

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning July 01 2009 ending June 30 2010

TO THE GOVERNING BODY of the: Town of } 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): BABE'S EAST LLC

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

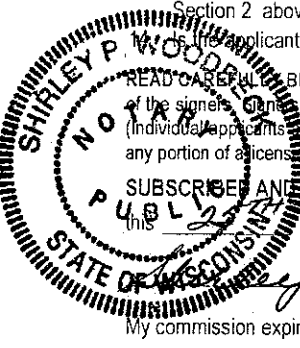
	Title	Name	Home Address	Post Office & Zip Code
President/Member		<u>LYNN HAKER</u>	<u>McE PARSONS</u>	<u>KEVIN LEONARD, FELIX RICHARDS, ANDY HAKER</u>
Vice President/Member				
Secretary/Member				
Treasurer/Member				
Agent		<u>LYNN HAKER</u>		
Directors/Managers				

- 3 Trade Name BABE'S GRILL & BAR EAST Business Phone Number _____
 4 Address of Premises 4325 LIEN ROAD Post Office & Zip Code MADISON

- 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) 1000 SQ FT ON S SIDE BUILDING, WITH SECURED LIQUOR STORAGE AREA (SEE PARK)

- 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? THE TILTED KILT
 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 license premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license

SUBSCRIBE AND SWORN TO BEFORE ME
 this 25 day of AUGUST 2009
Shirley P. Woodbeck (Clerk/Notary Public)
[Signature] (Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)
[Signature] (Officer of Corporation/Member/Manager of Limited Liability Company/Partner)
 My commission expires 10-21-2012
 (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

Applicant's Wisconsin Seller's Permit Number:	
Federal Employer Identification Number (FEIN): <u>27-0791152</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Wholesale beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$
TOTAL FEE	\$ 20-

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	

11:30a

City of Madison Supplemental Class B License Application

<input 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 type="checkbox"/> Orange Sign (Clerk's Office provides at time of application)	<input checked="" type="checkbox"/> Written Description of Premise <input checked="" type="checkbox"/> Background Investigation Form(s) <input type="checkbox"/> Notarized Transfer of Ownership <input checked="" type="checkbox"/> *Articles of Incorporation <input checked="" type="checkbox"/> *Notarized Appointment of Agent * Corporation/LLC only	<input checked="" type="checkbox"/> Floor Plans <input type="checkbox"/> Lease <input type="checkbox"/> Sample Menu <input type="checkbox"/> Business Plan
---	---	---

1. Name of Applicant/Partner/Corporation/LLC BADE'S EAST LLC
 2. Address of Licensed Premise 4325 LEIN RD MADISON, WI
 3. Telephone Number: _____ 4. Anticipated opening date: OCTOBER 09

5. Mailing address if not opening immediately 5614 SCHROEDER RD, MADISON WI 53711
 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: RESTAURANT & BAR HOURS 11:00 A.M. - 1:00 AM WEEKDAYS 11:00 A.M. - 2:00 AM WEEKENDS

9. Do you plan to have live entertainment? No Yes—What kind? 2 OR 3 PIECE BAND

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.**

ONE STORY 8,000 SQ FT BUILDING U-SHAPED BAR WITH APPROX 25 SEATS
 COCKTAIL AREA WITH 8-10 CORKER TABLES, DINING AREAS

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. APPROX 200 SPOTS
 EMPLOYEE MONITORED

13. Describe your management experience, staffing levels, duties and employee training.
33 YEARS OF RESTAURANT MGMT EXPERIENCE, STAFFING LEVELS
 SCHEDULED AROUND BUSINESS LEVELS, COMPLETE FOOD & BEVERAGE TRAINING

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.

LYNN HAYES 1401 S. WHITNEY WAY MADISON, WI
 Name Address

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

ADULTS & FAMILIES 25-55

16. What age range would you hope to attract to your establishment?

25-65

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

NEWSPAPER, RADIO, INTERNET FOOD & DRINK SPECIALS, SPORTING EVENTS

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

19. Owner of building where establishment is located:

CAPTOL J.F.K. III LLC

Address of Owner:

P.O. BOX 44507 MADISON 53744

Phone Number

608 287 0267

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

LYNN HAKER

Name

Address

KEVIN LEDGER

Name

Address

MADISON

FELIX RINGELS

Name

Address

ANDY HAKER

22. List the Stockholders of your Corporation/LLC

Name

Address

% of Ownership

SAME

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?

AMERICAN CASUAL

Breakfast

Lunch

Dinner

POSSIBLE SUNDAY BRUNCH

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 A.M. - 12:00 A.M.

27. What hours, if any, will food service not be available? MIDNITE - CLOSE
28. Indicate any other product/service offered. DANQUET
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? 20-30
During what hours do you anticipate they will be on duty? 10:15 A.M. - MIDNITE
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? 20-25
How many bartenders do you anticipate you would have working at one time on a busy night? 3-4
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?
75%
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? 75%
What percentage of your advertising budget do you anticipate will be drink related? 25%
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
-

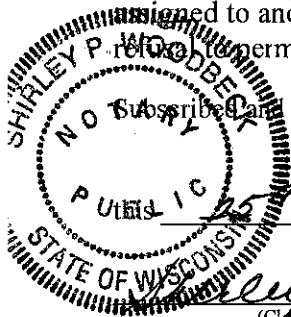
42. What is your estimated capacity? 320

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	37	%
Gross Receipts from Food and Non-Alcoholic Beverages	63	%
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:

day of AUGUST, 20 09

Shirley P. Hoodbeck
(Clerk/Notary Public)

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

My commission expires 10-21-2012

Appointment of New Liquor/Beer Agent

To be completed by Corporate Officer or Member of LLC

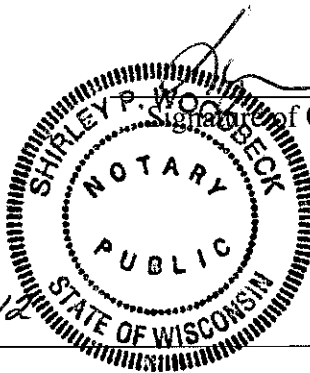
I, Lynn Haker, officer/member for BABES EAST
(Corporation/LLC) doing business as BABES TRILL BAR, authorize and appoint
Lynn Haker (Name) as the liquor/beer agent for the premise
located at 4325 LEIN ROAD MADISON, WI

Subscribed and sworn to before me this

25TH Day of AUGUST, 20 09

Shirley P. Hoodbeck
Notary Public, Dane County, Wisconsin

My Commission Expires 10-31-2012



To be completed by appointed Liquor/Beer Agent

I, Lynn Haker, appointed liquor/beer agent for
BABES EAST (name of Corporation or LLC), being first duly sworn

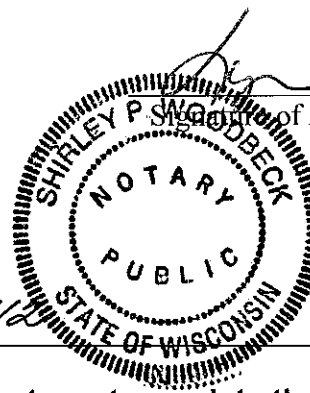
say I have vested in me, by properly authorized and executed written delegation, full authority and control of the premise described in the license of such corporation or limited liability company, and I am involved in the actual conduct of the business as an employee, or have a direct financial interest 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

25TH Day of AUGUST, 20 09

Shirley P. Hoodbeck
Notary Public, Dane County, Wisconsin

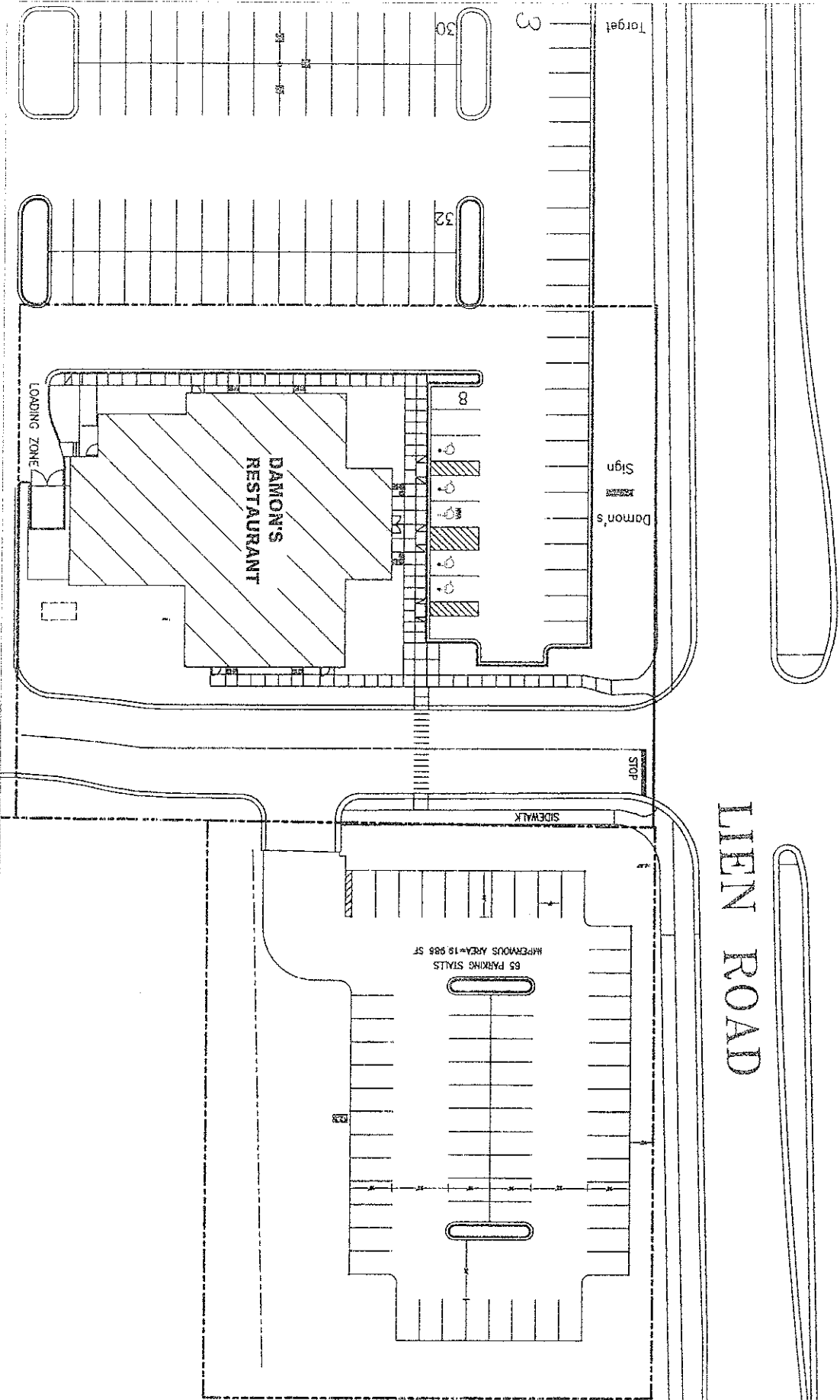
My Commission Expires 10-31-2012

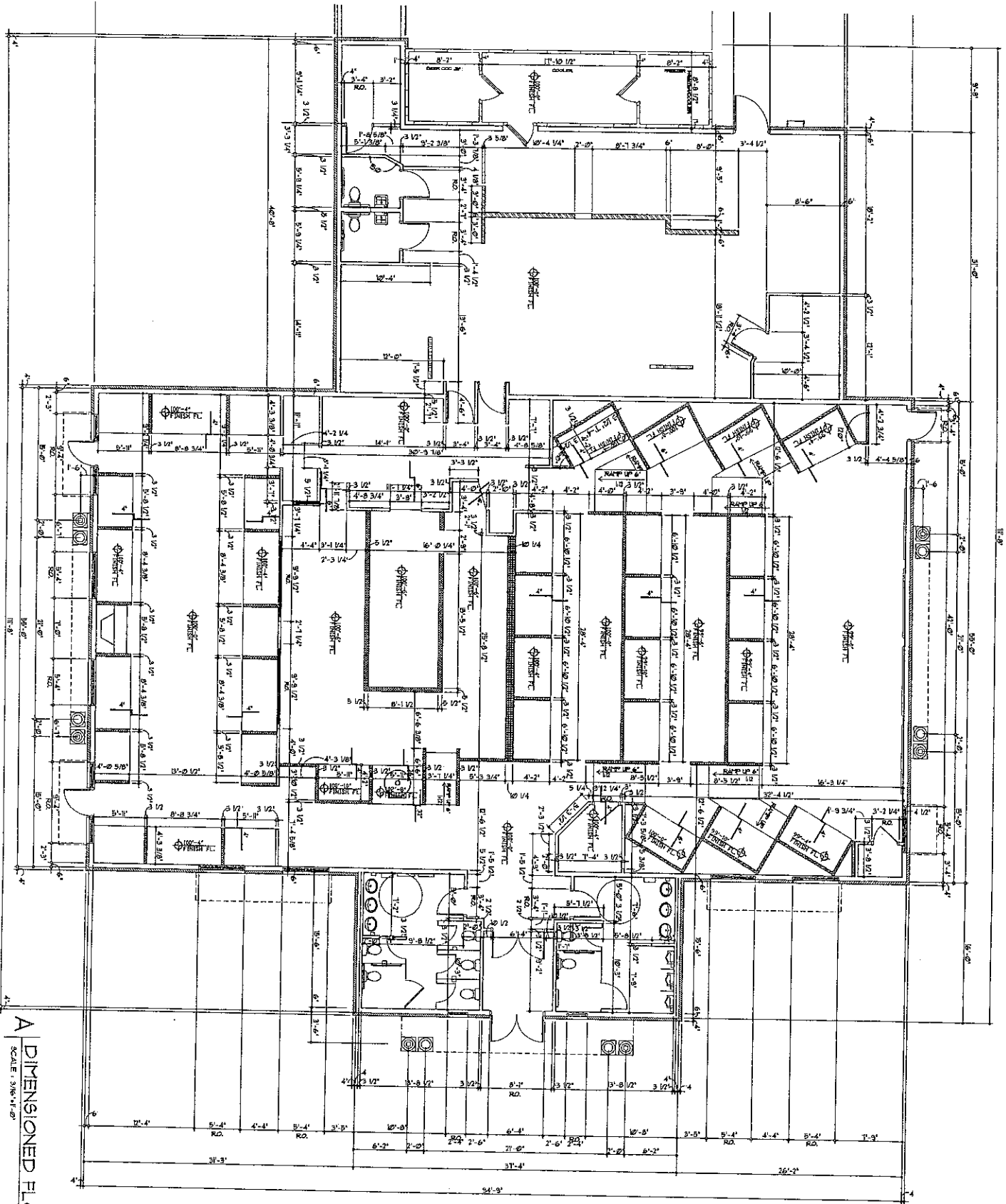


The appointed Liquor/Beer Agent must complete the other side of this form.

**SITE PLAN
DAMON'S RESTAURANT
4235 LIEN ROAD**

LIEN ROAD



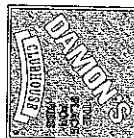


A DIMENSIONED FLOOR PLAN
SCALE: 3/8" = 1'-0"



© COPYRIGHT 1997
GABER & ASSOCIATES ARCHITECTS

<p>A1</p> <p>DIMENSIONED FLOOR PLAN</p>	ISSUE
	PRELIM
	PERMIT 4 NOV 97
	CONST 21 NOV 97



A NEW RESTAURANT FOR:
DAMON'S
LOT 2 EAST PRAIRIE COMMONS
4323 LIEN ROAD
MADISON WI 53704

PROJECT NO.
9737

GABER & ASSOCIATES
ARCHITECTURE &
PROJECT MANAGEMENT
3000 S. GALE AVE
MADISON, WI 53704
TEL: 608/278-1234
FAX: 608/278-1235

