

Application Date: 8/23/04

Proof of WI Seller's Permit No. 004-0002988063-01

Name of Corporation, Limited Liability Company, Individual Owner, Private Club or Partner(s) <i>The Bamboo House, LLC</i>	Liquor/Beer Agent <i>Tou Vue</i>
Mailing Address <i>1318³ Midvale Blvd</i>	Liquor/Beer Agent Address <i>5322 Valley Edge Dr.</i>
City/State/Zip Code <i>Madison, WI 53711</i>	Liquor/Beer City/State/Zip Code <i>Madison, WI 53704</i>
Name of Registered Agent or General Partner <i>May Lee Moua-Vue</i>	Local Contact Person Phone Number <i>Tou Vue 608-241-4079</i>
Trade Name <i>The Bamboo Hut</i>	Estimated Opening Date <i>10/20/06</i>
Business Address <i>1318³ Midvale Blvd, Madison, WI 53711</i>	Signature of Owner/Operator <i>Tou Vue</i>

Private Club? Yes No

License Description	Type	Fee	Number
<i>Class B Combination Liquor/ Beer Publication fee</i>	<i>108</i>	<i>\$20⁰⁰</i>	<i>75783</i>
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 October 20 20 06 ;
ending September 30 20 06

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): Vue Tou Yia, The Bamboo House, 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</u>	<u>May Lee Moua-Vue</u>	<u>5322 Valley Edge Dr.</u>	<u>Madison, WI 53704</u>
Vice President/Member	<u>owner</u>	<u>Tou Yia Vue</u>	<u>5322 Valley Edge Dr.</u>	<u>Madison, WI 53704</u>
Secretary/Member				
Treasurer/Member				

Agent Tou Vue
Directors/Managers Tou Vue and May Lee Moua-Vue

3. Trade Name The Bamboo Hut Business Phone Number 608-241-4079

4. Address of Premises 1318 S. Midvale Blvd Post Office & Zip Code Madison, WI 53711

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.)

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 29th day of August 2006

Maibeth Witzel-Berk
(Clerk/Notary Public)

My commission expires 10-26-08

Tou Yia Vue
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

Tou Yia Vue
(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>15783</u>	

AT-106 (R. 1-05)

Wisconsin Department of Revenue

Register # 04448

Ald. 10 (Golden)
Sector 106

Applicant's Wisconsin Seller's Permit Number: <u>004-0002988063-01</u>	
Federal Employer Identification Number (FEIN): <u>35-2275476</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 type="checkbox"/> Seller's Permit Number | <input type="checkbox"/> Lease |
| <input type="checkbox"/> Federal Employer Identification Number | <input type="checkbox"/> Notarized Transfer of Ownership Letter |
| <input type="checkbox"/> Notarized Original Application Form (AT-106) | <input type="checkbox"/> *Schedule of Appointment of Agent (AT-104) |
| <input type="checkbox"/> Notarized Supplemental Form | <input type="checkbox"/> *Notarized Agent Appointment/Acceptance Form |
| <input type="checkbox"/> Description of Licensed Premise | <input type="checkbox"/> *Articles of Incorporation/ Organization |
| <input type="checkbox"/> Notarized Auxiliary Questionnaire(s) (AT-103) | <input type="checkbox"/> Sample Menu, if possible |
| <input type="checkbox"/> Background Investigation Form(s) | <input type="checkbox"/> Business Plan, if one exists |
| <input type="checkbox"/> Floor Plans | * 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 _____ 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 The Bamboo House, LLC
4. Telephone Number: 608-241-4079
5. Address of Licensed Premise 1318 S. Midvale Blvd, Madison, WI 53711
6. Anticipated opening date: 10/20/2006
7. Mailing address if not opening immediately 5322 Valley Sdge Dr, Madison, WI 53704

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

9. Business Description, including hours of operation and if entertainment is part of your venue, what type:
Southeast Asian family restaurant serving favorite Asian dishes.
Operation hours are Sun-Thur, 10:30am-8:00pm and Fri-Sat, 10:30am-9:00pm.

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.**

A stand-alone building with estimated size of 69 ft X 27 ft. The dining area is estimated to be 69 ft X 17 ft and the kitchen is estimated to be 69 ft X 10 ft. It sits up to 50 people in the dining area which composes of 10 four-sitter tables and 5 two-sitter tables.

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. There are 20 parking spaces belong to the restaurant. There is bright light shining to the entire park.

13. Describe your management experience, staffing levels, duties and employee training
Manager has three years of restaurant experience and 5 years of management experience. There will be 2 cooks and 1 assistant cook and 2 wait-staff.

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. Tou Vue

<u>5322 Valley Edge Dr.</u>	<u>Madison</u>	<u>WI</u>	<u>53704</u>
Address	City	State	Zip

15. Excluding pre-packaged snacks, how late will food be served? Sun-Thur: 8:00p / Fri-Sat: 9:00pm

16. What type of food will you be serving, if any? Southeast Asian favorite dishes

17. Indicate any other product/service offered: None

18. Describe your target market. Area businesses, area residents, Madison Asian Community and area students.

19. Describe how you plan to advertise/promote your business Local newspapers, Webmails, Local food events, and area businesses magazines
20. What is your estimated capacity? 50 people
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: Aubrey R. Fowler
 Address of Owner: 702 N. Blackhawk Ave, Madison Phone Number 608-238-3188
23. Individual or Partnership only: Have individual/partners completed the Beverage Server Training Course? Yes No If Yes, indicate names: Tou Vue
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: 50 %
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
May Lee Mouna-Vue	5322 Valley Edge Dr. Madison, WI
Tou Vue	5322 Valley Edge Dr. Madison, WI

Stockholder's Name	Address	Extent of Ownership%

Manager's Name	Address	Business Phone	Home Phone
May Lee Mouna-Vue	5322 Valley Edge Dr.	608-241-4079	608-241-4079
Tou Vue	5322 Valley Edge Dr.	608-354-2702	608-241-4079

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	95 %
Percent Gross Receipts from Food	5 %
Percent Gross Receipts from Other	0 %
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 23rd day of August, 2006

Karie Z Koch
(Clerk/Notary Public)

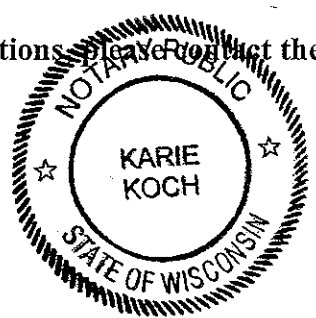
Marybeth Mervine
(Officer of Corporation/Member/Manager of LLC/Partner/Individual)

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

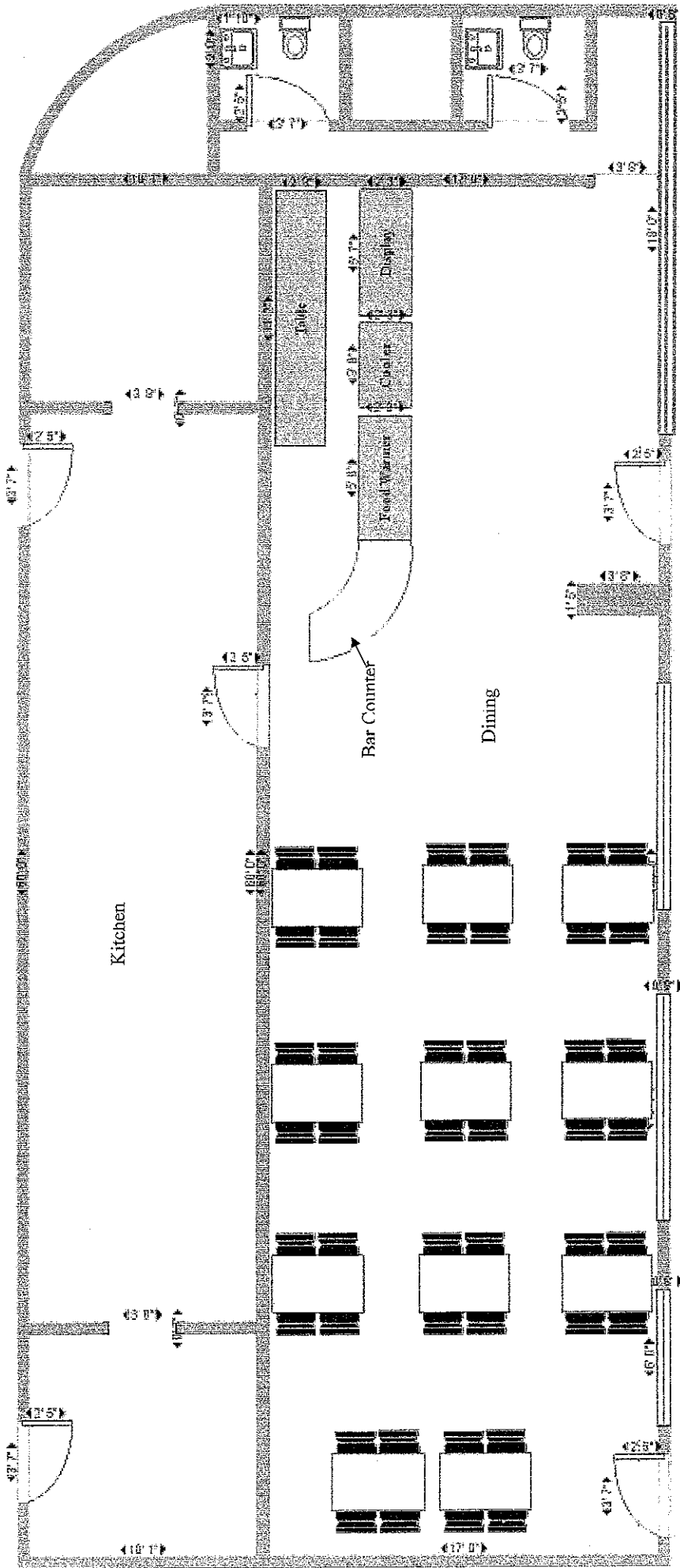
My commission expires 8-15-2010

(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.



Back of the restaurant



Front Entry