

# ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning April 15 20 10 ;  
ending June 30 20 10

TO THE GOVERNING BODY of the:  Town of } Madison  
 Village of }  
 City of }

County of Dane Aldermanic Dist. No 19 (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): Dahmen Enterprises 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>Member Justin M Dahmen</u>	<u>8111 Starr Grass Drive</u>	<u>Madison WI 53719</u>
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<u>Member Tyler M Dahmen</u>	<u>5 N Woodmont Circle</u>	<u>Madison WI 53717</u>

Directors/Managers

3 Trade Name Dahmen's Pizza Place Business Phone Number 608-829-3005

4 Address of Premises 6654 Mineral Point Road Post Office & Zip Code Madison 53705

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 Wisconsin and date 03/22/10 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) Bar, Dining Rm, Banquet Rm, Patio, kitchen, beer cooler, coolers

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? Pizza Oven West

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 24th day of March, 2010

Janice L. Lee  
(Clerk/Notary Public)

[Signature]  
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)

My commission expires July 14, 2013

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

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <u>3-24-10</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued <u>89185</u>	

Applicant's Wisconsin Seller's Permit Number: <u>456-1027108338-03</u>	
Federal Employer Identification Number (FEIN): <u>27-2088996</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Wholesale beer	\$
<input checked="" 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	\$
<b>TOTAL FEE</b>	<b>\$</b>

## City of Madison Supplemental Class B 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 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 checked="" type="checkbox"/> Notarized Transfer of Ownership <input type="checkbox"/> *Articles of Incorporation <input checked="" type="checkbox"/> *Notarized Appointment of Agent * Corporation/LLC only	<input type="checkbox"/> Floor Plans <input type="checkbox"/> Lease <input type="checkbox"/> Sample Menu <input type="checkbox"/> Business Plan
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1. Name of Applicant/Partner/Corporation/LLC DAHMEN ENTERPRISES, LLC
2. Address of Licensed Premise 6654 MINERAL PT RD, MADISON WI
3. Telephone Number: 608/829-3005 4. Anticipated opening date: 4/15/10
5. Mailing address if not opening immediately 5 N WOODMONT CIR

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: FAMILY PIZZA RESTAURANT  
MON-SAT 11AM-10 (FRI-SAT 11-12?) SUN 4-9PM

9. Do you plan to have live entertainment?  No  Yes—What kind? KARAOKE, GUITAR, ACCORDIAN - PRIMARILY FOR PRIVATE PARTIES

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.**

see attached

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 LOTS  
ADJACENT TO BUILDING - APEX - CLOCK TOWER COURT

13. Describe your management experience, staffing levels, duties and employee training  
MANAGING CURRENT PIZZA OVEN BUSINESS

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.

TYLER M DAHMEN 5 N WOODMONT CIR MADISON 53717

Name

Address

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

FAMILIES, SPORT TEAMS - LUNCH BUSINESS & STUDENTS

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

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

NEWSPAPERS / RADIO PIZZA - SPECIALS

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

19. Owner of building where establishment is located: BRUCE BOBSEN, APEX

Address of Owner: 1741 COMMERCIAL AVE, 53703 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?  Yes  No

21. List the Directors of your Corporation/LLC

TYLER M DATHMEN 5N WOODMONT CIR MADISON 53717  
Name Address

JUSTIN V DATHMEN 8111 STAR GRASS DR MADISON 53719  
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? PIZZA, SALAD, WINGS, FRIES, FISH

Breakfast  Lunch  Dinner

SPAGHETTI

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? ALL

27. What hours, if any, will food service not be available? NONE
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? 5-10  
During what hours do you anticipate they will be on duty? 11 AM - 10 PM
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? \_\_\_\_\_  
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?  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?  
28-30%
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? 3-7%  
What percentage of your advertising budget do you anticipate will be drink related? 0
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
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42. What is your estimated capacity? 300 150 BAR

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	8 %
Gross Receipts from Food and Non-Alcoholic Beverages	91 %
Gross Receipts from Other	1 %
<b>Total Gross Receipts</b>	<b>100%</b>

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 24th day of March, 2010

Jessie L. Lee  
(Clerk/Notary Public)

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

My commission expires July 14, 2013

## Dahmen's Pizza Place Property Description

The property is located in Clock Tower Court on the corner of Mineral Point Rd and Grand Canyon Drive. It is located on the back corner of the property. It is a single story property. You enter the door into the reception/cash register area with the bar/dining area to your right – this area seats 50 patrons. There is a bar with a door into the kitchen and back prep area. Behind the cash register/order area is a dining area and beyond that is the banquet room. Adjacent to the building with a door connecting the area is the front patio. A fence is being installed this spring – capacity will be 35 patrons. The total capacity of the premises is 300 people inside and 35 outside.

# Appointment of New Liquor/Beer Agent

## To be completed by Corporate Officer or Member of LLC

I, MARGARET A DAHMEN, officer/member for DAHMEN ENTERPRISES LLC  
(Corporation/LLC), doing business as DAHMEN'S PIZZA PLACE, authorize and appoint  
TYLER M DAHMEN (Name) as the liquor/beer agent for the premise  
located at 6654 MINERAL POINT RD.

Subscribed and sworn to before me this

24th Day of March, 2010

Janece S. Lee  
Notary Public, Dane County, Wisconsin

My Commission Expires July 14, 2013

Margaret A. Dahmen  
Signature of Officer/Member

## To be completed by appointed Liquor/Beer Agent

I, TYLER M DAHMEN, appointed liquor/beer agent for  
DAHMEN ENTERPRISES 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 \_\_\_\_\_ %.

Subscribed and sworn to before me this

24th Day of March, 2010

Janece S. Lee  
Notary Public, Dane County, Wisconsin

My Commission Expires July 14, 2013

T. M. Dahmen  
Signature of Agent

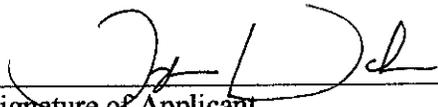
The appointed Liquor/Beer Agent must complete the other side of this form.

# Payment of Taxes on Liquor/Beer License Transfer

I, TYLER M DANNEN, AGENT, applicant for  
Name Title

a liquor and/or beer license for the premise located at 6654 MINERAL PT RD, have  
Address

read the provisions in the attached copy of Madison General Ordinance Section 9.01, and understand that payment of all personal property taxes, special assessments, room taxes, forfeitures and judgments must be paid before the Office of the City Clerk can issue said license.

  
Signature of Applicant

3/23/10  
Date

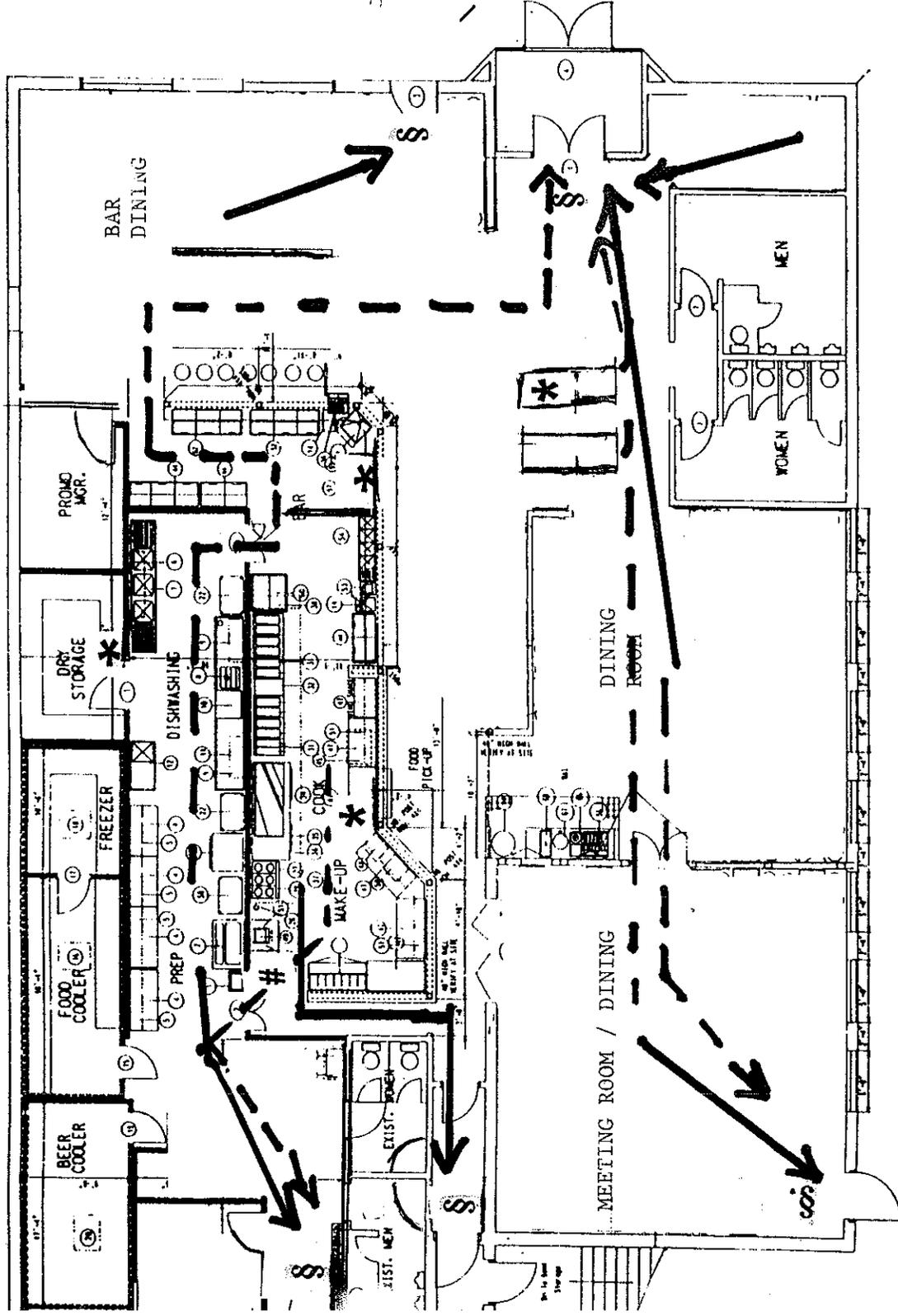
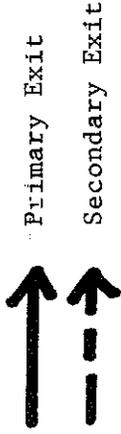
Subscribed and sworn to before me this

24th day of March, 2010

Jarice L. Lee  
Notary Public, Dane County, State of Wisconsin

My Commission Expires July 14, 2013

- \* Fire Extinguisher
- # Pull Extinguisher for Hood System
- Exit with Emergency Light



**Emergency Evacuation Plan**

Manager is responsible for evacuation and emergency medical aid.

When fire is noticed or fire alarms sound, evacuate the building. This will be done by the primary route. Use the secondary route only if the primary route is blocker or unsafe.

- Call 911

Manager will notify occupants of fire by voice. Manager will indicate location of exits.

After occupants have started to evacuate the building, the manager will insure that everybody has left the building.

All customers and employees will go to the far West side of the parking lot at least 200 feet from the building.

When Fire Department arrives, the manager will assist MFD as much as possible.

Contact Person: Tyler Dahmen  
608/438-5396

## Dahmen's Pizza Place Business Plan

Dahmen's Pizza Place will be based on the principle of authentic thin pizza in a family atmosphere. Our menu will primarily offer pizza with several weekly specials as well as appetizers, fried foods, and a salad bar. Our banquet room will cater to local sport teams as well as area groups needing a banquet facility for their meetings. Our family oriented atmosphere will allow adults to enjoy a beer or glass of wine while relaxing and watching their favorite team while their children enjoy a variety of games. We're hoping to have occasional music, whether it is our grandfather playing his accordion for a group of seniors, friends playing guitar, or the occasional karaoke at a private party. In the summer, we hope neighbors will stroll over and be able to meet friends on our patio to enjoy good food and company. We're hoping Dahmen's Pizza Place will become the *place* to be.

# APEX INVESTMENT PROPERTIES, LLC.

1741 COMMERCIAL AVE. MADISON, WI 53704 (608) 255-3753

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3-22-10

Re: Dahmen Pizza Place Lease  
Liquor license application

To Whom it May Concern:

I am writing at the request of Mr. Bruce Dahmen concerning the possibility of opening a restaurant at 6654 Mineral Point Road in the Clocktower Court Shopping Center.

I am confident that we will finalize the lease for the restaurant shortly.

Please contact me at 255-3753 if I can be of any assistance.

Sincerely,



Bruce Bosben  
Managing Member

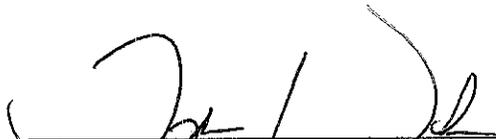
**Transfer of Ownership**  
(letter to surrender previous license)

*To be filed with the City Clerk at the time a new application is submitted  
for a change of ownership for any liquor and/or beer establishment.*

The CLASS B BEER / CLASS C WINE license for the premise located at  
Class of License  
6654 MINERAL POINT RD will be relinquished upon the  
Street Address  
approval of the application and the issuance of the same type of license for the same  
premises to TYLER M DAHMEN  
License Applicant

There have been no convictions for violations during the current license year, nor are  
there any pending violations against the present licensee except as follows:

\_\_\_\_\_  
\_\_\_\_\_

  
\_\_\_\_\_  
Signature of Present License Holder

3/23/10  
\_\_\_\_\_  
Date