

## Liquor/Beer License **Application**

City of Madison Clerk 210 MLK Jr Blvd, Room 103

| Class A: |  | Beer, |  | iquor, |  | Cider |
|----------|--|-------|--|--------|--|-------|
|----------|--|-------|--|--------|--|-------|

Madison, WI 53703 licensing@cityofmadison.com 608-266-4601

| (Age       | nda Item  | n Numb   | er)     |         |  |
|------------|-----------|----------|---------|---------|--|
| (Legi      | star file | numbe    | r)      |         |  |
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| (Lice      | nse num   | ber)     |         |         |  |
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| <br>(Alde  | r Distric | <u>/</u> | (Poli   | e Secto | <u>)                                    </u> |
| V          |           | ice U    |         |         | •  |

| <b>Sec</b><br>1. | tion A - Applicant  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.  LAURA GARDEN LLC  |
|------------------|--|
| 2.               | Trade Name (doing business as) Koi Sushi   |
| 3.               | Address to be licensed 502 State Street, Mudison 5370  |
| 4.               | Mailing address 502 State Street Madison 53703   |
| 5.               | Mailing address 502 State Street, Madison 53703  Anticipated opening date Already open for business; adding liquor  To the applicant an employee or agent of or acting of behalf of appending the applicant of or acting of behalf of appending the applicant of or acting of behalf of appending the applicant of or acting of behalf of appending the applicant of or acting of behalf of appending the applicant of or acting of behalf of appending the applicant of or acting of behalf of appending the applicant of or acting of behalf of appending the applicant of or acting of behalf of appending the applicant of or acting of behalf of appending the applicant of or acting of behalf of appending the applicant of or acting of behalf of appending the applicant of or acting of behalf of appending the applicant of or acting of the applicant of or acting of behalf of appending the applicant of the |
| 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?   ✓ No ☐ Yes (explain)  |

## **Section B—Premises**

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.

| please see supplement, attached                         |
|---|
| Liquor will be stored behind bur, All other             |
| elements of operation remain the same as previously     |
| presented for current license authorizing wine and beer |
| Consumption.  |
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| 9.   | . Applicants for on-premises consumption only. Estimated capacity (patrons and employed  |  |  |  |  |  |
|------|--|--|--|--|--|--|
|      | Indoor: Outdoor:   |  |  |  |  |  |
| 10.  | Describe existing parking and how parking lot is to be monitored.  |  |  |  |  |  |
|      | No private on-site parting offered.  |  |  |  |  |  |
|      | No private, on-site parking offered.  Public parking, on street or municipal structure   |  |  |  |  |  |
| 11.  | Was this premises licensed for the sale of liquor or beer during the past license year?  |  |  |  |  |  |
|      | □ No □ Yes, license issued to <u>Lavra Garden LLC</u> (name of licensee)   |  |  |  |  |  |
| This | tion C—Corporate Information section applies to corporations, nonprofit organizations, and Limited Liability Companies . Sole proprietorships and partnerships, skip to Section D.   |  |  |  |  |  |
| 12.  | Name of liquor license agent Xi Wang Fillion   |  |  |  |  |  |
| 13.  | Name of liquor license agent <u>Xi Wang Fillion</u> City, state in which agent resides <u>Madison Wisconsin</u>  |  |  |  |  |  |
|      | How long has the agent continuously resided in the State of Wisconsin? $3 \mu ears$  |  |  |  |  |  |
|      | Has the liquor license agent completed the responsible beverage server training course?  |  |  |  |  |  |
|      | $\square$ No, but will complete prior to ALRC meeting $\square$ Yes, date completed $20/6$   |  |  |  |  |  |
| 16.  | State and date of registration of corporation, nonprofit organization, or LLC.  11/7/16  |  |  |  |  |  |
| 17.  | In the table below list the directors of your corporation or the members of your LLC.  Attach background check forms for each director/member. Already 506 mitted  Title Name City and State of Residence  Owner Xi Wing Filian Madison WI |  |  |  |  |  |
|      |  |  |  |  |  |  |
| 18.  | 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.             |  |  |  |  |  |
| 19.  | Is applicant a subsidiary of any other corporation or LLC?   |  |  |  |  |  |
|      | 内 No 口 Yes (explain)   |  |  |  |  |  |
| 20.  | 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) Class A License at 1403 Regent St.  |  |  |  |  |  |

| Section D—Business Plan 21. What type of establishment is contemplated?  ☐ Tavern ☐ Nightclub ☐ Restaurant ☐ Liquor Store ☐ Grocery Store |   |                        |              |                         |                 |                   |  |
|---|---|------------------------|--------------|-------------------------|-----------------|-------------------|--|
|   | $\square$ Convenience Store without gas pumps $\square$ Convenience Store with gas pumps  |                        |              |                         |                 |                   | ımps   |
|   | □ Other   |                        |              |                         | -               |                   | and the state of t |
|   | 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? $\square$ No $\square$ Yes   |                        |              |                         |                 |                   |  |
| 23.   | Hours of operation: please enter opening and closing times in the table below, #3 F+5  Hours represent extension of auvient license; #2 hrs M-Tr  Sunday Monday Tuesday Wednesday Thursday Friday Saturday  |                        |              |                         |                 |                   | 13 + 15<br>vs M-Tr<br>Saturday   |
|   |   |                        |              |                         |                 |                   |  |
|   |   |                        |              | 11A - 12A               |                 |                   |  |
|   | (Class B on   | <i>ly) Enter bel</i> d | ow any hours | when food ser           | vice will not b | pe available,<br> | if applicable  |
|   | -   | -                      | -            | -                       |                 | _                 | -  |
| (cor. 24. 25.   | Indicate any other product/service offered.    All restaurants and taverns serving alcohol must substantiate their gross receipts for food and alcohol beverage sales broken down by percentage. (Note: Non-alcoholic drinks are classified as "Food.") New establishments estimate percentages:  12 % Alcohol % Food % Other  If applicable, describe "Other":  Do you have written records to document the percentages shown?  No    Yes You may be required to submit documentation verifying the percentages indicated. |                        |              |                         |                 |                   |  |
| 26.   | If planned entertainment includes live music (except solo acoustic), a DJ, or a designated dance floor, please also complete an Entertainment License.  |                        |              |                         |                 |                   |  |
|   | Section F—Required Contacts and Filings  27. I understand that liquor/beer license renewal applications are due April 15 of every year, regardless of when license was initially granted. □ No ☒ Yes  |                        |              |                         |                 |                   |  |
| 28.   | . I understand that I am required to host an information session at least one week before the ALRC meeting. $\square$ No $\not\!$   |                        |              |                         |                 |                   |  |
| 29.   |   |                        |              | this location to $\Box$ |                 | pplication an     | nd to invite   |

| 30. | I agree to contact the Police Department District Captain for this location prior to the ALRC meeting. $\square$ No $\not \square$ Yes   |
|-----|--|
| 31. | I agree to contact the Deputy Clerk prior to the ALRC meeting. $\square$ No $\cancel{ u}$ Yes  |
|     | I agree to contact the neighborhood association representative prior to the ALRC meeting. $\square$ No $\square$ Yes   |
| 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. $\Box$ No $\overset{\bullet}{\square}$ 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 $\bowtie$ 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   |
| 36. | Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? No $\square$ Yes  |
| Sec | tion G—Information for Clerk's Office  |
| 37. | This application is for the license period ending June 30, $20\underline{20}$ .  |
| 38. | State Seller's Permit 4 5 6 - 1 0 29 29 1 5 68 - 02  |
| 39. | Federal Employer Identification Number 814134633   |
| 40. | Who may we contact between 8 a.m. and 4:30 p.m. regarding this license?  Contact person Xi Wang Filian  Business phone 608-338-5502 Business e-mail address lavrafilian 17 a gmail.  |
|     | Business phone 608-338-5502 Business e-mail address lauratilian 17 a gmoil.  Preferred language Chinese - English  |
|     | 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. |
| 41. | Corporate attorney, if applicable: Name  |
| * 4 | Phone F-mail   |

|   | y noon of the third Monday (fourth, if the Clerk's off<br>seeding months Alcohol License Review Committee.<br>ms:  |   |
|---|--|---|
| Member background investigation form  | ness Tax Registration Certificate), D Appointment<br>ns, Articles of Incorporation (if Corp/LLC), A Flo<br>Sample Menu (if applying for Class B license)   |   |
| If required items are missing, the applicati<br>Office until all requirements are submitted   | on will not be considered complete and will not be a . No exceptions are made.   | ccepted by the Clerk's  |
| been truthfully completed to the best of th<br>to law, and that the rights and responsibility   | enalty provided by law, the applicant states that the<br>e knowledge of the signer. Signer agrees to operate<br>ties conferred by the license(s), if granted, will not be<br>remises during inspection will be deemed a refusal to<br>Is for revocation of this license. | the business according one assigned to another.               |
| Penalty for materially false application info<br>on this application may be required to forfe<br>(Officer of Corporation/Member of LLC/Partner/ | 07-08-   |   |
| Clerk's Office checklist for complete   | applications   |   |
| WI Seller's Permit Certificate (matching articles of incorporation) FEIN Written description of premises  | <ul> <li>Background investigation form(s)</li> <li>Form for surrender of previous license</li> <li>★Articles of Incorporation</li> <li>★Appointment of Agent</li> <li>* Corporation/LLC only</li> </ul>  | Floor Plans Lease Business Plan **Sample Menu ** Class B only |
| □ Orange sign □ Orange busines  | Clerk's Office issued to the application: as card e in the City of Madison" brochure with contact  | information   |
| Date complete application filed with Clerk  |  |   |
|   | ate license issued   |   |