Liquor/Beer License Application

City of Madison Clerk
210 MLK Jr Blvd, Room 105
Madison, WI 53703

licensing@cityofmadison.com
608-266-4601

(Agenda Item Number)

(Legistar file number)

LICLIA - 2026 - 00366
(License number)

5 (Alder District #) 208 (Police Sector)

Office Use Only

Class A: ☑ Beer, ☐ Liquor, ☑ Cider
Class B: ☐ Beer, ☐ Liquor,
☐ Class C Wine

Section A – Applicant

1. 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.
   GRANDADS FARM STOP LLC
2. Trade Name (doing business as) Grandad's Farm Stop
3. Address to be licensed 3802 Mineral Point Rd, Madison, WI, 53705
4. Mailing address 10312 Shady Birch Trl, Verona, WI, 53593
5. Anticipated opening date August 1, 2026
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? ☑ No ☐ 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.
   A 1440 sqft Single Story building. The building has three areas (A retail area, a cafe and queuing area, and a prep space). Beer and cider will be sold in the retail area in a cooler or on a shelf. Beer and cider will be stored behind the Building in our walk in cooler or our dry storage shed.

9. *Applicants for on-premises consumption only.* Estimated capacity (patrons and employees):

Indoor: _____ Outdoor: _____

10. Describe existing parking and how parking lot is to be monitored.

The premises has an on-site parking lot accessible from Glenway St as well as a right turn only exit to Mineral Point Rd.

Parking will be monitored by store staff during business hours.

11. Was this premises licensed for the sale of liquor or beer during the past license year?

☑ No ☐ Yes, license issued to _____ (name of licensee)

Section C—Corporate Information

This section applies to corporations, nonprofit organizations, and Limited Liability Companies only. Sole proprietorships and partnerships, skip to Section D.

12. Name of liquor license agent Patrick D. Randolph

13. City, state in which agent resides Verona, WI

14. How long has the agent continuously resided in the State of Wisconsin? 1 year & 9 months

15. Has the liquor license agent completed the responsible beverage server training course?

☐ No, but will complete prior to ALRC meeting ☒ Yes, date completed 05/27/2026

16. State and date of registration of corporation, nonprofit organization, or LLC.

Wisconsin, 8/15/24

17. In the table below list the directors of your corporation or the members of your LLC.
☐ Attach background check forms for each director/member.

Title	Name	City and State of Residence
Owner	Patrick D. Randolph	Verona, WI

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.

Patrick D. Randolph

19. Is applicant a subsidiary of any other corporation or LLC?

☑ No ☐ Yes (explain) _____

20. Does the corporation, any officer, any director, any stockholder, liquor agent, LLC, any member, or any manager hold any interest in any other alcohol beverage license or permit in Wisconsin?

☑ No ☐ Yes (explain) _____

Section D—Business Plan

21. What type of establishment is contemplated?
☐ Tavern ☐ Nightclub ☐ Restaurant ☐ Liquor Store ☑ Grocery Store
☐ Convenience Store without gas pumps ☐ 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? ☐ No ☐ Yes

23. Hours of operation: please enter opening and closing times in the table below.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
7am -7pm	7am -7pm	7am - 7pm	7am - 7pm	7am - 7pm	7am - 7pm	7am -7pm
(Class B only) Enter below any hours when food service will not be available, if applicable						
-	-	-	-	-	-	-

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. _____

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:
_____ % Alcohol _____ % Food _____ % Other

If applicable, describe "Other": _____

Do you have written records to document the percentages shown? ☐ No ☐ Yes
You may be required to submit documentation verifying the percentages indicated.

26. Do you plan to have live entertainment? ☐ No ☐ Yes—what kind? _____

_____

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 that liquor/beer license renewal applications are due April 15 of every year, regardless of when license was initially granted. ☐ No ☑ Yes

28. I understand that I am required to host an information session at least one week before the ALRC meeting. ☐ No ☑ Yes

29. I agree to contact the Alderperson for this location to discuss my application and to invite the Alderperson to my information session. ☐ No ☑ Yes

30. I agree to contact the Police Department District Captain for this location prior to the ALRC meeting. ☐ No ☑ Yes

31. I agree to contact the Deputy Clerk prior to the ALRC meeting. ☐ No ☑ Yes

32. I agree to contact the neighborhood association representative prior to the ALRC meeting. ☐ No ☑ 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. ☐ No ☑ Yes

34. I understand we must file a Special Occupational Tax return (TTB form 5630.5) before beginning business. [phone 1-800-937-8864] ☐ No ☑ 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] ☐ No ☑ Yes

36. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☑ No ☐ Yes

Section G—Information for Clerk's Office

37. This application is for the license period ending June 30, 20 27 .

38. State Seller's Permit 4 5 6 - 1 0 3 2 3 6 6 2 7 0 - 0 2

39. Federal Employer Identification Number 41-3439542

40. Who may we contact between 8 a.m. and 4:30 p.m. regarding this license?

Contact person Patrick D. Randolph

Business phone 608-469-9055 Business e-mail address info@grandadsfarmstop.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 Bailey Lagman

Phone 608-662-0440 E-mail blagman@dfgrams.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:

☑ 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 has 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.*

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.

(Officer of Corporation/Member of LLC/Partner/Sole Proprietor)

5/28/2026
(Date)

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
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 _____		