



City of Madison Liquor/Beer License Application

On-Premises Consumption: ☒ Class B Beer ☒ Class B Liquor ☐ Class C Wine
Off-Premises Consumption: ☐ Class A Beer ☐ Class A Liquor

Section A – Applicant

1. This application is for the license period ending June 30, 2014.
2. List the name of your ☐ Sole Proprietor, ☐ Partnership, ☐ Corporation/Nonprofit Organization or ☒ Limited Liability Company exactly as it appears on your State Seller's Permit.
THE SPOT RESTAURANT LLC
3. Trade Name (doing business as) THE SPOT
4. Address to be licensed 827 E JOHNSON ST
5. Mailing address SAME
6. Anticipated opening date JUNE 2013
7. State Seller's Permit 456-1027944559-02
8. Federal Employer Identification Number 46-2206164
9. Is the applicant an employee or agent of, or acting of behalf of anyone except the applicant named in question 2?
☐ No ☒ Yes (explain) OWNER / OPERATOR
10. Does another alcohol beverage licensee or wholesale permittee have interest in this business?
☒ No ☐ Yes (explain) _____

Section B—Premises

11. Describe in words the building or buildings where alcohol beverages are to be sold and stored. Include all rooms including living quarters, if used, and any outdoor seating used for the sales, service, and/or storage of alcohol beverages and records. Alcohol beverages may be sold and stored only on the premises as approved by Common Council and described on license.
THE FORMER MILDRED'S SANDWICH SHOP. TWO STORIES PLUS
BASEMENT (NOT COMMON-EXCLUSIVE TO THE RESTAURANT),
RESTAURANT on 1ST FLOOR, TWO 1 BEDROOM APARTMENTS
on SECOND FLOOR.
12. ☒ Attach a floor plan, no larger than 8 ½ by 14, showing the space described below.
13. Applicants for on-premises consumption: list estimated capacity 60

#29594

LIC/1B-2013-00187

14. Describe existing parking and how parking lot is to be monitored.

3 SPACES ACCESSED VIA DRIVEWAY, AMPLE
NON - METERED STREET.

15. Was this premises licensed for the sale of liquor or beer during the past license year?

☐ No ☒ Yes, license issued to MILDRED'S SANDWICH SHOP (name of licensee)

16. ☒ Attach copy of lease.

Section C—Corporate Information

This section applies to corporations, nonprofit organizations, and Limited Liability Companies only. Sole proprietorships and partnerships, skip to Section D.

17. Name of liquor license agent JOSEPH TACHOVSKY

18. City and state in which agent resides MADISON, W.

19. ☒ Appointment of agent form and background check form are attached.

20. Has the liquor license agent completed the responsible beverage server training course?

☐ No, but will complete prior to ALRC meeting ☒ Yes, date completed 3.15.13

21. State and date of registration of corporation, nonprofit organization, or LLC.

WISCONSIN, 3.3.13, LLC

22. In the table below list the directors of your corporation or the members of your LLC.

☐ Attach background check forms for each director/member.

Title	Name	City and State of Residence
PRESIDENT	RICHARD ENTENMANN	MADISON, W.
VP	SHARI GALITZER	"
SEC TREAS	JOSEPH TACHOVSKY	"

23. Registered agent for your corporation or LLC. This is your agent for service of process, notice or demand required or permitted by law to be served on the corporation. This is not necessarily the same as your liquor agent.

RICHARD ENTENMANN

24. Is applicant a subsidiary of any other corporation or LLC?

☒ No ☐ Yes (explain) _____

25. Does the corporation, any officer, any director, any stockholder, liquor agent, LLC, any member, or any manager hold any interest in any other alcohol beverage license or permit in Wisconsin?
- ☒ No ☐ Yes (explain) _____

Section D—Business Plan

26. What type of establishment is contemplated?
- ☐ Tavern ☐ Nightclub ☒ Restaurant ☐ Liquor Store ☐ Grocery Store
- ☐ Convenience Store without gas pumps ☐ Convenience Store with gas pumps
- ☐ Other _____
27. Business description FULL SERVICE RESTAURANT
28. Hours of operation 7 DAYS A WEEK 11^A-10^P
29. Describe your management experience EXTENSIVE - OWNED/OPERATED
- CITEZ BANANAS, MPL 1985-2002, ~~MOST RECENT~~ CONCEIVED + OPENED
- SAMBA, ^{CURRENTLY} CONSULT SAINT FRANCIS BREWING CO IN ST FRANCIS, WI.
30. List names of managers below, along with city and state of residence.
- JOSEPH TACHOWSKI MADISON, WI
31. Describe staffing levels and staff duties at the proposed establishment 2-3 KITCHEN
- STAFF PER SHIFT, 2-3 FLOOR STAFF PER SHIFT, 1 MGR ON DUTY
- ALL TIMES
32. Describe your employee training SERV SAFE CERTIFIED FOR KITCHEN STAFF
- ALCOHOL AWARENESS FOR BAR STAFF, GEN HYGIENE + LEGAL
- RESPONSIBILITIES TO SERVERS.
33. Utilizing your market research, describe your target market.
- NEIGHBORHOOD NICHÉ.

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

ADVERTISING FOOD + WINE - WINE DINNERS, SPECIAL EVENTS, ETC.
VIA FACEBOOK, TWITTER, ISTHMIUS WEEKLY

35. Are you operating under a lease or franchise agreement? ☒ No ☐ Yes

36. 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?
☐ No ☐ Yes

Section E—Consumption on Premises

This section applies to Class B and Class C applicants only. Class A license applicants (consumption off premises) may skip to Section F.

37. Do you plan to have live entertainment? ☐ No ☐ Yes—what kind? ☒ PERHAPS
POPS HANSON - JAZZ, GEARU DIMAGIO - IF THERE IS ROOM. IT IS A TINY SPOT.
38. What age range do you hope to attract to your establishment? 30-60
39. What type of food will you be serving, if any?
☐ Breakfast ☐ Brunch ☒ Lunch ☒ Dinner
40. Submit a sample menu if applicable. What will be included on your operational menu?
☒ Appetizers ☒ Salads ☒ Soups ☒ Sandwiches ☒ Entrees ☒ Desserts
☐ Pizza ☒ Full Dinners
41. During what hours of operation do you plan to serve food? ALL
42. What hours, if any, will food service not be available? Ø
43. Indicate any other product/service offered. Ø
44. Will your establishment have a kitchen manager? ☐ No ☒ Yes
45. Will you have a kitchen support staff? ☐ No ☒ Yes
46. How many wait staff do you anticipate will be employed at your establishment? 8-10
During what hours do you anticipate they will be on duty? 11A - 10P
47. Do you plan to have hosts or hostesses seating customers? ☐ No ☒ Yes
48. Do your plans call for a full-service bar? ☐ No ☒ Yes
If yes, how many barstools do you anticipate having at your bar? 4-6
How many bartenders do you anticipate having work at one time on a busy night? 1
49. Will there be a kitchen facility separate from the bar? ☐ No ☒ Yes

50. Will there be a separate and specific area for eating only?
☐ No ☒ Yes, capacity of that area 60
51. What type of cooking equipment will you have?
☒ Stove ☐ Oven ☐ Fryers ☐ Grill ☐ Microwave
52. Will you have a walk-in cooler and/or freezer dedicated solely to the storage of food products?
☒ No ☐ Yes
53. What percentage of payroll do you anticipate devoting to food operation salaries? 100%
54. If your business plan includes an advertising budget:
 What percentage of your advertising budget do you anticipate will be related to food? 90
 What percentage of your advertising budget do you anticipate will be drink related? 10
55. Are you currently, or do you plan to become, a member of the Madison—Dane County Tavern League or the Tavern League of Wisconsin? ☒ No ☐ Yes
56. Are you currently, or do you plan to become, a member of the Wisconsin Restaurant Association or the National Restaurant Association? ☒ No ☐ Yes
57. All restaurants and taverns serving alcohol must substantiate their gross receipts for food and alcohol beverage sales broken down by percentage. New establishments estimate percentages:
30 % Alcohol 70 % Food _____ % Other
58. Do you have written records to document the percentages shown? ☐ No ☒ Yes
 You may be required to submit documentation verifying the percentages you've indicated.

Section F—Required Contacts and Filings

59. I understand that liquor/beer license renewal applications are due April 15 of every year, regardless of when license was initially granted. ☐ No ☒ Yes
60. I understand that I am required to host an information session at least one week before the ALRC meeting. ☐ No ☒ Yes
61. I agree to contact the Alderperson for this location to discuss my application and to invite the Alderperson to my information session. ☐ No ☒ Yes
62. I agree to contact the Police Department District Captain for this location prior to the ALRC meeting. ☐ No ☒ Yes
63. I agree to contact the Alcohol Policy Coordinator prior to the ALRC meeting. ☐ No ☒ Yes
64. I agree to contact the neighborhood association representative prior to the ALRC meeting.
☐ No ☒ Yes
65. I understand we must file a Special Occupational Tax return (TTB form 5630.5) before beginning business. [phone 1-800-937-8864] ☐ No ☒ Yes
66. I 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] ☐ No ☒ Yes
67. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?
☒ No ☐ Yes

Section G—Contact Information for Clerk's Office

68. Who may we contact between 8 a.m. and 4:30 p.m. regarding this license?

Contact person JOSEPH TACHOVSKY

E-mail address jtachov@aol.com

Phone 608-220-6730

Preferred language for correspondence English

Read carefully before signing in front of a notary: 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 the business according to law, and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. Lack of access to any portion of 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 25 day of March, 2013

Wendy E. Burt
(Clerk/Notary Public)

My commission expires 5/15/2016

[Signature]
(Officer of Corporation/Member of LLC/Partner/Sole Proprietor)

Clerk's Office checklist for complete applications

- ☐ Orange sign
- ☒ WI Seller's Permit Certificate
(matching articles of incorporation)
- ☒ FEIN
- ☒ Notarized application
- ☒ Written description of premises

- ☒ Background investigation form(s)
- ☒ Form for surrender of previous license
- ☒ *Articles of Incorporation
- ☒ *Notarized Appointment of Agent
- * Corporation/LLC only

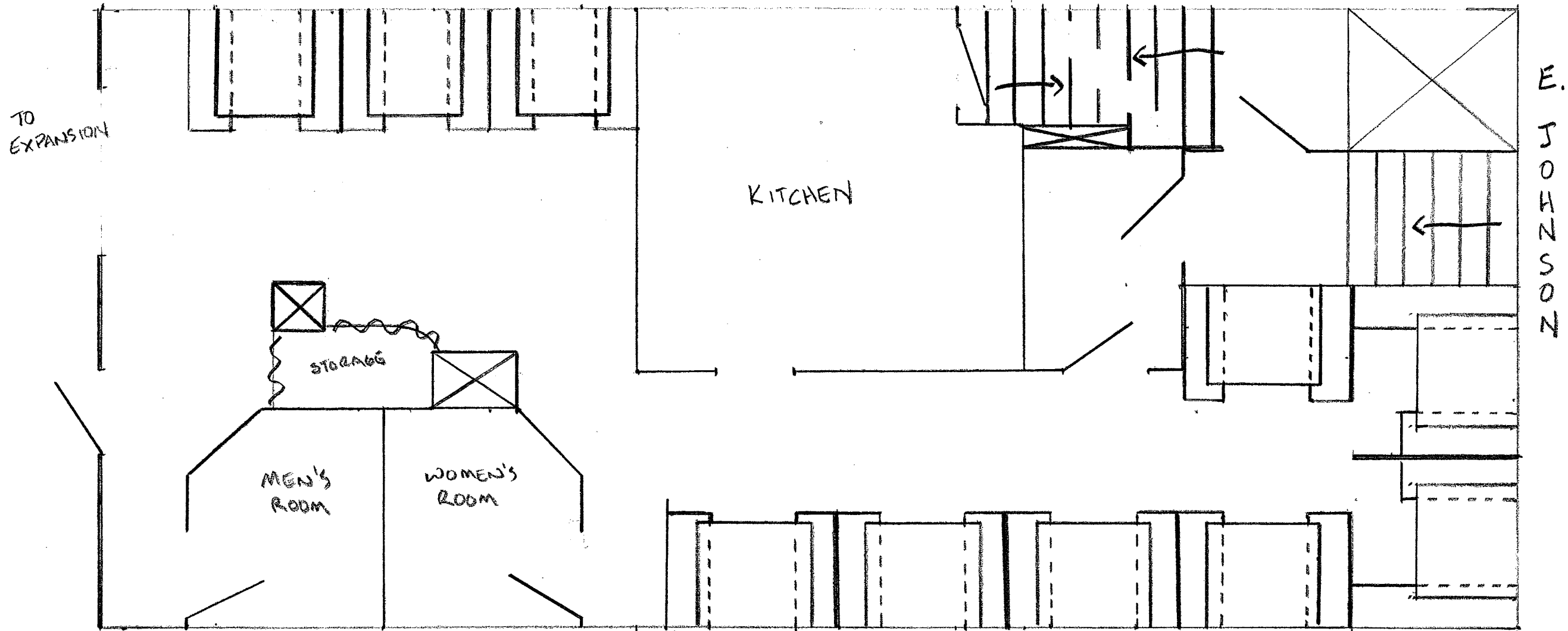
- ☒ Floor Plans
- ☒ Lease
- ☒ Sample Menu

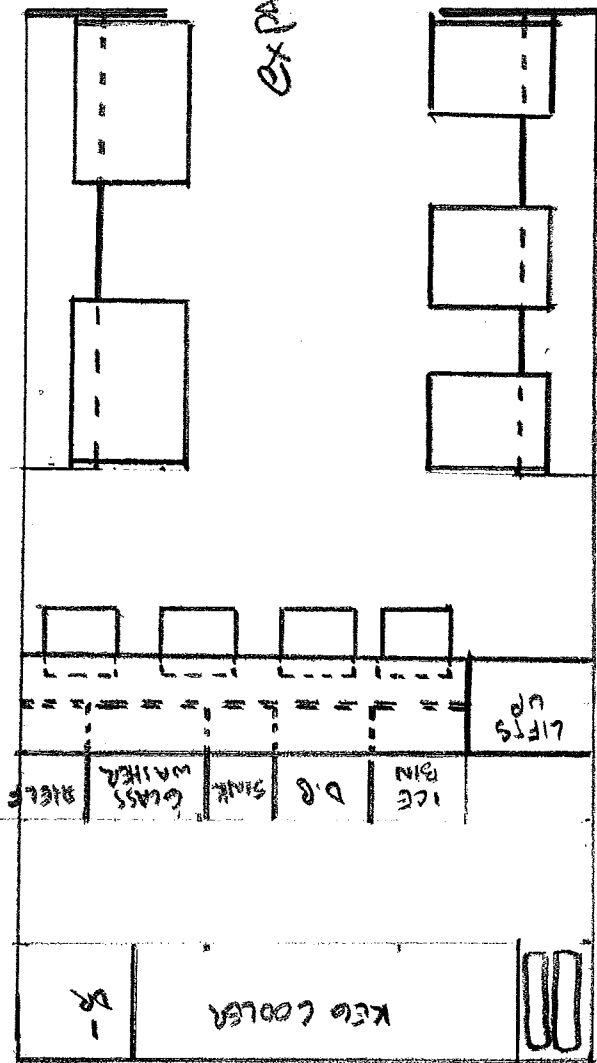
Date complete application filed with Clerk's Office _____

Date of ALRC meeting _____ Date license granted by Common Council _____

Date provisional issued _____ Date license issued _____ License number _____

THE SPOT
327 E. JOHNSON ST.





$$\frac{1}{4} = 1$$