

Application Date: 8-29-06

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

Name of Corporation, Limited Liability Company, Individual Owner, Private Club or Partner(s) <b>Adair Enterprises LLC</b>	Liquor/Beer Agent <b>Rita Adair</b>
Mailing Address <b>177 E Lincoln St</b>	Liquor/Beer Agent Address <b>177 E Lincoln St</b>
City/State/Zip Code <b>Oregon Wl. 53575</b>	Liquor/Beer City/State/Zip Code <b>Oregon Wl. 53575</b>
Name of Registered Agent or General Partner <b>Rita Adair</b>	Local Contact Person   Phone Number <b>Rita Adair 575-4130</b>
Trade Name <b>Adair's Lounge</b>	Estimated Opening Date <b>Oct 26, 06</b>
Business Address <b>121 W. Main St 53703</b>	Signature of Owner/Operator <b>Rita Adair</b>

Private Club?  Yes  No

License Description	Type	Fee	Number
Liquor + Beer publication fee	108	20-	75792
<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 \_\_\_\_\_ 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): Adair Enterprises 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

President/Member Pres. Rita A Adair Home Address 177 E Lincoln St. Post Office & Zip Code Oregon 53575

Vice President/Member \_\_\_\_\_

Secretary/Member \_\_\_\_\_

Treasurer/Member \_\_\_\_\_

Agent Rita Adair 177 E Lincoln St Oregon WI. 53535

Directors/Managers \_\_\_\_\_

- 3 Trade Name ADAIR'S LOUNGE Business Phone Number 608 575-4130  
4 Address of Premises 121 W. MAIN ST Post Office & Zip Code Madison 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 Aug. 29-06 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) 1st floor 22x65 12 stool bar 5 wall capacity 99

10. Legal description (omit if street address is given above): Service Bar in rear basement Storage

- 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? Genna's Cocktail Lounge, Inc
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 29th day of August, 2006  
Maibeth Witel-Beh  
(Clerk/Notary Public)  
My commission expires 10-26-08

Rita A Adair  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)  
\_\_\_\_\_  
(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>8-29-06</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>75192</u>	

Registrar # 04460

Ald. 4 (Verveer)  
Police Sector 405

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

### Office Use Only

- |   |  |
|---|--|
| <input type="checkbox"/> Seller's Permit Number<br><input 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 type="checkbox"/> Floor Plans | <input checked="" 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 type="checkbox"/> *Articles of Incorporation/ Organization<br><input type="checkbox"/> Sample Menu, if possible<br><input type="checkbox"/> Business Plan, if one exists<br>* Forms required of Corporation/LLC only |
|---|--|

- ✓ 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 Verveer 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 Adair Enterprises LLC

4. Telephone Number: 608 575-4130

5. Address of Licensed Premise 121 W. Main St Madison WI 53703

6. Anticipated opening date: October 26 2006

7. Mailing address if not opening immediately 177 E Lincoln St Oregon WI. 53575



19. Describe how you plan to advertise/promote your business. newspaper, word of mouth, mailings

20. What is your estimated capacity? 99

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: Larry E Lichte

Address of Owner: 123 W. Main St Madison 53703 Phone Number 257-4808

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.**

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
Rita A. Adair	177 E <del>AAIA</del> Lincoln ST. Oregon WI. 53575

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 Chapter 23 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	95	%
Percent Gross Receipts from Food	5	%
Percent Gross Receipts from Other		%
<b>Total Gross Receipts</b>	<b>100</b>	<b>%</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: \_\_\_\_\_

**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 29<sup>th</sup> day of August, 2006

Maibeth Witzel-Behl  
(Clerk/Notary Public)

My commission expires 10-26-08

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

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

\_\_\_\_\_  
(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.**