OF THE PROPERTY OF	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>Sec</b> 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_18
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.
	Arts & Literature Laboratory, Inc.
4.	Trade Name (doing business as) Arts + Literature Laboratory
5.	Address to be licensed 2021 Winnebago Street, Madison, WI 53704
6.	Mailing address 2021 Winnebago Street, Madison, WI 53704
7.	Anticipated opening date Already open (January 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)
	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.  Beer would be sold within the main floor area, which is made up of three gallery areas
	and a library/writing room. Beer would most likely be stored in the basement. Records
	will be stored in the basement or main level storage area.

11.	Attach a floor pla	an, no larger than 8 ½ by	/ 14, showing the space described	d above.		
12.	Applicants for on-p	remises consumption:	ist estimated capacity Approx. 20	00		
13.	Describe existing p	parking and how parking	lot is to be monitored.			
	Lease of this building does not include public parking. A small parking area for two vehicles					
	belongs to the bui	lding owner and is only a	used by staff and for unloading/loa	ading equipment		
11	belongs to the building owner and is only used by staff and for unloading/loading equipment.					
14.	Was this premises licensed for the sale of liquor or beer during the past license year?					
	☑ No ☐ Yes, lic	cense issued to		_ (name of licensee)		
15.	Attach copy of I	ease.				
This			ganizations, and Limited Liability ection D.	Companies only.		
16.	Name of liquor lice	nse agent <u>Jolynne Ro</u>	orda			
17.	City, state in which	agent resides Madisor	n, WI			
18.	How long has the a	agent continuously reside	ed in the State of Wisconsin? _5 y	ears 10 months		
19.	Appointment of agent form and background check form are attached.					
20.	Has the liquor license agent completed the responsible beverage server training course?					
	er		ting ☐ Yes, date completed	~		
21.	. State and date of registration of corporation, nonprofit organization, or LLC.					
	WI 01/08/2016					
22.	M Attach backgrou	ist the directors of your countries and check forms for each		ır LLC.		
	Title	Name	City and State of Residence			
	President	Jolynne Roorda	Madison, WI			
	Vice-President	Rita Mae Reese	Madison, WI			
	Treasurer	Alexandra Demet	Madison, WI			
	Secretary	Angela Voras-Hills	Milwaukee, WI			
	Board Member	Max Puchalsky	Madison, WI			
	Board Member	Genia Daniels	Madison, WI			
	Board Member	Bridget Birdsall	Madison, WI			
23.	Registered agent for demand required or same as your liquor Jolynne Roorda	permitted by law to be s	C. This is your agent for service of served on the corporation. This is	of process, notice or not necessarily the		

<b>Z4</b> .	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			
26.	What type of establishment is contemplated? □ Tavern □ Nightclub □ Restaurant □ Liquor Store □ Grocery Store			
	☐ Convenience Store without gas pumps ☐ Convenience Store with gas pumps			
	Other Nonprofit Art Center			
27.	Business description Arts + Literature Laboratory is a nonprofit community arts organization			
	that organizes visual arts exhibitions, literary arts programs, performing arts events, artist			
	and writer professional development programs, and collaborative projects for the benefit of			
	the greater Madison community.			
28.	Hours of operation _ Gallery hours Tues-Sat: 11am-3pm; and during scheduled events			
29.	Describe your management experience Jolynne Roorda managed the original Arts + Literature			
	Laboratory from 2003-2006 in New Haven, CT, and also has experience as a PR Director			
	for Creative Arts Workshop, and past restaurant management experience.			
30.	List names of managers below, along with city and state of residence.			
	Jolynne Roorda Madison, WI			
31.	Describe staffing levels and staff duties at the proposed establishment			
	Typical events are staffed by one or two volunteers, with higher numbers for larger events.			
	Staff set up and monitor events. Designated staff will be assigned to serve beer.			
32.	Describe your employee training Staff is currently trained on site by working with board			
	members or other experienced staff. All servers will take the online server training course.			

33.	Utilizing your market research, describe your target market.		
	ALL serves visual, literary and performing artists, as well as the public. The majority of our		
	participants are between the ages of 25 and 65+ with demographics similar to that of Dane Co.		
34.	Describe how you plan to advertise and promote your business. What products will you be advertising?		
	We promote exhibitions, readings, workshops, performances, calls for artists, and other		
	arts programs via social media, email newsletter, and our website. We also distribute		
	print materials and press releases.		
35.	Are you operating under a lease or franchise agreement? ■ No □ Yes		
36.			
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?		
	Performances include small theatrical productions (readings), modern dance and music.		
38.	What age range do you hope to attract to your establishment? 25-65+		
39.	What type of food will you be serving, if any? None ☐ Breakfast ☐ Brunch ☐ Lunch ☐ Dinner		
40.	Submit a sample menu if applicable. What will be included on your operational menu? N/A ☐ Appetizers ☐ Salads ☐ Soups ☐ Sandwiches ☐ Entrees ☐ Desserts ☐ Pizza ☐ Full Dinners		
41.	During what hours of operation do you plan to serve food? N/A		
42.	What hours, if any, will food service <u>not</u> be available? <u>N/A</u>		
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?0		
	During what hours do you anticipate they will be on duty? N/A		
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? None □ 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?0			
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?			
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. □ 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			