

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning December 15 20 08 ;
ending December 14 20 09

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

County of Dane Aldermanic Dist No 4 (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): The Legends, 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			
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<u>Owner, Mohamed Barketallah, 702 Lorillard Court, #207, Madison, WI 53703</u>		
Directors/Managers	<u>Same as above</u>		

- 3 Trade Name Zanders Business Phone Number 608-332-3732
4 Address of Premises 118 State Street Post Office & Zip Code 53703

- 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 10/08 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.) Around 3,000 sq. ft. Beverages will be stored at bar & downstairs.

- 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? State Bar and Grill
- 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 3 day of DEC 2008
[Signature]
(Sole/Notary Public)
My commission expires 5-6-2012

(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

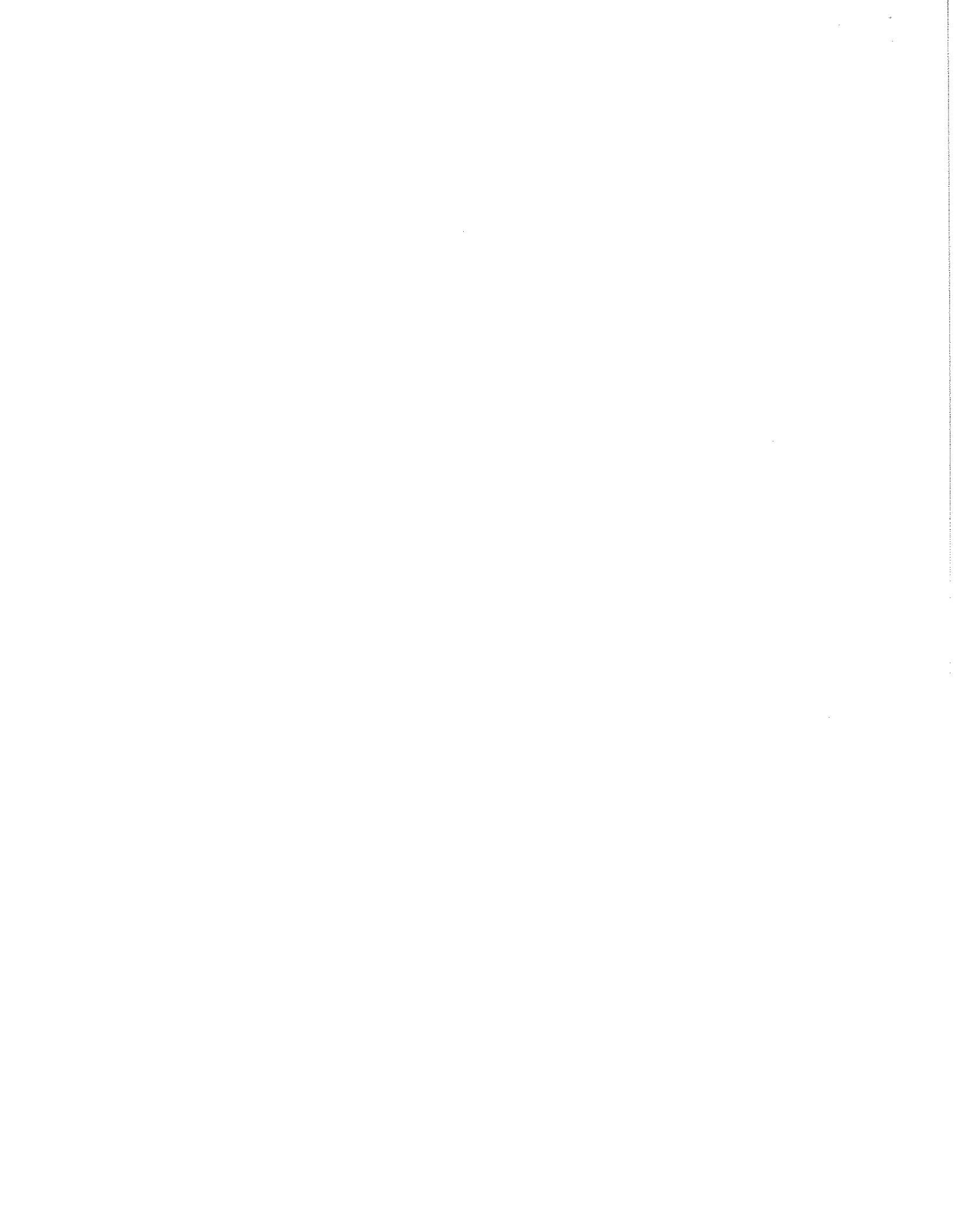
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
<u>12-3-08</u>	<u>1-21-08</u>		
Date license granted	Date license issued	License number issued	
		<u>84481</u>	

Applicant's Wisconsin Seller's Permit Number: <u>456000234513803</u>	
Federal Employer Identification Number (FEIN): <u>26-3715081</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	\$ <u>20-</u>



City of Madison Supplemental Class B License Application

<input checked="" type="checkbox"/> Seller's Permit Number <input checked="" type="checkbox"/> Federal Employer Identification Number <input checked="" 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 checked="" type="checkbox"/> *Articles of Incorporation	<input 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 The Legends
2. Address of Licensed Premise 118 State Street, Madison, WI 53703
3. Telephone Number: 608-332-3732 4. Anticipated opening date: _____
5. Mailing address if not opening immediately 117 State St. Madison, WI 53703
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. _____
8. Business Description, including hours of operation: Upscale sports lounge and restaurant. 11am-10pm Sunday-Wed. 11am-1:30am-Thur-Sat.
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. **The licensed premise described below shall not be expanded or changed without the approval of the Common Council.**
BASEMENT STORAGE (APPROX 2000 SQ FT) 1ST FLOOR (3004 SQ FT)
 2ND FLOOR (2054 SQ FT) TWO-STORY BLDG. WITH MULTI-LEVEL CONFIGURATION.
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. The property is located on State St., there is no parking at the property.
13. Describe your management experience, staffing levels, duties and employee training. I ^{currently} own & manage 2 restaurants. Oversee 2 full bars, 2 kitchens, 3 front of house managers, 2 kitchen managers and ~50 other employees. I have worked in the restaurant industry for over 10 years.
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.
Monamed Barkettallah

Name: Monamed Barkettallah
 Address: _____

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

Overture center patrons, professionals, alumni ~~and~~ family
in town for Badger games

16. What age range would you hope to attract to your establishment? 25 years +

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

Advertising the menu in printed downtown/state st. materials.
Advertising in overture printed materials such as ticket jackets / play bills.

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

19. Owner of building where establishment is located: _____

Address of Owner: _____ Phone Number _____

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? n/a Yes No

21. List the Directors of your Corporation/LLC

Mohamed Barkettallah
Name Address

Name Address

Name Address

22. List the Stockholders of your Corporation/LLC

Name Address % of Ownership

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? all hours of operation
11am-10pm Sun-Wed. 11am-1:30am-Thur-Sat.

27. What hours, if any, will food service not be available? available all hours operating

28. Indicate any other product/service offered. n/a

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? 12
During what hours do you anticipate they will be on duty? _____

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? 30

How many bartenders do you anticipate you would have working at one time on a busy night? 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? 100 160

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?
75%

39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? 95%

What percentage of your advertising budget do you anticipate will be drink related? 5%

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? 250

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	40 %
Gross Receipts from Food and Non-Alcoholic Beverages	60 %
Gross Receipts from Other	0 %
Total Gross Receipts	100%

44. Do you have written records to document the percentages shown? Yes No n/a - New
You may be required to submit documentation verifying the percentages you've indicated. establishment

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:

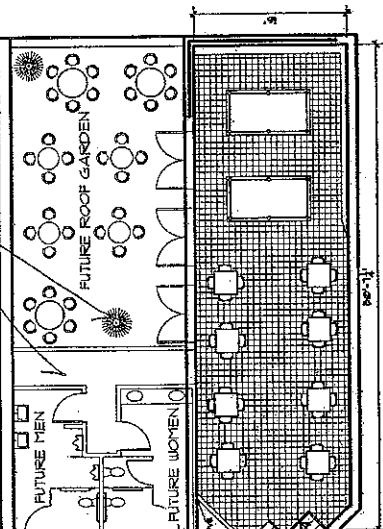
this 3 day of DEC, 2008

[Signature]
(Clerk/Notary Public)

[Signature]
(Officer of Corporation/Member of LLC/Partner/Individual)

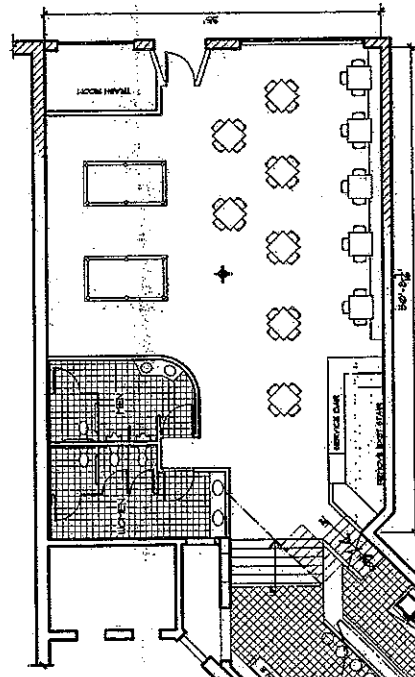
My commission expires 5-6-2012

Handwritten notes: "Not included", "2nd floor", "3rd floor", "4th floor", "5th floor", "6th floor", "7th floor", "8th floor", "9th floor", "10th floor", "11th floor", "12th floor", "13th floor", "14th floor", "15th floor", "16th floor", "17th floor", "18th floor", "19th floor", "20th floor", "21st floor", "22nd floor", "23rd floor", "24th floor", "25th floor", "26th floor", "27th floor", "28th floor", "29th floor", "30th floor", "31st floor", "32nd floor", "33rd floor", "34th floor", "35th floor", "36th floor", "37th floor", "38th floor", "39th floor", "40th floor", "41st floor", "42nd floor", "43rd floor", "44th floor", "45th floor", "46th floor", "47th floor", "48th floor", "49th floor", "50th floor", "51st floor", "52nd floor", "53rd floor", "54th floor", "55th floor", "56th floor", "57th floor", "58th floor", "59th floor", "60th floor", "61st floor", "62nd floor", "63rd floor", "64th floor", "65th floor", "66th floor", "67th floor", "68th floor", "69th floor", "70th floor", "71st floor", "72nd floor", "73rd floor", "74th floor", "75th floor", "76th floor", "77th floor", "78th floor", "79th floor", "80th floor", "81st floor", "82nd floor", "83rd floor", "84th floor", "85th floor", "86th floor", "87th floor", "88th floor", "89th floor", "90th floor", "91st floor", "92nd floor", "93rd floor", "94th floor", "95th floor", "96th floor", "97th floor", "98th floor", "99th floor", "100th floor".



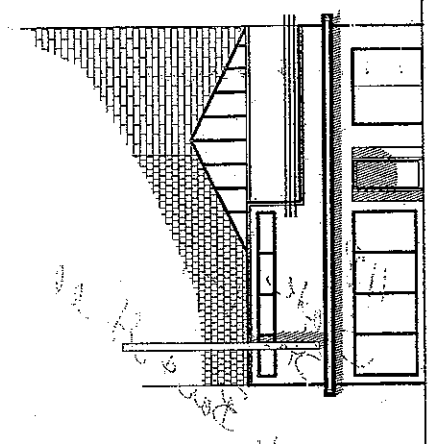
UPPER FLOOR PLAN
SCALE: 1/8" = 1'-0"

TOTAL UPPER LEVEL # = 20844
TOTAL UPPER SEATING = 90

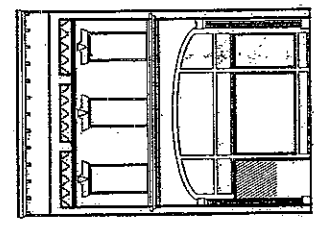


TOTAL LOWER LEVEL # = 32048
TOTAL LOWER SEATING = 90

LOWER FLOOR PLAN
SCALE: 1/8" = 1'-0"



FUTURE CARROLL STREET E
SCALE: 1/8" = 1'-0"



STATE STREET ELI
SCALE: 1/8" = 1'-0"

Handwritten notes: "100", "101", "102", "103", "104", "105", "106", "107", "108", "109", "110", "111", "112", "113", "114", "115", "116", "117", "118", "119", "120", "121", "122", "123", "124", "125", "126", "127", "128", "129", "130", "131", "132", "133", "134", "135", "136", "137", "138", "139", "140", "141", "142", "143", "144", "145", "146", "147", "148", "149", "150", "151", "152", "153", "154", "155", "156", "157", "158", "159", "160", "161", "162", "163", "164", "165", "166", "167", "168", "169", "170", "171", "172", "173", "174", "175", "176", "177", "178", "179", "180", "181", "182", "183", "184", "185", "186", "187", "188", "189", "190", "191", "192", "193", "194", "195", "196", "197", "198", "199", "200".

