



City of Madison Liquor/Beer License Renewal

→ Clerk's Office Liaison: Camille, co'connell2@cityofmadison.com
coconnell@cityofmadison.com

Deadline: In Clerk's Office by 4 p.m. April 15, or postmarked by April 15

On-Premises Consumption: ☒ Class B Beer ☒ Class B Liquor ☐ Class C Wine

Off-Premises Consumption: ☐ Class A Beer ☐ Class A Liquor ☐ Class A Cider

1. Preferred language for correspondence from the City Clerk's Office English
2. Name of Sole Proprietor, Partnership, Corporation or LLC
Hayes Place LLC
3. Trade Name (doing business as) Hayes Place
4. Licensed Address 1145 N Sherman Ave, Madison WI
5. State Seller's Permit 4 5 6 - 1 0 3 0 7 0 3 1 9 9 - 0 2
6. Federal Employer Identification Number (FEIN) 80-3685684
7. Do you understand that you must purchase alcohol beverages only from Wisconsin wholesalers, breweries, and brewpubs? ☒ Yes ☐ No
8. Do you understand that alcohol invoices must be kept at the licensed premises for two years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
9. Since filing of last application, has the named licensee or any other person affiliated with this license (partner, member, officer, director, manager or liquor/beer agent) been **convicted** of **any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, Wisconsin laws, any laws of other states, or ordinances of any county or municipality?
☐ Yes (If yes, complete convictions supplement) ☒ No
10. Are any **charges** for **any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license (partner, member, officer, director, manager or liquor/beer agent)?
☐ Yes (If yes, complete pending charges supplement) ☒ No
11. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee?
☐ Yes ☐ No ☒ Taxes are not filed yet, but will include this profit/loss when filed
12. Areas where alcohol beverages are sold/permitted, including outdoor seating, if applicable.
Alcohol is sold at bar area and consumed onsite in event area
13. Areas where alcoholic beverages are stored Alcohol is stored behind bar.

14. **Class B establishments:** estimated percentage of gross sales for liquor/beer vs. food business

_____ % Alcohol _____ % Food _____ % Other

15. **Class B establishments** Please list your lowest approved capacities for each category that apply:

Indoor: 125 Outdoor: 0 Other (Type and #): _____
(Such as Badger Football, upper level, etc.)

16. **Entertainment:**

- (a) Do you offer or allow live music performances (excluding solo acoustic)? ☐ Yes ☒ No
(b) Do you have a designated dance floor area? ☐ Yes ☒ No
(c) Do you offer or allow the use of a disc jockey? ☒ Yes ☐ No

If you answered yes to any of the above questions, please complete an Entertainment License application.

17. **Establishments that currently hold and 21+ or 18+ Entertainment Licenses:**

Please also complete the Entertainment License Renewal Form and submit with this form.

18. **Corporation/LLC:** Name of Liquor/Beer Agent Connie Jones

19. **Corporation/LLC:** City and state in which Agent resides Madison WI

20. **Corporation/LLC:** Is this Liquor/Beer Agent listed on your current license?

☒ Yes ☐ No (If no, file Change of Agent application)

21. **Corporation/LLC:** List names of all officers/members, along with city and state of residence.

Connie Jones, 2005 Anvil Ln, Madison WI

22. List names of managers, along with their city and state of residence.

Dwight Hayes, 2005 Anvil Ln, Madison WI

23. Connie Jones
Who to contact 8 a.m. - 4:30 p.m. regarding problems with application

608-295-1094
Phone Number

Hayesplacevents@gmail.com
E-mail Address

24. Does the name on your Wisconsin Seller's Permit exactly match the name on your liquor/beer license?

☒ Yes ☐ No Connie Jones

25. Are you indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No

X

Connie Jones

Signature of Officer/Member/Partner/Sole Proprietor

3-24-25

Date

Clerk's Office: Date Filed/Postmarked _____

☐ Filed Timely

☐ Filed Late (\$250 Late Filing Fee)