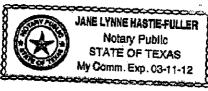
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608 - 257-2508

MR , PETRI

City of Madison Supplemental Class B License Application

Seller's Permit Number Federal Employer Iden Number Notarized Original App Notarized Supplement	tification lication Form al Form	☐ *Notarized ☐ Background ☐ Notarized ☐ Tarticles of			le Menu less Plan atton/LLC only
Name of Applicant/P Address of Licensed	artner/Corporati	on/LLC Lo	GANS MI	A B T O W N	<u> LLC</u>
Address of Licensed	Premise 322	2 W. Jo	ITMSON ST	_ ' 	
Telephone Number:		4.	Anticipated opening d	late: >-= P	<u> </u>
Mailing address if no	t opening immed	liately 200	<u>6 674 1</u>	, A-STIN,	787
Have you contacted t	he Alderoerson.	Police Departm		Ucohol Policy C	oordinator, and
. Are there any special	conditions desire	ed by the neigh	borhood? □Yes □1	No	
Explain					
. Business Description	including hours	of operation:	RESTAURA	w. 4 . w	BAR
A		A A A		C 7 1 2 5 C	3 .4 .47
size and all areas wh below shall not be e	ere alcohol beve expanded or cha	ng, including o rages are to be inged without	veran dimensions, sea sold and stored. The l the approval of the C	licensed premis common Counci	e described I.
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15.	Utilizing your market research, who would you project your target market to be? 25-40	ı
16.	What age range would you hope to attract to your establishment? 25 - 46	
17.	Describe how you plan to advertise/promote your business. What products will you be advertising? PLANKETING- PRONT ADS, FOOD ? BEY	
	Are you operating under a lease or franchise agreement? Yes (attach a copy)	<i>0</i> 0
19.	Owner of building where establishment is located: FREO months , NA TE	BRAN
Ad	dress of Owner: 20 r. CARDU ST, MAD. Phone Number 608-256	7,077
20.	Private organizations (clubs): Do your membership policies contain any requirement of "Invidious" (like to give offense) discrimination in regard to race, creed, color, or national origin? Yes No	ery
21	List the Directors of your Corporation/LLC	
	JOE BENDETTI 200 & BTH #A AVSTA, Name	/X 18
	Name Address	••
	Name - Address	
22	List the Stockholders of your Corporation/LLC	
	TOE BENDETT 200 6 678 AA, ANSTON, T	× , 287
	Name Address % of Ownership	60%
	Name Address % of Ownership	
•	Name Address PAVID WILLSON 100 ROLLLEDGE LAGUNA BENCH: Name Address Address	CA. 700
23.	What type of establishment are you? (Check all that apply) Tavern Nightclub Restaurant	76%
	Other Please Explain.	· ·
24	What type of food will you be serving, if any? CONTINENTAL PARE	
	Breakfast Lunch Dinner	
25.	Please submit a sample menu with your application, if possible. What might eventually be included on y	our
	operational menu when you open? Appetizers Salads Soups Sandwiches Entrees Desserts Pizza Full Dinners	>
		ر مد
26	During what hours of your operation do you plan to serve food?	TOLF C
l	ATE MIGHT	

27. What hours, if any, will food service not be available? 12 AM -> 2 P855 104
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?
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 -> PRIMTE ROSA
If yes, what will be the seating capacity for that area?
36. What type of cooking equipment will you have? Stove Oven Fryers (Till) 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?
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 Monte
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?

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.

Total Gross Receipts	100%	
Gross Receipts from Food and Non-Alcoholic Beverages Gross Receipts from Other	<u>%</u> %	60
Gross Receipts from Alcoholic Beverages	%	40

44. Do you have written records to document the percentages shown? Yes You may be required to submit documentation verifying the percentages you've indicated.

HRS & WARGER OIMIN PINING 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:

My commission expires

JANE LYNNE HASTIE-FULLER Notary Public STATE OF TEXAS My Comm., Exp. 03-11-12

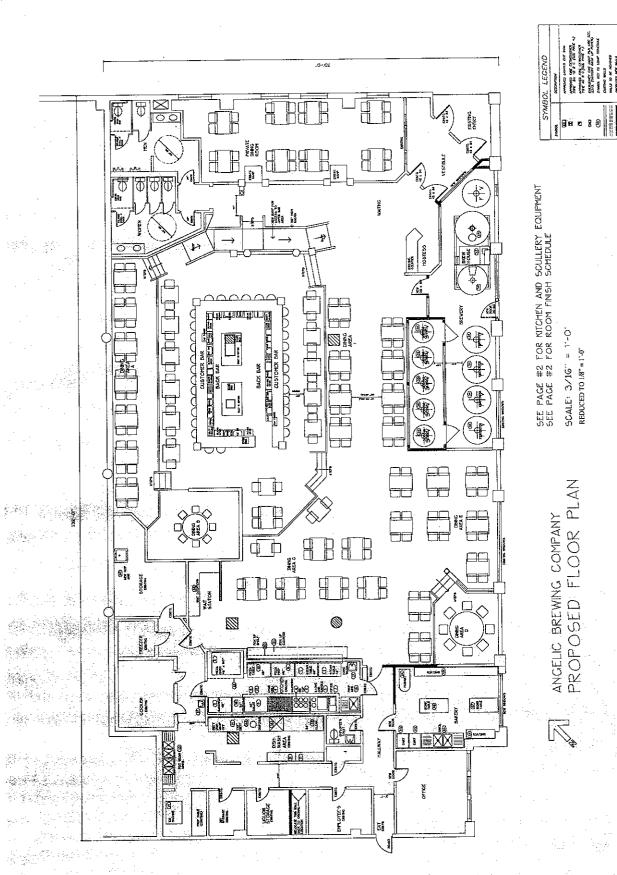
officer/member for LOGANT MADTOWN

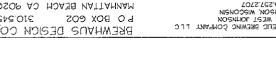
10E

Appointment of New Liquor/Beer Agent

To be completed by Corporate Officer or Member of LLC

(Corporation/LLC), doing business as <u>LOGAPS</u> , authorize and appoint
ATTM RON TRACHTEN BELL (Name) as the liquor/beer agent for the premise
located at 327 W. Johnson ST.
Subscribed and sworn to before me this
26th Day of January, 20 00
JANE LYNNE HASTIE-FULLER
Notary Public, Dane County, Wisconsin STATE OF TEXAS My Comm. Exp. 03-11-12
My Commission Expires 3 In 12.
To be completed by appointed Liquor/Beer Agent
1, RONAD M. TRACHTENBERG, appointed liquor/beer agent for
LOGAN'S MADTOWA: 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
ter LoganeMadtaun LAC
Subscribed and sworn to before me this
Signature of Agent
Woon Reco
Notary Public, Dane County, Wisconsin My Commission Expires 10 25/09
My Commission Expires /0/25/09
The appointed Liquor/Beer Agent must complete theorther side of this form.
www.minner





XX



