

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk

For the license period beginning July 1 20 06 ;
ending June 30 20 07

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): PDQ Food Stores, Inc.

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>See Exhibit A</u>		
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<u>Patti Westbury, 9 Forge Court, Madison, WI 53716</u>		

Directors/Managers

- 3 Trade Name PDQ Store #115 Business Phone Number 608/222-6780
4 Address of Premises 4402 E. BUCKEYE ROAD Post Office & Zip Code Madison, WI 53716

- 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 _____ and date _____ 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) 2600 sq. ft. concrete block building w/brick veneer.

- 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? _____

- 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 18th day of January 20 07
[Signature]
(Clerk/Notary Public)

[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
MICHAEL S. ARNOLD, CFO
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

My commission expires 3/28/2010

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	

City of Madison Liquor and/or Beer Original Supplemental Form

Office Use Only

- | | |
|--|--|
| <input type="checkbox"/> Seller's Permit Number
<input type="checkbox"/> Federal Employer Identification Number
<input type="checkbox"/> Notarized Original Application Form (AT-106)
<input type="checkbox"/> Notarized Supplemental Form
<input type="checkbox"/> Description of Licensed Premise
<input type="checkbox"/> Notarized Auxiliary Questionnaire(s) (AT-103)
<input type="checkbox"/> Background Investigation Form(s)
<input type="checkbox"/> Floor Plans | <input type="checkbox"/> Lease
<input type="checkbox"/> Notarized Transfer of Ownership Letter
<input type="checkbox"/> *Schedule of Appointment of Agent (AT-104)
<input type="checkbox"/> *Notarized Agent Appointment/Acceptance Form
<input type="checkbox"/> *Articles of Incorporation/ Organization
<input type="checkbox"/> Sample Menu, if possible
<input type="checkbox"/> Business Plan, if one exists
* Forms required of Corporation/LLC only |
|--|--|

- ✓ All applicants must provide an adequate premise plan that includes exterior and interior dimensions, position of stairs and all entrances and exits, normal and customary use of each room, placement of major appliances, furniture and large gaming tables, placement and dimensions of all bar(s), and graphic representation of the normal position of booths, bar stools, tables and chairs. **Premise plans must be no larger than 8 ½ x 14.**
- ✓ 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 enrolled in or have completed the Beverage Server Training course before appearing before the Alcohol License Review Committee.**

Prior to your hearing before the Alcohol License Review Committee (ALRC), you must contact the Alderperson of the District in which you intend to do business, the representative of the appropriate neighborhood association (if any), the Madison Police Department, and the Alcohol Policy Coordinator.

- Alderperson _____ can be reached at _____, at the Common Council Office (266-4071), or via e-mail at council@cityofmadison.com.
- The name of the neighborhood association representative can be obtained by calling the Planning and Development Department at 266-4635 or online at www.ci.madison.wi.us/neighborhoods/contacts.htm.
- Police Department District Captain _____ can be reached at _____
- Alcohol Policy Coordinator Joel Plant can be reached at 264-9295

1. 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
2. Are there any special conditions desired by the neighborhood? Yes No
 Explain _____
3. Name of Applicant/Partner/Corporation/LLC PDQ FOOD STORES, INC. dba PDQ #115
4. Telephone Number: 608/828-2172 (office) 608/222-6780 (store)
5. Address of Licensed Premise 4402 E. BUCKEYE ROAD, MADISON, WI 53716
6. Anticipated opening date: STORE IS IN OPERATION CURRENTLY
7. Mailing address if not opening immediately P.O. BOX 620997, MIDDLETON, WI 53562

8. What type of establishment is contemplated? Tavern Nightclub Restaurant
 Liquor Store Grocery Store Convenience Store – Gas Pumps Yes No
 Other Please explain _____

9. Business Description including hours of operation and if entertainment is part of your venue, what type:
CONVENIENCE FOOD STORE W/GASOLINE AND CAR WASH - OPEN 24-HOURS

- 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. **The licensed premise described below shall not be expanded or changed without the approval of the Common Council.**

2600 sq. ft. CONCRETE BLOCK BUILDING W/BRICK VENEER AND SHINGLE ROOF. THERE ARE TWO 4-PERSON BOOTHS AND FIVE WINDOW COUNTER STOOLS. ALCOHOL WILL BE STORED IN COOLERS AND BACK STORAGE AREA.

- 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. EXTERIOR LIGHTING ON STORE AND GAS ISLAND IN ADDITION TO VIDEO SURVEILLANCE.

13. Describe your management experience, staffing levels, duties and employee training.

STORE MANAGERS MUST HAVE PREVIOUS EXPERIENCE AND MUST GO THROUGH PDQ'S TRAINING PROGRAM.

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 law to be served on the corporation. MICHAEL S. ARNOLD

Name

7755 BITTERSWEET COURT, MIDDLETON, WI 53562

Address

City

State

Zip

- 15 Excluding pre-packaged snacks, how late will food be served? 24-HOURS

16 What type of food will you be serving, if any? PIZZA, ROLLER GRILL HOT DOGS, PRE-MADE SANDWICHES AND SALADS, POPCORN, SOUP.

17. Indicate any other product/service offered: CAR WASH AND GASOLINE

18. Describe your target market AREA NEIGHBORS AND BUSINESS EMPLOYEES

19. What is your estimated capacity? 0 - 10 CUSTOMERS IN AND OUT AT ANY GIVEN TIME.

20. Are you operating under a lease or franchise agreement? Yes No (If yes, attach a copy)

21. Owner of building where establishment is located: PDQ FOOD STORES, INC.

Address of Owner: P.O. BOX 620997, MIDDLETON, WI Phone Number 828-2172

22. Individual or Partnership: Have individual/partners completed the Beverage Server Training Course? Yes No If Yes, indicate names: _____

License cannot be issued until proof of Beverage Server Training completion is shown.

23. Corporation/LLC: Will liquor/beer agent be a Wisconsin resident at the time of granting? Yes No

24. Corporation/LLC: Agent must disclose interest held in business: 0 %

25. Corporation/LLC: Has agent completed the Beverage Server Training Course? Yes No

License cannot be issued until proof of Beverage Server Training completion is shown.

26. Corporation/LLC: List Directors, Stockholders, and Managers below.

Director(s) Name	Home Address
SEE EXHIBIT A	

Stockholder's Name	Address	Extent of Ownership%

Manager's Name	Address	Business Phone	Home Phone
PATTI WESTBURY,	9 FORGE COURT, MADISON, WI	53716	608/467-2580

27. 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
28. 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.**

Calendar/fiscal year: January 1 – December 31 July 1 – June 30

Percent Gross Receipts from Alcohol Beverages	%
Percent Gross Receipts from Food	%
Percent Gross Receipts from Other	%
Total Gross Receipts	100 %

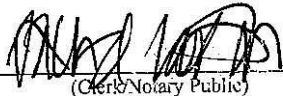
Do you have written records to document the percentages shown? Yes No
You may be required to submit documentation verifying the percentages you've indicated.

29. What type of establishment are you? (Check all that apply) Tavern Restaurant Nightclub
 Other Please explain: CONVENIENCE FOOD STORE
30. Will your establishment have a kitchen manager? Yes No
31. Will your establishment be a member of the Wisconsin Restaurant Association? Yes No
32. How many wait staff will be employed at the establishment? 0
33. What hours, if any, will food service not be available? N/A
34. Describe how you plan to advertise/promote your business. What products will you be advertising?
N/A

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 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 must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.) 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 18th day of January, 2007


 (Clerk/Notary Public)

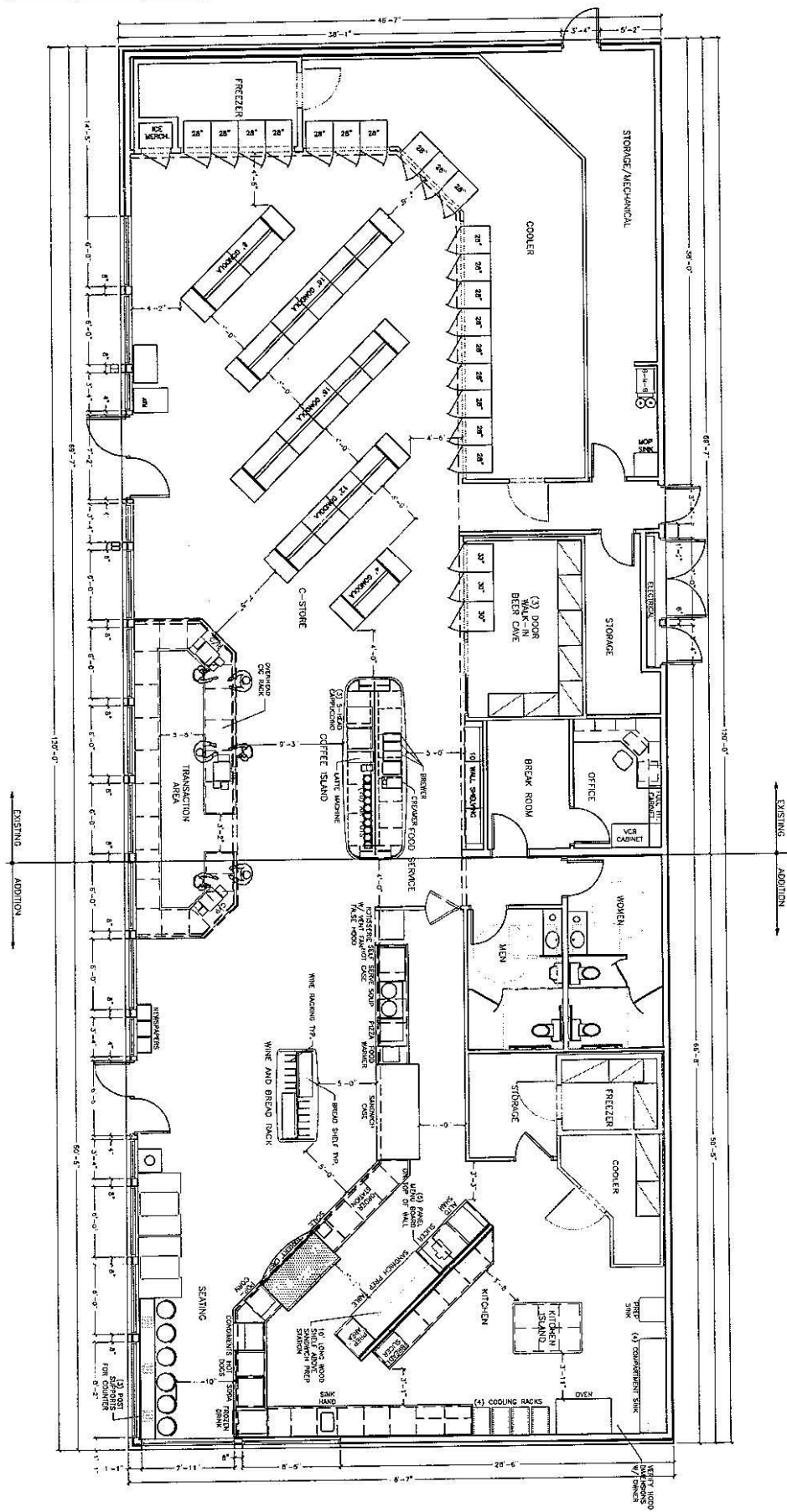

 MICHAEL S. ARNOLD, CFO
 (Officer of Corporation/Member/Manager of LLC/Partner/Individual)

 (Officer of Corporation/Member/Manager of LLC/Partner/Individual)

My commission expires 3/28/2010

 (Officer of Corporation/Member/Manager of LLC/Partner/Individual)

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



1 PROPOSED FLOOR PLAN
1/4" = 1'-0"

PRELIMINARY DESIGN NOT FOR CONSTRUCTION

THIS DOCUMENT IS PRELIMINARY AND INTENDED FOR INFORMATION ONLY. IT IS NOT TO BE USED FOR CONSTRUCTION. THE DESIGNER'S RESPONSIBILITY IS LIMITED TO THE DESIGN AND DESIGN DEVELOPMENT OF THE STORE LAYOUT AND EQUIPMENT SPECIFICATIONS. THE DESIGNER DOES NOT WARRANT THE ACCURACY OF THE INFORMATION PROVIDED HEREIN.

Sheet No.	Date	Revised Description	By
A1	11-15-00	AS-BUILT FLOOR PLAN FOR STORE #100	PROJECT
	11-15-00	REVISED FLOOR PLAN FOR STORE #100	PROJECT
	11-15-00	REVISED FLOOR PLAN FOR STORE #100	PROJECT
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PROJECT NAME
PDQ - BUCKEYE ROAD
PDQ FOOD STORES
 4422 E. BUCKEYE RD
 HANCOCK, MI 48876
PROPOSED FLOOR PLAN

CStore
 SYSTEMS
 CONVENIENCE STORE DESIGN
 & EQUIPMENT SPECIFICATIONS

5411 GLENVIEW DRIVE
 HANCOCK, MI 48876
 PHONE: 616-222-2414
 FAX: 616-222-2414
 E-MAIL: info@CStore.com
www.CStore.com

Rossman

