levels and staff duties at the proposed establishment Host, Server, baander,		
	line cooks, manager, dishwasher, janitorial Staff, executive Chefall mill be		
	employed.		
32.	Describe your employee training One month of extense training prior to openly,		
	including employee manual, and grest expense trainer and speaker Bob Brown		
	uni be helping with initial training and on years basis.		

33.	Utilizing your market research, describe your target market.
	DOWNTOWN residents of Condos, etc. Overve Center, UN Shidenty M'VITMY
	parents, businesses surrounding location (offices, capital, ute.)
34.	What products will you be
	BID = NGTULLIF Guide, Madison Magazine, Overwe Cerry, GMCVB.
	Advising restaurant with dry-aged strake and other top noteh Service.
35.	Are you operating under a lease or franchise agreement? ☐ No ☒ Yes
36.	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? □ No □ Yes
This	ction E—Consumption on Premises s section applies to Class B and Class C applicants only. Class A license applicants (consumption premises) may skip to Section F.
37.	Do you plan to have live entertainment? ☑ No ☐ Yes—what kind?
38.	What age range do you hope to attract to your establishment? 21-99
	What type of food will you be serving, if any? <u>Steaks Slabood - Stuckes, vegetables, distributed</u> Breakfast Brunch D' Lunch D' Dinner also but I which read included Sandwickes, appetitues.
40.	Submit a sample menu if applicable. What will be included on your operational menu? ☑ Appetizers ☑ Salads ☑ Soups ☑ Sandwiches ☑ Entrees ☑ Desserts □ Pizza ☑ Full Dinners
41.	During what hours of operation do you plan to serve food?
42.	What hours, if any, will food service <u>not</u> be available? <u> Noへと</u>
43.	Indicate any other product/service offered/X
44.	Will your establishment have a kitchen manager? □ No ☒ Yes
45.	Will you have a kitchen support staff? □ No 汶 Yes
46.	How many wait staff do you anticipate will be employed at your establishment? 20-30
	During what hours do you anticipate they will be on duty? // AM-/Zam
47.	Do you plan to have hosts or hostesses seating customers? No Yes

,	Do your plans call for a full-service bar? No Yes If yes, how many barstools do you anticipate having at your bar? How many bartenders do you anticipate having work at one time on a busy night? 2-3
49.	Will there be a kitchen facility separate from the bar? ☐ No ☒ Yes
50.	Will there be a separate and specific area for eating only? ☐ No ☐ Yes, capacity of that area
51.	What type of cooking equipment will you have? 又 Stove 又 Oven 立 Fryers 口 Grill 口 Microwave
52.	Will you have a walk-in cooler and/or freezer dedicated solely to the storage of food products? □ No 文 Yes
53.	What percentage of payroll do you anticipate devoting to food operation salaries? $\frac{75\%}{}$
54.	If your business plan includes an advertising budget:
	What percentage of your advertising budget do you anticipate will be related to food? //৩০ //০
	What percentage of your advertising budget do you anticipate will be drink related? 0%
	Are you currently, or do you plan to become, a member of the Madison—Dane County Tavern League or the Tavern League of Wisconsin? □ No ☒ Yes
56.	Are you currently, or do you plan to become, a member of the Wisconsin Restaurant Association or the National Restaurant Association? □ No ☒ Yes
57.	All restaurants and taverns serving alcohol must substantiate their gross receipts for food and alcohol beverage sales broken down by percentage. New establishments estimate percentages
	33 % Alcohol US % Food 2 % Other
58.	Do you have written records to document the percentages shown? 口 No 这 Yes You may be required to submit documentation verifying the percentages you've indicated.
Sec 59.	tion F—Required Contacts and Filings I understand that liquor/beer license renewal applications are due April 15 of every year, regardless of when license was initially granted. □ No ☒ Yes
60.	I understand that I am required to host an information session at least one week before the ALRC meeting. ☐ No ☐ Yes
61.	l agree to contact the Alderperson for this location to discuss my application and to invite the Alderperson to my information session. □ No □ Yes
62.	I agree to contact the Police Department District Captain for this location prior to the ALRC meeting. ☐ No ☒ Yes
63.	I agree to contact the Alcohol Policy Coordinator prior to the ALRC meeting. ☐ No 🂢 Yes
	I agree to contact the neighborhood association representative prior to the ALRC meeting. ☐ No ☑ Yes

65.	I understand we must file a business. [phone 1-800-93	Special Occupational Tax return (TTB form 5630 7-8864] □ No Yes	0.5) before beginning			
66.	I 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] □ No ☒ Yes					
67.	Is the applicant indebted to No ☐ Yes	any wholesaler beyond 15 days for beer or 30 d	ays for liquor?			
Sec	Section G—Information for Clerk's Office					
68.	State Seller's Permit 4	56-10282116	87-02			
69.	Federal Employer Identifica	tion Number <u>46-4607349</u>				
70.	Who may we contact between 8 a.m. and 4:30 p.m. regarding this license?					
	Contact person Jack S	Jarnonski'				
	E-mail address	voryroompianobar.com				
		Preferred language English				
71.	Corporate attorney, if applic	able: Name NA				
a.	Phone	E-mail	A. H. S.			
the a to op grant will b	bove information has been trutle erate the business according to ed, will not be assigned to anot	ront of a notary: Under penalty provided by law, the ofully completed to the best of the knowledge of the so law, and that the rights and responsibilities conferred ther. Lack of access to any portion of licensed premispection. Such refusal is a misdemeanor and ground	signer. Signer agrees d by the license(s), if sees during inspection			
	cribed and Sworn to before me					
this <u>(</u>	27 day of January	_, 20/4				
Clarke	(Notary Public)	(Officer of Corporation/Member of Li	C/Partner/Sola Proprietor			
Му с	ommission expires 6.29.20	(Officer of Corporation Materials of El	con anthemotie i replicatory			
Clerk	c's Office checklist for complete	applications				
	range sign /I Seller's Permit Certificate natching articles of incorporatio EIN otarized application	Background investigation form(s) □ Form for surrender of previous license *Articles of Incorporation □ *Notarized Appointment of Agent * Corporation/LLC only	☑ Floor Plans ☑ Lease ☑ Sample Menu □ Business Plan			
<u>-</u>	ritten description of premises					
	complete application filed with Cler of ALRC meeting					
Date p	provisional issued	Date license granted by Common Council Date license issued License number <u>\(\ell_{\ell} \) (</u>	CLIB. 2014 .000 65			

EXHIBIT "A" PREMISES DRAWING

square footage shall become part of the leased Premises upon which Tenant shall pay rents.) (+/- 4,395 USF; to be verified by architect prior to Lease execution. Additionally, should Tenant "bump out" the front facade, such additional



