

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk

For the license period beginning _____ 20____ ;
ending June 30 2008

TO THE GOVERNING BODY of the: Town of }
 Village of } Madison
 City of }

County of Dane Aldermanic Dist. No. _____ (if required by ordinance)

- 1 The named INDIVIDUAL PARTNERSHIP LIMITED LIABILITY COMPANY
 CORPORATION/NONPROFIT ORGANIZATION

hereby makes application for the alcohol beverage license(s) checked above

- 2 Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): Pelayo's

Mexican Restaurant LLC

An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the name, title, and place of residence of each person

Title	Name	Home Address	Post Office & Zip Code
President/Member	<u>owner</u>	<u>Ana Pelayo 2606 Dunwoody Dr.</u>	<u>53713</u>
Vice President/Member		<u>Raul Pelayo</u>	
Secretary/Member			
Treasurer/Member			
Agent		<u>Ana Pelayo 2606 Dunwoody Dr.</u>	
Directors/Managers			

- 3 Trade Name Pelayo's Mexican Restaurant Business Phone Number 608 226-0975

- 4 Address of Premises 2229 S. Stoughton Rd. Post Office & Zip Code 53716

- 5 Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? Yes No
- 6 Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
- 7 Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? Yes No
- 8 (a) Corporate/limited liability company applicants only: Insert state _____ and date _____ of registration
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? Yes No
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? Yes No

(NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above)

- 9 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 the sales, service, and/or storage of alcohol beverages and records (Alcohol beverages may be sold and stored only on the premises described) premises consists of 1600 sq ft restaurant, kitchen and cooler area.

- 10 Legal description (omit if street address is given above): see above

- 11 (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No

- (b) If yes, under what name was license issued? Pelayo's Mexican Restaurant LLC;

- 12 Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630 5) before beginning business? [phone 1-800-937-8864] Yes No

- 13 Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in Section 2, above? [phone (608) 266-2776] Yes No

- 14 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 states 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 rights and 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), members/managers of Limited Liability Companies must sign) Any lack of access to any portion of a licensed premises 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 30 day of Oct, 2007

[Signature]
(Clerk/Notary Public)

My commission expires 7/24/11

Ana P. Pelayo
(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)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
<u>10/30/07</u>			
Date license granted	Date license issued	License number issued	
		<u>79629</u>	

14d. Stoughton rd

07964



925

L.W. = A
L 30 = \$400
2400
30

City of Madison Supplemental Class B License Application

<input checked="" type="checkbox"/> Seller's Permit Number	<input checked="" type="checkbox"/> Description of Licensed Premise	<input checked="" type="checkbox"/> Floor Plans
<input checked="" type="checkbox"/> Federal Employer Identification Number	<input checked="" type="checkbox"/> *Notarized Appointment of Agent (Form)	<input checked="" type="checkbox"/> Lease
<input checked="" type="checkbox"/> Notarized Original Application Form	<input type="checkbox"/> Background Investigation Form(s)	<input checked="" type="checkbox"/> Sample Menu
<input checked="" type="checkbox"/> Notarized Supplemental Form	<input checked="" type="checkbox"/> Notarized Transfer of Ownership	<input checked="" type="checkbox"/> Business Plan
	<input checked="" type="checkbox"/> *Articles of Incorporation	* Corporation/LLC only

1. Name of Applicant/Partner/Corporation/LLC Pelayo's Mexican Restaurant LLC
 2. Address of Licensed Premise 2229 S Staughton Rd.
 3. Telephone Number: 608 226-0975 4. Anticipated opening date: currently open
 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. We left a message with Judy (the Alderperson), waiting for her response.

8. Business Description, including hours of operation: We are a Mexican restaurant.
We are open Monday - Thursdays 6:00 AM - 10:00 PM; Fri. 6:00 AM - 4:00 AM; Sat. 9:00 AM - 4:00 AM
Sundays 9:00 AM - 4:00 PM

9. Do you plan to have live entertainment? No Yes—What kind? Solo singer, guitar player

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.**

29.5' by 54.2' total of 1600 ft². Seating ^{& capacity} for 39 people. There would not really be a bar, alcoholic beverages would be served in the dining tables, drinks would be prepared in a section of the kitchen area. Alcoholic beverages would be stored in the restaurant cooler.

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. Parking lot is shared with 3 other tenants. We have permission to use up to 18 slots. We will install security cameras (2) for monitoring parking lot.

13. Describe your management experience, staffing levels, duties and employee training
We have had the restaurant for over 3 years managing it. 4 of us have food service manager certificates. We train our employees on safety and appropriate procedures for handling food & drink.

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.

Ana Pelayo 2606 Donwoody Dr. Madison, WI 53713
 Name Address

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

our target market would be our current customers that come to enjoy our Mexican dishes, usually couples above 30's

16. What age range would you hope to attract to your establishment? 30's to 70's

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

Margaritas, Piñas Coladas, Mojitos will be promoted through our menu of drinks and some coupons

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

19. Owner of building where establishment is located: Fred Bachmann

Address of Owner: 2225 S. Stoughton Rd. Phone Number 608-235-2453

NA 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

21. List the Directors of your Corporation/LLC

Ana Julia Pelato 2606 Dunwoody Dr. Madison, WI 53713

Name Address

Raul Pelato 2606 Dunwoody Dr., Madison, WI 53713

Name Address

Name Address

22. List the Stockholders of your Corporation/LLC

Ana Julia Pelato 2606 Dunwoody Dr., Madison, WI 60%

Name Address

% of Ownership

Raul Pelato 2606 Dunwoody Dr., Madison WI 40%

Name Address

% of Ownership

Name Address

% of Ownership

23. What type of establishment are you? (Check all that apply) Tavern Nightclub Restaurant

Other Please Explain. _____

24. What type of food will you be serving, if any? Mexican Food

Breakfast Lunch Dinner

25. Please submit a sample menu with your application, if possible. What might eventually be included on your operational menu when you open? Appetizers Salads Soups Sandwiches Entrees

Desserts Pizza Full Dinners

26. During what hours of your operation do you plan to serve food? during all hours of operation

27. What hours, if any, will food service not be available? None
28. Indicate any other product/service offered. coffee, tea
29. Will your establishment have a kitchen manager? Yes No
30. Will you have a kitchen support staff? Yes No
31. How many wait staff do you anticipate will be employed at your establishment? 2
During what hours do you anticipate they will be on duty? 9am -
32. Do you plan to have hosts or hostesses seating customers? Yes No
33. Do your plans call for a full-service bar? Yes No drinks will be served @ tables.
If yes, how many bar stools do you anticipate having at your bar? _____
How many bartenders do you anticipate you would have working at one time on a busy night? 1
34. Will there be a kitchen facility separate from the bar? Yes No current kitchen facility
35. Will there be a separate and specific area for eating only? Yes No
If yes, what will be the seating capacity for that area? 39
36. What type of cooking equipment will you have? Stove Oven Fryers Grill Microwave
37. Will you have a walk-in cooler and/or freezer dedicated solely to the storage of food products? Yes No
38. What percentage of your overall payroll do you anticipate will be devoted to food operation salaries?
95%
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? 95%
What percentage of your advertising budget do you anticipate will be drink related? 5%
40. Are you currently, or do you plan to become, a member of the Madison—Dane County Tavern League or the Tavern League of Wisconsin? Yes No
41. Are you currently, or do you plan to become, a member of the Wisconsin Restaurant Association or the National Restaurant Association? Yes No

42. What is your estimated capacity? 39

43. Pursuant to Chapter 23 of the Madison General Ordinances, all restaurants and taverns serving alcohol beverages shall substantiate their gross receipts for food and alcohol beverage sales broken down by percentage. For new establishments, the percentage will be an estimate.

Gross Receipts from Alcoholic Beverages	10%	%
Gross Receipts from Food and Non-Alcoholic Beverages	90%	%
Gross Receipts from Other	0	%
Total Gross Receipts	100%	

44. Do you have written records to document the percentages shown? Yes No
You may be required to submit documentation verifying the percentages you've indicated.

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 30 day of Oct., 2007

Amey J. Delayo
(Officer of Corporation/Member/Manager of LLC/Partner/Individual)

Debra J. Scymiat
(Clerk/Notary Public)

My commission expires 7/24/11

Application Date: 10-30-07

Proof of WI Seller's Permit No. ad-0002080 10701

Name of Corporation, Limited Liability Company, Individual Owner, Private Club or Partner(s) <u>Relayo's Mexican Restaurant LLC</u>		Liquor/Beer Agent <u>Ana Julia Relayo</u>	
Mailing Address <u>2229 S Staughton Rd Madi</u>		Liquor/Beer Agent Address <u>2606 Denwoody Dr.</u>	
City/State/Zip Code <u>Madison, WI 53716</u>		Liquor/Beer City/State/Zip Code <u>Madison, WI 53713</u>	
Name of Registered Agent or General Partner <u>Ana Julia Relayo</u>		Local Contact Person	Phone Number <u>608 226-0975 388-3010</u>
Trade Name <u>Relayo's Mexican Restaurant LLC</u>		Estimated Opening Date <u>currently open</u>	
Business Address <u>2229 S. Staughton Rd.</u>		Signature of Owner/Operator <u>Ana J. Relayo</u>	
Type of Business <input checked="" type="checkbox"/> Restaurant <input type="checkbox"/> Tavern <input type="checkbox"/> Grocery Store <input type="checkbox"/> Caterer <input type="checkbox"/> Cafeteria <input type="checkbox"/> Other _____			
Food and Drink License? Needed for:			
Private Club? <input type="checkbox"/> Yes <input type="checkbox"/> No			
License Description	Type	Fee	Number
<u>Class B Combination Beer & liquor</u>	<u>108</u>	<u>Pub Fee \$20</u>	<u>79629</u>
Pre-Inspection & License Fees Non-Refundable	TOTAL	\$	

IT IS MANDATORY THAT ALL APPLICABLE INFORMATION BE COMPLETED. INACCURATE INFORMATION MAY RESULT IN SUSPENSION OR REVOCATION OF LICENSE.

New Application(s) Fee Schedule

Type of License	Fee	Notes
Class "B" Reserve Fee	\$10,000.00	
Beer, Class "A"	300.00	Prorated \$25.00 per month
Beer, Class "A" – Grocery/Drug (No Liquor License)	425.00	Prorated \$35.42 per month
Beer, Class "B"	100.00	Prorated \$8.33 per month
Beer, Wholesale	25.00	
Liquor, Class "A"	500.00	Prorated \$41.67 per month
Liquor, Class "B"	500.00	Prorated \$41.67 per month
Wine, Class "C"	100.00	Prorated \$8.33 per month
Adult Entertainment Tavern	600.00	
Adult Entertainment	600.00	
Amusement Device	40.00	Per Device
Nightclub (Live Entertainment)	250.00/year	
Temporary Nightclub (limit of five/year)	50.00/day	
Cigarette/Tobacco Products – Over the counter	100.00/year	
Cigarette/Tobacco Products – Vending machine	100.00/year	
Food & Drink Fee based on gross sales for one full year for food and drink and non-alcoholic beverages. Fee includes a pre-inspection fee of \$295. Application must be approved by Building Inspection, Fire Department, and Health Department	525.00 740.00 850.00 1050.00 1,215.00 1,310.00	\$0-10,000 10,001-100,000 100,001-250,000 250,001-1,000,000 1,000,001-5,000,000 greater than 5,000,001
Hotel/Motel Fee includes a pre-inspection fee of \$295. Applications must be approved by Building Inspection, Fire Department, and Health Department. Room tax required.	540.00 620.00 740.00 790.00	1 – 30 rooms 31 – 99 rooms 100 – 199 rooms 200 or more rooms
Swimming Pool Fee includes a pre-inspection fee of \$295. Applications must be approved by Health Department.	1250.00 825.00 800.00 650.00	Indoor Pool Outdoor Pool Additional Indoor Pool Additional Outdoor Pool
Operator's License (Must be 18)	35.00	Requires Common Council Approval
Provisional Operator's License (Must be applied for in conjunction with operator/manager license)	15.00	60 days only. Issue immediately upon proof of BST course enrollment and completion
Publication Fee/Class A Liquor, Class B Liquor, Class A Beer, Class B Beer, Class C Wine, Wholesale Beer	20.00	This fee payable with application

Telephone numbers to call for inspection appointments are:

Health Department	266-4821	Between 8:00-9:00 a.m., Monday-Friday
Building Inspection	266-4551	Between 8:00-9:00 a.m., Monday-Friday
Fire Department	266-4484	Between 8:00-4:30 p.m., Monday-Friday