		OL BEVERAGE LIC	CENSE APPLICA	TION	Applicant's Wisconsin Seller's Permit Number: 456, 16	12656006
	omit to municipal clerk.	7 /			Federal Employer Identification Number (FEIN):	
Fo	the license period begi	nning 7 - 1	$\frac{20}{20} \frac{11}{12}$;	LICENSE REQUESTE)
	e	nning $6-30$	20 12	<u>. </u>	TYPE	FEE
		☐ Town of			Class A beer	\$
т 🔿	THE COVERNING DO	—	l in a little		Class B beer	\$
10	THE GOVERNING BOI		> madisor		Wholesale beer	\$
		Cíty of	•		Class C wine	\$
<u>-</u>	interest NO NO	Aldermanie D	ist. No. (if require	ad by ordinance)	Class A liquor	\$
COI	unty of <u>DG N(</u>	Aldernanic D	ist. No (ii require	su by Graniance)	Class B liquor	\$
	T	ALAL DADTHEDOUID		V CONTRADIV	Reserve Class B liquor	\$
1.	The named INDIVID			Y COMPANY	Publication fee	\$
	L	RATION/NONPROFIT ORGAN			TOTAL FEE	\$ \$
2.	• • • • • • • • • • • • • • • • • • • •	or the alcohol beverage license(ive last name, first, middle; corp $T \in \mathcal{H} A \vee E$	porations/limited liability com	panies give registe		Ψ
	An "Auxiliary Questionna partnership, and by each liability company. List the President/Member	officer, director and agent of name, title, and place of reside Title Presule L	a corporation or nonprofince of each person. Name Maria C	t organization, and Home Acur Z (2	231 SthomBon No	d agent of a limit
	Secretary/Member				······································	•
	Agent -	· · · · · · · · · · · · · · · · · · ·				
	Directors/Managers					
3	Trade Name	TOYO MONICO	lestamant	Business Ph	one Number <u>204-2</u> & Zip Code ▶ <u>5371</u>	642
4.	Address of Dromises	7 37 WILWER	es it makes in	511 Post Office	8.7in Code > 53716	1.
4, -	Address of Flerifises F_5		<u> </u>	the of the second	the boundary	
5.	Is individual, partners or ag	ent of corporation/limited liability	y company subject to comple	etion of the respons	ible beverage server	7Yes □N
_	training course for this licen	se period?		1		Tites N
ე .						
7.					is business?	Yes N
8.	(a) Corporate/limited liab	ility company applicants only	: Insert state	and date	of registration.	•
	(b) Is applicant corporation	/limited liability company a subs	idiary of any other corporati	on or limited liability	company?	Yes LIM
		r any officer, director, stockhold				
					.,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes 4
						□ '''
	MOTE: All applicants avala		rm ayanı VES ancıyar in ca	monen n / and a	ahova l	
^	• • • • • • • • • • • • • • • • • • • •	•	orm every YES answer in se			•
9.	Premises description: Description all rooms including living qu	ribe building or buildings where arters, if used, for the sales, se	alcohol beverages are to be	sold and stored. T	he applicant must include	
	Premises description: Desc all rooms including living qu may be sold and stored only	ribe building or buildings where arters, if used, for the sales, ser y on the premises described.)	alcohol beverages are to be	sold and stored. T	he applicant must include	
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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/LL.C only	☐ Sample Menu ☐ Business Plan		
1. Name of Applicant/Partner/Corporation	on/LLC Maria I	Chave Z		
2. Address of Licensed Premise 3	2. Address of Licensed Premise 3737 Milware			
3. Telephone Number: 204 – 26	3. Telephone Number: 204-26-42 4. Anticipated opening date:			
5. Mailing address if not opening immed	iately			
6. Have you contacted the Alderperson, I the neighborhood association represent	Police Department District Captain, ntative for the area in which you inte	Alcohol Policy Coordinator, and end to locate? ☐ Yes ☐ No		
7. Are there any special conditions desired	ed by the neighborhood? \square Yes \square	No		
Explain.				
8. Business Description, including hours	of operation:			
9. Do you plan to have live entertainmen	t? ☑No □ Yes—What kind?			
10. Detailed <u>written</u> description of building size and all areas where alcohol bever below shall not be expanded or cha	rages are to be sold and stored. The	licensed premise described		
One Kitchen Dis	lning Room co	oler on the back		
and a Room in	front of the I	sinning loom		
Plan to add	front of the I	future		
11. Are any living quarters directly or incomplease note that alcohol may be sold a	lirectly accessible and under control and stored only on the licensed prem	of the applicant? ☐ Yes ☐ No ise, not in living quarters.		
12. Describe existing parking and how pa	rking lot is to be monitored.	front building		
Two sides of	the building on	the right side		
12. Describe existing parking and how parking lot is to be monitored. Two sides of the building on the right side on the right side. 13. Describe your management experience, staffing levels, duties and employee training.				
	tarrant for 2 u			
14. Identify the registered agent for you process, notice or demand required or	r Corporation or LLC. This is your or permitted by law to be served on the	corporation's agent for service of the corporation.		
Name Addr	ess			

15.	5. Utilizing your market research, who would you project your target market to be?		
16.	What age range would you hope t	to attract to your establishment?	
17.	• -	e/promote your business. What products will you be adver	tising?
18.	Are you operating under a lease o	r franchise agreement? Yes (attach a copy) No	
19.	Owner of building where establish	ment is located: Mackensel enterprise	<u>e S</u>
Ad	dress of Owner:	Phone Number	
20.		your membership policies contain any requirement of "Invregard to race, creed, color, or national origin? Yes	vidious" (likely □ No
21.	List the Directors of your Corpora	ation/LLC	
	Name A	Address	
	Name A	Address	
	Name A	Address	
22.	List the Stockholders of your Corp	poration/LLC	
	Name A	Address	% of Ownership
	Name A	Address	% of Ownership
	Name #	Address	% of Ownership
		u? (Check all that apply) □ Tavern □ Nightclub ☞ Res	taurant
24	What type of food will you be serv	ving, if any?	
<i>∠.</i> "T	☐ Breakfast ☐ Lunch ☐ Dir		
25.	Please submit a sample menu with	your application, if possible. What might eventually be in	ncluded on your
	operational menu when you open?	☐ Appetizers ☐ Salads ☐ Soups ☐ Sandwiches	☐ Entrees
	□ Desserts □ Pizza □ Full D	inners	
26.	During what hours of your operation	on do you plan to serve food? 17 +0 10 Pm	

27.	What hours, if any, will food service not be available?
28.	Indicate any other product/service offered.
29.	Will your establishment have a kitchen manager?
30.	Will you have a kitchen support staff?
31.	How many wait staff do you anticipate will be employed at your establishment?
	During what hours do you anticipate they will be on duty?
32.	Do you plan to have hosts or hostesses seating customers? Ves • No
	Do your plans call for a full-service bar?
	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?
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?
	What type of cooking equipment will you have? 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
	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? FYes No

42. What is your estimated capacity!	42.	What is your estimated capacity?	80
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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	25%
Gross Receipts from Food and Non-Alcoholic Beverages	75 %
Gross Receipts from Other	%
Total Gross Receipts	100%

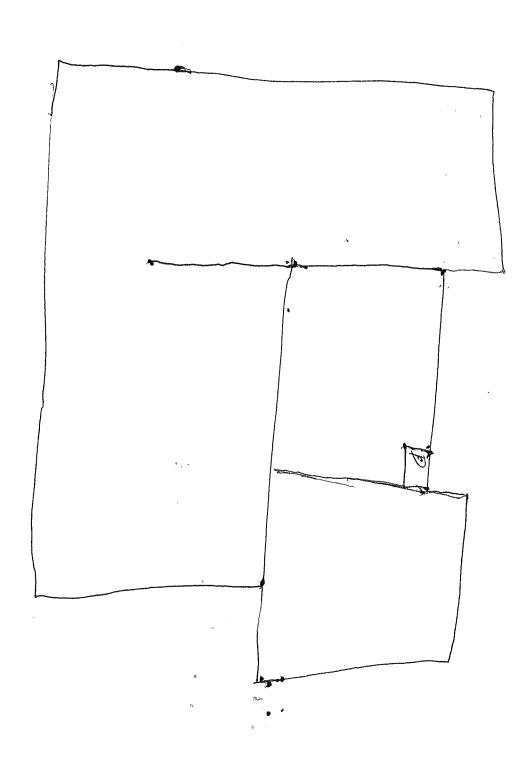
44. Do you have written records to document the percentages shown? ☐ Yes ☐ You may be required to submit documentation verifying the percentages you've indicated.

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 day of	(Officer of Corporation/Member of LLC/Partner/Inc
(Clerk/Notary Public)	
My commission expires 6/29/2014	

tu 4 mo Dar Restaurant entrance WOO TED



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