CICUB-2016-01184 A-15 P-513



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 B Liquor Class C Wine

Mad	Cison 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 may 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_17
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. Infamous LLC
4	Trade Name (daing husiness as) Visions
4.	Trade Name (doing business as) Visions
5.	Address to be licensed 3554 E Washington Ave, Madison, WI 53704
6.	Mailing address 3554 E Washington Ave, Madison, WI 53704
7.	Anticipated opening date 12/1/2016
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. 1st floor and basement of premises

11.	M Attach a floor	plan, no larger than 8 ½	by 14, showing the space described above.		
12.	Applicants for o	n-premises consumption:	list estimated capacity 160 PER CITY		
13.	Describe existing parking and how parking lot is to be monitored.				
	Parking lot is o	contiguous and in front of	the premises. It is monitored through use of video		
	surveillance as	well as being periodically	checked by security staff		
14.	Was this premis	ses licensed for the sale o	f liquor or beer during the past license year?		
	□ No 🗗 Yes	, license issued to <u>TC Vi</u>	sions LLC, Tom Reichenberger (name of licensee)		
15.	Attach copy	of lease.			
This	s section applies t	orate Information to corporations, nonprofit and partnerships, skip to	organizations, and Limited Liability Companies only. Section D.		
16.	Name of liquor l	icense agent Apollo Mai	rquez		
17.	City, state in wh	ich agent resides Monor	na, WI		
18.	How long has th	ne agent continuously resi	ded in the State of Wisconsin? 22 years		
19.	M Appointment	t of agent form and backg	round check form are attached.		
20.	Has the liquor li	cense agent completed th	e responsible beverage server training course?		
	☐ No, but will o	complete prior to ALRC me	eeting Yes, date completed 4/1995 FALL 1994		
21.	State and date	State and date of registration of corporation, nonprofit organization, or LLC.			
	WI, 9/21/2016				
22.		ow list the directors of you ground check forms for ea	corporation or the members of your LLC.		
	Title	Name	City and State of Residence		
	Owner	Apollo Marquez	Monona, WI		
	Owner	David A Brown	Madison, WI		
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
23.		d or permitted by law to be quor agent.	LC. This is your agent for service of process, notice or e served on the corporation. This is not necessarily the		

24.	Is applicant a subsidiary of any other corporation or LLC? No □ Yes (explain)		
25.	or any manager hold any interest in any other alcohol beverage license or permit in Wisconsin?		
	M 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 Adult entertainment nightclub		
27.	Business description REFER TO ATTACHMENT		
28.	Hours of operation 3pm-2am Sun-Thurs, 3pm-2:30am Fri-Sat		
29.	Describe your management experience David Brown has managed the existing Visions nightclub		
	for 15 years. Apollo Marquez operated Inferno Nightclub in Maple Bluff as active manager for		
	over 18 years		
30.	List names of managers below, along with city and state of residence.		
00.	Apollo Marquez Monona, WI		
	Apone Marquez		
	David A Brown Madison, WI		
31.	Describe staffing levels and staff duties at the proposed establishment SEE ATTACHMENT		
20	Describe very property of the injury CEC American		
32.	Describe your employee training SEE ATTACHMENT		

33.	Utilizing your market research, describe your target market.		
	SEE ATTACHMENT		
34.	Describe how you plan to advertise and promote your business. What products will you be advertising?		
	SEE ATTACHMENT		
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? POLE DANCELS,		
	AERIALISTS. LIVE BANDS, COMEDIANS		
38.	What age range do you hope to attract to your establishment? 21+		
39.	What type of food will you be serving, if any? Frozen Pizzas		
	☐ 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? All open hours		
42.	What hours, if any, will food service <u>not</u> be available?NONE		
43.	Indicate any other product/service offered.		
44.	Will your establishment have a kitchen manager?		
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.			

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? 2-3
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?
	Mo □ 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:
	What percentage of your advertising budget do you anticipate will be related to food? <u>5%</u>
	What percentage of your advertising budget do you anticipate will be drink related? 95%
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 MY 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

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