

Class A: ☐ Beer, ☐ Liquor, ☐ Cider

Class B: M Beer, Liquor,

Liquor/Beer License Application

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

licensing@cityofmadison.com 608-266-4601

(Legistar file numbe	er)
UCUB-20	13800- 26
(License number)	
17	632
(Alder District #)	(Police Sector)
Office L	Ise Only

(Agenda Item Number)

	Class C Wine 608-266-4601
Sec	List the name of your Sole Proprietor, Partnership, Corporation/Nonprofit Organization or Limited Liability Company exactly as it appears on your State Seller's Permit. MR Chicken LLC
2.	Trade Name (doing business as) Dave's Hot Chicken
3.	Address to be licensed 4814 Annamark Dr, Madison, WI 53704
4.	Mailing address 241 N Broadway Ste 501
5.	Anticipated opening date December 1, 2022
6.	Is the applicant an employee or agent of, or acting of behalf of anyone except the applicant named in question 1?
	□ No □ Yes (explain) Agent of
7.	Does another alcohol beverage licensee or wholesale permitee have interest in this business? \square No \square Yes (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 receipts. Alcohol beverages may be sold and stored only on the premises as approved by Common Council and described on license.

Alcohol is served / allowed in the dining room, approximately 1,594 sf, at the front of the building and on the patio.

The patio is located on the NW side of the building and is approximately 1,224 sf.

Alcohol will be stored inside coolers near the service area and in dry storage that is located in the back of the house.

Alcohol documentation will be kept in the service area near the beverage coolers.



Liquor/Beer License Application

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LICLIB-202	2-00850
(License number)	
17	632
(Alder District #) Office U	(Police Sector) Ise Only

	ss A: 🗆 Beer, 🗆 Liquor, 🗆 C	ider Madison, WI 53703	Office use Only
Clas	ss B: ☑ Beer, ☐ Liquor, Class C Wine	licensing@cityofmadison.com 608-266-4601	
Sec	ction A – Applicant		
1.		Sole Proprietor, \square Partnership, \square Cord Liability Company exactly as it appe	
	MR Chicken LLC		
2.	Trade Name (doing busine	ess as) Dave's Hot Chicken	
3.	Address to be licensed _4	814 Annamark Dr, Madison, WI 53704	
l .	Mailing address 241 N Broa		
5.	Anticipated opening date	December 1, 2022	
5.	Is the applicant an employ named in question 1?	yee or agent of, or acting of behalf of	anyone except the applicant
	☐ No ☐ Yes (explain) Agent of		
' .	Does another alcohol beve business? ☐ No ☐ Y	erage licensee or wholesale permitee h 'es (explain)	nave interest in this
sec	tion B—Premises		
3.	Describe in words the buil stored. Include all rooms i the sales, service, and/or	ding or buildings where alcohol bevera ncluding living quarters, if used, and a storage of alcohol beverages and rece n the premises as approved by Commo	any outdoor seating used for eipts. Alcohol beverages may
	Inside restaurant, beverage	e dooler, walk-in cooler, office, patio	
	AMENDE	1 - See 151 0a	
	- 7 IVICIAC		

9.	Applicants for on-premises consumption only. Estimated capacity (patrons and employees):					
	Indoor: 75	Outdoo	r: <u>20</u>			
10.	Describe existing p	parking and how parking	g lot is to be monitored.			
	Existing parking lot	has roughly 69 parking	spots and will be monitored by security can	neras		
		<u> </u>				
11.	Was this premises	licensed for the sale of	liquor or beer during the past license yea	ır?		
	☑ No □ Yes, li	cense issued to	(name of	licensee)		
This			organizations, and Limited Liability Compa cip to Section D.	anies		
12.	Name of liquor lice	nse agent Ronald A Stol	kes			
		agent resides Wauwat				
14.			ded in the State of Wisconsin? 17 years			
15.	Has the liquor licen	se agent completed the	e responsible beverage server training co	urse?		
	☐ No, but will complete prior to ALRC meeting ☐ Yes, date completed 12/19/2021					
16.	State and date of r	egistration of corporati	on, nonprofit organization, or LLC.			
	Wisconsin 11/18/202	1				
17.		list the directors of you und check forms for ea	r corporation or the members of your LLC ch director/member.	·		
	Title	Name	City and State of Residence			
	Member / Agent	Ronald A Stokes	Wauwatosa, Wisconsin			
	Member	Michael O Pranke	Nashotah, Wisconsin			
18.	Registered agent for your corporation or LLC. This is your agent for service of process, notice or demand required or permitted by law to be served on the corporation. This is not necessarily the same as your liquor agent. Ronald A Stokes					
19	Is applicant a subsi	diary of any other corp	oration or 11 C?			
19.	✓ No ☐ Yes (e	,	oration of EEC:			
20.			ector, any stockholder, liquor agent, LLC, st in any other alcohol beverage license or			
	□ No ☑ Yes (e	xplain) _Dave's Hot Chicke	en Menomonee Falls - Class "B" Beer and Class "C"	Wine		
		Dave's Hot Chicken Milw	aukee - application in process for Class "B" Reer and	d Class "C" Wi		

Sec 21.	tion D—Bus What type of □ Tavern	actablishmer	nt is contemp	olated? urant 🏻 Liqu	uor Store 🛭 🗆] Grocery St	ore:
	\square Convenience Store without gas pumps \square Convenience Store with gas pumps						
						_	
	"invidious" (I origin? \square N	ikely to give o lo 🏻 Yes	offense) disci	membership po rimination in re	gard to race,	cicca, color,	ment of , or national
23.	Hours of ope	ration: please	e enter openi	ng and closing	times in the t		
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	10:30am-10pm	10:30am-10pm	10:30am-10pm	10:30am-10pm		10:30am-10pm	10:30am-10pm
	(Class B on	ly) Enter belo	w any hours	when food ser	vice will not b	e available,	<i>if applicable</i>
	-	-	-	-	-		***
This (con	Section E—Consumption on Premises This section applies to Class B and Class C applicants only. Class A license applicants (consumption off premises) may skip to Section F. 24. Indicate any other product/service offered. None 25. 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: 2 % Alcohol 98 % Food % Other If applicable, describe "Other": % Other						
26.	Do you have written records to document the percentages shown? No Yes You may be required to submit documentation verifying the percentages indicated. No Yes—what kind?						
S	If planned entertainment includes live music (except solo acoustic), a DJ, or a designated dance floor, please also complete an Entertainment License. Section F—Required Contacts and Filings						
27.	I understand regardless of	that liquor/b when license	eer license r was initially	enewal applicator g ranted. \Box	lo ∠ Yes	•	
	ALRC meetin	g. 🛘 No 🗜	☑ Yes	st an informatio			
29.	I agree to co	ntact the Aldson to my info	erperson for ormation ses	this location to sion. \square No	discuss my a Ves	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					
32.	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 180 days of the Common Council granting this license. The license shall be considered surrendered if not issued within 180 days of being granted. \Box No \Box 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 22.					
38,	State Seller's Permit <u>4 5 6 - 1 0 3 0 8 3 0 8 8 1 - 0 4</u>					
39.	Federal Employer Identification Number 87-2269955					
40.	Who may we contact between 8 a.m. and 4:30 p.m. regarding this license?					
	Contact person Coral Strakbein					
	Business phone 414-962-4200 Business e-mail address cstrakbein@roaring-fork.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 Brendan J. Rowen					
	Phone 262-783-6633 F-mail browen@smithrowen.com					

NOTICE: Completed application are due by noon of the third Monday (fourth, if the Clerk's office is closed on the third Monday) to get on the agenda for the proceeding months Alcohol License Review Committee. A completed application must be accompanied by the following items:	n				
Copy of State Seller's Permit (Not Business Tax Registration Certificate), Appointment of Agent (if Corp/LLC),	,				
Member background investigation forms, Articles of Incorporation (if Corp/LLC), Floor Plans,					
☑ Copy of Lease, ☑ Business Plan, and ☑ Sample Menu (if applying for Class B license)					
If required items are missing, the application will not be considered complete and will not be accepted by the Clerk's Office until all requirements are submitted. No exceptions are made.					
Read carefully before signing: Under penalty provided by law, the applicant states that the above information had been truthfully completed to the best of the knowledge of the signer. Signer agrees to operate the business according to law, and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. Lack of access to any portion of licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.	y				
Penalty for materially false application information: Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.					
(Date)					
(Officer of Corporation/Member of LLC/Partner/Sole Proprietor) (Date)					
Clerk's Office checklist for complete applications					
WI Seller's Permit Certificate (matching articles of incorporation) Background investigation form(s) Form for surrender of previous license *Articles of Incorporation *Appointment of Agent Floor Plans Lease Business Plan **Sample Me					
Written description of premises * Corporation/LLC only ** Class B only					
Upon Application Submission, the Clerk's Office issued to the application:					
☐ Orange sign ☐ Orange business card					
☐ "Applying for a Liquor/Beer License in the City of Madison" brochure with contact information					
Date complete application filed with Clerk's Office					
Date of ALRC meeting Date license granted by Common Council					
Date provisional issued Date license issued					
Date provisional issued Date license issued					