

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning 07-01- 20 09 ;
ending 06-30 20 10

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

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): SPS SELF SERVICE INC
SINGH SUCHINDER P

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	<u>SINGH SUCHINDER P</u>	<u>1305 STARR GRASS DR</u>	<u>MADISON WI 53719</u>
Vice President/Member	<u>SINGH SUNDEEP</u>	<u>749 HARVEST LN</u>	<u>VERONA WI 53593</u>
Secretary/Member			
Treasurer/Member			
Agent	<u>SINGH SUCHINDER P</u>	<u>1305 STARR GRASS DR</u>	<u>MADISON WI 53719</u>
Directors/Managers	<u>SINGH SUCHINDER P</u>	<u>1305 STARR GRASS DR</u>	<u>MADISON WI 53719</u>

3. Trade Name MARATHON Business Phone Number 608-271-7702
4. Address of Premises 4602 VERONA ROAD MADISON Post Office & Zip Code WI 53711

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 4-09-09 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) STORED IN WALKING COOLER SOLD AT COUNTER.

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? SPS SELF SERVICE L.L.C
12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630 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 15 day of April, 20 09
T. Ash Galt
(Clerk/Motary Public)
My commission expires 8-26-12

Suchinder P Singh
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
Suchinder P Singh
(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
<u>4-15-09</u>			
Date license granted	Date license issued	License number issued	

Applicant's Wisconsin Seller's Permit Number	<u>4561026345989-02</u>
Federal Employer Identification Number (FEIN)	<u>26-4639978</u>
LICENSE REQUESTED	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Wholesale beer	\$
<input 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	\$

City of Madison Supplemental Class A License Application

<input checked="" type="checkbox"/> Seller's Permit Number <input checked="" type="checkbox"/> Federal Employer Identification Number <input checked="" type="checkbox"/> Notarized Original Application Form <input checked="" type="checkbox"/> Notarized Supplemental Form	<input type="checkbox"/> Description of Licensed Premise <input checked="" type="checkbox"/> *Notarized Appointment of Agent <input checked="" type="checkbox"/> Background Investigation Form(s) <input checked="" type="checkbox"/> Notarized Transfer of Ownership <input type="checkbox"/> *Articles of Incorporation	<input checked="" type="checkbox"/> Floor Plans <input checked="" 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 SPS SELF SERVICE INC
 2. Address of Licensed Premise 4602 VERONA ROAD MADISON WI 53711
 3. Telephone Number: 608-271-7702 4. Anticipated opening date: 7-01-09
 5. Mailing address if not opening immediately _____

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. What type of establishment is contemplated? Liquor Store Grocery Store
 Convenience Store – Gas Pumps Yes No Other—Explain _____

9. Business Description: Convenience Store Gas Pumps and Food and Beverage li

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 12x26 No Seating Beer Stored and displayed in walking Coolers in 3 Doors.

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. 7 SELF SER. Parking Spaces and Monitored by 24 hour video

13. Describe your management experience, staffing levels, duties and employee training
12 YEARS Family Business

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.
SINGH SUCHINDER P 1305 STARR GRASS DR MADISON WI 53719
 Name Address

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

EVERY BODY

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

CONVENIENCE STORE GAS PUMP

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

18. Owner of building where establishment is located:

Address of Owner: 1305 STARR GRASS DR MADISON WI 53719 Phone Number 608-829-3948

19. 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

20. List the Directors of your Corporation/LLC

SINGH SUCHINDER P 1305 STARR GRASS DR MADISON WI 53719
Name Address

SINGH SUNDEEP 749 HARVEST LN VERONA WI 53593
Name Address

Name Address

21. List the Stockholders of your Corporation/LLC

SINGH SUCHINDER P 1305 STARR GRASS DR MADISON WI 53719
Name Address 50 % of Ownership

SINGH SUNDEEP 749 HARVEST LN VERONA WI 53593
Name Address 56 % of Ownership

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 15 day of April, 2009

Suchinder P Singh
(Officer of Corporation/Member/Manager of LLC/Partner/Individual)

T. Ash Gally
(Clerk/Notary Public)

My commission expires 8-26-12

Appointment of New Liquor/Beer Agent

To be completed by Corporate Officer or Member of LLC

I, SINGH SUCHINDER P, officer/member for SPS SELF SERVICE INC
(Corporation/LLC), doing business as SPS SELF SERVICE INC authorize and appoint
SINGH SUCHINDER P (Name) as the liquor/beer agent for the premise
located at 4602 VERONA ROAD MADISON WI 53711

Subscribed and sworn to before me this

15 Day of April, 20 09

T. Adh Gally
Notary Public, Dane County, Wisconsin

My Commission Expires 8-26-12

Suchinder P Singh
Signature of Officer/Member

To be completed by appointed Liquor/Beer Agent

I, SINGH SUCHINDER P, appointed liquor/beer agent for
SPS SELF SERVICE INC (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 50 %.

Subscribed and sworn to before me this

15 Day of April, 20 09

T. Adh Gally
Notary Public, Dane County, Wisconsin

My Commission Expires 8-26-12

Suchinder P Singh
Signature of Agent

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