

# ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk

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

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

County of DANE Aldermanic Dist No 6 (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): PROSIT-TO-YOU, 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	Robert Worm	4129 Monona Dr.	Monona WI 53716
Vice President/Member			
Secretary/Member	Daniel T. Hardy	5313 Whalen Rd.	Fitchburg WI 53575
Treasurer/Member	Robert Worm		
Agent	Robert Worm		
Directors/Managers	Robert Worm		

3 Trade Name COME BACK IN Business Phone Number 258-8619  
 4 Address of Premises 508 E. WILSON Post Office & Zip Code Madison 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 1982 of registration  Yes  No
- (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) Come Back In + storage areas, outside area

- 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? Oregano, Inc.
- 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 17 day of July 20 09  
[Signature]  
 (Notary Public)  
 My commission expires 07

[Signature]  
 (Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)  
 \_\_\_\_\_  
 (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>4-17-09</u>	Date reported to council/board	Date provisional license issued <u>85523</u>	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

Applicant's Wisconsin Seller's Permit Number: <u>456-0000092041</u> -04	
Federal Employer Identification Number (FEIN): <u>39-1433690</u>	
<b>LICENSE REQUESTED</b>	
<b>TYPE</b>	<b>FEE</b>
<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	\$
<b>TOTAL FEE</b>	\$

## City of Madison Supplemental Class B 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 checked="" 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 checked="" 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 Prosit-to-you, Inc.
2. Address of Licensed Premise 508 E. Wilson Come Back In
3. Telephone Number: 258-8619 4. Anticipated opening date: already open
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 n/a
7. Are there any special conditions desired by the neighborhood?  Yes  No n/a  
 Explain. already open
8. Business Description, including hours of operation: Bar and restaurant  
M-F 3 pm. - bartime Sat/Sun 8 am - bartime
9. Do you plan to have live entertainment?  No  Yes—What kind? Occasional local bands
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.**  
Already on file with city. First floor 2 large rooms, 1 small room; basement 2 large rooms, outside deck/patio
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. Essex Haus lot.  
Permit parking 7 a.m. - 5 p.m. M-F. Open parking otherwise.
13. Describe your management experience, staffing levels, duties and employee training.  
Two managers, 25-30 employees, training varies based on experience.
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.  
Robert Worm 4129 Monona Dr. Monona WI 53716  
Name Address

15. Utilizing your market research, who would you project your target market to be?  
Everyone on weekends, and during dinner hours, 21+ after dinner hours.

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

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

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

19. Owner of building where establishment is located: JDJ Imports Co., LLC  
Address of Owner: 514 E. Wilson Phone Number 255-4674

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

<u>Robert Worm</u>	
Name	Address
Name	Address
Name	Address

22. List the Stockholders of your Corporation/LLC

<u>Robert Worm</u>	<u>4129 Monona Dr.</u>	<u>Monona WI 53716</u>	<u>100%</u>
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? M-F Dinner Sat/Sun: all three  
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? M-F 3-10 p.m.  
Sat/Sun 8 a.m. - 10 p.m.  
Late night menu. Every day 10 p.m. - close

27. What hours, if any, will food service not be available? See above. None.
28. Indicate any other product/service offered. Popcorn.
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? 15  
During what hours do you anticipate they will be on duty? all business 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? 24  
How many bartenders do you anticipate you would have working at one time on a busy night? 3-4
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? varies
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?  
75%
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? n/a  
What percentage of your advertising budget do you anticipate will be drink related? n/a
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? 260

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	60 %
Gross Receipts from Food and Non-Alcoholic Beverages	40 %
Gross Receipts from Other	%
<b>Total Gross Receipts</b>	<b>100%</b>

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 17 day of April, 2009

David C. Williams II  
Notary Public  
State of Wisconsin  
(Clerk/Notary Public)

Robert J. Worn

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

My commission expires is permanent

# Appointment of New Liquor/Beer Agent

## To be completed by Corporate Officer or Member of LLC

I, Robert Worm, officer/member for Profit-to-You, Inc.  
(Corporation/~~LLC~~), doing business as Come Back In, authorize and appoint  
Robert Worm (Name) as the liquor/beer agent for the premise  
located at 508 E. Wilson

Subscribed and sworn to before me this  
17 Day of April  
David C. Williams II  
NOTARY PUBLIC  
STATE OF WISCONSIN  
Signature of Officer/Member  
Robert Worm  
Notary Public, Dane County, Wisconsin  
My Commission Expires permanent

## To be completed by appointed Liquor/Beer Agent

I, Robert Worm, appointed liquor/beer agent for  
Profit-to-You, 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 100 %.

Subscribed and sworn to before me this  
17 Day of April  
David C. Williams II  
NOTARY PUBLIC  
STATE OF WISCONSIN  
Signature of Agent  
Robert Worm  
Notary Public, Dane County, Wisconsin  
My Commission Expires permanent

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