Submit to municipal clerk For the license period beginning november 20 10	ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION	Applicant's Wisconsin Selter's Permit Number: 456-1026879311-02
For the license period beginning ending ending ender november 20 11	Submit to municipal clerk.	Federal Employer Identification 26-4714981
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County of Dane		
County of Dane Aldermanic Dist No		
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The named DIVIDUAL PARTIMERCHIP DIMITED LIABILITY COMPANY Reserver Class B Riquor \$ TOTAL FEE \$ Intert Markes application for the activation beverage license(s) checked above TOTAL FEE \$ Intert Market, LLLC An "Auxiliary Questionariar," 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 neaprofit organization, and by each member manager and agent of a corporation or neaprofit organization, and by each member manager and agent of a corporation or neaprofit organization, and by each member manager and agent of a corporation or neaprofit organization, and by each member manager and agent of a corporation or neaprofit organization, and by each member manager and agent of a corporation or neaprofit organization, and by each member manager and agent of a corporation or neaprofit organization, and by each member manager and agent of a corporation or neaprofit organization, and by each member manager and agent of a corporation or neaprofit organization, and by each member manager and agent of a corporation or neaprofit organization, and by each member manager and agent of a corporation or neaprofit organization, and by each member manager and agent of a corporation or neaprofit organization, and by each member manager and agent of a corporation of manager and organization of the submission of the structure of the corporation of manager an	County of Datic Aldermanic Dist. No (if required by ordinance	//
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An "Auxillary 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, tile, and place of residence of each person The president/Member OWNET Alexey Pronin 402 Knightsbridge Rd Waumakee, WI 53597 Nore President/Member OWNET Ekaterina Pronina 402 Knightsbridge Rd Waumakee, WI 53597 Secretary/Member Tressurem/Berber Agent Person Pronina 402 Knightsbridge Rd Waumakee, WI 53597 Directors/Managers 1 Trade Name Person Pronina 402 Knightsbridge Rd Waumakee, WI 53597 Directors/Managers 3 Trade Name Person Pronina 402 Knightsbridge Rd Waumakee, WI 53597 Directors/Managers 3 Trade Name Person Secretary/Member Agent Person Pronina 402 Knightsbridge Rd Waumakee, WI 53597 Directors/Managers 3 Trade Name Person Secretary/Member Agent Pronina 402 Knightsbridge Rd Waumakee, WI 53597 Directors/Managers 3 Trade Name Person Secretary/Member Agent Pronina 402 Knightsbridge Rd Waumakee, WI 53597 Directors/Managers 3 Trade Name Person Secretary/Member Agent Pronina 402 Knightsbridge Rd Waumakee, WI 53597 Directors/Managers 3 Trade Name Person Secretary/Member Agent Pronina 402 Knightsbridge Rd Waumakee, WI 53597 Directors/Managers 3 Trade Name Person Secretary/Member Agent Pronina 402 Knightsbridge Rd Waumakee, WI 53597 Directors/Managers 3 Trade Name Person Secretary/Member Agent Pronina 402 Knightsbridge Rd Waumakee, WI 53597 Directors/Managers 3 Trade Name Person Secretary/Member Agent Pronina 402 Knightsbridge Rd Waumakee, WI 53597 Directors/Managers 3 Trade Name Person Secretary/Member Agent Pronina 402 Knightsbridge Rd Waumakee, WI 53597 Directors/Managers 4 No 10 Designed Pronina 402 Knightsbridge Rd Waumakee, WI 53597 Designed Pronina 402 Knightsbridge Rd Waumakee, WI 53597 Designed Pronina 402 Knightsbridge Rd Waumakee, WI 53597 Designed Pronina		TOTAL FEE \$
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Title Name Home Address Post Office & Zip Code President/Member OWNET Ekaterina Pronina 402 Knightsbridge Rd Waunakee, WI 53597 Noe President/Member Owner Ekaterina Pronina 402 Knightsbridge Rd Waunakee, WI 53597 Secretary/Member Tressurer/Member Agent ▶ Ekaterina Pronina 402 Knightsbridge Rd Waunakee, WI 53597 Directors/Managers 3 Trade Name ▶ InterMarket Business Phone Number (608) 669-5222 Madison, WI 53705 Si sindividual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? Yes ∫ No 7 Does any other adordo beverage retail license or whoselase perintitlee have any interest in or control of this business? (6) Is the applicant an emptyor or agent of agent of company a subsidiary of any other corporation or limited liability company a policants only: Insert state Wisconsistin and day of registration (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? Yes ∫ No (d) Does the corporation, or any officer, director, stockholder or agent or limited liability company? Yes ∫ No (MOTE. All applicants cuplein fully on reverse side of this farm every YES answer in sections 5, 6, 7 and 8 above) 9 Premises description: Describing or busings where alcohol beverages and records. (Alcohol beverages amy be sold and stored only on the premises described) 700 ST fortalt Space in a 3 level appartment building or buildings where alcohol beverages and records. (Alcohol beverages and reco		and by each member/manager and agent or a limited
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Trade Name ▶ InterMarket A address of Premises ▶ 5317 Old Middleton Rd, Suite 101 Post Office & Zip Code ▶ Madison, W1 53705 Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverages 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? Yes ☑ No Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes ☑ No Does any other alcohol beverage retail licenses or wholesale permittee have any interest in or control of this business? Yes ☑ No (a) Corporate/limited liability company applicants only: Insert state WiscODISIN (b) Is applicant corporation/limited liability company applicant corporation or intrided liability company? (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company? (d) Does the corporation, or any officer, director, stockholder or agent or limited liability company? (e) Does the corporation, or any officer, director, stockholder or agent or limited liability company? (n) (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) 700 strictaril space in a 3 level apparatment building. It is premises beneated for the sale of fliquor or beer during the past license year? In a least premise during the past license year? In a least premise during the past license year? In a least premise during the past license year? In a least premise during the past license year? In a least premise during the past license year? In a least premise during the past license year? I	3	oriuge Ru Wadnakee, W1 33397
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	Date license granted Date license issued License number issued	
		Wisconsia Denartment of Revenue

City of Madison Supplemental Class A License Application

F N	eller's Permit Number ederal Employer Identification # lotarized Original Application Form lotarized Supplemental Form brange Sign (Clerk's Office rovides 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 Me Business F * Corporation/								
	Name of Applicant/Partner/Corporation Address of Licensed Premise 5317				idison, WI					
3. T	Telephone Number: 608 231-2017 4. Anticipated opening date: Opened									
5. M	ailing address if not opening immedi	iately								
	ave you contacted the Alderperson, F									
7. A	re there any special conditions desire	d by the neighb	orhood? □ Yes 🏃	No						
	explain.									
	hat type of establishment is contemple Convenience Store – Gas Pumps Usiness Description: internation	Yes □ No	☐ Other—Explain		4					
S	Detailed <u>written</u> description of building ize and all areas where alcohol bever below shall not be expanded or charge 700 store tetail space	ages are to be songed without the	old and stored. The ne approval of the C	licensed premis Common Counci	e described il.					
_	building on a low with the shelving u	er level;	storage sp	pace is s	eparated					
11. A	Are any living quarters directly or ind Please note that alcohol may be sold a	irectly accessib	e and under control	of the applicant?	⊓ Yes ⊅ No quarters.					
12. I	Describe existing parking and how pa spaces in front o	rking lot is to be	e monitored. 16 uilding	shared	Darking					
	Describe your management experienc	e, staffing level	s, duties and employ	ee training.						
_	the business is op	erated by	TWO OWNER	s, No emp	noyees					
p	dentify the registered agent for your process, notice or demand required or EKATETINA Proning 40 lame Address	permitted by la	w to be served on th	e corporation.						
Ñ	lame Addre	ess		• —						

15. Utilizii	. 1.	rket research, w		•	_ "	•			rket to	be?	-2-1-1-1-1-1			
16. Descri	be how you	plan to adverti								vill yo	ou be a	dvertis	sing?	
17. Are yo	ou operating	g under a lease	or franc	chise a	greem	ent?	∦ Ye:	s (atta	ch a c	ору)	□No)		
18 Owner	of building	where establis	hment i	is locat	ted:	Mar	K AI	vd t	teio	i V	lillia	m5_		
Address of	f Owner:_ $\frac{\delta}{\delta}$	1006 Shafe	er Dr,	, Fit	-ch b	urg,	WI	<u>5371</u>	<u>/</u> Pho	ne N	ımber ((૯૦૩)	213-4	4687
		ons (clubs): Do										"Invio		likely
20. List th	e Directors	of your Corpo	ration/L	LLC										
Aley	cey Pro	DNIN	402 Address	. Kni	ght	<u>sbr</u>	ldge	Ro	<u>, v</u>	AUN	IAKE	e,V	<u>/T</u> 53	<u>59</u> 7
Ek A Name	teriNA	Pronina	402 Address	Knig	<u>ant</u>	<u>Sbri</u>	<u>dge</u>	. Rd	<u>, W</u>	AUN	AKE	<u>=,W.</u>	<u> 535</u>	97
Name		<u> </u>	Address											
21 List th	e Stockhol	ders of your Co	ornoratio	on/LLC	C									
Zi. Dist u.	N /1	_	Potent											
Name	·····		Address									1	% of Owner	ship
Name			Address		······					<u></u>			% of Owner	ship
Name			Address								<u> </u>		% of Owner	ship
has been to according assigned to refusal to p	ruthfully co to law and another permit insp	re signing: Uncompleted to the that the rights at Any lack of acceptation. Such resto before me: September 1996	best of the desired test o	the kno consibi any por a miso	owled lities ction o demea	ge of confer of a lic	the signed by ensed	gner. y the lipremounds	Signedicense du for re	er agree e(s), it aring it vocati	es to of f grante on of t	perate ed will ion wi his lic	this bus I not be II be dec	siness
	(0101.01.101)	S 8 26 10												

Floor Plan for INTERMARKET

5317 Old Middleton Rd, Suite 101

MAdison, WI 53705

