LICLIB-2017-00450 A=13 P305



## 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> 1.	If needed, a qualified interpreter can be provided at no charge to you. Would you like an interpreter?  Yes (language:
	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, $20 18$ .
3.	List the name of your Loole Proprietor, Deartnership, Corporation/Nonprofit Organization of Limited Liability Company exactly as it appears on your State Seller's Permit.
4	Trade Name (doing business as) Edo ASIAN (U/SINE
4.	Trade Name (doing business as)
5.	Address to be licensed 532 5 Park St Madison W1 53/15
6.	Address to be licensed 532 5 park St Madison WI 53715  Mailing address 532 5 park St Madison WI 53715
7.	Anticipated opening date 5 10/20/7
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)
<b>Sec</b> 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.
	All alcoholis Stoned in the storage room and bar only. Alcoholis Sold at bar and living room and
	The Know.

	☐ Attach a floor plan, no larger than 8 ½ by 14, showing the space described above.  Applicants for on-premises consumption: list estimated capacity
	Describe existing parking and how parking lot is to be monitored.
10.	Street parking for Customers.
14.	Was this premises licensed for the sale of liquor or beer during the past license year?
	□ No □Yes, license issued to _ Pwifing LLC(name of licensee)
15.	Attach copy of lease.
This Sole	tion C—Corporate Information section applies to corporations, nonprofit organizations, and Limited Liability Companies only. proprietorships and partnerships, skip to Section D.
16.	Name of liquor license agent Ping Wang  City, state in which agent resides Malison
18.	How long has the agent continuously resided in the State of Wisconsin? _ , \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
19.	Appointment of agent form and background check form are attached.
20.	Has the liquor license agent completed the responsible beverage server training course?
	☐ No, but will complete prior to ALRC meeting Yes, date completed
21.	State and date of registration of corporation, nonprofit organization, or LLC.
22.	In the table below list the directors of your corporation or the members of your LLC.  ☐ Attach background check forms for each director/member.
	Title Name City and State of Residence  Onembers BIN 2 how 513 & Brooks & Madison W. B. Brooks
	Title Name City and State of Residence  Phembers BIN, 2hour 513 & Brooks & Madison Wi 53715
23.	Registered agent for your corporation or LLC. This is your agent for service of process, notice or demand required or permitted by law to be served on the corporation. This is not necessarily the same as your liquor agent.
	- The tours

24.	Is applicant a subsidiary of any other corporation or LLC?
	No L 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 Dine-in and Take out Sushi
	Restaurant
28.	Hours of operation 10:30 Am-10:30 PM Monday to Sun
	•
29.	
	in the restaurant Industry for 5 years. Developed
	Well understanding of restaurant operation.
30.	List names of managers below, along with city and state of residence.
	fing Wang (Manager)
	Bin Zhon (Manager)
31.	Describe staffing levels and staff duties at the proposed establishment
	Owner (Ping Wang) Will be onsite everyday, along with
	one or two wait staff present depending on business.
32.	Describe your employee training All employees undergo
	10 hour training before put on floor. Training includes.
	drinking age limit, thuck ID, restaurant dish recognition,
	restaurant rules and procedures.

33.	Utilizing your market research, describe your target market.
	Our target Market are families and UW
	Students living in the neighborhood.
34.	
	Flyers/munus will be mailed out only.
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 off p	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? 23 - 60  What type of food will you be serving, if any? Sushi & Territals.
39.	What type of food will you be serving, if any? Sughi & Veriyaki □ Breakfast □ Brunch □ Lunch □ Dinner
	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? 10:30 Am to 10:30 Pm
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?2
	How many wait staff do you anticipate will be employed at your establishment?
	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
	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?
	What percentage of your advertising budget do you anticipate will be drink related? No ne
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:
	Martin Ma
58.	
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. ☐ 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 $\boxdot$ 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