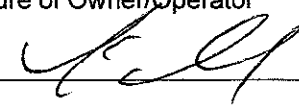


Application Date: 8/14/06

Proof of WI Seller's Permit No 004-0002992301-01

Name of Corporation, Limited Liability Company, Individual Owner, Private Club or Partner(s) <u>HJ Madison Inc</u>	Liquor/Beer Agent <u>Tim Gantz</u>	
Mailing Address <u>5683 Norfolk dr</u>	Liquor/Beer Agent Address <u>5683 Norfolk dr Fitchburg WI 53719</u>	
City/State/Zip Code <u>Fitchburg WI 53719</u>	Liquor/Beer City/State/Zip Code	
Name of Registered Agent or General Partner <u>Tim Gantz</u>	Local Contact Person <u>Tim Gantz</u>	Phone Number <u>563-503-8255</u>
Trade Name <u>Happy Joes</u>	Estimated Opening Date <u>11-1-06</u>	
Business Address <u>202 S. Cammon Rd Madison WI 53713</u>	Signature of Owner/Operator 	
Private Club? <input type="checkbox"/> Yes <input type="checkbox"/> No		

License Description	Type	Fee	Number
Class B Beer publication fee	102	20 <sup>00</sup>	75626
Class C Wine publication fee	106	20 <sup>00</sup>	75627
<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 11-1 2006 ;  
ending 20 2006 ;

TO THE GOVERNING BODY of the:  Town of } Madison  
 Village of }  
 City of }  
County of Dane Aldermanic Dist. No. 9 (if required by ordinance)

Applicant's Wisconsin Seller's Permit Number:	
Federal Employer Identification Number (FEIN): <u>20521107</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>20 pub fee</u>
<input type="checkbox"/> Wholesale beer	\$
<input checked="" type="checkbox"/> Class C wine	\$ <u>20 pub fee</u>
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$
<b>TOTAL FEE</b>	\$

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): H.J. Madison 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>MR Tim Gantz</u>	<u>5683 NORFOLK DR</u>	<u>Fitchburg, WI 53719</u>
Vice President/Member	<u>MS Cathy Gantz</u>	<u>11783 Deer Valley</u>	<u>Dubuque, IA 52001</u>
Secretary/Member	<u>MS. Cathy Gantz</u>	<u>11783 Deer Valley</u>	<u>Dubuque, IA 52001</u>
Treasurer/Member	<u>MR Tim Gantz</u>	<u>5683 NORFOLK DR</u>	<u>Fitchburg, WI 53719</u>
Agent	<u>Tim Gantz</u>		

Directors/Managers  
3 Trade Name Happy Joe's Business Phone Number 563-503-8255  
4 Address of Premises 202 S. Gammon Rd Post Office & Zip Code 53713

- 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 Wisconsin and date 7-23-06 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) 202 S Gammon - back room, Behind Counter in cooler

- 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 28 day of July 2006  
Janice M. Markus  
(Clerk/Notary Public)  
My commission expires 11-15-08

Cathy Gantz  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)  
Janice M. Markus  
(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>8/14/06</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>75626, 75627</u>	

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

### For Office Use Only

- |  |   |
|--|---|
| <input type="checkbox"/> Seller's Permit Number<br><input checked="" type="checkbox"/> Federal Employer Identification Number <u>011</u><br><input checked="" type="checkbox"/> Notarized Original Application Form (AT-106)<br><input checked="" type="checkbox"/> Notarized Supplemental Form<br><input 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 type="checkbox"/> Lease<br><input 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 Appointment of Agent Letter<br><input checked="" type="checkbox"/> *Notarized Agent Authorization Letter<br><input type="checkbox"/> *Articles of Incorporation/ Organization<br><p style="text-align: center;">*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 \_\_\_\_\_ 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 going to the City's webpage 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.

Have you contacted the Alderperson, Police Department Liaison and neighborhood association representative in the area in which you intend to locate?

Yes     No (Comments: No response from Alderperson Paul Skidmore. Left Numerous messages. Contacted Neighborhood Association Rep she said No issues.)

Are there any special conditions desired by the neighborhood? N/A

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): HJ Madison Inc.
2. Telephone Number: 563-503-8255
3. Address of Licensed Premise: 202 S. Gammon Rd. Madison WI, 53713

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:  
 Pizza and Ice Cream parlor geared toward families with young children. We service birthday parties, sports teams, families and office. We generally operate 7am to 12pm, later on weekends.

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). A typical Happy Joe's runs 4500 - 5500 Square foot The restaurant is set up to let the customer come in, sit down and decide what they want to order, then go to the counter and place order. We then service the customer from there. All beverages will be poured from behind the counter.

**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: The location is an endcap to a strip center. The building has windows on all sides and is visible to all parking.

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

9. Excluding pre-packaged snacks, how late will food be served? 12pm +/- 2 hours  
 If so, what type of food? Pizza, Ice cream, sandwiches, Pasta  
 Indicate any other product & services offered: Pizza & Product delivery

If possible, provide a sample menu: Happy Joe's. Com

10. Please describe your target market; what is your customer profile? Families with young children.

If you have a Business Plan, please submit a copy.

11. Describe how you plan on advertising and promoting your business: Newspaper, Television, Flyers, Chamber of Commers, getting involved in the community

12. What is your estimated capacity? +/- 200 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: \_\_\_\_\_

Address of Owner: 5683 Norfolk Dr Fitchburg WI 53719 Phone Number: 563-503-8255

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
Tim Gantz	5683 Norfolk dr Fitchburg WI 53719

Stockholder's Name	Address	Extent of Ownership%
Tim Gantz	5683 Norfolk dr Fitchburg	50%
Cathy Gantz	11783 Deer valley Trail Dubuque IA 52001	50%

Manager's Name	Address	Business Phone	Home Phone

16. Anticipated opening date: Dec 1, 2006

Mailing address if not opening immediately: 5683 Norfolk Dr Fitchburg WI 53719

Contact person for appearance before the ALRC: \_\_\_\_\_

**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	2 %
Percent Gross Receipts from Food	82 %
Percent Gross Receipts from Other	6 %
<b>Total Gross Receipts</b>	<b>100 %</b>

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 14th day of August, 2006

[Signature]  
(Officer of Corporation/Member/Manager of I.L.C./Partner/Individual)

[Signature]  
(Clerk/Notary Public)

\_\_\_\_\_  
(Officer of Corporation/Member/Manager of I.L.C./Partner/Individual)

My commission expires 2/11/09

\_\_\_\_\_  
(Officer of Corporation/Member/Manager of I.L.C./Partner/Individual)

**If you have any questions, please contact the City Clerk's Office at (608) 266-4601.**