

RENEWAL ALCOHOL BEVERAGE LICENSE APPL

JOHN M RAYMOND, AGT
 CONUNDRUM, INC
 1818 N HUBBARD ST
 MILWAUKEE WI 53212

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning 12/21, 2005; ending 12/30
06

TO THE GOVERNING BODY of the CITY OF MILWAUKEE, MILWAUKEE COUNTY
 Aldermanic District No. 6

CHECK ONE: INDIVIDUAL PARTNERSHIP LIMITED LIABILITY COMPANY
 CORPORATION NONPROFIT ORGANIZATION

<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Wholesale beer	\$
<input type="checkbox"/>	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/>	\$
<input type="checkbox"/>	\$
Publication Fee	\$
TOTAL FEE	\$ <u>60.00</u>

Complete A or B. All must complete C.

A. Individual or Partnership:
 Full Name(s) (Last, First and Middle Name) _____ Home Address _____ Post Office & Zip Code _____

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Conundrum Inc. Milw
 Address of Corporation/Limited Liability Company (if different from licensed premises) _____
 All Officer(s), Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company: 4714 W. Calumet Rd. 5322

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>John M. Raymond</u>	<u>1521 Ridgeway Ct. Grafton WI 53024</u>	<u>53024</u>
Vice President/Member	<u>Rebecca Goldberger</u>	<u>1737 N. Park Ave Milwaukee WI 53212</u>	<u>53212</u>
Secretary/Member	<u>Joseph Schmidt</u>	<u>1107 Washington Ave Cedarburg, WI 53012</u>	<u>53012</u>
Treasurer/Member	_____	_____	_____
Agent	<u>John M. Raymond</u>	<u>1521 Ridgeway Ct. Grafton WI 53024</u>	<u>53024</u>

C. 1. Trade Name Conundrum Inc dba Roots Business Phone Number 414-374-8480
 2. Address of Premises 1818 N. Hubbard St. Milwaukee WI Post Office & Zip Code 53024

3. Is agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period?..... Yes No
 4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 1st floor, basement bar + storage

5. Legal description (omit if street address is given above): _____
 6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, ordinances of any municipality? If yes, complete the reverse side Yes No

b. Are 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? If yes, complete the reverse side Yes No
 7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? Yes No

If yes, explain. _____
 8. 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
 If not, explain. _____

9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No
 10. Does the applicant understand a Special Occupational Tax must be paid to the Federal Bureau of Alcohol, Tobacco and Firearms before beginning business? [phone (414) 297-3991] Yes No
 11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant certifies that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the signers assume all responsibilities conferred by the license(s), if granted will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s); member(s)/managers of Limited Liability Companies must sign.)

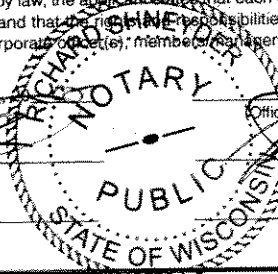
SUBSCRIBED AND SWORN TO BEFORE ME
 This 13th day of October

 (Clerk/Notary Public)

 (Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

 (Officer of Corporation/Member/Manager of Limited Liability Company/Partner)

 (Additional Partner(s)/Member/Manager of Limited Liability Company If Any)



My Commission Expires 9-21-08

COMPLETED BY CLERK:	License number issued	Date license granted
<u>10/13/05</u>	<u>11772</u>	<u>DEC 13 2005</u>

ALCOHOL BEVERAGE CORPORATIONS/LIMITED LIABILITY COMPANY - STATEMENT OF STOCK OWNERSHIP
cc1-124e (4/05)

This statement is required of all corporations or limited liability companies applying for an Alcohol Beverage License in the City of Milwaukee (see Sec. 90-7(2) Milwaukee Code). All persons who individually own 10% or more of the total or voting stock, or proxies for that amount of stock, together with the amount of stock and/or proxies held by each such person or persons, must be listed below. **NOTE: Penalties for submitting false statements or affidavits are provided in Sec. 90-5(2) of the Milwaukee Code.**

Print Legibly or Type

Name of Corporation/LLC Concordia Inc.

Address of Licensed Premises 1818 N. Hubbard St. Milwaukee WI 53074

STOCKHOLDERS

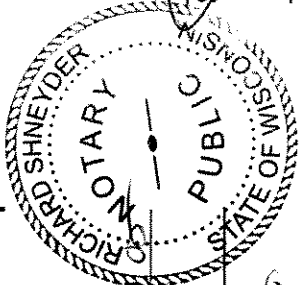
Full Name (First, Middle & Last)	Home Address (Not business or office)	City, State, & Zip	Date of Birth	Percentage of Shares Held
John Michael Raymond	1521 Regency Ct.	Greens WI 53024	03/05/71	20%
Bebecca [No legal middle name] Goldberger	4114 W. Calumet Rd	Milwaukee, WI 53223	11/05/75	20%
Joseph Sommerfield Schmiat	1167 Washington Ave	Cedarburg WI 53012	11/05/71	20%
Phillip James Schmiat	7922 Cedar Creek Rd.	Cedarburg WI 53012	01/04/70	40%

(if more space is required, attach additional sheets in duplicate)

We understand that transfers of stock must be reported to the City Clerk within 10 days after such transfer.

Subscribed and sworn to before me this

13th day of October 2008



[Signature]
Signature of Officer of Corporation/Member of LLC

Notary Public, State of Wisconsin

9-21-08

My Commission expires: 9-21-08 Signature of Officer of Corporation/Member of LLC



CITY OF MILWAUKEE

RENEWAL ALCOHOL BEVERAGE RELATED LICENSES APPLICATION

BUSINESS NAME: Concordia Inc "DBA ROOTS"

BUSINESS ADDRESS: 18

Check the Licenses You Are Applying For:	Fees:	Check the Licenses You Are Applying For:	Fees:
<input type="checkbox"/> Amusement/Cabaret	\$1375.00 \$	<input checked="" type="checkbox"/> Cigarette & Tobacco	\$100.00 \$100.00
<input checked="" type="checkbox"/> Dance	\$225.00 \$225.00	Check Method(s) of Disbursement:	
<input type="checkbox"/> Instrumental Music	\$150.00 \$	<input checked="" type="checkbox"/> Over the Counter and/or <input type="checkbox"/> Vending Machine	
<input type="checkbox"/> Billiard Hall (3 or more pool tables)	\$105.00 \$	<input type="checkbox"/> Pool Tables – How many? ___ x \$35.00 each	\$
<input type="checkbox"/> Bowling Alley-How many? ___ x \$20.00 each	\$	<input type="checkbox"/> Record Spin – No Dancing	\$35.00 \$
6 GAME MACHINES OR MORE ON THE PREMISES		Includes DJs/Karaoke/CD Players	
<input type="checkbox"/> Video Game Center	\$400.00 \$	<input type="checkbox"/> Phonograph/Jukebox Premises	\$50.00 \$
<input type="checkbox"/> If you OWN the games, list how many _____ AND pay an additional \$20.00 for each \$		<input type="checkbox"/> If you OWN the jukebox(es), list how many _____ AND pay an additional \$20.00 for each \$	
<input type="checkbox"/> If the distributor owns the games, list how many _____ AND name of distributor _____		<input type="checkbox"/> If the distributor owns the jukebox(es), list how many _____ AND name of distributor _____	
If you are applying for any of the above licenses (in this column only) that you DO NOT currently hold, a NEW Alcohol Beverage Related Licenses application must be completed. Please contact our office to obtain this application.		5 GAME MACHINES OR LESS ON THE PREMISES	
		<input type="checkbox"/> Amusement Game Premises	\$50.00 \$
		<input type="checkbox"/> If you OWN the games, list how many _____ AND pay an additional \$20.00 for each \$	
		<input type="checkbox"/> If the distributor owns the games, list how many _____ AND name of distributor _____	

Total of Column A: \$225.00

Total of Column B: \$100.00

Total of Column A + Column B = 325.00 + fee for Class "B" or "C" license
Please make ONE check payable to City of Milwaukee

The undersigned agrees to inform the City Clerk within ten days of any substantial changes in the information supplied in this application. The undersigned shall not willfully refuse to provide those services offered under this license, permit, or franchise, or refuse to employ, or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry; and not seek such information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion on the basis of such information. I have knowledge of the City Ordinances currently regulating the license applied for herein, and being duly sworn under oath, depose and say that I am the person named above and that all statements made in the foregoing application are true and correct.

SUBSCRIBED AND SWORN TO BEFORE ME THIS 13th day of October 2008

Notary Public, State of Wisconsin

My Commission expires 9-21-08

John Michael Raymond
Print Your Name

Signature

OFFICE USE ONLY: INITIALS gww License# 11772 FILED 10/13/05 AD# 60
 TAG(S) # _____ GRANTED _____ ISSUED _____



City of Milwaukee

RENEWAL ALCOHOL BEVERAGE RELATED SUPPLEMENT

cci-122e (04/05)

BUSINESS NAME: Concordia Inc. 'DBA ROOTS'

BUSINESS ADDRESS: 1818 N. Hubbard St.

Chapter 90-35 of the Milwaukee Code of Ordinances requires that you describe the type and general nature of entertainment that you will have under the following licenses:

CHECK THE LICENSE BEING APPLIED FOR:

Amusement/Cabaret – COMPLETE SECTIONS A & B

Allows entertainment or exhibitions consisting of music, dancing, singing, floorshows and cabaret performances.

Dance – COMPLETE SECTION A ONLY

Allows dancing on the premises by patrons only. Dancing by performers is not allowed. This license also allows the playing of pre-recorded music machines and instrumental music by musicians. Singing is permitted if done by the persons actually engaged in the playing of the musical instruments.

Instrumental Music – COMPLETE SECTION A ONLY

Permits the playing of instrumental music only, with singing on the part of and only by persons actually engaged in the playing of such musical instruments. No dancing allowed.

SECTION A: CHECK THE TYPE(S) OF MUSIC THAT APPLY:

- | | | | | |
|---|--|--|--|--------------------------------|
| <input checked="" type="checkbox"/> Blues | <input checked="" type="checkbox"/> Dance – R&B | <input checked="" type="checkbox"/> Jazz | <input checked="" type="checkbox"/> Reggae | <input type="checkbox"/> Polka |
| <input checked="" type="checkbox"/> Classic R&B | <input checked="" type="checkbox"/> Easy Listening | <input type="checkbox"/> Latin Pop | <input type="checkbox"/> Techno | <input type="checkbox"/> Irish |
| <input type="checkbox"/> Classic Rock | <input checked="" type="checkbox"/> Folk | <input type="checkbox"/> Mexican | <input type="checkbox"/> Top 40 | |
| <input type="checkbox"/> Contemporary R&B | <input type="checkbox"/> Hard Rock | <input type="checkbox"/> Modern Rock | <input type="checkbox"/> Tropical | |
| <input type="checkbox"/> Country | <input type="checkbox"/> Heavy Metal | <input type="checkbox"/> New Age | <input type="checkbox"/> _____ | |
| <input type="checkbox"/> Dance – Pop | <input checked="" type="checkbox"/> Hip – Hop | <input type="checkbox"/> Rap | <input type="checkbox"/> _____ | |

SECTION B: AMUSEMENT/CABARET LICENSE APPLICANTS ONLY - CHECK ALL THAT APPLY:

- | | |
|---|---|
| <input type="checkbox"/> Battle of the Bands | <input type="checkbox"/> Dancing by performer(s) → Description required _____ |
| <input type="checkbox"/> Comedy Acts | <input type="checkbox"/> Fashion Shows → Description required _____ |
| <input type="checkbox"/> Disc Jockey | <input type="checkbox"/> Exotic Dancers/Strippers/ Adult Entertainment → Description required _____ |
| <input type="checkbox"/> Live Musicians | _____ |
| <input type="checkbox"/> Magic Shows | <input type="checkbox"/> Wrestling → Description required _____ |
| <input type="checkbox"/> Poetry Readings | <input type="checkbox"/> Patron Contests → Description required _____ |
| <input type="checkbox"/> Rapping/Rap Contests | _____ |
| <input type="checkbox"/> Solo Singers/Groups | _____ |
- Attach additional pages if necessary.

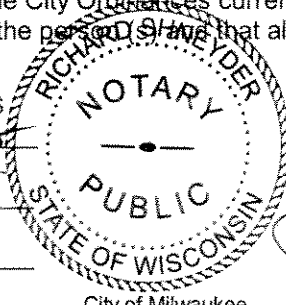
If the type of entertainment is not listed above, please describe the type of entertainment you will have:

IF, AFTER THE LICENSE HAS BEEN GRANTED OR ISSUED, YOU WISH TO DEVIATE FROM THE TYPE(S) OF ENTERTAINMENT LISTED ON YOUR CERTIFICATE OF AUTHORIZED ENTERTAINMENT, YOU MUST SUBMIT A "REQUEST TO CHANGE THE PLAN OF OPERATION FOR AN AMUSEMENT LICENSE". NO CHANGES IN ENTERTAINMENT SHALL TAKE PLACE UNTIL THE REQUEST HAS BEEN APPROVED BY THE COMMON COUNCIL AND A NEW CERTIFICATE OF AUTHORIZED ENTERTAINMENT HAS BEEN ISSUED.

I, (we), the undersigned have a knowledge of the City Ordinances currently regulating these licenses and being duly sworn under oath, depose and say that I am (we are) the person(s) who that all statements made in the foregoing application are true and correct.

SUBSCRIBED AND SWORN TO BEFORE ME THIS 13th day of October, 2007

Notary Public, State of Wisconsin
My Commission expires 9-21-08



John Michael Raymond
(Print Your Name)

Signature



Plan of Operation Supplement for Retail Alcohol Beverage License Application

OFFICE OF THE CITY CLERK LICENSE DIVISION
200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202
(414) 286-2238 EMAIL: LICENSE@MILWAUKEE.GOV

Check Type of License Applied for:
 Class A Class B Class C

Check Box in this section that applies to your ownership structure:
 Individual Partnership Corporation Limited Liability Company Non Profit

Full Legal Name of Individual, Partner or Agent:
John Raymond

List any other names by which you have been known on official records:
Cava

Name of Corporation, Limited Liability Company, Non Profit Organization or Additional Partners:
Conundrum Inc.
 State where Corporation, Limited Liability Company or Organization Formed:
Wisconsin
 Year Corporation, Limited Liability Company Formed:
2003

**Please note: No license may be issued to a corporation or limited liability company that has not registered with the Wisconsin Department of Financial Institutions.*

Address of Premises: <u>1818 N. Hubbard St.</u>	Business Telephone Number: <u>414-374-8480</u>
Business Mailing Address - if different from address of premises (include City, State, Zip Code):	
Business Internet/E-mail Address: <u>rootcellar@sbcglobal.net</u>	Business Fax Number: <u>414-374-8490</u>

Property Owner's Name:
Tim Dixon

Property Owner's Address (include City, State, Zip Code):
1818 N. Hubbard St. upper ↑ Milwaukee, WI 53212

Are you taking out this application for anyone that may not be eligible for a license? Yes No
 If yes, list name and address:

Will you be conducting the day-to-day operations of the business? Yes No
 If no, list name and address:
 (If applying for a Class B license, the person listed above must obtain a Class B Manager's license.)

Does anyone else have money invested or any other interest in this business? Yes No
 If yes, explain: Phil Schmidt private investor

Have you made an agreement with anyone to repay any loan or any other payments based upon income from the business? Yes No
 If so, list name and address:

THIS SECTION REQUIRED FOR NEW APPLICANTS ONLY

Is your lease verbal or written?

Date lease begins: _____ Expires: _____

Monthly rental: \$ 7,000 Do you have an option to renew the lease? Yes No

Does your lease allow for the assignment to another party without the consent of the owner?

Yes No

For what length of time have you been guaranteed occupancy? _____

In addition to paying monthly rental, will you have to pay anything additional to the owner of the building to guarantee performance of the lease? Yes No

If yes, explain: _____

Who owns the fixtures (ie. Coolers, etc.)? _____

If you are purchasing the stock and/or fixtures, what did you pay for them? _____

Total Amount Paid for the Business: \$ _____

Amount Paid for the Goodwill of the Business: \$ _____

Goodwill comprises the reputation and customer relationships of an existing business. If the price you pay for the business exceeds the fair market value of all of the rest of the assets of the business, the excess may be considered goodwill.

Have you made arrangements with the seller for payment of the personal property taxes?

Yes No

Does the present owner or occupant object to the granting of your license? Yes No

If yes, explain: _____

HOURS OF OPERATION – REQUIRED FOR ALL APPLICANTS

Examples:	Current Days and Hours of Operation:	Proposed Day and Hours of Operation:	# of Patrons Expected per day:
Sunday Open: 8:00 AM Monday Close: 2:00 AM	Sunday open 10:00 AM Monday Close 2:00 AM	Sun open 10:00 AM Mon Close 2:00 AM	300
Monday: Closed	Monday open 11:00 AM Tuesday Close 2:00 AM	Monday open 11:00 AM Tues Close 2:00 AM	300
Tues. Open: 9:00 AM Tues. Close: 9:00 PM	Tuesday open 11:00 AM Wednesday Close 2:00 AM	Tues open 11:00 AM Wens close 2:00 AM	400
Wed. Open: 6:00 AM Thurs. Close: 1:00 AM	Wednesday open 11:00 AM Thursday close 2:00 AM	Wens open 11:00 AM Thurs close 2:00 AM	600
Thurs. Open: 6:00 AM Friday Close: 2:00 AM	Thursday open 11:00 AM Friday Close 2:00 AM	Thurs open 11:00 AM Friday Close 2:00 AM	600
Friday Open: 9:00 AM Sat. Close: 2:30 AM	Friday open 11:00 AM Saturday close 2:30 AM	Friday open 11:00 AM SAT Close 2:30 AM	600
Saturday Open: Noon Sunday Close: 2:30 AM	Saturday open 3:00 PM Sunday Close 2:30 AM	SAT open 3:00 PM Sunday Close 2:30 AM	500

Prohibited Hours of Operation:

Class A: 9:00 PM to 8:00 AM

Class B/C: Monday thru Friday 2:00 AM – 6:00 AM

Class B/C: Saturday thru Sunday 2:30 AM – 6:00 AM

Legal Capacity/Occupancy of Premises:
(does not include Class A) 175

Number of Parking Spaces Available on the Premises:
One handicap (All other is street parking)

Call (414) 286-8211 if you have questions.

What are your plans to maintain an orderly appearance and operation of the premises with respect to:
Litter: Daily Maintenance around building (Enclosed Dumpster Area) Enclosed Recyclables

Noise: Install Breezeway on lower level exit to redirect sand from lower residences

What other types of businesses are currently conducted at the premises? (i.e. grocery store, restaurant, art gallery) Farmers Market July - Sept.

Future Plans for other businesses? None Currently

What other types of licenses/permits are currently issued for the premises?
Cigarettes, Dance Tavern, food

Future Plans for Licenses/Permits? None

Is the premise less than 300 feet from any church, school or hospital? Yes No

Detailed Floor Plan**

A detailed floor plan must be included with each alcohol beverage application. The floor plan must be filed on 8 1/2 x 11 inch sized paper. A separate sheet of paper must be filed for each floor included in the premises description. (A floor plan is required for the basement - even if it is used only for storage)

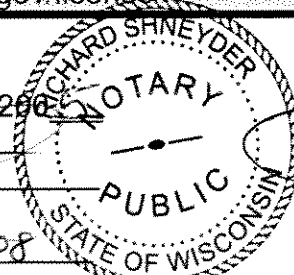
The floor plan must include:

- Area in Square feet and dimensions of the premise
- Locations of all entrances and exits to the premise
- Locations of all seating areas, bars, and food preparation areas (Class B and C applicants only)
- Locations and dimensions of all alcohol beverage storage and display areas
- Locations and dimensions of all outdoor areas available at the premises for the sale or service of alcohol beverages
- Locations and dimensions of all off-street parking areas available at the premises
- Mark the North point and date
- Date the floor plan

****All applications submitted without the detailed floor plan will be returned.**** A sample floor plan is available online at www.milwaukee.gov/license.

Subscribed and sworn to before me

this 13 day of October, 2008



Notary Public, State of Wisconsin

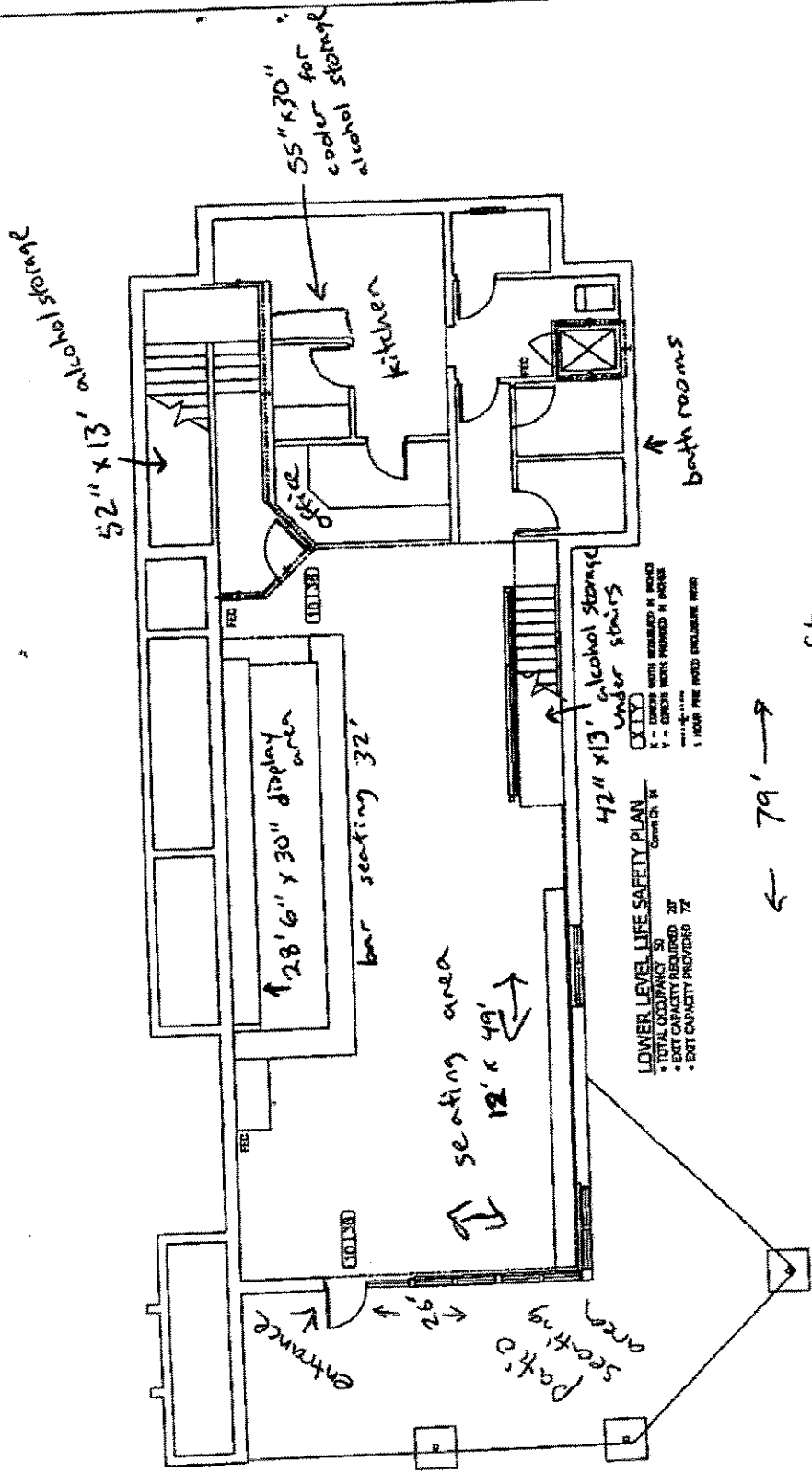
My commission expires: 9-21-08

Signature of Individual/Partner/President/Member

Signature of Partner/Secretary/Member

Warning: Penalty provided for submitting false statements and affidavits with this application. (Section 90-5(2), Milwaukee Code of Ordinances.)

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ANS



LOWER LEVEL LIFE SAFETY PLAN
CITY OF CHICAGO
• TOTAL OCCUPANCY 50
• SEATING CAPACITY 30
• BEST CAPACITY PROVIDED 27
• SEATING CAPACITY 72
• 1 HOUR FIRE RATED ENCLOSURE HERE

← 79' →
2054 sq. ft.

