

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 }
 Village of } Madison
 City of }

County of DANE Aldermanic Dist No 6 (if required by ordinance)

Applicant's Wisconsin Seller's Permit Number: <u>456-000092041-04</u>	
Federal Employer Identification Number (FEIN): <u>39-1433690</u>	
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	\$
TOTAL FEE	\$

- 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): PROFIT-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	<u>Robert Worm</u>	<u>4129 Monona DR.</u>	<u>Monona 53716</u>
Vice President/Member			
Secretary/Member	<u>Daniel T. Hardy</u>	<u>5313 Whalen Rd.</u>	<u>Fitchburg 53575</u>
Treasurer/Member	<u>Robert Worm</u>		
Agent ▶	<u>Robert Worm</u>		
Directors/Managers	<u>Robert Worm</u>		

- 3 Trade Name ▶ Up North Business Phone Number 250-1730
4 Address of Premises ▶ 524 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
(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.) UP North pub + storage areas, outside deck + courtyard

- 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? Oh Shucks, 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 April 2009
Dan E. Williams
(Clerk/Notary Public)

Robert Worm
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)
Robert Worm
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

My commission expires permanent

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	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued: <u>85526</u>	

City of Madison Supplemental Class B License Application

Grid of checkboxes for 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/Corporation/LLC Prosit-to-You
2. Address of Licensed Premise 524 East Wilson
3. Telephone Number: 250-1730 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 Explain n/a Already operating.
8. Business Description, including hours of operation: 3 p.m. - Bartime, every day
9. Do you plan to have live entertainment? No Yes-What kind? 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 clerk. First floor, three rooms and patio (4356 sq. ft.), outside deck (900 sq. ft.), basement two coolers and 4 rooms (3500 sq. ft.)
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. Essen Haus parking lot. Permits required 7a.m. - 5p.m. M-F. Otherwise, open.
13. Describe your management experience, staffing levels, duties and employee training. Manager, 5 employees.
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?

Mostly 21+

16. What age range would you hope to attract to your establishment? 21+

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: Ruby Marie LTD Partnership

Address of Owner: 514 E. Wilson Phone Number 355-4674

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 n/a

21. List the Directors of your Corporation/LLC

Robert Worm 4129 Monona Dr. Monona WI 53716

Name Address

Name Address

Name Address

22. List the Stockholders of your Corporation/LLC

Robert Worm 100%

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? snacks / bar food

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? 3 p.m. - bartime

27. What hours, if any, will food service not be available? n/a
28. Indicate any other product/service offered. n/a
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? none
During what hours do you anticipate they will be on duty? -
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? 16
How many bartenders do you anticipate you would have working at one time on a busy night? 3
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?
0%
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? 185

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	80 %
Gross Receipts from Food and Non-Alcoholic Beverages	20 %
Gross Receipts from Other	%
Total Gross Receipts	100%

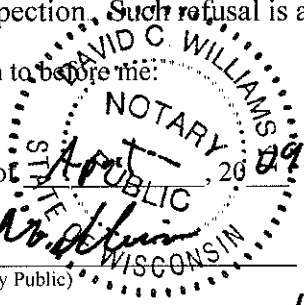
44. Do you have written records to document the percentages shown? (Yes) No
You may be required to submit documentation verifying the percentages you've indicated.

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 17 day of April, 2009

David C. Williams
(Clerk/Notary Public)



Robert W. Wynn

(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 Prosit-to-You, Inc.
(Corporation/~~LLC~~), doing business as Up North, authorize and appoint
Robert Worm (Name) as the liquor/beer agent for the premise
located at 524 E. Wilson

Subscribed and sworn to before me this

17 Day of April 2009

David C. Williams
Notary Public, Dane County, Wisconsin

My Commission Expires is permanent

Robert Worm

Signature of Officer/Member

To be completed by appointed Liquor/Beer Agent

I, Robert Worm, appointed liquor/beer agent for
Prosit-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 2009

David C. Williams
Notary Public, Dane County, Wisconsin

My Commission Expires is permanent

Robert Worm

Signature of Agent

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