

LIC11B-2011-01556

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning 7/1 2011 ending 6/30 2012

Applicant's Wisconsin Seller's Permit Number: 456102618617902
Federal Employer Identification Number (FEIN): 452773539
LICENSE REQUESTED
TYPE: Class B beer, Class C wine
FEE: \$

TO THE GOVERNING BODY of the: Madison
County of DANE Aldermanic Dist. No. 19

- 1. The named: [] INDIVIDUAL [] PARTNERSHIP [X] 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): Little Manhattan 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.

President/Member: Title MNG Owner, Name H Siu Ling chen, Home Address 1914 Lake point Dr #C Madison 53713

3. Trade Name: Little Manhattan
4. Address of Premises: 6718 Odana RD Madison Post Office & Zip Code: 53719

- 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? [X] Yes [] No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? [] Yes [X] No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? [] Yes [X] No
8. (a) Corporate/limited liability company applicants only: Insert state WI and date 7.18.11 of registration.
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? [] Yes [X] 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 [X] No

9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

- 10. Legal description (omit if street address is given above):
11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? [] Yes [X] 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? [X] 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? [X] Yes [] No
14. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? [] Yes [X] 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.

SUBSCRIBED AND SWORN TO BEFORE ME

this 12th day of September, 2011
Eric A. Christianson, Notary Public

Signature of H Siu Ling chen
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

Table with 4 columns: Date received and filed with municipal clerk, Date reported to county clerk, Date provisional license issued, Signature of Clerk / Deputy Clerk. Includes date license granted and issued.

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 checked="" type="checkbox"/> Orange Sign (Clerk's Office provides at time of application)	<input checked="" type="checkbox"/> Written Description of Premise <input checked="" type="checkbox"/> Background Investigation Form(s) <input checked="" type="checkbox"/> Notarized Transfer of Ownership <input checked="" type="checkbox"/> *Articles of Incorporation <input checked="" type="checkbox"/> Notarized Appointment of Agent * Corporation/LLC only	<input checked="" type="checkbox"/> Floor Plans <input checked="" type="checkbox"/> Lease <input checked="" type="checkbox"/> Sample Menu <input type="checkbox"/> Business Plan
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1. Name of Applicant/Partner/Corporation/LLC Little Manhattan LLC
2. Address of Licensed Premise 6718 Odana RD Madison WI 53719
3. Telephone Number: _____ 4. Anticipated opening date: 01/11/2012
5. Mailing address if not opening immediately 1914 Lake Point Dr #C Madison WI 53713
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: Bar. Billiard. Food. Karaoke.
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.**
9580 foot Pool Hall Bar Karokey
Alcohol Stored in Cooler Serve From Bar & Table
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 lot at three side
13. Describe your management experience, staffing levels, duties and employee training.
11 Yrs Restevand & Bar
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.
LIN & LINCOLN CPA'S 1132 Waukegan RD #101 Glenview IL 60025
 Name Address

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

Age 25-50

16. What age range would you hope to attract to your establishment? _____

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

Billiard Food & Karaoke

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

19. Owner of building where establishment is located: Madison

Address of Owner: 25 Bishop Cir Phone Number 608.2194738

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

Hsia Ling Chen 1914 Lake point dr ~~1914~~ #C
Name Address

Name Address

Name Address

22. List the Stockholders of your Corporation/LLC

Name Address % of Ownership

Name Address % of Ownership

Name Address % of Ownership

23. What type of establishment are you? (Check all that apply) Tavern Nightclub Restaurant

Other Please Explain. _____

24. What type of food will you be serving, if any? _____

Breakfast Lunch Dinner

25. Please submit a sample menu with your application, if possible. What might eventually be included on your operational menu when you open? Appetizers Salads Soups Sandwiches Entrees

Desserts Pizza Full Dinners

26. During what hours of your operation do you plan to serve food? 2pm 2 AM

27. What hours, if any, will food service not be available? no
28. Indicate any other product/service offered. gift
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? 3-4
During what hours do you anticipate they will be on duty? 2pm - 2am
32. Do you plan to have hosts or hostesses seating customers? Yes No
33. Do your plans call for a full-service bar? Yes No
If yes, how many bar stools do you anticipate having at your bar? _____
How many bartenders do you anticipate you would have working at one time on a busy night? _____
34. Will there be a kitchen facility separate from the bar? Yes No
35. Will there be a separate and specific area for eating only? Yes No
If yes, what will be the seating capacity for that area? _____
36. What type of cooking equipment will you have? Stove Oven Fryers Grill Microwave
37. Will you have a walk-in cooler and/or freezer dedicated solely to the storage of food products? Yes No
38. What percentage of your overall payroll do you anticipate will be devoted to food operation salaries?
45%
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? 15%
What percentage of your advertising budget do you anticipate will be drink related? 12%
40. Are you currently, or do you plan to become, a member of the Madison—Dane County Tavern League or the Tavern League of Wisconsin? Yes No
41. Are you currently, or do you plan to become, a member of the Wisconsin Restaurant Association or the National Restaurant Association? Yes No

42. What is your estimated capacity? 125

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	20%
Gross Receipts from Food and Non-Alcoholic Beverages	50%
Gross Receipts from Other	30%
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.

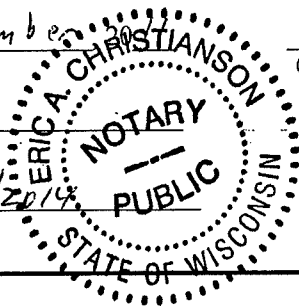
Read carefully before signing: Under penalty provided by law, the applicant states that the above information has been truthfully completed to the best of the knowledge of the signer. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), 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:

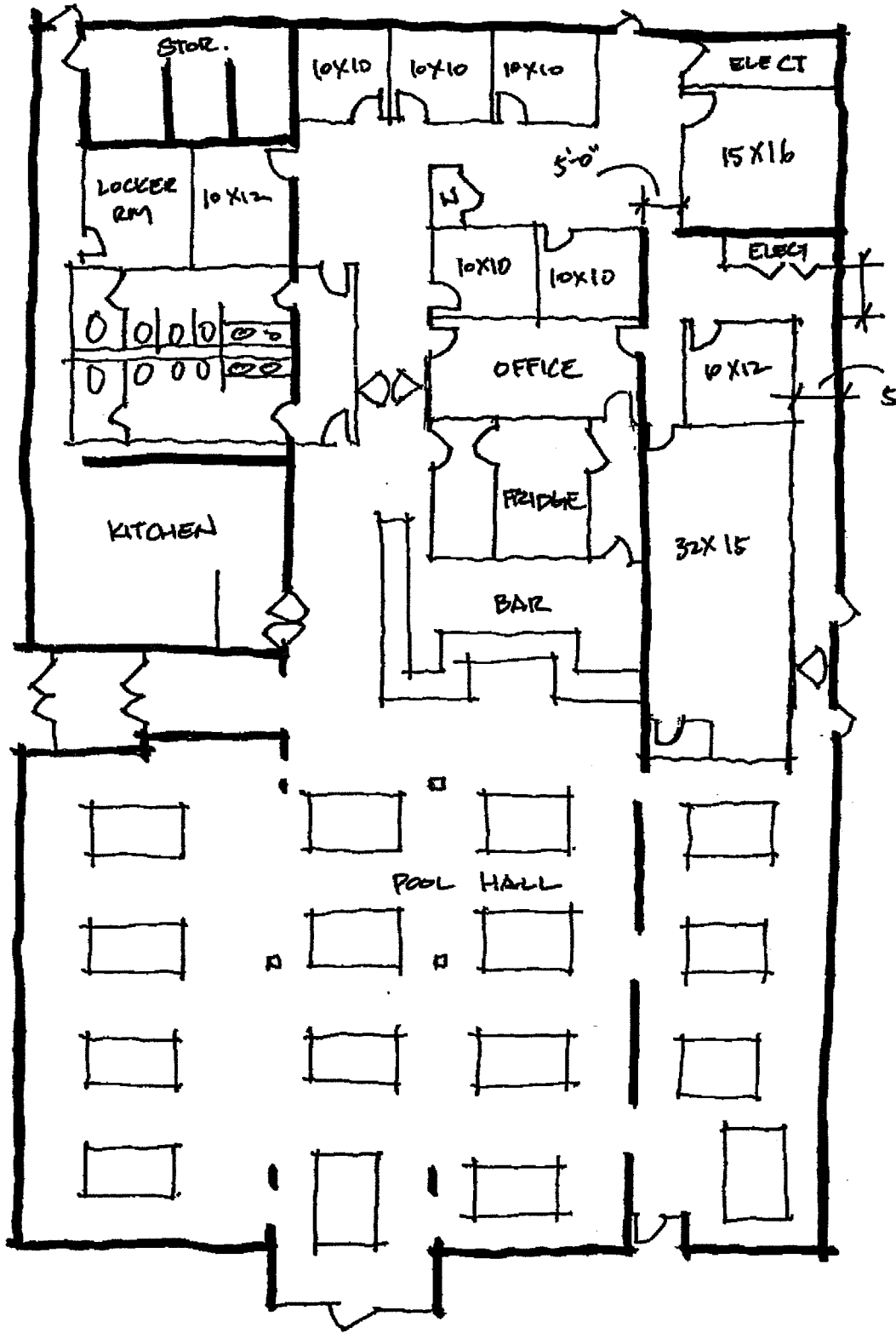
this 12th day of September, 2013

[Signature]
(Clerk/Notary Public)

My commission expires 6/29/2014

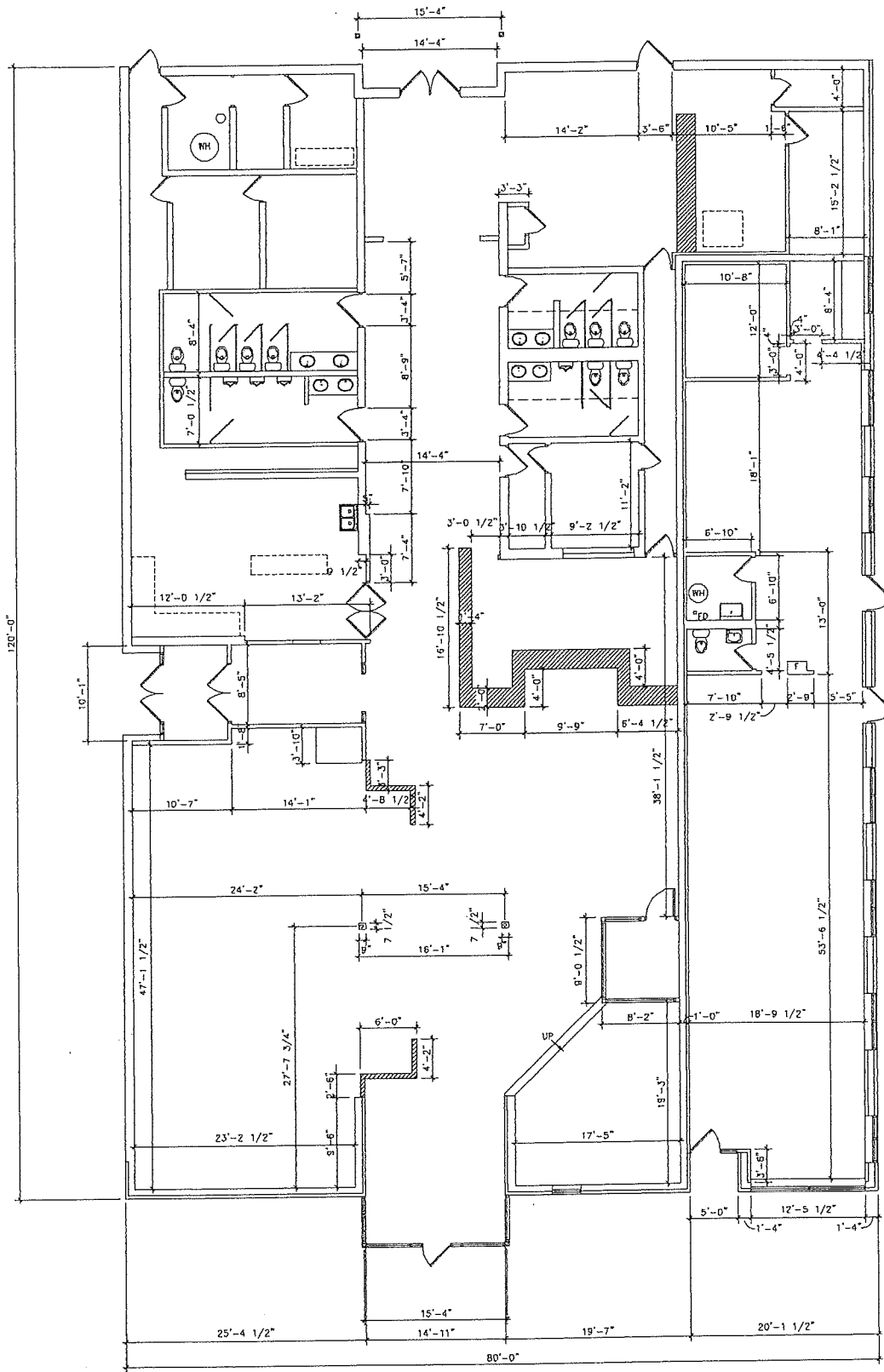


[Signature]
(Officer of Corporation/Member of LLC/Partner/Individual)



PLAN RE: 5

671
 ST
 ©
 EC



原圖紙

1 EXISTING FLOOR PLAN
 A201 SCALE: 1/8" = 1'-0"

Simple Menu

Appitizers

Wings
Beef Stick
Chicken Stick
Shrimp stick
Fried Shrimp
Onion Ring
French Fry
Hot Dog
Bread Stick

Fruit & Salads

Oog. Salad Mix
Seafood Salad
Turkey Salad
Triple Sweet Fruit Salad
Seasonal Fruit plate
Cocktail Shrimp
Steam Clams

Nuts & Others

Peanut
Pecan
Walnut
Cashew Nut
Macadamia Nut
Potato Chips
Corn Nut
Popcorn

~~Chocolate~~ Candy

Hershey's
Snackers
Twins
Resse's
Butterfingers
M&M
Gramming Ring

Simple
Menu

Beer & Wine

Bud
Cools
Millers
Landshark
Henlanken
Crosler

White Zinfandel
Charmy.
Merlot
Sweet Red.

Pour
Billiards
Karaoke Box
Food