ORIGINAL ALCOHOL BEVERAGE LICE Submit to municipal clerk.	NSE APPLICATION	Applicant's Wisconsin Seller's Permit Number: 456-000 Federal Employer Identification	
•	20	Number (FEIN): 20-19	
For the license period beginning	20;	LICENSE REQUESTED	
ending		TYPE  Class A beer	FEE S
· Town of		Class B beer	\$
TO THE GOVERNING BODY of the: Tillage of	Madison	Wholesale beer	
City of	V V V V V V V V V V V V V V V V V V V	Control of the contro	\$
		Class C wine	\$
County of Aldermanic Dist.	No (if required by ordinance)	Class A liquor	\$
·		Class B liquor	\$
1. The named INDIVIDUAL PARTNERSHIP		Reserve Class B liquor	\$
CORPORATION/NONPROFIT ORGANIZA		Publication fee	\$
hereby makes application for the alcohol beverage license(s) of	hecked above.	TOTAL FEE	\$
2. Name (individual/partners give last name, first, middle; corpora	ations/limited liability companies give register	red name):	
An "Auxiliary Questionnaire," Form AT-103, must be com	ngo Bravo Inc, DBA	u agab individual applicant bu	a C
partnership, and by each officer, director and agent of a c	orporation or nonprofit organization, and	y each murridual applicant, by the bound of	agent of a limited
liability company. List the name, title, and place of residence	of each person.		
Title President/Member	Name Home A	Address Post Off	ice & Zip Code
President/Member	ewer Stoutter 309 Po-	Her St. Madison, 1	NI 53703
Vice President/Member		-	
Secretary/Member			
Treasurer/Member			
Agent > 5 amel Ember 2 Directors/Managers	70 Wasbera St. M	adison WI 53	704
Directors/Managers		I •	•
3. Trade Name > The Roman Canale	Business Ph	one Number	
4. Address of Premises ► 100 N. Hamilton,	Marina WI 53 to Post Office 8	Zip Code Madicon	53703
5. Is individual, partners or agent of corporation/limited liability co	mpany subject to completion of the responsi	ble beverage server	
training course for this license period?	or all of the completion of the response		Yes No
training course for this license period?	anyone except the named applicant?	<u>.</u>	Yes 🗖 No
7. Does any other alcohol beverage retail licensee or wholesale p	permittee have any interest in or control of thi	s business?	Yes No
8. (a) Corporate/limited liability company applicants only:			- 5
(b) Is applicant corporation/limited liability company a subsidia			Yes No
(c) Does the corporation, or any officer, director, stockholder of			
agent hold any interest in any other alcohol beverage licen			ŽYes □ No
(NOTE: All applicants explain fully on reverse side of this form			
Premises description: Describe building or buildings where alco	•	•	•
all rooms including living quarters, if used, for the sales, service	e. and/or storage of alcohol beverages and re	ecords. (Alcohol beverages	
may be sold and stored only on the premises described.)			
0. Legal description (omit if street address is given above):			
1. (a) Was this premises licensed for the sale of liquor or beer du	ring the past license year?		Yes No
(b) If yes, under what name was license issued?			<i>-</i>
2. Does the applicant understand they must file a Special Occupa	tional Tax return (TTB form 5630.5)		_
before beginning business? [phone 1-800-937-8864]			Yes No
3. Does the applicant understand a Wisconsin Seller's Permit must			_
Section 2, above? [phone (608) 266-2776]		<i>.</i> , <u>,</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes No
4. Is the applicant indebted to any wholesaler beyond 15 days for	beer or 30 days for liquor?		Yes Xio
EAD CAREFULLY BEFORE SIGNING: Under penalty provided by law, the	applicant states that each of the above questions	s has been truthfully answered to the b	est of the knowledge
f the signers. Signers agree to operate this business according to law and	I that the rights and responsibilities conferred by	the license(s), if granted, will not be	assigned to another.
ndividual applicants and each member of a partnership applicant must sign ny portion of a licensed premises during inspection will be deemed a refusa	n; corporate officer(s), members/managers of Lig	ited Liability Companies must sign)	ny lack of appear to
ny portion of a licensed premises during inspection will be deemed a refusa	il to permit inspection. Such refusal is a <u>misder</u> fe	/	
UBSCRIBED AND SWORN TO BEFORE ME		: NC	OTARY:
is 10th day of HUQUST , 2	012	<b>/</b>	
Mink 10 919 0111	(Officer of Corporation/Men	ber/Manager of Limited Hability Compan	
(Classification Business	(Officer of Consultry		JBLIO :
v commission expires (Clack/Notary Public)	Unicer of Corporation	/Member/Manager of Limited Liability Cor	iipanyii arther)
y commission expires	(Additional Partner(s)	/Member/Manager of Limited Liability Co	TipaW Ir Say
D BE COMPLETED BY CLERK			· · · · · · · · · · · · · · · · · · ·
ate received and filed Date reported to council/board	Date provisional license issued Signal	ture of Clerk / Deputy Clerk	<del></del> 1.
ith municipal clerk 8-16-2012	Lineage cumbes in a series	O. K DL o	
ate license granted Date license issued	License number issued	Jan J. My	n
-106 (R. 4-09)		Wisconsin D	epartment of Revenue

A- 4 VERVEER 27685

# 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)	<ul> <li>□ Written Description of Premise</li> <li>□ Background Investigation Form(s)</li> <li>□ Notarized Transfer of Ownership</li> <li>□ *Articles of Incorporation</li> <li>□ *Notarized Appointment of Agent</li> <li>* Corporation/LLC only</li> </ul>	☐ Floor Plans ☐ Lease ☐ Sample Menu ☐ Business Plan		
1.	Name of Applicant/Partner/Corporation	n/LLC Tango braso			
2	Address of Licensed Premise 100	N. Hariton Ct. Mad	ison, WI. 5370J		
3.	Telephone Number: 256.6445  4. Anticipated opening date: Luccently open				
5.	Mailing address if not opening immediately				
6.		olice Department District Captain, Alcohotative for the area in which you intend to le			
7.	Are there any special conditions desired	d by the neighborhood? ☐ Yes 🌣 No			
	Explain.	•			
8.	Business Description, including hours of wear provider	of operation: Childrens Mus	nts held from 5pm-12		
	1				
9.	Do you plan to have live entertainment	? No Yes—What kind? Music	2 ( 2 )   101   100		
9. Do you plan to have live entertainment? No Yes—What kind? Museum Condimites live 10. Detailed written description of building, including overall dimensions, seating arrangements, capacity, bar must 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.					
	Mostly walk around. 40,000 saft. See Attached				
	Mostly walk around. 40,000 sq. ft. See Attached  15th STOOT 150pp, 2nd floor 200 standing roof top 175 stand				
	Bars on all 3 floo	irs, Liquon Store in b.	sement in locked ro		
11.		rectly accessible and under control of the and stored only on the licensed premise, not	and the second s		
12.	Describe existing parking and how par	king lot is to be monitored. Parkin	y Gurages		
1.0	<b>D</b> 1		in a		
		staffing levels, duties and employee train			
	Lan The operations of	rector tor The Komun Ca.	rate. I have been		
14.	Identify the registered agent for your	ears. We will have beto Corporation or LLC. This is your corpora	tion's agent for service of		
		permitted by law to be served on the corpo	a sa		
	Name Address	-70 Wasbesu St. Mag	1.30n, WI, 31 TO9		

15.	Utilizing your market research, who would you project your target market to be?
	To Adult Svinn = fun loving croud.
16.	Weddings = Wedding people.  What age range would you hope to attract to your establishment? 22-80
17.	Describe how you plan to advertise/promote your business. What products will you be advertising?  We wouldn't. We would like it as an option.
	Are you operating under a lease or franchise agreement?   Yes (attach a copy)
19.	Owner of building where establishment is located: Ruth Shelly exacting
Ad	dress of Owner: 100 No Hamilton St. Madison, Wit. Phone Number 354-0553
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?
21.	List the Directors of your Corporation/LLC <u>Brever Stouffer</u> 309 Potter St. Madison, WII 53 703  Name  Address
	Name Address
	Name Address
22.	List the Stockholders of your Corporation/LLCX  Tom Cranley 4814 Holdeyan 53711  Name  Reverse Stonffer 309 Po Har St. 53717  Marrie Address  Address  Address  Name  Address
	Name Address % of Ownership
23.	What type of establishment are you? (Check all that apply) ☐ Tavern ☐ Nightclub ☐ Restaurant
	De Other Please Explain. Special Event's in the museum
24	What type of food will you be serving, if any? P.ZZa, Salads, ice Cream  Breakfast Lunch Dinner
,	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
26.	During what hours of your operation do you plan to serve food? $\frac{930 \text{ am} - 50 \text{ m} - 100 \text{ Alcoho}}{50 \text{ pm} - 100 \text{ Alcoho}}$

27. What hours, if any, will food service not be available? 9 n - 12an, A(though maximum 28. Indicate any other product/service offered.
29. Will your establishment have a kitchen manager? I Yes No No on site Kitchen,
30. Will you have a kitchen support staff? AYes □ No
31. How many wait staff do you anticipate will be employed at your establishment? 2-12 depend
31. How many wait staff do you anticipate will be employed at your establishment? $\frac{2-12}{2-12} \frac{depend}{depend}$ During what hours do you anticipate they will be on duty? $\frac{depend}{depend}$
32. Do you plan to have hosts or hostesses seating customers?   Yes   No   Oes   Off
33. Do your plans call for a full-service bar? XYes □ 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? 2-12
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? XYes \( \subseteq \text{No} \)
38. 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? 10070
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?   Yes  No

- 42. What is your estimated capacity? 525 ppl.
- 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	6 %	
Gross Receipts from Food and Non-Alcoholic Beverages	94%	
Gross Receipts from Other	. %	
Total Gross Receipts	100%	

44. Do you have written records to document the percentages shown? 
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 10<sup>th</sup> day of AUGUST, 2012

(Clerk/Notary|Public)

My commission expires ()\$\delta 9\delta 01

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

HOTARY

OF WISCOM



WISCONSIN DEPARTMENT OF REVENUE PO BOX 8946 MADISON, WI 53708-8946

**Contact Information:** 

2135 RIMROCK RD PO BOX 8946 MADISON, WI 53708-8946 ph: 608-266-2776 fax: 608-264-6884 email: dorbusinesstax@revenue.wi.gov website: revenue.wi.gov

Letter ID

L1141987872

TANGO BRAVO INC 1054 WILLIAMSON ST MADISON WI 53703-4548

# Wisconsin Department of Revenue Seller's Permit

Legal/real name:

TANGO BRAVO INC

Business name:

THE ROMAN CANDLE 1054 WILLIAMSON ST MADISON WI 53703-4548

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

Tax Type

**Account Type** 

**Account Number** 

Sales & Use Tax

Seller's Permit

456-0002195191-04



## Proposal for use of a liquor license at the Madison Children's Museum

We (The Roman Candle Pizzeria) are planning on providing cash bars on site at the Madison Children's Museum for public events in the evening and private events such as weddings.

We will not be providing alcohol during normal business hours while the museum's focus is on children's education.

We will be storing the alcohol in the basement of the museum in a locked room.

During the events held at the museum we will be providing cash bars on one to three floors of the building. The number of bars could range from one to seven.

The Madison Children's Museum is a 40,000 square foot building with a capacity up to 575 people. The only tenants of the building are chickens that live on the roof in coops.

We will be operating the cash bars within the city's current regulations. We will have licensed bartenders on site for all functions.

The seating arrangements for the events would range from using the space for only walk around to sit down dinners where the chair arrangements are organic.

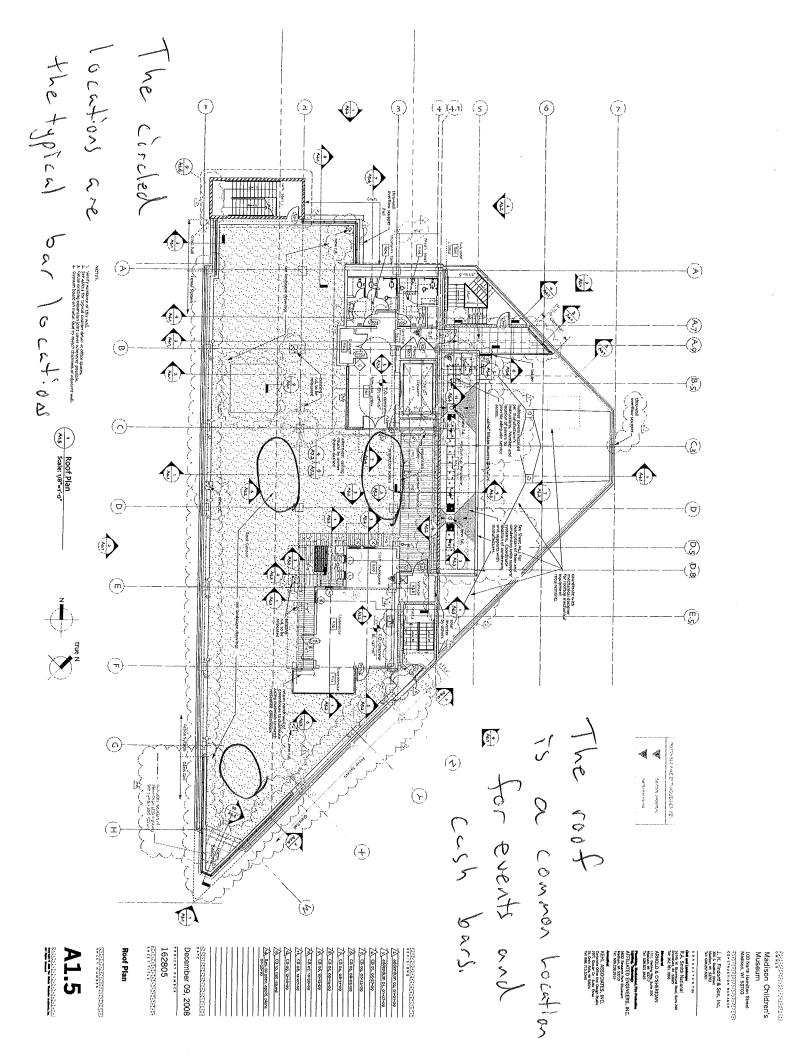
A typical bar size would be an 8' square space enclosed by tables on all sides. All alcohol would be kept behind this space.

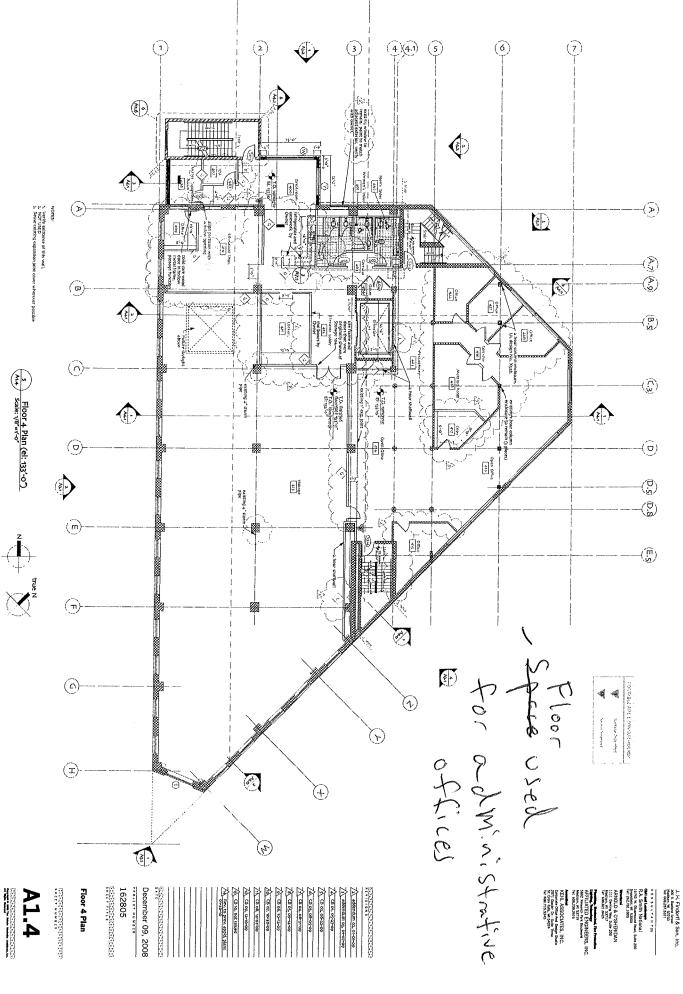
All alcohol related events would typically take place after 5:00 with the exception of some weddings that may take place prior to 5:00 but not usually. All events at the museum end by midnight (12:00am).

# **Appointment of New Liquor/Beer Agent**

To be completed by Corporate Officer or Member of LLC				
I, Brewer Stanker, officer/member for Tango Bravo				
(Corporation/LLC), doing business as The Roman Lande authorize and appoint				
Sames Ember (Name) as the liquor/beer agent for the premise				
located at 100 N. Hamilton St.  Madison, WI 53703				
Subscribed and sworn to before me this  Signature of Officer/Member  NK. Phys.				
Notary Public, Dane County, Wisconsin				
My Commission Expires 6/22/14 *** ********************************				
To be completed by appointed Liquor/Beer Agent				
I,, appointed liquor/beer agent for				
(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				
Day of August, 20 12 Signature of Agent				
glank. Phenn in K. PHEIS.				
Notary Public, Dane County, Wisconsin				
My Commission Expires $6/23/14$				

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

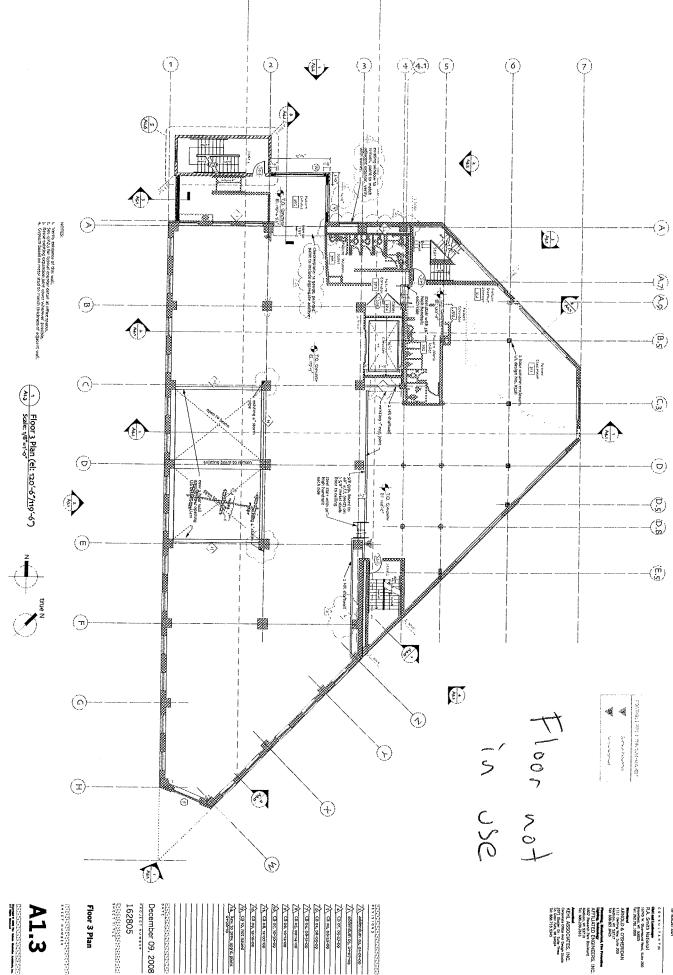




Madison Children's Museum 100 North Hamilton Street Madison, WI 53703

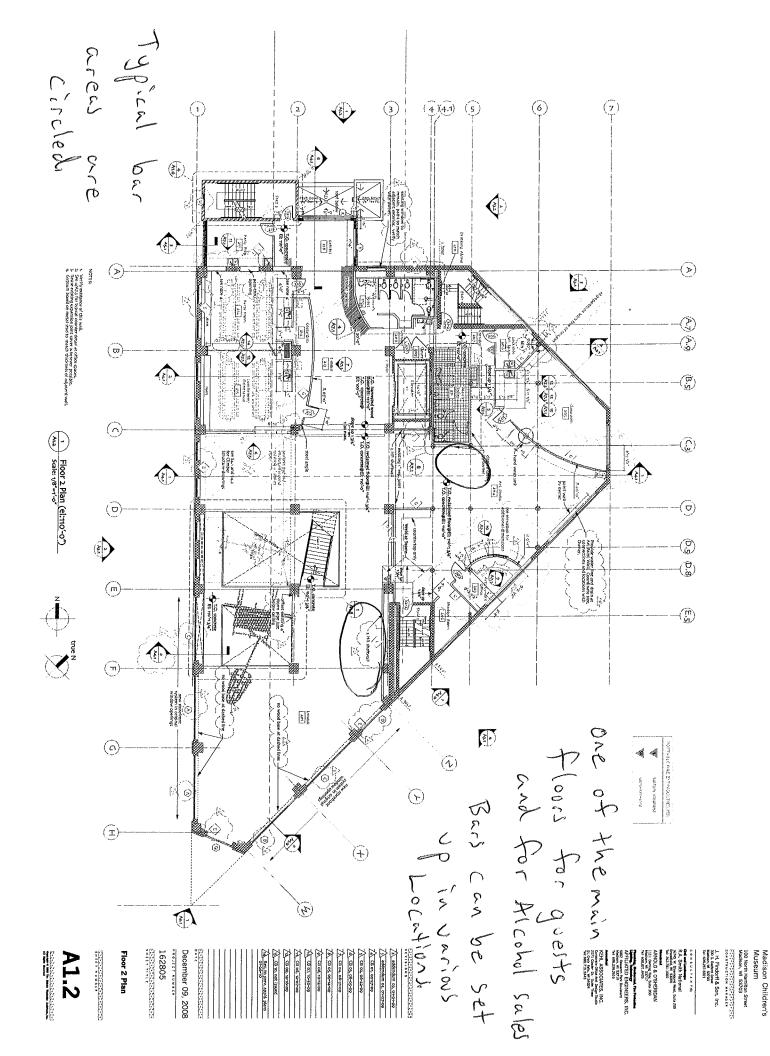
CONSTRUCTION MANAGER

**A1.4** 

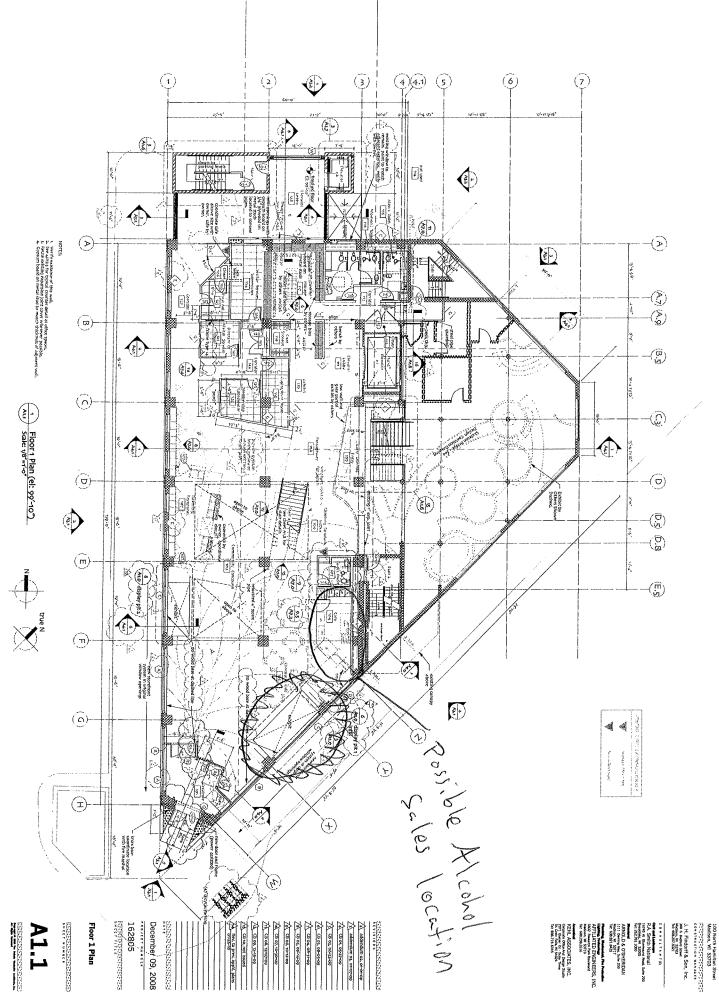


A1.3

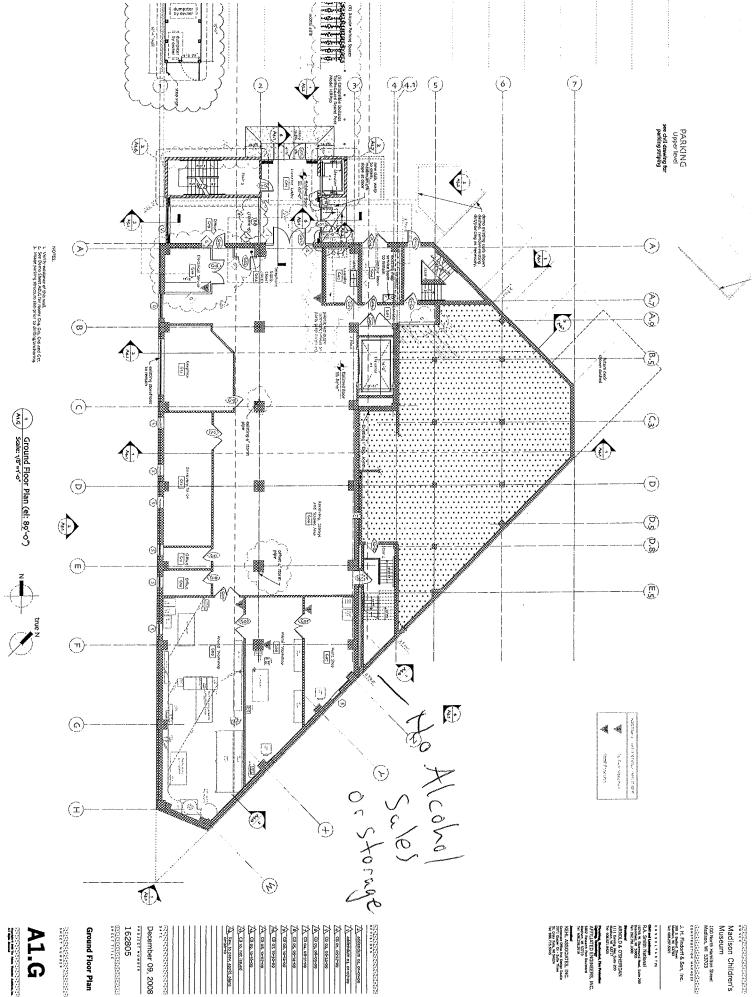
AL Smith National
Library & Marmand Man. Sacr 200
Library & Ma 100 North Hamilton Street Madison, WI 53703 Statistics Constated Space Statistics Constated Space Statistics Constated Space S 0 % V 0 % Madison Children's Museum



ACCOUNT CANADAGAS CANADAGA



Madison Children's Museum



**A1.G** 

Ground Floor Plan

SHEET NUMBER

EA STITL NETTON

102 A STITL NETTON

102 A STITL NETTON

102 A STITL NETTON

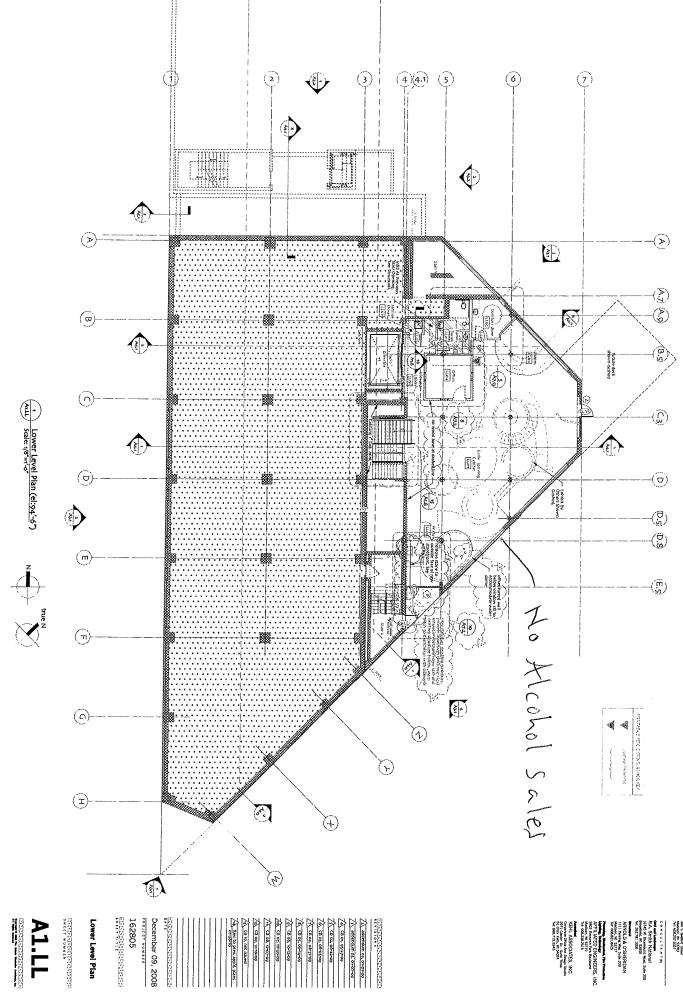
103 A STITL NETTON

103 A STITL NETTON

103 A STITL NETTON

104 A STITL NETTON

105 A STI



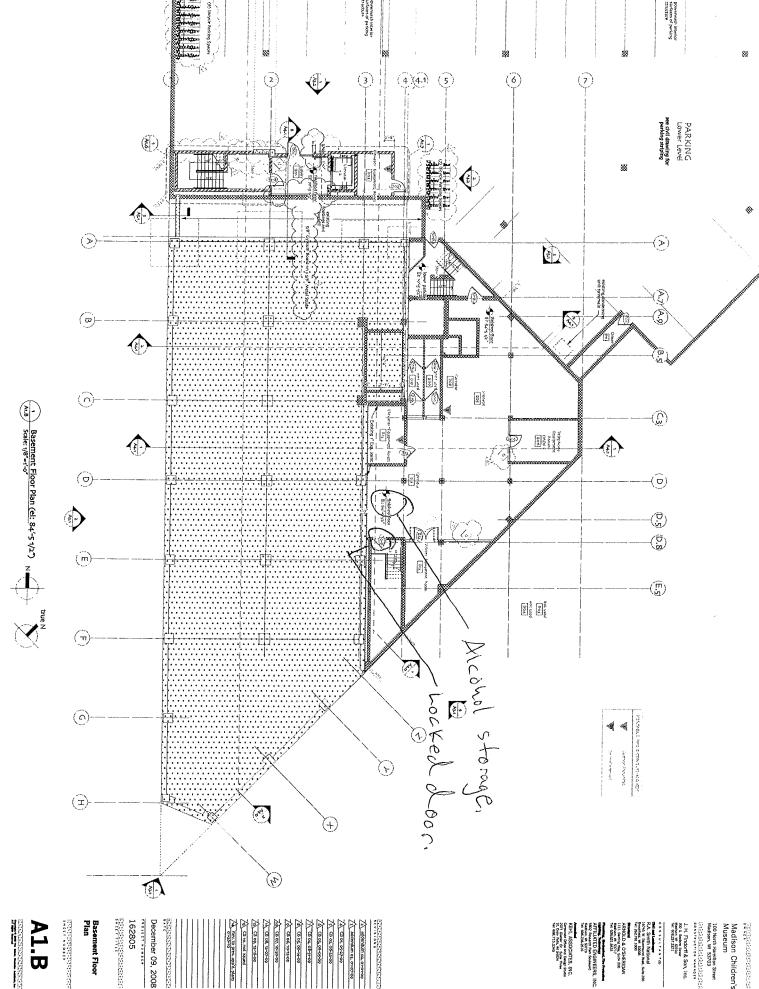
A1.LL

SHEET MOBBER

Lower Level Plan

December 09, 2008

J. H. Findorff & Son, Inc. 300 S. Delbrid Street Medican, W. 53703 Tel: 606257.5321 CONSTRUCTION MARKSTRATE 100 North Hamilton Street Madison, WI 53703 Madison Children's Museum GENERAL CONTRACTOR OF THE PROPERTY OF THE PROP



A1.B

CONSTRUCTION UNABLES

J. H. Findorff & Son, Inc.

30.5 better sews

Modern M. 19704

Modern Madison Children's Museum 100 North Hamilton Street Madison, WI 53703



# Proposal for Bar Services Submitted by The Roman Candle to the MCM Board for approval on June 12, 2012

**Concept** We will offer event guests craft beer, quality wine, batch cocktails and punches, and artisan soda and water. Many products will be locally sourced.

- ❖ Beer We will feature Madison-area ales and lagers, including offerings from the Great Dane, Ale Asylum, Capital Brewery, and Lake Louie. We will supplement these offerings with regional craft and international imports.
  - We will price these by the bottle or by the ¼ barrel or ½ barrel.
    - Bottle prices will be \$4 to \$5 depending on the beer
    - ¼ barrels (72 twelve oz. servings) will range from \$115 to \$140 dollars
    - ½ barrels (144 twelve oz. servings) will range from \$160 to \$200 dollars
- ❖ *Wine* We will offer varietals from around the world, chosen to compliment the seasons and the occasions.
  - We will price our wine in three tiers, with some sample wines included:
    - \$4.50 per 6 oz. pour (\$18/bottle)
      - White Domino Moscato, California; Cadonini Pinot Grigio, Italy; Copper Ridge Chardonnay, California
      - Red Canyon Road Pinot Noir, California; Stone Barn Merlot, California; Astica Cabernet Sauvignon, Argentina
    - \$5.50 per 6 oz. pour (\$22/bottle)
      - White Ecco Domani Pinot Grigio, Italy; Kunde Sauvignon Blanc, Sonoma; William Hill Chardonnay, Central Coast
      - Red Tortoise Creek Zinfandel, Lodi County; Alamos Malbec, Argentina; Kenwood "Yulupa " Cabernet Sauvignon, California
    - \$6.50 per 6 per oz. pour (\$26/bottle)
      - White King Estate "NxNW" Riesling, Washington; Santi "Sortesele" Pinot Grigio, Italy; Coppola "Diamond" Chardonnay, Monterey
      - Red Apothic Red Blend, California; Bridlewood Pinot Noir, California; Louis M. Martini Cabernet Sauvignon, Sonoma



- ❖ Cocktails Our unique craft cocktail menu will feature locally produced liquors by Death's Door Distillery, and locally sourced products and ingredients, including several grown on the rooftop garden of MCM (in season).
  - o We will offer at least two tiers of pricing for group-sized batch of cocktails
  - o Each batch will have 25 servings
  - o Each drink will be displayed in attractive punch bowls and glass jars
  - Standard punches will be \$115 per batch (\$4.50 per serving)
  - o Premium punches will be \$160 per batch (\$6.25 per serving)
  - The staff of Death's Door distillery are committed to updating the punch recipes and creating custom combinations for special events and occasions

#### Standard Punches

- Seasonal Rickey Death's Door Gin, Seasonal Fruit, Lime Juice, Ginger Beer
- Seasonal Mule Death's Door Vodka, Seasonal Fruit, Lime Juice, Ginger Beer
- Vodka Gimlet Punch Death's Door Vodka, Lime Juice, Sparkling Water
- Gin Gimlet Punch Death's Door Gin, Lime Juice, Sparkling Water
- Punch of Gin & Tonic Death's Door Gin, Lime Juice, Tonic Water
- Punch of Vodka & Tonic
   Death's Door Vodka, Lime Juice,
   Tonic Water

#### Premium Punches

- Village Green Punch Death's Door Vodka, Agave Nectar, Prairie
   Fume Wine, Sparkling Water
- Spring Punch Death's Vodka, Cassis, Framboise, Lemon Juice, Sparkling Wine
- Capitolian (Cosmopolitan Punch) Death's Door Vodka, Triple
   Sec, Cranberry Juice, Lime Juice
- Fall Collins Death's Door Gin, Cranberries, Lemon Juice, Sparkling Water
- Spring Collins Death's Door Gin, Pomegranate, Lemon Juice, Sparkling Water
- The Adult Swim Death's Door White Whisky, Agave Nectar, Triple Sec, Lime Juice
- Harvest Moon Death's Door White Whisky, Tuaca, Farmer's Market Apple Cider
- Rosemary's Rum Punch Premium Puerto Rican Rum, MCM rooftop-grown rosemary, sparkling water, Agave syrup, and lemon juice
- Soft Drinks We will serve Wisconsin-made drinks such as Sprecher Root beer and Kalrbrunn water, in addition to designer sodas such as Izze and San Pelligreno
  - o Unit price will be between \$2 and \$3 per serving



### **Set Up Charges and Service Fees**

For each bar or location of service for groups under 100, we will charge a \$100 set up fee. In addition, we will charge \$18.00 per hour, per server, with a one server, three-hour minimum for each event, with at least one hour for set-up.

For groups of 100-200 guests, we will charge \$200 set-up fee and require a minimum of 2 servers for 3 hours, with at least one hour for set-up.

For groups of over 200, we will charge a \$300 set-up fee and require at least 3 servers for 3 hours, with at least one hour for set-up.

There will be an additional charge for ice for any event over 100 people.

## **Catering Guidelines**

A credit card number and non-refundable deposit are required to book catering services from The Roman Candle Catering. We require a \$250.00 non-refundable deposit to secure the date. All deposits will be applied toward the final bill. If any catered function is cancelled within 3 business days of the scheduled event, 100% of the estimated revenue will be due. The final bill can be paid by credit card, cash, or company check. If you would like your company to be billed after the event, arrangements may be made to do so.

#### Menus

All menus and details must be confirmed no later than 2 weeks prior to the scheduled event. Prices do not include the appropriate rental charges, staffing fees, and WI 5.5% sales tax.

#### **Guaranteed final guest count**

An estimated count of those people attending will be requested upon contract signing. Confirmation, guaranteeing the number of guests to be served, must be made 5 business days prior to the event, and may not be reduced thereafter. All charges will be based on the guaranteed guest count, or the actual number of guests served, whichever is greater





Madison Children's Museum, North Hamilton Street, Madison, WI

27685 Tango Bravo Inc. d/b/a The Roman Candle

# A. Madison Children's Museum

100 North Hamilton Street, Madison, WI (608) 256-6445 27 reviews

