

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning July 1st 2012 ;
ending June 30 2013

TO THE GOVERNING BODY of the: ☐ Town of }
☐ Village of } Madison
☒ City of }

County of DANE Aldermanic Dist. No. 32 (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): Tiang, JingXun
EDO GARDEN 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>Owner</u> | <u>Tiang, JingXun</u> | <u>532 S. Park St. 53715</u> |
| Vice President/Member | | | |
| Secretary/Member | | | |
| Treasurer/Member | | | |
| Agent | | | |
| Directors/Managers | | | |

3. Trade Name EDO GARDEN Business Phone Number 608-819-8855
4. Address of Premises 508 State St. Post Office & Zip Code 53703

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 Wisconsin and date 09/22/12 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? NADRA'S

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 9th day of March 2012

[Signature]
(Clerk/Notary Public)

My commission expires 6/29/2014

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

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

[Signature]
(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 | |

4CL1B.2012.00145

State - LAWSON NA
PD-403
AD-2 - MAR 14

Entertainment License Application - 18+ / 21+ (Circle One)

Complete application is due at 12 noon two weeks before Alcohol License Review Committee (ALRC) meeting. Applicants must appear before the ALRC.

Prior to your hearing before the ALRC, you must contact the Alderperson of the District in which you intend to do business, the representative of the appropriate neighborhood association (if any), the Madison Police Department, and the Alcohol Policy Coordinator.

- ☐ Alderperson Bridget Manioci can be reached at 516-3488,
at the Common Council Office (608-266-4071), or via e-mail at council@cityofmadison.com.
- ☐ Neighborhood Association. The name of the neighborhood association representative can be obtained by calling the Department of Planning & Community & Economic Development at 608-266-4635.
- ☐ Police Department Central District Captain Carl Gloede (Sector 400) can be reached at 261-9694.
- ☐ Police Department East District Captain Tom Snyder (Sector 600) can be reached at 267-2100.
- ☐ Police Department North District Captain Cam McLay (Sector 500) can be reached at 245-3652.
- ☐ Police Department West District Captain Jay Lengfeld (Sectors 100-200) can be reached at 243-0503.
- ☐ Police Department South District Captain Joe Balles (Sector 300) can be reached at 267-8687.
- ☐ The Alcohol Policy Coordinator, Mark Woulf can be reached at 264-9295
- ☐ **Orange sign-** You must display the public notice sign within three days of your application at the current premise until the Common Council makes a final determination.

Corporate/Owner Name Edo Garden, LLC / Jiang, Jingxun

DBA ~~Osaka's House~~ Edo GARDEN Contact Phone Number: 608-334-2884

Address 508 State St. Madison WI 53703

Current Capacity (49+): ~~49~~ 220

Type of live entertainment that will be offered: Band, DJ wedding

Number of security personnel and how they will be used: (3 person) Communicate Manager
and staffs, using only what busy week as necessary

How you will handle issues regarding control and clearance of the parking lot during hours of operation and at closing time: make plan each night that we busy. Check ID, Watch Costum
Drinking safely. And Drunk people.

How you will handle unruly patrons, intoxicated patrons, and physical disturbances: Stop Serving
alcohol and Beer, give water, make sure they OK to go home safe
and Call Taxi

How you will handle patrons presenting fake ID's and/or how you plan to prevent alcohol sales to people under twenty-one (21) years old. *If applying for an 18+ Entertainment License, please explain how you will conspicuously identify patrons who are twenty-one (21) years and older and how you plan to supervise underage patrons:*

Thru Training Bartender classes and check (ID or Passport, Visa)
NO one will enter bar area unless over (21 years old).

Identify by name and date of birth, individuals who are employed by the establishment in a management capacity:

Deb. Double check ID. Student passport Visa

Read carefully before signing. Upon 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.

Subscribed and Sworn to Before Me:

This _____ date of _____, 20__

Officer/member/manager/partner/individual

Notary Public

Officer/member/manager/partner/individual

My Commission expires _____

Application to be considered at the _____ ALRC meeting and the _____ Council meeting.

License Number LICENT-20_____- _____ Legistar # _____

Routed: ☐ City Zoning ☐ Building Inspection ☐ Madison Police Sector _____ ☐ Alder _____ (District _____)

City of Madison Supplemental Class B License Application

| | | |
|---|--|---|
| <input type="checkbox"/> Seller's Permit Number <input type="checkbox"/> Federal Employer Identification # <input checked="" 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 checked="" type="checkbox"/> Written Description of Premise <i>Large</i> <input checked="" type="checkbox"/> Background Investigation Form(s) <input type="checkbox"/> Notarized Transfer of Ownership <input type="checkbox"/> *Articles of Incorporation <input type="checkbox"/> *Notarized Appointment of Agent * Corporation/LLC only | <input type="checkbox"/> Floor Plans <input checked="" type="checkbox"/> Lease <input type="checkbox"/> Sample Menu <input type="checkbox"/> Business Plan |
|---|--|---|

1. Name of Applicant/Partner/Corporation/LLC EOD GARDEN, LLC JIANG, Jingxun C/O Osaka's House
2. Address of Licensed Premise 508 State St. Madison, WI 53703
3. Telephone Number: 608 334 2884 4. Anticipated opening date: March 30, 2012
5. Mailing address if not opening immediately 505 State St. Madison, WI 53703
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: Mon : 10:30 Am - 11:00 Pm Tues 10:30 Am - 11:00 Pm Wedn 10:30 Am - 11:00 Pm Thurs - Sat 10:30 ~ 2:00 Am Sun : 10:30 Am - 11:00 Pm

9. Do you plan to have live entertainment? ☐ No ☒ Yes—What kind? Bands' DJ

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.**

Nadia's

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. No Parking, use Public Parking or park on the street use parking Ramp.

13. Describe your management experience, staffing levels, duties and employee training.

10 Years combined my management experience Hiring staff, promotion and thru training, and continuous education.

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.

Jiang, Jingxun 505 State Street, Madison, WI 53703

Name

Address

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

Business Surround Area Public events and special events Thru out the year's

16. What age range would you hope to attract to your establishment? all's ages

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

Yellow Pages, Face Book, FLYERS, Person to person (B.F.D). Campus Food.com
Teriyaki, Sushi, Sashimi, & Chinese stir-fry.

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

19. Owner of building where establishment is located: 508 State St Madison, WI 53703

Address of Owner: _____ Phone Number _____

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

Jiang, Jingxun 532 S. Park St. Madison, WI 53715
Name Address

Name Address

Name Address

22. List the Stockholders of your Corporation/LLC

Jiang, Jingxun 532 S. Park St. Madison, WI 53715 (100%)
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. Bar, DJ Band

24. What type of food will you be serving, if any? Chinese Foods, Japanese Foods & American foods

☐ 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? 10:30 Am Thru 2:00 Am

27. What hours, if any, will food service not be available? Mon-Sun 3:00Am - 10:30 Am
28. Indicate any other product/service offered. Full Bar, Fresh Seafood.
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? 8 Staffs
During what hours do you anticipate they will be on duty? 10:30Am - Closing Mon-Sun.
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? 20
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? 180-200
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?
33%
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? 10%
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? 220

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.

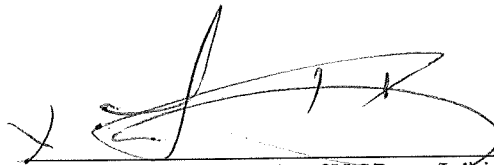
| | |
|--|-------------|
| Gross Receipts from Alcoholic Beverages | % <u>20</u> |
| Gross Receipts from Food and Non-Alcoholic Beverages | % <u>80</u> |
| Gross Receipts from Other | % |
| Total Gross Receipts | 100% |

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 8th day of March, 2012

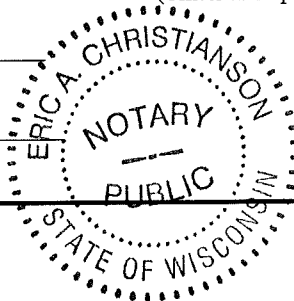


(Officer of Corporation/Member of LLC/Partner/Individual)



(Clerk/Notary Public)

My commission expires 6/29/2014



Liquor/Beer Agent Authorization

I, JIANG, JING Q, officer/member for Edo Garden ^{LLC} and Osaka's house
(Corporation/LLC), doing business as March 30, 2012, authorize and appoint
JEAN JING X (Name) as the liquor/beer agent for the premise
located at 508 STATE STREET.

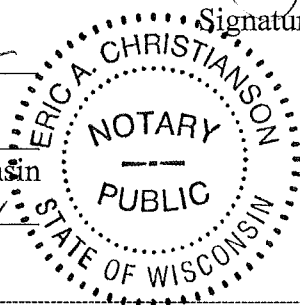
Subscribed and sworn to before me this

9th Day of March, 2012

[Signature]
Signature of Officer/Member

[Signature]
Notary Public, Dane County, Wisconsin

My Commission Expires 6/29/2014



Acceptance of Liquor/Beer Agent Appointment

I, JIANG, JING X, appointed **liquor/beer agent** for
Edo Garden, 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 80 %.

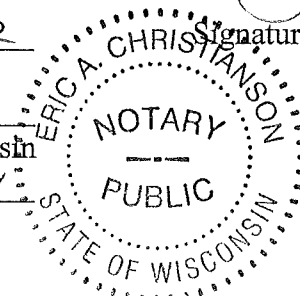
Subscribed and sworn to before me this

9th Day of March, 2012

[Signature]
Signature of Agent

[Signature]
Notary Public, Dane County, Wisconsin

My Commission Expires 6/29/2014



6309 MONONA DR. MONONA, WI 53716

T: (608) 226-9828 • (608) 226-9829

F: (608) 226-9830

EDO
GARDEN

OPEN HOURS

Mon-Thurs 11:00am - 10:00pm

Fri & Sat 11:00am - 11:00pm

Sunday 12:00 noon - 10:00pm

Seller's permit 004-0000017411
11-77-39-1964920 -01

508 State St #2

