

004 0004/01513-01

Application Date: August 29, 2006

Proof of WI Seller's Permit No. ~~000~~

Name of Corporation, Limited Liability Company, Individual Owner, Private Club or Partner(s) <u>Rising Sons Deli, LLC</u>	Liquor/Beer Agent <u>Sinarack Macvilay</u>
Mailing Address <u>2 Brule Cir</u>	Liquor/Beer Agent Address <u>617 State St</u>
City/State/Zip Code <u>Madison, WI 53717</u>	Liquor/Beer City/State/Zip Code <u>Madison, WI 53717</u>
Name of Registered Agent or General Partner <u>Sinarack Macvilay</u>	Local Contact Person Phone Number <u>Sinarack Macvilay 239-8781</u>
Trade Name <u>Rising Sons</u>	Estimated Opening Date <u>8-29-06</u>
Business Address <u>617 State St</u>	Signature of Owner/Operator <u>S. Macvilay</u>

Private Club? Yes No

License Description	Type	Fee	Number
Class B Beer pub fee	102	20	75796
Class C wine pub fee	106	20	75797
Pre-Inspection & License Fees Non-Refundable	TOTAL	\$ 40	

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 Oct 4, 2006 ending June 30, 2007

TO THE GOVERNING BODY of the: Town of Village of City of Madison
 County of Dane Aldermanic Dist No. _____ (if required by ordinance)

Applicant's Wisconsin Seller's Permit Number: <u>004 00001913-01</u>	
Federal Employer Identification Number (FEIN): <u>39-1985825</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$20 pub fee
<input type="checkbox"/> Wholesale beer	\$
<input checked="" type="checkbox"/> Class C wine	\$20 pub fee
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$
TOTAL FEE	\$

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):

~~XXXXXXXXXX, SXXXXXXXXXX~~ RISING SONS DELI 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	<u>OWNER SINARACK MACVILAY</u>	<u>2 BRULE CIRCLE</u>	<u>53717</u>
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<u>Sinarack Macvilay</u>		
Directors/Managers			

- 3 Trade Name RISING SONS DELI Business Phone Number 608-661-4334
 4 Address of Premises 617 STATE ST Post Office & Zip Code MADISON, WI 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 _____ 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.) behind the bar cooler - beer wine, behind the bar also store beer in the basement cooler

- 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 August 2006

[Signature]
 (Clerk/Notary Public)

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

(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>8/24/06</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>75796, 75797</u>	

Legistar # 04463

Ad. 8 (King)
Sector 403

City of Madison Liquor and/or Beer Original Supplemental Form

For 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 type="checkbox"/> Floor Plans | <input 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;">*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 Austin King 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: _____)

Called but didn't get any answer yet

Are there any special conditions desired by the neighborhood? no

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): Rising Sons Deli
2. Telephone Number: 608-661-4334
3. Address of Licensed Premise: 617 State St MADISON, WI 53703

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:

Restaurant serving Laos & Thai food.

Business Hours - Mon - Sun 7 days/wk

SUN - Wed => 9am - 9pm Thurs - Sat => 9am - 11pm

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)

Alcohol will be stored in basement walkin cooler and also on 1st floor cooler behind bar counter. There are about 40-50 seats capacity. It's a restaurant that serves Lao & Thai food. There's approximately 2500 square ft. of space. Beer and wine will be served in the dining area.

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:

There are no parking on state street

8. Describe all management positions, including previous experience, staffing levels/duties and employee training:

We'll have waiter/waitress. ~~Dishwashers~~

Managers - Sinarack Macvilay 6yrs

Kham Macvilay 10yrs

Khen Macvilay 6yrs

9. Excluding pre-packaged snacks, how late will food be served? Sun - Wed: 9am - 9pm, Thurs - Sat until 11p
 If so, what type of food? Laos & Thai cuisine
 Indicate any other product & services offered: _____

If possible, provide a sample menu: _____

10. Please describe your target market; what is your customer profile? Student & Faculty of UW; We've had all different kinds of nationality.

If you have a Business Plan, please submit a copy

11. Describe how you plan on advertising and promoting your business: word of mouth
Taste of Madison

12. What is your estimated capacity? 30-40 people

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: Dr. Thomas Munns
 Address of Owner: 615 State St MADISON, WI Phone Number: _____

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: _____
 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

Stockholder's Name	Address	Extent of Ownership%

Manager's Name	Address	Business Phone	Home Phone

16. Anticipated opening date: August 29, 2006
 Mailing address if not opening immediately: 2 Brule Cir Madison, WI 53717
 Contact person for appearance before the ALRC: Sinarack MacVilay or Khen MacVilay

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	10%	?
Percent Gross Receipts from Food	90%	?
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 29th day of August, 2006

[Signature]
 (Clerk/Notary Public)

[Signature: S. MacVilay]
 (Officer of Corporation/Member/Manager of LLC/Partner/Individual)

 (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.