

Application Date: 7-28-06

Proof of WI Seller's Permit No. \_\_\_\_\_

Name of Corporation, Limited Liability Company, Individual Owner, Private Club or Partner(s) <b>Duma LLC</b>	Liquor/Beer Agent <b>Julie Stoleson</b>
Mailing Address <b>#8</b> <b>58 Hawks Landing Cir.</b>	Liquor/Beer Agent Address <b>53 Hawks Landing Cir. #8</b>
City/State/Zip Code <b>Verona WI 53593</b>	Liquor/Beer City/State/Zip Code <b>Verona WI 53593</b>
Name of Registered Agent or General Partner <b>Jonathan Sosnowski</b>	Local Contact Person   Phone Number
Trade Name <b>The Ivory Room</b>	Estimated Opening Date <b>9-7-2006</b>
Business Address <b>116 W. Mifflin St.</b>	Signature of Owner/Operator

Private Club?  Yes  No

License Description	Type	Fee	Number
Class B Combination Liquor + Beer	108	20- publication	75386
<b>Pre-Inspection &amp; License Fees Non-Refundable</b>	<b>TOTAL</b>	<b>\$</b>	

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 9/5 20 06 ;  
ending 6/30 20 07 ;

TO THE GOVERNING BODY of the:  Town of  
 Village of } Madison  
 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): Duma LLC

Applicant's Wisconsin Seller's Permit Number: <u>004-000-2964959</u> -01	
Federal Employer Identification Number (FEIN): <u>20-5726403</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	\$ <u>20 pub fee</u>
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$
<b>TOTAL FEE</b>	\$

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	Agent Jonathan (Jack) Sosnowski	7814 W. Old Sauk Rd.	Cross Plains, 53562
Vice President/Member	Julie Stoieson	53 Hawk Landing Circle #8	Verona, 53593
Secretary/Member			
Treasurer/Member			
Agent	Julie Stoieson	53 Hawks Landing Circle #8	Verona
Directors/Managers			

3. Trade Name The Ivory Room Business Phone Number \_\_\_\_\_  
4. Address of Premises 1116 W. Mifflin St. Post Office & Zip Code Capital Station 53703

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 7/19/06 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) 1700 Sq. Ft. Building, with Basement where liquor to be stored;

10. Legal description (omit if street address is given above): otherwise one open space where liquor to be sold.  
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? \_\_\_\_\_

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 rights and 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 a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license

### SUBSCRIBED AND SWORN TO BEFORE ME

this 24th day of July, 20 06

*[Signature]*  
Clerk/Notary Public

*[Signature]*  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/individual)

*[Signature]*  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

My commission expires 2/11/09

(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>75386</u>	

Legistar # 04235

4 (Verona)

Sector 405

# City of Madison Liquor and/or Beer Original Supplemental Form

## Office Use Only

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

- ✓ 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 \_\_\_\_\_ can be reached at \_\_\_\_\_ at the Common Council Office (266-4071), or via e-mail at [council@cityofmadison.com](mailto: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](http://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 DUMA

4. Telephone Number: 608-698-5481

5. Address of Licensed Premise 116 W. Mifflin St.

6. Anticipated opening date: 9/7/06

7. Mailing address if not opening immediately 53 Hawks Landing Circle #8  
Verona, WI 53593

8. What type of establishment is contemplated?  Tavern  Nightclub  Restaurant  
 Liquor Store  Grocery Store  Convenience Store – Gas Pumps  Yes  No  
 Other Please explain Piano Bar

9. Business Description, including hours of operation and if entertainment is part of your venue, what type:  
See Attached Sheet

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.**

The premises first floor is approx. 1200 square feet. The premises consists of the basement, first floor, and approx. 20 sq. feet of the back court yard in the rear of building. Capacity is 87 persons. Alcohol beverages will be sold on first floor from approx. 15 foot bar and servers. Alcohol beverages will be stored in the basement. Seating will be approx. 10 smaller tables around bar perimeter, and bar stools around bar, as well as seating around piano.

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. Currently there is street parking on W. Mifflin St. which will be monitored by doorstaff. Also there is a parking ramp within walking distance.

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

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 Jonathan (Jack) Sosnowski

Name

7814 W. Old Sauk Rd. Verona WI 53562

Address

City

State

Zip

15. Excluding pre-packaged snacks, how late will food be served? Midnight

16. What type of food will you be serving, if any? Appetizers and desserts

17. Indicate any other product/service offered: Non-alcoholic and Alcoholic Beverages

18. Describe your target market. Grad Students and other employees living and working in the area, as well as pre-and post Overture Center Crowd.

19. Describe how you plan to advertise/promote your business Through local papers such as Isthmus and the Onion. Radio advertisements, and inside programs at the Overture center.

20. What is your estimated capacity? 87

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: Tom Caputo

Address of Owner: 1502 Greenway Cross Madison, WI 53713 Phone Number 608-271-4110

23. Individual or Partnership only: Have individual/partners completed the Beverage Server Training Course?  Yes  No If Yes, indicate names: \_\_\_\_\_

**License cannot be issued until proof of Beverage Server Training completion is shown.**

Will be completed as of 8/7/06.

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: 75 %

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.**

Will be completed on 8/7/06

27. Corporation/LLC only: List Directors, Stockholders, and Managers below.

Director(s) Name	Home Address
<u>Jonathan (Jack) Sosnowski - 75%</u>	<u>7814 W. Old Sauk Rd. Verona, WI 53562</u>
<u>Julie Stoleson - 25%</u>	<u>53 Hawks Landing Circ. #8 Verona, WI 53593</u>

Stockholder's Name	Address	Extent of Ownership%

Manager's Name	Address	Business Phone	Home Phone

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	90 %
Percent Gross Receipts from Food	10 %
Percent Gross Receipts from Other	%
<b>Total Gross Receipts</b>	<b>100 %</b>

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: PIANO BAR

**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 24<sup>th</sup> day of July, 2006

[Signature]  
(Clerk/Notary Public)

[Signature]  
(Officer of Corporation/Member/Manager of LLC/Partner/Individual)

[Signature]  
(Officer of Corporation/Member/Manager of LLC/Partner/Individual)

My commission expires 2/11/09

(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.**

## description

### 9 Business Description

The Ivory Room will be the first piano bar in the Madison area. With a single piano player playing and singing songs each night. The Ivory Room's hours of operation will be Monday thru Saturday. Monday thru Thursday from 4:00 p.m. to 2:00 a.m. and Friday and Saturday from 4:00 p.m. to 2:30 a.m.

The Ivory Room will be located at 116 W Mifflin Street formerly a submarine shop. Renovations will be made to fit the piano bar theme. This building is a 1700 sq. foot building. A more upscale, cozy, romantic environment with dark rich colors, lights dimmed, and candles on tables. The Ivory Room will offer an upscale atmosphere, but with affordable pricing. Appetizers and desserts will be offered on the menu until midnight every night open. Menu items will range from \$5.00 to \$12. Once the kitchen closes it will attract many for the drinks and the fun atmosphere of piano entertainment. The Ivory Room should set a new standard for the Madison dining and entertainment scene.

### 13. Management

Jack Sosnowski owner and manager has managed several restaurant/bars in the local area. He managed City Bar on State St for 2 years, and also managed the Varsity Club at Camp Randall for 2 football seasons. Jack has proven himself a leader in providing quality products with exceptional service. During his 4 years experience in the restaurant /bar industry, Jack has excelled in training employees and "doing more with less" in order to trim labor costs. Jack has also worked closely with the local vendors in town developing many business relationships. These experiences have taught him how to run and manage a business. He knows what it takes to be successful, and is prepared to spend the time necessary to make The Ivory Room a success. He will manage and facilitate the day-to-day operations of the restaurant and its staff. Jack has previous experience as a general manager at two other restaurant and bars. His responsibilities included: staff management (hiring, scheduling, etc.), customer relations, and inventory management. His experience working in restaurants and bars will help implement appropriate inventory, cost controls, and creative promotions.

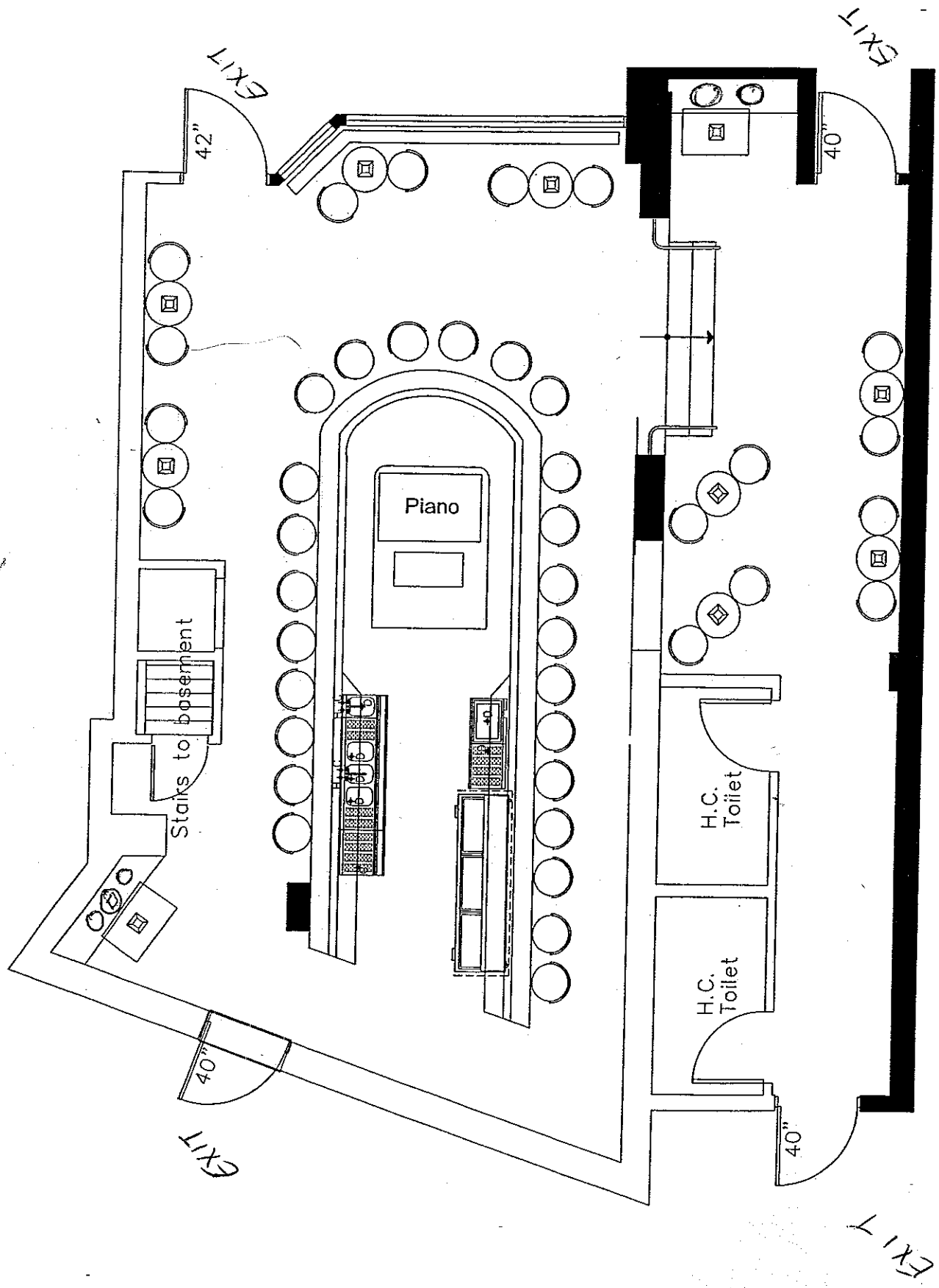
Julie Stoleson manager and owner also has much bar management experience. She was also a manager with Jack at City Bar, and managed Monte's Grill and Pub in Verona for many years. She grew up in the industry working in restaurants and bars since age 15, since her father and sister both own bars in the area. During the 12 years of experience at various restaurants and bars, Julie has grown her skills and is excellent at time management. Julie will assist Jack Sosnowski in personnel scheduling, hiring, training of staff, daily accounting, and customer satisfaction. Her positions at different restaurants and bars allowed her to develop an employee training program and manage over 20 employees. She also has experience in daily accounting with a previous employer.

A facility the size of The Ivory Room will consist of 2-8 employees. Including management, bartenders, cocktail waitresses and door staff.

The Ivory Room will provide extensive employee training to ensure a well-prepared, friendly, and knowledgeable staff. During the start-up period, employees will be familiarized with the menu, bar specials, and customer service expectations. There will be "test-runs" to ensure quality.



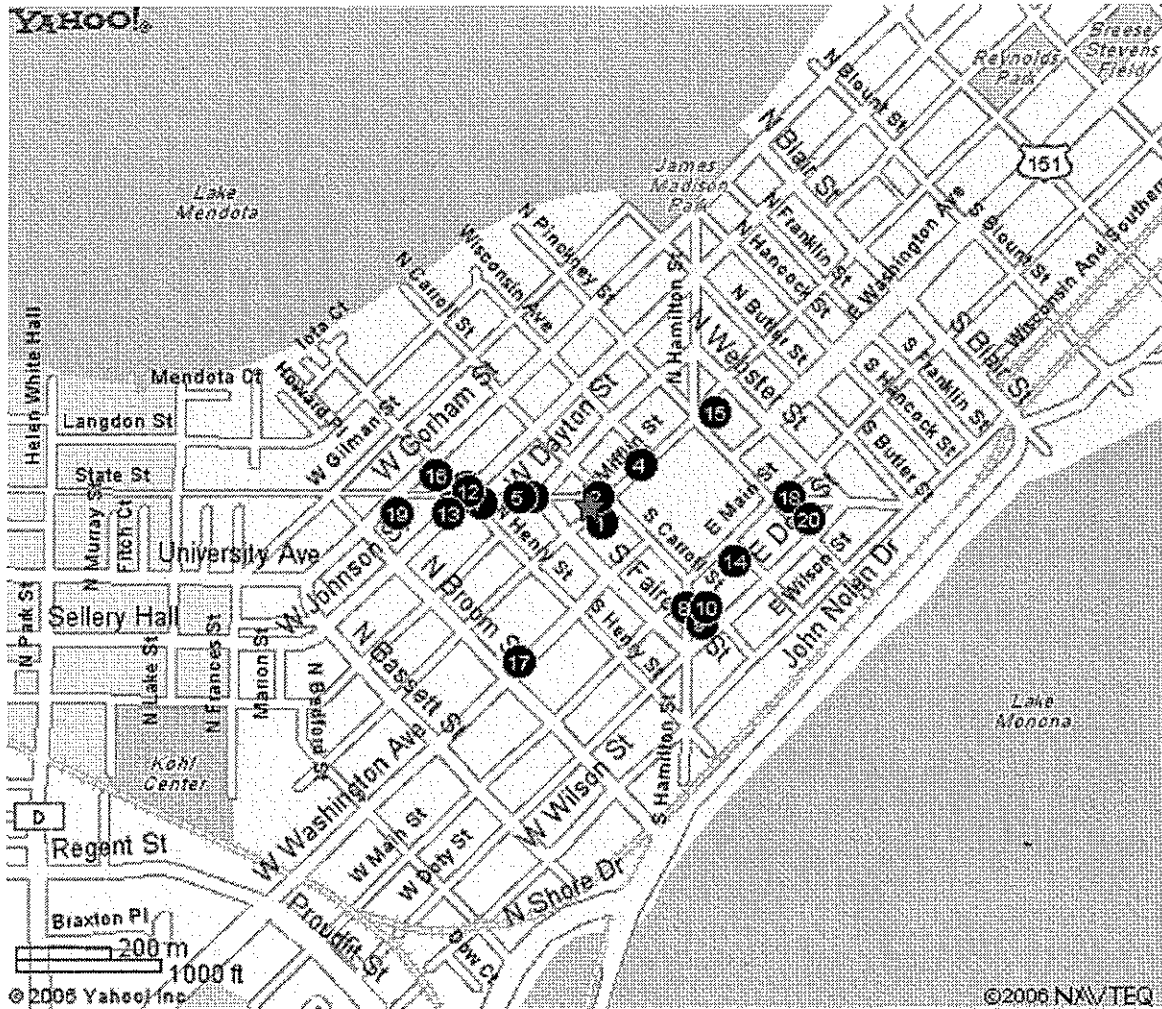
15913



Yahoo! Maps - Madison, WI 53703-2510

<< Back to Map

116 W Mifflin St Madison, WI 53703-2510



Map#	Business/Landmark Info	Distance
1	<b>Silver Dollar Tavern</b> 117 W Mifflin St Madison, WI Phone: (608) 255-7548	0.0 miles
2	<b>State Bar &amp; Grill</b> 118 State St Madison, WI Phone: (608) 294-9988	0.0 miles
3	<b>Paul's Club</b> 212 State St Madison, WI Phone: (608) 257-5250	0.0 miles
4	<b>Kimia Lounge</b> 14 W Mifflin St Madison, WI	0.0 miles

ADVERTI

- 5**      **Phone:** (608) 255-4642

**Nick's Restaurant**      **0.1 miles**  
226 State St  
Madison, WI  
**Phone:** (608) 255-5450
- 6**      **Plaza Tavern & Grill Inc**      **0.1 miles**  
319 N Henry St  
Madison, WI  
**Phone:** (608) 255-6592
- 7**      **Bull Feathers**      **0.1 miles**  
303 N Henry St  
Madison, WI  
**Phone:** (608) 257-6444
- 8**      **Paradise Lounge**      **0.1 miles**  
119 W Main St  
Madison, WI  
**Phone:** (608) 256-2263
- 9**      **Shamrock Bar**      **0.1 miles**  
117 W Main St  
Madison, WI  
**Phone:** (608) 255-5029
- 10**      **Gennas Lounge**      **0.1 miles**  
105 W Main St  
Madison, WI  
**Phone:** (608) 255-4770
- 11**      **Irish Pub**      **0.1 miles**  
317 State St  
Madison, WI  
**Phone:** (608) 256-6071
- 12**      **Parthenon-Gyros Restaurant**      **0.1 miles**  
316 State St  
Madison, WI  
**Phone:** (608) 251-6311
- 13**      **Angelic Brewing Co**      **0.1 miles**  
322 W Johnson St  
Madison, WI  
**Phone:** (608) 257-2707
- 14**      **Brocach Irish Pub**      **0.1 miles**  
7 W Main St  
Madison, WI  
**Phone:** (608) 255-2015
- 15**      **Cafe Montmartre**      **0.2 miles**  
127 E Mifflin St  
Madison, WI  
**Phone:** (608) 255-5900
- 16**      **Crave Restaurant & Lounge**      **0.2 miles**  
201 W Gorham St  
Madison, WI  
**Phone:** (608) 286-6769
- 17**      **Public House**      **0.2 miles**  
380 W Washington Ave  
Madison, WI  
**Phone:** (608) 268-1601
- 18**      **Flatiron Tavern**      **0.2 miles**  
102 King St  
Madison, WI  
**Phone:** (608) 287-1455
- 19**      **Quinton's Bar & Deli**      **0.2 miles**  
319 W Gorham St

**Maduro**  
117 E Main St  
Madison, WI  
**Phone:** (608) 294-9371

**20**