RETAIL LICENSE TRANSFER - PREMISES TO PREMISES

Wisconsin Department of Revenue

APPLICATION FOR TRANSFER OF LICENSES FOR SALE OF FERMENTED MALT BEVERAGES AND/OR INTOXICATING LIQUOR FROM ONE PREMISES TO ANOTHER

		<u>ΜΑ015υ Ν</u> , Wisconsin	
To t	he ao	verning body of the ☑ City ☑ Village ☑ Town of	
		f	
1-	ינועל	A LICENCSE FRom 8302 MINERAL POLINI (present location) (present location) (proposed location)	
on (or abo	(proposed location) Out SEPRMBER 14, 2012 (date)	
	APP	LICANT: (print name and address plainly)	
	(a)	Full name of applicant 575VE'S LIQUORS WEST, INC.	
	(b)	Address 8302 MINERAL POINT ROAD, MADISON, WI 53719	
2.	LOC	ATION AND DESCRIPTION OF PREMISES TO WHICH APPLICATION FOR TRANSFER IS MADE: cribe building or buildings where alcohol beverages are to be sold, served and stored.	
	(a)	Street number 122 JUNC710N WAD, MADISON, W7 53719	
	(b)	Trade name of establishment 575 VE'S WINE BEER SPIRIT	
	(c)	Physical description of building, buildings and/or land area comprising licensed premises. APPROXIMATELY 4,950 SQUARE FRAT OF SPACE AT 122 JUNCTION LOAD, MADISON, WI, CONTAINING (1) APPROXIMATELY SQUARE FRAT OF RETAIL SPACE, (11) SQUARE FRAT OF COULER, ON CIT! SQUARE FRAT OF SOLER. AS DEPICTOR	RA
	(d)	Legal description (omit if street address is given above.) 552 AODR 55 ABOVE ON EXAMPLE ADDRESS ABOVE	
	(e)	Is any other business conducted on same premises? $igtherightharpoonup {igmtimes}$ Yes $igcap$ No If so, what?	•
	(f)	Was this location licensed for beer or liquor during the past year? Yes X No	
	(g)	Give name and address of previous licensee. N/A	
	(h)	Will the previous licensee surrender its license? Yes No	

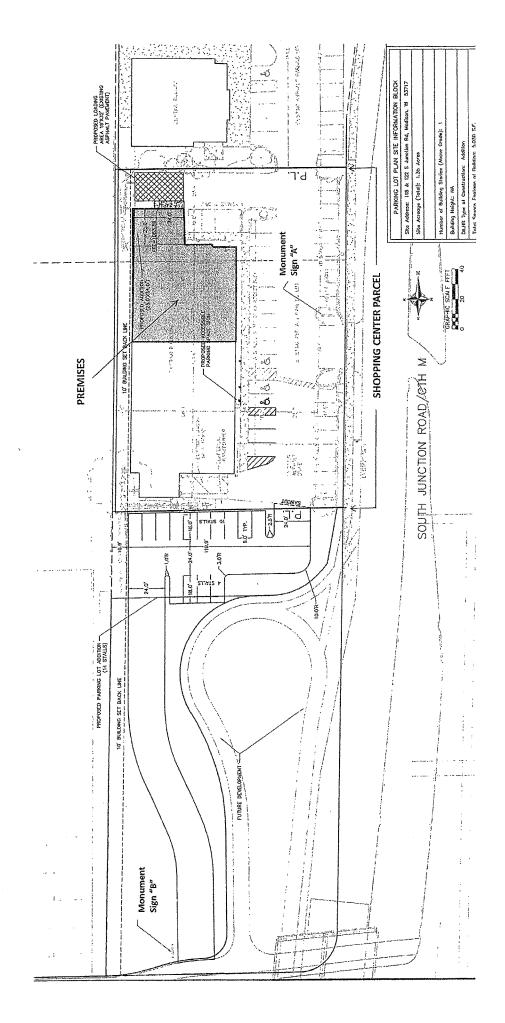
AT-112 (R. 4-09)
PD-128
AD-9 (SKIDMORE)

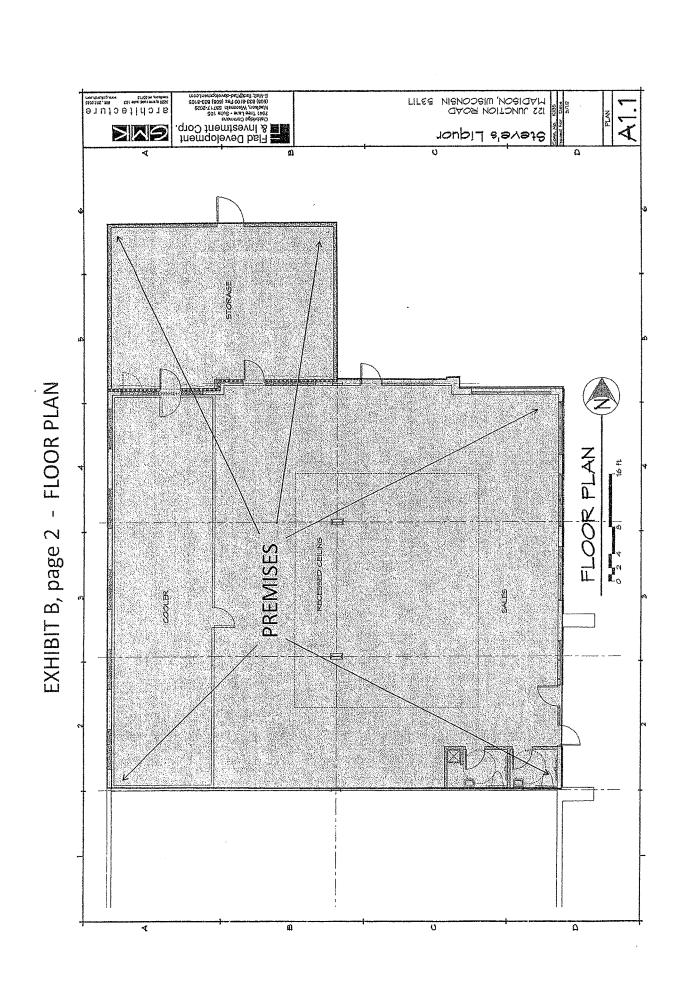
Wisconsin Department of Revenue

ALL APPLICANTS FOR TRANSFER OF CLASS B LICENSES MUST ANSWER THE FOLLOWING:

3.	If granted rectifier w									brewer, b	ottler, w	holesale	er, manu	facturer, or
4.	If you do not own the fixtures, state the manner, terms and conditions under which said fixtures are held													
	F-10									57eve Kare	15 410 2n C 15	vols Gionature)	west,	TWC.
Stat	e of Wiscor	nsin)								KAR	an c	. 516	CNB	eace (D)
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bein	Ne), g first duly e question								and _ are) the	person(s)	above n	amed a	nd that th	ne answers
	scribed and		A				20/5	?						
S.	day of		()	ī.		management of the second								
	ary Public,													
Wy (Commissio	n Exp⊩	res	1/29	12	012			_					
CLASS OF BUSINESS	Name	Original Location	ard	Proposed Location	ard	License No.	Treasurer's Receipt No.	pe	Submitted to Council or Board	Approved Date	Denied Date			
	Nai	Ori.	Ward	Prc	Ward	<u>.</u> L.	Te	Filed	Su	Ap	De			

EXHIBIT B, page 1 DEVELOPMENT PLAN



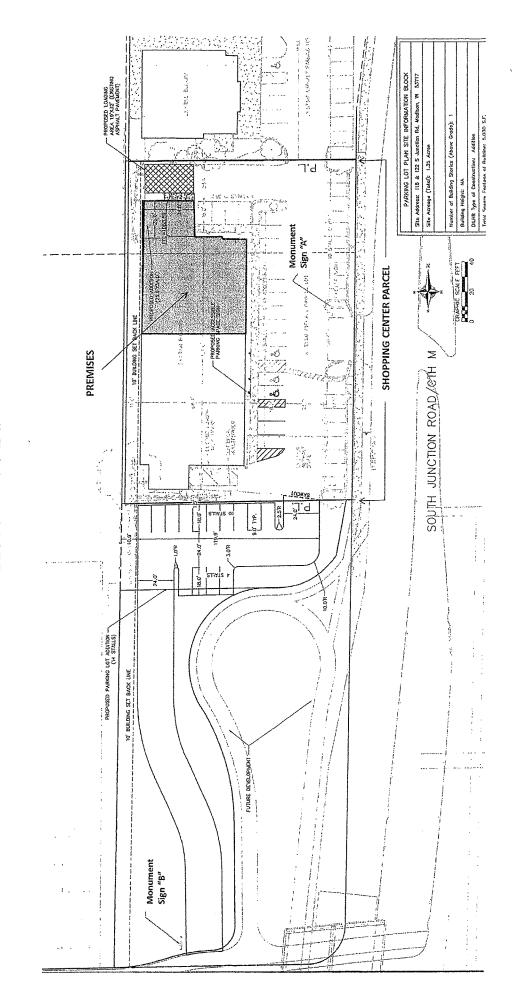


City of Madison Supplemental Class A License Application

	Seller's Permit Certificate- (Entity must match Articles of Incorporation) Federal Employer Identification #	 ☐ Description of Licensed Premise ☐ *Notarized Appointment of Agent ☐ Background Investigation Form(s) 	☐ Floor Plans ☐ Lease ☐ Sample Menu
	Notarized Original Application Form	☐ Notarized Transfer of Ownership	☐ Business Plan * Corporation/LLC only
	Notarized Supplemental Form Orange Sign (Clerk's Office provides	☐ *Articles of Incorporation	Corporation/LLC only
	at time of application)		
1.	Name of Applicant/Partner/Corporation	N/LLC STEVES LIQUOR	25 WEST, INC.
2.	Address of Licensed Premise 12	JUNCTION ROAD, M	40 150 N, WI 33 +19
3.	Telephone Number: 608 - 833 -	5995 4. Anticipated opening date:	<u> 3EP78MBER 19,2012</u>
5.	Mailing address if not opening immedia	ately 8302 MINERAL Po.	IN I KOAD, MADISON, WI
6.	Have you contacted the Alderperson, Pothe neighborhood association represent	olice Department District Captain, Alcoho ative for the area in which you intend to l	ol Policy Coordinator, and ocate? X Yes □ No
7.	Are there any special conditions desired	l by the neighborhood? 🗆 Yes 🕍 No	
	Explain.		
8.	What type of establishment is contempla ☐ Convenience Store – Gas Pumps ☐ Y	ated? ≯Liquor Store ☐ Grocery Yes ☐ No ☐ Other—Explain	Store
9.	Business Description: Relacation	IN OF EXISTING STEVES	LIQUORS STORE
	From 8202 MINSRAL PO:	INT RD. BECAUSE OF CON	DEM NATION OF KOAD.
	APPLICANT WILL CONTINU	E WY RETAIL SALE OF W	INE, BEER + SPERITS
10	Detailed written description of building	g, including overall dimensions, seating a ages are to be sold and stored. The licens	rrangements, capacity, bar
	below shall not be expanded or chan	ged without the approval of the Comm	on Council.
	loan Contravola	SQUARE FEET OF SPA (i) AN APPROXIMATELY	SOVARE FUT RETAIL AREA,
	CEN DAL ADDORNIMATELY 91	60 STUDENS FROT CUOLSIL and	(iii) AN APPROXIMMIZET
	SALARE COURT STORAGE	r krom, ALL AS KRIGATINI	ON ZAVIBLI B ITTUENCY
11	. Are any living quarters directly or indi	rectly accessible and under control of the	applicant? Li Yes KNO 1 2 10.
	Please note that alcohol may be sold at	nd stored only on the neensed premise, he	n in nying quarters.
12	. Describe existing parking and how par	king lot is to be monitored. THE RET	AIL CENTER IN WITTE
	THE PRIMISES AND LOCATE	D HAS 34 VARYING SPACE	DUS AUAITAKLS FOR
13	Describe your management experience	AN ADDITIONAL 14 SPACES, staffing levels, duties and employee training	ning. EmployELS ON SOUTH STUE
	Applacent 1000 standowstad 1	e, staffing levels, duties and employee training of the control of the control of the control of the corporation of LLC. This is your corporation of LLC.	OF CENTIC. PAKING WE
	Conducted buisness fel 17 you	ars. All employees	Will be well of their
14	. Identify the registered agent for your	Corporation or LLC. This is your corpor	ation's agent for service of Space.
	process, notice or demand required or	permitted by law to be served on the corp	oration.
	Karen C. Eigenbergel	permitted by law to be served on the corp 8300 MINERAL Por was	Sec Minuson
	y y y y y y	W	1 53719 ATTACHO
-			EXHIB!"
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-			ou project your tar			
	21-65 YEAR	olds Li	VING IN	ZIP CODES	53719, 53717 +	
				53 7	711 + 33593	
16.]	Describe how you plan to a	advertise/promote y	our business. Wh	at products will you be a	advertising?	
_	WURD OF MOUTH	+, RILL BOA	205 Flor	n 71m & TO 71m	ng OTHER	
					MARIETING	
17.	Are you operating under a	lease or franchise	agreement?	es (attach a copy) 🗆 N	CAMPAIUNS. BEER, WINE	
18.	Owner of building where e	stablishment is loca	ated: WHI	72 HEAD PROPERT	TES, LLC + SPIRIZ)
Add	lress of Owner: 7941	TREE LANE,	#105, MAD	Phone Number	608-833-5981	
		•	W1 53	717		
	Private organizations (club					
1	to give offense) discrimina	tion in regard to rac	ce, creed, color, or	r national origin?	l Yes □ No	
	N/A - NO7		SLOR			
20.	List the Directors of your	Corporation/LLC	4	0	WI WI	
-	KAREN C. EIG	EN BEKUZK	1006	KEDAN DRIVE	VERON 53593	
ì	KAREN C. EIG RANDALL WAU Name JUSEPH D. VAR Name	Address	11 0 acms 011	VALLE ALAGE S	C. I DAADOR LA	
ī	Name	Address	36 1 K132 MVF	+ HOW FCITE, O	ON FRITTING	
	JUSEPH D. VAR	. ISE 6338	TWNSR	DRIVE MADISON	1 W1	
ī	Name	Address		· · · · · · · · · · · · · · · · · · ·	527:5-	
					0 3 10 3	
21.	List the Stockholders of ye	our Corporation/LL	.C			
	*	. "				
ī	SAME AS	Address	<i>50 C</i>		% of Ownership	
-	Name	Address			% of Ownership	
1					70 Of Ownership	
					70 of Ownership	
_	Name	Address			% of Ownership	
_	Name	Address				
Ī			rovided by law th	e applicant states that the	% of Ownership	
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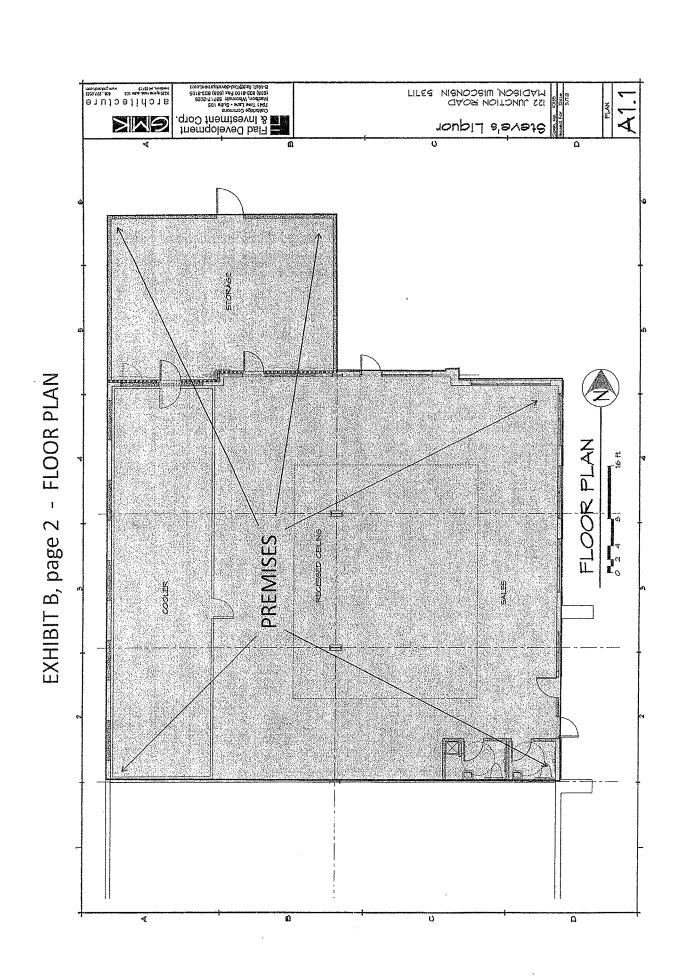


EXHIBIT D EMPLOYEE PARKING PLAN

