

## City of Madison Supplemental Class A License Application

<input type="checkbox"/> Seller's Permit Number <input type="checkbox"/> Federal Employer Identification # <input type="checkbox"/> Notarized Original Application Form <input type="checkbox"/> Notarized Supplemental Form <input type="checkbox"/> Orange Sign (Clerk's Office provides at time of application)	<input type="checkbox"/> Description of Licensed Premise <input type="checkbox"/> *Notarized Appointment of Agent <input type="checkbox"/> Background Investigation Form(s) <input type="checkbox"/> Notarized Transfer of Ownership <input type="checkbox"/> *Articles of Incorporation	<input type="checkbox"/> Floor Plans <input type="checkbox"/> Lease <input type="checkbox"/> Sample Menu <input type="checkbox"/> Business Plan * Corporation/LLC only
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1. Name of Applicant/Partner/Corporation/LLC \_\_\_\_\_

2. Address of Licensed Premise \_\_\_\_\_

3. Telephone Number: \_\_\_\_\_ 4. Anticipated opening date: \_\_\_\_\_

5. Mailing address if not opening immediately \_\_\_\_\_

6. Have you contacted the Alderperson, Police Department District Captain, Alcohol Policy Coordinator, and the neighborhood association representative for the area in which you intend to locate?  Yes  No

7. Are there any special conditions desired by the neighborhood?  Yes  No

Explain. \_\_\_\_\_

8. What type of establishment is contemplated?  Liquor Store  Grocery Store  
 Convenience Store – Gas Pumps  Yes  No  Other—Explain \_\_\_\_\_

9. Business Description: \_\_\_\_\_  
 \_\_\_\_\_

10. Detailed written description of building, including overall dimensions, seating arrangements, capacity, bar size and all areas where alcohol beverages are to be sold and stored. **The licensed premise described below shall not be expanded or changed without the approval of the Common Council.**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

11. Are any living quarters directly or indirectly accessible and under control of the applicant?  Yes  No  
 Please note that alcohol may be sold and stored only on the licensed premise, not in living quarters.

12. Describe existing parking and how parking lot is to be monitored. \_\_\_\_\_  
 \_\_\_\_\_

13. Describe your management experience, staffing levels, duties and employee training.  
 \_\_\_\_\_  
 \_\_\_\_\_

14. Identify the **registered agent** for your Corporation or LLC. This is your corporation's agent for service of process, notice or demand required or permitted by law to be served on the corporation.

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Address

15. Utilizing your market research, who would you project your target market to be?

\_\_\_\_\_

16. Describe how you plan to advertise/promote your business. What products will you be advertising?

\_\_\_\_\_

17. Are you operating under a lease or franchise agreement?  Yes (attach a copy)  No

18. Owner of building where establishment is located: \_\_\_\_\_

Address of Owner: \_\_\_\_\_ Phone Number \_\_\_\_\_

19. 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?  Yes  No

20. List the Directors of your Corporation/LLC

\_\_\_\_\_  
Name Address

\_\_\_\_\_  
Name Address

\_\_\_\_\_  
Name Address

21. List the Stockholders of your Corporation/LLC

\_\_\_\_\_  
Name Address % of Ownership

\_\_\_\_\_  
Name Address % of Ownership

\_\_\_\_\_  
Name Address % of Ownership

**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 this business according to law and that the rights and responsibilities conferred by the license(s), if granted will not be assigned to another. Any lack of access to any portion of a licensed premise during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

Subscribed and Sworn to before me:

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Officer of Corporation/Member of LLC/Partner/Individual)

\_\_\_\_\_  
(Clerk/Notary Public)

My commission expires \_\_\_\_\_

\_\_\_\_\_