LICLIB-2011-00396

| ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION  |  |  |
|--|--|--|
| Submit to municipal clerk.   | Applicant's Wisconsin Seller's Permit Number: Federal Employer Identification Number (FEIN):   | 45.2120033   |
|  |  |  |
| For the license period beginning 20 1/2; ending 20 1/2   | LICENSE REQUES   |  |
| ending 20 12   | TYPE Class A beer  | FEE<br>\$  |
| Town of 1  | Class B beer   | \$   |
| TO THE GOVERNING BODY of the: Village of Madison   | — Wholesale beer   | \$   |
| City of  | Class C wine   | \$   |
|  |  |  |
| County of Dune Aldermanic Dist. No. (if required by ordinance  | e) Class A liquor  | \$   |
|  | Class B liquor   | \$   |
| 1. The named INDIVIDUAL PARTNERSHIP LIMITED LIABILITY COMPANY  | Reserve Class B liqu   |  |
| 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 regined to the compa | stered name):  |  |
| An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application partnership, and by each officer, director and agent of a corporation or nonprofit organization, liability company. List the name, title, and place of residence of each person.  Title  President/Member  Wice President/Member  Wice President/Member  | and by each member/manager   | t, by each member<br>r and agent of a lim<br>st Office & Zip Code<br>I/IVAULUS   |
| Vice President/Member on behalf of Hospitality, Democre  | acy2,4C  |  |
| Secretary/Member   |  |  |
| Treasurer/Member   |  |  |
| Agent Toseph J. Sorge, JR  |  |  |
| Directors/Managers   |  |  |
| 2 Trade Name AT BOMBIES  | Phone Number 608 · 30  | 05.4474  |
| 4. Address of Premises 20/ W. Cornam St Post Office  | ce & Zip Code Madis  | on. WI 537   |
| 4. Address of Figures as a sent of assessment in the figure is a figure to extend from of the correct  | meible herretage conver  |  |
| 5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsationing course for this license period?  |  | Tyes   |
| Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant?   |  |  |
| or to the abblicant an embiose of adelit of a goning on pental of anyone except the home abblicants  |  |  |
| 7 Dans any other clockel haven as retail licenses as uppleed a permitted have any laterest in as control of  | of this husingss?  |  |
| 7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of   | f this business?   | Yes 🔀  |
| 8. (a) Corporate/limited liability company applicants only: Insert stateN and da   | f this bysiness?te <u>4/20///</u> of registration  | Yes 🔀  |
| 8. (a) Corporate/limited liability company applicants only: Insert state and da (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liab   | f this business?   | Yes 🔀  |
| <ul> <li>8. (a) Corporate/limited liability company applicants only: Insert state and da</li> <li>(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liab</li> <li>(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any</li> </ul>   | of this business?  | Yes X  |
| 8. (a) Corporate/limited liability company applicants only: Insert state and da (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liab (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any agent hold any interest in any other alcohol beverage license or permit in Wisconsin?   | of this business?  | Yes X  |
| 8. (a) Corporate/limited liability company applicants only: Insert state and da (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liab (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any agent hold any interest in any other alcohol beverage license or permit in Wisconsin?   | of this bysiness?  | Yes X  |
| <ul> <li>8. (a) Corporate/limited liability company applicants only: Insert state</li></ul>  | of this business?  | Yes X  |
| <ul> <li>8. (a) Corporate/limited liability company applicants only: Insert state</li></ul>  | of this business?  | Yes X  |
| <ul> <li>8. (a) Corporate/limited liability company applicants only: Insert state</li></ul>  | of this business?  | Yes 🔀  |
| <ul> <li>8. (a) Corporate/limited liability company applicants only: Insert state</li></ul>  | of this business?  | Yes 🔀  |
| <ul> <li>8. (a) Corporate/limited liability company applicants only: Insert state</li></ul>  | of this business?  | Yes 🔀  |
| <ul> <li>8. (a) Corporate/limited liability company applicants only: Insert state</li></ul>  | of this business?  | Yes  |
| <ul> <li>8. (a) Corporate/limited liability company applicants only: Insert state</li></ul>  | of this business?  | Yes 🔀  |
| <ol> <li>(a) Corporate/limited liability company applicants only: Insert state</li></ol>   | of this business?  |  |
| <ul> <li>8. (a) Corporate/limited liability company applicants only: Insert state</li></ul>  | of this business?  |  |
| <ul> <li>8. (a) Corporate/limited liability company applicants only: Insert state</li></ul>  | of this business?  |  |
| <ul> <li>8. (a) Corporate/limited liability company applicants only: Insert state</li></ul>  | of this business?  |  |
| <ul> <li>8. (a) Corporate/limited liability company applicants only: Insert state</li></ul>  | of this business?  Inte 4/20/11 of registration illity company?  Interpret manager or all 8 above.)  Interpret must include and records. (Alcohol beverages are as that shown in the license (a) if granted will not be the license (a) if granted will not be the license (b) if granted will not be the license (c) if granted will not  | Yes  N. Yes  N. Yes  Yes  Yes  Yes  On the best of the knowle and the assigned to appoint the appoint the aspective the appoint the assigned to appoin |
| <ul> <li>8. (a) Corporate/limited liability company applicants only: Insert state</li></ul>  | of this business?  Inte 4/20/11 of registration illity company?  Interpret manager or all 8 above.)  Interpret must include and records. (Alcohol beverages are as that shown in the business of the business  | Yes  N. Yes  N. Yes  Yes  Yes  Yes  On the best of the knowle and the assigned to appoint the appoint  |
| <ul> <li>8. (a) Corporate/limited liability company applicants only: Insert state</li></ul>  | of this business?  Inte 4/20/11 of registration illity company?  Interpret manager or all 8 above.)  Interpret must include and records. (Alcohol beverages are as that shown in the business of the business  | Yes  N. Yes  N. Yes  Yes  Yes  Yes  On the best of the knowle and the assigned to appoint the appoint  |
| <ul> <li>8. (a) Corporate/limited liability company applicants only: Insert state</li></ul>  | of this business?  Inte 4/20/11 of registration illity company?  Interpret manager or all 8 above.)  Interpret must include and records. (Alcohol beverages are as that shown in the business of the business  | Yes  N. Yes  N. Yes  Yes  Yes  Yes  On the best of the knowle and the assigned to appoint the appoint  |
| 8. (a) Corporate/limited liability company applicants only: Insert state   | of this business?  Ate 4/20/1/ of registration illity company?  y member/manager or  d 8 above.)  I. The applicant must include and records. (Alcohol beverages)  marne as that shown in  stions has been truthfully answered to d by the license(s), if granted, will in the truthfully and the license and grounds for revocation.   | Yes  N. Yes  N. Yes  Yes  Yes  Yes  Yes  Yes  Othe best of the knowle and be assigned to anoisign.) Any lack of access of this license.  |
| 8. (a) Corporate/limited liability company applicants only: Insert state   | if this business?  ate 4/20/1/ of registration illity company?  y member/manager or at 8 above.)  I. The applicant must include and records. (Alcohol beverages at 10 marne as that shown in the stions has been truthfully answered to a by the license(s), if granted, will not companies must semicanor and grounds for revocation and grounds for rev | Yes  N. Yes  N. Yes  Yes  Yes  Yes  Yes  Yes  Othe best of the knowle at be assigned to anoisign.) Any lack of access of this license.   |
| 8. (a) Corporate/limited liability company applicants only: Insert state   | if this business?  ate 4/20/1/ of registration illity company?  y member/manager or at 8 above.)  I. The applicant must include and records. (Alcohol beverages at 10 marne as that shown in the stions has been truthfully answered to a by the license(s), if granted, will not companies must semicanor and grounds for revocation and grounds for rev | Yes  N. Yes  N. Yes  Yes  Yes  Yes  Yes  Yes  Othe best of the knowle at be assigned to anoisign.) Any lack of access of this license.   |
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| 8. (a) Corporate/limited liability company applicants only: Insert state   | if this business?  ate 4/20/1/ of registration illity company?  y member/manager or at 8 above.)  I. The applicant must include and records. (Alcohol beverages and records.)  In the applicant must include the include and records. (Alcohol beverages and records.)  It is the license of the include and t | Yes  N. Yes  N. Yes  Yes  Yes  Yes  Yes  Yes  On the best of the knowle to the assigned to anoisign.) Any lack of access of this license.  |
| 8. (a) Corporate/limited liability company applicants only: Insert state   | if this business?  ate 4/20/1/ of registration illity company?  y member/manager or at 8 above.)  I. The applicant must include and records. (Alcohol beverages at 10 marne as that shown in the stions has been truthfully answered to a by the license(s), if granted, will not companies must semicanor and grounds for revocation and grounds for rev | Yes  N. Yes  N. Yes  Yes  Yes  Yes  Yes  Yes  On the best of the knowle to the assigned to anoisign.) Any lack of access of this license.  |
| 8. (a) Corporate/limited liability company applicants only: Insert state   | In this business?  Interpretation of registration of registration of registration of registration of registration of registration of the property of the state of | Yes  N. Yes  N. Yes  Yes  Yes  Yes  Yes  Yes  On the best of the knowle to the assigned to anoisign.) Any lack of access of this license.  |
| 8. (a) Corporate/limited liability company applicants only: Insert state   | if this business?  ate 4/20/1/ of registration illity company?  y member/manager or at 8 above.)  I. The applicant must include and records. (Alcohol beverages and records.)  In the applicant must include the include and records. (Alcohol beverages and records.)  It is the license of the include and t | Yes  N. Yes  N. Yes  Yes  Yes  Yes  Yes  Yes  On the best of the knowle to the assigned to anoisign.) Any lack of access of this license.  |
| 8. (a) Corporate/limited liability company applicants only: Insert state   | In this business?  Interpretation of registration of registration of registration of registration of registration of registration of the property of the state of | Yes  N. Yes  N. Yes  Yes  Yes  Yes  Yes  Yes  On the best of the knowle to the assigned to anoisign.) Any lack of access of this license.  |
| 8. (a) Corporate/limited liability company applicants only: Insert state    And da (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liab (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any agent hold any interest in any other alcohol beverage license or permit in Wisconsin?  (NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages are 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?  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].  13. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same 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?  15. READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above ques of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred any portion of a licensed premises during inspection will be deemed a refusally properly inspection, Such refusal a misd support of a partnership applicant must stip; cognating officeris, member managers of any portion of a licensed premises during inspection will be deemed a refusally properly and the support of corpor (Additional Particular Mith municipal dork)  15. Date feeding and filed with municipal dork  16. Date feeding and filed with municipal dork  17. Date feeding an | of this business?  Ate 4/20/1/ of registration illity company?  y member/manager or  d 8 above.)  I. The applicant must include and records. (Alcohol beverages and records.)  Inarne as that shown in the companies must see the companies must see the companies must see the companies must see the companies of the companies must see the companies of the companies must see the companies must see the companies of the companies must see the companies of the companies  | Yes  N. Yes  N. Yes  Yes  Yes  Yes  Yes  Yes  Othe best of the knowle not be assigned to anoisign.) Any lack of access of this license.  |
| 8. (a) Corporate/limited liability company applicants only: Insert state   | of this business?  Ate 4/20/1/ of registration of a shown.)  I. The applicant must include and records. (Alcohol beverages of records.)  At the records of the recor | Yes  N. Yes  N. Yes  Yes  Yes  Yes  Yes  Yes  On the best of the knowle to the assigned to anoisign.) Any lack of access of this license.  |
| 8. (a) Corporate/limited liability company applicants only: Insert state   | of this business?  Ate 4/20/1/ of registration of a shown.)  I. The applicant must include and records. (Alcohol beverages of records.)  At the records of the recor | Yes  N. Yes  N. Yes  Yes  Yes  Yes  Yes  Yes  Othe best of the knowle not be assigned to anoisign.) Any lack of access of this license.  |

### City of Madison Supplemental Class B License Application

|     | Seller's Permit Number Federal Employer Identification # Notarized Original Application Form Notarized Supplemental Form Orange Sign (Clerk's Office provides at time of application) | ☐ Written Description of Premise ☐ Background Investigation Form(s) ☐ Notarized Transfer of Ownership ☐ *Articles of Incorporation ☐ *Notarized Appointment of Agent * Corporation/LLC only          | ☐ Floor Plans ☐ Lease ☑ Sample Menu ☐ Business Plan           |
|-----|---|--|---|
| 1.  | Name of Applicant/Partner/Corporatio  | n/LLC AT Bombies MSN,  | UC  |
| 2.  | Address of Licensed Premise   | 201 W. Gornam St. N.   | ladison, WI 53703   |
| 3.  | Telephone Number: 608. 305.45   | 4. Anticipated opening date:   |   |
| 5.  | Mailing address if not opening immedia  | ately GO Marcus Investments, LIC<br>100 E Wisconsin Ave, Surk  | 1030 Milwaukee, W15320  |
| 6.  | Have you contacted the Alderperson, Pethe neighborhood association represent  | olice Department District Captain, Alcoholative for the area in which you intend to lead units con facted by Agent, Tosep  | l Policy Coordinator, and ocate? ☐ Yes KNo                    |
| 7.  | Are there any special conditions desired  | l by the neighborhood? □ Yes ▼No   | ,   |
|     | Explain.  | . Hank   |   |
| 8.  | Business Description, including hours of  | of operation: <u>Restaurant</u><br>7 Days/Week 11am-2  | Pan (Plus, after hours)                                       |
| 10. | size and all areas where alcohol bevera<br>below shall not be expanded or chan  | g, including overall dimensions, seating arm ges are to be sold and stored. The license ged without the approval of the Commo  | d premise described<br>n Council.                             |
|     | Please note that alcohol may be sold an<br>Describe existing parking and how part   | rectly accessible and under control of the a d stored only on the licensed premise, not king lot is to be monitored.  Something lot is to be monitored.  Something lot is to be monitored.           | in living quarters.   |
| 14. | Ristaurant company eper<br>In Milwaukee County. To<br>Teaining to meet at pur<br>Identify the registered agent for your   | staffing levels, duties and employee trains<br>ating four existing liquore lice.<br>tal restaurant company Staff & in<br>The Standards and regularement<br>Corporation or LLC. This is your corporat | nsus<br>200 Servers formanagues<br>ion's agent for service of |
|     | CSC-Lawyes Incorporating & Name 8040 Excelsion Dickers Suit 400 Madison, WI 53717   | Permitted by law to be served on the corpor  | auon.   |

|                           | market research, who would you pro   |                             |                                      |
|---------------------------|--|-----------------------------|--------------------------------------|
|                           | ge would you hope to attract to your e   |                             | reicome                              |
|                           | you plan to advertise/promote your b<br>L Media . Vining Expe                            |                             | u be advertising?                    |
| 18. Are you opera         | ating under a lease or franchise agreer  | nent?                       | Χио                                  |
| 19. Owner of build        | ding where establishment is located:_  | - Abre                      |                                      |
| Address of Owner          | 1  | Phone Nu                    | mber                                 |
|                           | zations (clubs): Do your membership e) discrimination in regard to race, cre             |                             | ent of "Invidious" (likely  □ Yes No |
|                           | tors of your Corporation/LLC   |                             |                                      |
| David Ma<br>Name          | rcus 9400 N. Cake Dr., Address   | Milwaukee, WI 5321          | 1                                    |
| Name                      | Address  |                             |                                      |
| Name                      | Address  |                             |                                      |
| 22. List the Stock        | holders of your Corporation/LLC  | 27.4402242                  | 100%                                 |
| <i>HOSOI FOLL</i><br>Name | ity Democracy 2, U.C. You Marcus Convestment 100 E. Wisionsin Ave                        | HS, LLC<br>SK 1030          | % of Ownership                       |
| Name                      | MILWALLER, WI 53   | 202                         | % of Ownership                       |
| Name                      | Address  |                             | % of Ownership                       |
| 23. What type of e        | stablishment are you? (Check all tha   | t apply) 🗡 Tavern 🛚 Nightch | ub Restaurant                        |
| ☐ Other Pleas             | se Explain.  |                             |                                      |
| 24 What type of fo        | ood will you be serving, if any? Z   | Burgues   Sandwiches        | Sides_                               |
| operational me            | a sample menu with your application, onu when you open? Appetizers  Pizza   Full Dinners |                             |                                      |
| 26. During what ho        | ours 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. Beverage and Retail  |
| 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? $\frac{5/2}{2}$ During what hours do you anticipate they will be on duty? $\frac{a}{1}$  |
| 32. Do you plan to have hosts or hostesses seating customers?   ✓ Yes □ No   |
| 33. Do your plans call for a full-service bar? XYes \( \square\) No  If yes, how many bar stools do you anticipate having at your bar? \( \frac{\sqrt{9}}{19} \)  How many bartenders do you anticipate you would have working at one time on a busy night? \( \frac{3}{19} \) |
| 34. Will there be a kitchen facility separate from the bar? XYes □ No  |
| 35. Will there be a separate and specific area for eating only? \( \text{Yes} \) \( \text{No} \)  If yes, what will be the seating capacity for that area? \( \text{All dining space a vailable for bur and restaurant service} \)   |
| 36. What type of cooking equipment will you have? X Stove X Oven X Fryers X 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?  |
| 39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food?  |
| What percentage of your advertising budget do you anticipate will be drink related?  |
| 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 \square No   |

- 42. What is your estimated capacity? Stating & 137
- 43. Pursuant to Chapter 38.02 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              | 30 % |
|--|------|
| Gross Receipts from Food and Non-Alcoholic Beverages | 65 % |
| Gross Receipts from Other                            | 5 %  |
| 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.



| E | ľ | ł, | A | S | S | į: | S | ta | n | ıt |  |
|---|---|----|---|---|---|----|---|----|---|----|--|
|   |   |    |   |   |   |    |   |    |   |    |  |

Your Progress:

1. Identity

2. Authenticate

3. Addresses

4. Details

5. EIN Confirmation

Congratulations! The EIN has been successfully assigned.

EIN Assigned: 45-2120033

Legal Name: AJ BOMBERS MSN LLC

**Help Topics** 

Can the EIN be used before the confirmation letter is received?

The confirmation letter will be mailed to the applicant. This letter will be the applicant's official IRS notice and will contain important information regarding the EIN. Allow up to 4 weeks for the letter to arrive by mail.

We strongly recommend you print this page for your records.

Click "Continue" to get additional information about using the new EIN.

Continue >>

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:

AJ Bombers MSN, LLC

Article 2.

The limited liability company is organized under Ch. 183 of the Wisconsin

Statutes.

Article 3.

Name of the initial registered agent:

CSC-LAWYERS INCORPORATING SERVICE COMPANY

Article 4.

Street address of the initial registered office:

8040 Excelsior Drive

Suite 400

Madison, WI 53717 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:

Kelley Renzelmann

100 E Wisconsin Avenue

**Suite 1030** 

Milwaukee, WI 53202 United States of America

Other Information. This document was drafted by:

Kelley Renzelmann

Organizer Signature:

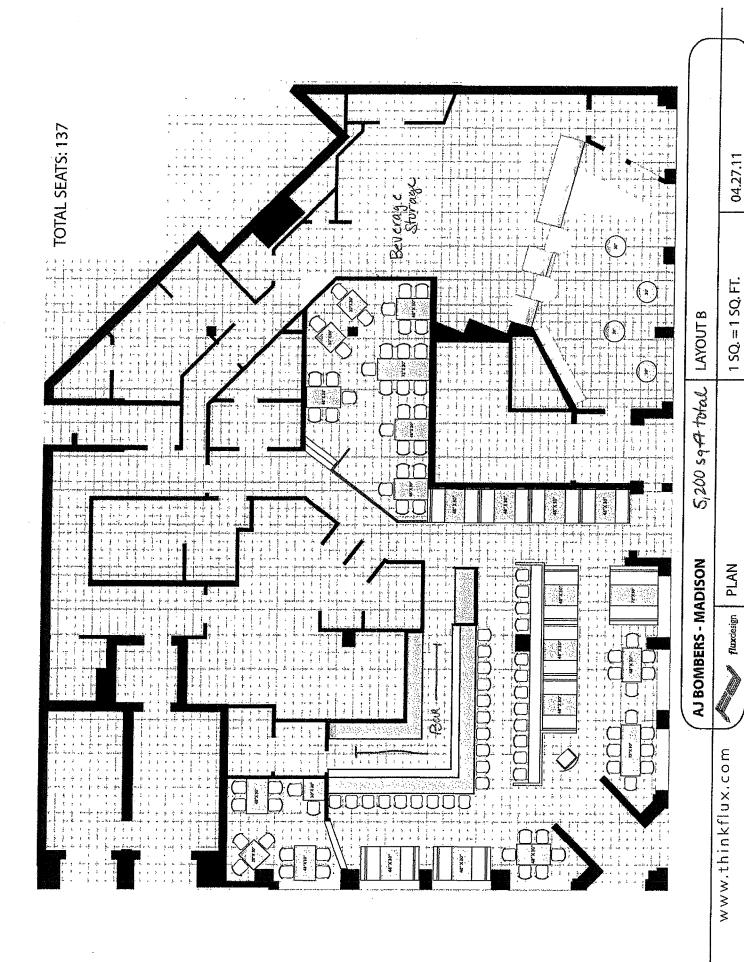
Kelley Renzelmann

Date & Time of Receipt: 4/20/2011 10:56:38 AM **Credit Card Transaction Number:** 201104202582516 **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         |                             |
|------------------------|-----------------------------|
| 4/20/2011              |                             |
|                        |                             |
| <b>FILED</b> 4/20/2011 | Entity ID Number<br>A065259 |



#### WEST GORHAM PROPERTY

Part of Lots Two (2) and Three (3), Block Fifty-seven (57), Original Plat of Madison, in the City of Madison, Dane County, Wisconsin, more fully described as follows: Commencing at North corner of said Block 57; thence Southwest (N 44°52'11"E) along Southeast line of W. Gorham Street 96 (96.00) feet; thence Southeast (N 45°07'49" W) at right angles to W. Gorham Street 50 (50.19) feet; thence Northeast parallel with W. Gorham Street 96 feet to Southwest line of N. Henry Street; thence Northwest (S 44°36'10"E) along Southwest line of N. Henry Street 50 feet to point of beginning.

Tax Parcel Number: 251/0709-

Address Per Tax Roll: 201 W. Gorham St.

|  | Pagggg A   | Burgers '                            | ABLE NO.  |                          |
|--|--|--------------------------------------|---|--------------------------|
| N<br>L   | AME  |                                      | Bosbers prou                                    | edly background          |
|  | HRGEA'S  |                                      | tres 1/4 lb.<br>blend fresh l<br>tties cooked m | beaf                     |
|  | 100% ORGANIC   |                                      |   | iality:                  |
|  | AJ BURGER American cheese SINGLE 4.5 De                                |                                      | tomato and B                                    | Cuber sauce<br>QUAD 12.0 |
|  | STUFFED 'SHRO<br>choose a crispy<br>stuffed with WI<br>with lettuce, t | fried or be                          | sked portabe<br>menster che                     |                          |
|  | BOMBER BURGE   | cuffed Sbrow                         | on stacked to                                   | ogether                  |
|  | TURKEY BURGE<br>a ground turkey<br>with sweet pota<br>cranberry focac  | R 6<br>burger with<br>to strings,    | n seasoned m                                    | ayo topped               |
|  | BLACK BEAN BL<br>with lettuce, t<br>(NOW can be prepa                  | omato and Bo                         | 6<br>imber Sauce                                |                          |
|  | VEGGIE BURGER<br>a veggie burger<br>and Bomber Sanc                    | (v) 5<br>patty with                  |   | mato                     |
| OHA:   | 1/4 11   | MILWAUKE<br>burger, di<br>s bacon to | N WI colby                                      |                          |
|  | CHICKEN SANDY<br>choose a crispy<br>breast with let                    | fried or gr                          |   |                          |
|  | BARRIE BURGER<br>1/4 lb. burger<br>point butter (res                   | ? 6.5<br>with bacon 8                | nd oatural                                      | chunky                   |
|  | GRILLED CHEES<br>EX cheddar, muc<br>sauce on penini                    | oster, bacor                         | , tomato an                                     | d Bomber                 |
| Ľ  | HOT DOG 4.5<br>kosher, all been<br>cheese and gril                     |                                      |   | <u> </u>                 |
|  | SPECIALTY  ank your server today's special                             |                                      | (write what                                     | you want)                |
| 675  |  | FRIED ONIO                           | NS .5   | BACON 1.5                |
|  | at it? circle it)  | MUSHROOM                             |   | FRIED EGG 1              |
| (Manual Control of Con | 大大 大大  | JALAPEÑOS<br>PNUT BUTT               |   | PICKLES .5<br>AVOCADO 1  |
|  | GI-NORMOUS FR  |                                      | 4 (LG)  | MAZING                   |
|  | SWEET POTATO (   |                                      | 6) 4 (LG)                                       | आग्रस्य                  |
|  | ONION STRINGS  |                                      | (LG)<br>th Bomber sa                            | luce                     |
|  | WINGS 6 choose a pound of plum   | ose BUFFALO<br>juicy wing            |   |                          |
|  | BUFFALO CHICKI<br>chopped buffalo<br>a side of xanch                   | chicken and                          | cheddar che                                     | ese with                 |
|  | PRETZELS 4.5<br>three warm salte<br>mustardy cheese                    |                                      |   |                          |
|  | WISCONSIN CHE  |                                      |   |                          |
|  | SPRECHER ROOT  | BEER FLOA                            | й 5 <u>S</u>                                    | MEETS                    |
| est.   | ICE CREAM COOF   | KIE SANDWIĆ                          |   | ڈ (LG) 5 (LG)            |
|  |  | NS are baked                         | locally at M                                    |                          |

二 雅 图 兄 写 图 \* ADULTBEVERAGES \*

## DUMESTIC

MILLER Lite, MGD, 64 & High Life SCHLITZ (TALL BOY) **COORS LIGHT** 

BUDWEISER Bud & Light PBR (160z. POUNDER) **ROLLING ROCK** 

**NEW GLARUS** 



### 会女会在查古古 BOTILES

Ask your server about our SEASONAL SELECTIONS

BELLS Two Hearted Ale & Amber SPRECHER AMBER **AMSTEL LIGHT** NEWCASTLE CORONA Krtra # Light HACKER-PSCHORR WEISSE STELLA ARTOIS LEINIE'S RED BLUE MOON HORNY GOAT Exposed & Red Vixen

Spotted Cow & Fat Squirrel **GDOSE ISLAND** Honkers Ale 4 312 HEINEKEN Lager & Light **GUINNESS NEW BELGIUM** Fat Tire Amber Ale

SIERRA NEVADA PALE ALE **WOODCHUCK CIDER** LAKEFRONT BREWERY Riverwest Stein, Eastside Dark & IPA

ALICE SPRINGS Cabernet or Chardonnay BOLLA

Chianti or Pinot Grigio



PLOODY

· \*\* \* \* \* WINE

BOMBERS SECRET Bloody Mary garnished with a lemon, lime, clive, plake and our signature AJ Burger strip with muchster cheese and bacon Served with your choice of domestic shorty.



HAPPY HOUR 2-6 pm, M-F 2-4-1 call cocktails & \$2 downstic beers

BURGER OF THE MONTH This was so popular that it's now called Burger of the Moment, I'm sure someone around here knows what it is.

BRUNCH BURGERS Freaking Amesome. Ask your server for details.

**SECRETS ARE GOOD** There is always something sworet on the mean, do you know today's secret?

4 scoops of vanilla ice cream with Tuaca Italian Liqueur, Jack Daniel's and Sprecher Root Beer in a 320s. Mog



BOMBERS is PROUD to FRATURE SAILOR JERRY SPICED RUM



## **Appointment of New Liquor/Beer Agent**

| To be completed by Corporate Officer or Member of LLC  |
|--|
| I, David Marcus, officer/member for AJ Bumbus MSN, LLC   |
| (Corporation/LLC), doing business as AT Bombers, authorize and appoint   |
| Joseph J. Sorge, JR. (Name) as the liquor/beer agent for the premise   |
| located at 201 W. Gorham St.  Madison, WI 53703  |
| Madison, WI 53703  |
| Subscribed and sworn to before me this   |
| Day of May , 20 //   |
| Day of May , 20 // CANDICE & CANDICE &   |
| Notary Public, Dene County, Wisconsin  |
| My Commission Expires 2/2/2014 OF WISCONS  |
| To be completed by appointed Liquor/Beer Agent   |
| Tocenh T Com To  |
| 1, Voscprive doinge, JR. appointed liquor/beer agent for   |
| I, Joseph J. Sorge, JR., appointed liquor/beer agent for AT Born bees MSN, UC (name of Corporation or LLC), being first duly sworn   |
|  |
| AT BOMBERS MSN, LLC (name of Corporation or LLC), being first duly sworn   |
| AT Bombers MSN, 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   |
| AT BOMBERS MSN, 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  |
| AT BOMBERS MSN, 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   |
| AT BOMBERS MSN, 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   |
| AT BOM DERS MSN, 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 |
| AT BOM DERS MSN, UC (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  |
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| AT Bombers MSN, UC (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   |

108243



CITY CLERK www.milwaukee.gov/license

Ronald D Geonhard

#### CLASS B TAVERN LICENSE

BTAVN - 0017507 EFF DATE: 02/08/2011 EXP DATE: 02/07/2012

SORGE, JR, JOSEPH J, AGENT AJ BOMBERS MKE, LLC 1245-47 N WATER ST MILWAUKEE, WI 53202

ALDERMANIC DISTRICT 03

Premise Description:

1ST FLOOR, 2 SIDEWALK CAFES & BASEMENT STORAGE TUESDAY

Close Time Age Limit Weekday Open Time SUNDAY 02:00 AM 11:00 AM N/A MONDAY 11:00 AM 02:00 AM N/A 11:00 AM 02:00 AM N/A WEDNESDAY 11:00 AM 02:00 AM N/A **THURSDAY** 11:00 AM 02:00 AM N/A **FRIDAY** 11:00 AM 02:30 AM N/A SATURDAY 11:00 AM 02:30 AM N/A

CITY OF MILWAUKEE www.milwaukee.gov/ license



CITY CLERK

EXPIRATION DATE: 02/07/2012

LIC. NO: BTAVN 0017507

LICENSE: CLASS B TAVERN LICENSE

SORGE, JR, JOSEPH J, AGENT AJ BOMBERS MKE, LLC

LICENSE REQUIRED TO BE DISPLAYED OR CARRIED