

Submit to municipal clerk.

For the license period beginning asap 20 11 ;
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):

LQ Management, 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	Member	Wayne Goldberg	1004 Turnberry Lane, Southlake, TX	76092
Vice President/Member	Member	Angelo Lombardi	6128 Theresa Lane, Colleyville, TX	76034
Secretary/Member				

Agent ▶ Lynn Hegge 316 Concord Dr., Sun Prairie, WI 53590

Directors/Managers Mgr Blackstone Real Estate Acquisitions IV LLC, 345 Park Ave., New York, NY 10154

3. Trade Name La Quinta Inn & Suites Business Phone Number 608-245-0123

4. Address of Premises ▶ 5217 E. Terrace Dr., Madison, WI Post Office & Zip Code ▶ 53718

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 employee 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 DE and date 01/04/06 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.)

(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.) Hotel bar. Alcohol stored in locked refrigerators behind bar.

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? _____
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 7th day of September, 20 11

My commission expires

(Clerk/Notary Public)

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

(Officer/ of Corporation/ Member/ Manager of Limited Liability Company/ Partner)

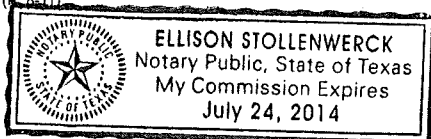
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

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
Date license granted	Date license issued	License number issued	

AT-106 (R 8-11)

Wisconsin Department of Revenue



City of Madison Supplemental Class B License Application

<input checked="" type="checkbox"/> Seller's Permit Number <input checked="" type="checkbox"/> Federal Employer Identification # <input checked="" type="checkbox"/> Notarized Original Application Form <input checked="" type="checkbox"/> Notarized Supplemental Form <input type="checkbox"/> Orange Sign (Clerk's Office provides at time of application)	<input 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 type="checkbox"/> Sample Menu <input type="checkbox"/> Business Plan
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1. Name of Applicant/Partner/Corporation/LLC LQ Management, LLC dba La Quinta Inn & Suites
 2. Address of Licensed Premise 5217 E. Terrace Dr., Madison, WI 53718
 3. Telephone Number: 608-245-0123 4. Anticipated opening date: ASAP
 5. Mailing address if not opening immediately same
 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: Hotel bar. Hours of operation: 5pm to 10pm. Did have license and bar was open in previous years.
 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.**
Hotel bar for hotel guests only. Alcohol to be stored in locked refrigerators behind bar.
 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. Parking all around building used by hotel guests.
 13. Describe your management experience, staffing levels, duties and employee training.
14 years of management experience, most with the hotel bar in operation.
 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.
Lynn Hegge 316 Concord Dr., Sun Prairie, WI 53590

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

Hotel guests only.

16. What age range would you hope to attract to your establishment? most are 30+ years.

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

No advertising outside of hotel.

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

19. Owner of building where establishment is located: LQ Management, LLC

Address of Owner: 909 Hidden Ridge, Suite 600, Irving, TX 75038 Phone Number 214-492-6820

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

Angelo Lombardi (member) 909 Hidden Ridge, Suite 600, Irving, TX 75038

Name Address

Wayne Goldberg (member) 909 Hidden Ridge, Suite 600, Irving, TX 75038

Name Address

Blackstone Real Estate Acquisitions IV LLC (manager) 345 Park Ave., New York, NY 10154

Name Address

22. List the Stockholders of your Corporation/LLC

n/a

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. Hotel (hotel bar plus meeting rooms)

24. What type of food will you be serving, if any? None at bar. Hotel serves breakfast.

☒ 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? n/a

27. What hours, if any, will food service not be available? n/a
28. Indicate any other product/service offered. n/a
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? n/a
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? 8
How many bartenders do you anticipate you would have working at one time on a busy night? 1
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? n/a
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
breakfast (only for the hotel)
38. What percentage of your overall payroll do you anticipate will be devoted to food operation salaries?
0
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? 0
What percentage of your advertising budget do you anticipate will be drink related? 0
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 belong to WHLA and WI Hotel & Lodging Assn.
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42. What is your estimated capacity? 65-70

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	90	%
Gross Receipts from Food and Non-Alcoholic Beverages	10	%
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.

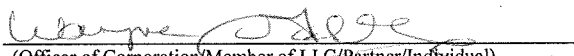
Subscribed and Sworn to before me:

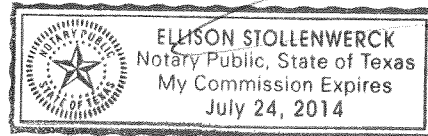
this 7 day of September 2011



(Clerk/Notary Public)

My commission expires 7/24/2014


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





Description of bar space at La Quinta Inn & Suites, Madison, Wisconsin

Measurements of the room:

35ft x 50ft (see copy of blueprint)

Space consists of:

14 tables that seat 4 each

1 bar that seat 7

Total seating capacity 63

See attached pictures

CERTIFICATE OF FORMATION
OF

State of Delaware
Secretary of State
Division of Corporations
Delivered 04:15 PM 01/04/2006
FILED 04:15 PM 01/04/2006
SRV 060007870 - 4089067 FILE

LQ MANAGEMENT L.L.C.

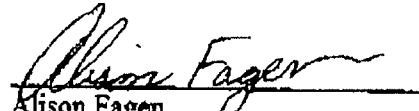
This Certificate of Formation of LQ Management L.L.C. (the "LLC"), dated as of January 4, 2006, has been duly executed and is being filed by the undersigned, as an authorized person, to form a limited liability company under the Delaware Limited Liability Company Act (6 Del.C. § 18-101, et seq.).

FIRST. The name of the limited liability company formed hereby is LQ Management L.L.C.

SECOND. The address of the registered office of the LLC in the State of Delaware is c/o National Registered Agents, Inc., 160 Greentree Drive, Suite 101, in the City of Dover, County of Kent, Delaware 19904.

THIRD. The name and address of the registered agent for service of process on the LLC in the State of Delaware is National Registered Agents, Inc., 160 Greentree Drive, Suite 101, in the City of Dover, County of Kent, Delaware 19904.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Formation as of the date first above written.


Alison Fagen
Authorized Person

Delaware

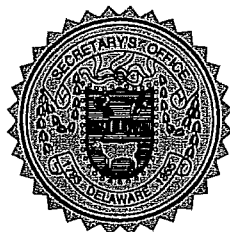
PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LQ MANAGEMENT L.L.C." IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF JANUARY, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LQ MANAGEMENT L.L.C." WAS FORMED ON THE FOURTH DAY OF JANUARY, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

4089067 8300

AUTHENTICATION: 4423204

060008010

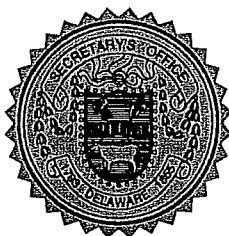
DATE: 01-04-06

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "LQ MANAGEMENT L.L.C.", FILED IN THIS OFFICE ON THE FOURTH DAY OF JANUARY, A.D. 2006, AT 4:15 O'CLOCK P.M.



4089067 8100

060007870

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4423167

DATE: 01-04-06

Appointment of New Liquor/Beer Agent

To be completed by Corporate Officer or Member of LLC

I, Wayne Goldberg, officer/member for LQ Management LLC
(Corporation/LLC), doing business as La Quinta Inn & Suites, authorize and appoint
Lynn Hegge (Name) as the liquor/beer agent for the premise
located at 5217 E. Terrace Dr., Madison, WI 53718.

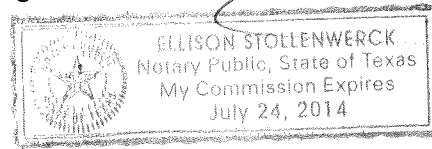
Subscribed and sworn to before me this

7 Day of September 2011

[Signature]
Notary Public, Dane County, Wisconsin

My Commission Expires 7/24/2014

[Signature]
Signature of Officer/Member



To be completed by appointed Liquor/Beer Agent

I, Lynn Hegge, appointed **liquor/beer agent** for
LQ Management, 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 0 %.

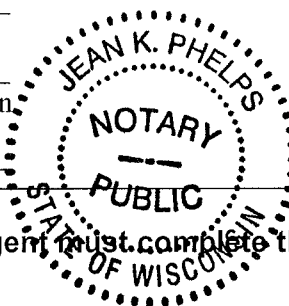
Subscribed and sworn to before me this

15th Day of September, 2011

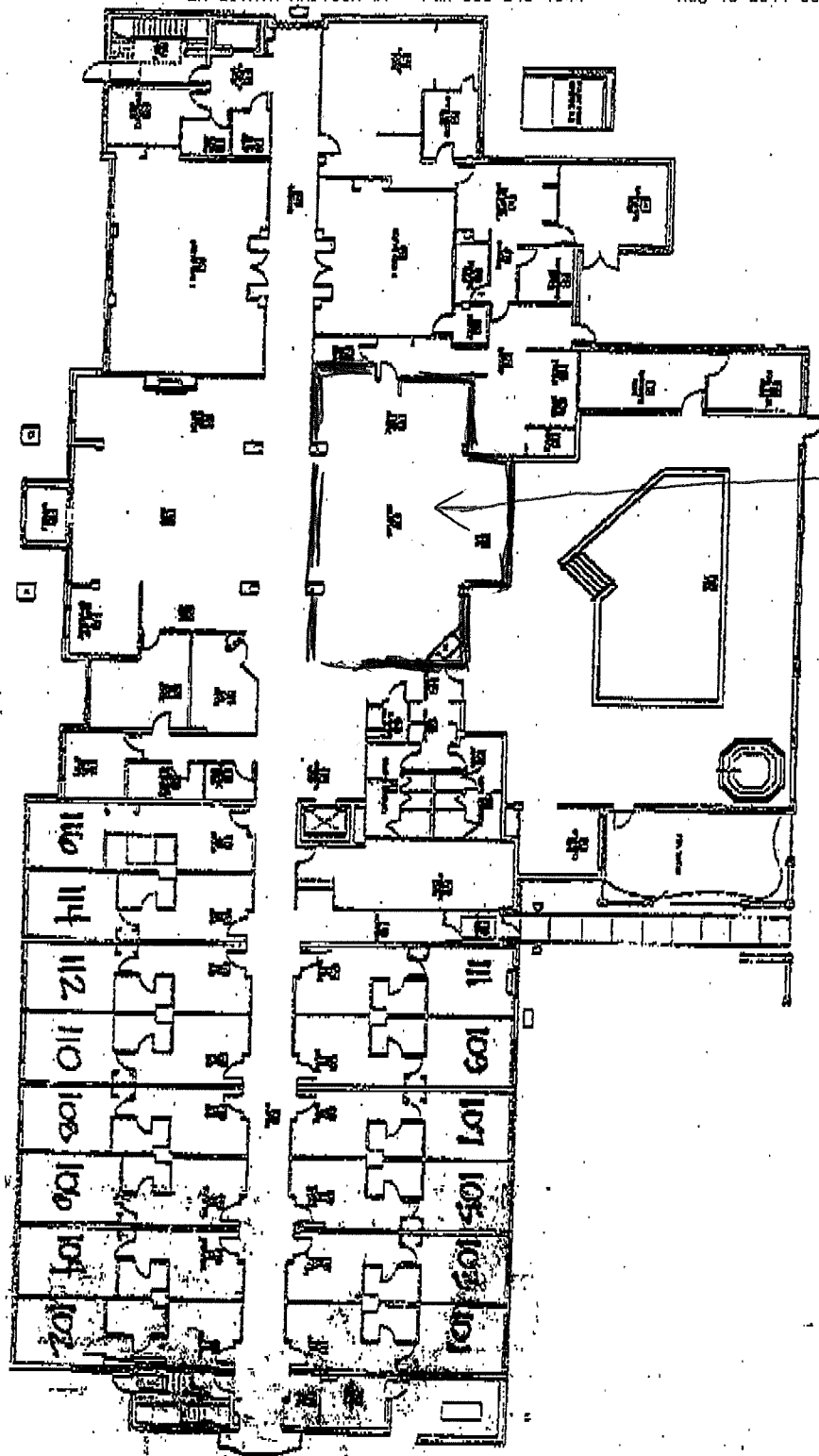
[Signature]
Notary Public, Dane County, Wisconsin

My Commission Expires 6/22/14

[Signature]
Signature of Agent



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



1
115 SCALE: 1/8" = 1'-0"
FIRST FLOOR PLAN