

# ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning \_\_\_\_\_ 20\_\_\_\_; ending \_\_\_\_\_ 20\_\_\_\_

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): TGRM, 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	<u>Tad Gervasi</u>	<u>5754 Modernaire</u>	<u>Madison, WI 53711</u>
Vice President/Member	<u>Ryan P Moore</u>	<u>412 W Dayton St, Apt 305</u>	<u>Madison, WI 53703</u>
Secretary/Member			
Treasurer/Member			
Agent	<u>Tad Gervasi</u>	<u>5754 Modernaire St</u>	<u>Madison, WI 53711</u>
Directors/Managers			

3. Trade Name The Ducky Duck Business Phone Number (608) 770-3347  
 4. Address of Premises 303 N Henry 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 4/16/10 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) see attached  
 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? Duck duck  
 12. Does the applicant understand they must file a Special Occupational Tax return (TYB 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 27 day of April, 2010

Ethan Beer  
 (Clerk/Notary Public)

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

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

My commission expires 2-24-13

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

### TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-27-10</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

Applicant's Wisconsin Seller's Permit Number:	
Federal Employer Identification Number (FEIN): <u>27-2363092</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	\$
<b>TOTAL FEE</b>	<b>\$</b>



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

Young professionals, 21+ college students

16. What age range would you hope to attract to your establishment? 21-45

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

direct marketing (mail, press releases) print, radio

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

19. Owner of building where establishment is located: The Mullins Group

Address of Owner: 401 N Canal Street Phone Number (608) 257-0687

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?  Yes  No

21. List the Directors of your Corporation/LLC

Ryan P Moore 407 W Dayton Street, Apt 308, Madison, WI  
Name Address

Ted Gervasi 5754 Mademore St., Madison, WI  
Name Address

Name Address

22. List the Stockholders of your Corporation/LLC

Ryan P Moore 407 W Dayton St, Apt 308 50%  
Name Address % of Ownership

Ted Gervasi 5754 Mademore Street 50%  
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? 5-12 p.m.

27. What hours, if any, will food service not be available? 12-2 p.m.
28. Indicate any other product/service offered. \_\_\_\_\_
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? N/A  
During what hours do you anticipate they will be on duty? N/A
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? 3-4
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? \_\_\_\_\_
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?  
5%
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? 5%  
What percentage of your advertising budget do you anticipate will be drink related? \_\_\_\_\_
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? 240

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	95 %
Gross Receipts from Food and Non-Alcoholic Beverages	5 %
Gross Receipts from Other	%
<b>Total Gross Receipts</b>	<b>100%</b>

44. 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.

**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.

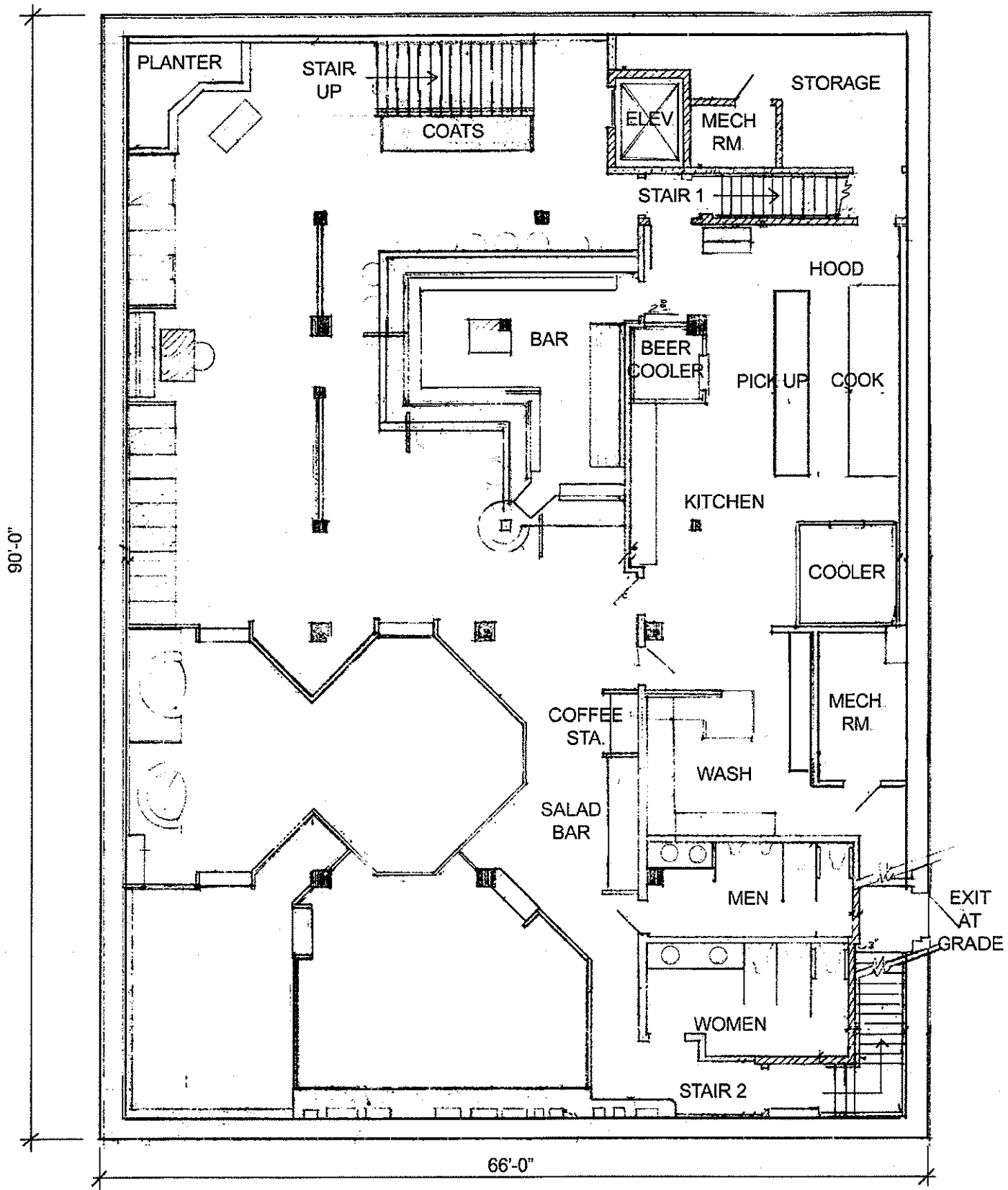
Subscribed and Sworn to before me:

this 27 day of April, 2010

Edmund Berg  
(Clerk/Notary Public)

My commission expires 2-24-10

Jul Ben  
(Officer of Corporation/Member of LLC/Partner/Individual)



303 North Henry Street Lower Level

TBA  
303 N. Henry Street  
Madison, WI

## **Company Description**

### Target Market

- Campus & young professionals
- 21 and older

## **Management & Organization**

### Ownership

- Ted Gervasi
- Ryan Moore

### Employees

- 20-30 total employees
- Staff departments: Management, Bartenders, Doors Staff

### Management

- General Manager
- Shift Managers

### Training

- Document attached

## **Operations**

### Hours of Operation

- Sunday-Saturday (7 days/week)
- Sunday-Thursday 5:00 p.m.-2:00 a.m.
- Friday-Saturday 5:00 p.m.-2:30 a.m.

### Food Production

- TBA 5:00 p.m.-10:00 p.m.

### Security

- Web based security system
- Eight (8) cameras on premise

## **Entertainment**

### Music

- Opportunity for live entertainment during private parties

### Games

- Darts, Shuffle Board, Foosball, etc.

## New Employee Check List

### Administration

- Application
- W-4
- Direct Deposit Form
- Bartending License (if applicable)
- POS user name and password
- Review job description
- Review protocols

### Training & Scheduling

- Bartending License: You can get your bartending license at the link below. You need to take the certificate to the City Clerks office.

[www.Learn2serve.com](http://www.Learn2serve.com)

- Point of Sale (POS): Every new employee will undergo a training session with General Management.
- Serving Staff/Bartenders: Three (3) training sessions on serving (weekday close, weekday open, weekend close)
- Door staff: First shift will concentrate on cleaning and stocking inventory. The next four (4) shifts should concentrate on door management: Checking IDs, maintaining a line, client interaction.

### Internal Communication

- Calendar: We track all of our scheduling online using gmail and google docs. To view schedule changes or to indicate changes in your schedule please use this site:

[www.gmail.com](http://www.gmail.com)  
username: \*\*\*  
password: \*\*\*

\*Each staff member should review all documents within the staff account.

- Monthly staff meetings



# Henry Johnson Family LP

401 N. Carroll St. Madison, WI 53703 P. 608-285-8090 F. 608-285-8085

DATE: April 26, 2010  
TO: City of Madison:  
Alcohol License Review committee and City Clerk  
SUBJECT: New Liquor License Application

This letter is to confirm that we, Henry Johnson Family, LP, are negotiating a Lease with Ryan P. Moore, Ted Gervasi and TGRM, LLC for the lower level premises (303 North Henry Street) located in the building we own at 156 West Johnson Street.


The lease will be contingent upon the Tenant (Mr. Moore, Mr. Gervasi and TGRM, LLC) receiving approval of a liquor license from the City of Madison to operate their proposed business at the premises. It is our understanding that any approval and issuance of a liquor license will similarly be conditioned upon our execution of a lease with Mr. Moore, Mr. Gervasi and TGRM, LLC.

We fully support our prospective tenant's application for a liquor license.

Please contact the undersigned at 608-285-8091 if you have any questions.

Sincerely,

Henry Johnson Family, LP



Bradley C. Mullins

Sec. 183.0202  
Wis. Stats



State of Wisconsin  
Department of Financial Institutions

**ARTICLES OF ORGANIZATION - LIMITED LIABILITY COMPANY**

Executed by the undersigned for the purpose of forming a Wisconsin Limited Liability Company under Chapter 183 of the Wisconsin Statutes:

Article 1. **Name of the limited liability company:**  
TGRM, LLC

Article 2. **The limited liability company is organized under Ch. 183 of the Wisconsin Statutes.**

Article 3. **Name of the initial registered agent:**  
RYAN MOORE

Article 4. **Street address of the initial registered office:**  
30 West Mifflin Street, Suite 404  
Madison, WI 53703  
United States of America

Article 5. **Management of the limited liability company shall be vested in:**  
A member or members

Article 6. **Name and complete address of each organizer:**  
RYAN MOORE  
30 West Mifflin Street, Suite 404  
Madison, WI 53703  
United States of America

TED GERVASI  
5754 Modenaire St  
Fitchburg, WI 53711-5455  
United States of America

Other Information. **This document was drafted by:**  
Erik S. Olsen, ESQ

**Organizer Signature:**  
RYAN MOORE

# Appointment of New Liquor/Beer Agent

## To be completed by Corporate Officer or Member of LLC

I, Ryan P Maare, officer/member for TG-RM, LLC  
(Corporation/LLC), doing business as \_\_\_\_\_, authorize and appoint  
Ted Gervasi (Name) as the liquor/beer agent for the premise  
located at 303 N. Henry St

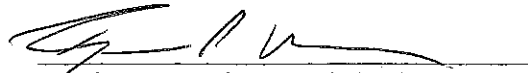
Subscribed and sworn to before me this

27 Day of April, 2010

Maibeth Witzel-Behl

Notary Public, Dane County, Wisconsin

My Commission Expires 8-26-12

  
Signature of Officer/Member

## To be completed by appointed Liquor/Beer Agent

I, Ted Gervasi, appointed liquor/beer agent for  
TG-RM, 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 50 %.


Subscribed and sworn to before me this

27 Day of April, 2010

Maibeth Witzel-Behl

Notary Public, Dane County, Wisconsin

My Commission Expires ~~8~~ 8-26-12

  
Signature of Agent

The appointed Liquor/Beer Agent must complete the other side of this form.