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Submit to mur	licipal cierk.				Federal Employer (de Number (FEIN):	26 · TI	86410
For the license	period beginning	<u> </u>	20	;	LICEN	SE REQUESTED)	•
	ending	Siene	3 <u>0</u> 20 0	9_	TY!		FEE
		Town of			Class A bee		
	ERNING BODY of	_ ,	Madison		Class B bee		
IO INE GOVE	יט נטטם פאוואק	Title. Village of]_	HAGISON		Wholesale b		
		Lx City of			Class C wine	e	<u> </u>
County of D	ane	Aldermanic Dist	. No (if requi	ired by ordinance)	Class A lique		<u>. </u>
		· ·			Class B lique	or \$	
1. The named	☐ INDIVIDUAL:	PARTNERSHIP	LIMITED LIABIL	JTY COMPANY	Reserve Cla	ss B liquor \$	
		N/NONPROFIT ORGANIZA			Publicat		
hereby make	es application for the a	ilcohol beverage license(s)	checked above.		TOTAL FEE	\$	
		t name, first, middle; corpor		omnanies dive redis	tered name).	CTAWT	11.0
Z Name (main	adamparatoro giro ido	thatto, mot made, corpor	rations/initiate indontry t	sompanies give regis	mercu namej.	0 11 00 1	000
partnership.	, and by each officer, pany. List the name, Title	orm AT-103, must be com , director and agent of a c title, and place of residence	corporation or nonpro	fit organization, and	y each individual a i by each member/ Address	applicant, by each r manager and agent Post Office & 2	of a limited
				<u> </u>			
Secretary/Me	· ·					· · · · · · · · · · · · · · · · · · ·	
Treasurer/Me				· · · · · · · · · · · · · · · · · · ·			
Agent -	hear	TRAN		· · · · · · · · · · · · · · · · · · ·			
Directors/Ma		, Dean T	RAN				
		Bon Lone		Desire SI	one Number 4	Wat cost (1	fore (920)
3 Trade Name	٠	33 Williams	, , , , , , , , , , , , , , , , , , , 			voi yer (1	TURE TOO
 Address of P 	remises 🚩 💶 10.3	3 5 WILLIAMS	you gr	Post Office 8	₹ Zip Code 🕨		
b. Is individual,	partners or agent of c	orporation/limited liability c	ompany subject to com	pletion of the respor	nsible beverage serv	/ег	
training cours	e for this license peri	od?		pletion of the respor		Yes Yes	
training cours i. Is the applica	se for this license peri nt an employe or age	od? nt of, or acting on behalf of	f anyone except the nar	npletion of the respor med applicant?		Yes ✓ Yes	₽'No
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Wisconsin Department of Revenue

City of Madison Supplemental Class B License Application

	Seller's Permit Number Federal Employer Identification Number Notarized Original Application Form Notarized Supplemental Form	 □ Description of Licensed Premise □ *Notarized Appointment of Agent □ Background Investigation Form(s) □ Notarized Transfer of Ownership □ *Articles of Incorporation 	☐ Floor Plans ☐ Lease ☐ Sample Menu ☐ Business Plan * Corporation/LLC only
2.	Address of Licensed Premise	m/LLC Dean TRAN 353 williamson M	adison WI 537
3. 5	Telephone Number: (120) 68 Mailing address if not opening immedi	1-30184 Anticipated opening date: _ately314 FARWELL	Rd Beaver Dan
	Have you contacted the Aldernerson. F	Police Department District Captain, Alcoho tative for the area in which you intend to lo	l Policy Coordinator, and
	Explain	d by the neighborhood? □ Yes □ No	
8	Business Description, including hours Mon - Thurday	of operation: Family Res	Stankant turde 11-10 PM
	Detailed written description of buildir size and all areas where alcohol bever below shall not be expanded or characteristics.	t? DNo Yes—What kind? ng, including overall dimensions, seating ar ages are to be sold and stored. The license nged without the approval of the Common of t	rangements, capacity, bar ed premise described on Council
	Please note that alcohol may be sold a	lirectly accessible and under control of the and stored only on the licensed premise, no	t in fiving quarters
1.2	we in the stree	rking lot is to be monitored No po	
13	Describe your management experience 25 years which are a gent for your process notice or demand required or	re, staffing levels, duties and employee trainer of Restaurant) recording Restaurant) recording to the corporation of LLC. This is your corporation of the corpor	ning LA BUS (hilby) ation's agent for service of oration

7. Describe how you plan to advertise/promote your business. What products will you be advertising? Actives papple. 18. Are you operating under a lease or franchise agreement? Yes (attach a copy) 19. Owner of building where establishment is located: 19. Phone Number 60% 207-770 20. Private organizations (clubs): Do your membership policies contain any requirement of "Inviduous" (likely to give offense) discrimination in regard to race, creed, color, or national origin? 21. List the Directors of your Corporation/LLC Name Address Name A	<i>U</i> .	ge would you hope to attract to your establishment?
8. Are you operating under a lease or franchise agreement? Yes (attach a copy) 9. Owner of building where establishment is located: The Mals Chear Address of Owner: Middlew Will Phone Number 608 202 77 10. 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 11. List the Directors of your Corporation/LLC 12. Name Address 13.14 FARWELL Rel Beauty Daw 14. Address 15. Address 16. Address 17. Address 18. Address 1	7. Describe how	you plan to advertise/promote your business. What products will you be advertising?
9 Owner of building where establishment is located: The Walscheur - Address of Owner: Michael Manager - Address of Owner: Michael Manager - Address Owner: Michael Manager - Address Owner: Michael Manager - Address Ownership -		vens papper.
10. 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? 11. List the Directors of your Corporation/LLC Name Address	8 Are you opera	ating under a lease or franchise agreement? Yes (attach a copy) (No)
to give offense) discrimination in regard to race, creed, color, or national origin? Yes No. 21 List the Directors of your Corporation/LLC Name		
Name Address Name	 Private organize to give offense 	e) discrimination in regard to race, creed, color, or national origin? Yes No
Name Address 22 List the Stockholders of your Corporation/LLC Name Address No of Ownership 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	noac	$T \cdot Q \cdot = I \cdot Q \cdot A \cdot A$
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Name Address What type of establishment are you? (Check all that apply) Name Address What type of establishment are you? (Check all that apply) Other Please Explain What type of food will you be serving, if any? Breakfast Lunch Dinner Dinner 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	Name	Address
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Name Address Name Address What type of establishment are you? (Check all that apply) Other Please Explain Other Please Explain Breakfast Lunch Dinner Dinner Dinner 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	Name	Address % of Ownership
What type of establishment are you? (Check all that apply) Other Please Explain Other Please Explain Other Please Explain 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	Name	Address % of Ownership
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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	23 What type of	establishment are you? (Check all that apply) Tavern Nightclub Restaurant
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	Other Plea	ase Explain
operational menu when you open? Appetizers Salads Soups Sandwiches Entrees Desserts Pizza Full Dinners		
Desserts Pizza Full Dinners	" -	
	Breakfast	
	Breakfast 25 Please submit operational m	nenu when you open? Appetizers Salads Soups Sandwiches Entrees

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
How many wait staff do you anticipate will be employed at your establishment? During what hours do you anticipate they will be on duty? 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? 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?
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food?
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 alc	ohol
beverages shall substantiate their gross receipts for food and alcohol beverage sales broken down to	у
percentage. For new establishments, the percentage will be an estimate.	
	,

Gross Receipts from Alcoholic Beverages	20 %	
Gross Receipts from Food and Non-Alcoholic Beverages	50 %	
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, 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. 2 - Tkan, officer/member for
(Corporation/LLC), doing business as Halong Bay, authorize and appoint [Name] as the liquor/beer agent for the premise
located at 1353 Williamson St.
Subscribed and sworn to before me this Signature of Officer/Member
27 Day of March, 2009
Notary Public, Dane County, Wisconsin
My Commission Expires
To be completed by appointed Liquor/Beer Agent
THE RESIDENCE OF THE PROPERTY
I have $A = A + A + A + A + A + A + A + A + A + $
I, Jean 7 TRAN, appointed liquor/beer agent for
in the land of Corporation of LLC), being first duly sworn
Har Lang Bay (name of Corporation or LLC), being first duly sworn
(name of Corporation or LLC), being first duly sworn say I have vested in me, by properly authorized and executed written delegation, full authority
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
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
(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
(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 %.
(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
(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 %.

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	T TO BE STORY
3/18/2009	



