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) 94209
(Legistar file number) LICLIB-2026-00698
(License number) 13 (Alder District #) 205 (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.
   Begonia Restaurant LLC
2. Trade Name (doing business as) _____
3. Address to be licensed 1835 Monroe St. Madison WI 53711
4. Mailing address 1835 Monroe St Madison WI 53711
5. Anticipated opening date 8/20/2026
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.
   Small Storefront, diagram dining room is abt 800 sq ft. Kitchen 300 Sq ft Basement finished, prep Ketchen w/ two walk-in fridges, broiler room employee bathroom, alcohol stored in basement, served in restaurant bar w/ 10 seats

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

Indoor: 60 Outdoor: _____

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

Only street parking - City of Madison

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

☐ No ☒ Yes, license issued to Sara Anderson / Kettle Black Kitchen LLC (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 Sara Anderson

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

14. How long has the agent continuously resided in the State of Wisconsin? 25 years

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

☐ No, but will complete prior to ALRC meeting ☒ Yes, date completed 6/30/2024

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

WI

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
See	attached	

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.

Sara Anderson

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

☐ No ☒ Yes (explain) 411 West Main LLC

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
closed	closed	4pm- 9pm	4pm -9pm	4pm- 9pm	4pm- 10pm	4pm- 10pm
(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:
21 % Alcohol 79 % 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 1 7 9 4 2 9 5 - 0 4

39. Federal Employer Identification Number 36-5113806

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

Contact person Sara Anderson

Business phone 6084550565 Business e-mail address sara@kettleblackkitchen.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 _____

Phone _____ E-mail _____

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.

Laura J Anderson — 7/15/26

(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)
- ☒ 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 7/15/2026

Date of ALRC meeting 8/19/2026 Date license granted by Common Council _____

Date provisional issued _____ Date license issued _____

Form
AB-200AA

Alcohol Beverage License Application

Appendix A - List of Persons Involved in the Applicant Business

Application Type *(check one)*
☐ Initial (New) ☐ Renewal
License Period

Instructions

This form is required supplemental material to Form AB-200, Alcohol Beverage License Application, for new and renewal applications.

The persons holding the following titles in the applicant business and any businesses referenced in Part A, Question 6, must provide contact and personal information to determine fitness to hold an alcohol beverage license under state law:

- Sole proprietor
- All partners of a partnership
- All officers, directors, and agent of a corporation or nonprofit organization
- All members or managers, and agent of a limited liability company

Contact and personal information for persons named above must be listed in the table below and submitted with this application. Attach additional sheets if necessary.

Each person holding a title named above must submit the most accurate Form AB-100 with this application.

Corporations, nonprofit organizations, and limited liability companies must submit the most accurate Form AB-101 with this application.

*Status Definitions

New: All entries on a new application or any person added to a renewal application for the first time.

Remove: This person no longer has a relationship to the applicant business.

Update: There are changes to this person's personal or contact information, or their relationship to the applicant business.

No Change: There are no changes to this person's personal or contact information, or their relationship to the applicant business.

1. Legal Business Name (individual name if sole proprietorship)
begonia Restaurant LLC

2. Business Trade Name or DBA

3. FEIN
36-5113806

Listing of Persons Involved in Applicant Business

First Name and Middle Initial	Last Name	Title/Relationship to Applicant Business	Phone Number	Email	Status*
Sara J	Anderson	Self	[redacted]		No Change
Christopher M	Lund	Partner			No Change
David K	Anderson	Member			New
Emily S	Lund	Member			New
MaryElizabeth	Lund	Member			New
Michael F	Lund	Member			New
Jerome	Mistele	Member			New
Robyn	Mistele	Member			New