



Liquor/Beer License Application

City of Madison Clerk
210 MLK Jr Blvd, Room 105
Madison, WI 53703

licensing@cityofmadison.com
608-266-4601

Class A: ☐ Beer, ☐ Liquor, ☐ Cider
Class B: ☒ Beer, ☒ Liquor,
☐ Class C Wine

(Agenda Item Number)

(Legistar file number)

LICLIB-2025-00882
(License number)

17-Madison 518
(Alder District #) (Police Sector)
Office Use Only

Section 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.
Welcome Hotels, Inc
- Trade Name (doing business as) EconoLodge
- Address to be licensed 4726 E. Washington Ave, Madison, WI, 53704
- Mailing address 4726 E. Washington Ave, Madison, WI, 53704
- Anticipated opening date 10/15/25
- Is the applicant an employee or agent of, or acting of behalf of anyone except the applicant named in question 1?
☐ No ☒ Yes (explain)
Managing Director
- Does another alcohol beverage licensee or wholesale permittee 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 receipts. Alcohol beverages may be sold and stored only on the premises as approved by Common Council and described on license.
Ownership would like to establish a marketplace where guests can enjoy a wider selection of fresh and healthy food and beverage options. The current vending machines are outdated, poorly maintained, and often stocked with expired or less-than-fresh items. All alcoholic beverages will be securely stored and managed at the front desk in the main lobby, where guests may purchase them. Staff will receive training on these procedures, including enforcing the designated cut-off time for alcohol sales and refusing further purchases in cases of misuse.

9. *Applicants for on-premises consumption only.* Estimated capacity (patrons and employees):

Indoor: ~~N/A~~ 75 Outdoor: N/A

10. Describe existing parking and how parking lot is to be monitored.

Refer to the last page for an aerial view of the property. The hotel operates a 24-hour front desk with camera surveillance.

Both interior and exterior corridors are continuously monitored, and the parking lot is well-lit, ensuring excellent visibility.

11. Was this premises licensed for the sale of liquor or beer during the past license year?

☒ No ☐ Yes, license issued to _____ (name of licensee)

Section C—Corporate Information

This section applies to corporations, nonprofit organizations, and Limited Liability Companies only. Sole proprietorships and partnerships, skip to Section D.

12. Name of liquor license agent Kishan Patel

13. City, state in which agent resides Sun Prairie, WI

14. How long has the agent continuously resided in the State of Wisconsin? 2008

15. Has the liquor license agent completed the responsible beverage server training course?

~~☒~~ No, but will complete prior to ALRC meeting ☒ Yes, date completed 9/8/25

16. State and date of registration of corporation, nonprofit organization, or LLC.

Wisconsin - 2007

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.

Title	Name	City and State of Residence
President	Dharmendra J. Patel	Sun Prairie, WI
Treasurer	Kiran J. Patel	Sun Prairie, 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.

Dharmendra Patel

19. Is applicant a subsidiary of any other corporation or LLC?

☐ No ☒ Yes (explain) (Part Owner/Member of Pinnacle Hospitality, Inc)

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) _____

21. What type of establishme

☐ Tavern ☐ Nightclub ☐ Restaurant ☐ Liquor Store ☐ Grocery Store

☒ Other Hotel

origin? ☒ No ☐ Yes

23. Hours of operation: please enter opening and closing times in the table below.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
9AM - 9PM	9AM - 9PM	9AM - 9PM	9AM - 9PM	9AM - 9PM	9AM - 9PM	9AM - 9PM
<i>(Class B only) Enter below any hours when food service will not be available, if applicable</i>						
-	-	-	-	-	-	-

Section E—Consumption on Premises

This section applies to Class B and Class C applicants only. Class A license applicants (consumption off premises) may skip to Section F.

24. Indicate any other product/service offered. N/A

5 % Alcohol 95 % 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. Do you plan to have live entertainment? ☒ No ☐ Yes—what kind?

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

regardless of when license was initially granted. ☐ No ☒ Yes

ALRC meeting. ☐ No ☒ Yes

the Alderperson to my information session. ☐ No ☒ Yes

- ## Section G—Information for Clerk’s Office

- Contact person Kishan Patel
- Business phone (608) 338-7721 Business e-mail address MadisonEconoLodge@gmail.com
- Preferred language English

☐ 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)

☐ 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.

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NOTICE: Completed application are due by noon of the third Monday (fourth, if the Clerk's office is closed on the third Monday) to get on the agenda for the proceeding months Alcohol License Review Committee. A completed application **must** be accompanied by the following items:

- ☐ Copy of State Seller's Permit (Not Business Tax Registration Certificate), ☐ Appointment of Agent (if Corp/LLC),
☐ Member background investigation forms, ☐ Articles of Incorporation (if Corp/LLC), ☐ Floor Plans,
☐ Copy of Lease, ☐ Business Plan, and ☐ Sample Menu (if applying for Class B license)

If required items are missing, the application will not be considered complete and will not be accepted by the Clerk's Office until all requirements are submitted. No exceptions are made.

Read carefully before signing: Under penalty provided by law, the applicant states that the above information has been truthfully completed to the best of the knowledge of the signer. Signer agrees to operate the business according to law, and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. Lack of access to any portion of licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

Penalty for materially false application information: Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Kishan K. Patel

(Officer of Corporation/Member of LLC/Partner/Sole Proprietor)

09/07/25

(Date)

Clerk's Office checklist for complete applications

- | | | |
|--|---|--|
| ☐ WI Seller's Permit Certificate (matching articles of incorporation) | ☐ Background investigation form(s) | ☐ Floor Plans |
| ☐ FEIN | ☐ Form for surrender of previous license | ☐ Lease |
| ☐ Written description of premises | ☐ *Articles of Incorporation | ☐ Business Plan |
| | ☐ *Appointment of Agent | ☐ **Sample Menu |
| | * Corporation/LLC only | ** Class B only |

Upon Application Submission, the Clerk's Office issued to the application:

- ☐ Orange sign ☐ Orange business card
☐ "Applying for a Liquor/Beer License in the City of Madison" brochure with contact information

Date complete application filed with Clerk's Office _____

Date of ALRC meeting _____ Date license granted by Common Council _____

Date provisional issued _____ Date license issued _____