

24239

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning 7-1 20 11 ;
ending 6-31 20 12

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): KAUR
LAKHVIK MADISON OIL 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 <u>Member</u>	<u>LAKHVIK KAUR</u>	<u>1414 Starr (Grass) Dr</u>	<u>MADISON, WI 53719</u>
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent <u>LAKHVIK KAUR</u>			
Directors/Managers			

- 3. Trade Name KAUR Business Phone Number _____
- 4. Address of Premises 4611 Verona Rd, Madison WI Post Office & Zip Code 53711

- 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 employe 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 WI and date _____ 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.)

- 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 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 _____ day of _____, 20 _____

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

My commission expires _____
(Clerk/Notary Public)

(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	

A-8
P-104

N.A.-

LIC 11A 2011 01643

City of Madison Supplemental Class A License Application

<input type="checkbox"/> Seller's Permit Number <input type="checkbox"/> Federal Employer Identification # <input type="checkbox"/> Notarized Original Application Form <input type="checkbox"/> Notarized Supplemental Form <input type="checkbox"/> Orange Sign (Clerk's Office provides at time of application)	<input type="checkbox"/> Description of Licensed Premise (in lease) <input type="checkbox"/> *Notarized Appointment of Agent <input type="checkbox"/> Background Investigation Form(s) <input checked="" type="checkbox"/> Notarized Transfer of Ownership <input type="checkbox"/> *Articles of Incorporation (LLC with)	<input type="checkbox"/> Floor Plans <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Sample Menu <input type="checkbox"/> Business Plan * Corporation/LLC only
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1. Name of Applicant/Partner/Corporation/LLC Madison Oil LLC
 2. Address of Licensed Premise 4611 Verona Rd. Madison, WI 53711-2886 2736
 3. Telephone Number: 608-692-6520 4. Anticipated opening date: NOV. 15th, 2011
 5. Mailing address if not opening immediately _____

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. What type of establishment is contemplated? Liquor Store Grocery Store
 Convenience Store - Gas Pumps Yes No Other—Explain _____

9. Business Description: Liquor store will sell beer, spirits, wine and packaged food. Will open 7 days a week 9AM-9PM.

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.**

Store located in Madison Plaza on 4611 Verona Road, total area is 2,375 square feet. We will have bathrooms, storage area in back, coolers shelves in front of store, extra liquor will store in back, otherwise everything will be in coolers or shelves to be seen.

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. Located in the mall see attached map

13. Describe your management experience, staffing levels, duties and employee training.
Managed Family Gas Station from last 2 years, which is located in small mall with liquor store.

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.
LAKHVIK KAUR 1414 Starr Grass Dr. Madison WI 53719
 Name Address

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

Local Neighborhood

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

Big Sign in Front and Side of Store

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

18. Owner of building where establishment is located: FSGB, LLC Madison Plaza

Address of Owner: P.O. Box 724, Geneva, IL 60134 Phone Number 1-847-962-3414

19. 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

20. List the Directors of your Corporation/LLC

LAKHVIK KAKR 1414 Starr Grass Drive, Madison - WI 53719
Name Address

Name Address

Name Address

21. List the Stockholders of your Corporation/LLC

NA
Name Address % of Ownership

Name Address % of Ownership

Name Address % of Ownership

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 _____, 20____

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

(Clerk/Notary Public)

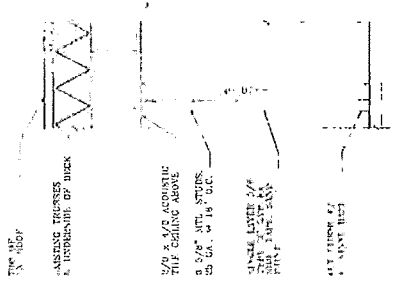
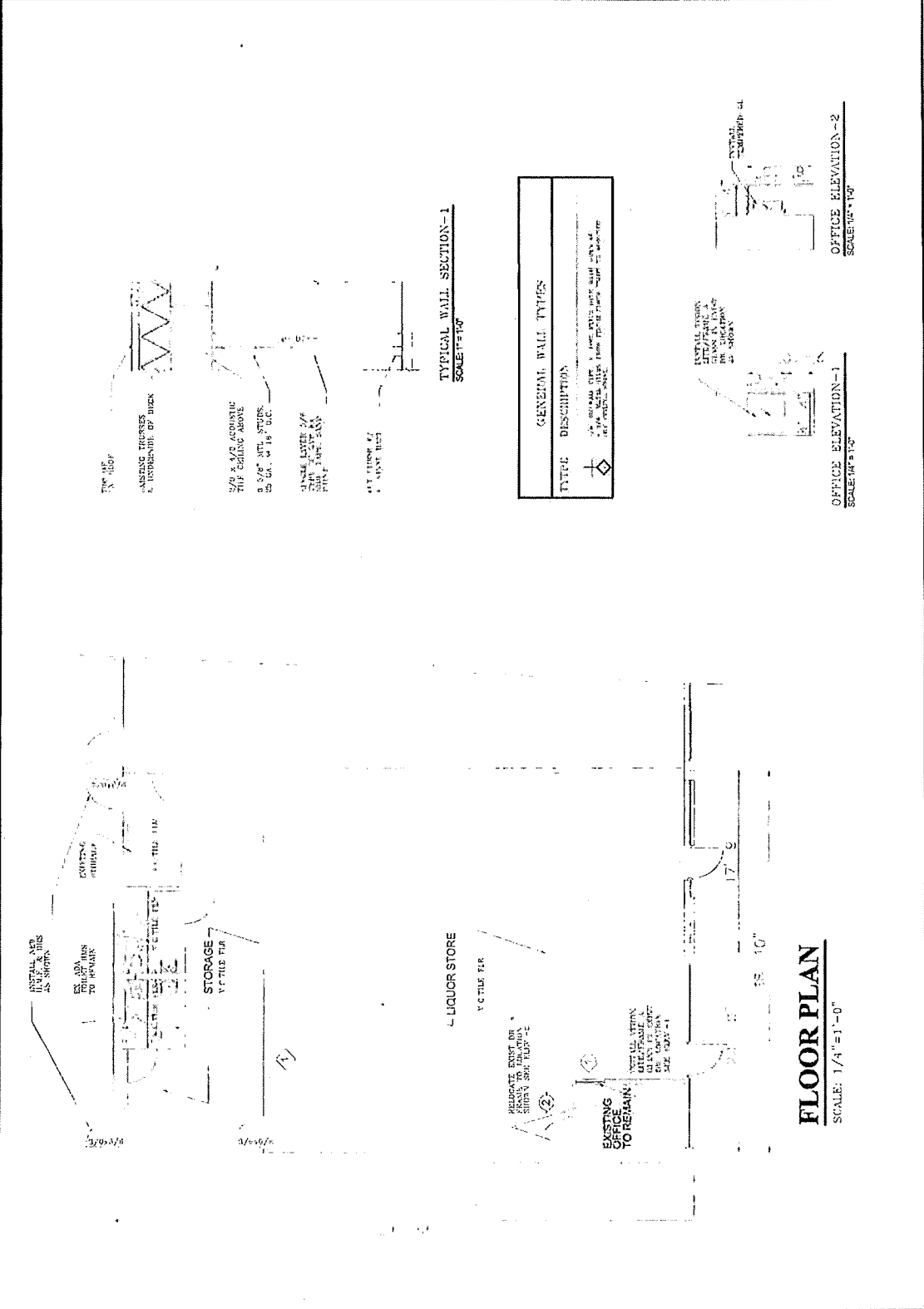
My commission expires _____



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 Fort Worth, Texas 76102
 Tel. 254-521-1111
 Fax 254-521-1112
 www.hickmatt.com

Project No.	1100
Client	
Architect	
Interior Designer	
Contractor	
Phase	
Date	

1100/00A
 Project No.
 A-1-1



TYPICAL WALL SECTION-1
 SCALE: 1/4" = 1'-0"

GENERAL WALL TYPES	
TYPE	DESCRIPTION
	7/8" EXISTING CMU & 1/2" EXISTING METAL STUDS WITH 5/8" GYPSUM BOARD ON BOTH SIDES



OFFICE ELEVATION-1
 SCALE: 1/4" = 1'-0"



OFFICE ELEVATION-2
 SCALE: 1/4" = 1'-0"

FLOOR PLAN
 SCALE: 1/4" = 1'-0"