

456-1026604661-03

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning July 1 20 08 ending June 30 20 09

TO THE GOVERNING BODY of the: Madison City of

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

- 1 The named [ ] INDIVIDUAL [ ] PARTNERSHIP [X] 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): DOABA, 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.

President/Member DEVINDER BADWAL 2508 RED BROWN TRAIL MADISON WI 53711
Vice President/Member SITAL SINGH 1306 STAR GRASS
Secretary/Member
Treasurer/Member
Agent SITAL SINGH
Directors/Managers

- 3 Trade Name FLAVOR OF INDIA Business Phone Number
4 Address of Premises 14 W MUFFLIN ST SUITE 102 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? [X] Yes [ ] No
6 Is the applicant an employee or agent of, or acting on behalf of anyone except the named applicant? [X] Yes [ ] No
7 Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? [ ] Yes [X] No
8 (a) Corporate/limited liability company applicants only: Insert state WI and date 2008 of registration.
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? [ ] Yes [X] 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 [X] 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.) BACK STORAGE
10. Legal description (omit if street address is given above): INDIAN RESTAURANT
11 (a) Was this premises licensed for the sale of liquor or beer during the past license year? [ ] Yes [X] 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? [X] 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? [X] Yes [ ] No
14 Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? [X] 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 20th day of June 20 08 Maribeth Witzel-Behn (Clerk/Notary Public) My commission expires 10-26-08

Signature of Derenjit Badwal (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
Signature of (Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
Signature of (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

Table with 4 columns: Date received and filed with municipal clerk (6/20/08), Date reported to council/board, Date provisional license issued, Signature of Clerk / Deputy Clerk. Row 2: Date license granted, Date license issued, License number issued.

11217

# City of Madison Supplemental Class B License Application

<input checked="" type="checkbox"/> Seller's Permit Number <input checked="" type="checkbox"/> Federal Employer Identification Number <input checked="" type="checkbox"/> Notarized Original Application Form <input checked="" type="checkbox"/> Notarized Supplemental Form	<input checked="" type="checkbox"/> Description of Licensed Premise <input checked="" type="checkbox"/> *Notarized Appointment of Agent <input checked="" type="checkbox"/> Background Investigation Form(s) <input type="checkbox"/> Notarized Transfer of Ownership <i>N/A</i> <input checked="" type="checkbox"/> *Articles of Incorporation	<input type="checkbox"/> Floor Plans <input checked="" type="checkbox"/> Lease <input type="checkbox"/> Sample Menu <input type="checkbox"/> Business Plan * Corporation/LLC only
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1. Name of Applicant/Partner/Corporation/LLC DOABA LLC  
 2. Address of Licensed Premise 14<sup>W</sup> MIFFLIN ST SUITE 102 MADISON WI

3. Telephone Number: \_\_\_\_\_ 4. Anticipated opening date: SEP 01, 08

5. Mailing address if not opening immediately 2623 MONROE ST SUITE 150 MADISON WI 53711

6. 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

7. Are there any special conditions desired by the neighborhood?  Yes  No

Explain \_\_\_\_\_

8. Business Description, including hours of operation: INDIAN RESTAURANT  
Open 11:30 To 3 5:00 To 9:30

9. Do you plan to have live entertainment?  No  Yes—What kind? \_\_\_\_\_

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.**

SERVE ON TABLE throughout restaurant.  
2,500 sq. ft. Alcohol stored in storage room, kitchen, cooler.

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. PAID PARKING.

13. Describe your management experience, staffing levels, duties and employee training.  
HAVE BARTENDER LICENSE

14. Identify the **registered agent** for your Corporation or LLC. This is your corporation's agent for service of process, notice or demand required or permitted by law to be served on the corporation.

SITAZ SINGH 1306 STARR GRASS DR MADISON WI 53719  
 Name Address

15. Utilizing your market research, who would you project your ~~target market~~ to be?

Office people

16. What age range would you hope to attract to your establishment? MIDDLE AGE

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

NEWS PAPERS AD

18. Are you operating under a lease or franchise agreement?  Yes (attach a copy)  No

19. Owner of building where establishment is located: 14 W MIFFLIN STREET SUITE 102

Address of Owner: 14 W MIFFLIN ST SUITE 300 Phone Number 608-258-4640 (204)

20. 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

21. List the Directors of your Corporation/LLC

DEVINDER BADWAL 2508 RED ARROW ST MADISON WI 53711

Name Address

SITAL SINGH 1306 STARK GRASS DR MADISON WI 53719

Name Address

Name Address

22. List the Stockholders of your Corporation/LLC

Name Address % of Ownership

Name Address % of Ownership

Name Address % of Ownership

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

Other Please Explain. \_\_\_\_\_

24. What type of food will you be serving, if any? LUNCH & DINNER

Breakfast  Lunch  Dinner

25. Please submit a sample menu with your application, if possible. What might eventually be included on your operational menu when you open?  Appetizers  Salads  Soups  Sandwiches  Entrees

Desserts  Pizza  Full Dinners

26. During what hours of your operation do you plan to serve food? 11:30 To 3:00 5:00 To

10:00

27. What hours, if any, will food service not be available? 3 To 5
28. Indicate any other product/service offered. \_\_\_\_\_
29. Will your establishment have a kitchen manager?  Yes  No
30. Will you have a kitchen support staff?  Yes  No
31. How many wait staff do you anticipate will be employed at your establishment? 4  
During what hours do you anticipate they will be on duty? ALL the time
32. Do you plan to have hosts or hostesses seating customers?  Yes  No
33. Do your plans call for a full-service bar?  Yes  No  
If yes, how many bar stools do you anticipate having at your bar? \_\_\_\_\_  
How many bartenders do you anticipate you would have working at one time on a busy night? \_\_\_\_\_
34. Will there be a kitchen facility separate from the bar?  Yes  No
35. Will there be a separate and specific area for eating only?  Yes  No  
If yes, what will be the seating capacity for that area? \_\_\_\_\_
36. What type of cooking equipment will you have?  Stove  Oven  Fryers  Grill  Microwave
37. Will you have a walk-in cooler and/or freezer dedicated solely to the storage of food products?  Yes  No
38. What percentage of your overall payroll do you anticipate will be devoted to food operation salaries?  
60%
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? 100%  
What percentage of your advertising budget do you anticipate will be drink related? \_\_\_\_\_
40. Are you currently, or do you plan to become, a member of the Madison—Dane County Tavern League or the Tavern League of Wisconsin?  Yes  No
41. Are you currently, or do you plan to become, a member of the Wisconsin Restaurant Association or the National Restaurant Association?  Yes  No

42. What is your estimated capacity? 75

43. 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.

Gross Receipts from Alcoholic Beverages	% 20
Gross Receipts from Food and Non-Alcoholic Beverages	% 80
Gross Receipts from Other	% <del>100</del>
<b>Total Gross Receipts</b>	<b>100%</b>

44. 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.

**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 signer. Signer agrees 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. 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 20th day of June, 2008  
Marilyn Witzel-Behl  
(Clerk/Notary Public)

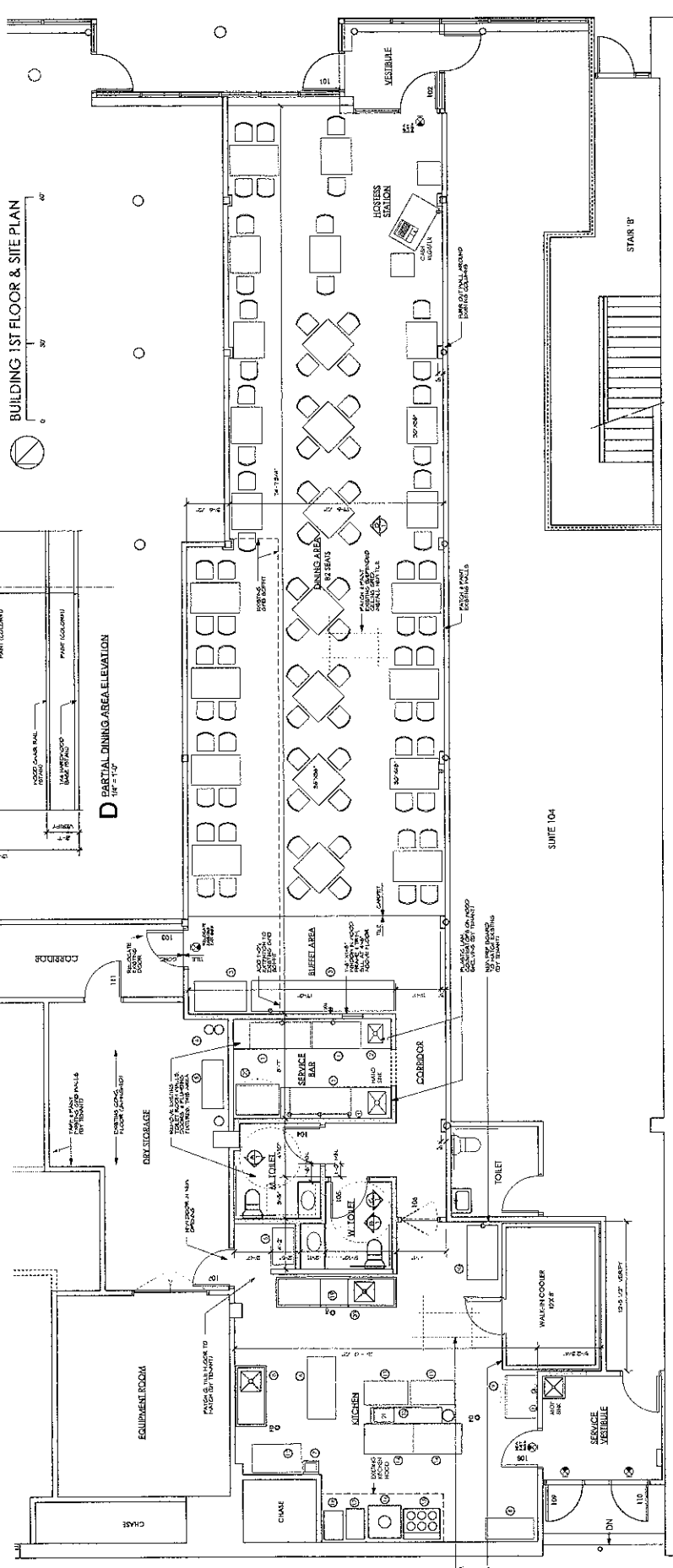
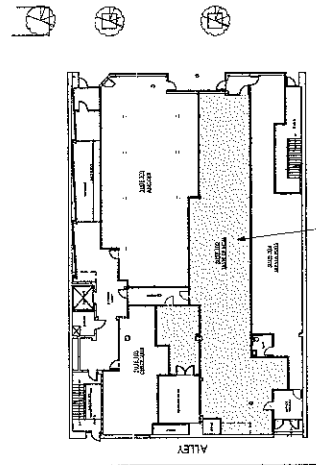
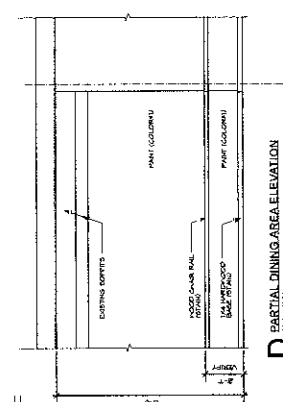
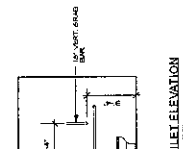
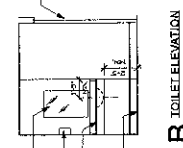
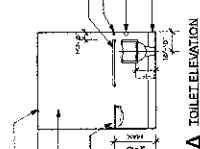
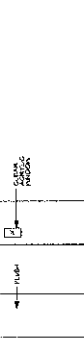
David Behl  
(Officer of Corporation/Member/Manager of LLC/Partner/Individual)

My commission expires 10-26-08

**FLAVOR!**  
14 W. MIFFLIN STREET, MADISON, WI

MARK	WIDTH	HEIGHT	FINISH	DOOR	FRAME	HARDWARE	REMARKS
1	36"	80"	01	01	01	01	STANDARD DOOR
2	36"	80"	01	01	01	01	STANDARD DOOR
3	36"	80"	01	01	01	01	STANDARD DOOR
4	36"	80"	01	01	01	01	STANDARD DOOR
5	36"	80"	01	01	01	01	STANDARD DOOR
6	36"	80"	01	01	01	01	STANDARD DOOR
7	36"	80"	01	01	01	01	STANDARD DOOR
8	36"	80"	01	01	01	01	STANDARD DOOR
9	36"	80"	01	01	01	01	STANDARD DOOR
10	36"	80"	01	01	01	01	STANDARD DOOR
11	36"	80"	01	01	01	01	STANDARD DOOR
12	36"	80"	01	01	01	01	STANDARD DOOR
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25	36"	80"	01	01	01	01	STANDARD DOOR
26	36"	80"	01	01	01	01	STANDARD DOOR
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46	36"	80"	01	01	01	01	STANDARD DOOR
47	36"	80"	01	01	01	01	STANDARD DOOR
48	36"	80"	01	01	01	01	STANDARD DOOR
49	36"	80"	01	01	01	01	STANDARD DOOR
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73	36"	80"	01	01	01	01	STANDARD DOOR
74	36"	80"	01	01	01	01	STANDARD DOOR
75	36"	80"	01	01	01	01	STANDARD DOOR
76	36"	80"	01	01	01	01	STANDARD DOOR
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78	36"	80"	01	01	01	01	STANDARD DOOR
79	36"	80"	01	01	01	01	STANDARD DOOR
80	36"	80"	01	01	01	01	STANDARD DOOR

GENERAL NOTES:  
1. ALL DIMENSIONS ARE FROM FACE OF FINISH UNLESS OTHERWISE SPECIFIED.  
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- KITCHEN EQUIPMENT LIST**
1. REFRIGERATOR
  2. FREEZER
  3. SINK
  4. STOVE
  5. HOOD
  6. DISHWASHER
  7. HAND WASH
  8. SINK
  9. SINK
  10. SINK
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  22. SINK

- LEGEND:**
- 1. HORIZONTAL LIGHT
  - 2. HORIZONTAL LIGHT
  - 3. HORIZONTAL LIGHT
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  - 5. HORIZONTAL LIGHT
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  - 21. HORIZONTAL LIGHT
  - 22. HORIZONTAL LIGHT

**FIRST FLOOR PLAN**

0 4 8 16 32

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