

WI SELLER #456-1025034038-09 FED EMP. #456-1027745192-02
 45-4588067

City of Madison Supplemental Class B License Application

with owner

<input checked="" type="checkbox"/> Seller's Permit Number	<input checked="" type="checkbox"/> Written Description of Premise	<input checked="" type="checkbox"/> Floor Plans
<input checked="" type="checkbox"/> Federal Employer Identification #	<input type="checkbox"/> Background Investigation Form(s)	<input type="checkbox"/> Lease
<input checked="" type="checkbox"/> Notarized Original Application Form	<input checked="" type="checkbox"/> Notarized Transfer of Ownership	<input type="checkbox"/> Sample Menu
<input checked="" type="checkbox"/> Notarized Supplemental Form	<input type="checkbox"/> *Articles of Incorporation	<input type="checkbox"/> Business Plan
<input checked="" type="checkbox"/> Orange Sign (Clerk's Office provides at time of application)	<input type="checkbox"/> *Notarized Appointment of Agent	
	<input type="checkbox"/> * Corporation/LLC only	

1. Name of Applicant/Partner/Corporation/LLC A Good Sign LLC

2. Address of Licensed Premise 1614 MONROE ST, MADISON WI 53711

3. Telephone Number: 608 259-1500 4. Anticipated opening date: 8-1-12

5. Mailing address if not opening immediately SAME

6. Have you contacted the Alderman, 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 AS ABOVE

Explain. _____

8. Business Description, including hours of operation: PIZZA RESTAURANT OPEN YEAR ROUND
BEEN IN ENCLOSED AREA DURING MADISON FOOTBALL GAMES ONLY

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.**

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. _____

13. Describe your management experience, staffing levels, duties and employee training.
HAVE BEEN AGENT FOR THIS OPERATION FOR SEVERAL
YEARS, NOW OWNER & AGENT. HAVE DOON SETUP SUPERVISION
AT ALL EVENTS

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.

PHILIP SCOTT BOORAS, 1802 MITCHELL ST., OSHKOSH WI
 Name Address
54901

15. Utilizing your market research, who would you project your target market to be? NOT MANY STUDENTS
FOOTBALL FANS, ALUMINI, VISITING TEAM SUPPORTERS

16. What age range would you hope to attract to your establishment? 25-30

17. Describe how you plan to advertise/promote your business. What products will you be advertising?
SIGNS + POSSIBLE RADIO TIE-IN

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

19. Owner of building where establishment is located: _____

Address of Owner: 1713 McQUE, MIDDLETOWN WI 53562 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

PHILIP SCOTT BOORAS, 1802 MITCHELL ST., OSHKOSH WI 54901
Name Address

Name Address

Name Address

22. List the Stockholders of your Corporation/LLC

AS ABOVE
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? PIZZA + BRATS

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? 2 HOUR BEFORE + AFTER
BADGER FOOTBALL GAMES

27. What hours, if any, will food service not be available? NONE
28. Indicate any other product/service offered. SODA, WATER
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? NONE
During what hours do you anticipate they will be on duty? 9AM-MIDNIGHT
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? 2 BY 5 BY
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?
80%
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? NONE
What percentage of your advertising budget do you anticipate will be drink related? NONE
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? _____

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.

DURING GAMES ONLY

Gross Receipts from Alcoholic Beverages	60 %
Gross Receipts from Food and Non-Alcoholic Beverages	40 %
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 20 day of June, 2012

R. Scott Boon
(Officer of Corporation/Member of LLC/Partner/Individual)

Wendy E. Baator
(Clerk/Notary Public)

My commission expires 5/15/2016

Appointment of New Liquor/Beer Agent

To be completed by Corporate Officer or Member of LLC

I, PHILIP SCOTT BOORAS, officer/member for A GOOD SION LLC
(Corporation/LLC), doing business as PIZZA EXTREME, authorize and appoint
PHILIP SCOTT BOORAS (Name) as the liquor/beer agent for the premise
located at 1614 MONROE ST., MADISON WI 53711

Subscribed and sworn to before me this

20 Day of June, 2012

Wendy E. Bactor
Notary Public, Dane County, Wisconsin
My Commission Expires 5/15/12

P. Scott Boon
Signature of Officer/Member

To be completed by appointed Liquor/Beer Agent

I, PHILIP SCOTT BOORAS, appointed liquor/beer agent for
A GOOD SION 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 _____ %.

Subscribed and sworn to before me this

20 Day of June, 2012

Wendy E. Bactor
Notary Public, Dane County, Wisconsin
My Commission Expires 5/15/2016

P. Scott Boon
Signature of Agent

The appointed Liquor/Beer Agent must complete the other side of this form.

Payment of Taxes on Liquor/Beer License Transfer

DUNE 28
DUNE 9 18

I, PHILIP SCOTT BOORAS, OWNER, applicant for
Name Title

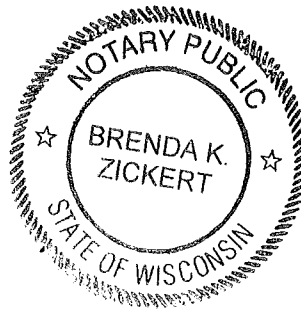
a liquor and/or beer license for the premise located at 1614 MONROE ST, have
Address

read the provisions in the attached copy of Madison General Ordinance Section 9.01, and understand that payment of all personal property taxes, special assessments, room taxes, forfeitures and judgments must be paid before the Office of the City Clerk can issue said license.

P. Scott Boor
Signature of Applicant

5-22-12
Date

Subscribed and sworn to before me this
22nd day of May, 20 12
Brenda K. Zickert
Notary Public, Dane County, State of Wisconsin
My Commission Expires 4-20-14



Transfer of Ownership

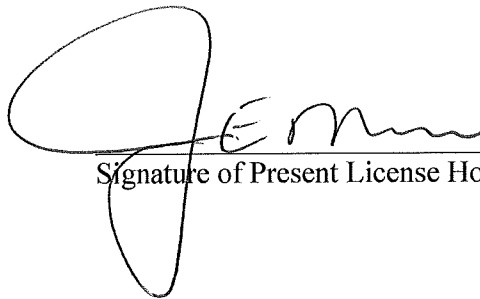
(letter to surrender previous license)

To be filed with the City Clerk at the time a new application is submitted for a change of ownership for any liquor and/or beer establishment.

The B Beer license for the premise located at
Class of License
1614 MONROE ST will be relinquished upon the
Street Address
approval of the application and the issuance of the same type of license for the same
premises to PHILIP S. BOORAS.
License Applicant

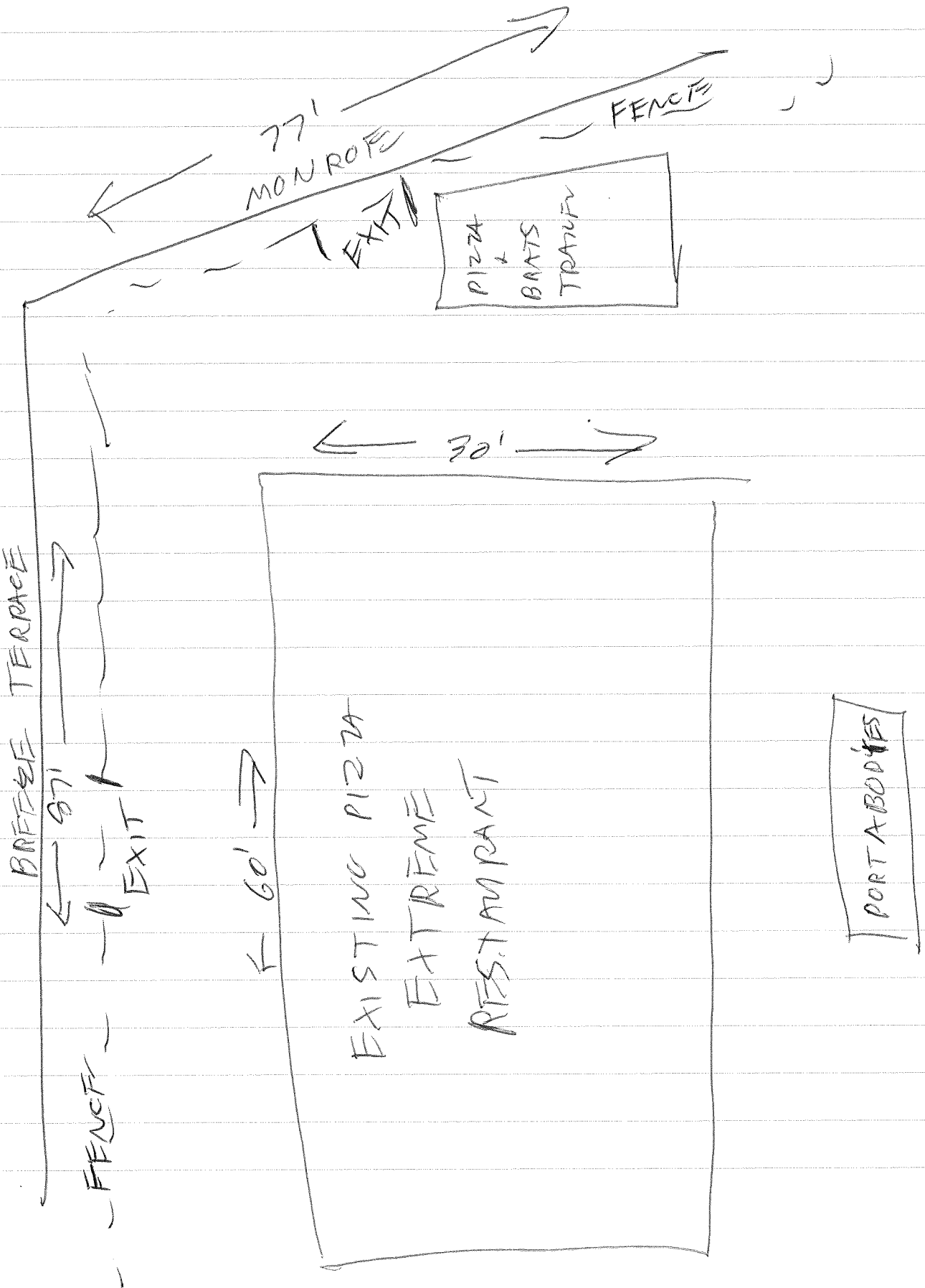
There have been no convictions for violations during the current license year, nor are there any pending violations against the present licensee except as follows:

NONE


Signature of Present License Holder

3-1-12
Date

1614 MONROE, NUTRISOA W153711
AREA WILL BE SNOW FENCED DURING ALL
BEEN SELLING TIMES. POOR CHECKERS AT
ACC EXITS



CITY OF MADISON

LICENSE

NOT TRANSFERABLE

License For	License Number	Page	Date Issued	Expiration Date
Clerks - Operator License	65706-67092	1 of 1	05/27/2012	06/30/2014
PURSUANT TO SECTION 38 OF THE MADISON GENERAL ORDINANCES.				

BOORAS, PHILIP S
1802 MITCHELL ST
OSHKOSH, WI 54901



Paul R. Anglin

Mayor

BEVERAGE SERVER TRAINING COMPLETED

Maibeth Witzel-Behl

Clerk