

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning _____ 20____ ;
ending June 30 2009

TO THE GOVERNING BODY of the: Town of } Madison
 Village of }
 City of }

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

1. The named INDIVIDUAL PARTNERSHIP 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): CTAWT LLC

Applicant's Wisconsin Seller's Permit Number:	
Federal Employer Identification Number (FEIN): <u>26-4486410</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Wholesale beer	\$
<input checked="" type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$
TOTAL FEE	\$

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.

Title	Name	Home Address	Post Office & Zip Code
President/Member			
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<u>Dean TRAN</u>		
Directors/Managers	<u>Dean TRAN</u>		

3. Trade Name H&A Beer Long Bay Business Phone Number Not yet (Home 920) 887-
4. Address of Premises 1383 Williamson St 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 WI and date 3-18-09 of registration
(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.) In wallbrook Santa sham

10. Legal description (omit if street address is given above): W02
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? Bab's French quarter kitchen
12 Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630 3) 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 27th day of March, 2009
Wendy E Barta
(Clerk/Notary Public)
My commission expires 5/6/2012

Dean Tran
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
Dean Tran
(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 <u>3-27-09</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

City of Madison Supplemental Class B License Application

<input type="checkbox"/> Seller's Permit Number <input checked="" type="checkbox"/> Federal Employer Identification Number <input type="checkbox"/> Notarized Original Application Form <input type="checkbox"/> Notarized Supplemental Form	<input type="checkbox"/> Description of Licensed Premise <input type="checkbox"/> *Notarized Appointment of Agent <input type="checkbox"/> Background Investigation Form(s) <input type="checkbox"/> Notarized Transfer of Ownership <input type="checkbox"/> *Articles of Incorporation	<input type="checkbox"/> Floor Plans <input 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 Jean TRAN
 2. Address of Licensed Premise 1353 Williamson Madison WI 53703
 3. Telephone Number: (920) 887-3018 4. Anticipated opening date: 5-01-09 WI
 5. Mailing address if not opening immediately 314 FARWELL Rd Beaver Dam

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: Family Restaurant
Mon - Thursday 11^{am} - 9^{PM} Friday - Saturday 11^{am} - 10^{PM}

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.**

65 Seating - Bar ~~stool~~ counter only 4
alcohol store in waiters station

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. no parking lot
one in the street

13. Describe your management experience, staffing levels, duties and employee training.
25 years experience of Restaurant Business
(20 years own my own Restaurant)

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.

Jean Z. TRAN LLC CJAWT LLC
 Name Address

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

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

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

news paper

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

19. Owner of building where establishment is located: Judy Kalscheur -

Address of Owner: Middletown WI Phone Number 608-203-7722
Call 770-608-770-5157

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

Jean Z TRAN 314 FARWELL Rd Beaver Dam WI
Name Address

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? _____

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? 11:00 AM

27. What hours, if any, will food service not be available? 9:00 PM week day

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? 5
During what hours do you anticipate they will be on duty? ~~ten~~ 10:00 AM

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? 4

How many bartenders do you anticipate you would have working at one time on a busy night? none

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?

39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? ~~40%~~ 80%
What percentage of your advertising budget do you anticipate will be drink related? 20%

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? ~~65~~ 65

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	%
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.

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 _____ day of _____, 20__

(Officer of Corporation/Member of LLC/Partner/Individual)

(Clerk/Notary Public)

My commission expires _____

Appointment of New Liquor/Beer Agent

To be completed by Corporate Officer or Member of LLC

I, Jean Z - TRAN, officer/member for _____

(Corporation/LLC), doing business as Ha Long Bay, authorize and appoint

Jean Z TRAN (Name) as the liquor/beer agent for the premise

located at 1353 Williamson St

Subscribed and sworn to before me this

27 Day of MARCH, 2009

Jean Z TRAN
Signature of Officer/Member

Notary Public, Dane County, Wisconsin

My Commission Expires _____

To be completed by appointed Liquor/Beer Agent

I, Jean Z TRAN, appointed liquor/beer agent for

Ha Long Bay (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 100 %.

Subscribed and sworn to before me this

27 Day of March, 2009

Jean Z TRAN
Signature of Agent

Wendy E Basso
Notary Public, Dane County, Wisconsin

My Commission Expires _____

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

Contact Information:

Jean Z Tran
314 farwell rd
Beaver Dam, Wi 53916
United States of America
cvtpacker@yahoo.com
9208873018

Date & Time of Receipt:

3/18/2009 12:05:15 PM

Credit Card Transaction Number:

20093181813126

**ARTICLES OF ORGANIZATION - Limited Liability
Company(Ch. 183)**

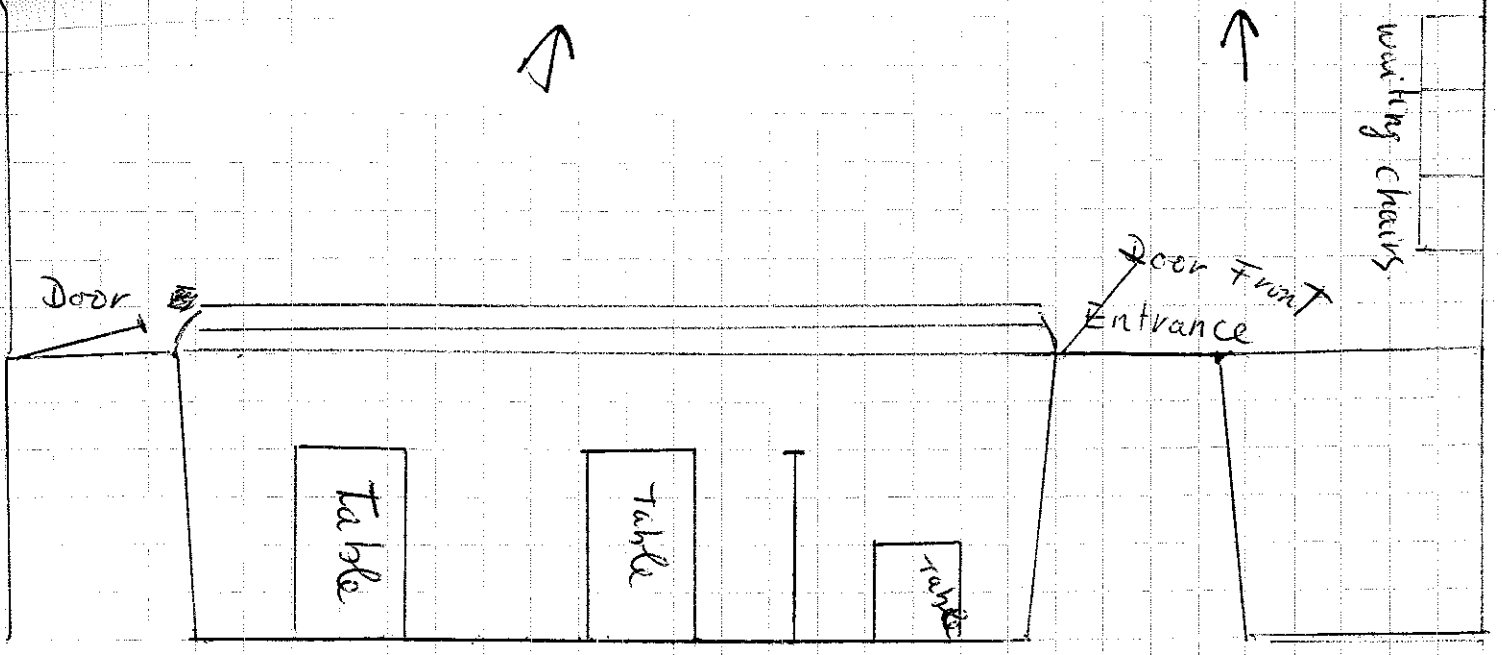


Filing Fee: \$130.00
Total Fee: \$130.00

ENDORSEMENT

**State of Wisconsin
Department of Financial Institutions**

EFFECTIVE DATE	
3/18/2009	



Side walk

Williamson St

Ha Long Bay

1353 Williamson St

Madison WI 53703

Scale: 1 Foot

