

# ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning July 1 20 12 ;  
ending June 30 20 13

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

County of Dane Aldermanic Dist. No. 13 (if required by ordinance)

Applicant's Wisconsin Seller's Permit Number:	
Federal Employer Identification Number (FEIN):	
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	\$
<b>TOTAL FEE</b>	<b>\$</b>

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):

BROCACH THREE LLC DBA BROCACH IRISH PUB CON MONROE

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>Don</u>	<u>CLIFF McDONALD</u>		
Vice President/Member	<u>ANDY DROBAC</u>		
Secretary/Member	<u>MELANIE GANTHEAN</u>		
Treasurer/Member			
Agent ▶	<u>CLIFF McDONALD</u>		
Directors/Managers			

3. Trade Name ▶ BROCACH IRISH PUB Business Phone Number 608.669.0416

4. Address of Premises ▶ 1043 MONROE ST. Post Office & Zip Code ▶ WI 53705

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 \_\_\_\_\_ and date \_\_\_\_\_ 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.) \_\_\_\_\_

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 officer(s), 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 19<sup>th</sup> day of December, 20 12

[Signature]  
(Clerk/Notary Public)

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

(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)

My commission expires 6/29/2014

(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
Date license granted	Date license issued	License number issued	

P-303  
A-13 (ELUNGSON)

## City of Madison Supplemental Class B License Application

<input type="checkbox"/> Seller's Permit Number <input type="checkbox"/> Federal Employer Identification # <input type="checkbox"/> Notarized Original Application Form <input 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 type="checkbox"/> Background Investigation Form(s) <input type="checkbox"/> Notarized Transfer of Ownership <input type="checkbox"/> *Articles of Incorporation <input type="checkbox"/> *Notarized Appointment of Agent * Corporation/LLC only	<input type="checkbox"/> Floor Plans <input type="checkbox"/> Lease <input type="checkbox"/> Sample Menu <input type="checkbox"/> Business Plan
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1. Name of Applicant/Partner/Corporation/LLC BROCKWATER TREE LLC  
 2. Address of Licensed Premise 1843 MONROE ST  
 3. Telephone Number: 608.669.0216 4. Anticipated opening date: NOV 2011  
 5. Mailing address if not opening immediately 7 W MAIN ST MADISON

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: IRISH PUB & RESTAURANT  
11 AM - MIDNIGHT M-TU, 11 AM - 1 AM FR, 8 AM - 1 AM SAT, 8 AM - 10 PM SUN

9. Do you plan to have live entertainment?  No  Yes—What kind? ACOUSTIC GUITAR/FOLK

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.**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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. FIVE SPOTS BEHIND BUILDING - NOT FOR GUESTS

13. Describe your management experience, staffing levels, duties and employee training.  
SEVERAL YEARS EXPERIENCE MANAGING OTHER BROCKWATER LOCATIONS

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.  
CLIFF MCDONALD 2707 DEXTER RD MADISON 53705  
Name Address

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

25 + EDUCATED, CULTURALLY AWARE, PROFESSIONALS

16. What age range would you hope to attract to your establishment? 25 +

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

WORD OF MOUTH

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

19. Owner of building where establishment is located: CHRIS & DAN KERWIN

Address of Owner: 1847 MONROE ST Phone Number \_\_\_\_\_

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

CLIFF McDONALD 2707 OXFORD RD  
Name Address

MELANIE GAVTIREAU 1855 CHADBOURNE  
Name Address

ANDY DORAK 1660 N WATER #1 MIKE 53202  
Name Address

22. List the Stockholders of your Corporation/LLC

CLIFF McDONALD 2707 OXFORD RD \_\_\_\_\_  
Name Address % of Ownership

MELANIE GAVTIREAU 1855 CHADBOURNE \_\_\_\_\_  
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? CONTEMPORARY PUB CUISINE

Breakfast  Lunch  Dinner (BRUNCH WEEKS)

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? ALL MORNINGS

27. What hours, if any, will food service not be available? \_\_\_\_\_
28. Indicate any other product/service offered. \_\_\_\_\_
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? TEN  
During what hours do you anticipate they will be on duty? All
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? 10 TO FIFTEEN  
How many bartenders do you anticipate you would have working at one time on a busy night? 2
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? 20 TO 30
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?  
75
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? 100  
What percentage of your advertising budget do you anticipate will be drink related? 0
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
-

42. What is your estimated capacity? 99/25

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.

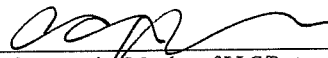
Gross Receipts from Alcoholic Beverages	25 %
Gross Receipts from Food and Non-Alcoholic Beverages	75 %
Gross Receipts from Other	%
<b>Total Gross Receipts</b>	<b>100%</b>


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 19<sup>th</sup> day of December, 2012

  
\_\_\_\_\_  
(Officer of Corporation/Member of LLC/Partner/Individual)

  
\_\_\_\_\_  
(Clerk/Notary Public)

My commission expires 6/29/2014

# Appointment of New Liquor/Beer Agent

## To be completed by Corporate Officer or Member of LLC

I, CLIFF McDONALD, officer/member for BROCKACH THREE LLC  
(Corporation/LLC), doing business as BROCKACH MUSH PUB, authorize and appoint  
CLIFF McDONALD (Name) as the liquor/beer agent for the premise  
located at 1843 MONROE ST.

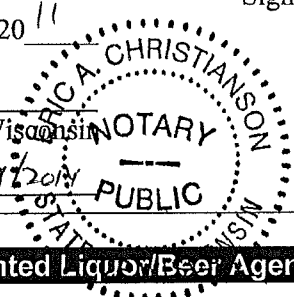
Subscribed and sworn to before me this

[Signature]  
Signature of Officer/Member

22<sup>nd</sup> Day of April, 20 11

[Signature]  
Notary Public, Dane County, Wisconsin

My Commission Expires 6/27/2012



## To be completed by appointed Liquor/Beer Agent

I, CLIFF McDONALD, appointed liquor/beer agent for  
BROCKACH THREE 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 33 1/3 %.

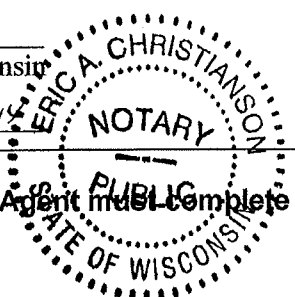
Subscribed and sworn to before me this

[Signature]  
Signature of Agent

22<sup>nd</sup> Day of April, 20 11

[Signature]  
Notary Public, Dane County, Wisconsin

My Commission Expires 6/27/2012



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

KITCHEN

MEN'S ROOM

WOMEN'S ROOM

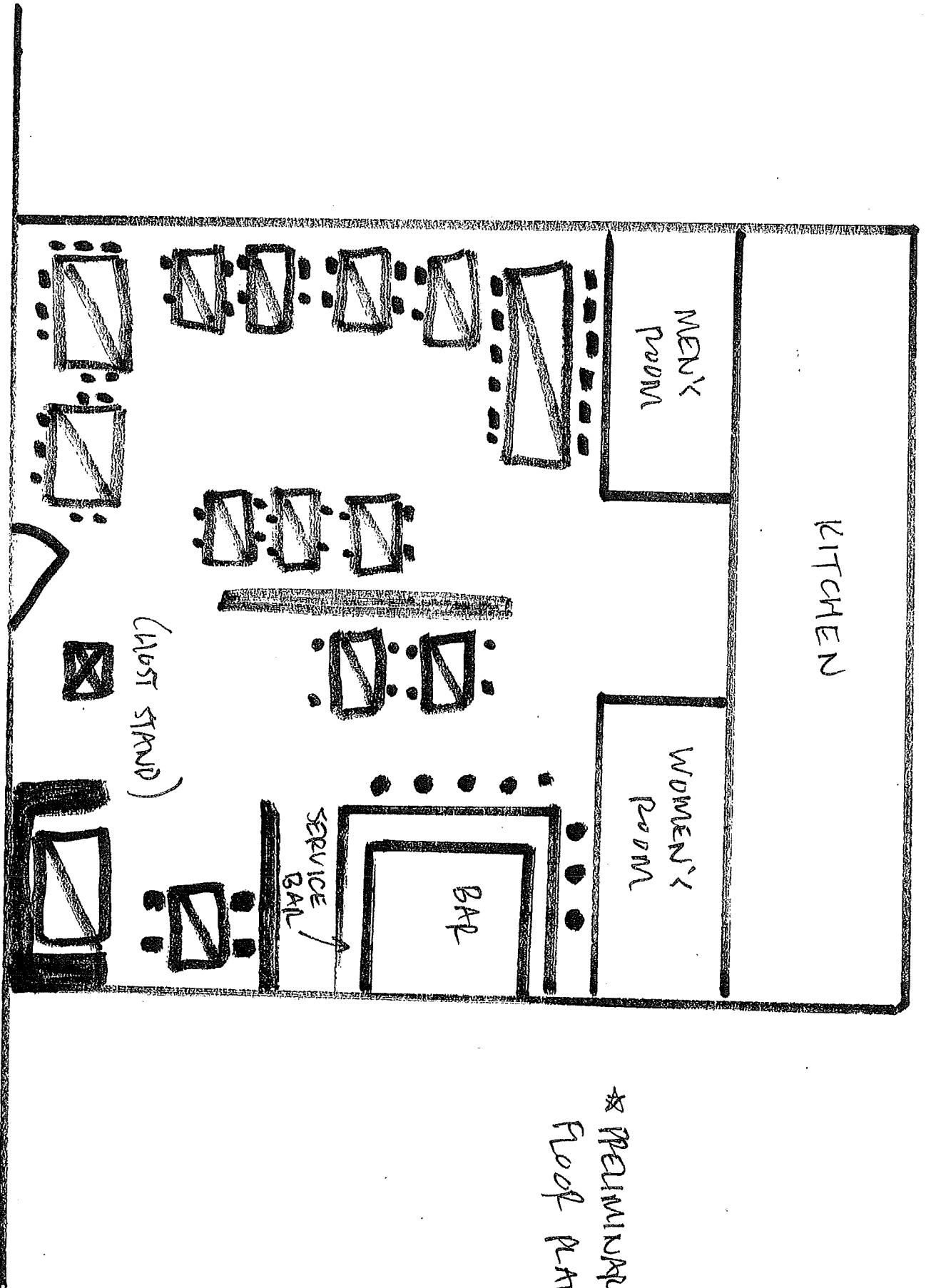
BAR

SERVICE BAR

(HOST STAND)

\* PRELIMINARY  
Floor plan

MONROE ST





BUSINESS PLAN SUMMARY  
BROCACH ON MONROE - 1843 MONROE STREET IN MADISON

The current owners and operators of the Brocach Irish Pub and Restaurant are planning to open a new establishment at 1843 Monroe Street ("Brocach Monroe") in Madison, Wisconsin. Today Brocach operates three separate entities:

- Brocach Irish Pub Madison - 7 West Main Street (since September 2004)
- Brocach Irish Pub Milwaukee - 1850 North Water Street (since December 2007)
- Brocach Catering Milwaukee - 1850 North Water Street (since November 2009)

Brocach's family of businesses has received consistent high praise over the years, including but not limited to:

- *Best of Madison* Gold award winner for six consecutive years
- Best New Restaurant *onmilwaukee.com* (Brocach Milwaukee), 2008
- Editor's Choice *onmilwaukee.com*, Best Irish Pub (Milwaukee) 2009 and 2010

Independent research conducted over the past year confirms that the overall Brocach brand is strong, respected, and associated with high quality food, friendly service, and authentic design. There are many factors that suggest Brocach Monroe will be successful, including:

- Favorable demographic profile - the "near West" side is home to many middle and upper-class highly educated folks who are "culturally aware", which is a perfect match for our product
- Limited supply - current similar establishments in the area (Brasserie V, Pizza Bruta, Bluefie's) are consistently busy and long wait times are common
- Market Void - Brocach should be able to fill a gap that exists between the aforementioned establishments for a casual, family-friendly environment with a unique theme
- Knowledge of Community - the Gautreau family resides in nearby University Heights and the McDonald family lives in Shorewood Hills. Both families are frequent visitors/shoppers in the Monroe Street neighborhood. Moreover, they have a strong awareness of the area, its residents, and the types of businesses that generate strong support



- Commitment to Community - the owners are committed to making a positive contribution to the local community. Our effort would inject the local Monroe Street economy with hundreds of thousands of dollars, create jobs, and improve the visual appeal of the location. Cliff McDonald and Don Gautreau both have been athletic coaches at Madison West high school for the past several years, and Melanie Gautreau is a core member of the Komen Madison Breast Cancer Foundation. An integral piece of the Brocach Monroe effort is to bring something of value to a cherished neighborhood.
- Low overhead - the rent/debt structure at 1843 Monroe St will result in fixed costs that are roughly  $\frac{1}{2}$  those of Brocach Milwaukee and  $\frac{1}{4}$  those of Brocach Madison. Sales at Brocach Monroe are likely to be greater than Brocach Milwaukee. Conservative sales estimates and the lease structure suggest that Brocach Monroe should be financially viable for the foreseeable future

The timing is opportune for Brocach to expand. Sales at current Brocach businesses are up over 10% year-to-date. Debt has been aggressively paid off for the past seven years and Brocach's overhead at current businesses will decrease by roughly \$9,000 in September of 2011 due to full pay-off of two loans and refinancing of Brocach Madison's primary debt.

Most importantly, Brocach is owner operated with a proven team of winners who take great pride in their brand. We are highly optimistic about this venture and confident that Brocach Monroe will be a tremendous success.