

LICLIB- 2012-00018  
25266

# ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning 7/1 20 11 ;  
ending 6/30 20 12 ;

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

County of Dane Aldermanic Dist. No. \_\_\_\_\_ (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):

~~Way Archon~~ Ichiban Szechuan 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>Archon Weng</u>	<u>610 S. Park St</u>	<u>53715</u>
Vice President/Member				
Secretary/Member				
Treasurer/Member				
Agent	<u>Archon Weng</u>	<u>610 S. Park St</u>	<u>Madison WI</u>	<u>53715</u>
Directors/Managers				

3. Trade Name Ichiban Szechuan LLC Business Phone Number 608 819 8808  
4. Address of Premises 610 S. Park St Post Office & Zip Code 53715

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 WI and date 12/26/11 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.) alcohol sold at the bar, stored downstairs in basement

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? Edo Garden 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. 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 10th day of January, 20 12

Maibeth Wibel-Buhl  
(Clerk/Notary Public)

My commission expires 8-26-2012

Archon Weng  
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

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

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

## TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>1-10-12</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

# City of Madison Supplemental Class B License Application

<input checked="" type="checkbox"/> Seller's Permit Number <input checked="" type="checkbox"/> Federal Employer Identification # <input checked="" type="checkbox"/> Notarized Original Application Form <input checked="" 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 <input checked="" type="checkbox"/> Background Investigation Form(s) <input type="checkbox"/> Notarized Transfer of Ownership <input type="checkbox"/> *Articles of Incorporation <i>Reviewed by mkt</i> <input checked="" type="checkbox"/> *Notarized Appointment of Agent * Corporation/LLC only	<input type="checkbox"/> Floor Plans - <i>Saving</i> <input checked="" type="checkbox"/> Lease <input checked="" type="checkbox"/> Sample Menu <input type="checkbox"/> Business Plan
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- Name of Applicant/Partner/Corporation/LLC Aichan Weng / Sichuan Sichuan LLC
- Address of Licensed Premise 610 S. Park St
- Telephone Number: 608-819-8808
- Anticipated opening date: 2/1/2012
- Mailing address if not opening immediately 610 S. Park St Madison WI 53715
- 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
- Are there any special conditions desired by the neighborhood? ☐ Yes ☒ No  
Explain. \_\_\_\_\_
- Business Description, including hours of operation: Chinese Restaurant  
Mon to Sun 10:30 A.M to 11:00 P.M
- Do you plan to have live entertainment? ☒ No ☐ Yes—What kind? \_\_\_\_\_
- 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.**  
One dining room, one bar, Alcohol Sold at the bar and stored in the basement. one hundred seats throughout the restaurant.
- 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.
- Describe existing parking and how parking lot is to be monitored. Street Parking
- Describe your management experience, staffing levels, duties and employee training.  
Been on restaurant business for over 5 yrs.
- 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.  
Aichan Weng 610 S. Park St Madison WI 53715  
Name Address

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

All people.

16. What age range would you hope to attract to your establishment? All Ages.

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

Traditional Szechuan Style Food.

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

19. Owner of building where establishment is located: Jing Xun Jiang

Address of Owner: 610 S. Park St Phone Number 608-334-2884

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

Name	<u>Archan Wang</u>	Address	<u>610 S. Park St</u>
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Name	<u>Lin Chen</u>	Address	<u>610 S. Park St</u>
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Name		Address	
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22. List the Stockholders of your Corporation/LLC

Name	<u>Archan Wang</u>	Address	<u>610 S. Park St</u>	<u>50%</u>
				% of Ownership

Name	<u>Lin Chen</u>	Address	<u>610 S. Park St</u>	<u>50%</u>
				% of Ownership

Name		Address		% of Ownership
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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? \_\_\_\_\_

☐ 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 day.

27. What hours, if any, will food service not be available? None
28. Indicate any other product/service offered. None
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? 3  
During what hours do you anticipate they will be on duty? 10:30 Am to 11:00 Pm.
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? 1
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? 100
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?  
95%
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? 95%  
What percentage of your advertising budget do you anticipate will be drink related? less than 5%
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? 160

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	5 %
Gross Receipts from Food and Non-Alcoholic Beverages	95 %
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:

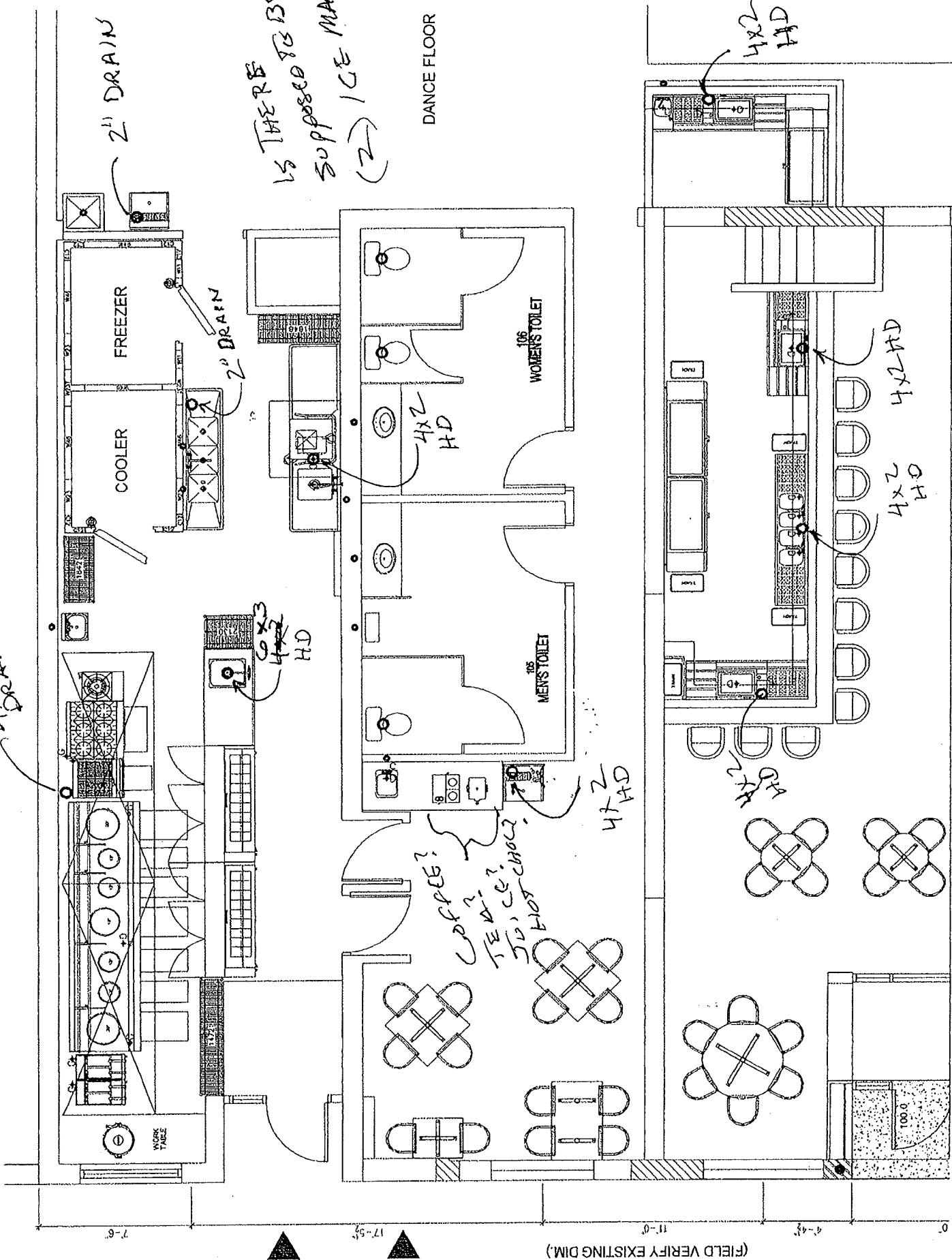
this 10th day of January 2012

Maibeth Witzel-Behl  
(Clerk/Notary Public)

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

My commission expires 8-26-2012

Ichiban Restaurant



IS THERE  
SUPPOSED TO BE  
(2) ICE MAKER

DANCE FLOOR

Coffee?  
TEA?  
JUICE?  
BOTTLED?

4x2  
HD

4x2  
HD

4x2  
HD

4x2  
HD

4x2  
HD

4x2  
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4x2  
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