ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION	Applicant's Wisconsin Seller's Permit Number			
Submit to municipal clerk.	Federal Employer Identification Number (FEIN): 27-0578154			
For the license period beginning 20 ;	LICENSE REQUESTED			
ending TONE 30 20 10	TYPE FEE			
	Class A beer \$			
TO THE GOVERNING BODY of the: Town of Village of MADISON	💪 Class B beer 💲			
TO THE GOVERNMING BODY OF LINE. Williage of AMAINT STORY	☐ Wholesale beer \$			
City of	Class C wine \$			
County of Aldermanic Dist. No (if required by ordinance)	Class A liquor \$			
	Class B liquor \$			
1 The named INDIVIDUAL PARTNERSHIP LIMITED LIABILITY COMPANY	Reserve Class B liquor \$			
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/limited liability companies give register	, , , , , , , , , , , , , , , , , , , ,			
An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by partnership, and by each officer, director and agent of a corporation or nonprofit organization, and liability company. List the name, title, and place of residence of each person  Title  President/Member  Analytical Home	y each individual applicant, by each member of a by each member/manager and agent of a limited  Address Post Office & Zip Code*  BOOK TOURS TERM MADEM			
Vice President/Member	557[]			
Secretary/Member				
Treasurer/Member Agent ► SEN. MANAGER RICARD A. GONIALE 45 Directors/Managers	33 Cliniau TER Masun			
3. Trade Name THE CARDINAL Business Ph	one Number			
4 Address of Premises 418 E. Wilson ST Post Office 8	Zip Code   1140150N 53703			
5 Is individual, partners or agent of corporation/limited liability company subject to completion of the responsi training course for this license period?				
	☐ Yes > ✓ Wo			
7 Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this				
8. (a) Corporate/limited liability company applicants only: Insert state WI and date:				
<ul> <li>(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability</li> <li>(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any magent hold any interest in any other alcohol beverage license or permit in Wisconsin?</li> </ul>				
(NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 a				
9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and remay be sold and stored only on the premises described ) 1055 or Fifth Floors & HAD.	ecords, (Alcohol beverages			
10 Legal description (omit if street address is given above):				
<ul> <li>(a) Was this premises licensed for the sale of liquor or beer during the past license year?</li> <li>(b) If yes, under what name was license issued? CARDINAL CASE &amp; BAR</li> </ul>	Yes No			
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				
Section 2, above? [phone (608) 266-2776]  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 question of the signers. Signers agree to operate this business according to law and that the rights and responsibilities on ferred by (Individual applicants and each member of a partnership applicant must sign; corporate officer(s) members/managers of Lin any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdeme	r the license(s), if granted, will not be assigned to another nited Liability Companies must sign.) Any lack of access to			
SUBSCRIBED AND SWORN TO BEFORE ME				
this 25 day of AVGN /ST 20 09	The lead			
	nber/Manager of Limited Lia lility Company/Partne lipidividual)			
(Cier/Netfary Poblic) (Officer of Corporation/Member/Manager of Limited Liability Company/Partner)				
My commission expires 5-6-2012				
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)  TO BE COMBI ETED BY CLEDK				
TO BE COMPLETED BY CLERK  Date received and filed 8 (25 (09 Date reported to council/board with municipal clerk 8 (25 (09 Date reported to council/board Date provisional license issued Signa	iture of Clerk / Deputy Clerk			
Date license granted				
AT-106 (R. 4-09)	Wisconsin Department of Revenue			

## City of Madison Supplemental Class B License Application

	Seller's Permit Number    Seller's Permit Number   Written Description of Premise   Floor Plans
	lotarized Supplemental Form
1.	Name of Applicant/Partner/Corporation/LLC NEW CARDINAL LIC
2	address of Licensed Premise 418 E. Wilson St MADISON, UK 53703
3.	Celephone Number: 4 Anticipated opening date: Oct. 7, 2009
. 5.	Tailing address if not opening immediately <u>Same as above</u> .
6.	ave you contacted the Alderperson, Police Department District Captain, Alcohol Policy Coordinator, and ne neighborhood association representative for the area in which you intend to locate? Yes \subseteq No
7	re there any special conditions desired by the neighborhood?   Yes XNo
	xplain.
8.	usiness Description, including hours of operation: TAVERN with desiring, to openat
A	om doily until bostime.
9.	o you plan to have live entertainment?   No Yes—What kind? Very united accounties
10	Detailed <u>written</u> description of building, including overall dimensions, seating arrangements, capacity, bar ize and all areas where alcohol beverages are to be sold and stored The licensed premise described elow shall not be expanded or changed without the approval of the Common Council.
Lo	sted in Carpialal Apts, building the ber & dance area corners
Mo	tof 1st flow (2000 so ff) and back of basement Low Storage. There are
21	exs whotel of 12 bar stools and seating coperty for 72. Defall
$\mathcal{C}_{\mathcal{C}}$	Pacity is (196.
1 1,	tre any Niving quarters directly or indirectly accessible and under control of the applicant?   Yes XNo lease note that alcohol may be sold and stored only on the licensed premise, not in living quarters.
_12	escribe existing parking and how parking lot is to be monitored Thele is Street parking along
. U	son, FRANKLIN MO So. HANKOCK STREETS, plus city of accion willash S
13	cest from So Hartock St. We will Monitor this lot on lary nightz. Describe your management experience, staffing levels, duties and employee training
	5 years in bar bus ness; former owner of CARDINAL BAR.
	+ pff will undergo training prior to for assignment.
1/	lentify the registered agent for your Corporation or LLC. This is your corporation's agent for service of
14	rosess notice or demand required or permitted by law to be served on the corporation
1**	rocess, notice or demand required or permitted by law to be served on the corporation.
1+	Address MATION, WI 53711

Dowwood Reside	earch, who would you project your to	arget market to be? Whood Tolks; MUSic	- AFIGIONADOS,
	ou hope to attract to your establishme	<b>_</b>	. <del></del>
	advertise/promote your business. W White promote your business. W White promote your business. W A Such As FACEBOOK. W a lease or franchise agreement?		
19. Owner of building where	establishment is located: CALS  S. PARST, -MADI  53	DINA ASSOCIATE	3 4C
· · · · · · · · · · · · · · · · · · ·	bs): Do your membership policies c ation in regard to race, creed, color,		avidious" (likely s □ No
21 List the Directors of your RICARDS H; (A) Name	Corporation/LLC  NZALEZ 4330 CA  Address MADISO.	iraneu Tez N, WI 53711	
Name Name	Address		
22. List the Stockholders of y RICALDO A GO	vour Corporation/LLC  N2ACT 4330 OGT  Address MADISON,	CHAITE!	Jask % of Ownership
Name	Address		% of Ownership
Name	Address		% of Ownership
☐ Other Please Explain	.11.	Navern Nightclub □ Re	staurant
24 What type of food will you  ☐ Breakfast ☐ Lunch	□ Dinner		
operational menu when yo ☐ Desserts ☐ Pizza ☐	enu with your application, if possible ou open?  Appetizers  Salads Full Dinners	□ Soups □ Sandwiches	included on your
26. During what hours of your	operation do you plan to serve food	? NA	

27	What hours, if any, will food service not be available? All Harks quell chreling Foll Specific Electrons
28	Indicate any other product/service offered DANCING, AND MEETING PLACETS.  COMMUNITY EXENTS,
29.	Will your establishment have a kitchen manager?   Yes  Your establishment have a kitchen manager?
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?
32.	Do you plan to have hosts or hostesses seating customers?   Yes
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? 5-6
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?
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? 25% WEWILL PROMOTE THE ENTERTA WHENT AND NOT THE PRINKING.
40	Are you currently, or do you plan to become, a member of the Madison—Dane County lavern League or
	the Tavern League of Wisconsin? Ses 🗆 No
	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?	
	43 Pursuant to Chapter 23 of the Madison General Ordinances, all restaurants and taver beverages shall substantiate their gross receipts for food and alcohol beverage sales be percentage. For new establishments, the percentage will be an estimate	
<del>-</del>	Gross Receipts from Alcoholic Beverages 75	%
	Gross Receipts from Food and Non-Alcoholic Beverages 5	%
	Gross Receipts from Other (DOOR COVER CHARGE) 20	%
	Total Gross Receipts 100%	/o
H h a	44 Do you have written records to document the percentages shown?  You may be required to submit documentation verifying the percentages you've indicated the percentages you've indicated to the best of the knowledge of the signer. Signer agrees according to law and that the rights and responsibilities conferred by the license(s), if greatering assigned to another. Any lack of access to any portion of a licensed premise during inspection. Such refusal is a misdemeanor and grounds for revocation.	at the above information to operate this business anted will not be section will be deemed a
S	Subscribed and Sworn to before me:	
tl	this 25 day of AUG, 2009 (Officer of Corporation/Member of LLD/Partner/In	dividual)

My commission expires 5-6-20th

