

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning July, 1 20 12 ;
ending June 30 20 13

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

County of Dane Aldermanic Dist. No. 17 (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): Blazin Wings, Inc.

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	President, CEO & Chariman	Sally J. Wold	7001 Dublin Road Edina, MN 55439
Vice President/Member	Vice President	James M. Schmidt	17325 25th Avenue N Plymouth, MN 55447
Secretary/Member	Secretary Treasurer & CFO	Mary J. Twinem	15015 44th Avenue N Plymouth, MN 55446
Treasurer/Member	Vice President	Emily C. Decker	3155 Lafayette Ridge Road Wayzata, MN 55391
Agent			
Directors/Managers	Vice President	Matthew K. Brokl	10660 Allison Way Inver Grove Heights, MN 55077

3. Trade Name Buffalo Wild Wings # 413 Business Phone Number (608) 268 0802

4. Address of Premises 240 East Towne Mall Post Office & Zip Code Madison, WI 53704

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 Minnesota and date 12/9/99 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.) All of a one story building including the patio

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? Wings on State, LLC

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. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? 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 13th day of August, 20 12 Matthew Brokl Vice President 8/13/2012
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

[Signature]
(Clerk/Notary Public)



My commission expires 31 January 2016 [Signature] (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	

P-631
A-17 CLAUSINS
LICLIB-2012-00796
27684

Applicant's Wisconsin Seller's Permit Number: <u>456000042176803</u>	
Federal Employer Identification Number (FEIN): <u>41-1957107</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ 20.00
TOTAL FEE	\$ 20.00

City of Madison Supplemental Class B License Application

<input type="checkbox"/> Seller's Permit Certificate (Entity must match the Articles of Incorporation) <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"/> Written Description of Premise <input 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 type="checkbox"/> Lease <input type="checkbox"/> Sample Menu <input type="checkbox"/> Business Plan
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1. Name of Applicant/Partner/Corporation/LLC Blazin Wings, Inc.

2. Address of Licensed Premise 240 East Towne Mall, Madison, WI 53704

3. Telephone Number: 608-268-0802 4. Anticipated opening date: 9/25/12

5. Mailing address if not opening immediately Attn: Licensing 5500 Wayzata Blvd, 16th Floor, Minneapolis, MN 55416

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: Full service restaurant with full bar.
 Hours: Sun - Thurs 11am - 1 am Fri - Sat 11am - 2am

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.**

All of a one story building including attached patio.

Please see attached floor plan.

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. _____
This location is has been given the right to appropriate 25% of the existing parking spaces.

13. Describe your management experience, staffing levels, duties and employee training.
Buffalo Wild Wings Corporate currently operates 334 restaurants in 48 states and 2 countries
We have a dedicated training and development department that focuses on compliance and training for safe food and alcohol handling.

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.

Richard Tolbert 4040 Mary Ann Court, Stevens Point, WI 54481

Name

Address

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

Sports fans and their families

16. What age range would you hope to attract to your establishment? Sports fans/people of all ages

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

We will be advertising via: T.V. ads, Radio spots, print ads and Social Media Outlets

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

19. Owner of building where establishment is located: Madison/East Town, LLC.

Address of Owner: CBL CENTER 2030 HAMILTON PL BLVD STE 500 CHATTANOOGA, TN 374216000 Phone Number (423) 855-0001

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

Please See Attached List

Name Address

Name Address

Name Address

22. List the Stockholders of your Corporation/LLC

Please see attached list

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? Please see attached menu

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? All hours the restaurant is open.

27. What hours, if any, will food service not be available? N/A
28. Indicate any other product/service offered. See attached menu
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? Approx
During what hours do you anticipate they will be on duty? All hours the restaurant is open.
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? 16
How many bartenders do you anticipate you would have working at one time on a busy night? 2
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?
24%
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? 3.5%
What percentage of your advertising budget do you anticipate will be drink related? 25%
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
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42. What is your estimated capacity? 312 Seats Interior 40 Seats Patio

43. Pursuant to Chapter 38.02 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	803,199.50	% 25
Gross Receipts from Food and Non-Alcoholic Beverages	2,409,598.50	% 75
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 13th day of August, 2012

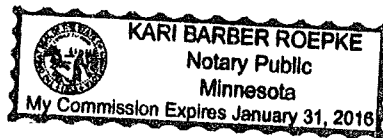

(Clerk/Notary Public)

My commission expires 31 January 2016



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

Matthew K. Brokl, Vice President



SCHEDULE FOR APPOINTMENT OF AGENT BY CORPORATION/NONPROFIT ORGANIZATION OR LIMITED LIABILITY COMPANY

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by the officer(s) of the corporation/organization or members/managers of a limited liability company and the recommendation made by the proper local official.

To the governing body of: Town Village of Madison County of Dane
 City

The undersigned duly authorized officer(s)/members/managers of Blazin Wings, Inc.
(registered name of corporation/organization or limited liability company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Buffalo Wild Wings
(trade name)

located at 240 East Towne Mall, Madison, WI 53704

appoints Richard J. Tolbert
(name of appointed agent)

4040 Mary Ann Court, Stevens Point, WI 54481
(home address of appointed agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

Yes No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).
Blazin Wings, Inc.: Monona, WI; Madison, WI; Fitchburg, WI

Is applicant agent subject to completion of the responsible beverage server training course? Yes No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 16 years

Place of residence last year 4040 Mary Ann Court, Stevens Point, WI 54481

For: Blazin Wings, Inc.
(name of corporation/organization/limited liability company)

By: _____
(signature of Officer/Member/Manager)

And: _____
(signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

I, Richard J. Tolbert, hereby accept this appointment as agent for the
(print/type agent's name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

 7-16-2012 Agent's age 46
(signature of agent) *(date)*

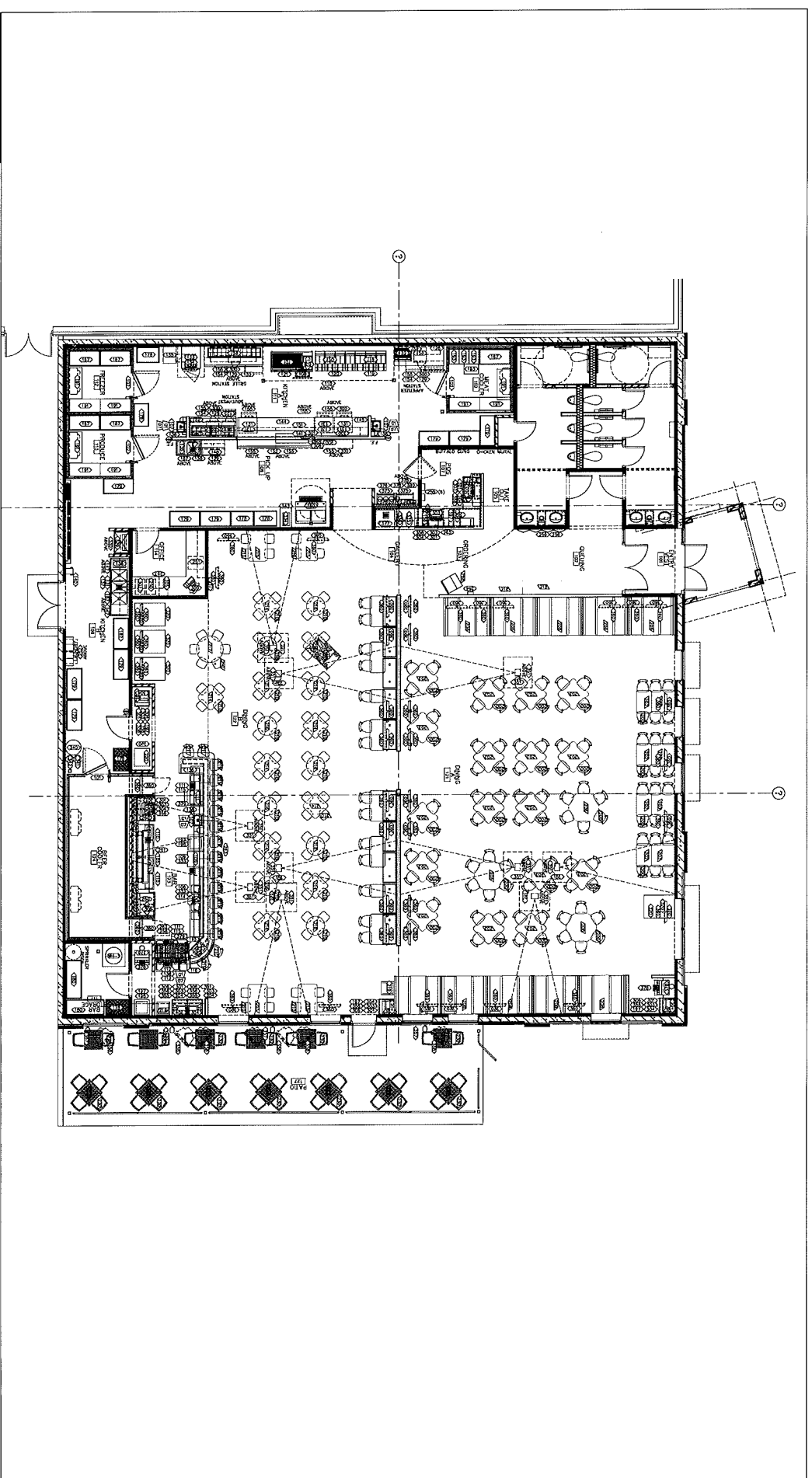
4040 Mary Ann Court, Stevens Point, WI 54481 Date of birth 10/24/1965
(home address of agent)

**APPROVAL OF AGENT BY MUNICIPAL AUTHORITY
(Clerk cannot sign on behalf of Municipal Official)**

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on _____ by _____ Title _____
(date) *(signature of proper local official)* *(town chair, village president, police chief)*

#413



BUFFALO WILD WINGS
 GRILL & BAR

FRANCHISE STORE

BWW APPROVAL



CMA ARCHITECTURE, P.A.
 210 WEST SUITE 301
 MINNEAPOLIS, MINNESOTA 55401-1454
 PHONE: (612) 338-6877 FAX: (612) 338-7995

PAUL BERLIN
 MADISON, WI

NEW / EXST.: NEW
 BOMA SF: 7380
 INTERIOR SEATING: 312
 PAID SEATING: 40
 TOTAL SEATING: 352

% NON SMOKING: 54
 % SMOKING: 46
 # OF SCREENS: 10
 # OF TV'S: 40
 # OF 42" PLASMA: 0

PRELIMINARY 01
 PROJ MGR: CMO
 DRAWN BY: DMT
 DATE: 18 December 2007
 PROJ NO.: 019900

PLAN

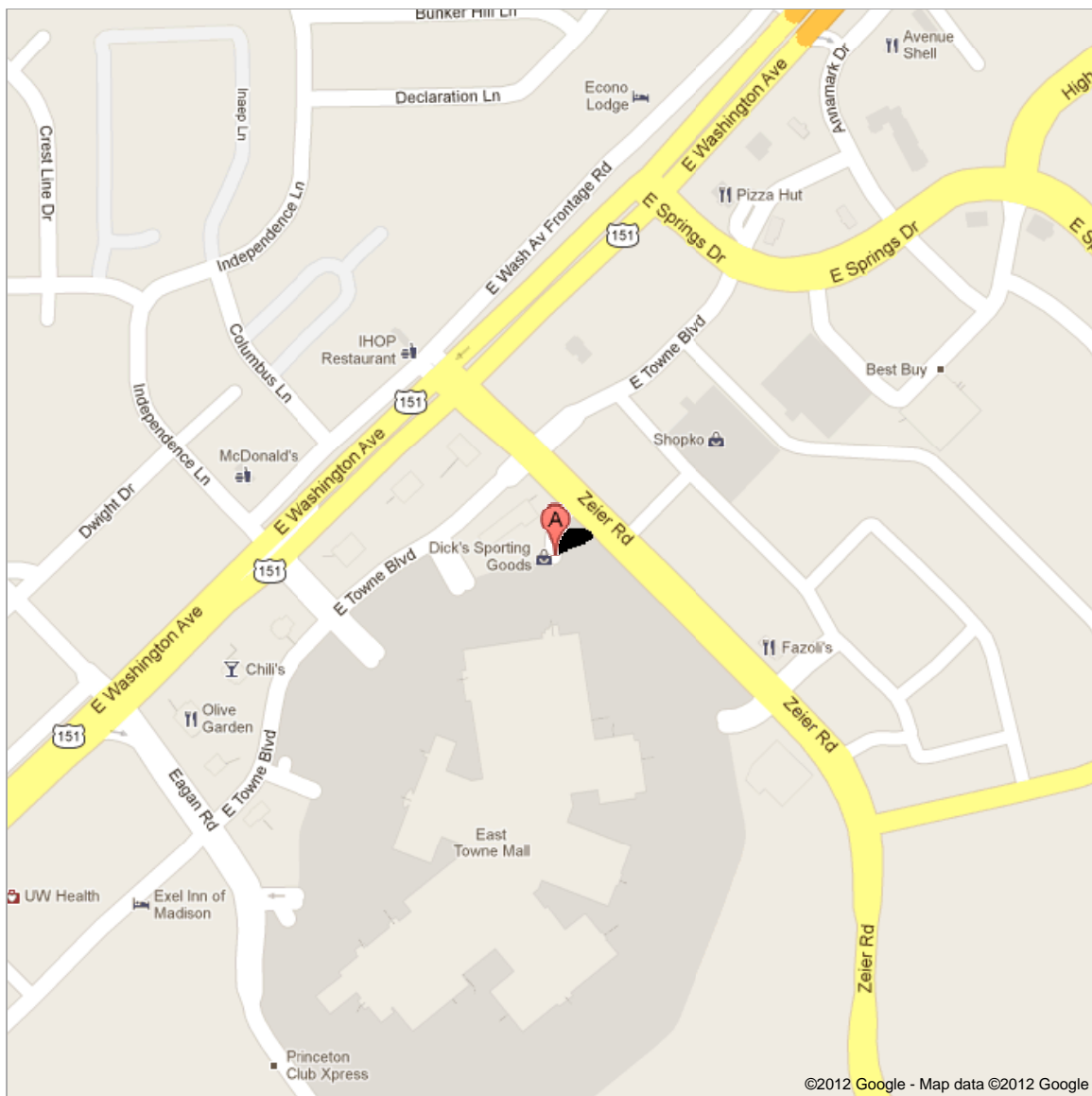
CONSTRUCTION: _____ DATE: _____
 OPERATION: _____ DATE: _____

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Address **240 E Towne Mall**
Madison, WI 53704

27684 Blazin Wings Inc
d/b/a Buffalo Wild Wings #413



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