	40253
Man	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 Class A Cider
<b>Se</b> <sub>0</sub>	ction A – Applicant  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)
·	Si usted requiere o necesita un/a intérprete, nosotros podemos proveer un/a intérprete sin costo alguno. ¿Le gustaría tener un/a intérprete?  ☐ Sí, lenguaje ☐ No. Si usted escoge "no" en la solicitud/aplicación, y usted sí requiere un/a intérprete, el comité remitirá su solicitud para una nueva junta y esto puede atrasar el proceso de su solicitud.
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.
	SABAIDEE THAILAND WI, LLC
4.	Trade Name (doing business as)Monsออกรโฉพ 2
5.	Address to be licensed 2045 At wood are, unit 109, Madison, wt 53704
6.	Mailing address タヘベゼ
7.	Anticipated opening date
8.	Is the applicant an employee or agent of, or acting of behalf of anyone except the applicant

## **Section B—Premises**

9.

named in question 2?
☐ No ☐ Yes (explain)

10. 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.

□ No □ Yes (explain)

Does another alcohol beverage licensee or wholesale permitee have interest in this business?

outdoor	Seat	may use in summer time approximat
		with fence / No smoking.

11.	1.  Attach a floor plan, no larger than 8 ½ by 14,	showing the space described above.			
12.	2. Applicants for on-premises consumption: list es	stimated capacity <u> </u>			
13.	3. Describe existing parking and how parking lot is  Common Grean parking				
	4. Was this premises licensed for the sale of liquo				
15.	☐ No ☐ Yes, license issued to <u>Class B Be</u> No. ☐ Class B Be	(name of licensee)			
This	ection C—Corporate Information his section applies to corporations, nonprofit organi hole proprietorships and partnerships, skip to Sectio				
16.	6. Name of liquor license agent <u>D</u> ექქია თ	onglaka			
17.		soh, WJ			
18.		How long has the agent continuously resided in the State of Wisconsin? May /2014 - present			
19.	9. ☐ Appointment of agent form and background	check form are attached.			
20.	D. Has the liquor license agent completed the resp	onsible beverage server training course?			
	No, but will complete prior to ALRC meeting	☐ Yes, date completed			
21.	1. State and date of registration of corporation, no	nprofit organization, or LLC.			
	12 Feb 2014.				
22.	<ul> <li>In the table below list the directors of your corpo</li> <li>☐ Attach background check forms for each directors</li> </ul>				
	Title Name C	ity and State of Residence			
	owner Dutdao wonglake	Madison, WI			
		<u>.                                    </u>			
	,				
23.	Registered agent for your corporation or LLC. I demand required or permitted by law to be serve same as your liquor agent.	This is your agent for service of process, notice or ed on the corporation. This is not necessarily the			

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)
	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.	Business description Thui restaurant served Lunch & dinnar
	Togo and delivery with full bar.
28.	Hours of operation 7 day / week, 11.9m - 3pm, 5 pm19 pm.
29.	Describe your management experience assitant manager 2009 - 2011
	restaurant owner 2011-present.
30.	List names of managers below, along with city and state of residence.
	NIA
31.	Describe staffing levels and staff duties at the proposed establishment
32.	Describe your employee training
32.	

33.	Utilizing your market research, describe your target market.
	anyone all ages.
34.	Describe how you plan to advertise and promote your business. What products will you be advertising?
	togo Menu, Website
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
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?
39.	What type of food will you be serving, if any?
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? Il am - 3 pm / 5 pm - 9 pm.
42.	What hours, if any, will food service <u>not</u> be available?
43.	Indicate any other product/service offered. N/A
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? 3-4 pp.
	During what hours do you anticipate they will be on duty? 11 am - 3 pm/ 5 pm - 9.30 pm.
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? ☐ 4-8  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
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? 50./-
54.	If your business plan includes an advertising budget:
	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?to '/-
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? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$
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 You may be required to submit documentation verifying the percentages you've indicated.
Sec	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. $\ \square$ No $\ \square$ Yes
61.	I agree to contact the Alderperson for this location to discuss my application and to invite the Alderperson to my information session. $\Box$ No $\Box$ 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

