IGINAL ALCOHOL BI					115		
mit to municipal clerk.		. 4		Federal Employer I Number (FEIN):			00
the license period beginning ending		20 _/ /;			REQUESTE	D P FEE	
ne licerise period beginning		20 12			/PE	\$.
ending _				Class A be		\$	
	☐ Town of	Madigan		Class B be	boor -	\$	
THE GOVERNING BODY of t	he: Village of	Madison				\$	
	City of			Class C w		\$	
Dane	Aldermanic Dist	, No (if required by	ordinance)	Class A lic		\$	
nty of Dane	Algermanic Disc	, 110.		Class B li		- \$	
	CT DARTNEDSHID	LIMITED LIABILITY CO	OMPANY		Class B liquor		
The named INDIVIDUAL	LI PARTINEROLIII	ATION			cation fee	\$	
	N/NONPROFIT ORGANIZA			TOTAL F		\$	
hereby makes application for the a	cohol beverage license(s)	checked above.	es aive reaister	red name):			
hereby makes application for the all Name (individual/partners give last	name, first, middle; corpor	rations/limited hability companie				each mam	har of a
Mount Everest, Inc. An "Auxiliary Questionnaire," For	orm AT-103 must be con	npleted and attached to this	application b	y each individu	al applicant, b	y each men	a limited
			janization, and	d by each memi	per/manager ar	iu agent or	, ,,,,,,,,
liability company. List the name,	title, and place of residenc	,0 0, 0 alon	11	Address	Post (UTTICE & ZIP \	Juuc
			5012 N	fanor Cross	Madison.	WI 537	11 _
President/Member President		Gokel Silwal	4210 G	reen Avenu	e. Madisor	1, WI 53	704
President/Member <u>President</u> Vice President/Member <u>Vice I</u>	President	Nupu Lama		10011 / 1 7 0110	-,		
Agent N Gokel Silwal							
Directors/Monagors					608 204 5	555	
Directors/Managers Trade Name Flavor of In Address of Premises 14 W	ndia		_ Business P	hone Number _	Modigon V	WI 5370	13
Irade Name P Flavor of II	Mifflin St. Suite	102	_ Post Office	& Zip Code 🕨 .	Madison,	YY 1 33 10	
Address of Premises 14 VV Is individual, partners or agent of	p = 10 - 9 - CO = L200 -	company subject to completion	of the respons	sible beverage se	erver		г
at a 11 tilling and norm or agont of	corporation/limited liability (•		LV I Yes	☐ No
Te individual naturers of auctivor	our por acion in interest					· <u>=</u>	
training course for this license per	iod?		nlioont?			Yes	✓ No
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City of Madison Supplemental Class B License Application

	City of Madison Supplemental Glass B 210000
Fedo Nota	er's Permit Number eral Employer Identification # arized Original Application Form arized Supplemental Form arized Sign (Clerk's Office provides me of application) Written Description of Premise Background Investigation Form(s) Notarized Transfer of Ownership *Articles of Incorporation *Notarized Appointment of Agent * Corporation/LLC only
 Ad Tel Ma Have the Are 	me of Applicant/Partner/Corporation/LLC Mount Everest, Inc. me of Applicant/Partner/Corporation/LLC Mount Everest, Inc. dress of Licensed Premise 14 W Mifflin Street, Ste. 102, Madison, WI 53703 dephone Number: 608-294-5555
	splainstription, including hours of operation: Indian Cuisine 1:30am - 3:00pm (Lunch); 5:00pm - 10:00pm (Dinner)
10. D si b	by you plan to have live entertainment? No Yes—What kind? NONE Detailed written description of building, including overall dimensions, seating arrangements, capacity, bar lize and all areas where alcohol beverages are to be sold and stored. The licensed premise described selow shall not be expanded or changed without the approval of the Common Council. See attached floor plan.
T	Are any living quarters directly or indirectly accessible and under control of the applicant? No Please note that alcohol may be sold and stored only on the licensed premise, not in living quarters. N/A Describe existing parking and how parking lot is to be monitored.
13.	Describe your management experience, staffing levels, duties and employee training. Gokel Silwal, Manager, day to day operations, menu, ordering, inventories, employee management
	- water 3 wait-staff
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. Gokel Silwal 14 W Mifflin Street, Suite 102, Madison, WI 53703
	Name Address

15. Utilizii Your	ng your market research, w g adults, professional,	who would you project your target market to be? business owners	
16. What	age range would you hope	to attract to your establishment? All ages including fami	lies
17. Descri		ise/promote your business. What products will you be advert	
18. Are y	ou operating under a lease	or franchise agreement? ☐ Yes (attach a copy) ☐ No	
	C1 '11'	shment is located: 14 WEST MIFFLIN ASSOCIATES, L	LC
19. Owner	of building where establing of building where establing the state of t	eet, Suite 300, Madison, WI 53703 Phone Number (608	3) 258-4640
to give	e offense) discrimination in	o your membership policies contain any requirement of "Inv n regard to race, creed, color, or national origin? Yes	idious" (likely □ No
	ne Directors of your Corpo	oration/LLC 5013 Manor Cross, Madison, WI 53711	
	el Silwal	Address	
Name Nuo l	ı Lama	4210 Green Avenue, Madison, WI 53704	
Name		Address	
		Address	
Name		Address	
22 List t	he Stockholders of your C	Corporation/LLC	
	el Silwal	5013 Manor Cross, Madison, WI 53711	60.0
Name		Address NA Signary NA 52704	% of Ownership 40.0
Nup	ı Lama	4210 Green Avenue, Madison, WI 53704	% of Ownership
Name		Address	•
Name		Address	% of Ownership
	type of establishment are	you? (Check all that apply) ☐ Tavern ☐ Nightclub ☐ Res	staurant
□ Oth	er Please Explain.		
24 What	type of food will you be s	serving, if any? Indian food	
		Dinner	
O.S. Diago	a submit a sample menu v	vith your application, if possible. What might eventually be	included on your
			□ Entrees
opera	tional menu when you op	en: Appenzers Banda Barry	
	550165	1 Dinners	
26. Duri	ng what hours of your ope	ration do you plan to serve food? 11:30a - 3:00p; 5:00p -	- 10:00p

w.c. 1 writes not be available? 3:00p - 5:00p
27. What hours, if any, will food service not be available? 3:00p - 5:00p
28. Indicate any other product/service offered. Ethnic Indian food
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? During what hours do you anticipate they will be on duty? 11:30a - 10:30p
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
t 1 anticipate having at Your par?
If yes, how many bar stools do you anticipate having at you at one time on a busy night?
34. Will there be a kitchen facility separate from the bar? \square Yes \square 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
the devoted to food operation salaries?
38. What percentage of your overall payroll do you anticipate will be devoted to food operation salaries?
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? \$1,000 per month 1,000 per month 1,000 per
what percentage of your advertising budget do you anticipate will be drink related? 10%
40. Are you currently, or do you plan to become, a member of the Madison—Dane County Tavern League or
the Tayern League of Wisconsin? 🗆 Yes 💢 No
41. Are you currently, or do you plan to become, a member of the Wisconsin Restaurant Association or the
41. Are you currently, of do you pure
National Restaurant Association? Yes No

- 42. What is your estimated capacity? 85 + 30 (outdoor)
- 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	10 %	
Gross Receipts from Food and Non-Alcoholic Beverages	90 %	
Gross Receipts from Other	%	
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.

(Officer of Corporation/Member of LLC/Partner/Individual)

Appointment of New Liquor/Beer Agent

o be completed by or	orporate Officer or Memb	Manual Everet Inc		
Nupu Lama	, officer/meml	Mount Everest, Inc. , officer/member for		
Corporation/LLC), doing	business as	, authorize and appoint		
Gokel Silwal	(Name) a	s the liquor/beer agent for the premise		
ocated at	# 102,, Madison, WI 53703	_•		
Subscribed and sworn to 3 Day of	PUBLIC Significant	gnature of Officer/Member		
To be completed by	appointed Liquor/Beer Ag	jent		
Gokel Silwal I.		, appointed liquor/beer agent for		
I, Mount Everest, Inc.	(name of C	, appointed liquor/beer agent for corporation or LLC), being first duly swort		
Mount Everest, Inc. say I have vested in me,	by properly authorized and ex	Corporation or LLC), being first duly swork secuted written delegation, full authority		
say I have vested in me,	by properly authorized and exise described in the license of	Corporation or LLC), being first duly swork secuted written delegation, full authority such corporation or limited liability		
say I have vested in me, and control of the premi company, and I am invodirect financial interest	by properly authorized and exist described in the license of olved in the actual conduct of in the business of the licensee	corporation or LLC), being first duly swort executed written delegation, full authority such corporation or limited liability the business as an employee, or have a therein relating to the intoxicating		
say I have vested in me, and control of the premi company, and I am invodirect financial interest	by properly authorized and exists described in the license of	corporation or LLC), being first duly swort executed written delegation, full authority such corporation or limited liability the business as an employee, or have a therein relating to the intoxicating		
say I have vested in me, and control of the premi company, and I am invodirect financial interest liquor/fermented malt be Subscribed and sworn a Day of May	by properly authorized and exists described in the license of olved in the actual conduct of in the business of the licensees beverage. The interest I have in	corporation or LLC), being first duly swo executed written delegation, full authority such corporation or limited liability the business as an employee, or have a therein relating to the intoxicating		

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.

	license for the premise located at
TheClass of License	
14 W Mifflin Street, Madison, WI 53703	will be relinquished upon the
Street Address	
approval of the application and the issuance of t	the same type of license for the same
premises to	·
There have been no convictions for violations of there any pending violations against the present	
Derender Balas! Signature of Present License Holder	05 103 2011 Date

Payment of Taxes on Liquor/Beer License Transfer

_{I.} Gokel Silwal	President	_, applicant for
Name a liquor and/or beer license for the premise located	Title at 14 W Mifflin Street, Madison, WI & Address	
read the provisions in the attached copy of Madison	General Ordinance Section 9.01, an	d 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	05/03/2011 Date	
+ L	OTARY OUBLIC WISCONSTITUTE WISCONSTITUTE OUBLIC TO WISCONSTITUTE	

