31838

Madison

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
Se 1.	If needed, a qualified interpreter can be provided at no charge to you. Would you like an interpreter? Yes (language: 上ゥーとんし) No (If you answer no and you do require an interpreter, the ALRC will refer your application to a subsequent meeting and this mage delay your application process)
2.	This application is for the license period ending June 30, 20
3.	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.
4.	Trade Name (doing business as) Sol's Forces Festivent
5.	Address to be licensed 1/7 7 Mifflin St. Madison, WI 53707
6.	Mailing address 5327. Brody Dr. #201 Madison, WI 53705
7.	Anticipated opening date 4/20/2013
8.	Is the applicant an employee or agent of, or acting of behalf of anyone except the applicant named in question 2? No □ Yes (explain)
9.	Does another alcohol beverage licensee or wholesale permitee have interest in this business?
	No □ Yes (explain)
	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. 1600 ft
•	Attach a floor plan, no larger than 8 ½ by 14, showing the space described below. Applicants for on-premises consumption: list estimated capacity
	A-4 p 406

13.	Describe existing parking and how parking lot is to be monitored.		
	Only public parking and metered parking		
	available.		
14.	Was this premises licensed for the sale of liquor or beer during the past license year?		
	□ No Yes, license issued to Capito Entlyrises, LLC (name of licensee)		
15.	Attach copy of lease.		
This	etion C—Corporate Information section applies to corporations, nonprofit organizations, and Limited Liability Companies only. sproprietorships and partnerships, skip to Section D.		
16.	Name of liquor license agent Fam Sol Yu		
17.	City, state in which agent resides Madison, WI		
18.	How long has the agent continuously resided in the State of Wisconsin?		
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		
21.	State and date of registration of corporation, nonprofit organization, or LLC.		
	Wissonsin, 6/30/2013		
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		
	Menter Young Am You Madison, WI		
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.		
24.	Is applicant a subsidiary of any other corporation or LLC?		
`	No □ Yes (explain)		

t.

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)
	ction D—Business Plan 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.	
	BBQ, Dumplings, Novelles.
28.	Hours of operation 10:00 AM - 2:00 AM
29.	Describe your management experience Ouner has been running
	restaurant in Korea for 20 years. Owner also
	restaurant in Korea for 20 years. Owner also has experience in running karacke and billiard lounge
30.	List names of managers below, along with city and state of residence.
	Young An 400, Madison WI
	Filmsol Ya, Madison WI
	1
31.	Describe staffing levels and staff duties at the proposed establishment Assistant prep
	cook for preparing/cutting veggies and washing
	dishes. 2-3 wait staff for serving, busing tables and handling cash register. 201-2 bartenders. Describe your employee training owner will thack took how to prep Vegitables and cook meats. Wait staff and bartenders
32.	Describe your employee training Owner Will thack Cook how to prep
	Vegitables and work meats. Wait staff and barrenders
	Will be trained to be familiar with meny and handling Cash register
33.	otherng your market research, describe your target market.
	Downtown employees, BrinessAprofessional employees,
	Kovean population in Medison, and visitors

34.	advertising?
	Enails to local chamber of commerce, Social Networking medias, board magazine ad
	Metworking medias, board magazine ad
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
Thi	ction E—Consumption on Premises s section applies to Class B and Class C applicants only. Class A license applicants (consumption oremises) may skip to Section F.
37.	Do you plan to have live entertainment? No □ Yes—what kind?
38.	What age range do you hope to attract to your establishment? $22 - 70975$ old
39.	What type of food will you be serving, if any? <u>Korean Cuisine</u> ☐ Breakfast Brunch Dinner
40. Submit a sample menu if applicable. What will be included on your operational me ☑ Appetizers □ Salads □ Soups □ Sandwiches ☑ Entrees □ Dess □ Pizza ☑ Full Dinners	
41.	During what hours of operation do you plan to serve food? 10:00 AM - 10:00 PM
	What hours, if any, will food service <u>not</u> be available? <u>10:00PM - 2:00 AM</u>
43.	Indicate any other product/service offered.
	Will your establishment have a kitchen manager? □ No ద Yes
	Will you have a kitchen support staff? ☐ No ☒ Yes
46.	
	During what hours do you anticipate they will be on duty? $9-2pm$, $5-2Am$
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? How many bartenders do you anticipate having work at one time on a busy night?
19.	Will there be a kitchen facility separate from the bar? □ No ☑ Yes

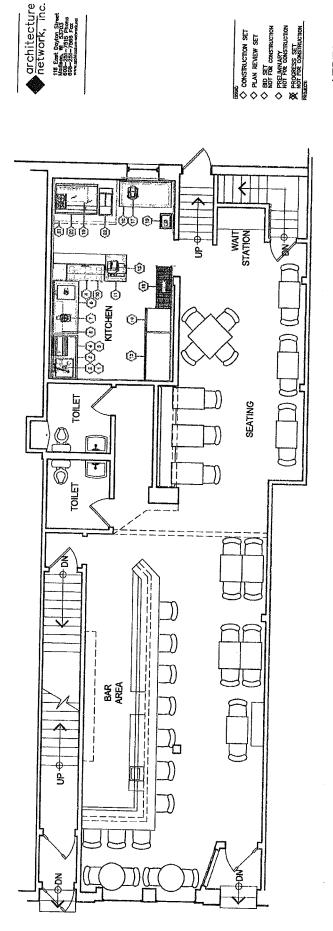
50	. Will there be a separate and specific area for eating only?
	No □ Yes, capacity of that area
51	. What type of cooking equipment will you have?
	. Will you have a walk-in cooler and/or freezer dedicated solely to the storage of food products? No □ Yes
53.	What percentage of payroll do you anticipate devoting to food operation salaries?
54.	If your business plan includes an advertising budget:
	What percentage of your advertising budget do you anticipate will be related to food? 80%
	What percentage of your advertising budget do you anticipate will be drink related? <u>Vo %</u>
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? ☐ 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:
	25 % Alcohol
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.
Se 659.	ction F—Required Contacts and Filings I understand that liquor/beer license renewal applications are due April 15 of every year, regardless of when license was initially granted. □ No 闰 Yes
60.	I understand that I am required to host an information session at least one week before the
	ALRC meeting. No Yes
61.	l agree to contact the Alderperson for this location to discuss my application and to invite the Alderperson to my information session. □ No 译 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 XYes
64.	I agree to contact the neighborhood association representative prior to the ALRC meeting. ☐ No ☐ Yes
65.	l 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 X Yes
67.	Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☑ No □ Yes

	•	tion G—Information for Clerk's Office
Ŵ	68.	State Seller's Permit 456-102824624002
	69.	Federal Employer Identification Number 46 - 3290014
	70.	Who may we contact between 8 a.m. and 4:30 p.m. regarding this license?
		Contact person Eunsol (u
		E-mail address en nsol 0669 @ hotmail. com
		Phone (5/7) 270 - 0805
		Preferred language for correspondence _ Korean / English
	state signe resp to ar	I carefully before signing in front of a notary: Under penalty provided by law, the applicant is that the above information has been truthfully completed to the best of the knowledge of the er. Signer agrees to operate the business according to law, and that the rights and possibilities conferred by the license(s), if granted, will not be assigned to another. Lack of access y portion of licensed premises during inspection will be deemed a refusal to permit inspection, refusal is a misdemeanor and grounds for revocation of this license.
		cribed and Sworn to before me:
	this _	26 day of September, 2013
	$\frac{}{\sqrt{2}}$	neganish abbeels
		Notary Public) mmission expires (Officer of Gorporation/Member of LLC/Partner/Sole Proprietor)
	Wiy Oc	NOTAR Q
	Clerk	s Office checklist for complete applications
	(m FE	range sign Seller's Permit Certificate atching articles of incorporation) IN tarized application itten description of premises □ Background investigation form(s) □ Floor Plans □ Lease □ *Articles of Incorporation □ *Notarized Appointment of Agent * Corporation/LLC only

Date complete application filed with, Clerk's Office 92013

Date of ALRC meeting 10/16/13 Date license granted by Common Council

Date provisional issued _____ Date license issued _____ License number LICMB-2013-00816



VERITAS

SOURCE SCORE
PROJECT PROJECT NUMBER
DIAMIN STE DEBANDS
DEVINEN STEEL NUMBER
DEVINEN STEEL SCORE
PLAN
OPTION 1

FLOOR PLAN Option 1 Furniture Layout

A-1

Business Plan for

Sol's LLC

09/19/2013

Sol's LLC has entered into intent to lease with the owner's of Capital View, LLC to occupy 1600ft2 of space to open a restaurant with bar located at 117 E. Mifflin St., Madison, WI 53703. Foods served will be Korean cuisine with all food being made on the premises using local ingredients when possible.

Hours of operation will be

Advertisement will be made through emails, social network media and local newspapers or restaurant magazines if affordable.

The bar is 25ft in length to accommodate 13 bar stools. All liquor will be stored behind the bar and in the basement. The capacity of the establishment is 48 occupancy.

Sol's On the Square will employee at least three employees, and up to six employees at full capacity. Parking will be off-street off-street parking and a public parking ramp.

Our target customers will be downtown employees that consist of business and professional employees, students at UW-Madison and WESLI, and visitors. The age target will be 22 years old to 65 years old.

Our wish is to be a good establishment for the community and to introduce Korean food.