

## Liquor/Beer License

**Application** 

(Agenda Item Number) (Legistar file number)

Office Use Only

City of Madison Clerk 210 MLK Jr Blvd, Room 103 Class A: ☐ Beer, ☐ Liquor, ☐ Cider Madison, WI 53703

Class B: ⊠ Beer, ⊠ Liquor,

	☐ Class C Wine  ☐ Class C Wine  ☐ Class C Wine  ☐ Class C Wine
<b>Se</b> -	ction A – Applicant  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.  Touch of Ukraine LLC
2.	Trade Name (doing business as)
3.	Address to be licensed 2418 Winnebago Street, Unit 200, Madison, WI 53704
4.	Mailing address 601 W. Capital Dr., Apt. 8, Hartland, WI 53029
5.	Anticipated opening date
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)
7.	Does another alcohol beverage licensee or wholesale permitee have interest in this business? $\ oxedsymbol{\boxtimes}\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $
<b>Se</b> (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.
	See attached description

## Premises Description for Touch of Ukraine

The premises are housed within the first floor of a mixed use residential and commercial building. The premises consist of 4,995 square feet in area. There is also an outdoor patio (41 feet x 17 feet) where patrons can consume beverages. The bar area consists of a bar that is about 24 feet in length with 14 seats. South of the bar are 3 seats by each of 2 windows. West of the bar are 11 tables, 4 of which have 2 seats each, and 7 of which have 4 seats each. West of those tables is the patio area, which consists of 10 tables with 4 seats each. North of the same tables is a multipurpose room of about 357 square feet containing 2 large tables with 16 seats each. Northeast of the bar is the kitchen, consisting of several countertops, sinks, and pieces of kitchen equipment. South of the kitchen is a walk-in cooler, and the public restrooms of the premises are north of the kitchen. The eastern approximately one-third of the premises is a space containing brewing equipment, none of which will be used for the operation of the premises.

9.	Applicants for on-premise	es consumption on	ly. Estimated capacity (patro	ns and employees):
	Indoor:90	Outdoor:	20	
10.	Describe existing parking			
	Access to public surface lo	ts and parallel parkir	ng spaces on Winnebago Street.	A. C. C. A. C. A. C.
11.	Was this premises license	ed for the sale of li	quor or beer during the past	license year?
	☐ No ☒ Yes, license	issued to <u>Union C</u>	Corners Brewpub, LLC	(name of licensee)
This	ction C—Corporate Information section applies to corporate. Sole proprietorships and	ations, nonprofit or	ganizations, and Limited Liat to Section D.	oility Companies
12.	Name of liquor license ag	ent <u>Kateryna Ten</u>	nchenko	
	City, state in which agent			
			d in the State of Wisconsin?	Five (5) months
			responsible beverage server	
	☐ No, but will complete	prior to ALRC mee	ting 🗵 Yes, date complete	ed <u>03/11/2023</u>
16.	State and date of registra	ation of corporation	n, nonprofit organization, or l	LC.
	State: Wisconsin	Date of Registration	n: 03/21/2023	
17.	In the table below list the ☑ Attach background ch		corporation or the members director/member.	of your LLC.
	Title Nam	e	City and State of Residence	
	Member and Manager Kate	eryna Temchenko	Madison, WI	
	Member Ine	sa Zolotarenko	Hartland, WI	
	Member Tet	iana Yermolova	Madison, WI	_
18.		d or permitted by	LC. This is your agent for servel law to be served on the corp	
19.	Is applicant a subsidiary	of any other corpo	ration or LLC?	
	No □ Yes (explain)	)		
20.			tor, any stockholder, liquor a in any other alcohol beverag	
		)	***************************************	

	tion D—Bus What type of Tavern	establishme	nt is contemp	olated? urant 🏻 Liqu	uor Store 🛭 🗆	] Grocery St	tore
	☐ Convenie	nce Store wil	thout gas pur	mps 🛭 Conv	enience Store	e with gas pu	ımps
	☐ Other						
22.		ikely to give		membership perimination in re			
23.	Hours of ope	ration: pleas	e enter openi	ng and closing	times in the	table below.	
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	-	-	11:00 - 22:00	11:00 - 22:00	11:00 - 22:00	11:00- 00:00	11:00 -00:00
	(Class B on	ly) Enter belo	ow any hours	when food ser	vice will not b	e available,	if applicable
	-	-	-	-	-	<b>-</b>	-
This (con	Indicate any All restaurant and alcohol be classified as	es to Class B premises) ma other products and taverr severage sale "Food.") New Alcohol	and Class C and Stay skip to Seconds. The serving alcomples broken down establishments.	ered. Soft drind only only only only only only only only	ks, coffee, merestantiate their ge. (Note: No ercentages:	chandise, and gross receip	food ots for food
26.	You may be i	required to su	ubmit docume	ent the percentententation verifyi	ng the percer	ntages indica	ted.
Sec	•	olease also co	omplete an E	music (except ntertainment L	-	, a DJ, or a d	designated
	I understand	that liquor/b	eer license re	enewal applicate granted. D		April 15 of e	very year,
28.	I understand ALRC meetin		quired to hos Yes	t an informatio	n session at l	east one wee	ek before the
29.	I agree to co the Alderpers			this location to sion.   No	discuss my a ⊠ Yes	pplication an	id to invite

30.	I agree to contact the Police Department District Captain for this location prior to the ALRC meeting. $\Box$ No $\   \boxtimes$ Yes
31.	I agree to contact the Deputy Clerk prior to the ALRC meeting. $\square$ No $\boxtimes$ 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. $\square$ No $\boxtimes$ 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 $\ \boxtimes$ 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 $\ \boxtimes$ Yes
36.	Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? $\hfill\square$ No $\hfill$ Yes
Sec	tion G—Information for Clerk's Office
37.	This application is for the license period ending June 30, 20_24
38.	State Seller's Permit <u>4 5 6 - 1 0 3 1 3 0 4 2 6 2 - 0 2</u>
39.	Federal Employer Identification Number 92-3057891
	Who may we contact between 8 a.m. and 4:30 p.m. regarding this license?
	Contact person Travis Spencer
	Business phone 608-844-9660 Business e-mail address tspencer@gormanusa.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 Samuel Kavalier
	Phone 608-422-4827 F-mail sjkavalier@ogs.law

must be accompanied by the following iter	y noon of the third Monday (fourth, if the Clerk's offi eeding months Alcohol License Review Committee. A ms:	
$\square$ Member background investigation form	ness Tax Registration Certificate), $\square$ Appointment as, $\square$ Articles of Incorporation (if Corp/LLC), $\square$ Flo 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 a . 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 oe assigned to another.
Penalty for materially false application inform on this application may be required to forfe	rmation: Any person who knowingly provides mater eit not more than \$1,000.	ially false information
11. (1-0.0)		
Kateryna Temchenko	05 / 08 / 2023	
Kateryna Temchenko  (Officer of Corporation/Member of LLC/Partner/S		
<b>~</b>	Sole Proprietor) (Date)	
(Officer of Corporation/Member of LLC/Partner/S  Clerk's Office checklist for complete and the complete and	Sole Proprietor) (Date)	Floor Plans  Lease  Substiness Plan  Substiness Plan  Substiness Plan
(Officer of Corporation/Member of LLC/Partner/S  Clerk's Office checklist for complete and WI Seller's Permit Certificate (matching articles of incorporation)	Sole Proprietor) (Date)  applications	Æ Lease Æ Business Plan
Clerk's Office checklist for complete a  WI Seller's Permit Certificate (matching articles of incorporation)  FEIN Written description of premises  Upon Application Submission, the  □ Orange sign □ Orange busines	applications  Background investigation form(s)  Form for surrender of previous license  *Articles of Incorporation  *Appointment of Agent  * Corporation/LLC only  Clerk's Office issued to the application:	E Lease  E Business Plan  E **Sample Menu  ** Class B only