	IGINAL ALCOHOL BEVERAGE LICENSE	APPLICATION	Applicant's Wisconsin Seller's Permit Number: 456	-102699696	65-03
Sub	mit to municipal clerk.		Federal Employer Identification Number (FEIN):	23-439324	3
For	the license period beginning	20 <u>_09;</u>	LICENSE REQUE		
	ending \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	20 16	TYPE		E
	☐ Town of •		Class A beer	\$	
το:	THE GOVERNING BODY of the: Village of Madi	son	✓ Class B beer	\$	
10	□		Wholesale beer	\$	
	City of		Class C wine	\$	
Cou	nty of Dane Aldermanic Dist. No	4 (if required by ordin	nance) Class A liquor	\$	
			Class B liquor	\$	
1.	The named INDIVIDUAL PARTNERSHIP IL	IMITED LIABILITY COMPA			
	CORPORATION/NONPROFIT ORGANIZATION		Publication fee		
	hereby makes application for the alcohol beverage license(s) checked	above.	TOTAL FEE	\$	
2	Name (individual/partners give last name, first, middle; corporations/lin Fat Sandwich Company, LLC				mbor of a
	An "Auxiliary Questionnaire," Form AT-103, must be completed a partnership, and by each officer, director and agent of a corporate	and attached to this application or nonprofit organization	cation by each individual applical tion, and by each member/manage	n, by each mei er and agent of	a limited
	liability company. List the name, title, and place of residence of each	non or nonpront organiza: 1 person	tion, and by caon membermanage	,, and ago,,, o,	
	Title Nan	ne		ost Office & Zip	
	President/Member Member Adam Pearlr			dison, WI 5	
	Vice President/Member Member Nicholas Lev	wko 555	State Street Ma	<u>dison, WI 5</u>	53/03
	Secretary/Member				
	Treasurer/Member				
					
	Directors/Managers		iness Phone Number 732-939	1500	
3	Trade Name Fat Sandwich Company		Madian	n, WI 5370:	3
4	Address of Premises 555 State Street			1, 11 3370	
5	is individual, partners or agent of corporation/limited liability company	subject to completion of the	responsible beverage server	✓ Yes	□No
^	training course for this license period?	event the second applicant		Yes	12 No
6	Is the applicant an employe or agent of, or acting on behalf of anyone Does any other alcohol beverage retail licensee or wholesale permittee	except the named applicant a have any interest in or cor		Yes	√ No
8	(a) Corporate/limited liability company applicants only: Insert s		and date $03/03/09$ of registrati		
v	(b) Is applicant corporation/limited liability company a subsidiary of an			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 pe			Yes	✓ No
	(NOTE: All applicants explain fully on reverse side of this form every Y		7 and 8 above)		
9.	Promises description: Describe building or buildings where alcohol her	verages are to be sold and s	stored. The applicant must include		
-	all rooms including living quarters, if used, for the sales, service, and/o may be sold and stored only on the premises described.) Food st	or storage of alcohol beverage	ges and records. (Alcohol beverages	State Stree	f
45		torage and uning a	irea of 2,507 sq 11 at 555	Suite Biree	
	Legal description (omit if street address is given above):(a) Was this premises licensed for the sale of liquor or beer during the	nact licence year?		Yes	✓ No
11.	(a) Was this premises idensed for the sale of liquor of beer during the(b) If yes, under what name was license issued?	e past ilicerise year!		L 100	11.10
12	Does the applicant understand they must file a Special Occupational 1	Fay return (TTR form 5630.5	i)		
12.	before beginning business? [phone 1-800-937-8864]		, 	✓ Yes	☐ No
13	Does the applicant understand a Wisconsin Seller's Permit must be ap	pplied for and issued in the s	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 of	r 30 days for liquor?		Yes	✓ No
REAL	CAREFULLY BEFORE SIGNING: Under penalty provided by law the applica	ant states that each of the abov	re questions has been truthfully answere	d to the best of the	knowledge
of the	signers. Signers agree to operate this business according to law and that the	ne rights and responsibilities co	onferred by the license(s), if granted, wil	I not be assigned	to another
(Indiv	idual applicants and each member of a partnership applicant must sign; corpo	orate officer(s) members/mana	igers of Limited Liability Companies mus	it sign.) Any lack o	of access to
	ortion of a licensed premises during inspection will be deemed a refusal to per	mit inspection. Such refusal is	a misdemeanor and grounds for revocal	IOTI OF GITS ITCERSE.	
SUB	SCRIBED AND SWORN TO BEFORE ME	Δ	1-1/		
this	14th day of YVOLLY 2009	(Officer of Corn	poration/Member/Manager of Limited Liability	y Company/Partner	(Individual)
	Minal I Am to	(**************************************	•		
	(Clerit/Notary Public)	(Officer of	Corporation/Member/Manager of Limited Li	ability Company/Pa	rfner)
Мус	ommission expires 5/6/2012	(Addition	nal Partner(s)/Member/Manager of Limited L	iability Company if	Any)
		(Addition	or a managayi wan ban kanagar or Emilian E	on pany w	
	BE COMPLETED BY CLERK received and filed	le provisional license issued	Signature of Clerk / Deputy Clerk		
with	municipal clerk $5/14/07$				
Date	license granted Date license issued Lice	ense number issued			
AT-10	6 (R. 4-09)		W	fisconsin Departmen	t of Revenue

City of Madison Supplemental Class B License Application

	Seller's Permit Number Federal Employer Identification	✓ Description of Licensed Premise☐ *Notarized Appointment of Agent	Floor Plans Lease
	Number	☐ Background Investigation Form(s) ☐ Notarized Transfer of Ownership	Sample Menu Business Plan
	Notarized Original Application Form Notarized Supplemental Form	Articles of Incorporation	* Corporation/LLC only
1	Name of Applicant/Partner/Corporation	on/LLC Fat Sandwich Company	>, LLC
2.	Address of Licensed Premise 553	5 State Street, Misson,	UF 53703
3	Telephone Number:	4. Anticipated opening date:	8/1/2009
5	Mailing address if not opening immedi	ately 555 stite street	Mud Ban, 47 53703
	Have you contacted the Alderperson, I	Police Department District Captain, Alcolatative for the area in which you intend to	nol Policy Coordinator, and
7	Are there any special conditions desire	d by the neighborhood? ☐ Yes ☐ No	
	Explain.		
Q	Rusinass Description including hours	of operation: Quick Service	Restaurant
O	Il oo Au - 3:30 Am	7 Days / UK	
	777 000 787	721	
9.	Do you plan to have live entertainmen	t? ≱No ≇Yes—What kind?	
1.0	B (9 1 24 1 2 2 2 2 2 1 2 1 2 2 2 2 2 2 2 2	- in studios overall dimensions sections	arrangamente canacity har
10	Detailed <u>written</u> description of buildir	ng, including overall dimensions, seating ages are to be sold and stored. The licen	sed premise described
	below shall not be expanded or char	nged without the approval of the Comi	non Council.
	2,567 soft on a	orner of State Street	+ Frances Street.
	Seeth MAD Case	orner of State Street city ~ 72.	
	Jen 10: Spr		
11.	Are any living quarters directly or ind Please note that alcohol may be sold a	lirectly accessible and under control of thand stored only on the licensed premise, r	e applicant? Yes No not in living quarters.
12	Describe existing parking and how pa	rking lot is to be monitored	
12	D 'I was a second a way in a	o staffing loyals, duties and employee tr	aining
13.		ee, staffing levels, duties and employee tr	
	a years owner popertor	Managers > Kitchen Staff	3 IM Serve Beer.
	General Manager > Shift	Managers > Ritchen SPatt	
14	Identify the registered agent for your process, notice or demand required or	r Corporation or LLC. This is your corporation by law to be served on the con-	oration's agent for service of propertion
	3	State street Mison, ut	
	Name Addr	ess	

15. Utilizing your market research, who would you project your target market to be?
students, young professionals, Bar Traffix
16. What age range would you hope to attract to your establishment?
17. Describe how you plan to advertise/promote your business. What products will you be advertising? Therebook, Newspages, Online ordering sites. Unique Menu of Fat Sandwiches.
18. Are you operating under a lease or franchise agreement? Yes (attach a copy) No
19. Owner of building where establishment is located: State Street Associates, LLP Address of Owner: 401 N. Carol St. Majon, UT 53703 Phone Number 688-285-8898
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
21. List the Directors of your Corporation/LLC Adam Peer Inan 555 State Street, Majon, WI 52703 Name Address Name State Street, Majon, WI 52703 Address
Name Address Address Address
22. List the Stockholders of your Corporation/LLC Adam Pearlmen 755 of the Street, Mod Ben, Wt 53703 507 Name Address Address Nicholas Curko 555 of the Street, Mod Ben, Wt, 53703 507 Name Address Address 6 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? Fat Sandwichez, Cheeses tenks, Buggers Breakfast Lunca Dinger
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? 11:04n - 3:30 AM

27	What hours, if any, will food service <u>not</u> be available?
28.	Indicate any other product/service offered Tobacco Products, T-shrts.
29.	Will your establishment have a kitchen manager? No
30.	Will you have a kitchen support staff? No
31.	How many wait staff do you anticipate will be employed at your establishment? 30-40 During what hours do you anticipate they will be on duty? 10:30 AM - 9:30 AM
32.	Do you plan to have hosts or hostesses seating customers? Yes
33.	Do your plans call for a full-service bar? Yes 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
35	Will there be a separate and specific area for eating only? Yes If yes, what will be the seating capacity for that area?
36.	What type of cooking equipment will you have? Stove Oven Pryers Grill Microwave
37.	Will you have a walk-in cooler and/or freezer dedicated solely to the storage of food products? No
38.	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
41.	Are you currently, or do you plan to become, a member of the Wisconsin Restaurant Association or the National Restaurant Association? Yes

t

42 What is your estimated capacity?	72

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	2 %
Gross Receipts from Food and Non-Alcoholic Beverages	97 %
Gross Receipts from Other	1 %
Total Gross Receip	ts 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 14th day of May, 2009

What Ebactor

(Clerk/Notary Public)

My commission expires 5/6/2012

Appointment of New Liquor/Beer Agent

To be completed by Corporate Officer or Member of LLC
I, Adam Pear man, officer/member for Fat sandwich Company, LL
(Corporation/LLC), doing business as Fat Saw with Company authorize and appoint
Adam Performen (Name) as the liquor/beer agent for the premise
located at 555 State Street, Madison
Subscribed and sworn to before me this J Day of Way, 2009 Way State Notary Public, Dang County, Wisconsin My Commission Expires 5 6 2012
To be completed by appointed Liquor/Beer Agent
I, Adam Pearlman, appointed liquor/beer agent for
I, Adam Pearlman, appointed liquor/beer agent for Fat Sandwith Company, LLC(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
Subscribed and sworn to before me this 4

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