

Application Date: _____

Proof of WI Seller's Permit No. 004-0003003430-01

Name of Corporation, Limited Liability Company, Individual Owner, Private Club or Partner(s) <i>GD 3 LLC</i>	Liquor/Beer Agent <i>TED PETERSON</i>	
Mailing Address <i>123 E. DOTY STREET</i>	Liquor/Beer Agent Address <i>2902 MELISSA CIRCLE</i>	
City/State/Zip Code <i>MADISON, WI 53703</i>	Liquor/Beer City/State/Zip Code <i>FITCHBURG WI 53711</i>	
Name of Registered Agent or General Partner <i>ELIOT BUTLER</i>	Local Contact Person <i>TED PETERSON</i>	Phone Number <i>608 284-0000</i>
Trade Name <i>THE GARAT DAVE PUB</i>	Estimated Opening Date <i>DECEMBER 1, 2006</i>	
Business Address <i>351 PRICE PLACE</i>	Signature of Owner/Operator <i>Eliot Butler</i>	

Private Club? Yes No

License Description	Type	Fee	Number
<i>CLASS B. BEER CLASS B. LIQUOR WHOLESALE BEER PUBLICATION FEE</i>	<i>108</i>	<i>20-</i>	<i>75779</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 DECEMBER 1 20 06 ;
ending JUNE 30 20 07

TO THE GOVERNING BODY of the: Town of Village of City of } Madison

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): G-D 3, LLC

Applicant's Wisconsin Seller's Permit Number: <u>004-2003003430-01</u>	
Federal Employer Identification Number (FEIN): <u>20-4512472</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>58.33</u>
<input checked="" type="checkbox"/> Wholesale beer	\$ <u>[scribble]</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$ <u>291.67</u>
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ <u>20</u>
TOTAL FEE	\$

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>THE GREAT DANE PUB BREWING CO</u>	<u>123 E. DOTY ST. MADISON, WI 53703</u>	
Vice President/Member	<u>OF G-D PUB</u>	<u>ROB LOBACCO 754 CHESTNUT HILL RD. CHESTER RI 02814</u>	
Secretary/Member	<u>Ted Peterson</u>	<u>2902 Melissa Circle, Fitchburg</u>	
Treasurer/Member			
Agent	<u>REGISTERED AGENT</u>	<u>ALSO PRESIDENT OF GREAT DANE PUB BREWING CO.</u>	
Directors/Managers	<u>AND MANAGER</u>	<u>ELIOT BUTLER 128 S. HAWKROCK ST #3 MADISON, WI 53703</u>	

Liquor

3 Trade Name THE GREAT DANE PUB Business Phone Number 608 284-0000
4 Address of Premises 357 PRICE PLACE 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 WI and date 3/23/06 of registration. Yes No
(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 29th day of August, 2006
Maibeth Wibel-Bell
(Clerk/Notary Public)
My commission expires 10-20-08

Eliot Butler
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
[Signature]
(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>75719</u>	

AT-106 (R 1-05)

Legistar # 04447 Aid. II (Gruber) Wisconsin Department of Revenue
Police Sector 108

City of Madison Liquor and/or Beer Original Supplemental Form

Office Use Only

- | | |
|--|---|
| <ul style="list-style-type: none"> <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 checked="" type="checkbox"/> Floor Plans | <ul style="list-style-type: none"> <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Notarized Transfer of Ownership Letter <input checked="" type="checkbox"/> *Schedule of Appointment of Agent (AT-104) <input checked="" type="checkbox"/> *Notarized Agent Appointment/Acceptance Form <input type="checkbox"/> *Articles of Incorporation/ Organization <input type="checkbox"/> Sample Menu, if possible <input type="checkbox"/> Business Plan, if one exists * 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 Tim Guber can be reached at 663-5264
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.
1) HILLCREST KELLIE THOMPSON FRATER A-332-0122 2) SUNSET VILLAGE MICHAEL POMANNING-233-842
- 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 GD 3, LLC

4. Telephone Number: (608) 284-0000

5. Address of Licensed Premise 357 PRICE PLACE, MADISON, WI 53705

6. Anticipated opening date: Dec 1, 2006

7. Mailing address if not opening immediately 123 E. DOTY ST. MADISON, WI 53703

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:
BAR/RESTAURANT OPEN M-TH 11AM-2AM F,SA 11AM-230AM SUNDAY 10AM-2AM
WILL HAVE POOL TABLES AND A SHUFFLEBOARD TABLE. HOPE SOMEDAY TO BREW BEER ON PREMISE

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 GD3, LLC (DBA THE GREAT DANE PUB) WILL OCCUPY 8,500 sq. ft. OF A 12,000 sq. ft. BUILDING. THERE WILL BE TWO DINING ROOMS, A LARGE BAR AREA (20 STOOLS) THREE PRIVATE ROOMS, TWO PATIOS. ALCOHOL WILL BE SERVED IN ALL THESE AREAS. BEERS/KNUCK WILL BE STORED IN A DRY STORAGE CLOSET AND A REFRIGERATED KEG ROOM.
* SEE INCLUDED FLOOR PLANS

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. APPROXIMATELY 20 SPOTS BEHIND PREMISES
80 IN LOT ACROSS ~~HEATH~~ ^{PRICE} PLACE, 2 STORY ~~DRIVE~~ ^{DRIVE} ACROSS HEATHER CREST, 2000 TOTAL SPOTS IN DEVELOPMENT. PARKING TO BE MONITORED BY LANDLORD.

13. Describe your management experience, staffing levels, duties and employee training.
ALL MANAGEMENT WILL HAVE BEEN EMPLOYED/TRAINED BY THE GREAT DANE. THE GREAT DANE WILL SUPERVISE STAFF TRAINING 2WKS. PRIOR TO OPENING. A BUSY SHIFT WOULD CONSIST OF: 3 HOSTS, 2 BARTENDERS, 6-8 SERVERS, 2 SERVER ASSO'S. 2 EXPEDITERS, 6-10 KITCHEN STAFF, KITCHEN SUPERVISOR PLUS MANAGER ON DUTY.

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. ELIOT BUTLER

Name			
<u>128 S. HANCOCK ST #3</u>	<u>MADISON</u>	<u>WI</u>	<u>53703</u>
Address	City	State	Zip

15. Excluding pre-packaged snacks, how late will food be served? 2 AM.

16. What type of food will you be serving, if any? DIVERSE PUB FARE, AKIN TO EXISTING GREAT DANE MENUS.

17. Indicate any other product/service offered: POOL TABLES BY THE HOUR, WILL APPLY FOR CIG. STATE LICENSE

18. Describe your target market. YOUNG PROFESSIONALS 25-45, FAMILIES, GRADUATE STUDENTS

19. Describe how you plan to advertise/promote your business. WORD OF MOUTH, ISTHMUS, DAWN, RADIO, ETC.

20. What is your estimated capacity? 300

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: HILLOPE LAND COMPANY LLC. (JOSEPH FREED & ASSOC. LLC)

Address of Owner: 220 N. SMITH ST. SUITE 300 PALATINE, IL 60067 Phone Number (847) 215-5412

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: 0%

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

Stockholder's Name	Address	Extent of Ownership%

Manager's Name	Address	Business Phone	Home Phone
<u>ELIOT BUTLER</u>	<u>128 S. HANCOCK ST #3 MADISON, WI 53703</u>	<u>608 284-0000</u>	<u>608 255-1519</u>

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	38 %
Percent Gross Receipts from Food	60 %
Percent Gross Receipts from Other	2 %
Total Gross Receipts	100 %

Do you have written records to document the percentages shown? Yes No *NEW BUSINESS*
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: HOPE TO BREW BEER ON PREMISE IN FUTURE

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

Mari Beth Witzel-Bell
(Clerk/Notary Public)

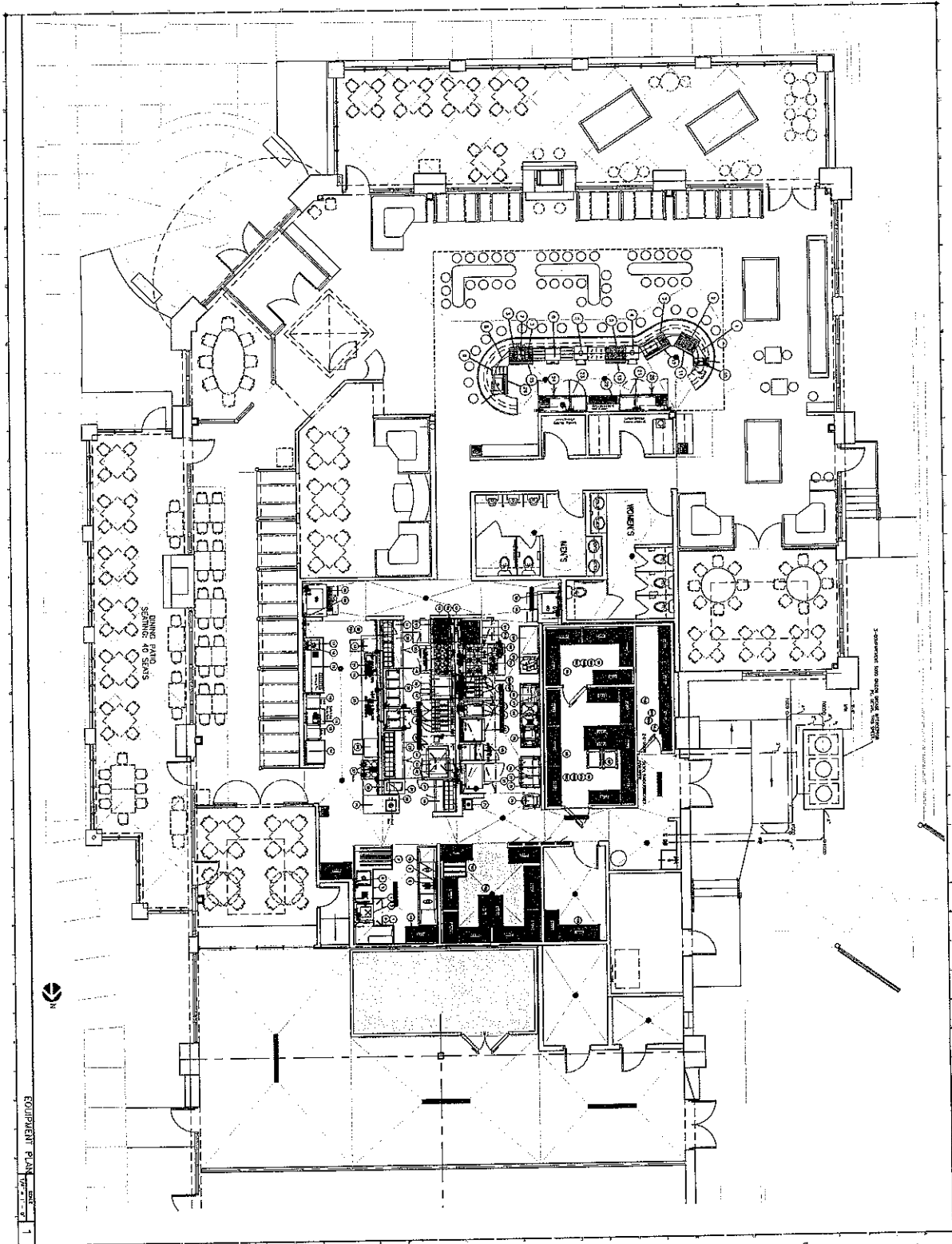
[Signature]
(Officer of Corporation/Member/Manager of LLC/Partner/Individual)

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

My commission expires 10-26-08

(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.



EQUIPMENT PLAN
 11/10/00
 1

NO.	DESCRIPTION
1	BAR
2	KITCHEN
3	RESTROOMS
4	STAIRS
5	ELEVATOR
6	STORAGE
7	RECEPTION
8	CONFERENCE
9	OFFICE
10	LOBBY
11	DINING
12	BAR
13	KITCHEN
14	RESTROOMS
15	STAIRS
16	ELEVATOR
17	STORAGE
18	RECEPTION
19	CONFERENCE
20	OFFICE
21	LOBBY
22	DINING
23	BAR
24	KITCHEN
25	RESTROOMS
26	STAIRS
27	ELEVATOR
28	STORAGE
29	RECEPTION
30	CONFERENCE
31	OFFICE
32	LOBBY
33	DINING
34	BAR
35	KITCHEN
36	RESTROOMS
37	STAIRS
38	ELEVATOR
39	STORAGE
40	RECEPTION
41	CONFERENCE
42	OFFICE
43	LOBBY
44	DINING
45	BAR
46	KITCHEN
47	RESTROOMS
48	STAIRS
49	ELEVATOR
50	STORAGE
51	RECEPTION
52	CONFERENCE
53	OFFICE
54	LOBBY
55	DINING
56	BAR
57	KITCHEN
58	RESTROOMS
59	STAIRS
60	ELEVATOR
61	STORAGE
62	RECEPTION
63	CONFERENCE
64	OFFICE
65	LOBBY
66	DINING
67	BAR
68	KITCHEN
69	RESTROOMS
70	STAIRS
71	ELEVATOR
72	STORAGE
73	RECEPTION
74	CONFERENCE
75	OFFICE
76	LOBBY
77	DINING
78	BAR
79	KITCHEN
80	RESTROOMS
81	STAIRS
82	ELEVATOR
83	STORAGE
84	RECEPTION
85	CONFERENCE
86	OFFICE
87	LOBBY
88	DINING
89	BAR
90	KITCHEN
91	RESTROOMS
92	STAIRS
93	ELEVATOR
94	STORAGE
95	RECEPTION
96	CONFERENCE
97	OFFICE
98	LOBBY
99	DINING
100	BAR

Great Dane Pub & Brewing Company
 2222 1st Street
 St. Louis, MO 63103



WILSON ARCHITECTS
 LIMITED
 211 East 12th Street
 St. Louis, MO 63102
 Tel: 314.437.1111
 Fax: 314.437.1112

YELLOW AREAS = BEER, LIQUOR SERVICE
 BLUE AREAS = BEER LIQUOR STORAGE