

# ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning AUGUST 20 08 ;  
ending JUNE 30 20 09

Applicant's Wisconsin Seller's Permit Number:	003084401
Federal Employer Identification Number (FEIN):	05-060954
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Wholesale beer	\$
<input checked="" type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$
<b>TOTAL FEE</b>	<b>\$</b>

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): KHAMMING BACCAM 14. PEPPERWOOD CT 53704

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>KHAMMING BACCAM</u>		
Vice President/Member				
Secretary/Member				
Treasurer/Member				
Agent		<u>KHAMMING BACCAM</u>		
Directors/Managers				

3 Trade Name VIENTIANE RESTAURANT Business Phone Number (608) 257-2613

4 Address of Premises 626 S. PARK ST Post Office & Zip Code 53715

- 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 \_\_\_\_\_ 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) Blow and large kitchen with 65 seat area

10 Legal description (omit if street address is given above): have 2 0300 sq ft room, wheel chair access

- 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 23 day of July, 20 08  
[Signature]  
(Clerk/Notary Public)  
My commission expires 5-30-2012

[Signature]  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)  
[Signature]  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)  
[Signature]  
(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>7-23-08</u>	<u>8-20-08</u>		
Date license granted	Date license issued	License number issued	

11456

# Liquor/Beer Renewal Supplemental Form

Corporation or LLC

1. Name of Corporation or LLC VIENTIANE RESTAURANT INC.
2. Address of Licensed Premise 696 S PARK ST
3. State Seller's Permit Number 004 - 0000308440-01
4. Federal Employer Identification Number 050609547
5. Approximate square footage of licensed premise 2500 SQFT
6. Capacity 65
7. Areas where alcohol beverages are sold/permitted (include outdoor seating, if applicable)  
Bar, and large kitchen / 65 seating area - have  
a bath room, wheelchair accessible.
8. Areas where alcohol beverages are stored in the back storage room
- 
9. Indicate the estimated percent of liquor/beer vs. food business, based on gross sales.  
10 % Alcohol      80 % Food      10 % Other
10. **Establishments with a capacity of 100 or more:**
- (a) Do you offer or allow live music performances?      Yes      X No
- (b) Do you have a designated dance floor area?      Yes      X No
- (c) Do you offer or allow the use of a disc jockey?      Yes      X No
11. **Establishments that currently hold Nightclub Licenses:** NA  
Does your approved Security Plan remain in force and unchanged?      Yes      X No
12. **Establishments that currently hold Centers for Visual & Performing Arts Licenses:** NA  
Do your underage identification and security procedures remain in force and unchanged, as approved on your initial application?      Yes      X 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? 27 yrs

15 Percentage of the business owned by the Liquor/Beer Agent 10 %

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.

KHAMMING BACCAM  
Name  
626 E. PARK ST MADISON WI 53715  
Address City State Zip

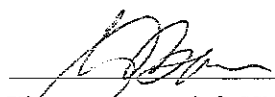
18 List names and addresses of all directors, stockholders, members, and managers below.

Names of Directors/Members	Home Address, City, State, Zip

Names of Stockholders (Corporation Only)	Home Address, City, State, Zip	% of Ownership (must = 100%)

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

19. \_\_\_\_\_  
Who to contact 8 a.m. - 4:30 p.m. regarding problems with application      Contact Phone Number

**X**  \_\_\_\_\_  
Signature of Officer/Member      Date