

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning July 1 20 09 ;
ending June 30 20 10

Applicant's Wisconsin Seller's Permit Number: 456-1026493536-05	
Federal Employer Identification Number (FEIN): 26-2456488	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Wholesale beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ 20.00
TOTAL FEE	\$

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): ▶ Granite City Restaurant Operations, Inc.

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>Steven Jay Wagenheim</u>	<u>321 Westwood Dr. N Golden Valley</u>	<u>MN 55422</u>
Vice President/Member	<u>None</u>		
Secretary/Member	<u>James Gerhard Gilbertson</u>	<u>3709 Dunbar Knoll Brooklyn Park</u>	<u>MN 55443</u>
Treasurer/Member	<u>James Gerhard Gilbertson</u>	<u>same as above</u>	
Agent ▶	<u>Janna M-Watson</u>	<u>1218 McKenna Blvd #207 Madison, WI</u>	<u>53719</u>
Directors/Managers	<u>Steven Wagenheim & James Gilbertson</u>		

- 3 Trade Name ▶ GRANITE CITY Business Phone Number 608-829-0700
4 Address of Premises ▶ 454 S Gammon Road Post Office & Zip Code ▶ Madison, WI 53719

- 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 MN and date 4/18/08 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) _____

- 10 Legal description (omit if street address is given above): _____
- 11 (a) Was this premises license for the sale of liquor or beer during the past license year? Yes No
(b) If yes, under what name was license issued? Granite City Food & Brewery, Ltd
- 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 10th day of March 2009
Annette B Johnson (Clerk/Notary Public)
ANNETTE B. JOHNSON (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
My commission expires 1-31-2010 My Commission Expires Jan 31, 2010

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>3-16-09</u>	Date reported to council/board <u>4-15-09</u>	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued <u>85214</u>	

City of Madison Supplemental Class B License Application

<input type="checkbox"/> Seller's Permit Number <input 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 Granite City Restaurant operations, Inc.
2. Address of Licensed Premise 454 S. Gammon Rd. Madison, WI 53719
3. Telephone Number: 608-829-0700 4. Anticipated opening date: Currently operating.
5. Mailing address if ~~not opening immediately~~ 5402 Parkdale Dr. #101 St. Louis Park, MN 55416
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: Full service restaurant + microbrewery
M-Th 11am-12am F+S 11am-1am Sa 10am-10pm
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.**
Approx 8346 Sq. Ft. bldg. including main dining area, bar area & outdoor patio with 239 indoor seating capacity & outdoor seating capacity.
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. Same
13. Describe your management experience, staffing levels, duties and employee training.
Experienced staff in restaurant operations, approx 60 employees, in-house training provided as needed.
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.
National Registered Agents, Inc.
Name Address

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

N/A - already in operation

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

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

Food + Beer

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

19. Owner of building where establishment is located: Dunham Capital Mgmt, LLC

Address of Owner: 230 S. Phillips Ave #202 Phone Number 605-339-9400
Sioux Falls, SD 57104

N/A 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

Steven J. Wagenheim 321 Westwood Dr. W. Golden Valley MN 55422
Name Address

James G. Gilbertson 3709 Dunbar Knoll Brooklyn Park MN 55443
Name Address

Name Address

22. List the Stockholders of your Corporation/LLC

Granite City Food + Brewery Ltd. 100%
Name Address % of Ownership

5402 Parkdale Dr. #101 St. Louis Park MN 55416
Name Address % of Ownership

Publicly Traded Company % of Ownership
Name Address

23. What type of establishment are you? (Check all that apply) Tavern Nightclub Restaurant microbrewery
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? all hours.

27. What hours, if any, will food service not be available? N/A
28. Indicate any other product/service offered. alcoholic beverages + beer + wine
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? >50
During what hours do you anticipate they will be on duty? all hours
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? 15
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? 190
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?
100% at this location.
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? _____
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
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42. What is your estimated capacity? 239

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	16.44 %
Gross Receipts from Food and Non-Alcoholic Beverages	83.03 %
Gross Receipts from Other	.53 %
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.

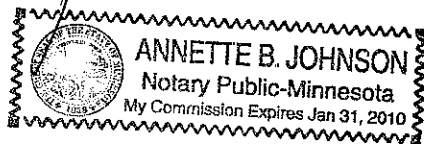
Subscribed and Sworn to before me:

this 10th day of March, 2009

Annette B. Johnson
(Clerk/Notary Public)

My commission expires 1-31-10

[Signature]
(Officer of Corporation/Member of LLC/Partner/Individual)



Payment of Taxes on Liquor/Beer License Transfer

I, James G. Gilbertson, CEO/Sec, applicant for
Name Title

a liquor and/or beer license for the premise located at 454 S. Gammon Rd., have
Address

read the provisions in the attached copy of Madison General Ordinance Section 9.01, and understand that payment of all personal property taxes, special assessments, room taxes, forfeitures and judgments must be paid before the Office of the City Clerk can issue said license.

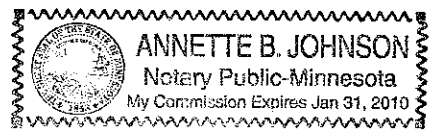
[Signature]
Signature of Applicant

3-10-09
Date

Subscribed and sworn to before me this

10th day of March, 20 09

[Signature]
Notary Public, ~~Dane~~ Hennepin County, State of ~~Wisconsin~~ Minnesota
My Commission Expires 1-31-2010



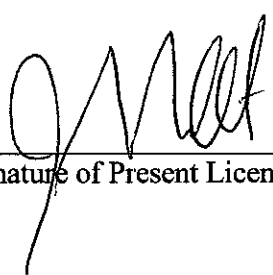
Transfer of Ownership

(letter to surrender previous license)

To be filed with the City Clerk at the time a new application is submitted for a change of ownership for any liquor and/or beer establishment.

The Class B Beer + Class B Liquor license for the premise located at
Class of License
454 S. Gammon Rd. Madison WI will be relinquished upon the
Street Address 53719
approval of the application and the issuance of the same type of license for the same
premises to Granite City Restaurant operations, Inc.
License Applicant

There have been no convictions for violations during the current license year, nor are there any pending violations against the present licensee except as follows:



Signature of Present License Holder

3-10-09

Date

Appointment of New Liquor/Beer Agent

To be completed by Corporate Officer or Member of LLC

I, James G. Gilbertson, officer/member for Granite City Restaurant operations, Inc.
(Corporation/LLC), doing business as Granite City Food & Brewery, authorize and appoint

JANNA WATSON (Name) as the liquor/beer agent for the premise

located at 454 S. Gammon Rd. Madison, WI 53719

Subscribed and sworn to before me this

6th Day of March, 2009

Teri T. Staggemeyer
Notary Public, Dane County, Wisconsin
My Commission Expires 01/31/2010

[Signature]

Signature of Officer/Member



To be completed by appointed Liquor/Beer Agent

I, JANNA WATSON, appointed liquor/beer agent for
Granite City Restaurant operations, Inc. (name of Corporation or LLC), being first duly sworn

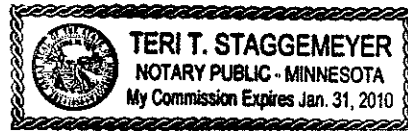
say I have vested in me, by properly authorized and executed written delegation, full authority and control of the premise described in the license of such corporation or limited liability company, and I am involved in the actual conduct of the business as an employee, or have a direct financial interest in the business of the licensee, therein relating to the intoxicating liquor/fermented malt beverage. The interest I have in the business is 0 %.

Subscribed and sworn to before me this

6th Day of March, 2009

Teri T. Staggemeyer
Notary Public, Dane County, Wisconsin MN
My Commission Expires 01/31/2010

Janna Watson
Signature of Agent



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