	CENSE APPLICATION	Applicant's Wisconsin Seller's Permit Number:
Submit to municipal clerk.		Federal Employer Identification Number (FEIN): 26 - 4603600
For the license period beginning (-30 -6	20 <u>09</u> ; 20 <u>10</u>	LICENSE REQUESTED
ending 6-29	20 1 0	TYPE FEE
Tour of	<u> </u>	☐ Class A beer \$
Town of	MASIGN	☆ Class B beer \$
TO THE GOVERNING BODY of the: Village of	> MAGGN	Wholesale beer \$
City of	,	Class C wine \$
County of Dave Aldermanic D	siat \$1a (if engined by audinopas)	
County of Aldermanic L	ist No (if required by ordinance)	X Class B liquor \$
· - · · · · · · · · · · · · · · · · · ·	THE STATE OF THE S	Reserve Class B liquor \$
1. The named INDIVIDUAL PARTNERSHIP		Publication fee \$
CORPORATION/NONPROFIT ORGAN		TOTAL FEE \$
hereby makes application for the alcohol beverage license	• •	
Name (individual/partners give last name, first, middle; cor  An "Auxiliary Questionnaire," Form AT-103, must be of	INC	
partnership, and by each officer, director and agent of liability company. List the name, title, and place of reside	a corporation or nonprofit organization, ar	nd by each member/manager and agent of a limited
Treasurer/Member		
Agent Way LON BUTLER		
Directors/Managers		
3 Trade Name ▶ BADEE HOLE	D	Phone Number 715 - 563 5 785
3 Irade Name P DADGE FTORE	Business P	
4 Address of Premises \ 416 S.PARK S		
5 Is individual, partners or agent of corporation/limited liabilit	y company subject to completion of the respon	sible beverage server
training course for this license period?	age and commence and commence of the commence of	Yes No
6. Is the applicant an employe or agent of, or acting on behal	f of anyone except the named applicant?	
<ol><li>Does any other alcohol beverage retail licensee or wholes</li></ol>	ale permittee have any interest in or control of	this business? 🔲 Yes 📉 No
8. (a) Corporate/limited liability company applicants only	r: Insert state W) and date	e 4-4-69 of registration
(b) Is applicant corporation/limited liability company a sub	, sidiary of any other corporation or limited liabili	ty company? Yes No
(c) Does the corporation, or any officer, director, stockhole		
agent hold any interest in any other alcohol beverage		
(NOTE: All applicants explain fully on reverse side of this t	orm every VES enswer in sections 5 6 7 and	
· · · · · · · · · · · · · · · · · · ·		
9. Premises description: Describe building or buildings where	e alconol beverages are to be sold and stored.	The applicant must include
all rooms including living quarters, if used, for the sales, so may be sold and stored only on the premises described.)	ervice, and/or storage or aconor beverages and	to caca Acom
	SCHOOLS STAN S	jo: uje noon
10 Legal description (omit if street address is given above):		Yes Dis
11 (a) Was this premises licensed for the sale of liquor or be	er during the past license year?	
	229 1110) BAR 26114	-, <i>uc</i>
12. Does the applicant understand they must file a Special Oc	cupational Tax return (TTB form 5630.5)	·
before beginning business? [phone 1-800-937-8864]	The second secon	
before beginning business? [phone 1-800-937-8864]  13 Does the applicant understand a Wisconsin Seller's Perm	t must be applied for and issued in the same n	ame as that shown in
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## City of Madison Supplemental Class B License Application

	Seller's Permit Number Applied Federal Employer Identification # ### Notarized Original Application Form Notarized Supplemental Form Orange Sign (Clerk's Office provides at time of application)    Written Description of Premise   Floor Plans     Background Investigation Form(s)   Lease     Notarized Transfer of Ownership   Sample Menu   Sample Menu
1	Name of Applicant/Partner/Corporation/LLC WAYLON BUTLER INC
2.	Address of Licensed Premise 416 S. Pank Skeet
3.	Telephone Number: 715-563 5785 4. Anticipated opening date: 8/26/9
5.	Mailing address if not opening immediately 220 64LLOWEY CT MENON INCE W154751
	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?
7	Are there any special conditions desired by the neighborhood?   Yes  No  Explain.
8.	Business Description, including hours of operation: 6AM - BAL TIME
	Do you plan to have live entertainment? No Yes—What kind?  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.  SEE AHACHED
12	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.  Describe existing parking and how parking lot is to be monitored.   BACK - SECURITY CAMERA -  B. Describe your management experience, staffing levels, duties and employee training.  I have brahensed and participates and management for participates.  And years I have be employ a Daytima cook of Neutrine cook. At my curlent 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.  Wayran Butter 220 Galloway Court Memorinett, WI

	15. Utilizing your market research, who would you project your target market to be?	
	DIENBUSH 15 60% RENEAL 40% HOREAUNES. I Plan to TARGET VILAS NEIGHBOLHOOD, GAEENBUSH AND EXPLOYMENT FACILITIES	
	LILAS NEIGHBOLHORD GAFFONBUSH AND EXPLOYMENT FACILITIES	
	16. What age range would you hope to attract to your establishment? 30-45	
	what ago range would you hope to assume to your establishment.	
	17. Describe how you plan to advertise/promote your business. What products will you be advertising?	1
FL	DUENCY CARDS Of HOSPITALS & EMPLOYERS, ACTIVELY PRICEPATE IN BOTH NEIGHBO	Z į
	18. Are you operating under a lease or franchise agreement?   Yes (attach a copy)	
	19. Owner of building where establishment is located: Conn Cheles	
	Address of Owner: 6255 044 Haccow 01 Phone Number 408 - 444-4869	F
	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?	
	21. List the Directors of your Corporation/LLC	
	WAYCON BUTCA 220 GALLOWAY CT MENONINEE W 54731	
	Name Address	
	Name Address	
	Name Address	
	22. List the Stockholders of your Corporation/LLC	
	Way Low Burrey 220 Galloway CT Mormine G1 5470) Name March 19 Morning G1 5470)	
	Name / Address / % of Ownership	
	Name Address % of Ownership	_
	Name Address // of Ownership	
	Name Address % of Ownership	
	Tune Tune Tune Tune Tune Tune Tune Tune	
	23. What type of establishment are you? (Check all that apply)   ▼Tavern □ Nightclub □ Restaurant	
	☐ Other Please Explain.	
	<del>-</del>	
	24 What type of food will you be serving, if any? GAILLED AND FIXED 3 P. 22A	
	□ Breakfast X Lunch X Dinner	
	breaklast A Lunch A Dinner	
	25 Diago submit a complement with your application if possible. What might eventually be included an your	
	25. Please submit a sample menu with your application, if possible. What might eventually be included on your	
	25. Please submit a sample menu with your application, if possible. What might eventually be included on your operational menu when you open? A Appetizers Salads Soups Sandwiches   Entrees	
	operational menu when you open? A Appetizers X Salads Soups Sandwiches   Entrees	
	operational menu when you open? A Appetizers A Salads Soups Sandwiches   Entrees  Desserts Pizza   Full Dinners	
	operational menu when you open? A Appetizers X Salads Soups Sandwiches   Entrees	

27 What hours, if any, will food service not be available?
28. Indicate any other product/service offered.
29. Will your establishment have a kitchen manager? ☐ Yes XNo
30. Will you have a kitchen support staff? ★Yes □ No
31 How many wait staff do you anticipate will be employed at your establishment?  During what hours do you anticipate they will be on duty?  11-2 4 6-10
32. Do you plan to have hosts or hostesses seating customers? ☐ Yes ✓No
33. Do your plans call for a full-service bar?
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?
36. What type of cooking equipment will you have? ☐ Stove ☐ Oven A 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?
50%
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 $\square$ No
41. Are you currently, or do you plan to become, a member of the Wisconsin Restaurant Association or the
National Restaurant Association? Yes

42	What is your estimated capacity?	<u> </u>
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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	50	%
Gross Receipts from Food and Non-Alcoholic Beverages	50	%
Gross Receipts from Other	%	
Total Gross Receipts	/ 10	0%

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 JU/4 day of 27, 2009

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

(Clerk/Notary Public)

My commission expires 09/2009

# **Appointment of New Liquor/Beer Agent**

To be completed by Corporate Officer or Member of LLC
I, WAYLOW BUTLER, officer/member for WAYCON BETTER INC (Corporation/LLC), doing business as Broser Here, authorize and appoint
Waefcon Bette (Name) as the liquor/beer agent for the premise
located at 416 S. Park SF
Subscribed and sworn to before me this  Signature of Officer/Member  Signature of Officer/Member  Notary Public, Dane County, Wisconsin 9
My Commission Expires 09/2012009
To be completed by appointed Liquor/Beer Agent
I, Waycon Butzer, appointed liquor/beer agent for
I, Way LON BUTTER , appointed liquor/beer agent for Way LON BUTTER (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  Signature of Agent  Signature of Agent
Signature of Agent  Lyna Milogros Jonguw Lizo/Dane W!  Notary/Public, Dane County, Wisdonsin  My Commission Expires 09/20/2009

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

# Marketing Plan: Creating a neighborhood bar and grill

Clientele target: Average age of 28 to 45. Sports fan Employees looking for affordable lunches.

#### Organizations to join:

- 1) Join Vilas and Greenbush Neighborhood Associations
- 2) Become member of Madison Chamber of Commerce
- 3) Become member of Mendota Gridiron Club
- 4) Tavern League
- 5) Other local business organizations

#### Businesses involvement:

- 1) Involvement in Park Street corridor
- 2) Develop a "To Go" business of food for time strapped hospital employees and other office workers in the neighborhood.

### Food promotions:

- 1) Develop nightly food specials to encourage evening food sales
- 2) Keep pricing affordable
- 3) Offer discounts on appetizers during sports events
- 4) Keep menu simple and burgers hand made
- 5) Promote food discounts with sports event tickets
- 6) Offer personal pizzas for late night
- 7) Offer frequency cards to encourage continued patronage

#### Advertising:

- 1) In 2010 edition place ad in Bucky Book
- 2) Advertise fish fry in State Journal
- 3) Hand out advertisements and coupons on Badger game days
- 4) Discuss placement of advertisements at local businesses
- 5) Discuss with hospitals placement of "To Go" menus
- 6) Web page with ability to order on-line
- 7) Use of Internet social pages to network sporting events
- 8) Marketing to local business entities to hold meetings in afternoons



### ...your home for Badger sports

### Annetizers:

Fried Sweet Potatoes-request your choice of sauce

\$4.75

Wings- 12 ounces of buffalo wings \$ 5.25

Mozzarella Sticks- served with marinara sauce

\$5.00

Cheese Curds- 8 ounces of golden nuggets:

\$4.75

Poppers- Jalapeno poppers with fresh Salsa \$4.75

Chicken Egg Rolls-8 ounces \$4.75

O rings: 12 ounces of big rings- \$4.75

French Fries- ½ order: \$1.50 Full: \$2.50

### \$3134344C118\$ 01119 (request L.T.O for \$.50 more):

Cheesburger-

\$4.35

Choice of swiss, cheddar or american

Hamburger-

\$4.00

Cajun/Grilled Chicken Sandwich- \$4.50

Steak Sandwich-

\$4.75

Chicken Tenders-

\$4.50

Reuben-

\$5.00

Fish Sandwich-

\$4.00

**Breaded Shrimp-**

\$4.00

### some & salads:

**Dinner Salads** 

\$1.99

Dressings: French, Italian, Ranch and Thousand Island <u>Lite Dressings</u>: French & Italian

Soup of the Day(Seasonal)-

\$2.50 cup

### ante Night Dizza

9" Homemade Pizza

\$5.75

One topping sausage, pepperoni, mushroom

#### Beverages:

Pepsi, Diet Pepsi, Sierra Mist, Mountain Dew, Lemonade, Iced Tea

\$1.29

\*All food served Med Well. If you prefer other choices note that improperly cooked food may increase your risk of food borne illness.

# Badger Hole premises description:

Address: 416 South Park Street

Area Descriptions:

Main floor 21'X55' sale of all alcohol takes place here Dry Storage and alcohol cabinet: 6'X25' Basement 21'X 22'-location of keg cooler and personal office