


Application Date: 12/20/06

Proof of WI Seller's Permit No. 004-0002850728-01

Name of Corporation, Limited Liability Company, Individual Owner, Private Club or Partner(s)		Liquor/Beer Agent	
Blue Bandit Inc.		Richard F. Brahmer	
Mailing Address		Liquor/Beer Agent Address	
14 Berkley Circle		14 Berkley Circle	
City/State/Zip Code		Liquor/Beer City/State/Zip Code	
MADISON, WI 53719		Madison, WI 53719	
Name of Registered Agent or General Partner		Local Contact Person	Phone Number
Richard F. Brahmer		Rick Brahmer	204-0656
Trade Name		Estimated Opening Date	
Tonic		March 1, 2007	
Business Address		Signature of Owner/Operator	
123 E. Main St. Madison, WI 53703			
Type of Business			
<input checked="" type="checkbox"/> Restaurant <input checked="" type="checkbox"/> Tavern <input type="checkbox"/> Grocery Store <input type="checkbox"/> Caterer <input type="checkbox"/> Cafeteria <input type="checkbox"/> Other _____			
Food and Drink License? Needed for: <u>Yes</u> <u>Toni C</u> <u>123 E. Main St Madison 53703</u>			
Private Club? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
License Description	Type	Fee	Number
Class B beer	108		76521
Class B liquor		\$ 20	
Publication Fee			
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 Feb. 20 20 07 ;
ending June 30 20 07

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

County of Dane Aldermanic Dist. No 4 (if required by ordinance)

Applicant's Wisconsin Seller's Permit Number: <u>004-0002850728-01</u>	
Federal Employer Identification Number (FEIN): <u>07-0586085</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	\$

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): Blue Bandit Inc

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>President</u>	<u>Richard F. Brahmer</u>	<u>14 Berkley Circle</u>	<u>Madison, WI 53719</u>
Vice President/Member				
Secretary/Member				
Treasurer/Member				
Agent		<u>Richard F. Brahmer</u>		
Directors/Managers				

3 Trade Name ▶ Tonic Business Phone Number 256-4141
4 Address of Premises ▶ 123 E. Main 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 WI and date 3/27/06 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) 4800 total sq ft (3000 down + 1800 up) 29 ft bar up, 9 ft bar down, 32 patio seats

- 10 Legal description (omit if street address is given above): ↳ storage rm + walk in windows
- 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? Argus Food + Spirits
- 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 22 day of December, 20 06

[Signature]
Clerk/Notary Public
My commission expires 8/5/07

[Signature]
(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	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
<u>12-22-06</u>			
Date license granted	Date license issued	License number issued	

Legistar # 05312

Ald. 4 (Verbeek)

Sector 4106

City of Madison Liquor and/or Beer Original Supplemental Form

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 checked="" 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 checked="" 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), the Madison Police Department, and the Alcohol Policy Coordinator.

- Alderperson Mike Verwee can be reached at 255-6498 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.
- Police Department District Captain Mary schauf can be reached at 266-4316
- Alcohol Policy Coordinator Joel Plant can be reached at 264-9295.

- 1 Have you contacted the Alderperson, Police Department District Captain, Alcohol Policy Coordinator, and the 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 UNSURE
 Explain. Have spoken to Joel Plant - others have not returned phone messages
- 3 Name of Applicant/Partner/Corporation/LLC Blue Bandit Inc
- 4 Telephone Number: (608) 204-0656
- 5 Address of Licensed Premise 123 E. Main St Madison, WI 53703
- 6 Anticipated opening date: March 1, 2007
- 7 Mailing address if not opening immediately 14 BERKLEY CIRCLE Madison, WI 53719

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 + Grill. Menu including: salads, soups, sandwiches, burgers, fish fry
M-TH 11am-2pm F-Sat 11am-2:30am

10. Detailed written description of building, 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.**
4800 total sq. ft (3000 downstrs, 1800 1st floor), 180 capacity, 29 ft bar 1st floor,
9 ft bar downstrs, 42 seats upstairs, 4 in window, 32 seat patio
75 seats downstrs, lower level + 1st floor liquor served
store room + walk in cooler lower level

11. Are any living quarters directly or indirectly accessible and under control of the applicant? Yes No
 Please note that 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 metered street parking,
no private parking, city lot across street

13. Describe your management experience, staffing levels, duties and employee training
owner: Hangout Bar Medford, WI '78-'82, Manager: Casablanca Niteclub Superior, WI
'88-'90, manager: Paradise Lounge Madison, WI '91-'98, owner: Vault Rest + Bar
Ht. Collins, CO '99-'02 owner: Sugar River Coffee House Mt. Horeb, WI '03-present

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. Richard F. Brahmer

Name

14 BERKLEY Circle Madison, WI 53719

Address

City

State

Zip

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

16. What type of food will you be serving, if any? salads, soup, burgers, sandwiches

17. Indicate any other product/service offered: _____

18. Describe your target market. State workers, downtown professionals, graduate
students, patrons overture center etc.

19. What is your estimated capacity? 180

20. Are you operating under a lease or franchise agreement? Yes No (If yes, attach a copy)

21. Owner of building where establishment is located: Cliff Fisher Development
Address of Owner: 380 W. Washington Madison 53703 Phone Number 294-7000

22. Individual or Partnership: 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.

23. Corporation/LLC: Will liquor/beer agent be a Wisconsin resident at the time of granting? Yes No

24. Corporation/LLC: Agent must disclose interest held in business: 100 %

25. Corporation/LLC: Has agent completed the Beverage Server Training Course? Yes No
License cannot be issued until proof of Beverage Server Training completion is shown.

26. Corporation/LLC: List Directors, Stockholders, and Managers below.

Director(s) Name	Home Address
Richard F. Brahmer (president)	14 Berkley Circle Madison, WI 53719

Stockholder's Name	Address	Extent of Ownership %
Richard F. Brahmer	14 Berkley Circle Madison, WI 53719	100

Manager's Name	Address	Business Phone	Home Phone
Richard F. Brahmer	14 Berkley Circle Madison, WI 53719	256-4141	204-0656

27. 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

28. 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	70 %
Percent Gross Receipts from Food	30 %
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 submit documentation verifying the percentages you've indicated.

29. What type of establishment are you? (Check all that apply) Tavern Restaurant Nightclub

Other Please explain: _____

30. Will your establishment have a kitchen manager? Yes No

31. Will your establishment be a member of the Wisconsin Restaurant Association? Yes No

32. How many wait staff will be employed at the establishment? 3 per shift

33. What hours, if any, will food service not be available? 12am-2am

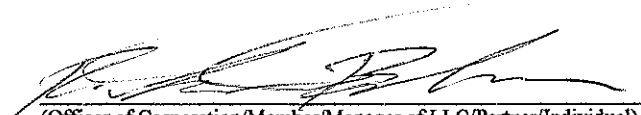
34. Describe how you plan to advertise/promote your business. What products will you be advertising?

local papers; daily lunch specials, late night menu, nightly drink specials

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 _____ day of _____, 20____


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

(Clerk/Notary Public)

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

My commission expires _____

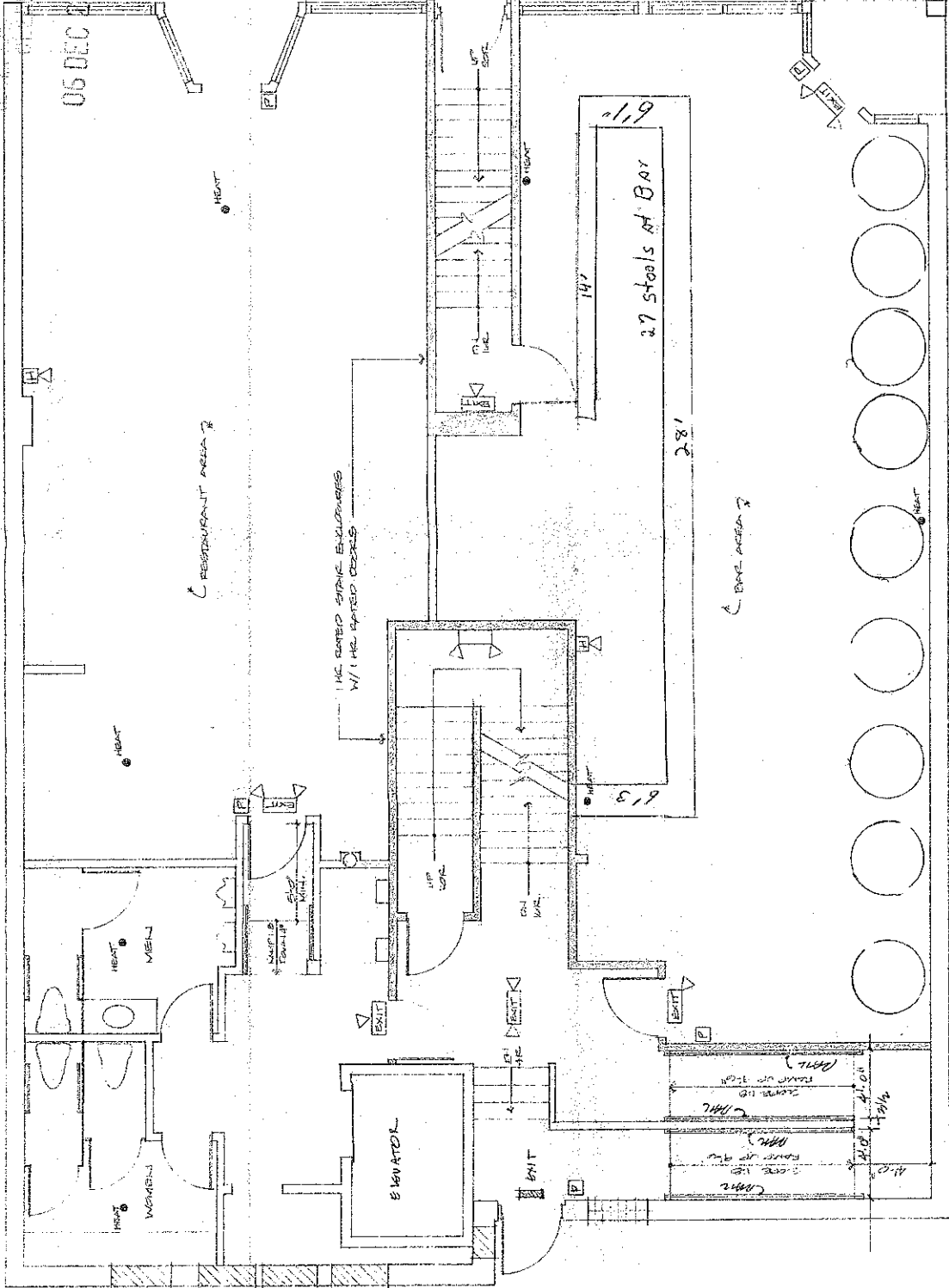
(Officer of Corporation/Member/Manager of LLC/Partner/Individual)

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

06 DEC 25 PM 12:05

1st floor

1st floor



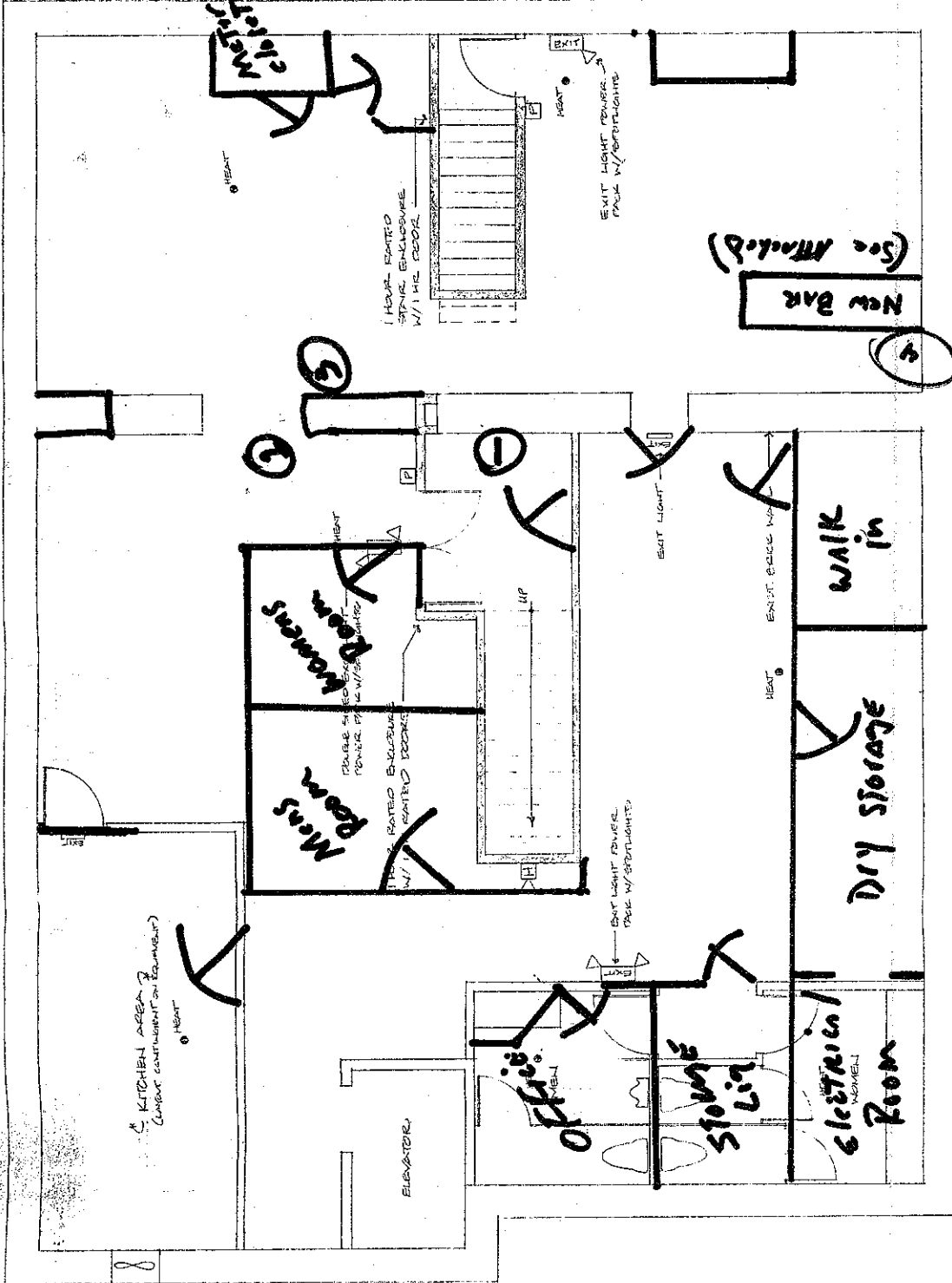
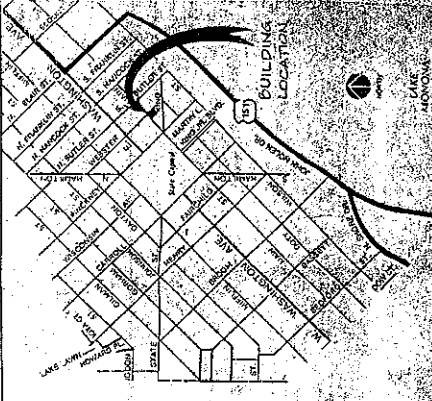
FIRST FLOOR PLAN *Webster*

GENERAL NOTES

- FIREWORKS SHALL BE PROHIBITED BETWEEN ALL FLOORING.
- EACH FLOOR SHALL HAVE A SEPARATE ELECTRICAL SYSTEM AND SEPARATE FIRE ALARMS.
- EACH FLOOR SHALL HAVE SEPARATE EXITS AND HEAT DETECTORS.
- EACH FLOOR SHALL HAVE SEPARATE SMOKE DETECTORS.
- EACH FLOOR SHALL HAVE SEPARATE EMERGENCY LIGHTING TO BE PROVIDED BY BATTERY OPERATED POWER SOURCE LIGHTS W/ SPOTLIGHTS.
- ELEVATOR CONTROLS SHALL HAVE AN ANTI-RECALL IN EVENT OF FIRE.

KEY TO SYMBOLS

- FIRE ALARM PULL
- ⊕ FIRE ALARM HELEN
- ⊖ HEAT SENSORS
- ⊙ SMOKE DETECTOR
- ⊙ BATTERY OPERATED TRUCKS EXITS SMOKE DETECTOR
- ⊙ LIGHTING SYSTEM WITH EXIT LIGHT



BASEMENT PLAN

1-2-3 = Locations of Cameras for Blind Spots
 4 Location of Monitor

MAPLE BLVD
 121 123 E MAIN ST
 WILSON WISCONSIN
 NOT 8, 09