



Liquor/Beer License Application

Class A: ☒ Beer, ☒ Liquor, ☐ Cider
Class B: ☐ Beer, ☐ Liquor,
☐ Class C Wine

City of Madison Clerk
210 MLK Jr Blvd, Room 105
Madison, WI 53703
licensing@cityofmadison.com
608-266-4601

(Agenda Item Number)

(Legistar file number)

LICLIA-2026-00009
(License number)

17 Madison 520
(Alder District #) (Police Sector)
Office Use Only

Section A – Applicant

- List the name of our ☐ Sole Proprietor, ☐ Partnership, ☐ Corporation/Nonprofit Organization or ☒ Limited Liability Company exactly as it appears on your State Seller's Permit.
SAMI TRANSPORTATION LLC
- Trade Name (doing business as) SAMI TRANSPORTATION LLC
- Address to be licensed 5551 EASTPARK BLVD 53718
- Mailing address 5551 EASTPARK BLVD 53718
- Anticipated opening date 01/01/2025
- Is the applicant an employee or agent of, or acting of behalf of anyone except the applicant named in question 1?
☒ No ☐ Yes (explain)
Yes complete
- Does another alcohol beverage licensee or wholesale permittee have interest in this business? ☒ No ☐ Yes (explain)

Section B—Premises

- 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 receipts. Alcohol beverages may be sold and stored only on the premises as approved by Common Council and described on license.
ALCOHAL WILL BE SOLD AND DISPLAYED INSIDE CONVIENCE STORE RETAIL AREA STORAGE
OF ALCOHOL PRODUCTS WILL BE IN WALK IN COOLER AND BACK STORAGE ROOM . NO
OUTSIDE SEATING OR CONSUMPTION AREAS. ALL SALES AND STORAGE OCCOUR INSIDE THE
BULIDING ONLY

9. *Applicants for on-premises consumption only.* Estimated capacity (patrons and employees):
Indoor: 0 Outdoor: 0
10. Describe existing parking and how parking lot is to be monitored.
PARKING LOT AVAILABE FOR CUSTMERS USE WITH MARK SPACES . LOT IS MONITORED BY STAFF AND
STORE SECURITY CAMERAS.
11. Was this premises licensed for the sale of liquor or beer during the past license year?
☐ No ☒ Yes, license issued to _____ (name of licensee)

Section C—Corporate Information

This section applies to corporations, nonprofit organizations, and Limited Liability Companies only. Sole proprietorships and partnerships, skip to Section D.

12. Name of liquor license agent TAHIR BUTT
13. City, state in which agent resides WI DEFOREST
14. How long has the agent continuously resided in the State of Wisconsin? 6 YEARS
15. Has the liquor license agent completed the responsible beverage server training course?
☒ No, but will complete prior to ALRC meeting ☐ Yes, date completed _____
16. State and date of registration of corporation, nonprofit organization, or LLC.
SAMI TRANSPORTATION LLC
17. In the table below list the directors of your corporation or the members of your LLC.
☐ Attach background check forms for each director/member.

Title	Name	City and State of Residence
OWNER	TAHIR BUTT	DEFOREST WI

18. Registered agent for your corporation or LLC. This is your agent for service of process, notice or demand required or permitted by law to be served on the corporation. This is not necessarily the same as your liquor agent.
TAHIR BUTT 6650 GEHRIG PL DEFOREST WI 53532
19. Is applicant a subsidiary of any other corporation or LLC?
☒ No ☐ Yes (explain) _____
20. Does the corporation, any officer, any director, any stockholder, liquor agent, LLC, any member, or any manager hold any interest in any other alcohol beverage license or permit in Wisconsin?
☒ No ☐ Yes (explain) _____

Section D—Business Plan

21. What type of establishment is contemplated?

- ☐ Tavern ☐ Nightclub ☐ Restaurant ☐ Liquor Store ☐ Grocery Store
- ☐ Convenience Store without gas pumps ☒ Convenience Store with gas pumps
- ☐ Other _____

22. 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

23. Hours of operation: please enter opening and closing times in the table below.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
6 TO 10PM	6 TO 10 -	6 TO 10 -	6 TO 10	6 TO 10-	6 TO 10	6 TO 10
(Class B only) Enter below any hours when food service will not be available, if applicable						
-	-	-	-	-	-	-

Section E—Consumption on Premises

This section applies to Class B and Class C applicants only. Class A license applicants (consumption off premises) may skip to Section F.

24. Indicate any other product/service offered. GAS, DIESEL, SNACKS, TOBACCO, LOTTO, GENRAL CONVENIENCE ITEMS

25. All restaurants and taverns serving alcohol must substantiate their gross receipts for food and alcohol beverage sales broken down by percentage. (Note: Non-alcoholic drinks are classified as "Food.") New establishments estimate percentages:

_____ % Alcohol 0 % Food 100 % Other

If applicable, describe "Other": _____

Do you have written records to document the percentages shown? ☒ No ☐ Yes
You may be required to submit documentation verifying the percentages indicated.

26. Do you plan to have live entertainment? ☒ No ☐ Yes—what kind? _____

If planned entertainment includes live music (except solo acoustic), a DJ, or a designated dance floor, please also complete an Entertainment License.

Section F—Required Contacts and Filings

27. I understand that liquor/beer license renewal applications are due April 15 of every year, regardless of when license was initially granted. ☐ No ☐ Yes

28. I understand that I am required to host an information session at least one week before the ALRC meeting. ☐ No ☒ Yes

29. I agree to contact the Alderperson for this location to discuss my application and to invite the Alderperson to my information session. ☐ No ☒ Yes

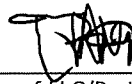
NOTICE: Completed application are due by noon of the third Monday (fourth, if the Clerk's office is closed on the third Monday) to get on the agenda for the proceeding months Alcohol License Review Committee. A completed application **must** be accompanied by the following items:

- ☐ Copy of State Seller's Permit (Not Business Tax Registration Certificate), ☐ Appointment of Agent (if Corp/LLC),
☐ Member background investigation forms, ☐ Articles of Incorporation (if Corp/LLC), ☐ Floor Plans,
☐ Copy of Lease, ☐ Business Plan, and ☐ Sample Menu (if applying for Class B license)

If required items are missing, the application will not be considered complete and will not be accepted by the Clerk's Office until all requirements are submitted. No exceptions are made.

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 the business according to law, and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. Lack of access to any portion of licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

Penalty for materially false application information: Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.



(Officer of Corporation/Member of LLC/Partner/Sole Proprietor)

12/08/25

(Date)

Clerk's Office checklist for complete applications		
<input checked="" type="checkbox"/> WI Seller's Permit Certificate (matching articles of incorporation) <input checked="" type="checkbox"/> FEIN <input checked="" type="checkbox"/> Written description of premises	<input checked="" type="checkbox"/> Background investigation form(s) <input type="checkbox"/> Form for surrender of previous license <input checked="" type="checkbox"/> *Articles of Incorporation <input checked="" type="checkbox"/> *Appointment of Agent * Corporation/LLC only	<input checked="" type="checkbox"/> Floor Plans <input checked="" type="checkbox"/> Lease <input checked="" type="checkbox"/> Business Plan <input type="checkbox"/> **Sample Menu ** Class B only
Upon Application Submission, the Clerk's Office issued to the application: <input type="checkbox"/> Orange sign <input type="checkbox"/> Orange business card <input type="checkbox"/> "Applying for a Liquor/Beer License in the City of Madison" brochure with contact information		
Date complete application filed with Clerk's Office _____		
Date of ALRC meeting _____		Date license granted by Common Council _____
Date provisional issued _____		Date license issued _____