

Class A: ☐ Beer, ☐ Liquor, ☐ Cider

Liquor/Beer License Application

City of Madison Clerk
210 MLK Jr Blvd, Room 103
Madison, WI 53703

(Адепаа	Item Num	ber)	er.	
(Legistar	file numb	er)		
1101	_1B-2	019-	· 6994	6
(License	number)			
10	istrict #)	((103	
				CONTRACTOR OF THE

Clas	ss B: 🛮 Beer, 🗆 Liquor, licensing@cityofmadison.com					
	Class C Wine 608-266-4601					
	•					
Sec	ction A – Applicant					
1.	List the name of your \square Sole Proprietor, \square Partnership, \square Corporation/Nonprofit					
	Organization or \square Limited Liability Company exactly as it appears on your State Seller's Permit.					
	Looking For Group Brewing Madison LLC					
2.	Trade Name (doing business as) Union Corners Brewery					
3.	Address to be licensed 2438 Winnebago Street, Madison WI 53704					
4.	Mailing address 309 West Washington Avenue #102, Madison WI 53703					
5.	Anticipated opening date 5/31/2019					
6.	Is the applicant an employee or agent of, or acting of behalf of anyone except the applicant named in question 3?					
	☑ No ☐ Yes (explain)					
7	Door another alcohol hovernoo licensee or wholesale nemittee have interest in this					
7.	Does another alcohol beverage licensee or wholesale permitee have interest in this business? No Yes (explain)					
	business: En 140 La 165 (explain)					

Section B—Premises

8. Describe in words the building or buildings where alcohol beverages are to be sold and stored. Include all rooms including living quarters, if used, and any outdoor seating used for the sales, service, and/or storage of alcohol beverages and records. Alcohol beverages may be sold and stored only on the premises as approved by Common Council and described on license.

Our leased space includes 5,000 sq ft on the east end of the first floor of the 2418 Winnebago St building and 1,000 sq ft of outdoor patio seating adjacent to the building. Inside, there is 2,000 sq ft for the bar and and dining area. Roughly 2,500 sq ft is used for our main production system and walkin cooler for on site storage. Record keeping is handled with Intuit Quickbooks and an accounting firm.

9. Applicants for on-premises consumption only. Estimated capacity (patrons and emplo					
	Indoor: #30 /	Outdoor:	40 (SEPARATE	OCCUP. APPLICATION)	
10.	Describe existing				
	Winnebago street	side parking in front of our	building is monitored by	security cameras operated	
	by the landlord.				
11.	Was this premises	licensed for the sale of li	quor or beer during the	e past license year?	
	□ No ☑ Yes,	icense issued to Looking F	or Group Brewing Madison LI	LC (name of licensee)	
This		te Information corporations, nonprofit or ips and partnerships, skip		ed Liability Companies	
12.	Name of liquor lice	ense agent Eric Peterson			
13.	City, state in whic	h agent resides Madison,	WI		
14.	. How long has the agent continuously resided in the State of Wisconsin? 7 Years				
15.	5. Has the liquor license agent completed the responsible beverage server training course?				
	☐ No, but will co	mplete prior to ALRC mee	eting 🛭 Yes, date co	mpleted 6/1/17	
16.	State and date of WI 3/8/18	registration of corporation	n, nonprofit organizatio	(getting renewed 5/21/19) n, or LLC.	
17.	In the table below	list the directors of your	corporation or the men	nbers of your LLC.	
_,,		ound check forms for each			
	Title	Name	City and State of Res	idence	
	Owner	Eric Peterson	Madison, WI		
	Member	Daniel Peterson	Janesville, WI		
18.	notice or demand	for your corporation or LL required or permitted by me as your liquor agent.	C. This is your agent fo law to be served on the	er service of process, e corporation. This is not	
19.	Is applicant a sub	sidiary of any other corpo	ration or LLC?		
	□ No □ Yes (explain) Looking For Grou	ıp Brewing LLC (Eric Pe	terson sole owner)	
20.		ion, any officer, any direc nanager hold any interest			
	□ No ☑ Yes (explain) License for same L	LC at same address, expi	ring 6/30/2019	

	tion D—Bus What type of I Tavern	establishme			or Store F	1 Grocery St	rore
	 □ Tavern □ Nightclub □ Restaurant □ Liquor Store □ Grocery Store □ Convenience Store with gas pumps □ Convenience Store with gas pumps 						
			nout gas pui	пръ 🗀 сопу	emence store	e with gas pu	IIIps
	☑ Other Br						
 22. Private organizations (clubs): Do your membership policies contain any requi "invidious" (likely to give offense) discrimination in regard to race, creed, colorigin? ✓ No ☐ Yes N/A 23. Hours of operation: please enter opening and closing times in the table below 					creed, color,		
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	8:00am - 11:59pm		8:00am - 11:59pm		8:00am – 11:59pm	8:00am – 11:59pm	8:00am - 11:59pm
	(Class B on	ly) Enter belo	w any hours	when food ser	vice will not b	e available,	if applicable
	Not applicable: kito	- nen will always be avai	_ able during operating h	ours.	-	-	-
This (cor 24.	his section applies to Class B and Class C applicants only. Class A license applicants consumption off premises) may skip to Section F. 4. Indicate any other product/service offered. Full kitchen: Food 5. All restaurants and taverns serving alcohol must substantiate their gross receipts for food and alcohol beverage sales broken down by percentage. (Note: Non-alcoholic drinks are classified as "Food.") New establishments estimate percentages: 6. **Sood.** 7. **Sood.** 8. **Sood.** 9. **Sood.** 9. **Sood.** 1. **Sood.**						
	Do you have	written reco	ds to docum	ent the percent entation verifyi	tages shown?	□ No 【	Z Yes
26.	Do you plan to have live entertainment? \square No \square Yes—what kind? Televisions and small						
	sound system for playing music.						
				music (except ntertainment L), a DJ, or a (designated
Sec 27.		that liquor/b	eer license r	ilings enewal applicat / granted. 🏻 N		April 15 of e	very year,
28.		I that I am re ng. □ No 【		st an informatio	on session at l	least one we	ek before the
29.	I agree to co	ontact the Ald son to my inf	erperson for ormation ses	this location to	discuss my a	application ar	nd to invite

30.	I agree to contact the Police Department District Captain for this location prior to the ALRC meeting. \square No \square Yes			
31.	I agree to contact the Deputy Clerk prior to the ALRC meeting. \square No \square Yes			
	I agree to contact the neighborhood association representative prior to the ALRC meeting. $\hfill\square$ No \hfill Yes			
33.	I intend to operate under the alcohol license within 90 days of the Common Council granting this license. The license shall be considered surrendered if not issued within 90 days of being granted. \square No \square Yes			
34.	I understand we must file a Special Occupational Tax return (TTB form 5630.5) before beginning business. [phone 1-800-937-8864] $\ \square$ No $\ \square$ Yes			
35.	I understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in question 1, above. [phone 608-266-2776] $\ \square$ No $\ \square$ Yes			
36.	Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? \square No \square Yes			
Sec	tion G—Information for Clerk's Office			
37.	This application is for the license period ending June 30, 20 <u>20</u> .			
38.	State Seller's Permit <u>4 5 6 - 1 0 2 9 5 9 9 5 8 6 - 0 2</u>			
39.	Federal Employer Identification Number 82-4707604			
40.	Who may we contact between 8 a.m. and 4:30 p.m. regarding this license?			
	Contact person Eric Peterson			
	Business phone 608 807-7256 Business e-mail address eric@unioncornersbrewery.com			
	Preferred language English			
	If needed, a qualified interpreter can be provided at no charge to you. Would you like an interpreter?			
	Yes (language:) No (If you answer no and you do require an interpreter, the ALRC will refer your application to a subsequent meeting and this may delay your application process)			
	Si usted requiere o necesita un/a intérprete, nosotros podemos proveer un/a intérprete sin costo alguno. ¿Le gustaría tener un/a intérprete? Sí, lenguaje: No. Si usted escoge "no" en la solicitud/aplicación, y usted sí requiere un/a intérprete, el comité remitirá su solicitud para una nueva junta y esto puede atrasar el proceso de su solicitud.			
41.	Corporate attorney, if applicable: Name Clarke Sugar			
	Phone 608 260-2481 F-mail csugar@axley.com			

	y noon of the third Monday (fourth, if the Clerk's offi eeding months Alcohol License Review Committee. A ms:	
$oldsymbol{\square}$ Member background investigation form	ness Tax Registration Certificate), Appointment of Services of Incorporation (if Corp/LLC), Flow Sample Menu (if applying for Class B license)	
If required items are missing, the application Office until all requirements are submitted.	on will not be considered complete and will not be ac No exceptions are made.	ccepted by the Clerk's
been truthfully completed to the best of the to law, and that the rights and responsibilit	enalty provided by law, the applicant states that the e knowledge of the signer. Signer agrees to operate ties conferred by the license(s), if granted, will not b remises during inspection will be deemed a refusal to s for revocation of this license.	the business according e assigned to another.
Penalty for materially false application information on this application may be required to forfer (Officer of Corporation/Member of LLC/Partner/S	5/24/19	ially false information
Clerk's Office checklist for complete	applications	
WI Seller's Permit Certificate (matching articles of incorporation) FEIN Written description of premises	Background investigation form(s) Form for surrender of previous license Articles of Incorporation Appointment of Agent Corporation/LLC only	Floor Plans Lease Business Plan **Sample Menu ** Class B only
☐ Orange sign ☐ Orange busines	Clerk's Office issued to the application: s card e in the City of Madison" brochure with contact	information
Date complete application filed with Clerk		
	pate license granted by Common Council	