ORIGINAL ALCOHO	L BEVERAGE LICE	NSE APPLICATION	Applicant's Wisconsin Seller's Permit Number: 004-0	000280956
Submit to municipal clerk			Federal Employer Identification Number (FEIN):	-1813287
For the license period begin	ning		LICENSE REQUES	
enc	ding June 30	<u>) </u>	TYPE	FEE
As estimated to the second sec	☐ Town of •		Class A beer Class B beer	\$
TO THE GOVERNING BOD		Madison	Wholesale beer	\$
TO THE GOVERNMED DOD	x City of ∫		Class C wine	\$
	·		Class C wirle	\$
County of Dane	Aldermanic Dist. I	No (if required by ordinance)	Class B liquor	\$
	AL PARTNERSHIP	LIMITED LIADULTY COMPANY	Reserve Class B liquor	\$
1. The named INDIVIDU	AL PARTNERSHIP ATION/NONPROFIT ORGANIZAT	LIMITED LIABILITY COMPANY	Publication fee	\$
	the alcohol beverage license(s) ch		TOTAL FEE	\$
•		tions/limited liability companies give regis		
partnership, and by each of liability company. List the r	e," Form AT-103, must be compl	eted and attached to this application by poration or nonprofit organization, and of each person	oy each individual applicant, by d by each member/manager and Address 215 E. Johnson S	d agent of a limited Fice & Zip Code
Vice President/Member	VP	14 Fats 1219	5 E. Johnson St	M 140.501 337
Secretary/Member	reas Be	IN TOTS S	same same	
Treasurer/Member		th Fatsi's	xine	
Agent >		Entric		
· · · · · · · · · · · · · · · · · · ·	My + Beth	TRISIS	The track	301-11100
3. Trade Name ►	410 E.WI		lone Number <u>(608)</u> & Zip Code ▶ Madišá	251-4455 M WI 5370
5 Is individual, partners or ager	nt of corporation/limited liability cor	npany subject to completion of the respo	•	
training course for this license			. [☐ Yes 💢 No
		nyone except the named applicant?	[☐ Yes KNo
		ermittee have any interest in or control of		🗌 Yes 💢 No
		sert state and date		
		y of any other corporation or limited liabil		□ Yes 💢 No
		agent or limited liability company, or any	/ member/manager or	v.
	any other alcohol beverage licens			X Yes 🗌 No
' ''	•	every YES answer in sections 5, 6, 7 and	,	
Premises description: Describ all rooms including living qual	e building or buildings where alcol rters, if used, for the sales, service	hol beverages are to be sold and stored, , and/or storage of alcohol beverages and	The applicant must include directords, (Alcohol beverages	
may be sold and stored only	on the premises described) On @	, and/or storage of alcohol beverages and—story building (Kitch	en + dining rm + ba	sement +
0 Legal description (omit if stree	et address is given above):0	utaoor patro: Includ	es hall adickent	to dining room
	ed for the sale of liquor or beer dur		•	∐ Yes XNo
(b) If yes, under what name v	was license issued?			
		ional Tax return (TTB form 5630 5)		ai'
before beginning business? [-		•	Yes □ No
· ·		t be applied for and issued in the same n	ame as that shown in	<i>_</i>
Section 2, above? [phone (60		en e	<u> </u>	Yes 🔲 No
4 Is the applicant indebted to ar	ny wholesaler beyond 15 days for t	peer or 30 days for liquor?	[☐ Yes 🔀 No
f the signers Signers agree to operate ndividual applicants and each member	e this business according to law and the r of a partnership applicant must sign; o	pplicant states that each of the above question nat the rights and responsibilities conferred b corporate officer(s). members/thanagers of Lir to permit inspection. Such refusal is a misder	the license(s), if granted, will not be nted liability Companies must sign)	assigned to another Any lack of access to
UBSCRIBED AND SWORN TO B	EFORE ME	~ · // .		
is day of	nay 20	07 <u> Mun </u>	Jt	
	i Danie	(Officer of Corporation/Men	niver/Manager of Limited Liability Compan	y /Partner/Individual)
CHARLE (CHARLE)	Notary Public)	(Office of Corporation/Men	nter/Manager of Limited Hability Compan	v /Partner)
y commission expires	5-16-10			
		(Additional Partner(s)/Memi	ber/Manager of Limited Liability Company	if Any)
O BE COMPLETED BY CLERK				<u> </u>
Pate received and filed vith municipal clerk	Date reported to council/board	Date provisional license issued Signa	sture of Clerk / Deputy Clerk	
Pate license granted	Date license issued	License number issued		
·				
T-106 (R. 1-05)		1	Wisconsin D	epartment of Revenue
		Legista d	PPBOU A	
		Ú	1 1	

8(c) - License (class B liquor combination) in Sun Prairie under "Atlantis Taverna!"

City of Madison Liquor/Beer Original Supplemental Form

Office	Use Only
Seller's Permit Number Federal Employer Identification Number Notarized Original Application Form (AT-106) Notarized Supplemental Form Description of Licensed Premise Notarized Auxiliary Questionnaire(s) (AT-103) Background Investigation Form(s) Floor Plans	Lease Notarized Transfer of Ownership Letter *Schedule of Appointment of Agent (AT-104) *Notarized Agent Appointment/Acceptance Form *Articles of Incorporation/ Organization Sample Menu, if possible Business Plan, if one exists * Forms required of Corporation/LLC only
of stairs and all entrances and exits, normal and cust furniture and large gaming tables, placement and din normal position of booths, bar stools, tables and cha ✓ New structures must submit to Building Inspection architect or engineer.	
course before appearing before the Alcohol Licer	led in or have completed the Beverage Server Trainingnse Review Committee.
Alderperson of the District in which you intend to neighborhood association (if any), the Madison Police Alderperson	ntative can be obtained by calling the Planning and www.ci.madison.wi.us/neighborhoods/contacts.htm. Schauf (Sector 400) can be reached at 266-4316. Extranz (Sector 600) can be reached at 267-2100. Bach (Sector 500) can be reached at 245-3652. gfeld (Sectors 100-200) can be reached at 288-6152. Wheeler (Sector 300) can be reached at 267-8687. hed at 264-9295.
the neighborhood association representative for the	ment District Captain, Alcohol Policy Coordinator, and area in which you intend to locate? Yes \(\sigma\) No
2. Are there any special conditions desired by the neig Explain.	
3 Name of Applicant/Partner/Corporation/LLC	,
4. Telephone Number: 608 - 251-4455 5. Address of Licensed Premise 410 E. Wils	
6. Anticipated opening date:	

7. Mailing address if not opening immediately <u>Same</u>

12/29/06-F:\Clcommon\Licensing & Misc\Application Forms\Original Supplemental Form 2006 doc

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:
	Greek-themed restaurant with additional (proposed) out door seating on back patro. Hours - 4-10 Fintues Thurs \$ 4-1:00 Fint Sat.
	on back patio. Hours - 4-10 pm Tules Thurs & 4-1-00 Fritat.
1	0 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.
à	Printing dimensions appear 23'x61' One story with hasement. Main
ц	dising from will seat approx 50 people which includes 6 at the bar.
	love the of bar = 13 ft x 9 ft ("1" shaped). At back of huilding are stairs aping
١	Building dimensions approx. 23' × 61. One story with basement. Main dining room will seat approx. 50 people, which includes 6 at the bar. Length of bar = 13 ft × 9 ft ("L" shaped). At back of building are stairs going up to a back yard. Alcohol will be stored in a locked closet at top of back stairs, near
hac	k door. Beer will be stored in a locked compartment inside walk-in refrig (basement) -> con't on attached. 1 Are any living quarters directly or indirectly accessible and under control of the applicant? Yes XNO
1	•
	Please note that alcohol may be sold and stored only on the licensed premise, not in living quarters.
12	2. Describe existing parking and how parking lot is to be monitored Street parking
~ ~	
1.3	3. Describe your management experience, staffing levels, duties and employee training
	Have owned + operated Cleveland's diner since 1995. Have owned + operated
£	Hightis Tayerna (Sun Prairie) since Aug 2006. Owner Telly Fatsis will be general Mgr.
Has	been in restaurant business 30+ years. Will have an asst. mgr. in front of house; 2 people. 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 Telly Fatsis
	Name
	410 E. Wilson St Madison WI 53703
	Address City State Zip home: 1215 E. Johnson St, Madison 53703
15	5 Excluding pre-packaged snacks, how late will food be served? 10 pm weekdays 1:00 am Fri + Sat
16	6. What type of food will you be serving, if any? Gyros, kebobs, appetizers, burgers, "combo plates
	Indicate any other product/service offered: None
18	3. Describe your target market. The neighborhood + nearby Isthmus residents, many f whom travel on foot or via bizycle. Also, downtown workers who may want to get take-out on their way home.
0	f whom travel on foot or via bizycle. Also, downtown workers who may
12/2	Want to 9et Take-out on their way home.

	Director(s) Name		Home Address		
26.	Corporation/LLC: List Directors, Stockholders, and Ma	anagers bel	ow.		
	License cannot be issued until proof of Beverage Ser	ver Traini	ng completion is shown.		
25.	Corporation/LLC: Has agent completed the Beverage S	erver Train	ing Course? XYes □ No		
24	24. Corporation/LLC: Agent must disclose interest held in business:				
23.	Corporation/LLC: Will liquor/beer agent be a Wisconsi	n resident a	at the time of granting? ✓ Yes □ No		
,	License cannot be issued until proof of Beverage Server Training completion is shown.				
AL	Course 2 Yes No If Yes, indicate names: 1e	\smile			
ſ	Individual or Partnership: Have individual partners cor				
			•		
	Owner of building where establishment is located: (E Address of Owner: 408 E. Wilson St, Mad	1501 W/	53703 Phone Number 608-25/-		
(ŽÌ	Owner of building where establishment is located:	d Linu	ille Cleveland Associates LLC		
$\overline{(20)}$	Are you operating under a lease or franchise agreemen	t? X Yes	□ No (If yes, attach a copy)		
(19	What is your estimated capacity?outside - 5	<u>34</u>	\$ 84 in good wearner		
	_		7 all a san flag -		

Director(s) Name	Home Address
Telly Fatsis	1215 E. Johnson St, Madison W1 53705
Beth Fatsis	1215 E. Johnson St., Madison W153703

Stockholder's Name	Address	Extent of Ownership%
Telly Fatsis	1215 E. Johnson St, Madison 53703	100

Manager's Name	Address	Business Phone	Home Phone
Telly Fatsis	1215 E Johnson St	608-2514455	60% 251.0766
J			

	nse) discrimination in regard to ra			nt of "Invidious" (likely □ Yes □ No
beverages s	Chapter 23 of the Madison Gener hall substantiate their gross receip For new establishments, the pe	ts for food and alcol	nol beverage sales	- · · · · · · · · · · · · · · · · · · ·
Calendar/fise	cal year: 🏿 🛱 January 1 – Decemb	oer 31 □ July 1 – J	une 30	
	Percent Gross Receipts from Ale	cohol Beverages	25 %	
	Percent Gross Receipts from Fo	od	75 %	
	Percent Gross Receipts from Otl	ner	0 %	
·	То	tal Gross Receipts	100 %	
.,	e written records to document the required to submit documenta	•	• •	ve indicated.
29. What type o	f establishment are you? (Check	all that apply) 🛭 Ta	avern 🗏 Restaur	ant Nightelub
	Please explain:	<u> </u>		
30. Will your e	stablishment have a kitchen mana	ger? □ Yes 又No	will have	a general manager o
Will your e	stablishment be a member of the	Wisconsin Restaurar	nt Association?	Yes No
32) How many	wait staff will be employed at the	establishment? _5	5-6 part tim	1e
33. What hours	wait staff will be employed at the if any, will food service not be a by you plan to advertise/promote	vailable? <u>Weele ni</u> Faî + Sat - 9 ftes	ghts after 10,	Tentatively no lunches
34 Describe ho	w you plan to advertise/promote	your business. What	products will you	be advertising?
We rely	on drive-by + foot trateromote outdoor dining	a take-out	Mewspaper	ads.
Read carefully	before signing: Under penalty p	fovided by law, the	applicant states th	at the above information
has been truthfu	lly completed to the best of the kr	nowledge of the sign	ers. Signers agree	e to operate this business
~	y and that the rights and responsib her (Individual applicants and ea	**		
members/manag	ers of Limited Liability Compani	es must sign.) Any	lack of access to a	any portion of a licensed
	nspection will be deemed a refuse cation of this license.	al to permit inspection	on. Such refusal is	s a misdemeanor and
<i>5</i>		-16		
SUBSCRIBED A	ND SWORN IO BEFORE ME:	/. //h.		
this 23	day of May, 2007	X	1/1	
Jandie (Clerk	Monusiu Notary Public)	y Detho	Member/Manager of LLC/I Member/Manager of LLC/I	
My commission e	xpires 5-16-10			<u> </u>
		(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.

Cleveland's Diner, inc. (con't)

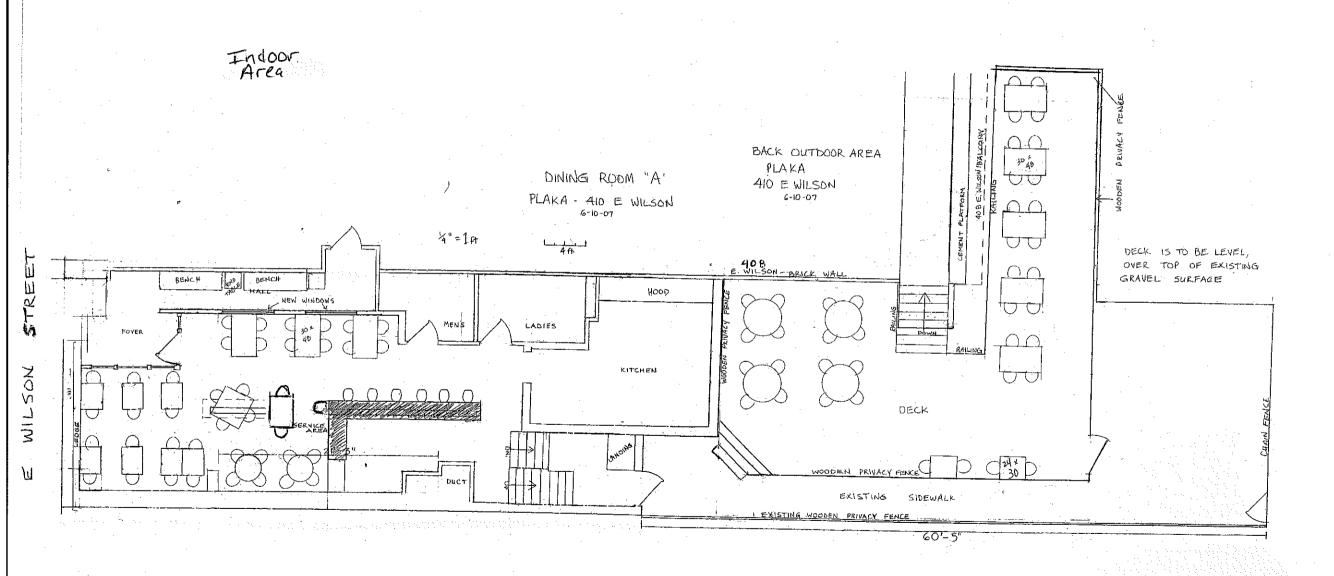
Question 10, continued

- (a) con't Includes hallway adjacent to dining room, which will be a waiting area for 4-6 people.
- (b) Alcohol will also be served & consumed on an outdoor patio, weather permitting. This patio is yet to be built, and will be accessed from the back stairway of the dining room. (There will also be an emergency exit gate from patio as well, leading to back alley) Patio is one-level, bordered by buildings on 2 sides and a privacy fencer on the remaining 2 sides. Dimensions are approx. 16 x 35 feet, with additional patio seating behind adjacent property at 408 E. Wilson. The dimensions of this additional area are approx. 11 x 23 feet. (There will be a single L-shaped patio, which extends behind both 408 and 410 E. Wilson St.) Outdoor capacity is approx. 34 seats

Supplemental Form to Alcohol License Application Cleveland's Diner, inc June 24, 2006

- a) Approx square footage of establishment is 1250 sq. ft, with a proposed outdoor seating area of approx. 800 sq. ft
- b) Alcohol will be sold and consumed in the dining room, the waiting area of the foyer, and on the outdoor patio\
- c) Alcohol will be stored in a locked closet at the top of the back staircase, as well as in a locked "cage" within the walk-in refrigerator in basement

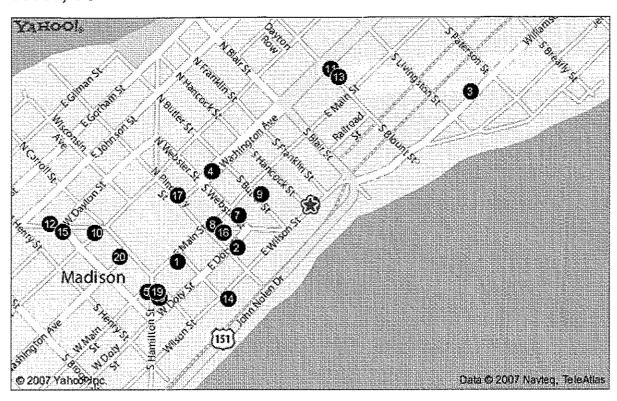
Cleveland's Diner, inc DBA Plaka 410 E Wilson



Cleveland's Diner (608) 251-4455 ★★★★

Yahoo! Maps - 410 E WILSON ST, Madison, WI 53703, US





Your Points of Interest

- 2 Irish **Pub** (608) 256-6071317 State St Madison, WI 53703
- 3 Crystal Corner **Bar** (608) 256-2953 **大文文** 1302 Williamson St Madison, WI 53703
- 4 **Pub** (608) 256-2464 ****** 552 State St Madison, WI 53703
- 5 Madison Avenue (608) 257-1122624 University Ave Madison, WI 53715
- 6. Great Dane Brew **Pub** (608) 284-0000 **食食食** 123 E Doty St Madison, WI 53703
- 7. Willy Street **Pub** & Grill (608) 256-8211 **食食食** 852 Williamson St Madison, WI 53703
- 9 Church Key **Pub** & Grill (608) 259-0444 ★★★★

626 University Ave Madison, WI 53715

- 10 Slipper Club (608) 268-0909 121 W Main St Madison, WI 53703
- 11. Cardinal **Bar** (608) 251-0080 418 E Wilson St Madison, WI 53703
- 13 King Club Incorporated (608) 251-5464 114 King St Madison, WI 53703
- 14 Kens Bar & Grill (608) 257-1176117 S Butler St Madison, WI 53703
- 15. Comedy Club (608) 256-0099 ****
 119 State St Madison, WI 53703
- 16 Brass Ring **Bar** & Restaurant (608) 256-9359 **食食食食** 701 E Washington Ave Madison, WI 53703
- 18 High Noon Saloon (608) 268-1122 ***
 701 E Washington Ave Madison, WI 53703
- 19 Madison Club (608) 255-4861 5 E Wilson St Madison, WI 53703
- 20. Paul's Club (608) 257-5250 *** 212 State St Madison, WI 53703
- 21 Opus Lounge (608) 441-6787 *** *** 116 King St Madison, WI 53703

When using any driving directions or map, it's a good idea to do a reality check and make sure the road still exists, watch out for construction, and follow all traffic safety precautions. This is only to be used as an aid in planning

Pant