

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning July 1 20 10 ;
ending JUNE 30 20 11

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

County of Dane Aldermanic Dist. No. 4 (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): Scionnie Bar, LLC

90832

Applicant's Wisconsin Seller's Permit Number: <u>applied for</u>	
Federal Employer Identification Number (FEIN): <u>01-0975654</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Wholesale 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	\$
TOTAL FEE	\$

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>Troy Vosseller</u>	<u>321 Wisconsin Ave, Apt 10 Madison, WI 53703</u>	
Vice President/Member		<u>Daniel Swerdlik</u>	<u>15 E Gilman, Apt 2 Madison, WI 53703</u>	
Secretary/Member				
Treasurer/Member				
Agent		<u>Troy Vosseller</u>	<u>321 Wisconsin Ave, Apt 10 Madison, WI 53703</u>	

Directors/Managers

3 Trade Name Scionnie Bar Business Phone Number 608-556-3112

4 Address of Premises 317 W Gorham Street Post Office & Zip Code 53703

- 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 WI and date 07/26/10 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) see attached, second floor rectangular space

- 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?
- 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 officers, 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 27th day of July

Ann M. Cooley
(Clerk/Notary Public)

My commission expires June 16, 2013

[Signature]
(Official of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

[Signature]
(Official of Corporation/Member/Manager of Limited Liability Company/Partner)

[Signature]
(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
<u>7-27-10</u>			
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 type="checkbox"/> Written Description of Premise <input checked="" type="checkbox"/> Background Investigation Form(s) <input type="checkbox"/> Notarized Transfer of Ownership <input checked="" type="checkbox"/> *Articles of Incorporation <input checked="" type="checkbox"/> *Notarized Appointment of Agent * Corporation/LLC only	<input checked="" type="checkbox"/> Floor Plans <input type="checkbox"/> Lease <i>Negotiating</i> <input checked="" type="checkbox"/> Sample Menu <input checked="" type="checkbox"/> Business Plan
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1. Name of Applicant/Partner/Corporation/LLC Scennie Bar, LLC
 2. Address of Licensed Premise 317 W Gorham Street
 3. Telephone Number: 608-556-3112 4. Anticipated opening date: January 1, 2011
 5. Mailing address if not opening immediately PO Box 2537 Madison, WI 53701

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: see attached business plan

9. Do you plan to have live entertainment? No Yes--What kind? live band / DJ

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.**
See attached floorplan. Premises are comprised of 7,880 SF on the second level of 317 W Gorham Street. Main entrance located on Gorham Street.

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. no parking available

13. Describe your management experience, staffing levels, duties and employee training.
Troy - owner of Scennie Nation LLC for 6+ years / see attached business plan for employee training
Daniel - manager of Mia Za's (515 State Street)

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.
Troy Vosseller 321 Wisconsin Ave, Apt 10 Madison, WI 53703
 Name Address

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

Young professionals, 21+ college students

16. What age range would you hope to attract to your establishment? 21-70

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

direct marketing (mail/email), social media, print

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

19. Owner of building where establishment is located: Urban Land Interests

Address of Owner: 10 E Doty Street Phone Number 608-251-0706

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

Troy Vosseller 321 Wisconsin Ave, Apt 10 Madison, WI 53703
Name Address

Daniel Swerdlik 15 E Gilman St, Apt 2 Madison, WI 53703
Name Address

Name Address

22. List the Stockholders of your Corporation/LLC

Troy Vosseller 321 Wisconsin Ave, Apt 10 Madison, WI 53703 50
Name Address % of Ownership

Daniel Swerdlik 15 E Gilman, Apt 2 Madison, WI 53703 50
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? _____

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? 11am - 2am

27. What hours, if any, will food service not be available? _____
28. Indicate any other product/service offered. t-shirts/apparel, darts, video games
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? 30
During what hours do you anticipate they will be on duty? 10am - 3am
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? 30+
How many bartenders do you anticipate you would have working at one time on a busy night? 10
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?
40%
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? 40%
What percentage of your advertising budget do you anticipate will be drink related? 60%
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? 500

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	65 %
Gross Receipts from Food and Non-Alcoholic Beverages	25 %
Gross Receipts from Other	10 %
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 27th day of July, 2010

Ann M. Cooley
(Clerk/Notary Public)

My commission expires June 16, 2013

[Signature]
(Officer of Corporation/Member of LLC/Partner/Individual)
ANN M COOLEY
NOTARY PUBLIC
STATE OF WISCONSIN

Appointment of New Liquor/Beer Agent

To be completed by Corporate Officer or Member of LLC

I, Daniel Swerdlik, officer/member for Scennie Bar, LLC

(Corporation/LLC), doing business as _____, authorize and appoint
Troy Vosseller (Name) as the liquor/beer agent for the premise
located at 317 W Gorham Street.

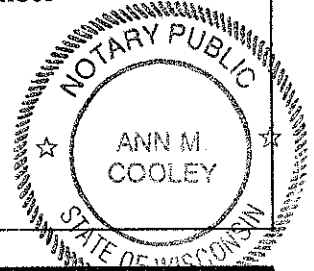
Subscribed and sworn to before me this

27th Day of July, 2010

Ann M. Cooley
Notary Public, Dane County, Wisconsin

My Commission Expires June 16, 2013

[Signature]
Signature of Officer/Member



To be completed by appointed Liquor/Beer Agent

I, Troy Vosseller, appointed liquor/beer agent for
Scennie Bar, LLC (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 50 %.

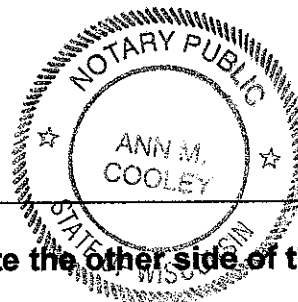
Subscribed and sworn to before me this

27th Day of July, 2010

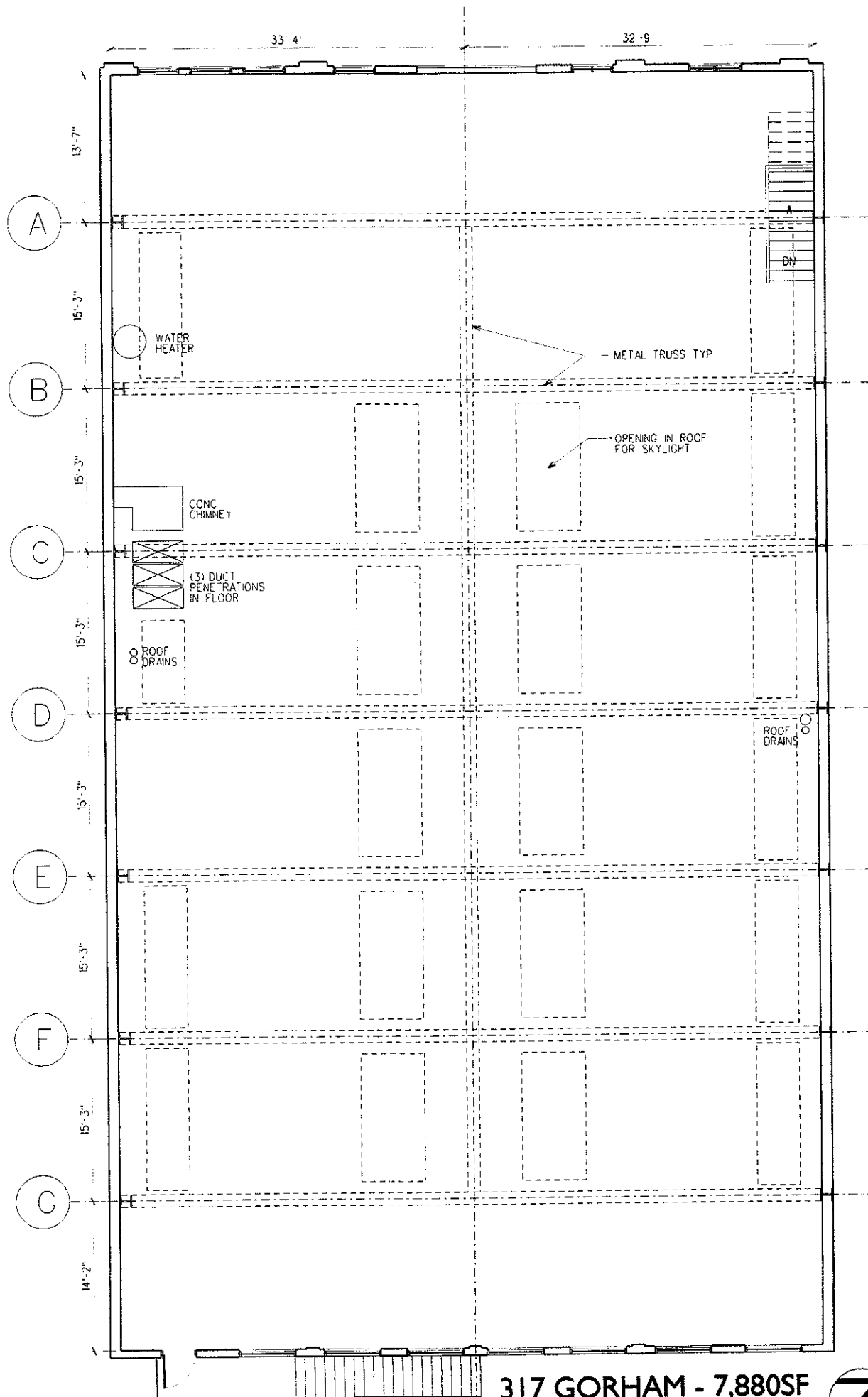
Ann M. Cooley
Notary Public, Dane County, Wisconsin

My Commission Expires June 16, 2013

[Signature]
Signature of Agent



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



**317 GORHAM - 7,880SF
SECOND FLOOR PLAN**

SCALE: 1/8" = 1'-0"



SCONNIE[®]

BAR

Target Market:

- Campus and young professionals
- 21+

Entertainment:

Sports:

HDTVs and projectors throughout the premises.

Games:

Darts and video games.

Music:

Live cover bands and DJs alternating 30-45 minute sets.

Décor:

The bar will be Wisconsin-themed throughout with a lodge/rustic feel, but modern with many high-tech touches. Wisconsin sports memorabilia will cover the walls. The main bar will be centrally located and accessible from all angles with plenty of room and registers for bartenders to quickly process patrons. Comfy, leather couches will line the walls along with tables and booths for dining.

Menu:

Simple menu featuring 10 core, classic Wisconsin items and complemented by soups, salads and sandwiches. Items include:

- Grilled cheese
- Venison Sausage Pizza
- Cheese Curds
- Fish Fry
- Brats
- Turkey Legs
- Burgers

Ownership:

Troy Vosseller:

Troy is the founder and sole owner of Sconnie Nation LLC, an apparel company featuring clothing that celebrates the Wisconsin lifestyle. Troy earned his BA in economics, political science and history/history of science from UW-Madison. He continued to earn his MBA in entrepreneurial management (UW '09) and JD (UW '10). During his graduate education, Troy won the G. Steven Burrill Business Plan Competition for his business Sky Vegetables (skyvegetables.com). Sky Vegetables is an innovative, urban agriculture company dedicated to building sustainable, commercial-scale hydroponic farms on urban rooftops across America. Troy sold his stake in the company in 2008, but still retains a residual interest. In addition to managing Sconnie Nation, Troy currently works as a Clinical Instructor in the UW Law School's Law & Entrepreneurship Clinic. In 2008, Troy was listed in InBusiness Magazine's "40 Under 40". Outside of work, Troy's interests include traveling, social media/Web 2.0, and emerging consumer technology trends.

Dan Swerdlik:

Dan is the general manager of Mia Za's Italian restaurant on State Street. Dan earned his BS in hotel and restaurant management from the University of Illinois. During his six year tenure with Mia Za's, Dan has successfully helped open and establish three new restaurant locations. In his role as general manager, Dan manages day-to-day operations, bookkeeping, marketing, labor and purchasing. In his three years at the Madison location, revenue has increased at a rate of 20%, 10% and 12% respectively. In addition, Dan wrote the operations manual used by Mia Za's franchisees. A certified foodie, Dan's experiences include menu design, working with the health department, drafting employee manuals and managing a commercial kitchen. Dan is an expert at managing college labor serving a college audience. Outside of work, Dan's interests include music, sports and local culture.

Management:

Sconnie Bar will be Troy and Dan's fulltime occupation, with each owning a 50% stake. The two founders will be hands-on managing the bar. In addition, strategic hires will be made from the Madison service industry through local connections Troy and Dan have made. 20-30 employees will be hired across our departments: bartenders, management, kitchen, door staff.

Training:

- All bartenders will be required to take an approved responsible serving course and obtain an Operator's License. All staff will be trained on the POS and general procedures over the course of three shifts, with each training shift during a different period of the day (weekday close, weekday open, weekend close). Door staff will be trained on maintaining a line, ID scanners, customer interaction and security procedures.

Operations:

Hours of Operation:

- 7 days/weeks
- Sunday-Thursday: 11am-2am
- Friday-Saturday: 11am-2:30am

Food Production:

- 10am-2am

Security:

- Web based security system
- At least 12 cameras on premises