

Liquor/Beer License Application

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

(License number)

(Alder District #)

Office Use Only

(Agenda Item Number)

(Legistar file number)

Class A: \square Beer, \square Liquor, \square Cider Class B: \boxtimes Beer, \boxtimes Liquor,

licensing@cityofmadison.com 608-266-4601

Sec 1.	ection 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.					
	Roxxy Madison LLC					
2.	Trade Name (doing business as) Roxxy					
3.	Address to be licensed 339 W. Gorham Street, Madison, WI 53703					
4.	Mailing address _ 6027 University Ave., Suite 100, Cedar Falls, IA 50613					
5.	Anticipated opening dateMarch 31, 2024					
5.	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? \square No \square Yes (explain)					

Section B—Premises

3. 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.

Liquor will be served and stored in the space highlighted on the attached document. The space

has a total of 6,850sf. The space has two bars where alochol beverages will be sold. Table

service will be offerred as well. Alcoholic beverages will be stored behind and at the bar itself as well as

in a dedicated storage room in the space described above.

9.	Applicants for on-	-premises consumption o	only. Estimated capacity (patron	s and employees):	
	Indoor: 500	Outdoo	r: _N/A		
10.	Describe existing	parking and how parkin	g lot is to be monitored.		
	The building doe	s not have customer park	ing.		
11.	Was this premise	s licensed for the sale of	liquor or beer during the past li	cense year?	
	☑ No □ Yes,	license issued to		(name of licensee)	
This	section applies to	ate Information corporations, nonprofit nips and partnerships, sk	organizations, and Limited Liabi kip to Section D.	lity Companies	
12.	Name of liquor lid	cense agent Stephen Ba	ssler		
	. City, state in which agent resides Madison, Wisconsin				
	. How long has the agent continuously resided in the State of Wisconsin? 21 years				
	Has the liquor license agent completed the responsible beverage server training course?				
15.					
			eeting 🛛 Yes, date complete		
16.	5. State and date of registration of corporation, nonprofit organization, or LLC. Wisconsin August 9, 2023				
17.		w list the directors of you round check forms for ea	ur corporation or the members of the director/member.	of your LLC.	
	Title	Name	City and State of Residence		
	Member	Jeff Hassman	Cedar Falls, IA		
	Member	Aaron Schurman	Cedar Falls, IA		
	Member	Martin Van Zee	Cedar Falls, IA		
	Member	Joshua Wilson	Cedar Park, TX		
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. Robert Procter				
19.	Is applicant a subsidiary of any other corporation or LLC?				
	□ No □ Yes (explain) Roxxy Madison LLC is wholly owned by PC Madison LLC				
20.	Does the corpora	ition, any officer, any dir	rector, any stockholder, liquor ag est in any other alcohol beverage	gent, LLC, any	
	☑ No ☐ Yes	(explain)			

	tion D—Bus What type of □ Tavern	establishme	•	olated? urant 🏻 Liqu	uor Store 🛭	l Grocery St	ore
	\square Convenience Store without gas pumps \square Convenience Store with gas pumps						
	□ Other						
22.	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? \square No \square Yes						
23.	Hours of ope	lours of operation: please enter opening and closing times in the table below.					
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	11a - 2a	11a - 2a	11a - 2a	11a - 2a	11a - 2a	11a - 2:30a	
	(Class B on	ly) Enter belo	ow any hours	when food ser	vice will not b	e available,	if applicable
	-		-	-	-		-
This (con 24.	ection E—Consumption on Premises als section applies to Class B and Class C applicants only. Class A license applicants consumption off premises) may skip to Section F. I. Indicate any other product/service offered. Food cooked on premise, cover charge, and event admission. J. 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:						
26	You may be	required to s	ubmit docum	ent the percentententerityit? ☐ No ☑	ng the percer	ntages indica	ted.
26.	, .			ows, and karaoke			
	If planned er	ntertainment	includes live	music (except intertainment L	solo acoustic)), a DJ, or a (designated
		that liquor/b	eer license r	ilings enewal applicat ⁄ granted. □ N		April 15 of e	very year,
28.		l that I am re ig. □ No		st an informatio	n session at l	east one wee	ek before the
29.		entact the Ald son to my inf		this location to	discuss my a Yes	pplication ar	nd to invite

30.	I agree to contact the Police Department District Captain for this location prior to the ALRC meeting. \Box No \Box 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, 2024.			
38.	State Seller's Permit <u>4</u> <u>5</u> <u>6</u> - <u>1</u> <u>0</u> <u>3</u> <u>1</u> <u>4</u> <u>8</u> <u>6</u> <u>4</u> <u>1</u> <u>3</u> - <u>0</u> <u>4</u>			
39.	Federal Employer Identification Number 93-2814388			
40.	Who may we contact between 8 a.m. and 4:30 p.m. regarding this license?			
	Contact person Anthony DeSalvo			
	Business phone (630)862-9210 Business e-mail address tdesalvo@harmonichg.com			
	Preferred languageEnglish			
	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 Robert Procter			
	Phone (608)283-6762 F-mail rprocter@axley.com			

NOTICE: Completed application are due by Monday) to get on the agenda for the proce must be accompanied by the following item	v noon of the third Monday (fourth, if the Clerk's offi eeding months Alcohol License Review Committee. A ns:	ce is closed on the third A completed application
$oldsymbol{\square}$ Member background investigation form	ness Tax Registration Certificate), \square Appointment of \square Articles of Incorporation (if Corp/LLC), \square Flow \square 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 ies 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 anthony. De Salvo	rmation: Any person who knowingly provides materi eit not more than \$1,000. August 17, 2	
(Officer of Corporation/Member of LLC/Partner/S		
 □ 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 ☐ "Applying for a Liquor/Beer License	e in the City of Madison" brochure with contact	information
	rate license granted by Common Council	