City of Madison Supplemental Class A License Application

	Seller's Permit Certificate- (Entity must match Articles of Incorporation) Federal Employer Identification # Notarized Original Application Form Notarized Supplemental Form Orange Sign (Clerk's Office provides at time of application)	 □ Description of Licensed Premise □ *Notarized Appointment of Agent □ Background Investigation Form(s) □ Notarized Transfer of Ownership □ *Articles of Incorporation 	 ☐ Floor Plans ☐ Lease ☐ Sample Menu ☐ Business Plan * Corporation/LLC only 		
	Name of Applicant/Partner/Corporation				
2.	2. Address of Licensed Premise 515 S. Midvale Blvd., Suite 3, Madison, WI 53711				
3.	Telephone Number: 608-833-2027	4. Anticipated opening date:	04/01/2013		
5. Mailing address if not opening immediately 3589 Mathias Way, Verona, WI 53593					
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. What type of establishment is contemplated? Liquor Store Grocery Store Convenience Store – Gas Pumps Yes No Other—Explain					
9. Business Description: A neighborhood market that offers items typically found in a small grocery or neighborhood market. The Market will offer a range of fresh produce, staples, packaged foods, drinks, pre-packaged meals and pastries, etc. A modest selection of wine and craft beers will be featured. The Market will also offer prepackaged deli sandwiches, soups, and other self-serve food products. A small amount of seating will be available at the front of the store.					
10. Detailed <u>written</u> 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.					
The Market will occupy 1622 sq. ft. of retail space located within Phase II of Sequoya Commons. The front door opens onto the sidewalk and parking area. At the back of the store is an access door which opens to a common hallway/restrooms and fire exit which is shared with 2 other retail spaces. There will be a work/storage room at the back of the premises where records and additional stock will be stored. The alcohol for purchase will be located at the rear of the store on shelves, wine racks and in a cooler.					
11.	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. The parking lot is in the center of Sequoya Commons					
The parking lot is not monitored, and there are no dedicated parking spaces.					
 13. Describe your management experience, staffing levels, duties and employee training. I have a wide range of experience in office and business management, along with excellent administrative and customer service skills. My excellent organizational skills will ensure that details are kept in order. A manager will be hired for day-to-day operations of The Market, but I will be involved on a regular basis. All employees will be trained in store policy regarding liquor sales, and on-line training courses will be utilized where applicable. 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. Cynthia K. Kovall 3589 Mathias Way, Verona, WI 53593 					
	Name Address	y, velolia, vvi 55555			

15.	. Utilizing your mark The typical customer due to the neighborho	tet research, who would you project your target rewill be white collar and over 25 years of age. Couple and demographics.	market to be? s and families will also be a key market segment			
16.	. Describe how you p	plan to advertise/promote your business. What pr	oducts will you be advertising?			
	The location of the st specific products.	ore means we will do little, if any above line advertisi	ng. At this time we have no plans to advertise			
17.	. Are you operating	under a lease or franchise agreement? XX Yes (at	ttach a copy) No			
18.	. Owner of building	where establishment is located: Sequoya Commor Avante Properties, LLC	ns, LLC			
Ad	ldress of Owner:_ ₁₂₀	East Lakeside St., PO Box 258130	Phone Number608-294-4080			
1.0		dison, WI 53725-8130				
19.	. 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					
20.		List the Directors of your Corporation/LLC				
	Cynthia K. Kovall	3589 Mathias Way, Verona, WI 53593				
	Name	Address				
	Name	Address	· · · · · · · · · · · · · · · · · · ·			
	Name	Address				
21	List the Stockholde	ers of your Corporation/LLC				
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	Cynthia K. Kovall	3589 Mathias Way, Verona, WI 53593 Address	100% % of Ownership			
	Name	Addicas	70 of Ownership			
	Name	Address	% of Ownership			
	Name	Address	% of Ownership			
has acc ass	been truthfully comeording to law and the igned to another. As	signing: Under penalty provided by law, the appleted to the best of the knowledge of the signer at the rights and responsibilities conferred by the my lack of access to any portion of a licensed pretation. Such refusal is a misdemeanor and grounds	Signer agrees to operate this business license(s), if granted will not be mise during inspection will be deemed a			
Sub	oscribed and Sworn to	before me:				
	day of day of	CHRIS NOTAR OF COrporation/Me	ember of LLC/Partner/Individual)			
		OF WISCONS.				



