and the license period beginning and pure 30		L BEVERAGE LICEN	SE APPLICATION	Applicant's Wisconsin Seller's Permit Number: 102	7400807-0
The license period beginning August 15 2011: DITHE GOVERNING BODY of the:	Submit to municipal clerk.			Federal Employer Identification Number (FEIN): 45-2	2626847
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DTHE GOVERNING BODY of the: Video of Madison Video and Vid		☐ Town of ■			
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The named INDIVIDUAL PARTINERSHIP LIMITED LIABILITY COMPANY Revenue Class B liquio \$ Publication free \$ TOTAL FEE \$ \$ Name (individual/partners give last name, first, middle; corporations/finited liability companies give registered name): Horkan Dahmen Horkan Peter M / Dahmen, Tyster M / Salarised M / Dahmen, Tyster M / Salarised M / Dahmen, Tyster M / Salarised M / Sal	ounty of Dane	Aldermanic Dist. N	o. 5 (if required by ordinan	vo) [
Publication fee Publicatio				land .	<u> </u>
hereby makes explication for the alcohol beverage ileanse(s) checked above. Name (individual)partners give lest name, first, middle, corporations/imited initiity companies give registered name): Horkan Dalmmen Horkan, Peter M / Dahmen, Tyler M / Dahmen, Justin J An 'Asualitary Quastionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by seich member of a partnership, and by each officer, identication and an applicant, by seich member of a partnership, and by each officer, identication and an applicant, by seich member of a partnership and by each officer, identication and applicant, by seich member of a partnership and by each individual applicant, by seich member of a partnership and by seich individual applicant, by seich member of a partnership and by seich individual applicant, by seich member of a partnership and by seich individual applicant, by seich member of a partnership and by seich individual applicant, by seich member of a partnership and by seich individual applicant, by seich member of a partnership and by seich individual applicant, by seich member of a partnership and by seich individual applicant, by seich member of a partnership and by seich individual applicant, and by seich individual applicant, by seich member of a partnership and by seich individual applicant, and by seich member of a partnership and by seich member of a partnership and by seich individual applicant, and by seich individual applicant, and by seich member of a partnership and by seich member of a partnership applicant individual applicant and by seich individual applicant and applicant and by seich member of a partnership applicant individual applicant and applicant appl	I. The named INDIVIDUA	AL PARTNERSHIP	LIMITED LIABILITY COMPANY	<u> </u>	
Name (Individual/Baptriers give later, laren, first, middle, corporations/firmed likelility companies give registered name): Horkan, Peter M / Dahmen, Tyler M / Dahmen, Justin J An 'Auxillary Quastionnales,' Form Af-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 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 and agent of a corporation or nonprofit organization, and by each member of a limited liability company. List the name, little, and place or redelence of each partners. Tale President/Member Member Horkan, Peter M Sin Woodmont Cir, Madison Wi 53719 Socretary/Member Treasuren/Member Treasuren/Member Treasuren/Member Member Dahmen, Tyler M Sin Woodmont Cir, Madison Wi 53717 Descretary/Member Treasuren/Member Address of Premises by 1402 Regent Street Business Phone Number Member Dahmen, Tyler M Sin Woodmont Cir, Madison Wi 53711 Business Phone Number Member Dahmen, Tyler M Sin Woodmont Cir, Madison Wi 53711 Sin dividual, partners or egent of corporation/firmed liability company subject to completion of the responsible boverage server raining occurse for this license period? Is the applicant an employe or egent of, or acting on behalf of enyone except the named applicant? Yes No Does any other alcohol beverage eretal licenses or wholesale parmittee have any interest in or control of this business? Yes No O(s) Corporation/firmed liability company applicants only: Insert state O(s) Corporation/firmed liability company applicants only	CORPOR/	ATION/NONPROFIT ORGANIZATION	ON .		
Horkan, Peter M / Dahmen, Tyler M / Dahmen, Justin J An *Axillary Questionnaire,* Form Ari 150, must be completed and attached to this application by each individual applicant, by each member of a partnership, and place of residence of each person. The person of the name, title, and place of residence of each person. The president/Member Horkan, Peter M Wember Horkan, Peter M Wember Horkan, Peter M Wember Jahmen, Justin J Sn Woodmont Cir, Madison WI 53719 Secretary/Member Member Dahmen, Justin J Sn Woodmont Cir, Madison WI 53717 Secretary/Member Trade Name Regent Treats Member Dahmen, Tyler M Sn Woodmont Cir, Madison WI 53717 Member Dahmen, Tyler M Sn Woodm	hereby makes application for t	he alcohol beverage license(s) che	cked above.	TOTAL FEE	\$
Itality company. List the name, site, and place of residence of each person. The President/Member Member Horkan, Peter M S111 Starr Grass Rd, Madison WI 53719	Horkan, Peter M / D	Dahmen, Tyler M / Dahn "Form AT-103, must be comple	nen, Justin J eted and attached to this applicati	ion by each individual applicant, by	each member of a
Wee President/Member	liability company. List the na	ame, title, and place of residence of Title	each person. Name H	ome Address Post Of	fice & Zip Code
Secretary/Member	President/Member	nber Horkan, Peter M		arr Grass Ru, Madison W	52717
Member Dahmen, Tyler M S N Woodmont Cir, Madison WI 53717		moer Danmen, Justin J	3 N W0	roumont Cn, iviadison WI	JJ I
Agent Member Dahmen, Tyler M 5 N Woodmont Cir, Madison WI 53717	•				
Directors/Managers Trade Name Regent Treats		mhan Dahman Tulan NA	5 N W/2	odmont Cir Madison WI	53717
Trade Name Regent Treats		moer Dammen, Tyler M	J 19 WO	odmoni Cii, Madison Wi	33/11
Address of Premises \$ 1402 Regent Street Sindividual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? 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		T		609 429 520	06
Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage 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 Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? Yes No (a) Corporate/limited liability company applicants only: Insert state and date of registration. (b) Is applicant corporation/limited liability company as subsidiary of any other corporation or limited liability company? (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company? (d) Or Jess 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 elochol beverage license or permit in Wisconsin? Premises description: Describe building or buildings where elochol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, anglor storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described). Rectall space, coolers, storage rooms, patio-UW Football Game Day Legal description (omit if street address is given above): (a) Was this premises licensed for the sale of liquor or beer during the past license year? (a) Was this premises licensed for the sale of liquor or beer during the past license year? (b) If yes, under what name was license issued? 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 1-800-937-8864]. 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) 268-2776]. So No CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applican	Trade Name Regent	Treats	Busines	ss Phone Number 000-430-33	70 [5 2711
training course for this license period?	Address of Premises 14	02 Regent Street	Post Of	ffice & Zip Code VIVIAUISOII W	1 33/11
Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant?	training course for this license	period?			✓ Yes
Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business?	Is the applicant an employe or	agent of, or acting on behalf of any	yone except the named applicant? .		Yes ✓ No
(a) Corporate/Ilmited liability company applicants only: Insert state	Does any other alcohol bever	age retail licensee or wholesale per	mittee have any interest in or control	of this business? [Yes ✓ No
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company?	(a) Corporate/limited liabilit	y company applicants only: Ins	sert state and	date of registration.	
agent hold any interest in any other elcohol beverage license or permit in Wisconsin?	(b) Is applicant corporation/lir	nited liability company a subsidiary	of any other corporation or limited lia	ability company? [Yes No
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(a) Was this premises licensed for the sale of liquor or beer during the past license year?					
Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864]	. (a) Was this premises license	ed for the sale of liquor or beer durin	ng the past license year?	[Yes V No
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]	. Does the applicant understand	d they must file a Special Occupation	onal Tax return (TTB form 5630.5)		✓ Yes □ No
Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?	Does the applicant understand	d a Wisconsin Seller's Permit must	be applied for and issued in the sam	ie name as that shown in	
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he 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. dividual 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 reportion 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. IBSCRIBED AND SWORN TO BEFORE ME Solution General this business according to law and that the rights and responsibilities conferred by the license for Limited Liability Companies must sign.) Any lack of access to report in the license for the provision of a license for the provision of this license. BECOMPLETED BY CLERK To a partner sign and the license issued by the license for the li	• •				
day of June , 20 // Company Partner Company Compa	he signers. Signers agree to operat tividual applicants and each membe	te this business according to law and the contract of a partnership applicant must sign;	hat the rights and responsibilities confer corporate officer(s), members/managers	rred by the license(s), if granted, will not be s of Limited Liabílity Companies must sign.)	e assigned to another. Any lack of access to
Clerk/Notary Public) Commission expires U/Y 14, 2013 (Additional Partner(s)/Member/Manager of Limited Liability Company if Any) BE COMPLETED BY CLERK te received and filed hundred leik the municipal clerk Date license issued License number issued License number issued			11)1	_/).L	
Commission expires U/Y /4, 2D/3 BE COMPLETED BY CLERK te received and filed h municipal clerk te license granted Date license issued Date license issued License number issued Cinical of cappy and inwent between ager of Limited Liability Company if Any) Signature of Clerk / Deputy Clerk License number issued	1	ρ	(Ollicer of Corporation	人人	
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		Date license issued	License number issued	†	
106 (R. 4-09) Wisconsin Department of Revenue	-				

City of Madison Supplemental Class B License Application

DA	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
1.	Name of Applicant/Partner/Corporation/LLC HORKAN DAHWEN PARTNERSHIO
2.	Address of Licensed Premise 1402 REGENT ST, MADISON WI 53711
3.	Telephone Number: 608 438-5396 4. Anticipated opening date: 8/15/2011
5.	Mailing address if not opening immediately 6654 MINERAL POINT RD, MADISON W1 5370
	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 Mo
	Explain.
8.	Business Description, including hours of operation: CONVENTENCE STORE / 105 CREAM
	GAME DAY BEER + SANDWICHES WAM - WPM
9.	Do you plan to have live entertainment? No 🗆 Yes—What kind?
10	Detailed <u>written</u> 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. RECENT TOWER.
	MAIN LEVEL CONVENIENCE ISNACK SHOP (101489 ft). FRONT RAISED
	PATIO (FENCES ENCLOSURE) 21 X 104. SEXTING AREA ON PATIO.
	HAS PICULE TABLES, CAPACITY INSING 20 / OUTSING 300 . SOMA BEER
11.	TO ME STORED IN COULDES & STORAGE ROOM = SOLD IN STORE & PATIO. Are any living quarters directly or indirectly accessible and under control of the applicant? Yes V 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. PARKING 15 FOR
	APARTMENT TENANTS
13.	Describe your management experience, staffing levels, duties and employee training.
	CHERENTLY OWNER OPERATOR OF DAMIENS PIZZA PLACE, HIPE TRAIN & SUPERINSE EMPLOYEES.
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.
4	TYLER DAHMEN 5 N WOODNENT CIR MAINSON WI 53717 Name Address

15.	Utilizing your market research, who would you project your target market to be?
	TENANTS OF THE REBENT, NEIGHTBORGEDUD RESIDENTS
16. 17.	What age range would you hope to attract to your establishment? 18 - SENIORS CAME DAY PATIO - 21 + OLDER Describe how you plan to advertise/promote your business. What products will you be advertising? FLYENS, WOLD of MOUTH, LOCATION, ICE CREAM, SNACKS, SODAS
	Are you operating under a lease or franchise agreement? Yes (attach a copy) No
19.	Owner of building where establishment is located: STEVE BROWN APARTMENTS
Ad	Owner of building where establishment is located: STEVE BROWN APARTMENTS dress of Owner: 126 W GORMAN ST MADISON 53703 Phone Number 608/255-7100
	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?
21.	List the Directors of your Corporation/LLC FARTNERSHID
	TYLER M DAHMEN 5 N WODDMONT CIR MAIDISON 33/17
	List the Directors of your Corporation/LLC FARTNERSHID TYLER M DAHMEN 5 N WODDMONT CIR MAIDISON 53717 Name PETER M HORKAN 8111 STARR GRASS DR MAIDISON 53719 Name Address
	Name Address ACTEV M. 16 01 10 STARR GOASS DO MADOSON 53719
	Name Address
	List the Stockholders of your Corporation/LLC SAME Name Address % of Ownership
	Name Address % of Ownership
	Name Address % of Ownership
23.	What type of establishment are you? (Check all that apply) $\ \square$ Tavern $\ \square$ Nightclub $\ \square$ Restaurant
	Other Please Explain, CONVENIENCE SNACK SHOP
24	What type of food will you be serving, if any? ICE CREAM - GAME DAY! SANDWICHE 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?

27.	What hours, if any, will food service not be available? NONE
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? CAMC DAYS ONLY During what hours do you anticipate they will be on duty? 10 PPL 1 10 Am 10 PM
32.	Do you plan to have hosts or hostesses seating customers? ☐ Yes
	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.	What type of cooking equipment will you have? \square Stove \square Oven \square Fryers AGrill Microwave Nesde
37.	Will you have a walk-in cooler and/or freezer dedicated solely to the storage of food products? ✓ Yes □ No
	What percentage of your overall payroll do you anticipate will be devoted to food operation salaries?
	If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food?
	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
	Are you currently, or do you plan to become, a member of the Wisconsin Restaurant Association or the National Restaurant Association? Yes No Future Decision

- 42. What is your estimated capacity? INSIDE 20-30 OUTSIDE 300
- 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.

Total Gross Receipts	100%
Gross Receipts from Other	lD %
Gross Receipts from Food and Non-Alcoholic Beverages	80 %
Gross Receipts from Alcoholic Beverages	10 %

44. Do you have written records to document the percentages shown? \(\subseteq \text{Yes} \) 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 <u>28th</u> day of <u>June</u>, 2011

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

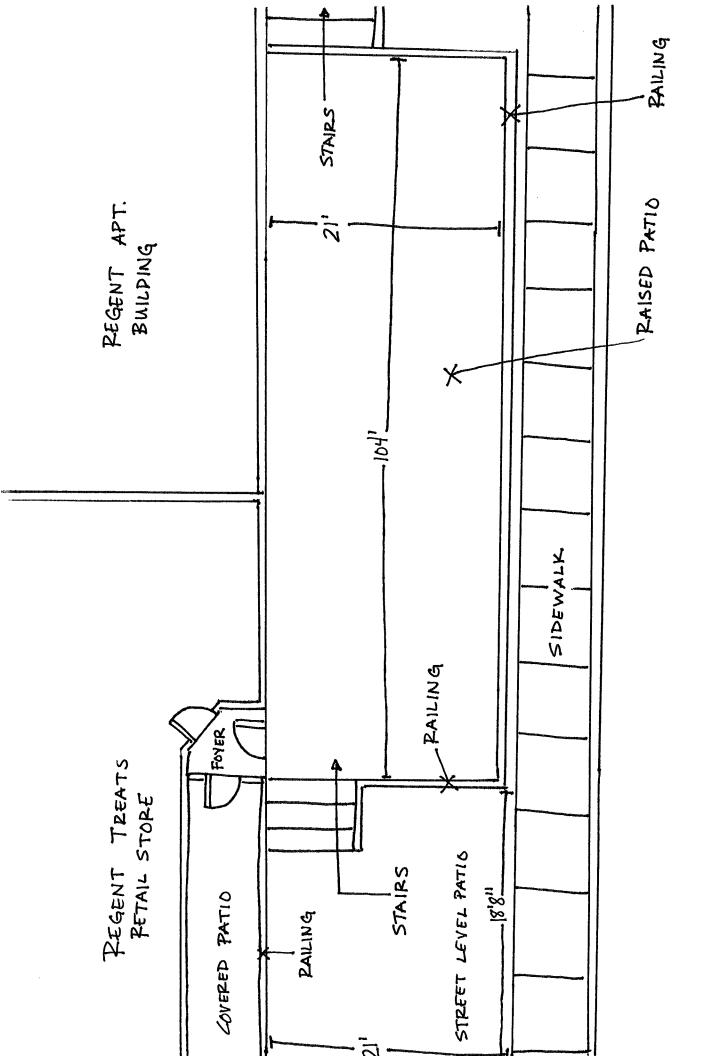
(Clerk/Notary Public)

My commission expires July 14, 2013

Regent Treats

Property Description

The property is located in The Regent Towers, 1402 Regent Street, Madison WI 53711. Our business is located on the main level near the center of the building. We will have an outdoor entrance from the patio and also an entrance from the main interior hallway. Our space will have a back storage room with coolers/freezers and our main "store" area. In the front store area we will have a main counter where we will have additional storage and cooler space. There will be shelving units and beverage coolers throughout the space for various snacks, beverages (soda, juice, water), other essentials, as well as the area for the ice cream machines and topping case. There will not be public restrooms in our space, however, they are inside the main lobby area near our interior door. Seating will be outside on the patio only. The space inside would hold 20-30 people while they were getting ice cream or making purchases. Our outside patio which is fenced and raised above the standard sidewalk by three feet runs the length of the right side of the building (approximately 20' x 75') with a capacity of 300. We would run an additional orange fence inside the current fence on game days. We will have police officers at the entrance to the patio. We would serve several types of sandwiches from a grill which will be blocked off to patrons by serving tables. Beer and sandwiches would be available for purchase at these tables.

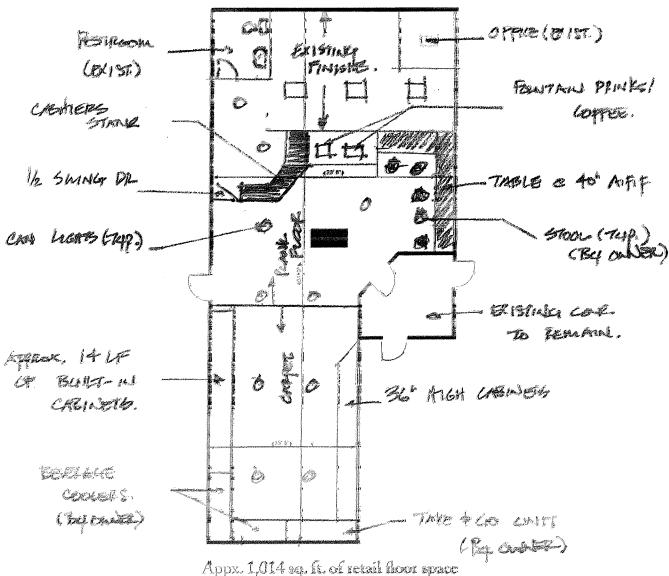


REGENT STREET



RETAIL SPACE FLOORPLAN

1402 Regent Street - Madison, Wisconsin



Appx. 1,014 sq. Es. OE setats store sp Attracommunication and may vary

> 120 West Govinson Street, Middison, Winconsin 53793 608.255.7100 ° www.sba-management.com



REGENT TREATS

Badger Football Game Day Menu

FOOD

Pulled Pork Sandwiches
Italian Beef Sandwiches
Hamburgers
Brats
Hotdogs
Ice Cream (Inside only)
Convenience Goods (Inside only)

BEVERAGES

Coors Light
Miller Light
Specialty Beers
Bottled Soda
Bottled Water

Regent Treats Business Plan

Regent Treats will bring the idea of a convenient snack shop to the Regent Street population. Our main attraction will be the build your own ice cream sundae stand. Customers will be able to build their sundaes by choosing from a variety of soft-serve ice cream flavors and then by adding toppings. Customers will pay for their sundaes by weight. We will also offer snacks, beverages, and convenient store items for sale. We hope to add sandwiches and a salad bar in the future. Badger Game day we would expand our menu to include several sandwiches and beer choices. We would use the exterior fenced patio for this purpose. Working with the city we would have security hired for the entrance as well as employees carding patrons. We would set up a serving station on the patio for football guests.