

# ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning 20 ending June 30 20 10

TO THE GOVERNING BODY of the:  Town of  Village of  City of Madison

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): 802 Regent, 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

Title	Name	Home Address	Post Office & Zip Code
President/Member	Managing Member Scott Merat	707 Lochmoore Dr.	Wausau, WI 53597
Vice President/Member	Managing Member Danny Ironmonger	165 Potomac Pl.	Oregon, WI 53575
Secretary/Member			
Treasurer/Member			
Agent	Dan Ironmonger		
Directors/Managers			

3 Trade Name Buckingham's Business Phone Number \_\_\_\_\_  
 4 Address of Premises 802 Regent St. Post Office & Zip Code \_\_\_\_\_

- 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 11/18/09 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) \_\_\_\_\_
- 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? James B. Dailey Dailey & Co Inc
- 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 20 day of November 20 09  
T. Adm  
 (Clerk/Notary Public)

Scott Merat  
 (Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)  
Dan Ironmonger  
 (Officer of Corporation/Member/Manager of Limited Liability Company/Partner)  
 (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

My commission expires 8-26-12

Applicant's Wisconsin Seller's Permit Number	<u>456-1027007570-03</u>
Federal Employer Identification Number (FEIN):	<u>27-1335007</u>
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Wholesale beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$
<b>TOTAL FEE</b>	<b>\$</b>

TO BE COMPLETED BY CLERK			
Date received and filed with municipal clerk	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
<u>11/20/09</u>			
Date license granted	Date license issued	License number issued	

## City of Madison Supplemental Class B License Application

<input checked="" type="checkbox"/> Seller's Permit Number <u>DOR-STATE WIS</u> <input checked="" type="checkbox"/> Federal Employer Identification Number <u>IRS. 60N</u> <input type="checkbox"/> Notarized Original Application Form <input checked="" type="checkbox"/> Notarized Supplemental Form	<input type="checkbox"/> Description of Licensed Premise <input checked="" type="checkbox"/> *Notarized Appointment of Agent <input type="checkbox"/> Background Investigation Form(s) <input type="checkbox"/> Notarized Transfer of Ownership <input type="checkbox"/> *Articles of Incorporation	<input checked="" type="checkbox"/> Floor Plans <input checked="" type="checkbox"/> Lease <input type="checkbox"/> Sample Menu <input type="checkbox"/> Business Plan * Corporation/LLC only
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1. Name of Applicant/Partner/Corporation/LLC 802 Regent LLC
2. Address of Licensed Premise 802 Regent St.
3. Telephone Number: \_\_\_\_\_ 4. Anticipated opening date: 12/30/09
5. Mailing address if not opening immediately 707 Lochmoore Dr. Wauwakee WI 53597
6. 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
7. Are there any special conditions desired by the neighborhood?  Yes  No  
 Explain Contacted by phone & email. Waiting for contact back from him.
8. Business Description, including hours of operation: Sports Bar & Restaurant  
Hours of Operation 10 Am - 2 Am
9. Do you plan to have live entertainment?  No  Yes—What kind? \_\_\_\_\_

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. <sup>180</sup> **The licensed premise described below shall not be expanded or changed without the approval of the Common Council.**

40' x 60' open food & beverage area - 20' x 60' Restrooms, kitchen, office  
All 1st floor. "U" shaped bar with 37' sides & 16' end. Tables along outside walk  
Storage - 60' x 60' full basement Dry Storage & Walk in Coolers & Freezer & Employee Restroom

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 It will be monitored  
by the manager on duty. Off Regent St. 15 stalls (including 1 handicap) along  
outside edges of lot.
13. Describe your management experience, staffing levels, duties and employee training  
Scott Nevat - Managed Regent St. Retreat & Branch St. Retreat 10 years / Staff of 20-30 people opening, closing  
Hiring, Training  
Overseeing

14. Identify the **registered agent** for your Corporation or LLC. This is your corporation's agent for service of process, notice or demand required or permitted by law to be served on the corporation.

Dan Ironmonger 165 Potomac Pl Oregon WI 53575  
 Name Address

15. Utilizing your market research, who would you project your target market to be?

Kohl Center Attendees, Area Business Employees & UW Madison Students

16. What age range would you hope to attract to your establishment? All ages 21 + over

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

Local Store Marketing, Local Newspapers. Food & Beverage

18. Are you operating under a lease or franchise agreement? Yes (attach a copy)  No

19. Owner of building where establishment is located: IN Two LLC (Dan Ironmonger & Scott Nerat)

Address of Owner: Scott Nerat 707 Lochmoore Dr. Phone Number (608) 850-5882  
Waunakee, WI 53597

20. 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

21. List the Directors of your Corporation/LLC

Scott Nerat 707 Lochmoore Dr. Waunakee, WI 53597

Name Address

Danny Ironmonger 165 Patomac Pl. Oregon, WI 53575

Name Address

Name Address

22. List the Stockholders of your Corporation/LLC

Scott Nerat 50%

Name Address % of Ownership

Danny Ironmonger 50%

Name Address % of Ownership

Name Address % of Ownership

23. What type of establishment are you? (Check all that apply)  Tavern  Nightclub  Restaurant

Other Please Explain. \_\_\_\_\_

24. What type of food will you be serving, if any? \_\_\_\_\_

Breakfast  Lunch  Dinner

25. Please submit a sample menu with your application, if possible. What might eventually be included on your operational menu when you open?  Appetizers  Salads  Soups  Sandwiches Entrees

Desserts  Pizza Full Dinners

26. During what hours of your operation do you plan to serve food? 10am - Midnight

27. What hours, if any, will food service not be available? Midnight - 2am.

28. Indicate any other product/service offered. None

29. Will your establishment have a kitchen manager?  Yes No

30. Will you have a kitchen support staff?  Yes No

31. How many wait staff do you anticipate will be employed at your establishment? 4-6

During what hours do you anticipate they will be on duty? Lunch & Dinner Hour, Before & After Kohl Center events

32. Do you plan to have hosts or hostesses seating customers? Yes  No

33. Do your plans call for a full-service bar?  Yes No

If yes, how many bar stools do you anticipate having at your bar? 25

How many bartenders do you anticipate you would have working at one time on a busy night? 3 or 4

34. Will there be a kitchen facility separate from the bar?  Yes No

35. Will there be a separate and specific area for eating only? Yes  No

If yes, what will be the seating capacity for that area?       

36. What type of cooking equipment will you have?  Stove  Oven  Fryers  Grill  Microwave

37. Will you have a walk-in cooler and/or freezer dedicated solely to the storage of food products?  Yes No

38. What percentage of your overall payroll do you anticipate will be devoted to food operation salaries?  
50%

39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? 60%

What percentage of your advertising budget do you anticipate will be drink related? 40%

40. Are you currently, or do you plan to become, a member of the Madison—Dane County Tavern League or the Tavern League of Wisconsin?  Yes No

41. Are you currently, or do you plan to become, a member of the Wisconsin Restaurant Association or the National Restaurant Association?  Yes No

42. What is your estimated capacity? 180

43. 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.

Gross Receipts from Alcoholic Beverages	48 %
Gross Receipts from Food and Non-Alcoholic Beverages	51 %
Gross Receipts from Other	1 %
<b>Total Gross Receipts</b>	<b>100%</b>

44. 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.

**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 this business according to law and that the rights and responsibilities conferred by the license(s), if granted will not be assigned to another. 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 20 day of November, 2009

Scott Nerat  
(Officer of Corporation/Member of LLC/Partner/Individual)

T. Ash Gelfg  
(Clerk/Notary Public)

My commission expires 8-26-12

# Appointment of New Liquor/Beer Agent

## To be completed by Corporate Officer or Member of LLC

I, Scott Nerat, officer/member for 802 Regent LLC  
(Corporation/LLC), doing business as Buckingham's, authorize and appoint  
Danny L. Ironmonger (Name) as the liquor/beer agent for the premise  
located at 802 Regent St.

Subscribed and sworn to before me this

20 Day of November, 20 09

T. Adam Gully  
Notary Public, Dane County, Wisconsin

My Commission Expires 8-26-12

Scott Nerat  
Signature of Officer/Member

## To be completed by appointed Liquor/Beer Agent

I, Danny Ironmonger, appointed liquor/beer agent for  
802 Regent LLC (name of Corporation or LLC), being first duly sworn  
say I have vested in me, by properly authorized and executed written delegation, full authority  
and control of the premise described in the license of such corporation or limited liability  
company, and I am involved in the actual conduct of the business as an employee, or have a  
direct financial interest in the business of the licensee, therein relating to the intoxicating  
liquor/fermented malt beverage. The interest I have in the business is 50 %.

Subscribed and sworn to before me this

20 Day of November, 20 09

T. Adam Gully  
Notary Public, Dane County, Wisconsin

My Commission Expires 8-26-12

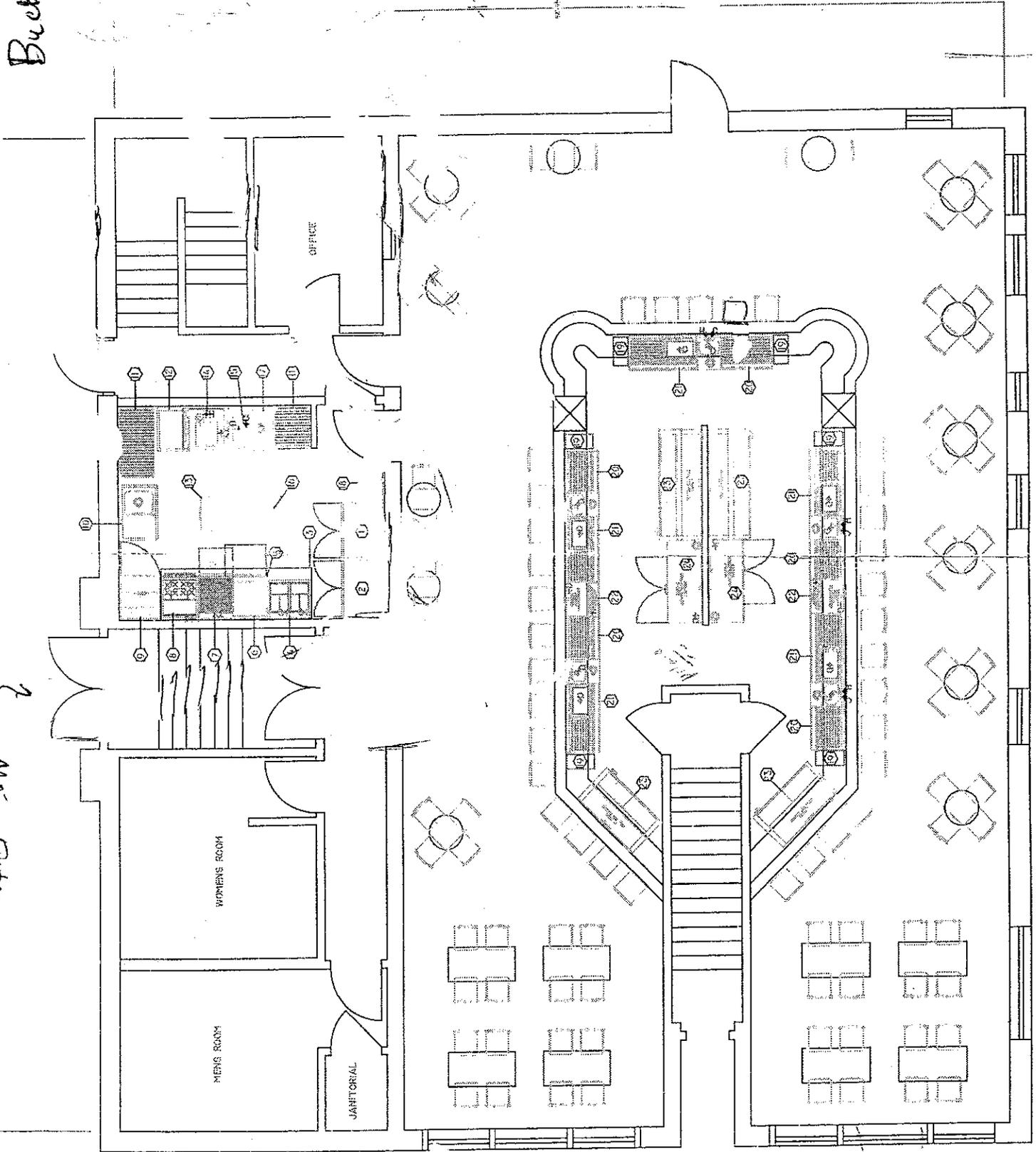
Danny Ironmonger  
Signature of Agent

The appointed Liquor/Beer Agent must complete the other side of this form.

Bucks!

Main Entrance

802 Regent Street



← Regent Street