UCUB-2016-00423

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Mediana

City of Madison Liquor/Beer License Application On-Premises Consumption: Class B Beer Class B Liquor Class C Wine

Mad	Off-Premises Consumption: ☐ Class A Beer ☐ Class A Liquor ☐ Class A Cider
Sec 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)
	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 16.
3.	List the name of your □ Sole Proprietor, □ Partnership, □ Corporation/Nonprofit Organization of □ Limited Liability Company exactly as it appears on your State Seller's Permit.
	Dumpling HARS LC
4.	Trade Name (doing business as) Dumpling HAUS
5.	Address to be licensed 540 North MIDVALE Blid.
6.	Mailing address 540 North MID VALE BIVA.
7.	Anticipated opening date <u>MAY, 23, 2016</u>
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)
Sec 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. Restaurant in Hilldale Mall, With a few table Outdoor Seating

11.	☐ Attach a floor pla	an, no larger tha	ın 8 ½ by	14, showing	the space desc	ribed above.		
12.	Applicants for on-p	remises consun	nption: list	t estimated	capacity			
13.	Describe existing parking and how parking lot is to be monitored.							
	- HILDAL	E MALL F	>ARKI'N	a Lot.	MANAGER	by MALL OWNER		
14.	Was this premises licensed for the sale of liquor or beer during the past license year?							
	☑ No ☐ Yes, lic	ense issued to	·······			(name of licensee)		
15.	□ Attach copy of lease.							
This	ction C—Corpora section applies to c proprietorships and	orporations, nor	nprofit orga		and Limited Liab	ility Companies only.		
16.	Name of liquor lice	nse agent _ <i>W</i>	EIMINO	, WANG	1			
17.	City, state in which	agent resides_	MADISO	DN. WISC	onsin			
18.	How long has the a	gent continuous	sly resided	in the Stat	e of Wisconsin?	25 Years		
19.	☐ Appointment of	agent form and	backgrour	nd check fo	rm are attached.			
20.	Has the liquor license agent completed the responsible beverage server training course?							
	□ No, but will com	plete prior to AL	.RC meeti	ng □ Ye	s, date complete	d		
	State and date of registration of corporation, nonprofit organization, or LLC. WISCONSIN, 10/20/2010							
22.	In the table below li ☐ Attach backgrou	ist the directors and check forms	of your co	rporation o	mber.			
	Title	Name	V., 1		state of Residence			
	OWNER MANAGER	WEIMING	WANG	MADI	SON, WISCONS	ol W		
					APA-R-15-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-			
23.		r permitted by la r agent.				ice of process, notice or nis 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 Eater in HILLDALE MALL Area							
28	Hours of operation 11200 AM - 9200 PM . Seven days a week.							
	Describe your management experience Over 20 Years experience M Restaurant Business							
30.	List names of managers below, along with city and state of residence. MAMA MAMA MAPISON, WISCOMSIM							
31.	Describe staffing levels and staff duties at the proposed establishment At Lass / Year on Job Hasans							
32.	Describe your employee training 1 year on jeb training.							

33.	Utilizing your market research, describe your target market.					
	casual drink with food					
34.	Describe how you plan to advertise and promote your business. What products will you be advertising? Oriental Rice wime and Wime Been.					
35.	Are you operating under a lease or franchise agreement? ☑ No □ Yes					
36.	8. 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? 21 Years up,					
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? 11-00 AM - 9-00 PM Seven days					
42.	What hours, if any, will food service <u>not</u> be available?					
43.	Indicate any other product/service offered.					
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					
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?95%					
	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?					
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 You may be required to submit documentation verifying the percentages you've indicated.					
	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 ☑ 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. \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					

