

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning _____ 20____ ;
ending _____ 20____

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

County of DANE Aldermanic Dist. No. _____ (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): STALZY'S DELI 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>OWNER/OPERATOR</u>	<u>CORBIN REYNOLDS</u>	<u>126 S MARQUETTE ST. 53704</u>
Vice President/Member	<u>OWNER/OPERATOR</u>	<u>NEIL STALBOERGER</u>	<u>118 S MARQUETTE ST.</u>
Secretary/Member			
Treasurer/Member			
Agent			
Directors/Managers			

3. Trade Name STALZY'S DELI Business Phone Number (608) 332-9696
4. Address of Premises 2701 ATWOOD AVE Post Office & Zip Code 53704

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 _____ and date _____ 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.) _____

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? AFRICANIA REST.
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 21 day of December, 2010

Eileen Berg
(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 2-24-13

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>12-21-10</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning _____ 20____ ;
ending June 30, 2011

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

County of Dane Aldermanic Dist. No. _____ (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): Stalzy's Deli LLC

Applicant's Wisconsin Seller's Permit Number: <u>456-1027276195-02</u>	
Federal Employer Identification Number (FEIN): <u>27-3830648</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Wholesale beer	\$
Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$
TOTAL FEE	\$

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>Owner/operator</u>	<u>Corbin Reynolds</u>	<u>126 S. Marquette st 53704</u>
Vice President/Member	<u>Owner/operator</u>	<u>Neil Stalhaberger</u>	<u>110 S. Marquette st 53704</u>
Secretary/Member			
Treasurer/Member			
Agent ▶			

3. Trade Name ▶ Stalzy's Deli Business Phone Number 608-332-9696
4. Address of Premises ▶ 2701 Atwood Ave Post Office & Zip Code ▶ 53704

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 Mar 1, 2010 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.) _____
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SUBSCRIBED AND SWORN TO BEFORE ME

this 16th day of December, 2010

Jean Truh-Schmitz
(Clerk/Notary Public)

My commission expires 9-23-2012

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

(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
<u>12-16-10</u>	Date license issued	License number issued	
		<u>91952</u>	

City of Madison Supplemental Class B License Application

<input checked="" type="checkbox"/> Seller's Permit Number <input checked="" type="checkbox"/> Federal Employer Identification # <input type="checkbox"/> Notarized Original Application Form <input 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 type="checkbox"/> Notarized Transfer of Ownership <input checked="" type="checkbox"/> *Articles of Incorporation <input checked="" type="checkbox"/> *Notarized Appointment of Agent * Corporation/LLC only	<input checked="" type="checkbox"/> Floor Plans <input checked="" type="checkbox"/> Lease <input checked="" type="checkbox"/> Sample Menu <input checked="" type="checkbox"/> Business Plan
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Corbin.reynolds@gmail.com

1. Name of Applicant/Partner/Corporation/LLC Stalzy's Deli LLC
2. Address of Licensed Premise 2701 Atwood Ave Madison, WI 53704
3. Telephone Number: 608-332-9696 4. Anticipated opening date: April 01 2011
5. Mailing address if not opening immediately 118 S. Marquette St Madison, WI 53704
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: Deli, Sandwich Shoppe, limited grocery. Hours of operation: 10am - 7pm (M-Sat), 8am - 3pm (Sun)

9. Do you plan to have live entertainment? No 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.**

Single story building. Brick exterior. 34-40 seats. Estimated capacity is 60. Stalzy's Deli will not have a bar. Beer and wine cooler (sale) listed on provided floorplan. Alcohol will be stored in a locked managers office (basement). Alcohol can be consumed in dining area and stored on a main floor 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. 20-25 parking spaces, connected/shared to/with the building. Parking lot is monitored by staff/management.

13. Describe your management experience, staffing levels, duties and employee training.
Owners possess 18 years of combined management experience. Two owners, two full time kitchen employees, one full time cashier/front of house employee. Training conducted by owners on-site.

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.

Corbin Reynolds 126 S Marquette St. Madison, WI 53704

Name Address

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

local residents seeking local and hand crafted food. Deli enthusiasts. Young professionals.

16. What age range would you hope to attract to your establishment? 30 yrs - 40 yrs

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

Social media campaigns, door-to-door advertising. Food will be primary focus of our advertising efforts.

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

19. Owner of building where establishment is located: Krishna Pradhan

Address of Owner: 302 S. Bassett Street madison, WI 53703 Phone Number 251-4892

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

Neil Steinhilber 118 S. Marquette St Madison, WI 53704
Name Address

Corbin Reynolds 126 S. Marquette St, Madison, WI 53704
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? _____

Breakfast Lunch Dinner

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? -
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? 0
During what hours do you anticipate they will be on duty? -
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
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?
80-90%
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? 90-100%
What percentage of your advertising budget do you anticipate will be drink related? 0% - 10%
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
-

42. What is your estimated capacity? 60

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	5 %
Gross Receipts from Food and Non-Alcoholic Beverages	85 %
Gross Receipts from Other	10 %
Total Gross Receipts	100%

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 16th day of December, 2010

Jean-Tina Schmitz
(Clerk/Notary Public)

My commission expires 9-23-2012

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

Appointment of New Liquor/Beer Agent

To be completed by Corporate Officer or Member of LLC

I, Corbin Reynolds, officer/member for Stalzy's Deli LLC
(Corporation/LLC), doing business as Stalzy's Deli, authorize and appoint
Corbin Reynolds (Name) as the liquor/beer agent for the premise
located at 2701 Atwood Ave (Madison, WI)

Subscribed and sworn to before me this

16th Day of December, 2010

John Trout Sch
Notary Public, Dane County, Wisconsin

My Commission Expires 9-23-2012

Corbin Reynolds
Signature of Officer/Member

Corbin Reynolds

To be completed by appointed Liquor/Beer Agent

I, Corbin Reynolds, appointed liquor/beer agent for
Stalzy's Deli 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

16th Day of December, 2010

John Trout Sch
Notary Public, Dane County, Wisconsin

My Commission Expires 9-23-2012

Corbin Reynolds
Signature of Agent

Corbin Reynolds

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



STATE OF WISCONSIN
DEPARTMENT OF REVENUE
CUSTOMER SERVICE BUREAU

2135 RIMROCK RD
P.O. BOX 8902
Madison, WI 53708-8902
FAX NUMBER: (608) 264-6884

Legal Name: STALZY'S DELI, LLC

DBA Name:

BTR Expiration Date: December 31, 2012

Greeting Letter ID (for registering on My Tax Account): L1454957760

Tax Account	Tax Account Number	Filing Frequency
Sales & Use	456-1027276195-02	Early Monthly
Withholding Tax	036-1027276195-04	Monthly

Sec. 183.0202
Wis. Stats.



State of Wisconsin
Department of Financial Institutions

ARTICLES OF ORGANIZATION - LIMITED LIABILITY COMPANY

Executed by the undersigned for the purpose of forming a Wisconsin Limited Liability Company under Chapter 183 of the Wisconsin Statutes:

Article 1. **Name of the limited liability company:**
Stalzy's Deli, LLC

Article 2. **The limited liability company is organized under Ch. 183 of the Wisconsin Statutes.**

Article 3. **Name of the initial registered agent:**
Donald Ritchey Stroud, III

Article 4. **Street address of the initial registered office:**
25 West Main Street
Suite 300
Madison, WI 53703
United States of America

Article 5. **Management of the limited liability company shall be vested in:**
A member or members

Article 6. **Name and complete address of each organizer:**
Donald Ritchey Stroud, III
25 West Main Street
Suite 300
Madison, WI 53703
United States of America

Other Information. **This document was drafted by:**
Donald Ritchey Stroud, III

Organizer Signature:

Donald Ritchey Stroud, III

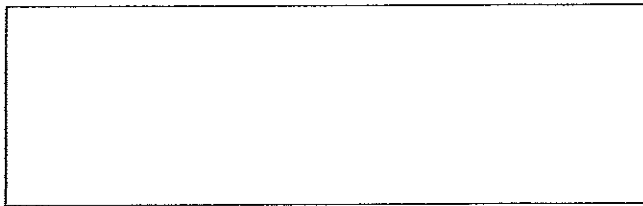
Date & Time of Receipt:

11/1/2010 4:12:36 PM

Credit Card Transaction Number:

201011012395859

**ARTICLES OF ORGANIZATION - Limited Liability
Company(Ch. 183)**



Filing Fee: \$130.00
Total Fee: \$130.00

ENDORSEMENT

**State of Wisconsin
Department of Financial Institutions**

EFFECTIVE DATE	
11/1/2010	

FILED 11/1/2010	Entity ID Number S089648
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