

Application Date: 6/29/2006

Proof of WI Seller's Permit No. _____

Name of Corporation, Limited Liability Company, Individual Owner, Private Club or Partner(s) <i>NB Liquor LLC</i>	Liquor/Beer Agent <i>Bruce A. Bailey</i>	
Mailing Address <i>5716 Hwy 51</i>	Liquor/Beer Agent Address <i>4603 Severson St</i>	
City/State/Zip Code <i>McFarland WI 53558</i>	Liquor/Beer City/State/Zip Code <i>McFarland WI 53558</i>	
Name of Registered Agent or General Partner <i>Bruce A. Bailey & Jeff Hofer</i>	Local Contact Person <i>Jeff Hofer</i>	Phone Number
Trade Name <i>Packer Liquor</i>	Estimated Opening Date <i>Aug 1</i>	
Business Address <i>3508 Packers Ave</i>	Signature of Owner/Operator <i>Bruce A. Bailey</i>	

Private Club? Yes No

License Description	Type	Fee	Number
Class A Beer	101	\$20 publication fee	74939
Class A Liquor	105	\$20 publication fee	74940
Pre-Inspection & License Fees Non-Refundable	TOTAL	\$	

IT IS MANDATORY THAT ALL APPLICABLE INFORMATION BE COMPLETED. INACCURATE INFORMATION MAY RESULT IN SUSPENSION OR REVOCATION OF LICENSE.

** July 19 ALRC **

Notice of License Application

for July 19 ALRC

Office Use Only

<input checked="" type="checkbox"/> New Application	Date <u>6-28-06</u>
<input type="checkbox"/> Transfer of Ownership Application	
<input type="checkbox"/> Transfer of Location Application	

You are hereby notified that the following application(s) has been filed in the City Clerk's Office. Investigation and report back on approval or disapproval for the granting of license(s) is requested by your department as required by Ordinance.

- To: Assessor Personal Property \$ _____
- City Attorney (Pending Charges) _____
Names of Previous License Holder _____
- Building Inspection Date of Last Inspection _____
 Zoning Classification _____
 Specify distance from schools, churches, libraries and hospitals if under 300 feet _____
- Fire Date of Last Inspection _____
- Health Date of Last Inspection _____
- Police
- Treasurer (Hotel/Motel or Bed & Breakfast) (Information Only)
- Accounting (Hotel/Motel or Bed & Breakfast)(Information Only)
- Alderperson Brian Benford

Please return this notice with any comments you might have regarding the above application to the City Clerk's Office.

- Approved Disapproved No Recommendation

Comments:

Signature of Dept/Div Head or Auth. Rep

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk

For the license period beginning 8/1/06 20 06 ;
ending 6/30/07 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): J&B Liquor LLC

Applicant's Wisconsin Seller's Permit Number:	
Federal Employer Identification Number (FEIN):	
LICENSE REQUESTED ▶	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Wholesale beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$
<input 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>AGENT</u>	<u>Bruce A. Bailey</u>	<u>4603 Severson St</u>	<u>McFarland WI 53558</u>
Vice President/Member <u>OWNER</u>	<u>Jeff E. Hoyer</u>	<u>120 Sandridge Trail</u>	<u>Sun Prairie 53590</u>
Secretary/Member			
Treasurer/Member			
Agent ▶	<u>Bruce A. Bailey</u>	<u>4603 Severson St.</u>	<u>McFarland WI 53558</u>
Directors/Managers			

- 3 Trade Name ▶ J&B Liquor Business Phone Number (608) 249-0828
4 Address of Premises ▶ 3502 Packers Ave [B5010] Post Office & Zip Code ▶ Madison 53714

- 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 6/20/05 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.) 1600' ~~1600'~~ 800' Storage 800' Retail
10 Legal description (omit if street address is given above): Retail Liquor store in Stripmall
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? PACKER LIQUOR 3502 PACKER'S AVE. MADISON WI
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 27th day of June 2006
Maribeth Witzel-Bell
(Clerk/Notary Public)
My commission expires 10-26-08

Bruce A. Bailey
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
Jeff E. Hoyer
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>6-27-06</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued <u>74939, 74940</u>	

Registrar # 04052

42x42

Door

Liquor
5 Shelves

OK
5/11

Enter

5 Shelves

13 cooler doors - 2 feet wide

Storage

Storage

Bath
Room

Exit

Packed Liquor
3500 Packed 5/11

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 checked="" type="checkbox"/> Notarized Original Application Form (AT-106)
<input checked="" type="checkbox"/> Notarized Supplemental Form
<input checked="" type="checkbox"/> Description of Licensed Premise
<input checked="" type="checkbox"/> Notarized Auxiliary Questionnaire(s) (AT-103)
<input checked="" type="checkbox"/> Background Investigation Form(s)
<input type="checkbox"/> Floor Plans | <input type="checkbox"/> Lease
<input type="checkbox"/> Notarized Transfer of Ownership Letter
<input checked="" type="checkbox"/> *Schedule of Appointment of Agent (AT-104)
<input checked="" type="checkbox"/> *Notarized Appointment of Agent Letter
<input checked="" type="checkbox"/> *Notarized Agent Authorization Letter
<input type="checkbox"/> *Articles of Incorporation/ Organization
<input checked="" type="checkbox"/> Sample Menu, if possible
<input type="checkbox"/> Business Plan, if one exists |
|---|--|

- ✓ 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), and the Madison Police Department.

- Alderperson Brian Benford can be reached at 332-3098 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.
- The Police Department Liaison, Sergeant Emil Quast, can be reached at 266-4451.

1. Have you contacted the Alderperson, Police Department Liaison and 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 J&B Liquor LLC

4. Telephone Number: 1608 249-0828

5. Address of Licensed Premise 3506 Packers Ave Madison WI

6. Anticipated opening date: 8/2/06

7. Mailing address if not opening immediately 5716 Hwy 51 McFarland WI 53558

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

Please explain Retail Liquor in Strip mall

9. Business Description, including hours of operation and if entertainment is part of your venue, what type:

Retail Liquor Store 9:00 AM to 9:00 pm Mon. - Sun.

10. Describe building in detail, 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.**

It has 800' of retail space & 800' feet of storage in the rear of building. Sold at counter in front of store. Beer in coolers. Alcohol in dry storage + shelves. Storage room in back.

11. Are any living quarters directly or indirectly accessible and under control of the applicant? Yes No
 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. There is about 5 stalls directly in front of store with all glass in front for visibility

13. Describe your management experience, staffing levels, duties and employee training.
My partner and I currently own another liquor store

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.

Bruce A. Builey
 Name
4603 Severson St. McFarland WI 53558
 Address City State Zip

15. Excluding pre-packaged snacks, how late will food be served? no food

16. What type of food will you be serving, if any? none

17. Indicate any other product/service offered: Lottery & Tobacco

18. Describe your target market. residents in the neighborhood

19. Describe how you plan to advertise/promote your business. self promoting

20. What is your estimated capacity? _____

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

22. Owner of building where establishment is located: _____
Address of Owner: _____ Phone Number _____

23. Individual or Partnership only: 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.

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

25. Corporation/LLC only: Agent must disclose interest held in business: 50 %

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

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

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

Director(s) Name	Home Address
JEFF E. Hofer	120 Sandridge Trail Sun Prairie WI 53590
Bruce A Bailey	4603 Severson St. McFarland WI 58558

Stockholder's Name	Address	Extent of Ownership%

Manager's Name	Address	Business Phone	Home Phone

28 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

29. Restaurant/Tavern Establishment Alcohol Beverage & Food Sales Report

Pursuant to Sections 23.05(3)(s) and 23.05(7)(f) 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.

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

Other Please explain: Retail Liquor Store

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 27th day of June, 2006

Maibeth Witzel-Beh
(Clerk/Notary Public)

My commission expires 10-26-08

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

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

(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.