			ENSE APPLICATION	Applicant's Wisconsin Seller's Permit Number.	
	ubmit to municipal clerk			Federal Employer Identification Number (FEIN):	
F	or the license period be	ginning	;	LICENSE REQUES	TED >
	. 6	ending June 30	20 10	TYPE	FEE
		☐ Town of 🖡		Class A beer	\$
TO	THE GOVERNING BO	DDY of the: U Village of	Madison	Class B beer	. \$
		☐ City of ☐		— ☐ Wholesale beer	\$
		•		Class C wine	\$
Co	ounty of <u>Dane</u>	Aldermanic Dist.	No (if required by ordinanc	e) Class A liquor Class B liquor	. \$
1	The named T INDIVI	DUAL ASSOCIATION OF THE POLICE	☐ LIMITED LIABILITY COMPANY	Reserve Class B liquor	\$
ı		DUAL YPARTNERSHIP DRATION/NONPROFIT ORGANIZA		Publication fee	\$
		for the alcohol beverage license(s)		TOTAL FEE	\$
2	Name (individually actually	ior the according beverage incerse(s)	checked above.		
2.	. Name (iriniviotal/partners	give last name, first, middle; corpor	rations/limited liability companies give re	egistered name): INE Gover	je co:
	partnership, and by each liability company. List the President/Member	officer, director and agent of a ca e name, title, and place of residenc Title	Name Hon	and by each member/manager and ne Address Post Off	each member of a agent of a limited fice & Zip Code
	Agent > tlank	schenkel			
	Directors/Managers	• • •			
3.	Trade Name	Garage.	Business	Phone Number 602-347-	4295
4	Address of Premises	970 Atwood	Business Post Offic	e & Zip Code >	
5	Is individual, partners or ag	jent of corporation/limited liability co	ompany subject to completion of the resi	ponsible beverage server	
	training course for this licer	nse period?	- Alter College Colleg]Yes ⊠No
6.	Is the applicant an employe	or agent of, or acting on behalf of	anyone except the named applicant?		
7	Does any other alcohol bev	rerage retail licensee or wholesale p	permittee have any interest in or control	of this business?]Yes 🔀 No
8	(a) Corporate/limited liab	ility company applicants only: In	insert state and dat	te of registration.	
	(b) Is applicant corporation	i/limited liability company a subsidia	ary of any other corporation or limited lia	bility company?]Yes ⊠ No
	(c) Does the corporation, o	r any officer, director, stockholder of	or agent or limited liability company, or a	iny member/manager or	
	agent noid any interest	in any other alcohol beverage licen	nse or permit in Wisconsin?		Yes No
0			every YES answer in sections 5, 6, 7 ar		
9.	-all rooms including living ou	ratters if used for the sales conde	ohol beverages are to be sold and store be, and/or storage of alcohol beverages a toward of a second beverages a	and records. (Alechal havereden	_
10	Legal description (omit if str	eet address is given above):			
		ised for the sale of liquor or beer du	uring the past license year?		Yes K No
12	Does the applicant understablefore beginning business?	ind they must file a Special Occupa [phone 1-800-937-8864]	ational Tax return (TTB form 5630 5)	\	Yes □ No
13	Does the applicant understa	ınd a Wisconsin Seller's Permit mu	st be applied for and issued in the same	name as that shown in	,
	Section 2, above? [phone (6	608) 266-2776].		· ``	'Yes □ No
14.	Is the applicant indebted to	ariy wholesaler beyond 15 days for	beer or 30 days for liquor?		Yes No
REAL of the (Indivi	CAREFULLY BEFORE SIGNII signers. Signers agree to opera dual applicants and each memb	NG: Under penalty provided by law the a ate this business according to law and t per of a partnership applicant must sign:	applicant states that each of the above questi- that the rights and responsibilities conferred corporate officer(s) members/managers of I al to permit inspection. Such refusal is a misc	ons has been truthfully answered to the be by the license(s), if granted, will not be a	est of the knowledge essigned to another
	CRIBED AND SWORN TO		and the second s	The state of the s	
this _	<u>28</u> day of	JULY 1 ,20	09 C Str	and the second second	
	20011	1 (2)	(Officer of Corporation/M	ember/Manager of Limited Liability Company	/Partner/Individual)
	CIA	(Netary Public)	(Officer of Compretion/M	ember/Manager of Limited Liability Company	(Partner)
Му со	mmission expires <u> </u>	3-2012			
			(Additional Partner(s)/Me	mber/Manager of Limited Liability Company if	Any)
	COMPLETED BY CLERK				
	eceived and filed . unicipal clerk	Date reported to council/board	Date provisional license issued Sig	nature of Clerk / Deputy Clerk	
	ense granted	Date license issued	License number issued		ĺ
AT-106	(R. 1-05)	<u> </u>	·		
	•			vvisconsin Dep	partment of Revenue

Recd 2:00 PM

City of Madison Supplemental Class B License Application

	Federal Employer Identification #					
1	Name of Applicant/Partner/Corporation/LLC The Garage W					
2	Address of Licensed Premise 1970 Atwar Ane					
3	Telephone Number: 602-347-4295 4 Anticipated opening date: December 12					
5	Mailing address if not opening immediately 1001 lottage brown Ref.					
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 DNo					
7	Are there any special conditions desired by the neighborhood? □ Yes □ No					
	Explain					
8	Business Description, including hours of operation: Tavern - 4-cl 7 days awdeck					
	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. Stand alone building with gardness above. Full becomes for the Common Council.					
	Are any living quarters directly or indirectly accessible and under control of the applicant? Yes Ino					
	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 A Public lut A					
12.	Please note that alcohol may be sold and stored only on the licensed premise, not in living quarters.					

15.	Utilizing your market research, who would you project your target market to be?
16	What age range would you hope to attract to your establishment? 30-50
17.	Describe how you plan to advertise/promote your business. What products will you be advertising?
18.	Are you operating under a lease or franchise agreement? Yes (attach a copy) No
19	Owner of building where establishment is located:
Ad	dress of Owner:Phone Number
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
	Name Chris, Teams Name Address
	Address Address
	Name Address
	Name Address
22.	List the Stockholders of your Corporation/LLC
	Name Address % of Ownership
	Name Address % 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?
	□ Breakfast □ Lunch □ Dinner
	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
	During what hours of your operation do you plan to serve food?

27 What hours, if any, will food service <u>not</u> be available?
28 Indicate any other product/service offered
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? During what hours do you anticipate they will be on duty? NA
32. Do you plan to have hosts or hostesses seating customers? Yes
33. Do your plans call for a full-service bar? Yes \(\sigma\) No If yes, how many bar stools do you anticipate having at your bar? \(\frac{14}{2}\) How many bartenders do you anticipate you would have working at one time on a busy night? \(\frac{2}{2}\)
34. Will there be a kitchen facility separate from the bar? ☐ Yes ✓ No
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?
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
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?	100
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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	90 %
Gross Receipts from Food and Non-Alcoholic Beverages	10 %
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

My commission expires T-6-2012

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

Appointment of New Liquor/Beer Agent

To be	completed by Corporate Officer or Member of LLC
I,	lank Schenkel, officer/member for The Garage UP
(Corpo	oration/LLC), doing business as The Green, authorize and appoint
	lank Schooke (Name) as the liquor/beer agent for the premise
located	dat 1970 Ational Aux
27 Notary	Day of 2009 Public, Dane County, Wisconsin ommission Expires 7 24/11
	completed by appointed Liquor/Beer Agent
I,	Hawk Schenked, appointed liquor/beer agent for
	name of Corporation or LLC), being first duly sworn
say I ł	have vested in me, by properly authorized and executed written delegation, full authority
and co	entrol of the premise described in the license of such corporation or limited liability
compa	any, 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,%
Subsc	ribed and sworn to before me this Signature of Agent
<u>z</u>	7 Day of July 2009
' ' '	
L De	y Public Dane County, Wisconsin