	RIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION	Applicant's Wisconsin Seller's Permit Number: 004-0005	58299-01	
	omit to municipal clerk	Federal Employer Identification 84-121	.9301	
For	the license period beginning November 20 <u>07</u> ;	LICENSE REQUESTE		
	ending 20 <u>08</u>	TYPE	FEE	
	Town of .	Class A beer	\$	
TO	THE GOVERNING BODY of the: Village of Madison	Class B beer	\$	
	City of	Wholesale beer	\$	
_		Class C wine	\$	
Cou	unty of Dane Aldermanic Dist No. 17 (if required by ordinance)	Class A liquor	\$	
1	The named INDIVIDUAL INPARTNERSHIP TLIMITED LIABILITY COMPANY	✓ Class B liquor  Reserve Class B liquor	\$	
ı	The named INDIVIDUAL INPARTNERSHIP ILIMITED LIABILITY COMPANY  CORPORATION/NONPROFIT ORGANIZATION		\$	
	hereby makes application for the alcohol beverage license(s) checked above	Publication fee TOTAL FEE	\$ 20	
2	- ,,		\$20	
۷	Name (individual/partners give last name, first middle; corporations/limited liability companies give regis Chipotle Mexican Grill, Inc.			
	An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application b	y each individual applicant, by eac	h member of a	
	partnership, and by each officer, director and agent of a corporation or nonprofit organization, and liability company. List the name, title, and place of residence of each person	d by each member/manager and ag	ent of a limited	
	Title Name Home	Address Post Office	& Zip Code	
	President/Marthur Secretary Montgomery F. Moran, 7705 Fairview Rd.,  **Markenian CEO M. Steven Ells, 100 S. Marion Parkway, Der	Boulder, CO 80303		
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	illo II 60565		
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	7 Donver CO 90202		
•	Agent Sahul Flores, Jr.,	7, Denver, CO 80202		
	Directors/Managers Please see attached			
ર	Trade Name ▶ Chipotle Mexican Grill Business Ph	and Number applied for		
1	Address of Premises \ \ \delta 22 East Washington Avenue \ Post Office 8	Madison WI 5	3704	
5	Is individual, partners or agent of corporation/limited liability company subject to completion of the respon	a zip Code	3701	
J	training course for this license period?	" ! <del>;***</del> 1\	res 🔽 No	
6	Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant?			
7	Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of	this business?		
8	(a) Corporate/limited liability company applicants only: Insert state DE and date	1/30/98 of registration	ios <u>IIII</u>	
	(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liabil	ity company?	res 🔽 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?		/es 🔲 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 may be sold and stored only on the premises described) 2216 sq. ft. restaurant; 250-1000	d records (Alcohol beverages	-1-1	
10	Legal description (omit if street address is given above): $n/a$	sq. II. pano; coolers & c	abinets	
	(a) Was this premises licensed for the sale of liquor or beer during the past license year?	behind cou	173,000	
,,	(b) If yes, under what name was license issued?		∕es ☑No	
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]		res No	
13	Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same n		<u>L</u>	
	Section 2. above? [phone (608) 266-2776]	<u></u>	'es 🔲 No	
14	Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?	<del>[</del> ].	es 📝 No	
REAL	O CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above question	to has been truthfully ensured to the best		
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 ass	igned to another	
{Indiv	idual applicants and each member of a partnership applicant must sign; cornorate officer(s), members/managers of tir	nited Liability Companies must sign \ Any	lack of accounts	
any portion of a licensed premises during inspection will be segmed a refusant operant inspection. Such refusal is a misdemeanor and grounds for revocation of this license.  SUBSCRIBED AND SWORN TO BEFORE ME  NOTABLE DIRECTOR SWO				
SUB	SCRIBED AND SWORN TO BEFORE ME NOTABLEN			
this .	day of September 200 Bill			
Deniso O Baran M. Steven Ells. CEO				
wy c	4771/2000	per/Manager of Limited Liability Company if Ar	ny)	
TO E	BE COMPLETED BY CLERK			
Date	received and filed Date reported to council/board Date provisional license issued Signs	ture of Clerk / Deputy Clerk		
ļ	nunicipal cierk 2(*31)20 /	· -		
Date	Date license issued  License number issued  74382			
AT-10	6 (R 1-05)	Wisconsin Depar	tment of Revenue	

1. License #67394

License Type: Liquor & Beer, Class B

Property: 8422 Old Sauk Road, Madison, WI 53562

2. License #62566

License Type: Liquor & Beer, Class B

Property: 658 State Street, Madison, WI 53703

3. License #8440

License Type: Liquor & Beer, Class B

Property: 3232 South 27th Street, Milwaukee, WI 53215

4. License #B-0007944

License Type: Liquor & Beer, Class B

Property: 600 East Ogden Avenue, Milwaukee, WI 53202

5 License Type: Liquor & Beer, Class B

Property: 5792 South 108th Street, Hales Corners, WI 55130

6. License Type: Liquor & Beer, Class B

Property: 5720 Washington Avenue, Mt. Pleasant, WI 53406

7. License Type: Beer, Class B

Property: 15375 Bluemound Road, Brookfield, WI 53005

8 License Type: Beer, Class B

Property: 3705 N. 124th Street, Suite 200, Brookfield, WI 53005

9. License Type: Beer, Class B

Property: 1021 Pearson Drive, Hudson, WI 54016

## City of Madison Liquor/Beer Original Supplemental Form

Office Use Only					
Seller's Permit Number Federal Employer Identification Number Notarized Original Application Form (AT-106) Notarized Supplemental Form Description of Licensed Premise *Notarized Appointment of New Liquor Agent Background Investigation Form(s)	Floor Plans Lease Notarized Transfer of Ownership Letter *Articles of Incorporation/ Organization Sample Menu, if possible Business Plan, if one exists * Forms required of Corporation/LLC only				
of stairs and all entrances and exits, normal and custo furniture and large gaming tables, placement and din normal position of booths, bar stools, tables and chair	on that includes exterior and interior dimensions, position omary use of each room, placement of major appliances, nensions of all bar(s), and graphic representation of the irs. Premise plans must be no larger than 8 ½ x 14.				
architect or engineer	✓ 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 enrolle course before appearing before the Alcohol Licen	ed in or have completed the Beverage Server Training se Review Committee.				
Prior to your hearing before the Alcohol License Alderperson of the District in which you intend to	Review Committee (ALRC), you must contact the o do business, the representative of the appropriate ice Department, and the Alcohol Policy Coordinator.  can be reached at 244-5066 -mail at council@cityofmadison.com tative can be obtained by calling the Planning and www.ci madison.wi.us/neighborhoods/contacts.htm. ichauf (Sector 400) can be reached at 266-4316. tanz (Sector 600) can be reached at 267-2100. Bach (Sector 500) can be reached at 245-3652. feld (Sectors 100-200) can be reached at 288-6152. Theeler (Sector 300) can be reached at 267-8687.				
1 Have you contacted the Alderperson, Police Departs the neighborhood association representative for the	nent District Captain, Alcohol Policy Coordinator, and area in which you intend to locate? ☑ Yes ☐ No				
2. Are there any special conditions desired by the neight Explain.	aborhood? □ Yes 🗷 No				
3. Name of Applicant/Partner/Corporation/LLC Chipo	otle Mexican Grill, Inc.				
4. Telephone Number: <u>(303) 222-2546</u>					
5. Address of Licensed Premise 4622 Fast Washing	gton Avenue				
6. Anticipated opening date: December 2007					
7. Mailing address if not opening immediately Attn:	Licensing, 1543 Wazee St., Suite 200, Denver, CO 80202				

8 What type of establishment is contemplated? $\Box$ T	avern   Nightclub	■ Restaurant		
☐ Liquor Store ☐ Grocery Store ☐ G	Convenience Store – Gas Pumps	□ Yes □ No		
☐ Other Please explain				
9 Business Description including hours of operation	* *	ir venue, what type:		
11 a.m 10 p.m. daily, except holidays;	no entertainment			
10 Detailed written description of building, including	overall dimensions, seating arran	gements, capacity, bar		
size and all areas where alcohol beverages are to b	e sold and stored. The licensed p	oremise described		
below shall not be expanded or changed withou	t the approval of the Common (	Council.		
1-story, multi-tenant building, 2216 sq.	ft. space for dine-in or ta	ike-out "fast-		
casual" restaurant; occupancy load is 67;	additional 250-1000 sq. ft	. patio seating;		
liquor served from order counter (no bar)	; liquor stored in walk-in	cooler & cabinets		
behind counter not in public traffic area	S			
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 shared tenant parking;  10'x14' trash enclosure in lot corner; approx. 60 spaces plus 4 handicap spaces  13 Describe your management experience, staffing levels, duties and employee training  Chipotle Mexican Grill has been in business for 14 years in multiple jurisdictions throughout the US with liquor licenses. Chipotle is a very conscientious business that provides employees with in-house training and encourages to participate in certifications outside the company.  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 láw to be served on the corporation.  Name				
901 S. Whitney Way	Madison	WI 53711		
Address	City	State Zip		
15. Excluding pre-packaged snacks, how late will food	be served? 10 p.m.			
16 What type of food will you be serving, if any? Mad	e to order burritos, tacos	& salads		
17 Indicate any other product/service offered: Chips	& salsa, soft drinks			
18. Describe your target market. All ages & income	levels; people who enjoy	resh food; mall traffic		

19 What is your estimated capacity	? 67	_		
20. Are you operating under a lease	or franchise agreemen	t? BYes □ No (If yes	s, attach a copy.)	
21 Owner of building where establish	shment is located: Dis	covery Springs LLC		
Address of Owner: 2275 Demir			ne Number( <u>608)</u> 833–2929	
22 Individual or Partnership: Have	individual/partners cor	npleted the Beverage Ser	ver Training	
Course? ☐ Yes ☐ No If Ye	es, indicate names:			
License cannot be issued until	proof of Beverage Se	ver Training completio	n is shown.	
23. Corporation/LLC: Will liquor/be	eer agent be a Wiscons	in resident at the time of g	granting? ☑ Yes ☐ No	
24. Corporation/LLC: Agent must d	isclose interest held in	business:0%		
25. Corporation/LLC: Has agent cor	unlated the Reverse S	erver Training Course?	▼ Yes □ No	
License cannot be issued until				
License cannot be issued until	proof of Deverage Sei	ver training completion	I IO DAIO (VIII)	
26 Corporation/LLC: List Director	s, Stockholders, and M	anagers below.	<i>•</i>	
Director(s) Name Home Address				
See attached				
See attached				
Stockholder's Name		Address	Extent of Ownership%	
publicly traded company in	the New York Stoc	k Exchange under		
the symbol CMG since 2006 M. Steven Ells	0202 <390			
M. Steven Errs	1. Steven Ells 100 S. Marion Pkwy, Denver, CO 80202 <39 <sub>0</sub>			
Manager's Name	Address	<b>Business Phone</b>	Home Phone	
	.(			
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· ·	ganizations (clubs): Do your memb fense) discrimination in regard to 1a			t of "Invidious" (likely  ☐ Yes ☐ No
beverages	o Chapter 23 of the Madison General shall substantiate their gross receip For new establishments, the pe	ts for food and alcol	ol beverage sales l	ns serving alcohol broken down by
Calendar/fi	iscal year: 🛭 🕄 January 1 – Decemb	er 31 □ July 1 – J	une 30	
	Percent Gross Receipts from Ale	cohol Beverages	2 %	
	Percent Gross Receipts from Foo	od	98 %	
	Percent Gross Receipts from Oth	ner	0 %	
	Tot	tal Gross Receipts	100 %	
	ve written records to document the be required to submit documenta			indicated.
29. What type	of establishment are you? (Check	all that apply) □ Ia	avern 🛭 Restaura	nt 🗆 Nightclub
☐ Other	Please explain:			
30. Will your	establishment have a kitchen mana	ger? ⊠Yes □No	)	
31. Will your	establishment be a member of the	Wisconsin Restaura	nt Association?	Yes No
32. How many	y wait staff will be employed at the	establishment?	0	
33. What hour	rs, if any, will food service not be a	vailable?	n/a	
34. Describe h	how you plan to advertise/promote	your business. What	products will you	be advertising?
	nage & local ads promoting non is anticipated	ew location; cha	in is well know	n and minimal
has been truthf according to la assigned to and members/mana premise during	by before signing: Under penalty profully completed to the best of the known and that the rights and responsible other. (Individual applicants and eagers of Limited Liability Companing inspection will be deemed a refusivocation of this license.	nowledge of the signal illities conferred by ach member of a parties must sign.) Any	the license(s), if grant the license(s), if grant thership must signal lack of access to a	to operate this busines anted will not be corporate officer(s), ny portion of a licensed
SUBSCRIBED this 18 <sup>th</sup>	day of SWORN TO BEFORE ME:  day of STATE OF COLORADO  erk/Notary Public/imission Expires 07/11/2008	M. Steven El	Member/Manager of LLC/P 1s, CEO Member/Manager of LLC/P	
My commission	1 expires 7~11-2009		/Member/Manager of LLC/	artner/Individual)

If you have any questions, please contact the City Clerk's Office at (608) 266-4601.





