For the license period beginning	ORIGINAL ALCOHOL	BEVERAGE LIC	CENSE APPLIC	ATION	Applicant's Wisconsin Seller's Permit Number:	04-0003	3248601-
LICENSE REQUESTED FEE	Submit to municipal clerk.				Federal Employer Identifica	ion 3751-7	72
County of Dane Abdermain Dist. No. (if required by ordinance) 1. The named INDIVIDUAL PARTNERSHIP LIMITED LABILITY COMPANY Class B liquor 5	For the license period beginning	ıg	20	;	LICENSE F	EQUESTED	
TO THE GOVERNING BODY of the: Town of Madison Class A beer S	endin	g	20				
TO THE GOVERNING BODY of the: village of Add son village of Village of					Class A beer	\$	
County of Dame	70 THE 00/(EDNING DODY)		Vodáson		Class B beer	\$	
COUNTY Of Dame Addermanic Dist. No (* required by ordinance) Class & Impoor S Class	TO THE GOVERNING BODY (Madison			\$	
The named NDM/DUAL PARTNERSHP LIMITED LIBBILITY COMPANY Publication fee No. Pachication fee Pachication		EX City of			Class C wine	\$	
The named INDMODIAL PARTMERSHIP LIMITED LABILITY COMPANY Receive Class B liquor S Publication file S	County of Dane	Aldermanic Dis	st. No. (if require	ed by ordinance)	Class A liquor	\$	
Publication les S TOTAL FEE S				;			
Name (individual/panners give last name, first, middle, corporational flability companies give registered name). Service An "Audilary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by the partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member of a partnership. Title President/Member File President/Member Vice President/Member Agent Decret V Lee 223 W. Lawin Ave Medison, W. Sa31 Trade Name Pizza Brutto Bustiness Proce Number 233 Trade Name Pizza Brutto Bustiness Proceed of Complete organization of the suspense give process process of this literate of the process process of this literate year Yes No Description of the process of this literate year Yes No (b) Sapplicant corporation/mixed faibility company a subsidiary of any other corporation or any other		-		Y COMPANY			1
2 Name (inclinidualparmors give last name, first, middle, corporations/firited liability compenies give registered name):						<u>·</u>	
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 difficer, 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 President/Member Vice President/Member Vice President/Member Vice President/Member Secreta/Symberher Post Office & Zip Code Treasfore/Member Agent P Devel							
partnership, and by each difficer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the name, tills, and place of residence of each person Title Name Home Address Post Office & Zip Code President/Member Vice President/Member Vice President/Member Vice President/Member Vice President/Member Agent \[\begin{array}{c} \begin{array}{c} \limits \limit	Name (individual/partners give la	ist name, first, middle; corp	orations/limited liability co	mpanies give registe	ered name): 🕨 <u>Sch</u>	devo,	inc.
Directors/Managers 3 Trade Name P722 Brutt2 4 Address of Premises 1805 Monume St. Modits on Wil Post Office & Zip Code 53711 5 Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this literase period? 7 Does any other alcohol beverage retail ficensee or wholesale permittee have any interest in or control of this business? Yes No 8 (a) Corporation/limited liability company a subsidiary of any other corporation or limited liability company; Yes No 9 (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company; Yes No 9 (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any embet/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? Yes No 10 (IV) FE. All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above) 9 Premises description: Description building or wholdings where alcohol beverage is not be sold and stored in papticant must include all rooms including in sing 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.) Yes No 10 (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No 11 (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No 12 (b) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No 13 (c) Was this premises licensed for the sale of liquor or beer during the past license secretion Yes No 14 (c) Was this premises licensed for the sale of liquor or beer during the past license for the sale of liquor or beer during the past license secretion Yes No 14 (c) Was this premises license to order the sa	partnership, and by each office liability company. List the nam Title President/Member Vice President/Member Secretary/Member	er, director and agent of a e, title, and place of resider	corporation or nonprofit nce of each person Name	Home A	ddress	Post Office & Z	of a limited
Directors/Managers 3 Trade Name P722 Brutt2 4 Address of Premises 1805 Monume St. Modits on Wil Post Office & Zip Code 53711 5 Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this literase period? 7 Does any other alcohol beverage retail ficensee or wholesale permittee have any interest in or control of this business? Yes No 8 (a) Corporation/limited liability company a subsidiary of any other corporation or limited liability company; Yes No 9 (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company; Yes No 9 (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any embet/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? Yes No 10 (IV) FE. All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above) 9 Premises description: Description building or wholdings where alcohol beverage is not be sold and stored in papticant must include all rooms including in sing 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.) Yes No 10 (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No 11 (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No 12 (b) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No 13 (c) Was this premises licensed for the sale of liquor or beer during the past license secretion Yes No 14 (c) Was this premises licensed for the sale of liquor or beer during the past license for the sale of liquor or beer during the past license secretion Yes No 14 (c) Was this premises license to order the sa	Treasurer/Member						
Business Phone Number Pot 22 Premises 1805 Premises 1805	Directors/Managers						
4. Address of Premises P. 1805 Monage St. Models WI. Post Office & Zip Code 53111 5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training ourse 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 AL and date 131129. of registration 9. It is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? Yes No 9. A very subject to corporation, or any officer, director, stockholder or agent or imited liability company, or any member/manager or agent hold any interest in any other alcohol beverages license or permit in Wisconsin? Yes No 9. Premises description: Describe building or hor reverse side of this form every VFS answer in sections 5, 6, 7 and 8 above) 9. Premises description: Describe buildings where alcohol beverages are to be sold and stored The applicant must include all rooms including living quarters, it 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) 1100 Section 1100					no Number 1.09 -	797 - 21	20
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? 7. Does any other alcohol beverage retail ficenses or wholesale permittee have any interest in or control of this business? 8. Or opporation/limited liability company applicants only: Insert state	4 Address of Premises 1805	5 Monrose St.	Madision WI	Post Office &	7in Code 527	11	
training course for this license period? Such applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes						f. I	
be applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No	training course for this license pe	riod?	company subject to comp	iction of the respons	inie neverage server	☐ Yes	X No
Yes No							
8. (a) Corporate/limited liability company applicants only: Insert state							
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? (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? (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.) HODST, one Standard of 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.) HODST, one Standard provides the sale of liquor or beer during the past license year? (i) Legal description (ornit if street address is given above): (ii) (a) Was this premises licensed for the sale of liquor or beer during the past license year? (ii) If yes, under what name was license issued? 2. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) 2. 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]. 3. 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]. 4. Is the applicant indebted to any windesaler beyond 15 days for beer or 30 days for liquor? 2. Possible applicant indebted to any windesaler beyond 15 days for beer or 30 days for liquor? 3. Does the applicant understand a Wisconsin Seller's Permit must be applicant the above questions has been truthful	8. (a) Corporate/limited liability c	ompany applicants only:	Insert stateIAI	and date _	31/09 of registra	ation	2
(NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.) 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.) HOOST, one Story one room; Stored in walk necessary Hoost, one Story one room; Stored in walk necessary Hoost, one Story one room; Stored in walk necessary Hoost, one Story one room; Stored in walk necessary Hoost, one Story one room; Stored in walk necessary Hoost, one Story one room; Stored in walk necessary Hoost, one Story one room; Hoost, one Story one room; Hoost, one Hoost, one Story one room; Hoost, one	(b) Is applicant corporation/limite(c) Does the corporation, or any	ed liability company a subsi- officer, director, stockholde	diary of any other corporal er or agent or limited fiabilit	tion or limited liability y company, or any n	/ company? nember/manager or	Yes	⊠ No
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.) HOOST, one Storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) HOOST, one Storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) HooST, one Storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) HoOST, one Storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) HoOST, one Storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises during inspection.) HoOST, one Storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises during inspection of the sale of liquor or beer during the past license is given a bove? No						. 🔲 Yes	🔀 No
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) HOSF, one story One story One room, stored in walk incorest the hind (a) Was this premises licensed for the sale of liquor or beer during the past license year? (a) Was this premises licensed for the sale of liquor or beer during the past license year? (b) If yes, under what name was license issued? Service o U.C. DBA I.Z.a Brutta 2 Does the applicant understand they must file a Special Occupational Tax return (ITTB form 5530.5) 2 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 4 Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No EAD 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 the 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/managèrs of Limited Liability Company iPartner/individual) your provided premises during inspection will be deemed a refusal to permitting spection. Such refusal is a misdemeanor and grounds for revocation of this license. UBSCRIBED AND SWORN TO BEFORE ME Company iPartner/individual) Partner/individual Partner/individual Partner/individual Partner/individual Partner/individual Signature of Clerk / Deputy Clerk Dep		•	•				
(a) Was this premises licensed for the sale of liquor or heer during the past license year? (b) If yes, under what name was license issued? Sendero, U.C. DBA Process Brutton 2. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864]. 3. 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]. 4. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? 4. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? 5. PAC 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 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 Company in Java to discusse to reportation/Member/Manager of Limited Liability Company iPartner/individual) 5. DECOMPLETED BY CLERK 2. PACTUCATION Member/Manager of Limited Liability Company iPartner/individual) 5. DECOMPLETED BY CLERK 2. Pactional Partner(s)/Member/Manager of Limited Liability Company if Arry) 5. DECOMPLETED BY CLERK 2. Pactional Partner(s)/Member/Manager of Limited Liability Company if Arry) 5. DECOMPLETED BY CLERK 2. Pactional Partner(s)/Member/Manager of Clerk / Deputy Clerk 3. Details of Clerk / Deputy Clerk 4. Details of Clerk / Deputy Clerk	all rooms including living quarters may be sold and stored only on the	i, if used, for the sales, service premises described) 14	rice, and/or storage of alco	ohol beverages and :	he applicant must includ records (Alcohol bever:	le ages walk-usce	oler \$behin
(b) If yes, under what name was license issued? Service U.C. DRA Pizza Brutta 2. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864] 3. 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] 4. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? EAD 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 Compans unst sign). Any lack of access to my portion of a licensed premises during inspection will be deemed a refusal to insemitation specific proporation/Member/Manager of Limited Liability Company /Partner/individual public of the specific proporation/Member/Manager of Limited Liability Company /Partner/individual public of the specific proporation/Member/Manager of Limited Liability Company /Partner/individual) Partner(s)/Member/Manager of Limited Liability Company /Partner/individual) Partner(s)/Member/Manager of Limited Liability Company /Partner/individual) Partner(s)/Member/Manager of Limited Liability Company /Partner/individual) Described and filed (1-15-09) Date reported to council/board (1-15-09) Date rep	to Legal description (office) sueet at	iuress is given above)					cour
before beginning business? [phone 1-800-937-8864]. Yes No 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 Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No EAD 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 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/managèrs of Limited Liability Companies must sign). Any lack of access to make a provided of a provided	(b) If yes, under what name was	or the sale of liquor or beer license issued? Sev	nd <i>ero , U.C.</i>	ar? DBA Pizz	a Brutta	⊠. Yes	□ No
Section 2, above? [phone (608) 266-2776]. 4 Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? EAD 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 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 my portion of a licensed premises during inspection will be deemed a refusal-to-perintific inspection. Such refusal is a misdemeanor and grounds for revocation of this license. UBSCRIBED AND SWORN TO BEFORE ME (Cliptor of Corporation/Member/Manager of Limited Liability Company /Partner/Individual) Year of Corporation/Member/Manager of Limited Liability Company if Any) DECOMPLETED BY CLERK The policy of Corporation/Member/Manager of Limited Liability Company if Any) DECOMPLETED BY CLERK The policy of Corporation/Member/Manager of Limited Liability Company if Any) Date reported to council/board (Paragraph) and license issued (License number issued) License number issued	before beginning business? [pho.	ne 1-800-937-8864]			e e e e e e	💢 Yes	☐ No
A Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? EAD 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 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 ny 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. UBSCRIBED AND SWORN TO BEFORE ME is day of Corporation/Member/Manager of Limited Liability Company /Partner/Individual) Y commission expires Observed and filed 4-15-09 Date reported to council/board Date license issued Date license issued Date license issued Date license issued License number issued						√ 4 ∪	
EAD 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 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 necessary and policinate 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 ny portion of a licensed premises during inspection will be deemed a refusal to permittinspection. Such refusal is a misdemeanor and grounds for revocation of this license. UBSCRIBED AND SWORN TO BEFORE ME is							
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day of Corporation/Member/Manager of Limited Liability Company /Partner/Individual) y commission expires Clerk partner/ Public Company Public Company /Partner/ Individual) ARA Color of Corporation/Member/Manager of Limited Liability Company /Partner) ARA Color of Corporation/Member/Manager of Limited Liability Company /Partner) Descriptional Partner(s)/Member/Manager of Limited Liability Company if Any) Descriptional Partner(s)/Member/Manager of Limited Liability Company if Any) Descriptional Partner(s)/Member/Manager of Clerk / Deputy Clerk atericeived and filed liability Company if Any) Date reported to council/board library is a library in the company if Any) Date license issued license issued license number issued	of the signers. Signers agree to operate this (Individual applicants and each member of a	s business according to law and partnership applicant must side	nd that the rights and respons gn; corporate officer(s), memb	ibilities conferred by the	ne license(s), if granted, w	il not be assigned	to another.
y commission expires Clear Notary Public Clear Notary Public Company Public Co	SUBSCRIBED AND SWORN TO BEFO		2007	Heur	V Au		
D BE COMPLETED BY CLERK ate received and filed the best of the council/board of the council/b	My commission expires (Clerony) of the commission expires	/ Public)	KARA				
406 (D. 4.05)		2 4	- J 600 691	tional Partner(s)/Member	Manager of Limited Liability	Company if Any)	
406 (D. 4.05)	TO BE COMPLETED BY CLERK	4.7	, ····································				_
406 (D. 4.05)	Date received and filed with municipal clerk 4-15-09 Date	reported to council/board	C Bate provisional license issu	ied Signatur	e of Clerk / Deputy Clerk		
406 (D. 4.05)		license issued	License number issued				
Waterial Department of Bevenie	AT-106 (R. 1-05)		<u> </u>		Wis	consin 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		
1 Name of Applicant/Partner/Corpora	tion/LLC_Sendero, Inc. I	BA Pizza Brutta		
2 Address of Licensed Premise 180	5 Monroe St. Madison,	WI 53711		
3. Telephone Number: 257-2	4 Anticipated opening date	: open		
	ediately			
the neighborhood association repres	, Police Department District Captain, Alco entative for the area in which you intend t	ohol Policy Coordinator, and o locate? XYes □ No		
7. Are there any special conditions des	ired by the neighborhood? □ Yes 📈 No			
Explain				
8 Business Description, including hou East-casual. Mondays Close	rs of operation: Wood-fired pizzed, Tues Thurs. 11-9pm,	eria, family friendly, tri-Sat 11-10pm, Sah. 11-9p		
9 Do you plan to have live entertainm	ent? XNo □ Yes—What kind?			
size and all areas where alcohol bevelow shall not be expanded or ch	ding, including overall dimensions, seating verages are to be sold and stored. The lice nanged without the approval of the Com. There is no bar. All all are counter to walk-in com	mon Council.		
Stored behind custome	er counter & walk-in co	oler.		
Please note that alcohol may be soluted in the solution of the	ndirectly accessible and under control of to d and stored only on the licensed premise, parking lot is to be monitored Parking packs. Back door entrance once, staffing levels, duties and employee to	s lot 7s hardicap		
Managed Pizza Brutte	for 14zyrs. Duties include es, cashier, cook, clean, ir	all aspects of runningthe riventon, customer service,		
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.				
Devek V. Lee 22	39 W. Lawn Arc. Modeson	, WI 537/1		

15.	Utilizing your market research, who	o would you project your target market to be?	
16.	What age range would you hope to	attract to your establishment? Young children	30-55
17		contribution / donation recognition, neighb	
		franchise agreement? Yes (attach a copy) No	
19.	Owner of building where establish	ment is located: Candinas Proper ties, LC	
Ad	dress of Owner: 1818 W. La	Wn Arc. Massison Wl Phone Number	
20.	Private organizations (clubs): Do y to give offense) discrimination in re	your membership policies contain any requirement of "Invegard to race, creed, color, or national origin? Yes	ridious" (likely No
21.	List the Directors of your Corpora	tion/LLC	
	Devek V. Lee Name A	2239 W. Lawn Ave. Madison, WI	53711
	Name A	ddress	
	Name A	ddress	
22	and the second of the second o	ooration/LLC W. Lawn Ave. Madison, wi 53711 uddress	100'/. % of Ownership
	Name A	Address	% of Ownership
	Name A	Address	% of Ownership
23.	What type of establishment are you	u? (Check all that apply) Iavern Nightclub Res	taurant
	Other Please Explain.		
24	What type of food will you be serv Breakfast Lunch Din	ving, if any? prza \$ salads * sandwid	
25.	Please submit a sample menu with	your application, if possible What might eventually be i	ncluded on your
	operational menu when you open?		Entrees
	Desserts Pizza Full Di		
26.	During what hours of your operation	on do you plan to serve food? <u> - 9 pm Tws-Thurs</u> [-10pm Fri-Sat.	t Sun

27 What hours, if any, will food service not be available?
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?
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 Wood fixed over
37. Will you have a walk-in cooler and/or freezer dedicated solely to the storage of food products? Yes No
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?		
	Pursuant to Chapter 23 of the Madison General Ordinances, all restaurabeverages shall substantiate their gross receipts for food and alcohol be	_	
	percentage For new establishments, the percentage will be an estimate	3	
	Gross Receipts from Alcoholic Beverages	// %	
	Gross Receipts from Food and Non-Alcoholic Beverages	90 %	
	Gross Receipts from Other	%	
	Total Gross Receipts	100%	
Rea has acco assi refu	You may be required to submit documentation verifying the percentage ad carefully before signing: Under penalty provided by law, the application been truthfully completed to the best of the knowledge of the signer. Sording to law and that the rights and responsibilities conferred by the liegned to another. Any lack of access to any portion of a licensed premissal to permit inspection. Such refusal is a misdemeanor and grounds for	cant states that the above in igner agrees to operate this cense(s), if granted will not seeduring inspection will be	is business It be Ie deemed a
this		or of LLC/Partner/Individual)	-