

7-24-06 ✓

Application Date: 7-24-06

Proof of WI Seller's Permit No. 004-002932031-01

Name of Corporation, Limited Liability Company, Individual Owner, Private Club or Partner(s) DARMS LLC	Liquor/Beer Agent David Arms
Mailing Address 3138 Ashford Ln	Liquor/Beer Agent Address 3138 Ashford Ln
City/State/Zip Code MADISON WI 53713	Liquor/Beer City/State/Zip Code MADISON WI 53713
Name of Registered Agent or General Partner DAVID ARMS	Local Contact Person Phone Number STACY DICKSON 608-0089
Trade Name South Bay Lounge	Estimated Opening Date 8-1-06 9-5-06
Business Address 5404 Raywood Rd	Signature of Owner/Operator David Arms

Private Club? Yes No

License Description	Type	Fee	Number
Class B Comb. Pub. Fee	# 108	\$ 20 -	7532
Pre-Inspection & License Fees Non-Refundable	TOTAL	\$	

IT IS MANDATORY THAT ALL APPLICABLE INFORMATION BE COMPLETED. INACCURATE INFORMATION MAY RESULT IN SUSPENSION OR REVOCATION OF LICENSE.

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk

For the license period beginning September 5 20 06 ;
ending June 30 20 07

TO THE GOVERNING BODY of the: Town of } Madison
 Village of }
 City of }

County of Dane Aldermanic Dist. No. _____ (if required by ordinance)

- 1 The named INDIVIDUAL PARTNERSHIP LIMITED LIABILITY COMPANY
 CORPORATION/NONPROFIT ORGANIZATION

hereby makes application for the alcohol beverage license(s) checked above

2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): ARMS DAVID EARL DARMS LLC

An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the name, title, and place of residence of each person

Title	Name	Home Address	Post Office & Zip Code
President/Member	DAVID ARMS	3138 Ashford Ln	53713
Vice President/Member	DAVID ARMS	3138 Ashford Ln	53713
Secretary/Member	DAVID ARMS	3138 Ashford Ln	53713
Treasurer/Member	DAVID ARMS	3138 Ashford Ln	53713
Agent	DAVID ARMS	3138 Ashford Ln	53713
Directors/Managers	DAVID ARMS	3138 Ashford Ln	53713

- 3 Trade Name DARMS LLC / South Bay Lounge Business Phone Number _____
4 Address of Premises 5405 Raywood Road Post Office & Zip Code 53713

- 5 Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? Yes No
6 Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
7 Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? Yes No
8 (a) Corporate/limited liability company applicants only: Insert state WI and date 7/3/06 of registration
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? Yes No
(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? Yes No

(NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above)

- 9 Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described) Alcohol will be served at bar and dining area and stored in base
10 Legal description (omit if street address is given above): _____
11 (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No
(b) If yes, under what name was license issued? South Bay Lounge / Makita LLC
12 Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630 5) before beginning business? [phone 1-800-937-8864] Yes No
13 Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in Section 2 above? [phone (608) 266-2776] Yes No
14 Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the signers' responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s) members/managers of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME

this 17th day of July
David L. Salvo (Clerk/Notary Public)
David L. Salvo (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
My commission expires Oct. 18, 2007 (Clerk/Notary Public)
David L. Salvo (Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>7-24-06</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued <u>75372</u>	

AT-106 (R 1-05)

Registrar #04234

14 (Bruer)

Sector #313

Wisconsin Department of Revenue

Applicant's Wisconsin Seller's Permit Number <u>004-001932031-01</u>	
Federal Employer Identification Number (FEIN): <u>14-1968630</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Wholesale beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$
TOTAL FEE	\$

City of Madison Liquor and/or Beer Original Supplemental Form

Office Use Only

- | | |
|--|---|
| <input checked="" type="checkbox"/> Seller's Permit Number
<input checked="" type="checkbox"/> Federal Employer Identification Number
<input checked="" type="checkbox"/> Notarized Original Application Form (AT-106)
<input checked="" type="checkbox"/> Notarized Supplemental Form
<input checked="" type="checkbox"/> Description of Licensed Premise
<input checked="" type="checkbox"/> Notarized Auxiliary Questionnaire(s) (AT-103)
<input checked="" type="checkbox"/> Background Investigation Form(s)
<input checked="" type="checkbox"/> Floor Plans | <input checked="" type="checkbox"/> Lease
<input type="checkbox"/> Notarized Transfer of Ownership Letter
<input checked="" type="checkbox"/> *Schedule of Appointment of Agent (AT-104)
<input checked="" type="checkbox"/> *Notarized Appointment of Agent Letter
<input checked="" type="checkbox"/> *Notarized Agent Authorization Letter
<input checked="" type="checkbox"/> *Articles of Incorporation/ Organization
<input type="checkbox"/> Sample Menu, if possible
<input type="checkbox"/> Business Plan, if one exists |
|--|---|

- ✓ All applicants must provide an adequate premise plan that includes exterior and interior dimensions, position of stairs and all entrances and exits, normal and customary use of each room, placement of major appliances, furniture and large gaming tables, placement and dimensions of all bar(s), and graphic representation of the normal position of booths, bar stools, tables and chairs. **Premise plans must be no larger than 8 ½ x 14.**
- ✓ New structures must submit to Building Inspection two sets of plans, signed and sealed by a registered architect or engineer.
- ✓ **Applicant/partners/Liquor Agent must be enrolled in or have completed the Beverage Server Training course before appearing before the Alcohol License Review Committee.**

Prior to your hearing before the Alcohol License Review Committee (ALRC), you must contact the Alderperson of the District in which you intend to do business, the representative of the appropriate neighborhood association (if any), and the Madison Police Department.

- Alderperson Tim Bremer can be reached at _____ at the Common Council Office (266-4071), or via e-mail at council@cityofmadison.com.
- The name of the neighborhood association representative can be obtained by calling the Planning and Development Department at 266-4635 or online at www.ci.madison.wi.us/neighborhoods/contacts.htm.
- The Police Department Liaison, Sergeant Emil Quast, can be reached at 266-4451.

1. Have you contacted the Alderperson, Police Department Liaison and neighborhood association representative for the area in which you intend to locate? Yes No ~~_____~~
2. Are there any special conditions desired by the neighborhood? Yes No
 Explain. _____
3. Name of Applicant/Partner/Corporation/LLC DAVID ARMS / DARMS LLC
4. Telephone Number: 608-273-9734
5. Address of Licensed Premise 5405~~4~~ Raywood Road
6. Anticipated opening date: 8/1/06
7. Mailing address if not opening immediately 3138 Ashford Lane MADISON, WI 53713

8. What type of establishment is contemplated? Tavern Nightclub Restaurant
 Liquor Store Grocery Store Convenience Store - Gas Pumps Yes No Other

Please explain Will be serving sandwiches and dinners

9. Business Description, including hours of operation and if entertainment is part of your venue, what type?

Tavern 11-^{1:00 AM}~~12:00 AM~~ Will be serving Alcohol & Food

10. Describe building in detail, including overall dimensions, seating arrangements, capacity, bar size and all areas where alcohol beverages are to be sold and stored. **The licensed premise described below shall not be expanded or changed without the approval of the Common Council.**

Alcohol will be served at the bar and in dining area, and is stored behind the bar and downstairs in the basement.

11. Are any living quarters directly or indirectly accessible and under control of the applicant? Yes No
Alcohol may be sold and stored only on the licensed premise; not in living quarters.

12. Describe existing parking and how parking lot is to be monitored. 12 stalls, 1 Handicapped off Street parking

13. Describe your management experience, staffing levels, duties and employee training.

Bartended for 10 yrs

14. Identify the **registered agent** for your Corporation or LLC. This is not necessarily the same person as your liquor/beer agent. This is your corporation's agent for service of process, notice or demand required or permitted by law to be served on the corporation. DAVIDS ARMS

Name

3138 Ashford Lane Madison WI 53713

Address

City

State

Zip

15. Excluding pre-packaged snacks, how late will food be served? 10 p.m.

16. What type of food will you be serving, if any? Burgers, Sandwichs, Soups, Fries, Dinner Specials

17. Indicate any other product/service offered: N/A

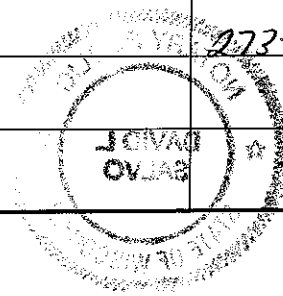
18. Describe your target market. All ages - 25 - up

19. Describe how you plan to advertise/promote your business Newspaper, Flyers, Radio
20. What is your estimated capacity? 60
21. Are you operating under a lease or franchise agreement? Yes No (If yes, attach a copy.)
22. Owner of building where establishment is located: Joe Klinsing
 Address of Owner: 714 Interlake Drive, Monona, WI Phone Number 224-1785
23. Individual or Partnership only: Have individual/partners completed the Beverage Server Training Course? Yes No If Yes, indicate names: DAVID ARMS
License cannot be issued until proof of Beverage Server Training completion is shown.
24. Corporation/LLC only: Will liquor/beer agent be a Wisconsin resident at the time of granting? Yes No
25. Corporation/LLC only: Agent must disclose interest held in business: 100 %
26. Corporation/LLC only: Has agent completed the Beverage Server Training Course? Yes No
License cannot be issued until proof of Beverage Server Training completion is shown.
27. Corporation/LLC only: List Directors, Stockholders, and Managers below.

Director(s) Name	Home Address
DAVID ARMS	3138 Ashford Lane

Stockholder's Name	Address	Extent of Ownership%
N/A		

Manager's Name	Address	Business Phone	Home Phone
DAVID ARMS	5404 Raywood Rd		273-9234



28 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? Yes No

29. Restaurant/Tavern Establishment Alcohol Beverage & Food Sales Report
Pursuant to Sections 23.05(3)(s) and 23.05(7)(f) of the Madison General Ordinances, all restaurants and taverns serving alcohol beverages shall substantiate their gross receipts for food and alcohol beverage sales broken down by percentage. For new establishments, the percentage will be an estimate.

Calendar/fiscal year: January 1 – December 31 July 1 – June 30

Percent Gross Receipts from Alcohol Beverages	45	%
Percent Gross Receipts from Food	55	%
Percent Gross Receipts from Other		%
Total Gross Receipts	100	%

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

30. What type of establishment are you? (Check all that apply) Tavern Restaurant Nightclub
 Other Please explain: _____

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 signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted will not be assigned to another. (Individual applicants and each member of a partnership must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premise during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME:

this 19th day of July, 2006

David L. Salvo
(Clerk/Notary Public)

David L. Salvo
(Officer of Corporation/Member/Manager of LLC/Partner/Individual)

(Officer of Corporation/Member/Manager of LLC/Partner/Individual)

My commission expires Oct. 18, 2009

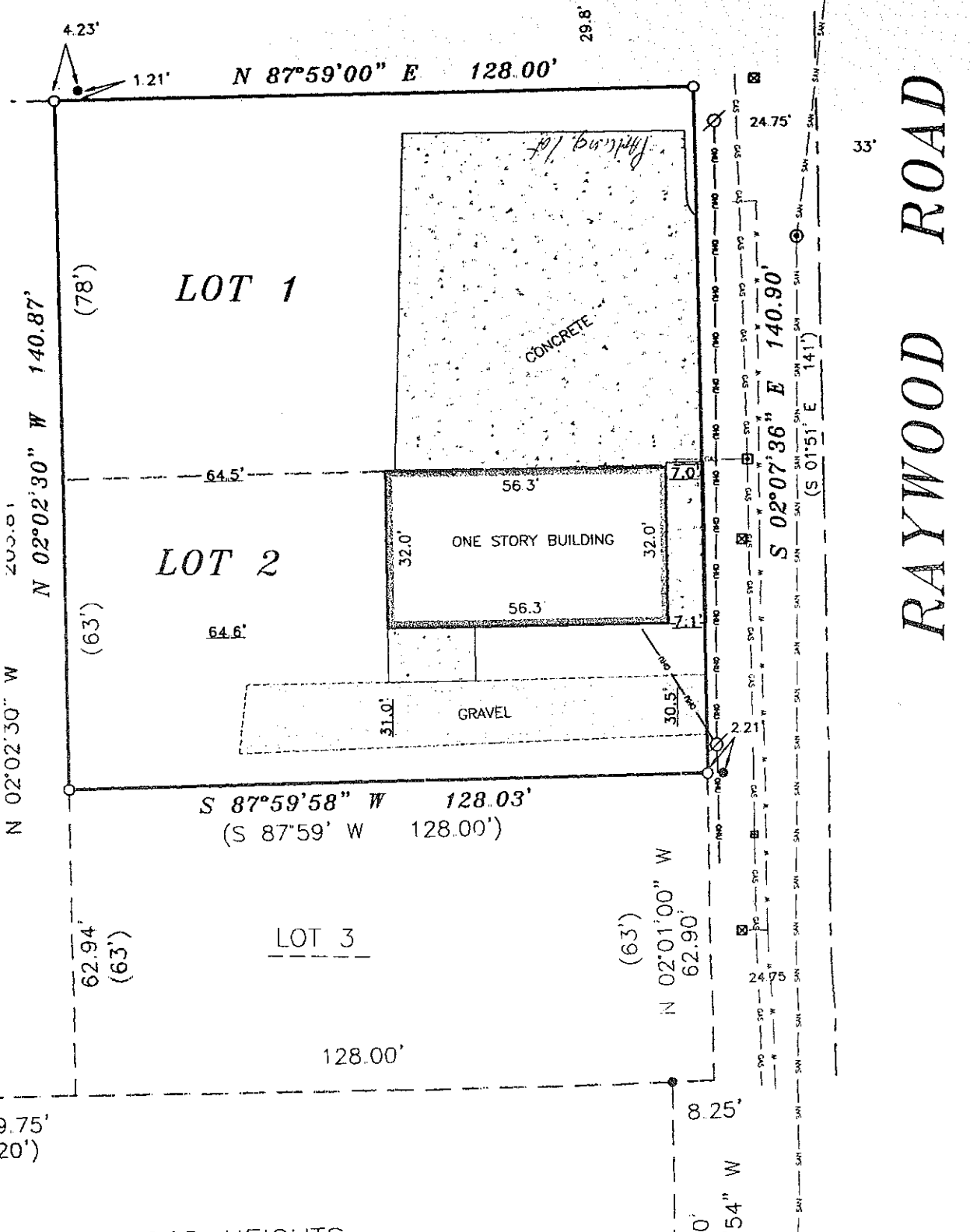
(Officer of Corporation/Member/Manager of LLC/Partner/Individual)

If you have any questions, please contact the City Clerk's Office at (608) 266-4601.



UE

NORTH 1/4 CORNER
SECTION 30, T7N, R10E
BRASS CAP MONUMENT IN WATER BOX

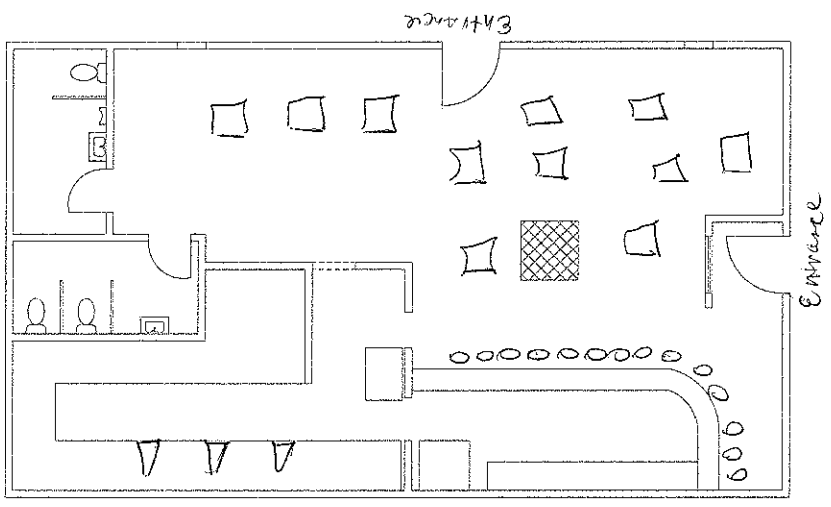


RAYWOOD ROAD

RAYWOOD HEIGHTS

Stove/Grill A

O - Bar stools
□ - Tables



1 FIRST FLOOR PLAN
SCALE: 1/4" = 1'-0"

General Notes	
No.	Revision/Issue
	Date
Title Block and Address	
Project Name and Address	
SOUTH BAY LOUNGE 5404 RAYWOOD RD. MADISON, WI 53713	
Project	Sheet
Date 4/15/01	A-1
Scale 1/4" = 1'-0"	



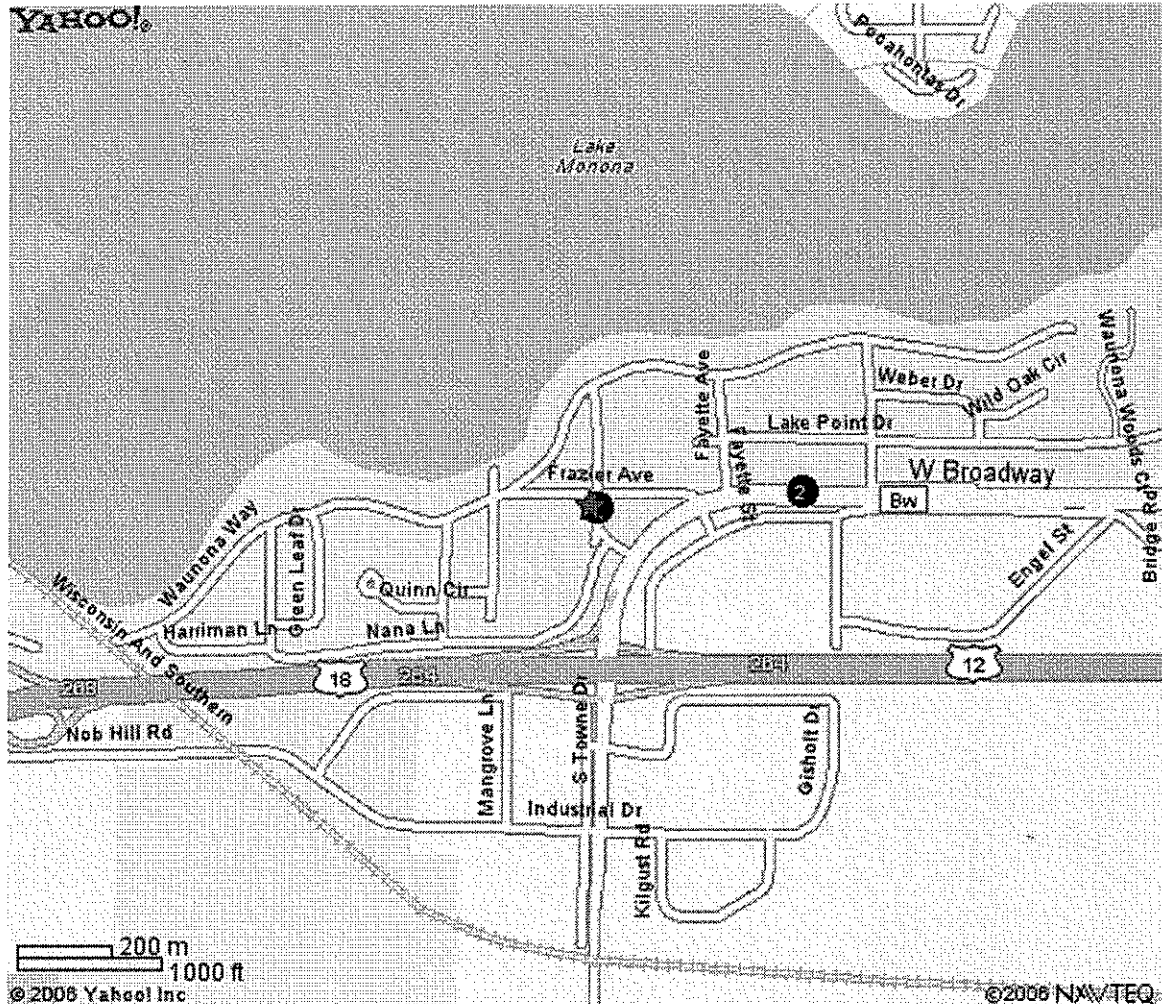
Sign In
New User? Sign Up

Map

Yahoo! Maps - Madison, WI 53713-1516

<< [Back to Map](#)

5404 Raywood Rd Madison, WI 53713-1516



ADVERTI

Map#	Business/Landmark Info	Distance
1	South Bay Lounge 5404 Raywood Rd Madison, WI Phone: (608) 222-6382	0.0 miles
2	Antler's Tavern 2202 W Broadway Monona, WI Phone: (608) 222-9872	0.2 miles

When using any driving directions or map, it's a good idea to do a reality check and make sure the road still exists, watch out for construction, and follow all traffic safety precautions. This is only to be used as an aid in planning.