

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: Town of
 Village of } Madison
 City of }

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

- 1. The named INDIVIDUAL PARTNERSHIP LIMITED LIABILITY COMPANY
 CORPORATION/NONPROFIT ORGANIZATION

herby 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): LOGANS MADTOWN LLC

An "Auxiliary Questionnaire," Form AT-109, 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 JOE BENNETT 200 E 6TH ST SA, A-5724 78787

Vice President/Member _____

Secretary/Member _____

Treasurer/Member _____

Agent RON TRACH TENBERG 33 E MAIN ST 500, 53701-2038

Directors/Managers JOE BENNETT, TAP

- 3. Trade Name LOGANS Business Phone Number 780-ME 512-895-8512

- 4. Address of Premises 322 W JOHNSON Post Office & Zip Code 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 TX and date 1-23-09 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.) FOODS, NO DRINK
- 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? AMTIC BREWERY
- 12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5830.5) 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 26th day of January, 20 09

Jane Lynne Hastie-Fuller
(Notary Public)

My commission expires 03/11/2012

(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

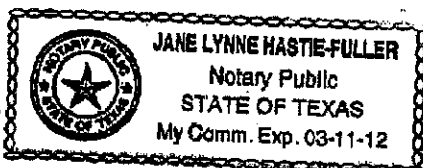
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

AT-108 (R. 1-05)

Wisconsin Department of Revenue



608 - 257 - 2508

MR. PETRI

City of Madison Supplemental Class B License Application

<input type="checkbox"/> Seller's Permit Number	<input type="checkbox"/> Description of Licensed Premise	<input type="checkbox"/> Floor Plans
<input type="checkbox"/> Federal Employer Identification Number	<input type="checkbox"/> *Notarized Appointment of Agent	<input type="checkbox"/> Lease
<input type="checkbox"/> Notarized Original Application Form	<input type="checkbox"/> Background Investigation Form(s)	<input type="checkbox"/> Sample Menu
<input type="checkbox"/> Notarized Supplemental Form	<input type="checkbox"/> Notarized Transfer of Ownership	<input type="checkbox"/> Business Plan
	<input type="checkbox"/> *Articles of Incorporation	* Corporation/LLC only

1. Name of Applicant/Partner/Corporation/LLC LOGAN'S MADTOWN LLC
 2. Address of Licensed Premise 322 W. JOHNSON ST
 3. Telephone Number: _____ 4. Anticipated opening date: SEP '09
 5. Mailing address if not opening immediately 200 E 6TH, AUSTIN, TX 78701

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. NOT YET

8. Business Description, including hours of operation: RESTAURANT W BAR
DAILY TILL 2 AM WEEKENDS 2:30 AM

9. Do you plan to have live entertainment? No Yes---What kind? ACOUSTIC BANDS
JAZZ BANDS

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.
BUILDING IS 9000 S.F. ±, FLOOR
PLAN IN PROGRESS, ESTIMATE OCCUPANCY
500 ±

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. 28 SPACES
ADJOINING, SECURITY PERSONNEL

13. Describe your management experience, staffing levels, duties and employee training.
20 YRS IN INDUSTRY, OWN & OPERATE
4 UNITS, STAFF OF 40 ±

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.
JOE BENDETTI, 200 E 6TH #A, AUSTIN, TX, 78701
 Name Address

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

25-40

16. What age range would you hope to attract to your establishment? 25-40

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

MARKETING- PRINT ADS, FOOD & BEV

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

19. Owner of building where establishment is located: FRED MOHS, MATE BRANO

Address of Owner: 20 N. CARROLL ST, MAD. WISCONSIN, 53073 Phone Number 608-256-7055

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

JOE BENNETT 200 E 6TH #A, AUSTIN, TX 78701

Name Address

Name Address

Name Address

22. List the Stockholders of your Corporation/LLC

JOE BENNETT 200 E 6TH #A, AUSTIN, TX, 78701 % of Ownership 60%

Name Address

Name Address

DAVID WILSON 100 ROLLINGWOOD LAGUNA BEACH, CA. 92653 % of Ownership 40%

Name Address

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? CONTINENTAL FARE

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? LUNCH, DINNER

LATE NIGHT

27. What hours, if any, will food service not be available? 12 AM -> 2 POSSIBLY

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? 20 ±

During what hours do you anticipate they will be on duty? LUNCH, DINNER, LATE IN

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? 40-50

How many bartenders do you anticipate you would have working at one time on a busy night? 8-10

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 → PRIVATE ROOM

If yes, what will be the seating capacity for that area? 75 ±

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?

HALF

39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? HALF OR MORE

What percentage of your advertising budget do you anticipate will be drink related? LESS THAN HALF

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? 500 ± 9,000 SF AVAILING

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	% 40
Gross Receipts from Food and Non-Alcoholic Beverages	% 60
Gross Receipts from Other	% .
Total Gross Receipts	100%

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.

*NEW MENU & DINING HRS → LARGER DINING AREA
MORE S.F. & LATE NITE FOOD, ETC. CAN SIMPLY PERFORM.*

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.

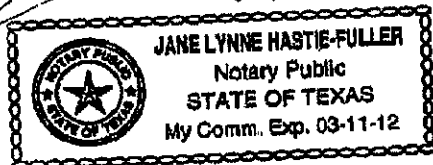
Subscribed and Sworn to before me:

this 26th day of January, 2009

Jane Lynne Hastie-Fuller
(Clerk/Notary Public)

My commission expires 03/11/2012.

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



Appointment of New Liquor/Beer Agent

To be completed by Corporate Officer or Member of LLC

I, JOE BENDETTI, officer/member for LOGANS MADTOWN INC.

(Corporation/LLC), doing business as LOGANS, authorize and appoint

ATTN RON TRACHTENBERG (Name) as the liquor/beer agent for the premise

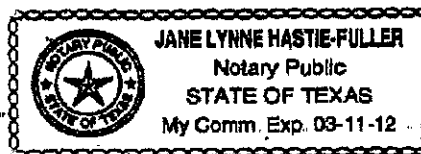
located at 322 W. JOHNSON ST.

Subscribed and sworn to before me this

26th Day of January, 20 09

Signature of Officer/Member

Jane Lynne Hastie-Fuller
Notary Public, Dane County, Wisconsin
TRANS COUNTY TEXAS
My Commission Expires 03/11/12



To be completed by appointed Liquor/Beer Agent

I, RONALD M. TRACHTENBERG, appointed liquor/beer agent for

LOGANS MADTOWN LLC (name of Corporation or LLC), being first duly sworn

say I have vested in me, by properly authorized and executed written delegation, full authority and control of the premise described in the license of such corporation or limited liability company, and I am involved in the actual conduct of the business as an employee, or have a direct financial interest in the business of the licensee, therein relating to the intoxicating

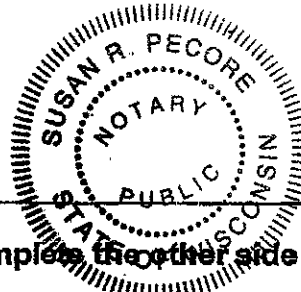
liquor/fermented malt beverage. The interest I have in the business is 0% attorney
for Logans Madtown LLC

Subscribed and sworn to before me this

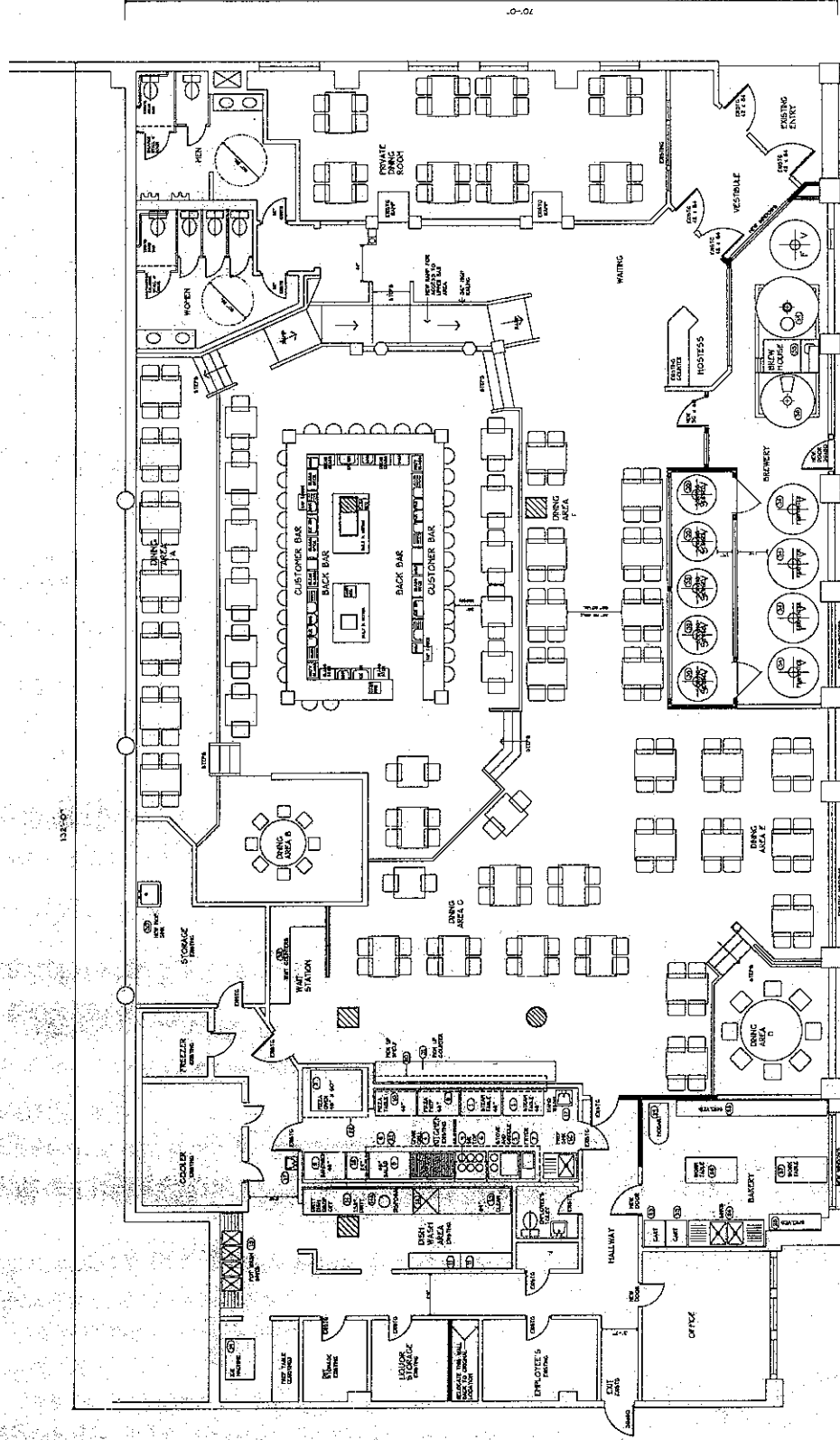
27th Day of January, 20 09

Signature of Agent

Susan R Pecore
Notary Public, Dane County, Wisconsin
My Commission Expires 10/25/09



The appointed Liquor/Beer Agent must complete the other side of this form.



SEE PAGE #2 FOR KITCHEN AND SCULLERY EQUIPMENT
 SEE PAGE #2 FOR ROOM FINISH SCHEDULE
 SCALE: 3/16" = 1'-0"
 REDUCED TO 1/16" = 1'-0"

ANGELIC BREWING COMPANY
 PROPOSED FLOOR PLAN

SYMBOL LEGEND

①	EXISTING
②	NEW
③	REMOVE
④	ALTER
⑤	RELOCATE
⑥	REPAIR
⑦	REPLACE
⑧	UPGRADE
⑨	NEW FINISH
⑩	NEW EQUIPMENT
⑪	NEW STRUCTURE
⑫	NEW MATERIAL
⑬	NEW COLOR
⑭	NEW GLASS
⑮	NEW METAL
⑯	NEW WOOD
⑰	NEW TILE
⑱	NEW CARPET
⑲	NEW PAINT
⑳	NEW LIGHTING
㉑	NEW VENTILATION
㉒	NEW SOUND
㉓	NEW SECURITY
㉔	NEW ACCESSIBILITY
㉕	NEW SUSTAINABILITY