

Liquor/Beer License Application

City of Madison Clerk 210 MLK Jr Blvd, Room 103 Madison, WI 53703

(Agenda Item Num	ber)
(Legistar file numbe	er)
LICUB-201	9-00572
(License number)	
17	520
(Alder District #)	(Police Sector)
Office	Jse Only

	s A: Beer, Liquor, Cider Madison, WI 53703
Clas	S B: ☑ Beer, ☑ Liquor, ☐ Class C Wine ☐ Class C Wine ☐ Iicensing@cityofmadison.com ☐ 608-266-4601
Sec	tion A – Applicant
1.	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. Am Park Hospitality, LLC
	Ant Fark Hospitality, LEO
2.	Trade Name (doing business as) Madison Cambria Suites
3.	Address to be licensed 5045 Eastpark Blvd., Madison, WI 53718
4.	Mailing address 5020 Voges Road, Madison, WI 53718
5.	Anticipated opening date Under Applicant, early August 2019
6.	Is the applicant an employee or agent of, or acting of behalf of anyone except the applicant named in question 3?
	☑ No ☐ Yes (explain)
7.	Does another alcohol beverage licensee or wholesale permitee have interest in this business? \square No \square Yes (explain)
Soc	tion B—Premises
8.	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. Premise: restaurant and lounge. Alcohol served in bar, restaurant area, meeting rooms, lobby and outdoor patios. Guests may take alcohol to their rooms and order it via room service.
	and outdoor patios. Guests may take alcohol to their rooms and order it via room service.

Э.	Applicants for on-	oremises consumption or	nly. Estimated capacity (patrons and employees):		
	Indoor: 40	Outdoor:	·		
10.	. Describe existing p	parking and how parking	lot is to be monitored.		
	Surface parking, exclusiv	ve to the hotel, is located to the no	rth, east, and south of the hotel building, with an entrance/exit located at		
	the northeast corner of t	he lot, which entrance/exit connect	ts with Eastpark Blvd., and an entrance/exit point at the south end of elot is illuminated in conformity with code.		
11.	Was this premises	licensed for the sale of li	quor or beer during the past license year?		
	□ No 😡 Yes, li	cense issued to <u>Madisor</u>	CS Hospitality LLC (name of licensee)		
This	ction C—Corporat s section applies to c y. Sole proprietorshi	te Information corporations, nonprofit or ps and partnerships, skip	ganizations, and Limited Liability Companies to Section D.		
12.	Name of liquor lice	nse agent <u>Aaron Rueng</u>	pinyophun		
13.		agent resides <u>McFarlan</u>			
14.	How long has the a	gent continuously reside	d in the State of Wisconsin? 3 years		
15.					
			ting		
16.			n, nonprofit organization, or LLC.		
	Wisconsin	•	, was to digamization, of LEC.		
17.	In the table below I	ist the directors of your	corporation or the members of your LLC.		
	Title	und check forms for each Name	director/member.		
	Member	Nathan Richmond	City and State of Residence		
	Member				
	Managing Member	Aaron Ruengpinyophun			
	see Addendum A	Coris Development Group, LLC	Madison, Wisconsin		
18.	motice of defination te	r your corporation or LLC equired or permitted by l e as your liquor agent.	C. This is your agent for service of process, aw to be served on the corporation. This is not		
	Coris Development,				
19.	Is applicant a subsid	diary of any other corpor	ation or LLC?		
			oup, LLC holds a 73% membership interest in the applicant.		
	Does the corporation	n, any officer, any directo	or, any stockholder, liquor agent, LLC, any n any other alcohol beverage license or permit		
	☑ No ☐ Yes (ex	plain)			

	tion D—Bus What type of □ Tavern	establishmer		olated? urant 🏻 Liqu	uor Store □	l Grocery St	core
	\square Convenience Store without gas pumps \square Convenience Store with gas pumps						
	☑ Other Re	staurant and I	ounge and ro	om service serv	ing hotel gues	sts and meeti	ng attendees
22.	Private orgar "invidious" (I origin? N	ikely to give	os): Do your offense) disc	membership po rimination in re	olicies contain gard to race,	any require creed, color	ment of , or national
23.	Hours of ope	ration: please	e enter openi	ng and closing	times in the t	able below.*	,
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	-	-	-	-	-	-	-
	(Class B on	ly) Enter belo	ow any hours	when food ser	vice will not b	e available,	if applicable
	-	-	-	-	-	-	-
						*See	Addendum A
This (con	sumption off	es to Class B premises) ma	and Class C ay skip to Se	applicants only. ction F.			
							siness of short term lodgi
25.	and alcohol be classified as	peverage sale "Food.") New	s broken dov establishme	ohol must subs vn by percentag nts estimate pe Food	ge. (Note: No ercentages:		
	If applicable,	describe "Ot	her": <u>See <i>F</i></u>	Addendum A		-10 Mar Mary - 2	
	Do you have You may be	written recor required to sı	ds to docum ubmit docum	ent the percent entation verifyi	ages shown? ng the percen	□ No E ntages indica	☑ Yes ted.
26.	Do you plan	to have live ϵ	entertainmen	t? ☑ No 🛚	Yes—what ki	ind?	
				music (except : ntertainment Li		, a DJ, or a	designated
Sec 27.		that liquor/b	eer license r	ilings enewal applicat ∕granted. □ N		April 15 of e	very year,
28.		that I am regg. D No		st an informatio	n session at l	east one we	ek before the
29.				this location to sion. 🗖 No 🏻	discuss my a 🛚 Yes	pplication ar	nd to invite

30	. I agree to contact the Police Department District Captain for this location prior to the ALRC meeting. □ No 図 Yes
31	. I agree to contact the Deputy Clerk prior to the ALRC meeting. \square No \square Yes
	. I agree to contact the neighborhood association representative prior to the ALRC meeting. \square No \square Yes *See Addendum A
33	I intend to operate under the alcohol license within 90 days of the Common Council granting this license. The license shall be considered surrendered if not issued within 90 days of being granted. □ No ☑ Yes
34.	I understand we must file a Special Occupational Tax return (TTB form 5630.5) before beginning business. [phone 1-800-937-8864] \square No \square Yes
35.	I understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in question 1, above. [phone $608-266-2776$] \square No \square Yes
36.	Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? \square No \square Yes
Se	ction G—Information for Clerk's Office
37.	This application is for the license period ending June 30, 2020
38.	State Seller's Permit 4 5 6 - 1 0 3 0 4 0 1 4 5 7 - 0 4
	Federal Employer Identification Number <u>84-2023352</u>
40.	Who may we contact between 8 a.m. and 4:30 p.m. regarding this license?
	Contact person <u>Aaron Ruengpinyophun</u>
	Business phone 773-615-0726 Business e-mail address realtoraaron608@gmail.com
	Preferred language English
	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.
41.	Corporate attorney, if applicable: Name <u>Josh C. Kopp, Esq., von Briesen & Roper, s.c.</u>
	Phone 608-661-3967 E-mail jkopp@vonbriesen.com

Monday) to get on the agenda for the proce must be accompanied by the following item		completed application
(email)	ess Tax Registration Certificate), 🛛 Appointment of	f Agent (if Corp/LLC).
Member background investigation forms	i, ⊠ Articles of Incorporation (if Corp/LLC), ⊠ Floo	or Plans.
Copy of Lease X Business Plan, and X	Sample Menu (if applying for Class B license)	
If required items are missing, the applicatio Office until all requirements are submitted.	n will not be considered complete and will not be acc No exceptions are made.	cepted by the Clerk's
been truthfully completed to the best of the to law, and that the rights and responsibiliti	nalty provided by law, the applicant states that the a knowledge of the signer. Signer agrees to operate the es conferred by the license(s), if granted, will not be emises during inspection will be deemed a refusal to for revocation of this license.	the business according assigned to another.
Penalty for materially false application inform on this application may be required to forfel	mation: Any person who knowingly provides material to not more than \$1,000. $6 - 13 - 19$ Tole Proprietor) $(Date)$	nlly false information
(Officer of Corporation/Member of LLC/Partner/S	fole Proprietor) (Date)	MANAGE SETTING
, , , , , , , , , , , , , , , , , , , ,		
Clerk's Office checklist for complete a	innlications	AND
A consistency of the state of t	☐ Background investigation form(s)	☐ Floor Plans
☐ WI Seller's Permit Certificate (matching articles of	☐ Form for surrender of previous license	☐ Lease
incorporation)	□ *Articles of Incorporation	☐ Business Plan
□ FEIN .	□ *Appointment of Agent	☐ **Sample Menu
☐ Written description of premises	* Corporation/LLC only	** Class B only
Upon Application Submission, the	Clerk's Office issued to the application:	
☐ Orange sign ☐ Orange business		
	in the City of Madison" brochure with contact	information
Date complete application filed with Clerk's		
	ate license granted by Common Council	
Date provisional issued Da		

Addendum A to Liquor/Beer License Application

Applicant Name:

Am Park Hospitality, LLC

Address to Be Licensed:

5045 Eastpark Blvd., Madison, WI 53718

Item No. 17: *Applicant member Coris Development Group, LLC has two members: (i) Kristopher Sturman, Sun Prairie, Wisconsin; and (ii) Cory Sturman, Sun Prairie, Wisconsin.

Item No. 23:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Breakfast	6:00 -	6:00 -	6:00 - 10:00	6:00 -	6:00 -	6:00 -	6:00 -
	10:00	10:00	AM	10:00 AM	10:00	10:00	10:00
	AM	AM			AM	AM	AM
Dinner	5:00 -	5:00 -	5:00 - 10:00	5:00 -	5:00 -	5:00 -	5:00 -
	10:00	10:00	PM	10:00 PM	10:00	10:00	10:00
	PM	PM			PM	PM	PM

Item No. 25:

	Percentages Based	Upon Total Operations
Alcohol	Food	Lodging/Meetings
2.20%	2.90%	94.90%
	Percentages Based Upo	n Food and Beverage Sales
Alcohol	Food	
43.20%	56.80%	

Item No. 32: *Contact will not be made with a neighborhood association because no neighborhood association exists relative to the premises.

Business Plan

I. <u>General</u>

The premises is an existing, full-service hotel owned by Madison CS Hospitality LLC ("CS Hospitality") and operating under the Cambria Suites name. The Applicant and CS Hospitality have executed a letter of intent pursuant to which the Applicant will acquire title to the premises and the assets of CS Hospitality. Accordingly, the principal business of the Applicant will be the provision of short-term, full-service lodging to travelers, tourists, and visitors to the Madison area, and as a full-service hotel, the Applicant will provide on-site food and beverage service, as well as meeting and conference services and facilities. Food and