ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION	Applicant's Wisconsin Seller's Permit Number:	
Submit to municipal clerk	Federal Employer Identification Number (FEIN):	
For the license period beginning 20 ;	LICENSE REQUESTED >	
ending	TYPE FEE	
☐ Town of •	☐ Class A beer \$	
TO THE GOVERNING BODY of the: To Village of \ Made son	Wholesale beer \$	
□ City of	Class C wine \$	
County of Done Aldermanic Dist. No (if required by ordinance)	Class A liquor \$	
/ Hoofmand 2 lot. For (H. required by Granding)	Class B liquor \$	
1 The named I INDIVIDUAL PARTNERSHIP X LIMITED LIABILITY COMPANY	Reserve Class B liquor \$	
CORPORATION/NONPROFIT ORGANIZATION	Publication fee \$	
hereby makes application for the alcohol beverage license(s) checked above.	TOTAL FEE \$	
2 Name (individual/partners give last name, first, middle; corporations/limited liability companies give register.  The New Old Town Pub, LLC	ed name):	
An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by partnership, and by each officer, director and agent of a corporation or nonprofit organization, and liability company. List the name, title, and place of residence of each person	y each individual applicant, by each member of a I by each member/manager and agent of a limited	
Title Name Home A		
	3 Westin Dr 53719	
	7 Toribrooke Un 53/19	
	3 Westin Or \$ 53719	
Treasurer/Member  Agent DRIA Zenz (0313 Westin Dr. 5)		
Directors/Managers  3 Trade Name > The New Old Town Pub Business Ph	Lor, Zen one Number will apply for (1008)575/0	2
3 Trade Name The New Old Town Pub Business Photo Address of Premises 724 5 Sammon Rd Post Office &	one Number <u>will apply for (1008</u> )575/0 Zip Code ▶ <u>53719</u>	43
5 Is individual, partners or agent of corporation/limited liability company subject to completion of the responsil		
training course for this license period? COMPLETED	Yes No	
6 Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant?	answel Inflictiff	
7 Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of thi	is business?	
8 (a) Corporate/limited liability company applicants only: Insert state with and date 9		
<ul> <li>(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability</li> <li>(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company or any management.</li> </ul>		
agent hold any interest in any other alcohol beverage license or permit in Wisconsin?	Yes X No	
(NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 a		
9 Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The	ne applicant must include	
all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and re	ecords (Alcohol beverages	
may be sold and stored only on the premises described) 124 5 Gammon Rd 53019, 6	gin" by 33'11" no living quarters	
<ul> <li>Legal description (omit if street address is given above):</li> <li>(a) Was this premises licensed for the sale of liquor or beer during the past license year?</li> </ul>	Yes No	
(b) If yes, under what name was license issued? Jennifer kane		
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 of the same of th	ne 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?	Yes Wo	
	Li tes Zi teo	
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law the applicant states that each of the above question of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by (Individual applicants and each member of a partnership applicant must sign; corporate officer(s) members/managers of Lin any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdeme	r the license(s), if granted, will not be assigned to another. nited Liability Companies must sign.) Any lack of access to	
SUBSCRIBED AND SWORN TO BEFORE ME	^ 0	
this 27 th day of Montan pe 20 10	N (aux)	
(Officer of Consoration/Men	mber/Manager of Eimited Liability Company/Partner/Individual)	
	MemberyManage of Limited Liability Company/Partner)	
My commission expires 13 perm anew Turned (Additional Parther(s	S)MemberManager of Limited Liability Company if Any)	
TO BE COMPLETED BY CLERK		
Date received and filed 9/28/20   Date reported to council/board   Date provisional license issued   Signal with municipal clerk   9/28/20   Date reported to council/board   Date provisional license issued   Signal   Date provisional license issued   Signal   Date provisional license issued   Signal   Date provisional license issued   Date provisional license   Date	sture of Clerk / Deputy Clerk	
Date license granted License number issued License number issued 915 y 9		
AT-106 (R 4-09)	Wisconsin Department of Revenue	

AT-106 (R. 4-09)

## City of Madison Supplemental Class B License Application

□ Seller's Permit Number App I sed For □ Written Description of Premise □ Floor Plans □ Federal Employer Identification # □ Background Investigation Form(s) □ Notarized Original Application Form □ Notarized Transfer of Ownership □ Notarized Supplemental Form □ Articles of Incorporation □ Supplemental Form □ Notarized Appointment of Agent * Corporation/LLC only
1. Name of Applicant/Partner/Corporation/LLC The New Old Toush Pub
2. Address of Licensed Premise 724 5 Gammon Rd 53719
3. Telephone Number: Applied for 1008 4. Anticipated opening date: 01/05/11
5. Mailing address if not opening immediately 6313 Westin Dr Madison 53719
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? MYes DNo Provide clean safe neighborhood bour Explain Monitor Premises wisecurity Pameras/Control Clientel
8. Business Description, including hours of operation: Tavern 1100 am - Zam.
9. Do you plan to have live entertainment? XNo Yes—What kind?  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.  89 AMMMMA Capacity overall dimensions (9'7" X 33'11)  1 booths, 5 tables, bar 25' (6" X 9' 103'4" stating 18  2 bathrooms each 11'10" x 9' kither walkin cooler
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 We are pacing new
Entire Highland gates shopping center  13 Describe your management experience, staffing levels, duties and employee training.  15 Dook Keepen book kee
own businesses I have had bartending experience all employees will take responsible beverage solver than ing twork with exper.  14 Identify the registered agent for your Corporation or LLC. This is your corporation's agent for service of staff process, notice or demand required or permitted by law to be served on the corporation.
Lori Zenz 6313 Westin Dr Maduson 53719 Name Address

	Utilizing your market research, who would you project your target market to be?					
-	Woodmans employees for lunch. Weigh borhood for night weekend we hope to attract young + old / Neighborhood by What age range would you hope to attract to your establishment? 24-70					
16.	What age range would you hope to attract to your establishment? 24 - 570					
17.	17. Describe how you plan to advertise/promote your business. What products will you be advertising?					
	Advertise on back of Woodmans receipts + flyers					
18	Advertise on back of Woodmans receipts + flyers  will be advertising   unch specials + pool + down leagues  8 Are you operating under a lease of franchise agreement? XYes (attach a copy) \( \text{No} \)					
19.	Owner of building where establishment is located: Simon Investments Inc/DSI Real					
	Owner of building where establishment is located: Simon Investments Inc/DSI Real disease of Owner: 2800 Royal Ave Ste 101 Phone Number 1008-2216-30163					
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					
	Lori Zenz (0313 Westin Dr 53719 Name Address					
	Ron Zenz 6313 Westin Dr 53719					
	Name Address Pat Burkle 6437 Toribrooke Ln 53719					
	11 1 13 1 L. 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
	Name Address					
	List the Stockholders of your Corporation/LLC					
	Name					
	List the Stockholders of your Corporation/LLC					
	List the Stockholders of your Corporation/LLC  Name  Address  **of Ownership**					
22	List the Stockholders of your Corporation/LLC  Name  Address  Address  % of Ownership  Name  Address					
22	List the Stockholders of your Corporation/LLC  Name  Address  Address  Name  Address  Name  Address  Nof Ownership  What type of establishment are you? (Check all that apply)  Tavern  Nightclub  Restaurant					
22	List the Stockholders of your Corporation/LLC  Name  Address  Address  Name  Address  Name  Address  Nof Ownership  What type of establishment are you? (Check all that apply)  Tavern  Nightclub  Restaurant					
22 23.	List the Stockholders of your Corporation/LLC  Name  Address  Name  Address  Address  Name  Address  Name  Address  Name  Address  Name  Address  Nof Ownership  Name  Name  Nightclub  Restaurant					
23.	List the Stockholders of your Corporation/LLC  Name  Address  Address  Name  Address  Address  Name  Address  Name  Address  Nof Ownership  Name  Address  Nof Ownership  What type of establishment are you? (Check all that apply)  Tavern   Nightclub   Restaurant  Other Please Explain  What type of food will you be serving, if any? Burgers, Chicken, Fives; Pizza					
23.	List the Stockholders of your Corporation/LLC  Name  Address  Address  Address  Address  Name  Address  Address  What type of establishment are you? (Check all that apply)  Tavern Nightclub Restaurant  Other Please Explain  What type of food will you be serving, if any?  Breakfast  Lunch  Dinner					
<ul><li>22</li><li>23.</li><li>24</li><li>25</li></ul>	List the Stockholders of your Corporation/LLC  Name  Address  Name  Address  Name  Address  Name  Address  Nof Ownership  What type of establishment are you? (Check all that apply)  What type of food will you be serving, if any?   Burgers; Chicken, Fries; Pizza  Breakfast X Lunch X Dinner  Please submit a sample menu with your application, if possible. What might eventually be included on your					

27. What hours, if any, will food service not be available? Bp.m - 2'00 a.m. except pizza Chipe
28. Indicate any other product/service offered \( \Oldon \Doldon
29. Will your establishment have a kitchen manager? XYes □ No
30. Will you have a kitchen support staff? XYes □ No
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?
32. Do you plan to have hosts or hostesses seating customers? □ Yes XNo
33. Do your plans call for a full-service bar? Yes \square No  If yes, how many bar stools do you anticipate having at your bar? \square / \frac{1}{2}  How many bartenders do you anticipate you would have working at one time on a busy night? \square 2
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? A Stove Y Oven Fryers KGrill 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?  (00.70)
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food?
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 X No NOT SUPE

42. What is your estimated capacity?	89
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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	40 %
Gross Receipts from Food and Non-Alcoholic Be	verages 50%
Gross Receipts from Other	10 %
Total	Gross Receipts 100%

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

You may be required to submit documentation verifying the percentages you've indicated. 

New Establishment 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 day of day of

My commission expires

(Officer of Copporation Member of C/P

STARTERS		
Soup of the day		
(Homemade daily)	Cup	1.50
Harry's	The state of the s	2.00
Famous Chill	Cup	1.75
	Bowl	2.50
OBL WIND OF THE	Add Cheese and Onlons	
ON THE SIDE		
French Fries	enspirent dat nos solvent de l'indicht. IN dies sus source, de l'incessé de l'incessé de l'incessé de l'incess	Pag 105
OCIO OLON ROLLE DOCUMENTO DE CARROLLES	nes anum anum e per per menuman sus est est e pen s'elemente anus.	
<del></del>		3.25 3.25
	WICHES	
Pork Chop (Plain or BBQ with Lett	tuce & Tomato)	3.75
Reuben Steak Sandwich	អ្នកស្រុកស្រុក ស្រុកស្រុក ស្រុកស្រុក ស្រួន ស្រុកស្រុកស្រុកស្រុកស្រុកស្រុកស្រុកស្រុក	425 4.00
Patty Melt		
(1/3 lb Burger with Cheddar, Swiss	s Cheese and Raw	
Onion, served on grilled Light Rye	Bread)	
Ham and Cheese (Served Hot o	r Cold)	
Corned Beef Sandwich		3.75
(with Cheese, served Hot or Cold)  Breaded Chicken (4 oz. Filet with	alattica & Tamata)	4.95
Teriyaki Chicken Sandwich		
(Grilled Unbreaded Chicken Brea	ıst Marinated with Terivaki	
Sauce served with Lettuce Tomat	o and Mayo or BBQ Sauce	
Turkey Sandwich	որ ըրդուրդության գործում համարու ուսուման, «ը։ հետում հենունում հետում համարու	350
(Thin sliced Turkey Breast on Bread		
Tomato and Mayo served Het or Roast Beef.	Cold)	3.50
(Sliced Roast Beef with Cheese, Le	ettuce and Tomato	annan U.UU
served Hot or Cold.)		
Cod Filet (with Lettuce & Tornato Brat		
(Jumbo Smoked Brat with Raw or i	Fried Onions)	
Hot Dog Wisconsin Cheese (Grilled or Co	BOTHER BURGER (BURGER BURGER BURGER) BERTHER PRESENT BERTHER BERTHER FREE FREE FREE FREE FREE FREE FREE F	2_50
Wisconsin Cheese (Grilled or Co	A401000111110001110011110111101111011101	2.50
BLT ************************************		2.50
Extras: Lettuce and Tomato Cheese Mushrooms Sauerkraut Bacon	.25 .35 .50	

