

Application Date: 1-25-07

Proof of WI Seller's Permit No. 004-0003146981-01

Name of Corporation, Limited Liability Company, Individual Owner, Private Club or Partner(s)	Liquor/Beer Agent		
<u>AZZALINO'S BAR AND GRILL, LLC</u>	<u>GERALD D CANON</u>		
Mailing Address	Liquor/Beer Agent Address		
<u>PO BOX 66</u>	<u>203 M</u>		
City/State/Zip Code	Liquor/Beer City/State/Zip Code		
<u>MARSHALL, WI 53559</u>	<u>GERALD D CANON</u>		
Name of Registered Agent or General Partner	Local Contact Person	Phone Number	
<u>GERALD D CANON</u>	<u>GERALD D CANON</u>	<u>608 575-8541</u>	
Trade Name	Estimated Opening Date		
<u>AZZALINO'S BAR &amp; GRILL</u>	<u>4-1-07</u>		
Business Address	Signature of Owner/Operator		
<u>416 S. PARK ST.</u>			
Type of Business			
<input 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:			
Private Club? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
License Description	Type	Fee	Number
<u>PUBLICATION FEE FOR CLASS B COMBO</u>	<u>108</u>	<u>20.00</u>	<u>76764</u>
<b>Pre-Inspection &amp; License Fees Non-Refundable</b>	<b>TOTAL</b>	<b>\$ <u>20.00</u></b>	

IT IS MANDATORY THAT ALL APPLICABLE INFORMATION BE COMPLETED. INACCURATE INFORMATION MAY RESULT IN SUSPENSION OR REVOCATION OF LICENSE.

## New Application(s) Fee Schedule

Type of License	Fee	Notes
Class "B" Reserve Fee	\$10,000.00	
Beer, Class "A"	300.00	Prorated \$25.00 per month
Beer, Class "A" – Grocery/Drug (No Liquor License)	425.00	Prorated \$35.42 per month
Beer, Class "B"	100.00	Prorated \$8.33 per month
Beer, Wholesale	25.00	
Liquor, Class "A"	500.00	Prorated \$41.67 per month
Liquor, Class "B"	500.00	Prorated \$41.67 per month
Wine, Class "C"	100.00	Prorated \$8.33 per month
Adult Entertainment Tavern	600.00	
Adult Entertainment	600.00	
Amusement Device	40.00	Per Device
Nightclub (Live Entertainment)	250.00/year	
Temporary Nightclub (limit of five/year)	50.00/day	
Cigarette/Tobacco Products – Over the counter	100.00/year	
Cigarette/Tobacco Products – Vending machine	100.00/year	
Food & Drink Fee based on gross sales for one full year for food and drink and non-alcoholic beverages. Fee includes a pre-inspection fee of \$295. Application must be approved by Building Inspection, Fire Department, and Health Department	525.00 740.00 850.00 1050.00 1,215.00 1,310.00	\$0-10,000 10,001-100,000 100,001-250,000 250,001-1,000,000 1,000,001-5,000,000 greater than 5,000,001
Hotel/Motel Fee includes a pre-inspection fee of \$295. Applications must be approved by Building Inspection, Fire Department, and Health Department. Room tax required.	540.00 620.00 740.00 790.00	1 – 30 rooms 31 – 99 rooms 100 – 199 rooms 200 or more rooms
Swimming Pool Fee includes a pre-inspection fee of \$295. Applications must be approved by Health Department.	1250.00 825.00 800.00 650.00	Indoor Pool Outdoor Pool Additional Indoor Pool Additional Outdoor Pool
Operator's License (Must be 18)	35.00	Requires Common Council Approval
Provisional Operator's License (Must be applied for in conjunction with operator/manager license)	15.00	60 days only. Issue immediately upon proof of BST course enrollment and completion
Publication Fee/Class A Liquor, Class B Liquor, Class A Beer, Class B Beer, Class C Wine, Wholesale Beer	20.00	This fee payable with application

**Telephone numbers to call for inspection appointments are:**

<b>Health Department</b>	<b>266-4821</b>	<b>Between 8:00-9:00 a.m., Monday–Friday</b>
<b>Building Inspection</b>	<b>266-4551</b>	<b>Between 8:00-9:00 a.m., Monday–Friday</b>
<b>Fire Department</b>	<b>266-4484</b>	<b>Between 8:00-4:30 p.m., Monday–Friday</b>

# ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning \_\_\_\_\_ 20\_\_\_\_; ending June 30 2007

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): CANON, GERALD, DEAN AZZALINO'S BAR AND GRILL 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>MEMBER</u>	<u>GERALD D CANON</u>	<u>203 Mearesha Dr</u>	<u>MARSHALL WI 53559</u>
Vice President/Member				
Secretary/Member				
Treasurer/Member				
Agent		<u>GERALD D. CANON</u>	<u>203 Mearesha Dr</u>	<u>Marshall, WI 53559</u>
Directors/Managers				

3 Trade Name AZZALINO'S BAR & GRILL LLC Business Phone Number 608 575-8541  
 4 Address of Premises 416 S. PARK ST Post Office & Zip Code MADISON 53715

- 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 1/11/07 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) Two Rooms 54' x 21' and 6' x 30' STORAGE ROOM

- 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? Bennett on the Park
- 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 25th day of January, 2007

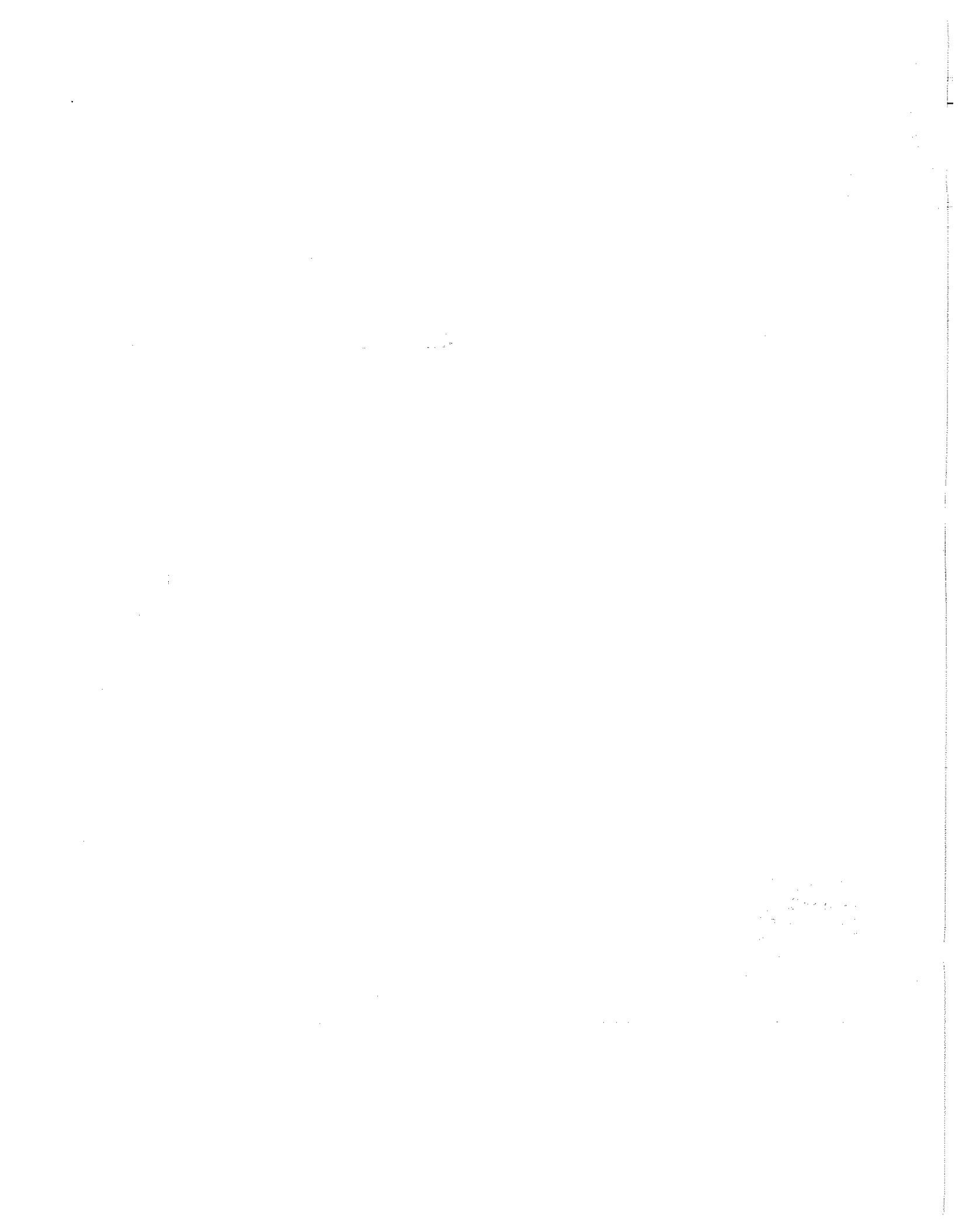
[Signature]  
 My commission expires 1/06/2008

[Signature]  
 (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)  
[Signature]  
 (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>1/25/07</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

Applicant's Wisconsin Seller's Permit Number: <u>004-0003146987-0</u>	
Federal Employer Identification Number (FEIN): <u>20-8214055</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	\$
<b>TOTAL FEE</b>	\$



# City of Madison Liquor/Beer Original Supplemental Form

## Office Use Only

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Seller's Permit Number<br><input checked="" 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 checked="" type="checkbox"/> Floor Plans | <input 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 checked="" 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), the Madison Police Department, and the Alcohol Policy Coordinator.**

✓ Alderperson Isaac Knox, Sr. can be reached at 467-7685 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.

- ✓ 266-4635 Greenbush Patrick 345-7869 Andy 42.  
Police Department Central District Captain Mary Schauf (Sector 400) can be reached at 266-4316.
- ☐ Police Department East District Captain Jill Klubertanz (Sector 600) can be reached at 267-2100.
- ☐ Police Department North District Captain Richard Bach (Sector 500) can be reached at 245-3652.
- ☐ Police Department West District Captain Jay Lengfeld (Sectors 100-200) can be reached at 288-6152.
- ✓ Police Department South District Captain James Wheeler (Sector 300) can be reached at 267-8687.

✓ 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

Explain. \_\_\_\_\_

3. Name of Applicant/Partner/Corporation/LLC AZZALINO'S BAR AND GRILL LLC

4. Telephone Number: 608 655-1666

5. Address of Licensed Premise 203 Maunesho Dr. Marshall, WI 53559

6. Anticipated opening date: April 15, 2007

7. Mailing address if not opening immediately 203 Maunesho Dr. Marshall, WI 53559

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:  
Azzalino's Bar & Grill will offer BREAKFAST, LUNCH, DINNER & APERTIVES.  
Entertainment will be big screen TV's AND juke box music. OPEN 6:00AM - 2:00AM.

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.**

THE BAR WAS CONSTRUCTED IN 1934 AND HAS BEEN OPERATED AS A BAR SINCE THAT DATE. IT IS CONSTRUCTED OF BRICK WITH A MAIN FLOOR OF 21' x 54' AND HAS A BASEMENT WITH AN OFFICE AND EQUIPMENT ROOM.

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. THESE IS STREET PARKING  
OPEN TO THE PUBLIC IN FRONT AND ON NEARBY STREETS. IN ADDITION A PRIVATE PARKING  
AREA IS OPEN WITH 4 STALLS.

13. Describe your management experience, staffing levels, duties and employee training.  
I HAVE MANAGED 70 EMPLOYEES FOR A INTERNATIONAL, TOP 10, COMPANY. I HAVE OWNED  
MY OWN FINANCIAL SERVICE BUSINESS AND MANAGES UP TO 60 PEOPLE. I WAS A MANGER  
OF A RESTAURANT / BAR FOR THREE YEARS WITH OVER 20 EMPLOYEES.

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. GERALD D CANN

Name			
<u>203</u>	<u>Maueshe Dr.</u>	<u>Marshall</u>	<u>WI 53557</u>
Address	City	State	Zip

15. Excluding pre-packaged snacks, how late will food be served? 1:00 A.M.

16. What type of food will you be serving, if any? Appetizers, Breakfast, Lunch - baked / Fried Hens, Dinner

17. Indicate any other product/service offered: \_\_\_\_\_

18. Describe your target market. Age group 25-45, sports events at Kohl Center,  
professionals wanting good food in a clean atmosphere.

19. What is your estimated capacity? 80

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: CONN CHOLES  
Address of Owner: 6255 OAK Hollow Dr. OREGON WI Phone Number 608-444-4964

22. Individual or Partnership: Have individual/partners completed the Beverage Server Training Course?  Yes  No If Yes, indicate names: GERALD D. CANON

**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
GERALD D CANON	203 Mauneshu Dr Marshall WI 53559

Stockholder's Name	Address	Extent of Ownership%
GERALD D CANON	203 Mauneshu Dr Marshall WI 53559	100

Manager's Name	Address	Business Phone	Home Phone
GERALD D CANON	203 Mauneshu Dr	608 655 1666	608 655 1991

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	30	%
Percent Gross Receipts from Food	19	%
Percent Gross Receipts from Other	1	%
<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.**

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? 3-5

33. What hours, if any, will food service not be available? 1 hour before close

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

Market by advertising in local newspapers, UW Programs, Marketing Food

**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 25th day of January, 2007

Mary Lou Leptan  
(Clerk/Notary Public)

My commission expires 1/06/2008

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

[Signature] - V.P.  
(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.**



AZZALINO'S BAR AND GRILL LLC  
 416 S. PARK ST. MADISON, WI  
 MAXIMUM CAPACITY

