

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning _____ 20____ ;
ending _____ 20____

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): Mohammed ATA Hinnawi

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			
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent			
Directors/Managers			

3. Trade Name Nite Restaurant Business Phone Number 608-274-1788

4. Address of Premises 6119 Odana Rd, Madison, WI Post Office & Zip Code 53719

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 _____ and date _____ 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.) sm bar / storage stock - back office - locked

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? SEK Odana 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 22nd day of February, 20 11

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

(Clerk/Notary Public)

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

My commission expires 6/29/2014

(Additional Partner(s)/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	

LICLIB 2011.00124

City of Madison Supplemental Class B License Application

<input checked="" type="checkbox"/> Seller's Permit Number <input 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 <input checked="" type="checkbox"/> *Notarized Appointment of Agent * Corporation/LLC only?	<input checked="" type="checkbox"/> Floor Plans <input checked="" type="checkbox"/> Lease <input type="checkbox"/> Sample Menu <input type="checkbox"/> Business Plan
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1. Name of Applicant/Partner/Corporation/LLC _____
2. Address of Licensed Premise 6119 Odama Rd, Madison, WI 53719
3. Telephone Number: 608-274-1788 4. Anticipated opening date: March 2011
5. Mailing address if not opening immediately _____
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: Open 7 days a week
Lunch Dinner
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.**
Sp seat restaurant small (8 stool) bar back and center
of restaurant, hallway to restrooms, (2) swing door to kitchen
area, storage and office room behind kitchen work area.
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. Shared strip mall
lot off intersection of Research Park and Odama Rd
13. Describe your management experience, staffing levels, duties and employee training.
21 years working asst managing at Lu Lu Restaurant
at 2524 Old University, Madison
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.

Address

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

office workers, families

16. What age range would you hope to attract to your establishment? 30 - 55

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

Website, newspaper mediterranean Cuisine

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

19. Owner of building where establishment is located: Dartmouth Investments LLC Balick Investments LLC

Address of Owner: _____ 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

Name	Address

22. List the Stockholders of your Corporation/LLC

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? _____

☐ 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

Lunch Dinner

26. During what hours of your operation do you plan to serve food? 11:30-3:00pm 5-10pm

27. What hours, if any, will food service not be available? none
28. Indicate any other product/service offered. carry out
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? 4
During what hours do you anticipate they will be on duty? 11:30A - 3pm 5 - 10pm
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? 8
How many bartenders do you anticipate you would have working at one time on a busy night? none
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? 80
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?
100%
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? 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

42. What is your estimated capacity? 88

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	10 %
Gross Receipts from Food and Non-Alcoholic Beverages	90 %
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:

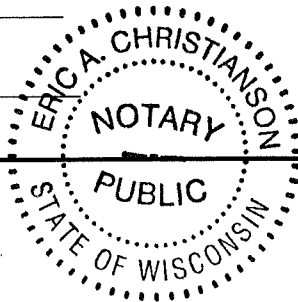
this 22nd day of February, 2011

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

[Signature]

(Clerk/Notary Public)

My commission expires 6/29/2011



Appointment of New Liquor/Beer Agent

To be completed by Corporate Officer or Member of LLC

I, Mohammed A Hinnawi, officer/member for _____

(Corporation/LLC), doing business as Nile, authorize and appoint

Mohammed A Hinnawi (Name) as the liquor/beer agent for the premise

located at 6119 Odana Rd Madison WI 53714

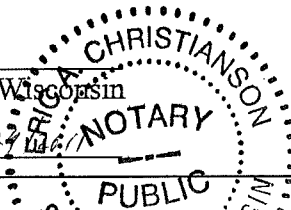
Subscribed and sworn to before me this

22nd Day of February, 20 11

Mohammed A Hinnawi
Signature of Officer/Member

Notary Public, Dane County, Wisconsin

My Commission Expires 6/24/2011



To be completed by appointed Liquor/Beer Agent

I, Mohammed A Hinnawi, appointed liquor/beer agent for

Nile Restaurant (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 100 %.

Subscribed and sworn to before me this

22 Day of 2, 20 11

Mohammed A Hinnawi
Signature of Agent

Notary Public, Dane County, Wisconsin

My Commission Expires 6/24/2011



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

Madison Survey Associates, Inc.

101 Nob Hill Road, Suite 104
Madison, WI 53713

608-276-8886

Fax 276-8883
Mobile 976-6553

Residential and Commercial Mortgage Inspections and Surveys
Registered Surveyors & Expeditors

Exhibit A

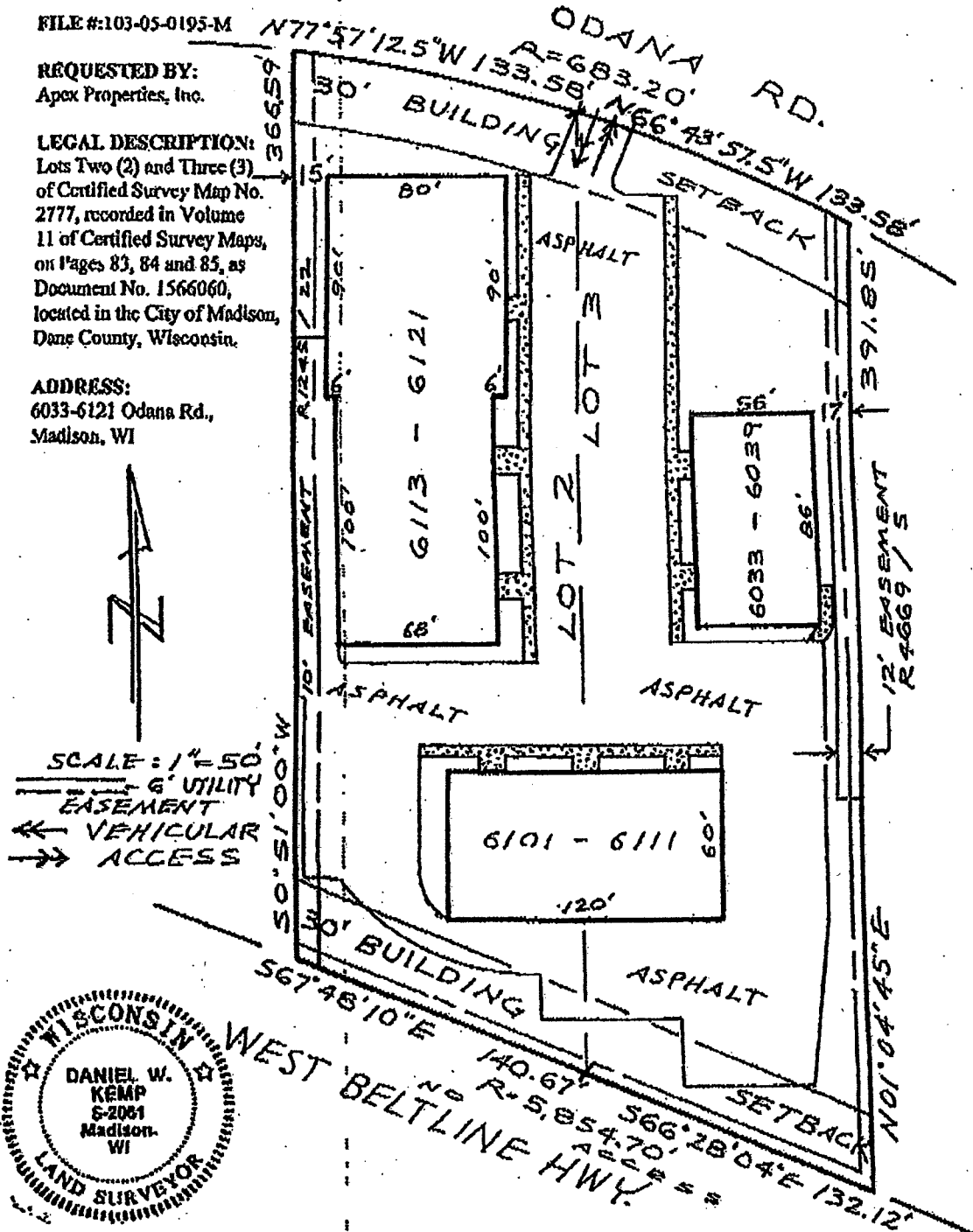
Property

FILE #: 103-05-0195-M

REQUESTED BY:
Apex Properties, Inc.

LEGAL DESCRIPTION:
Lots Two (2) and Three (3)
of Certified Survey Map No.
2777, recorded in Volume
11 of Certified Survey Maps,
on Pages 83, 84 and 85, as
Document No. 1566060,
located in the City of Madison,
Dane County, Wisconsin.

ADDRESS:
6033-6121 Odana Rd.,
Madison, WI



SURVYORS CERTIFICATE:

I have inspected the above described property and to the best of my knowledge and belief the above map is a true representation thereof and shows the size and location of the property, its exterior boundaries, the location and dimensions of all permanent structures thereon, apparent easements and roadways, and visible encroachments, if any.

This inspection is made for the exclusive use of the owner and those who mortgage or guarantee title to the above within (1) one year from the date hereon: and as to them I certify the accuracy of said inspection and map, and with their agreement has been made that the requirements of WI Admin. Code [AE 7.01 (3), (5)bc & d, and (6)] are waived as per AE 7.01. This inspection is not intended for future construction purposes and is performed according to the description furnished.

Dated this 28 Day of MAY, 2003 Surveyor: Daniel W. Kemp

Building #2 - 7,200 Sq. Ft.

Exhibit A

Property

2,400 Sq. Ft. 40 X 60	1,200 Sq. Ft. 20 X 60	2,400 Sq. Ft. 40 X 60	1,200 Sq. Ft. 20 X 60
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6101-03

6105

6107-09

6111

Exhibit B

Premises

1,204 Sq. Ft. 21.5 X 56	6039
1,204 Sq. Ft. 21.5 X 56	6037
1,204 Sq. Ft. 21.5 X 56	6035
1,204 Sq. Ft. 21.5 X 56	6033

Building #3 - 4,816 Sq. Ft.

Vacant Land Approx. 8,000 Sq. Ft.

THE ODANA CENTER

6033 - 6121 Odana Road
Madison, WI 53719

1,700 Sq. Ft. 25 X 68	6113
1,700 Sq. Ft. 25 X 68	6115
1,700 Sq. Ft. 25 X 68	6117
1,700 Sq. Ft. 25 X 68	6119
7,200 Sq. Ft. 90 X 80 Approx	6121

Building #1 - 14,000 Sq. Ft.

Notes 21503 Nile Restaurant

