Submit to municipal clark For the license paried beginning ending			HOL BEVERAGE I	ICENSE API	PLICATION			
Ending Town of Town of Williage of Mad Ison Class B beer S Class B beer S		•				Federal Employer identifit Number (FEIN):	2100 0 2.25	5524
TO THE GOVERNING BODY of the:	Fo	or the license period be				LICENSE	REQUESTED	<u> </u>
TO THE GOVERNING BODY of the: Village of Madison Class 8 beer \$!	ending	<u> </u>	10_	TYPE		
TO THE GOVERNING BODY of the: Wilage of Mad Ison Virtuelealia beer S			□ Town of	•	i			\$
Country of Dame Addermanic Dist. No	TC	THE GOVERNING BO				Class B beer		3
Countly of Dame Aldermanio Dist No (if required by ordinance) Class a Riquor 5				- IMMISON				
The named INDIVIDUAL PARTNERSHIP LIMITED LIABILITY COMPANY Reservo Class B Illiquor Reserv						<u> </u>		<u> </u>
The named INDIVIDUAL PARTINESHIP LIMITED LIABILITY COMPANY Reserver Class B Iliquor Publication for the alcohol beverage licenses(s) checked above TOTAL FEE \$ \$ \$ \$ \$ \$ \$ \$ \$	Cc	ounty of <u>Dane</u>	Aldermanic I	Dist. No (if	required by ordina	ance) Class A liquor		
Deep to Compare and the compared process of the comp	_	~1						
Persident Member of Section 2015 Section 2015 Persident Member of Section 2015 P	1			P 🔀 LIMITED L	IABILITY COMPAN			
Anne fundidual/pastomars give last name, first, middle: corporations/limited lability companies give registered name): An "Aundiary Questionnaits". Form At 1-10x, must be completed and attached to this application by each individual applicant, by each member of a patnetship, and by each interficer, director and agent of a corporation or nomprofit organization, and by each intember/manager and agent of a limited liability company. List the name, tile, and place of residence of each posson. Persident/Member 1821 19 19 19 19 19 19 19		☐ CORP	ORATION/NONPROFIT ORGA	INIZATION				
An "Auctitary Questionnaire," Form A1-10s, use the completed and attached its bits application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a curporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the name, (tile, and pice of residence of each person Presiden/Member Institution (Institution Institution In	_							
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 friend individual applicant, by each member of a partnership, and by each friend individual applicant, by each member of a partnership, and by each member from agent of a infinited libility company. List the name, title, and place of residence of each poson President/Member Test September Septembe	2	Name (Individual/partners	give last name, first, middle; co	orporations/limited liab		e registered name): 🕨	- · ·	
particisting, and by each nitited, reference and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the name, tule, and place of residence of each person. President/Member Text.		An "Auxiliary Questionn	aire," Form AT-103, must be	completed and attacl	hed to this applica	ation by each individual app	licant, by each r	nember of a
President/Member President/Mem		parutership, and by each	? Officer, director and agent o	f a corporation or no	nprofit organizatio	on, and by each member/ma	nager and agent	of a limited
President/Member Trest day Trest Trest day Trest Tre		Bability company. List th	ie name, title, and place of resi	dence of each person		-		
Vice President/Member Live Town Committee Comm		President/Mombar Pros	day Je	A Name	<337 ₄	Home Address	Post Office &	Zip Code
Secretary/Member & Tobus & San Assert Street					7746	IH OF		
Agent Jot Full Maugen Directors/Managers Di		Secretary/Member	in this him				Rangare	1000
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Trade Name Free Mack Stock Mack Business Phone Number 60 963 / 1/7		Directors/Managers	7					
4. Address of Premises \$ 703 Linux 15 All Mark 15 All	3.	3	Madison Mark	11-	Pueine	occ Dhone Number (c.) [062/11	01
Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? (a) Corporate/limited liability company applicants only: Insert state	4		103 Universit A	us Madico	Dusilit			
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7 Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? (a) Corporate/limited liability company applicants only: Insert state	["] 6	is the applicant an employe	e or agent of, or acting on beha	of anyone except th	e named applicant?	, , , , , , , , , , , , , , , , , , ,	Log tes	
Occupation of the provision of the provision of the same that the papticant corporation of limited liability company? Yes No	7	Does any other alcohol bev	verage retail licensee or wholes	sale nermittee have an	v interest in ar can	trol of this business?		DA No
(b) Is applicant corporation/firmited liability company a subsidiary of any other corporation or limited liability company? (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 officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any officer or permit in Wisconsin? (NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.) 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.) 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? 12 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 1-800-937-8864] 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] 14 Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? 15 EAD CAREFULLY BEFORE SIGNING: Under penalty provided by law the applicant states that each of the above questions has been fruthfully answered to the breath 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),	8	(a) Corporate/limited liab	oility company applicants onl	v: Insert state W	and	date \$/2/109 of regist	ration	₹ NO
(c) Does the corporation, or any officer, director, stockholder or agent or imited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? (NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.) Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including fiving 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.) Legal description (omit if street address is given above): (a) Was this premises licensed for the sale of liquor or beer during the past license year? (b) If yes, under what name was license issued? Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864] 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] Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? READ CAREFULLY BEFORE SIGNING: Under penalty provided by law the applicant states that each of the above questions has been truthfully answered to the both 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), member/finanegèrs of Limited Liability Company Partner/Ordinary Partner/Ordinary Publicy Company Partner/Ordinary Publicy Co		(b) Is applicant corporation	/limited liability company a sub	osidiary of any other co	orporation or limited	d liability company?	_	N/ No
agent hold any interest in any other alcohol beverage license or permit in Wisconsin? (NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.) Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including fiving quarters, if used, for the sales, service, and/or storage of alcohol beverages and records (Alcohol beverages are to be sold and stored. The applicant must include all rooms including fiving 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) 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? 12 Does the applicant understand they must file a Special Occupational Tax return (ITB form 5630.5) 13 Does the applicant understand they must file a Special Occupational Tax return (ITB form 5630.5) 14 Is 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) 266-276) 14 Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? 15 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), it granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managèrs of Limited Liability Company Partner/Manager of		(c) Does the corporation, of	or any officer, director, stockhol	lder or agent or limited	liability company.	or any member/manager or		J⊠ 1¥0
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My commission expires (Clerk/Notally Public) (Clerk/Notally Public) (Clerk/Notally Public) (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/) (Additional Partner(s)/Member/Manager of Limited Liability Company if Any) TO BE COMPLETED BY CLERK Date received and filed with municipal clerk Date reported to council/board Date provisional license issued Signature of Clerk / Deputy Clerk Date license granted Date license issued License number issued	this	' L & A A A		20 09	ANA	Y- MARINIA		
My commission expires (Clerk/Notaly Public) 6 20 12 (Additional Partner(s)/Member/Manager of Limited Liability Company (Partner) (Additional Partner(s)/Member/Manager of Limited Liability Company if Any) TO BE COMPLETED BY CLERK Date received and filed 9 23 07 Date reported to council/board Date provisional license issued Date license granted Date license issued License number issued			0.00 40	, <u></u>	(Officer of Components	n/Member/Manager of Limited Liabili	y Company /Partner/	Individual)
My commission expires (Additional Partner(s)/Member/Manager of Limited Liability Company if Any) TO BE COMPLETED BY CLERK Date received and filed 9/23/07 Date reported to council/board with municipal clerk Date license granted Date license issued License number issued AT-1006 (R. 1-05)			7/2000-		- 0			•
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any) TO BE COMPLETED BY CLERK Date received and filed 9/33/07 Date reported to council/board with municipal clerk 9/33/07 Date reported to council/board bate provisional license issued Signature of Clerk / Deputy Clerk Date license granted Date license issued License number issued	My cor	nmission expires	5/6/2010		(Officer of Corporation	n/Member/Manager of Limited Liabilit	y Company (Partner)	
TO BE COMPLETED BY CLERK Date received and filed with municipal clerk Date reported to council/board Date provisional license issued D			11/		(Additional Partner(s)	/Member/Manager of Limited Liability	Company if Any)	
Date received and filed q 13109 Date reported to council/board Date provisional license issued Signature of Clerk / Deputy Clerk Date license granted Date license issued License number issued	TO BE	COMPLETED BY CLERK		***************************************			. , -,,	
Date license granted Date license issued License number issued	Date rec	cound and Glad	Date reported to council/board	Date provisional lice	nse issued	Signature of Clerk / Deputy Clerk	·	•
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AT-106 (R. 1-05)	, Date IICE	sibe gramed • I	Date license issued	License number issu	ed			
	AT-106 ((R. 1-05)	1			NAG	Sconsin Denortment	of Revenue

City of Madison Supplemental Class A License Application

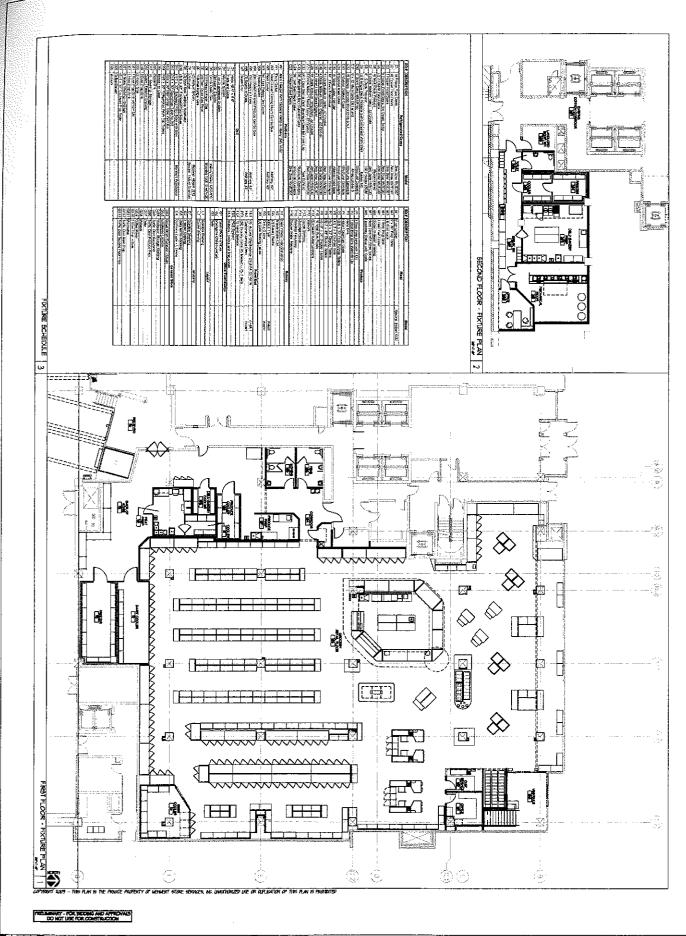
			·			
	Seller's Permit Number Federal Employer Identification # Notarized Original Application Form Notarized Supplemental Form Orange Sign (Clerk's Office provides at time of application)	☐ Description of Licensed Premise ☐ Notarized Appointment of Agent ☐ Background Investigation Form(s) ☐ Notarized Transfer of Ownership ☐ Articles of Incorporation	☐ Floor Plans ☐ Lease ☐ Sample Menu ☐ Business Plan * Corporation/LLC only			
1		on/LLC Maurer's Foods LC				
2	Address of Licensed Premise 703	University Ave Madis	ion Wi 53715			
3	Telephone Number: 608-963-	-1/7/ 4. Anticipated opening date:	1/8/20/0			
5.	Mailing address if not opening immed	iately <u>\$3330 Fox HILLRD.</u> Bara	2600 Wi 539/3			
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 desire Explain No Ugs	ed by the neighborhood? ≱Yes □ No				
[What type of establishment is contemp. Convenience Store – Gas Pumps Business Description:	Yes No □ Other—Explain				
10.	size and all areas where alcohol bever		ed premise described			
	Please note that alcohol may be sold a	irectly accessible and under control of the nd stored only on the licensed premise, no	ot in living quarters			
12.	Describe existing parking and how par	king lot is to be monitored Undug	parlains			
13.	Describe your management experience 35 years of supumment a Pilice's Symmethat	e, staffing levels, duties and employee training levels, tast 8 ylus	ning, With			
14.	Identify the registered agent for your process, notice or demand required or	Corporation or LLC. This is your corpor permitted by law to be served on the corp	ation's agent for service of oration			
	Name Address		7 11/5 6			

15	Utilizing your market research,				nd
16.	Describe how you plan to adver	itise/promote you	ur business. What p	products will you	be advertising?
	Are you operating under a leas	••			□No
18. Ad	Owner of building where estable dress of Owner:	ishment is locate	d: Greg Ric	Phone Num	Management ber 608-442-5036
19.	Private organizations (clubs): I to give offense) discrimination				nt of "Invidious" (likely ☐ Yes ☐ No
20.	List the Directors of your Corp		FOXHUL RA	Brabon	
	Name Stelgaut Name Name Name	Address Address Address	75St. C Syllac Ro.	Ockdale, Ma Buabu),
21.	List the Stockholders of your C	Corporation/LLC			
	List the Stockholders of your C	Corporation/LLC Address	<u></u>		% of Ownership
			<u></u>		% of Ownership % of Ownership
	Name	Address			
Rea has acc assi	Name	Address Address Address Address Address Address and responsibility and responsibility and responsibility	wledge of the signe ties conferred by the on of a licensed pr	Signer agrees ne license(s), if gr emise during insp	% of Ownership % of Ownership at the above information to operate this business anted will not be section will be deemed a
Rea has acc assi refi	Name Name Name ad carefully before signing: Use been truthfully completed to the ording to law and that the rights igned to another. Any lack of account of the signed to another of the signed to another.	Address Address Address Address Address Address and responsibility and responsibility and responsibility	wledge of the signe ties conferred by the on of a licensed pr	Signer agrees ne license(s), if gr emise during insp	% of Ownership % of Ownership at the above information to operate this business anted will not be section will be deemed a
Rea has acc assireful Sub	Name Name Name ad carefully before signing: Us been truthfully completed to the ording to law and that the rights igned to another. Any lack of acusal to permit inspection. Such in the such inspection.	Address Address Address Address Address Address and responsibility and responsibility and responsibility and responsibility and responsibility and responsibility	wledge of the signe ties conferred by the on of a licensed pr	Signer agrees ne license(s), if gr emise during insp	% of Ownership % of Ownership at the above information to operate this business anted will not be section will be deemed a

Appointment of New Liquor/Beer Agent

To be completed by Corporate Officer or Member of LLC
I, JEST MAURER, officer member for Maure's Foods UC
(Corporation/LLC), doing business as Fresh Madis on Market, authorize and appoint
(Name) as the liquor/beer agent for the premise
located at 103 University Am. Machion
Subscribed and sworn to before me this Signature of Officer/Member [1] Lendy 9 Bay 62
Notary Public, Plane County, Wisconsin
My Commission Expires
To be completed by appointed Liquor/Beer Agent
I, JEPFREY P MAUREN , appointed liquor/beer agent for
Mauren's Foods, CC (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
Subscribed and of the San Artifaction of the
Subscribed and sworn to before me this 23 Day of Sept, 2009 Wholy E Button Notary Public, Dane County, Wisconsin

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



Mehmer - Mehmer