ORIGINAL ALCOHOL BEV	ERAGE LICENS	SE APPLICA	ATION	Applicant's Wisconsin 456-	1026920	472-03
Submit to municipal clerk				Federal Employer Identification Number (FEIN):	7-1129	1480
For the license period beginning	w/www.	20 20		LICENSE REQUEST		
For the license period beginningending		20		TYPE	F	EE
				Class A beer	\$	
TO THE GOVERNING BODY of the:	I lowit of	ハケファラング	\mathcal{L}	Class B beer	\$	
TO THE GOVERNING BODY OF THE	Village of \1V\	HOTOO.		Wholesale beer	\$	
	City of			Class C wine	\$	
County of Dane	Aldermanic Dist No	(if requi	red by ordinance)	Class A liquor	\$	
obanny or			,	Class B liquor	\$	
1 The named INDIVIDUAL	PARTNERSHIP 7	7 LIMITED LIABILI	TY COMPANY	Reserve Class B liquo	r \$	
	ONPROFIT ORGANIZATION			Publication fee	\$	
hereby makes application for the alcoh				TOTAL FEE	\$	
2 Name (individual/partners give last name) Ring Rodie LLC			npanies give regist	ered name):		
An "Auxiliary Questionnaire," Form	AT-103 must be complete	ed and attached to	this application	hy each individual applicant.	by each me	mber of a
partnership, and by each officer, dir liability company. List the name, title Title President/Member Member	ector and agent of a corpo and place of residence of e	oration or nonproteach person Name	it organization, a Home	nd by each member/manager a	and agent o	f a limited Code
Vice President/Member Member	Larry Ring		2782 Wau	besa Ave Madison Wi	sconsin	53711
Secretary/Member Member		nberg	2782 Wa	ubesa Ave Madison W	Viscosin	53711
Treasurer/Member						
Agent ▶ Jeff Rodefeld	-					
Directors/Managers						
3 Trade Name ▶ JoBecks Bar			Business F	Phone Number		
4 Address of Promises 421 Cott	age Grove Road		Post Office	& 7 in Code 5 53716		
3 Trade Name ▶ JoBecks Bar 4 Address of Premises ▶ 421 Cott	ration/limited liability name	my subject to comp	lotion of the recour	cible hoverede contet		
training course for this license period?	лацонлинцей наршку сотпра	ary subject to comp	ledou or the reabor	izinie nevelade zelvel	✓ Yes	No No
6 Is the applicant an employe or agent of				W 1 1 2	Yes	✓ No
7 Does any other alcohol beverage retail	licensee or wholesale perm	nittee have any inter	rest in or control of	this dusiness?	Yes	✓ No
8 (a) Corporate/limited liability compa (b) Is applicant corporation/limited liab					Yes	✓ No
					162	¥ 140
(c) Does the corporation, or any office				member/manager or	□ Voc	□ No
agent hold any interest in any othe				O ataua l	✓ Yes	∐ No
(NOTE: All applicants explain fully on r						
9 Premises description: Describe buildin all rooms including living quarters, if us may be sold and stored only on the pre	sed, for the sales, service, as $\overline{ ext{Maii}}$	beverages are to b nd/or storage of alc n Floor Bar a	pe sold and stored ohol beverages and nd The Baser	The applicant must include direcords (Alcohol beverages ment of the Building		
10 Legal description (omit if street addres				AMAZONIO C. I.		
11 (a) Was this premises licensed for the	sale of liquor or beer during	the past license ye	ear?		✓ Yes	No
(b) If yes, under what name was licent						
Does the applicant understand they me before beginning business? [phone 1-	800-937-8864]				✓ Yes	☐ No
13 Does the applicant understand a Wisco		e applied for and is	sued in the same n	name as that shown in		— м.
Section 2 above? [phone (608) 266-2]	-				✓ Yes	HNO
14 Is the applicant indebted to any wholes	saler beyond 15 days for be	er or 30 days for liq	uor?		Yes	√ No
READ CAREFULLY BEFORE SIGNING: Under of the signers Signers agree to operate this bus (Individual applicants and each member of a par any portion of a licensed premises during inspect	siness according to law and the tnership applicant must sign; c tion will be deemed a refusal to	at the rights and responders or and responders or at the rights are responders or at the rights and responders or at the rights are responders or at the right	ionsibilities conferred embers/managers of	l by the license(s), if granted, wilf-no Limited Liability Combanies inust si	ot be assigner on / Any/Jack	d to another of access to
SUBSCRIBED AND SWORN TO BEFORE	M5	29	111 0	3 : 40	MAL	, =
this day of UC	20	$\frac{\nu}{2}$	Office O Corporation	Mambach (and service)	mana //Dartan	tladmich (all
(VIIIAL) Puit	14	() ()	Conporation	Member/Manager of Limited Line Co	arane	=
(Clerk/Notary Pu	blic)	— <i>4</i>	Office of Corpore	ation/Member/Viewaggoof Limit@ Liebij	ty Company/P	artner)
My commission expires	<i>2013</i>	K	/K XI X	1 500	FIA	25
	The state of the s		XAlditional Partn	er(s)/Men ber/Manager of Amited Liabi	lity Company ii	OANX)
TO BE COMPLETED BY CLERK			1	11,OF V	NSCO!!	111.
Date received and filed with municipal clerk 10-22-50 Date repo	orted to council/board	Date provisional license	s Issued S	ignature of Clerk / Deputy Clerk	Hillin	
	nse issued	License number issued				
2 and state granted						

City of Madison Supplemental Class B License Application

N N	Federal Employer Identification # Notarized Original Application Form Notarized Supplemental Form Orange Sign (Clerk's Office provides at time of application)	Background Investigation Form(s) Notarized Transfer of Ownership *Articles of Incorporation *Notarized Appointment of Agent Corporation/LLC only	Lease Sample Menu Business Plan
1	Name of Applicant/Partner/Corporation		
2		co Hage Grove RD m	
3		4 Anticipated opening date	· · · · · · · · · · · · · · · · · · ·
5	Mailing address if not opening immedia	ately <u>4521 coHage by rove</u> i	RA MADISON WIS3716
6		Police Department District Captain, Alco tative for the area in which you intend to	
7.	Are there any special conditions desire	d by the neighborhood? □ Yes 🗷 No	
	Explain		
8	Business Description, including hours	of operation: Bac M - T	n 9:00 AM - 1:00 A.
	size and all areas where alcohol bevers below shall not be expanded or char	g, including overall dimensions, seating ages are to be sold and stored. The licer aged without the approval of the Committee of BAR a the Baseme	nsed premise described mon Council.
		I' main level 36'XZ4	
		3 table with 4 scats each	
	CAP 50		
	Please note that alcohol may be sold a	rectly accessible and under control of the nd stored only on the licensed premise, r	not in living quarters
12	Describe existing parking and how par	king lot is to be monitored. Have So	Me STAUS at
	521 also have realed	\$17 PAKKING 10+ A	djacent to BAR.
13	Describe your management experience	e, staffing levels, duties and employee tr	aining:
	Have owned Spot lia	OOR FOR OVER ZUES AWD	also owner
	an insurance Agencil	OOR FOR OVER ZYRS and . HAVE worked in the lieu	IUR STORE FOI BUT
14	Identify the registered agent for your	Corporation or LLC This is your corporation	oration's agent for service of
		permitted by law to be served on the cor	-
	Name Rodfeld 103 Address	Doneght Dr CoHage brown	ue WZ 53527

15 J	Utilizing your market research, who would you project your target market to be?
	Local Residents of ALL Ages
16	What age range would you hope to attract to your establishment? ALL Ages Above Zlyr.
17]	Describe how you plan to advertise/promote your business. What products will you be advertising? WORD OF MOVH
18	Are you operating under a lease or franchise agreement? ✓ Yes (attach a copy) ⊔ No
19	Owner of building where establishment is located: NANCY La MAY
Add	Iress of Owner: 521 Cottage Grove Rd. 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?
_	List the Directors of your Corporation/LLC Lift Rodallo 103 Done Cal Dr Cottage Grove WI 53527 Address
	Name Address Address Address Address Recky Stoltnburg 2782 warbest are madeson we 53711 Name Address Address
22	List the Stockholders of your Corporation/LLC Jeff Rodello 103 Donegal Dr Coffage bruve wit 53527 Name Name Name Name Name Address Address Address Address Address Address Address Address Name Na
	HARRY KING 2782 WAUDOSA AUR MADISON 53711 25% of Ownership BRCKY STOTENDING 2782 WauDOSA AUR MADISON WI 53711 25% of Ownership Name Address
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?
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?

27 What hours, if any, will food service not be available?
28 Indicate any other product/service offered
29 Will your establishment have a kitchen manager? ☐ Yes XNo
30 Will you have a kitchen support staff? ☐ Yes VNo
Will you have a kitchen support stands 30 Will you have a kitchen support stands 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? During what hours do you anticipate they will be on duty?
32 Do you plan to have hosts or hostesses seating customers? UYes No
Do your plans call for a full-service bar? XYes ☐ 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? ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
34 Will there be a kitchen facility separate from the bar? \(\subseteq\text{Yes}\)
Will there be a separate and specific area for eating only? ☐ Yes ☐ Yes, what will be the seating capacity for that area? ☐ What type of cooking equipment will you have? ☐ Stove ☐ Oven ☐ Fryers ☐ Grill ☐ Microwave Will you have a walk-in cooler and/or freezer dedicated solely to the storage of food products? ☐ Yes ☐ No 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? What percentage of your advertising budget do you anticipate will be drink related? Are you currently, or do you plan to become, a member of the Madison—Dane County Tavern League or the I avern League of Wisconsin? Yes No 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?	50
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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	95
Gross Receipts from Food and Non-Alcoholic Beverages	5 %
Gross Receipts from Other	%
Total Gross Receipts	100%

44 Do you have written records to document the percentages shown? ☐ Yes ☐ 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

Appointment of New Liquor/Beer Agent

I, Jeff Rodefeld officer/member for RING Rodle LLC (Corporation/LLC), doing business as Jo Becks BAR, authorize and appoint Jeff Rodefeld (Name) as the liquor/beer agent for the premise located at 42 CoHage Grove Road Subscribed and sworn to before me this Jay of Oct 2019 Notary Public, Dane County, Wisconsin My Commission Expires (1912013) To be completed by appointed Liquor/Beer Agent I, Jeff Rodefeld (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	To be completed by Corporate Officer or Member of LLC
Subscribed and sworn to before me this Day of Ott 20 9 Notary Public, Dane County, Wisconsin My Commission Expires (12013) To be completed by appointed Liquor/Beer Agent I, Jeff Rode LC (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	
Subscribed and sworn to before me this Jay of Oct 20 9 Notary Public, Dane County, Wisconsin My Commission Expires U 9 2013 To be completed by appointed Liquor/Beer Agent I, Jeff Rode C (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	(Corporation/LLC), doing business as 10 Kecks BHIC, authorize and appoint
Subscribed and sworn to before me this Day of Ott 20 9 Notary Public, Dane County, Wisconsin My Commission Expires U 9 2013 To be completed by appointed Liquor/Beer Agent I, Appointed liquor/beer agent for Ring Rode 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	
Notary Public, Dane County, Wisconsin My Commission Expires I, Left Rocle Competed Liquor/Beer Agent I, Left Rocle Competed Liquor/Beer Agent I, Left Rocle Competed Composition of 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	located at 421 COHage Grove Road
Notary Public, Dane County, Wisconsin My Commission Expires 4 9 2013 To be completed by appointed Liquor/Beer Agent I,	$\sim 1101/$
Notary Public, Dane County, Wisconsin My Commission Expires 9 2013 To be completed by appointed Liquor/Beer Agent I, Jeff Rode LC (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	0 (cf C) Signatura of Officer (Member
To be completed by appointed Liquor/Beer Agent I, Jeff Rode le C , appointed liquor/beer agent for RING Rode LLC (name of Corporation or LLC), being first duly swom 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	Many Mig
I,	$(100)2$ = 0: Δ : Δ
I, Jeff Rode ld	My Commission Expires Q 1 20
I, Jeff Rode ld	To be completed by appointed Liquor/Beer Agent
RING Rode 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 %	C- C- I
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 %	I, Jet Kodele la , appointed liquor/beer agent for
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	RING Rode LLC (name of Corporation or LLC), being first duly sworn
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	say I have vested in me, by properly authorized and executed written delegation, full authority
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	and control of the premise described in the license of such corporation or limited liability
Subscribed and sworn to before me this	company, and I am involved in the actual conduct of the business as an employee, or have a
Subscribed and sworn to before me this	direct financial interest in the business of the licensee, therein relating to the intoxicating
Subscribed and sworn to before me this	liquor/fermented malt beverage The interest I have in the business is 50 %
Subscribed and sworn to before me this Signature of Agent	
	Subscribed and sworn to before me this Signature of Agent Signature of Agent
Day of 00749,	Day of UCT 20 VI
Notary Public, Dane County, Wisconsin	Notary Public, Dane County, Wisconsin
My Commission Expires 192013	101010017

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