

Application Date: 7-25-06

Proof of WI Seller's Permit No. _____

Name of Corporation, Limited Liability Company, Individual Owner, Private Club or Partner(s) Fleming's/Great Lakes I	Liquor/Beer Agent Joseph Kadow
Mailing Address c/o Rick Petri Limited Partnerships 2 E. Mifflin St., 8th floor	Liquor/Beer Agent Address 850 S. Newport Ave.
City/State/Zip Code Madison WI 53701	Liquor/Beer City/State/Zip Code Tampa FL 33606
Name of Registered Agent or General Partner CT Corporation Systems	Local Contact Person Phone Number Rick Petri: 268-5574
Trade Name Fleming's Prime Steakhouse	Estimated Opening Date September 2006
Business Address Wine Bar 750 N. Midvale Blvd.	Signature of Owner/Operator

Not a WI Resident

Private Club? Yes No

License Description	Type	Fee	Number
FOOD + DRINK CLASS B COMBO NIGHTCLUB	108	20- publication fee	75426
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 _____ 20____; ending _____ 20____

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): Fleming's/Great Lakes-I, Limited Partnership

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	<u>See attached list of officers</u>		
Vice President/Member	_____		
Secretary/Member	_____		
Treasurer/Member	_____		
Agent	<u>Joseph J. Kadow</u>	_____	_____
Directors/Managers	_____		

3 Trade Name Fleming's Prime Steakhouse & Wine Bar Business Phone Number _____
 4 Address of Premises 750 N. Midvale Boulevard Post Office & Zip Code Madison 53705

- 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 _____ and date _____ 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) See attached floor plan

- 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? _____
- 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 5th day of June, 20 06 Joseph J. Kadow, Vice President & Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual
Carrie Chadbourne, CARRIE CHADBOURNE, Notary Public, State of Florida, My comm. exp. Aug. 24, 2009, Comm. No. DD 460341
partner

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>7-25-06</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>75426</u>	

Registrar # 04243

(11) Gruber

Sector 108

City of Madison Liquor and/or Beer Original Supplemental Form

For Office Use Only

- | | |
|--|---|
| <input type="checkbox"/> Seller's Permit Number
<input 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 type="checkbox"/> *Articles of Incorporation/ Organization

<p style="text-align: right; font-size: small;">*Required of Corporation/LLC Only</p> |
|--|---|

- ✓ All applicants are required to provide an adequate premise plan which must include 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), graphic representation of the normal position of booths, bar stools, tables and chairs. New structures must submit two sets of plans, signed and sealed by a registered architect or engineer to Building Inspection. **Premise plans must be submitted no larger than 8 ½ x 14.**

- ✓ **The 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 GRUBER 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 going to the City's webpage at www.ci.madison.wi.us/neighborhoods/contacts.htm.
- The Police Department Liaison, Sergeant Emil Quast, can be reached at 266-4451.

Have you contacted the Alderperson, Police Department Liaison and neighborhood association representative in the area in which you intend to locate?
 Yes No (Comments: _____)

Are there any special conditions desired by the neighborhood? NONE THAT WE KNOW OF AT THIS POINT.

The ALRC will ask questions of you in several areas with regard to your application. The following questions must be completed. The information provided will assist the committee in making a recommendation to the Common Council:

1. Name of Applicant/Partner/Corporation/Limited Liability Company (LLC): Fleming's / Great Lakes, Limited Partnership
2. Telephone Number: (608) 282-1225
3. Address of Licensed Premise: 750 N. Midvale Blvd., Madison, WI 53705

4. What type of establishment is contemplated? Tavern Nightclub Restaurant
 Liquor Store Grocery Store Convenience Store – Gas Pumps Yes No
 Other Please explain: _____

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

Full service restaurant

6. Describe (in detail) building to include overall dimensions, seating arrangements, capacity, bar size and where alcohol beverages are to be sold and stored. All rooms, including living quarters that are directly or indirectly accessible and under control of the applicant must be included. (Alcohol beverages may be sold and stored only on the premise described but does not include living quarters) _____

See attached floor plan

Approx 9,410 square feet. Alcohol stored in cooler, dry storage kitchen, behind bar. Served throughout restaurant.

The licensed premise as described above shall not be expanded or changed during the license year without approval of the Common Council.

7. Describe existing parking and how parking lot is to be monitored: THIS ESTABLISHMENT IS LOCATED IN THE HILDBLE SHOPPING CENTER IN A STAND-ALONE BUILDING. WE ANTICIPATE NO LOT MONITORING.

8. Describe all management positions, including previous experience, staffing levels/duties and employee training:
JACK MAHER, MANAGING PARTNER, MANY YEARS IN FOOD BUSINESS.

9. Excluding pre-packaged snacks, how late will food be served? _____

If so, what type of food? _____

Indicate any other product & services offered: ALCOHOL BEVERAGES + NON-ALCOHOL BEVERAGES.

If possible, provide a sample menu: _____

10. Please describe your target market; what is your customer profile? _____

Upscale target market - customers ages 35-64

If you have a Business Plan, please submit a copy

11 Describe how you plan on advertising and promoting your business: _____

National advertising and direct mail.

12. What is your estimated capacity? 208

13 Are you operating under a lease or franchise type agreement? Yes No (If yes, attach copy of agreement.)

Name of owner of building where establishment is located: Hilldale Land Company, LLC
90 Joseph Freed and Associates

Address of Owner: 220 N. Smith St., Palatine, IL Phone Number: (847) 215-5500
60067

14 "Individual" or "Partnership" only: Have individual/partners completed the Beverage Server Training Course?

Yes No If Yes, indicate names: _____

(Note: License cannot be issued until proof of completion of Beverage Server Training Course is shown)

15. "Corporation" or "LLC" only: Will agent be a resident of Wisconsin at the time of granting? Yes No

Agent must disclose interest held in business: MANAGING PARTNER

Has agent completed the Beverage Server Training Course? Yes No
(Note: License cannot be issued until proof of completion of Beverage Server Training Course is shown)

Director(s) Name	Home Address
PLEASE SEE ADDENDUM TO	
ORIGINAL LICENSE APPLICATION	

Stockholder's Name	Address	Extent of Ownership%
PLEASE SEE ADDENDUM TO		
ORIGINAL LICENSE APPLICATION		

Manager's Name	Address	Business Phone	Home Phone
JACK MAHER	750 N. MIDVALE BLVD	347-0478	834-5821

16. Anticipated opening date: 10/20/2006

Mailing address if not opening immediately: 2202 N. West Shore Blvd, Tampa, FL 33604

Contact person for appearance before the ALRC: Rick J. W. Petri

Private organizations (clubs) applying for a new liquor license must answer the following question:
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

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	30 %
Percent Gross Receipts from Food	70 %
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 produce and submit documentation verifying the percentages you've indicated.

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 5th day of June, 2006

Carin Calhoun
(Clerk/Notary Public)

Fleming's/Great Lakes, Limited Partnership

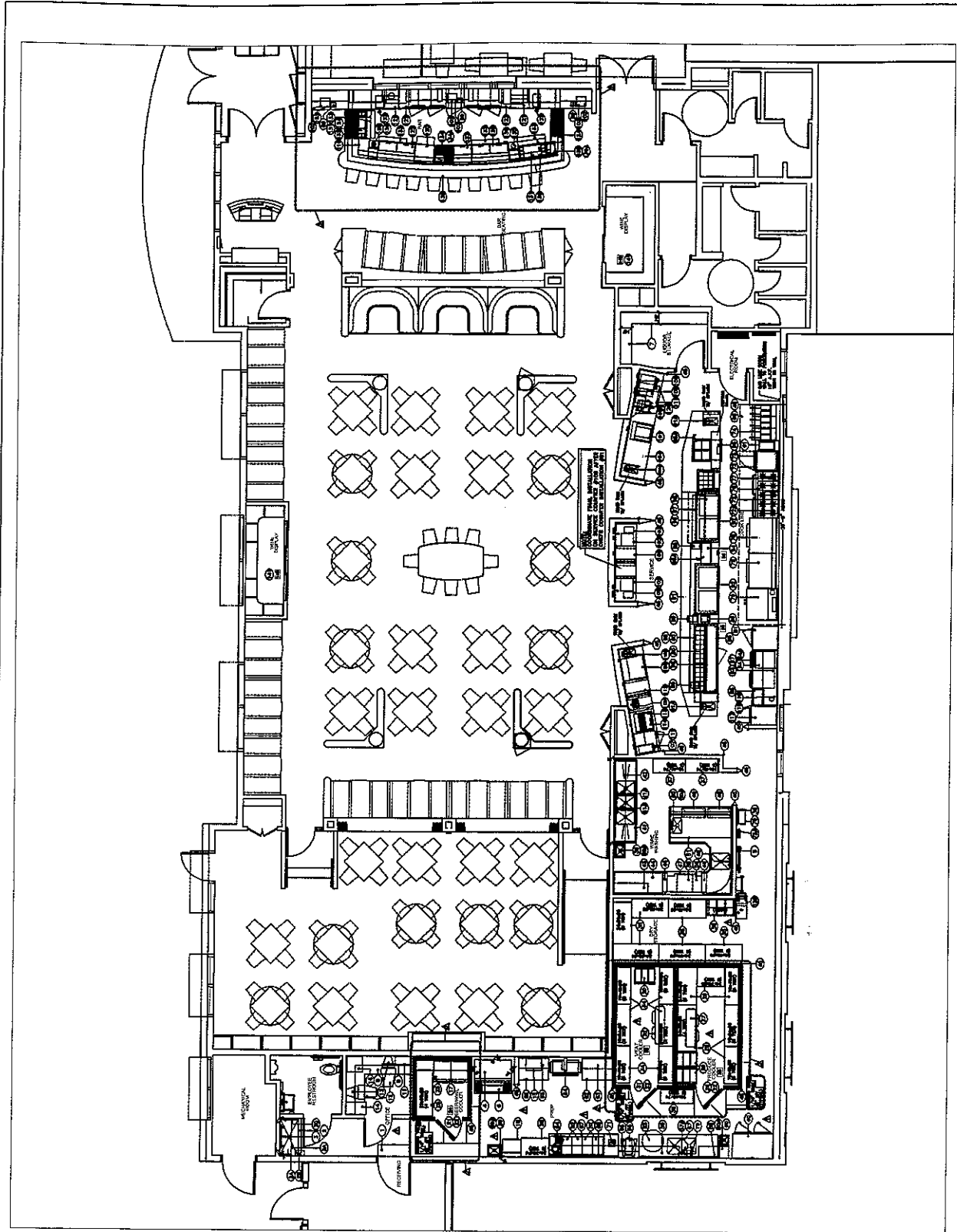
By: *Joseph J. Kadow*
(Officer of Corporation/Member/Manager of LLC/Partner/Individual)

Outback/Fleming's, LLC, the general partner
(Officer of Corporation/Member/Manager of LLC/Partner/Individual)

My commission expires 8/24/09
Notary Public, State of Florida
My comm. exp. Aug. 24, 2009
Comm. No. DD 460341

(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.



SQUARE FOOTAGES	
RESTAURANT:-----	7249 S.F.
FOODSERVICE:-----	2161 S.F.
STORAGE & SHELVING NOTES:	
REF STORAGE ROOM	180 S.F.
LOWER STORAGE SHELVING	28.2 S.F.
WALL-SH SHELVING	27.2 S.F.
WALL-SH SHELVING	28.8 S.F.
WALL-SH MEAT COOLER	71.8 S.F.
WALL-SH SHELVING	23.1 S.F.
WALL-SH SHELVING	23.0 S.F.
KITCHEN ROOM & ALL NET AREAS SHELVING TO BE 5/2 IN. METAL WIRE.	
SINK DIMENSIONS:	
ITEM #	26" X 16" X 16" NET
ITEM #	26" X 26" X 16" NET
ITEM #	26" X 48" X 16" NET
ITEM #	16" X 16" X 16" NET
ITEM #	16" X 16" X 16" NET
ITEM #	16" X 16" X 16" NET
GENERAL FOODSERVICE EQUIPMENT NOTES:	
1.	ALL FOODSERVICE EQUIPMENT SHALL MEET U.S.P. REQUIREMENTS.
2.	INCLUDES ALL UTILITY AREAS, TO BE SUPPLIED & INSTALLED BY CONTRACTOR.
3.	CONFORMANCE EQUIPMENT DRAWINGS SHALL BE USED IN CONJUNCTION WITH THE ARCHITECT'S & ENGINEERING DRAWINGS.
RESTAURANT SEATING:	
TABLE TOPS NUMBER	47
TABLE TOPS AREA	208
TOTAL SEATING	

REVISED: 01/18/08
 REVISIONS MADE TO DATE: 01/18/08
 BY: JPL/MS
 CHECKED BY: JPL/MS
 DATE: 1/18/08

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 BY: JPL/MS
 CHECKED BY: JPL/MS
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FLEMING'S PRIME STEAKHOUSE
 MADISON, WISCONSIN

FOODSERVICE EQUIPMENT PLAN

K1

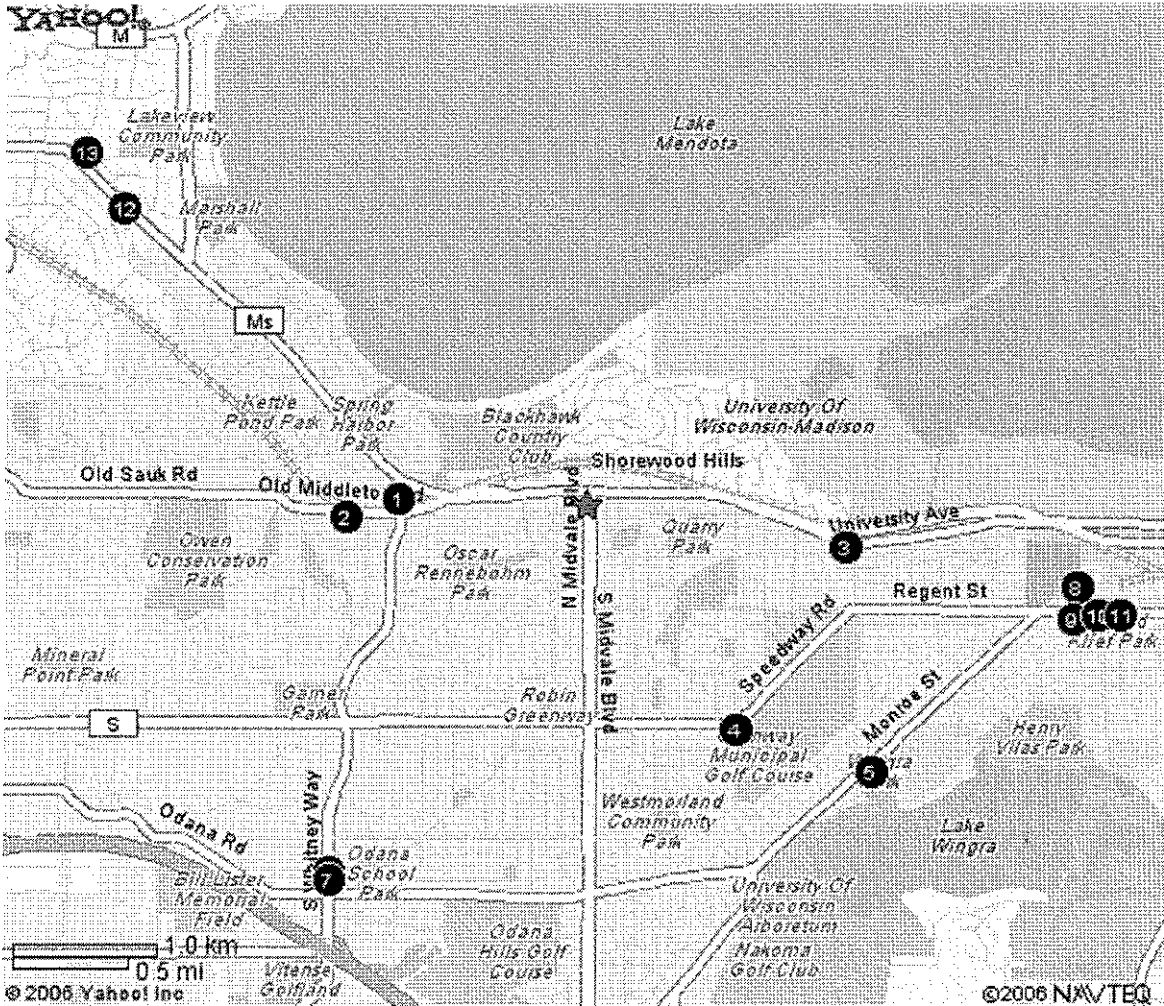
Commercial Design & Constructing
 International, Inc.

FOOD FACILITIES CONSULTANTS
 1400 N. DEARBORN BLVD. PROJECTIONS DEPARTMENT, PM 1000 BLDG., FIVE LAKES CENTER, MILWAUKEE, WI 53219

Yahoo! Maps - Madison, WI 53705-3207

« [Back to Map](#)

750 N Midvale Blvd Madison, WI 53705-3207



Map#	Business/Landmark Info	Distance
1	Irish Waters 702 N Whitney Way Madison, WI Phone: (608) 233-3398	0.8 miles
2	Sweeney's Oakcrest Tavern 5371 Old Middleton Rd Madison, WI Phone: (608) 233-1243	1.0 miles
3	Blue Moon Bar & Grill 2535 University Ave Madison, WI Phone: (608) 233-0441	1.1 miles
4	Village Bar 3801 Mineral Point Rd Madison, WI	1.1 miles

ADVERTI

Phone: (608) 233-9956

- 5** **Laurel Tavern** **1.6 miles**

2505 Monroe St
Madison, WI
Phone: (608) 233-1043
- 6** **Applebee's Neighborhood Grill** **1.9 miles**

660 S Whitney Way
Madison, WI
Phone: (608) 271-5450
- 7** **J T Whitney's Pub & Brewery** **1.9 miles**

674 S Whitney Way
Madison, WI
Phone: (608) 274-1776
- 8** **Stadium Sports Bar & Eatery** **2.1 miles**

1419 Monroe St
Madison, WI
Phone: (608) 256-2544
- 9** **Lucky's Bar & Grille** **2.1 miles**

1421 Regent St
Madison, WI
Phone: (608) 250-8989
- 10** **Big Ten Pub** **2.2 miles**

1330 Regent St
Madison, WI
Phone: (608) 251-6375
- 11** **Regent Street Retreat** **2.3 miles**

1206 Regent St
Madison, WI
Phone: (608) 256-7750
- 12** **Rusty's** **2.4 miles**

6413 University Ave
Middleton, WI
Phone: (608) 836-1766
- 13** **Club Tavern & Grille** **2.6 miles**

1915 Branch St
Middleton, WI
Phone: (608) 836-3773

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.