Form
AT-106

Original Alcohol Beverage License Application

FOR CLERKS ONLY
Municipality
License Period

License(s) Requested

- [x] Class "A" Beer $100.00
- [ ] Class "B" Beer ..... $_____
- [ ] "Class C" Wine ..... $_____
- [ ] Reserve "Class B" Liquor $_____
- [x] "Class A" Liquor $100.00
- [ ] "Class B" Liquor ..... $_____
- [ ] "Class A" Liquor (Cider Only) $_____
- [ ] "Class B" (Wine Only) Winery $_____

License Fees	$
Publication Fee	$20.00
Background Check	$
Total Fees	$20.00

Part A: Premises/Business Information

RECEIVED
CITY OF STOUGHTON

1. Legal Business Name (registered entity name or individual's name if sole proprietorship)
MAD MART, INC

2. Trade Name or DBA
BOTTLED PLEASURE

3. Premises Address
961 NORTH PAGE STREET, STOUGHTON, WI 53589

4. County	5. Municipality	6. Aldermanic District
DANE	STOUGHTON	

7. Mailing Address (if different from premises address)
212 E VERONA AVENUE, SUITE A, VERONA, WI 53593

8. FEIN	9. Wisconsin Seller's Permit Number
93-4834565	Applied For
10. Premises Phone	**11. Premises Email**
(608) 492-2022	BottledPleasureWI@gmail.com

12. Entity Type *(check one)*
- [ ] Sole Proprietor
- [ ] Partnership
- [ ] Limited Liability Company
- [x] Corporation
- [ ] Nonprofit Organization

13. Premises Description - Describe the building or buildings where alcohol beverages are to be sold and stored. Describe all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. Alcohol beverages may be sold and stored ONLY on the premises described in this application. Attach additional sheets if necessary.

THE TOTAL SIZE OF PREMISE IS 3,250 SQ. FT.. ALCOHOL WILL STORED IN THE 16 DOOR WALK-IN COOLER, SHELVING UNITS ON THE RETAIL STORE. THE RETAIL STORE HAS SHELVING ATTACHED TO THE EASTERN WALL, AND HAVE FLOOR DISPLAY SHELVING ON THE RETAIL FLOOR.

THE ALCOHOL RECORDS WILL BE KEPT IN THE OFFICE SPACE LOCATED ON PREMISE.

Part B: Questions

1. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit a copy of Responsible Beverage Server Training Course Certificate ..... [x] Yes [ ] No

2. Does the applicant business or its partners, officers, directors, managing members, or agent hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)? ..... [ ] Yes [x] No
If yes, please explain using the space below. Attach additional sheets if necessary.

Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

RECEIVED
JAN 17 2024
CITY OF STOUGHTON

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of: ☐ Town ☐ Village ☑ City of STOUGHTON County of DANE

The undersigned duly authorized officer/member/manager of MAD MART, INC.
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as BOTTLED PLEASURE
(Trade Name)

located at 965 NORTH PAGE STREET, STOUGHTON, WI 53589

appoints ANWAR A ZAIDI
(Name of Appointed Agent)

965 NORTH PAGE STREET, STOUGHTON, WI 53589
(Home Address of Appointed Agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

☐ Yes ☑ No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course? ☐ Yes ☑ No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 23 YEARS

Place of residence last year VERONA, WI

For: MAD MART, INC.
(Name of Corporation / Organization / Limited Liability Company)

By: A Zaidi
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than $1,000.

ACCEPTANCE BY AGENT

I, ANWAR A ZAIDI, hereby accept this appointment as agent for the
(Print / Type Agent's Name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

A Zaidi *(Signature of Agent)* 01/17/2024 *(Date)* Agent's age [redacted]

[redacted] *(Home Address of Agent)* Date of birth [redacted]

APPROVAL OF AGENT BY MUNICIPAL AUTHORITY
(Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on 01-18-2024 *(Date)* by [signature] *(Signature of Proper Local Official)* Title Police Chief *(Town Chair, Village President, Police Chief)*

Date

Form
AT-103

Alcohol Beverage License Application Supplemental Questionnaire

This form must be submitted to the municipal clerk, and be accompanied by one or more of the following forms: AT-104, AT-106, AT-108, AT-115, or AT-200. One Form AT-103 must be completed by each person involved in the applicant business or parent company including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- managing members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Supplemental Questionnaires are submitted.

Part A: Premises/Business Information

1. Registered Entity Name (or individual name if sole proprietor)
MAD MART, INC.

2. Trade Name or DBA
BOTTLED PLEASURE

3. Entity Type *(check one)*
☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☑ Corporation ☐ Nonprofit Organization

Part B: Individual Information

1. Name (Last, First, M.I.)
ZAIDI, ANWAR, A

2. Relationship to Registered Entity (Title)
VICE PRESIDENT

3. Email
AZ@ABACUS.CONSULTING

4. Phone
[redacted]

5. Home Address
[redacted]

6. City
VERONA

7. State
WI

8. Zip Code
53589

9. Date of Birth
[redacted]

10. Drivers License/State ID Number
[redacted]

11. Drivers License/State ID State of Issuance
WI

Part C: Address History

List in chronological order your last two residence addresses within the last 5 years.

Previous Address 1
[redacted]

Previous City, State, Zip
VERONA, WI 53593

Dates (MM/YYYY - MM/YYYY)
[redacted]

Previous Address 2

Previous City, State, Zip

Dates (MM/YYYY - MM/YYYY)

Part D: Employment History

List in chronological order your last two employers within the last 5 years.

Employer's Name
ABACUS CONSULTING

Employer's Address
[redacted]

Dates Employed (MM/YYYY - MM/YYYY)
12/2010 - PRESENT

Employer's Name

Employer's Address

Dates Employed (MM/YYYY - MM/YYYY)

Review the information below for your business tax registration submitted to the Wisconsin Department of Revenue.
Your confirmation number is **1-203-639-904.**

Request For: MAD MART, INC
Submitted Date: 17-Jan-2024 at 04:02:09 PM
Confirmation Code: n9r8cy

The business tax registration will be processed within 2 business days.

You will receive your welcome packet by mail within 5-7 business days. This welcome packet will contain a greeting letter, certificates, permits, and a bill for any unpaid amount.

IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 12-13-2023

Employer Identification Number:
[redacted]

Form: SS-4

Number of this notice: CP 575 A

MAD MART INC
212 E VERONA AVE
VERONA, WI 53593

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN [redacted] This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did **not** apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

Based on the information received from you or your representative, you must file the following forms by the dates shown.

Form 940	01/31/2025
Form 944	01/31/2025
Form 1120	04/15/2024

If you have questions about the forms or the due dates shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification (corporation, partnership, etc.) based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2020-1, 2020-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

IMPORTANT INFORMATION FOR S CORPORATION ELECTION:
If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S, U.S. Income Tax Return for an S Corporation, must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, Election by a Small Business Corporation.

(IRS USE ONLY) 575A 12-13-2023 MADM B 9999999999 SS-4

Keep this part for your records. CP 575 A (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 A

9999999999

Your Telephone Number
( ) -

Best Time to Call

DATE OF THIS NOTICE: 12-13-2023
EMPLOYER IDENTIFICATION NUMBER: [redacted]
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

MAD MART INC
212 E VERONA AVE
VERONA, WI 53593

Sec. 180.0202
Wis. Stats.

State of Wisconsin
Department of Financial Institutions

ARTICLES OF INCORPORATION - STOCK FOR-PROFIT CORPORATION

Executed by the undersigned for the purpose of forming a Wisconsin Stock For-Profit Corporation under Chapter 180 of the Wisconsin Statutes:

Article 1. **Name of the corporation:**

Mad Mart, Inc.

Article 2. **The corporation is organized under Ch. 180 of the Wisconsin Statutes.**

Article 3. **Name and email address of the initial registered agent:**

Anwar A Zaidi
az@abacusconsulting.co

Article 4. **Street address of the initial registered office:**

212 E Verona Avenue
Suite A
Verona, WI 53593
United States of America

Article 5. **Number of shares of stock the corporation shall be authorized to issue:**

Number of Shares Authorized: 9,000
Class: Common

Article 6. **Name and complete address of each incorporator:**

Anwar A Zaidi
212 E Verona Avenue
Suite A
Verona, WI 53593
United States of America

Other provisions (optional). (No other provisions declared.)

Other Information. **This document was drafted by:**

Anwar A Zaidi

Incorporator signature:

Anwar A Zaidi

ARTICLES OF INCORPORATION - Wisconsin Stock For-Profit Corporation (Ch. 180)

Filing Fee: $100.00
Total Fee: $100.00

ENDORSEMENT

State of Wisconsin
Department of Financial Institutions

EFFECTIVE DATE	
12/13/2023	

FILED	Entity ID Number M129912

Candee Christen

From:	Anwar Zaidi for Abacus Consulting <AZ@abacusconsulting.co>
Sent:	Wednesday, January 17, 2024 4:14 PM
To:	Candee Christen
Subject:	Fwd: Wisconsin Business Tax Registration Confirmation

CAUTION: This email originated from outside your organization. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Seller's Permit Number is below in this email.
Thank you,

Anwar A Zaidi
Abacus Consulting, Inc.
212 East Verona Avenue, Suite A, Verona, WI 53593
Office: 608.497.1277 | Direct: 608.616.9535 | Fax: 888.308.3559
Web: http://www.Abacus.Consulting

This electronic mail transmission may contain confidential or privileged information. If you believe you have received this message in error, please notify the sender by reply transmission and delete the message without copying or disclosing it. Pursuant to Internal Revenue Service Circular No. 230, be advised that this advice was not intended or written to be used, and it cannot be used by the taxpayer to avoid penalties that may be imposed on the taxpayer.

---------- Forwarded message ---------
From: **Wisconsin Department of Revenue** <DOR-DO-NOT-REPLY@wisconsin.gov>
Date: Wed, Jan 17, 2024 at 4:09 PM
Subject: Wisconsin Business Tax Registration Confirmation
To: <AZ@abacusconsulting.co>

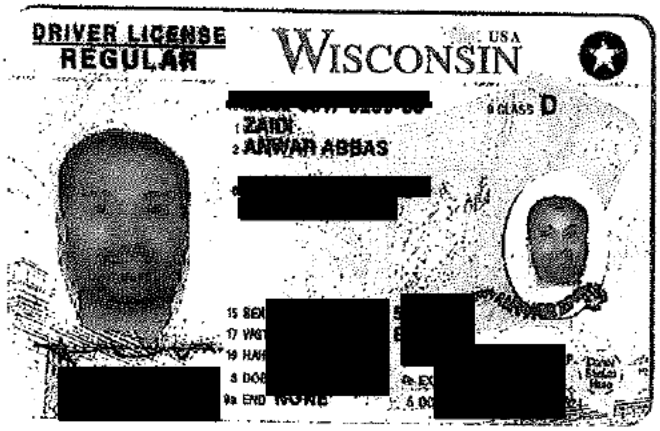
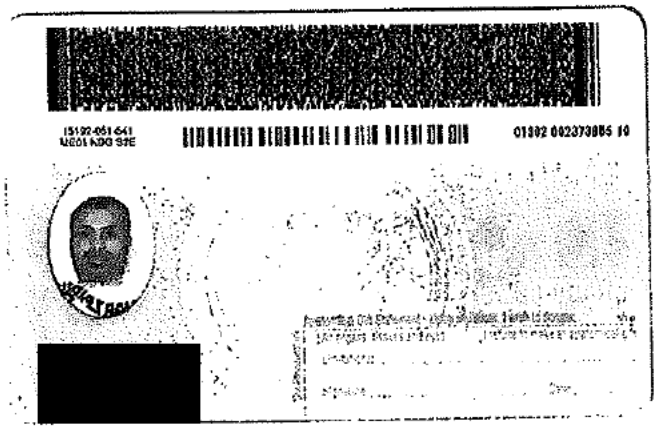
THIS IS AN AUTOMATED MESSAGE. PLEASE DO NOT REPLY TO THIS EMAIL

We have processed your Business Tax Registration (BTR) application that you recently submitted electronically.

We have issued the following tax accounts and tax account identification numbers:

MAD MART, INC

Business Tax Registration	600-1031558107-03
Sales & Use Tax	456-1031558107-04
Withholding Tax	036-1031558107-02


DRIVER LICENSE
REGULAR
WISCONSIN
USA
CLASS D
1 ZAIDI
2 ANWAR ABBAS