

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning _____ 20_____;
ending _____ 20____;

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): Oysy, LLC
Rong Bin Zheng, Yu Aiang Zheng, Zheng Xi Zheng
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>Rong Bin Zheng</u>	<u>2406 Columbus Lane #214 Madison, WI 53704</u>	<u>53704</u>
Vice President/Member	<u>Yu Aiang Zheng</u>	<u>3222 E. Washington Ave. Madison, WI 53704</u>	<u>53704</u>
Secretary/Member	<u>Zheng Xi Zheng</u>	<u>449 State St. E Madison, WI 53703</u>	<u>53703</u>
Treasurer/Member	_____	_____	_____
Agent	_____	_____	_____
Directors/Managers	_____	_____	_____

3. Trade Name Oysy, LLC Business Phone Number 646-436-0487
4. Address of Premises 4126 E. Washington Ave. Madison, WI Post Office & Zip Code 53704
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 Wisconsin and date 7/2/2009 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) Alcohol will be store in walk-in cooler and sold in the watt station
10. Legal description (omit if street address is given above): 4126 E. Washington Ave. Madison, WI 53704
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? _____
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 27 day of July, 20 09

Elmer Boy
(Clerk/Notary Public)

My commission expires 2-24-13

Rong Bin Zheng
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
Yu Aiang Zheng
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
Zheng Xi Zheng
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

Applicant's Wisconsin Seller's Permit Number:	<u>456-102703/200-02</u>
Federal Employer Identification Number (FEIN):	<u>27-0478144</u>
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer <u>(102)</u>	\$
<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	\$

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>7-27-09</u>			
Date license granted	Date license issued	License number issued	

City of Madison Supplemental Class B License Application

<input type="checkbox"/> Seller's Permit Number <input type="checkbox"/> Federal Employer Identification # <input type="checkbox"/> Notarized Original Application Form <input type="checkbox"/> Notarized Supplemental Form <input type="checkbox"/> Orange Sign (Clerk's Office provides at time of application)	<input type="checkbox"/> Written Description of Premise <input type="checkbox"/> Background Investigation Form(s) <input type="checkbox"/> Notarized Transfer of Ownership <input type="checkbox"/> *Articles of Incorporation <input type="checkbox"/> *Notarized Appointment of Agent * Corporation/LLC only	<input type="checkbox"/> Floor Plans <input type="checkbox"/> Lease <input type="checkbox"/> Sample Menu <input type="checkbox"/> Business Plan
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1. Name of Applicant/Partner/Corporation/LLC Oysy, LLC
 2. Address of Licensed Premise 4126 E. Washington Ave Madison, WI 53704
 3. Telephone Number: 646-436-0487 4. Anticipated opening date: early Sept. 2009
 5. Mailing address if not opening immediately Same as above

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: Sushi & Seafood Buffet
Opening 11:00 a.m. - 10:00 p.m. Everyday

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.**

The building is about 6500 sq. feet and will have 7 buffet table serving the customers. There will be no bar and the capacity seating is about 150 seats. All the beer will be store in the walking cooler and will be sever in the wait station.

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. Parking are on the front and the back of the building and it will be monitor by the Security camera

13. Describe your management experience, staffing levels, duties and employee training.
Former manger of "New VIP Kitchen" located in Lakewood, New Jersey

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.

Rong Bin Zheng 2406 Columbus Ave. #214 Madison, WI 53704
 Name Address

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

Middle and Upper Class family

16. What age range would you hope to attract to your establishment? 21 years old or older

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

Advertise on a local newspaper.

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

19. Owner of building where establishment is located: Vranac Group, L.P.

Address of Owner: 8 Shoreside Dr. South Barrington, IL 60010 Phone Number (847) 783-0046

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

Rong Bin Zheng 2406 Columbus Lane. #214 Madison, WI 53704
Name Address

Yu Biang Zheng 3222 E. Washington Ave. Madison, WI 53704
Name Address

Zheng Xi Zheng 449 State St. #E Madison, WI 53703
Name Address

22. List the Stockholders of your Corporation/LLC

Rong Bin Zheng 2406 Columbus Lane. #214 Madison, WI 53704 33.33%
Name Address % of Ownership

Yu Biang Zheng 3222 E. Washington Ave. Madison, WI 53704 33.33%
Name Address % of Ownership

Zheng Xi Zheng 449 State St. #E Madison, WI 53703 ~~33.33%~~ 33.33%
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? _____

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? 11:00 AM. - 10:00 P.M. Daily

27. What hours, if any, will food service not be available? Always available during business hour
28. Indicate any other product/service offered. Soda, Sushi, & Seafood
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? 2 or 3
During what hours do you anticipate they will be on duty? during all business hour
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? _____
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? 150
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?
30-40%
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? NO Advertising
What percentage of your advertising budget do you anticipate will be drink related? NO Advertising
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? 150 seats

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	15 %
Gross Receipts from Food and Non-Alcoholic Beverages	85 %
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 27 day of July, 2009

Elmer Berg
(Clerk/Notary Public)

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

My commission expires 2-24-13

Appointment of New Liquor/Beer Agent

To be completed by Corporate Officer or Member of LLC

I, Rong Bin Zheng, officer/member for Oxy, LLC
(Corporation/LLC), doing business as Restaurant, authorize and appoint
Rong Bin Zheng (Name) as the liquor/beer agent for the premise
located at 4126 E. Washington Ave. Madison, WI, 53704

Subscribed and sworn to before me this

27 Day of July, 20 09

Elmer Berg
Notary Public, Dane County, Wisconsin

My Commission Expires 2-24-13

Rong Bin Zheng
Signature of Officer/Member

To be completed by appointed Liquor/Beer Agent

I, Rong Bin Zheng, appointed liquor/beer agent for
Oxy, 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 33.33%.

Subscribed and sworn to before me this

27 Day of July, 20 09

Elmer Berg
Notary Public, Dane County, Wisconsin

My Commission Expires 2-24-13

Rong Bin Zheng
Signature of Agent

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