36648

## City of Madison Liquor/Beer License Application

Mad	lison	On-Premises Consumption: ☑ Class B Beer ☐ Class B Liquor ☑ Class C Wine Off-Premises Consumption: ☐ Class A Beer ☐ Class A Liquor		
<b>Sec</b> 1.	If needed, a qualified interpreter can be provided at no charge to you. Would you like an interpreter?  Yes (language:) 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)			
	costo □ Sí, □ No	ted requiere o necesita un/a intérprete, nosotros podemos proveer un/a intérprete sin alguno. ¿Le gustaría tener un/a intérprete? lenguaje Si usted escoge "no" en la solicitud/aplicación, y usted sí requiere un/a intérprete, el é remitirá su solicitud para una nueva junta y esto puede atrasar el proceso de su sud.		
2.	This a	application is for the license period ending June 30, 20_15		
3.	List th	ne name of your □ Sole Proprietor, □ Partnership, □ Corporation/Nonprofit Organization or nited Liability Company exactly as it appears on your State Seller's Permit.		
	R.I	. Heritage Inn of Madison Opco, L.L.C.		
4.	Trade Name (doing business as) Madison Residence Inn			
5.	Address to be licensed4862 Hayes Road, Madison, WI 53704			
6.	Mailing address 591 West Putnam Ave., Greenwich, CT 06380			
7.	Anticipated opening dateas soon as possible (pending transaction)			
8.	name	applicant an employee or agent of, or acting of behalf of anyone except the applicant d in question 2?  D Yes (explain)		
9.	ET	another alcohol beverage licensee or wholesale permitee have interest in this business?		
Sec		B—Premises		
10.	Includ service	ribe in words the building or buildings where alcohol beverages are to be sold and stored. He all rooms including living quarters, if used, and any outdoor seating used for the sales, see, and/or storage of alcohol beverages and records. Alcohol beverages may be sold and described on license.		
	The	ere will be no outdoor seating area. Alcoholic beverages will be served in what is known as the Gatehouse (Health Room)		
`	of the I	hotel. Alcoholic beverages will be stored in the food storage room.		
	<u></u>			

11.	Attach a floor pl	an, no larger than 8 ½	by 14, showing the space descr	ibed above.			
12.	Applicants for on-premises consumption: list estimated capacity						
13.	13. Describe existing parking and how parking lot is to be monitored.  Parking lot is ample to accommodate all hotel patrons. There is a video monitoring security system in place to						
	parking lot activity.						
14.		s licensed for the sale	of liquor or beer during the past li	cense year?			
	□ No ☑ Yes, li	cense issued to R.I. H	Heritage Inn of Madison, Inc.	(name of licensee)			
15.	Attach copy of	lease.					
This	section applies to	rate Information corporations, nonprofi d partnerships, skip to	t organizations, and Limited Liabi Section D.	ility Companies only.			
16.	Name of liquor lice	ense agentKrystal K	immerly				
17.	City, state in which	n agent resides WI					
18.	How long has the	agent continuously re	sided in the State of Wisconsin?	more than 20 years			
19.	Appointment of	f agent form and back	ground check form are attached.				
20.	Has the liquor lice	nse agent completed	the responsible beverage server	training course?			
	☐ No, but will cor	mplete prior to ALRC r	neeting 🛛 Yes, date complete	d			
21.	State and date of DE 10/10/14	registration of corpora	tion, nonprofit organization, or LL	.C.			
22.	In the table below  Attach backgro	list the directors of yound check forms for e	ur corporation or the members of each director/member.	your LLC.			
	Title	Name	City and State of Residence	<u>e</u>			
	President	Suril Shah	New York, NY	· ·			
	Vice President	Charles Baker	Millburn, NJ				
23.	Registered agent to demand required of same as your liquor CT Corporation Services 8020 Excelsion Drive	or permitted by law to or agent.	LLC. This is your agent for servel be served on the corporation. The	rice of process, notice or his is not necessarily the			

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Suite 200

24.	Is applicant a subsidiary of any other corporation or LLC?  No Yes (explain) _see attached flow chart
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) R.I. Midwest Heritage Inn of Appleton Opco, L.L.C.
	tion 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 Hotel
27.	Business descriptionhotel operation offering complimentary beer and wine for evening socials for hotel guests.
28.	Hours of operation12:01 am-11:59 pm Hotel, social events with alcoholic beverages will occur only between 5-9 pm
29.	Describe your management experience Beer/Liquor Agent has been employed in the hotel industry for over 10 years
30.	List names of managers below, along with city and state of residence.
	Krystal Kimmerly, Cottage Grove, WI
31.	Describe staffing levels and staff duties at the proposed establishment Staff numbers will be based on
	daily anticipated attendees of social events which will vary based on the hotel bookings for that particular day. Staff will
	be trained in the responsible service of alcohol.
32.	Describe your employee trainingManager/Beer Agent has completed responsible beverage service training course.

33.	Utilizing your market research, describe your target market.					
	n/a					
34.	Describe how you plan to advertise and promote your business. What products will you be advertising?					
	n/a					
35.	Are you operating under a lease or franchise agreement?   No Yes					
36.						
This	ction E—Consumption on Premises s section applies to Class B and Class C applicants only. Class A license applicants (consumption premises) 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? all (primary operation is hotel)					
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?complimentary breakfast (6-10am) grab and go (all day					
42.	What hours, if any, will food service <u>not</u> be available? <sup>n/a</sup>					
43.	Indicate any other product/service offered. Hotel Rooms					
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?					
	During what hours do you anticipate they will be on duty?					
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?				
49.	Will there be a kitchen facility separate from the bar? ☐ No ☐ Yes n/a				
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? 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?				
54.	If your business plan includes an advertising budget: n/a				
	What percentage of your advertising budget do you anticipate will be related to food?				
	What percentage of your advertising budget do you anticipate will be drink related?				
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				
58.	Do you have written records to document the percentages shown? ☐ No ☐ Yes n/a You may be required to submit documentation verifying the percentages you've indicated.				
<b>Sec</b> 59.	tion 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 ་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				







