

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 } Madison
 Village of }
 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): Kouba, Joel E.
HJ Liquors LLC Taylor, Herbert W.

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>Joel E. Kouba</u>	<u>726 Sauk Ridge Trl. #1</u>	<u>Madison, WI 53705</u>
Vice President/Member	<u>Herbert W. Taylor</u>	<u>410 Kedzie St #2</u>	<u>Madison, WI 53704</u>
Secretary/Member			
Treasurer/Member			
Agent	<u>Joel E. Kouba</u>	<u>HERBERT W. TAYLOR</u>	
Directors/Managers			

- 3 Trade Name University Ave Liquor (U.A.L.) Business Phone Number 608-255-7900
 4 Address of Premises 525 University Ave Post Office & Zip Code 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 _____ and date _____ 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) See attached floor plan

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? Nemasirayan Mahendran University Ave Liquor
 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 25 day of August, 2009
Michael L. [Signature]
 (Clerk/Notary Public)

Joel E. Kouba
 (Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

Herbert W. Taylor
 (Officer of Corporation/Member/Manager of Limited Liability Company/Partner)

My commission expires 3-18-2012

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>8-25-09</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

10:15a

Applicant's Wisconsin Seller's Permit Number: <u>456-1026733698-03</u>	
Federal Employer Identification Number (FEIN): <u>07-0781257</u>	
LICENSE REQUESTED	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Wholesale beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$
TOTAL FEE	\$

City of Madison Supplemental Class A License Application

<input checked="" type="checkbox"/> Seller's Permit Number <input checked="" type="checkbox"/> Federal Employer Identification # <input checked="" type="checkbox"/> Notarized Original Application Form <input checked="" type="checkbox"/> Notarized Supplemental Form <input checked="" type="checkbox"/> Orange Sign (Clerk's Office provides at time of application)	<input type="checkbox"/> Description of Licensed Premise <input checked="" type="checkbox"/> *Notarized Appointment of Agent <input checked="" type="checkbox"/> Background Investigation Form(s) <input checked="" type="checkbox"/> Notarized Transfer of Ownership <input checked="" type="checkbox"/> *Articles of Incorporation	<input checked="" type="checkbox"/> Floor Plans <input checked="" type="checkbox"/> Lease <input type="checkbox"/> Sample Menu <i>N/A</i> <input checked="" type="checkbox"/> Business Plan * Corporation/LLC only
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1. Name of Applicant/Partner/Corporation/LLC Joel R. Kouba HS Flavours LLC
 2. Address of Licensed Premise 525 University Ave Madison, WI 53703
 3. Telephone Number: 608-255-7900 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
 7. Are there any special conditions desired by the neighborhood? Yes No
 Explain _____

8. What type of establishment is contemplated? Liquor Store Grocery Store
 Convenience Store - Gas Pumps Yes No Other—Explain _____

9. Business Description: See business plan attached
Liquor Store

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.**
1,298 FT² of RETAIL SPACE. BASEMENT STORAGE 200 FT², BACK-ROOM STORAGE 100 FT², HALL ENCLAVE 1 168.5 FT², HALL ENCLAVE 2 116.3 FT².

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 lot behind business used by 4 businesses. we have two spots and we monitor it ourselves along with Doty Dumplings, Ians Pizza, and MC Audio. very high traffic area

13. Describe your management experience, staffing levels, duties and employee training.
I have worked at university liquor for seven years, managing for three and a half. I have operated the business and all its aspects including supervision of

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.
Joel R Kouba 746 sauk Ridge Trl Apt C. Madison, WI 53705
 Name Address

13 up to seven employees. I make bank deposits, handle all payroll and accounts payable. I do all ordering and inventory control, hiring and firing has been done by me for past two years. Almost everything business related has been done by me for past three years.

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

See attached business plan.

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

see attached business plan

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

18. Owner of building where establishment is located: Forward Management LLC.

Address of Owner: 515 university ave Phone Number 608-255-0511

19. 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

20. List the Directors of your Corporation/LLC

Joel R Kouba 726 sauk ridge Trl. Apt. C. Madison, WI 53705
Name Address

Herbert W Taylor 410 Kedzie St #2 Madison, WI 53704
Name Address

Name

Address

21 List the Stockholders of your Corporation/LLC

Joel R Kouba 726 sauk ridge Trl. Apt. C. Madison, WI 53705 50%
Name Address % of Ownership

Herbert W. Taylor 410 Kedzie St #2 Madison, WI 53704 50%
Name Address % of Ownership

Name

Address

% of Ownership

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.

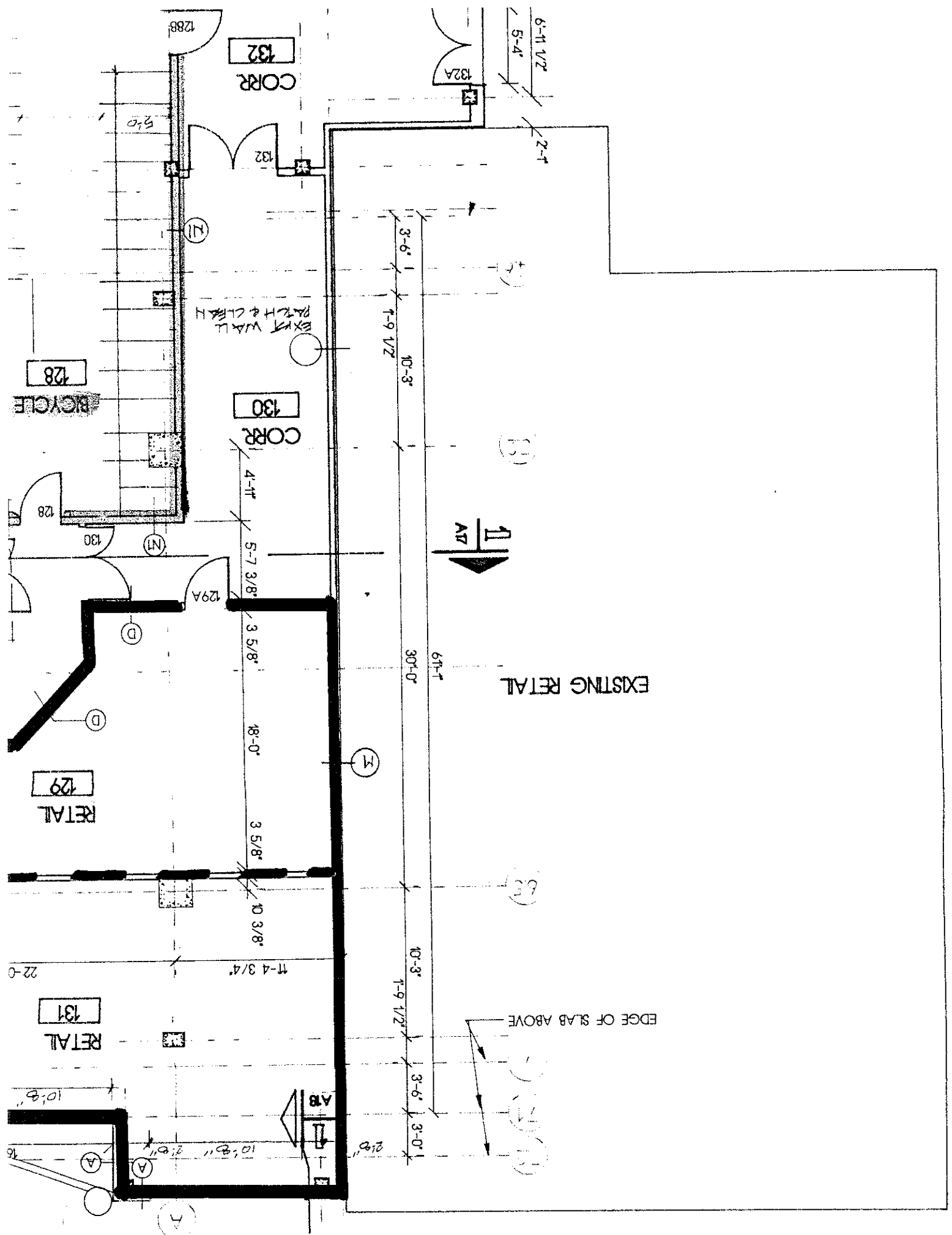
Subscribed and Sworn to before me:

this 25 day of August, 2009

[Signature]
(Clerk/Notary Public)

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

My commission expires 3-18-2012



Appointment of New Liquor/Beer Agent

To be completed by Corporate Officer or Member of LLC

I, Joel R Kouba, officer/member for HJ Liquors LLC
(Corporation/LLC), doing business as University Ave Liquor, authorize and appoint

Herbert W. Taylor (Name) as the liquor/beer agent for the premise
located at 525 University Ave Madison, WI 53703

Subscribed and sworn to before me this

25 Day of August, 20 09

Michael [Signature]
Notary Public, Dane County, Wisconsin

My Commission Expires 3-18-2012

[Signature]
Signature of Officer/Member

To be completed by appointed Liquor/Beer Agent

I, HERBERT W. TAYLOR, appointed liquor/beer agent for
HJ LIQUORS 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 50 %

Subscribed and sworn to before me this

25 Day of August, 20 09

Michael [Signature]
Notary Public, Dane County, Wisconsin

My Commission Expires 3-18-2012

[Signature]
Signature of Agent

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