

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning JULY 1 20 09 ;
ending JUNE 30 20 10

TO THE GOVERNING BODY of the: Town of } MADISON
 Village of }
 City of }

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): ENO VINO LLC

Applicant's Wisconsin Seller's Permit Number <u>004-0002187226-02</u>	
Federal Employer Identification Number (FEIN): <u>20-1155039</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	\$
TOTAL FEE	\$

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	<u>BRUCE CRASS</u>	<u>7589 HEATHER KNOLL LANE VERONA, WI</u>	<u>53593</u>
Vice President/Member	<u>ALFREDO TEUSCHLER</u>	<u>3856 CARIBOU ROAD VERONA, WI</u>	<u>53593</u>
Secretary/Member	<u>JOE GALLINA</u>	<u>8500 GREENWAY BLVD SUITE 200 MIDDLETON, WI</u>	<u>53562</u>
Treasurer/Member	<u>JOHN SMITHE</u>	<u>2243 E. RIVER ROAD FREEPORT, IL</u>	<u>61037</u>
Agent	<u>SEAN KENNEDY</u>	<u>5505 CHESTNUT LANE MCFARLAND, WI</u>	<u>53558</u>
Directors/Managers	<u>SEAN KENNEDY</u>	<u>5505 CHESTNUT LN MCFARLAND, WI</u>	<u>53558</u>

- 3 Trade Name ENO VINO LLC Business Phone Number 608-664-9565
4 Address of Premises 601 JUNCTION RD MADISON, WI 5 Post Office & Zip Code 53717

- 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 WI and date 9/21/04 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) DINING ROOM, BAR, PATIO, LIQUOR ROOM, WINE LOCKERS

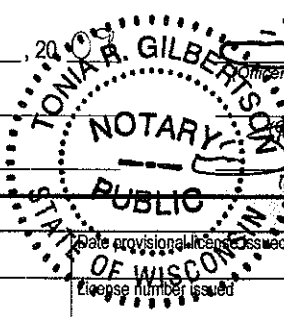
- 10 Legal description (omit if street address is given above): _____
11 (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No
(b) If yes, under what name was license issued? ALFREDO'S ENOTECA
12 Does the applicant understand they must file a Special Occupational 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 21 day of May, 2009,
Tonia R. Gilbertson (Clerk/Notary Public)
My commission expires June 13, 2010

Tonia R. Gilbertson (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)



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
Date license granted	Date license issued	License number issued	

Liquor/Beer Renewal Supplemental Form

Corporation or LLC

1. Name of Corporation or LLC ENO VINO
2. Address of Licensed Premise 601 JUNCTION ROAD MADISON, WI 53717
3. State Seller's Permit Number 004 - 0 0 0 2 1 8 7 2 2 6 - 0 2
4. Federal Employer Identification Number ~~20-1155039~~ → 20-1155039
5. Approximate square footage of licensed premise 5,507
6. Capacity 172
7. Areas where alcohol beverages are sold/permitted (include outdoor seating, if applicable)
DINING ROOM, BAR AND PATIO
8. Areas where alcohol beverages are stored LIQUOR ROOM, WINE LOCKERS
9. Indicate the estimated percent of liquor/beer vs. food business, based on gross sales.
50 % Alcohol 50 % Food _____ % Other
10. **Establishments with a capacity of 100 or more:**
(a) Do you offer or allow live music performances? _____ Yes No
(b) Do you have a designated dance floor area? _____ Yes No
(c) Do you offer or allow the use of a disc jockey? _____ Yes No
11. **Establishments that currently hold Nightclub Licenses:**
Does your approved Security Plan remain in force and unchanged? _____ Yes _____ No
12. **Establishments that currently hold Centers for Visual & Performing Arts Licenses:**
Do your underage identification and security procedures remain in force and unchanged, as approved on your initial application? _____ Yes _____ No
13. Notify me when Tavern Safety Training sessions have been scheduled. No notice needed.

14. How long has the Liquor/Beer Agent resided in the State of Wisconsin? 20 years
15. Percentage of the business owned by the Liquor/Beer Agent 0 %
16. Has the Agent completed the Beverage Server Training Course? Yes No
17. 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 law to be served on the corporation.

SEAN KENNEDY

Name

5505 CHESTNUT LANE McFARLAND WI 53558
 Address City State Zip

18. List names and addresses of all directors, stockholders, members, and managers below.

Names of Directors/Members	Home Address, City, State, Zip
BRUCE CRASS	7589 HEATHER KNOLL LN. VERONA, WI 53593
ALFREDO TEUSCHLER	3856 CARIBOU ROAD VERONA, WI 53593
JOHN SMITHIE	2243 E. RIVER ROAD FREEPORT, IL 61032

Names of Stockholders (Corporation Only)	Home Address, City, State, Zip	% of Ownership (must = 100%)
JOE GALLINA	8500 GREENWAY BLD. SUITE 200 MIDDLETON, WI	
		53562
DOUG WAGNER	1671 BARBERRY CIRCLE FREEPORT, IL 61032	

Name(s) of Manager(s)	Home Address, City, State, Zip	Phone #

19. SEAN KENNEDY 608 896 6708
 Who to contact 8 a.m. - 4:30 p.m. regarding problems with application Contact Phone Number

SKENNEDY48@HOTMAIL.COM
 Contact E-mail Address, if possible

X

, Member
 Signature of Officer/Member

5/21/09
 Date

Liquor/Beer Agent Authorization

I, BRUCE CRASS, officer/member for ENO VINO LLC

(Corporation/LLC), doing business as RESTAURANT, authorize and appoint

SEAN KENNEDY (Name) as the liquor/beer agent for the premise

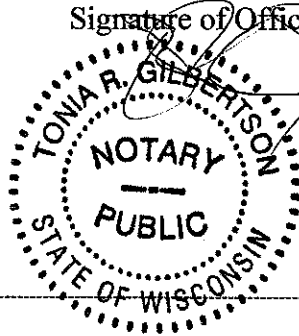
located at 601 JUNCTION RD MADISON, WI 53717

Subscribed and sworn to before me this

21 Day of May, 2009

Tonia R. Gilbertson
Notary Public, Dane County, Wisconsin
My Commission Expires June 13, 2010

[Signature] MEMBER
Signature of Officer/Member



Acceptance of Liquor/Beer Agent Appointment

I, SEAN KENNEDY, appointed liquor/beer agent for

ENO VINO 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 0 %.

Subscribed and sworn to before me this

21 Day of May, 2009

Tonia R. Gilbertson
Notary Public, Dane County, Wisconsin
My Commission Expires June 13, 2010

[Signature]
Signature of Agent

[Signature]

