

Application for Change of Licensed Premise
No Fee Required. Due at 12 Noon two weeks before ALRC meeting.

Applicants must appear before the ALRC. Detailed floor plans (no larger than 8 ½ x 14) must accompany this form, or request will not be presented to the committee.

Please contact City Zoning (Municipal Building LL-100, 266-4560). A Conditional Use Permit may be required. There is a fee for the Conditional Use Permit.

Corporate/Owner Name State Bar & Grill LLC

DBA State Bar & Grill

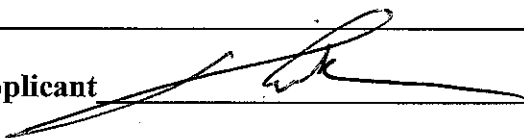
Address 118 State Street

Agent LARRY SCHMOCK

Capacity 189 % Alcohol 75 % Food 25

Description of Expansion Plans:

Sidewalk Cafe in front of
State St. entrance

Signature of Applicant  Date 8-5-08

To be considered at ALRC meeting of Aug 20, 2008

and Common Council Meeting of SEPT 2, 2008

License Type CLASS B COMBO License # 45780 Registrar # _____

Approved Disapproved

Routed: City Zoning
 Building Inspection Unit – Permit Counter
 Madison Police Department
 Alderperson _____

Application for Sidewalk Café License

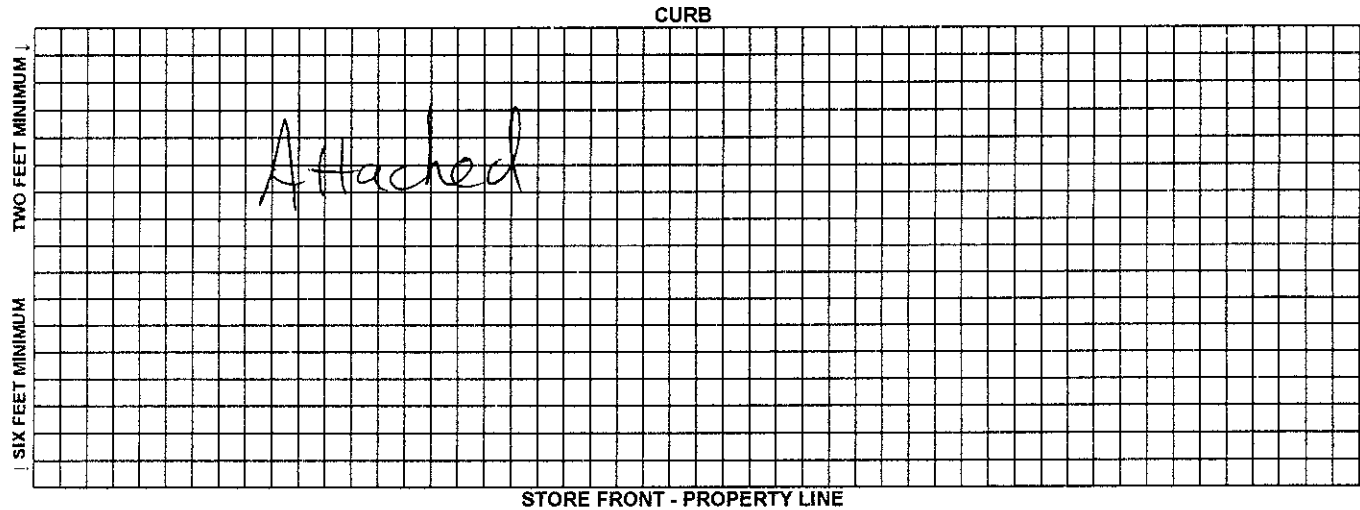
For Year: April 15, 2008 to April 14, 2009

All new applicants and returning sidewalk café operators who wish to make any changes to their sidewalk café must schedule an appointment with the Street Vending Coordinator, who will meet with you at the café site. Include a photo or detailed rendering of your sidewalk café furniture and barrier with your application *whether you are new or returning*. Complete this application and diagram for approval. *Note: Set-up may not obstruct the pedestrian right-of-way. Approved tables, chairs and enclosure must be placed on the contiguous property at the curb in front of the business applying for the outdoor location. Owners must set up table area 2 feet from the curb. Tables, chairs and equipment must be removed nightly. A covered trash receptacle must be provided on-site. On the diagram below, identify trees, planter, bus shelter, posts/poles, in front of your business. All equipment such as tables, racks, chairs and display equipment must be shown with dimensions on this application. All applications must be approved by the Street Vending Coordinator, 261-9171. Make checks payable to: City Treasurer (Fee: \$300.00)*

Name of Corporation or Limited Liability Company <u>State Bar + Grill LLC</u>		Name of Registered Agent	Signature/Date
Restaurant Name <u>State Bar + Grill</u>		License Number Assigned/Date	
Address (include Zip Code) <u>118 State Street, Madison WI 53703</u>			
Manager <u>Thomas Schmock</u>	Phone <u>608-235-8150</u>	Date of Birth <u>9-29-57</u>	
Driver's License Number <u>S520-8255-7349-07</u>		License Plate Number	
Hours of Operation From: _____ To: _____			
Alcohol <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		You are required to have an approved enclosure. Your staff must personally serve patrons in your sidewalk café if you serve alcohol and/or if you have table service inside the restaurant.	
Employee(s) in Charge of Outdoor Operation		A.L.R.C. Approval Date	

Diagram Below

Number of Tables <u>4</u>	Number of Chairs <u>16</u>	Display Equipment
---------------------------	----------------------------	-------------------



Insurance Certificate Date	Company	Expiration Date
Policy Number	City Approval Date	

Write the name of your business on your insurance certificate. Insurance coverage for contiguous property set-up must be approved by City Risk Manager (266-5965)

Signed _____
Vending Coordinator

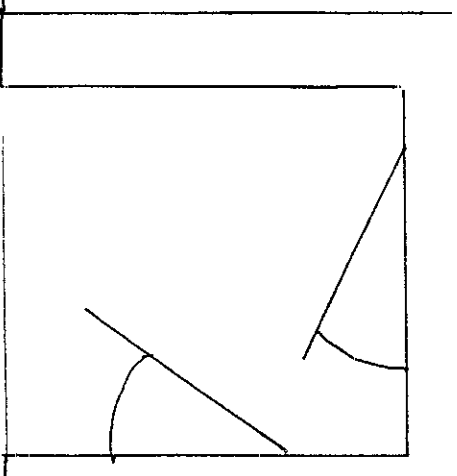
Date _____

PLEASE SEE REVERSE

WHITE - OFFICE COPY

YELLOW - BUILDING INSPECTION

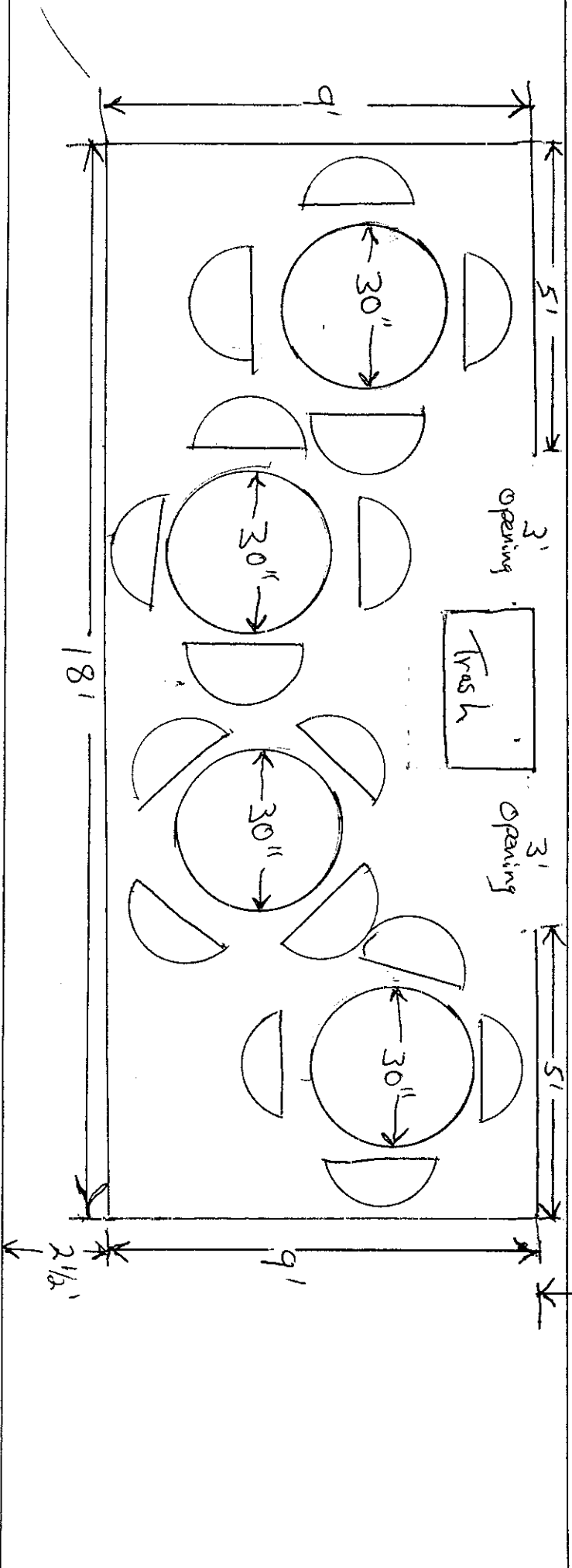
PINK - APPLICANT



State Bar & Grill

Sidewalk

8'



State Street Curb

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID ME
STAT-13

DATE (MM/DD/YYYY)
08/04/08

PRODUCER Schwarz Insurance - Madison 1001 Fourier Dr. P.O. Box 44288 Madison WI 53744-4288 Phone: 608-831-9660 Fax: 608-831-9661	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED State Bar & Grill, LLC 118 State Street Madison WI 53703	INSURER A: Secura Companies	22543
	INSURER B: Accident Fund Ins. Co.	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Hired Non Owned A GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	CP3044295	12/31/07	12/31/08	EACH OCCURRENCE \$ 1000000	
	DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 100000	
	MED EXP (Any one person)				\$ 10000	
	PERSONAL & ADV INJURY				\$ 1000000	
	GENERAL AGGREGATE				\$ 2000000	
	PRODUCTS - COMP/OP AGG				\$ 2000000	
	Emp Ben.				1000000	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY AGG \$	
	A	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10000	CU3044297	12/31/07	12/31/08	EACH OCCURRENCE \$ 2000000
		AGGREGATE				\$ 2000000
		\$				
		\$				
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	WCV6038689	12/31/07	12/31/08	WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ 100000 E.L. DISEASE - EA EMPLOYEE \$ 100000 E.L. DISEASE - POLICY LIMIT \$ 500000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

City of Madison is additional insured on general liability per attached form CGT1000.

CERTIFICATE HOLDER

CIT--07

City of Madison
215 Martin Luther King Jr Blvd
Madison WI 53703

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Rodd A. Theiler