

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning _____ 20 _____ ;
ending _____ 20 _____

TO THE GOVERNING BODY of the: Town of } DANE
 Village of }
 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): Silva Maricruz

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			
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<u>Maricruz Silva</u>		

3. Trade Name La Raza Grocery Business Phone Number 608 240-1710
4. Address of Premises 2608 E. Washington Ave Post Office & Zip Code Madison, WI 53704

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.) _____

10. Legal description (omit if street address is given 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? Silva Associated 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 15 day of April, 2011

Michael Obrien R
(Clerk/Notary Public)

My commission expires 3-18-2012

[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)
[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)
[Signature]
(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>4-15-11</u>			
Date license granted	Date license issued	License number issued	

LICLIA - 2011-00321

Applicant's Wisconsin Seller's Permit Number:	<u>456-1023251082-03</u>
Federal Employer Identification Number (FEIN):	<u>27-5116529</u>
LICENSE REQUESTED	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Wholesale beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$
TOTAL FEE	\$

City of Madison Supplemental Class A License Application

<input checked="" type="checkbox"/> Seller's Permit Number <input checked="" type="checkbox"/> Federal Employer Identification # <input checked="" type="checkbox"/> Notarized Original Application Form <input checked="" type="checkbox"/> Notarized Supplemental Form <input checked="" type="checkbox"/> Orange Sign (Clerk's Office provides at time of application)	<input checked="" type="checkbox"/> Description of Licensed Premise <input type="checkbox"/> *Notarized Appointment of Agent <input type="checkbox"/> Background Investigation Form(s) <input checked="" 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 Maricruz Silva
 2. Address of Licensed Premise 2608 E. Washington Ave
 3. Telephone Number: 608 240-1710 4. Anticipated opening date: 20
 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
In the corporation Silva Associated.
 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: Grocery store, meet. transfer money, mexican produce

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.**

1 solded liquor behind of counter
1 refrigerator 3 doors. for beer
aproximately 2500 square feet.

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. 2 parking
1 is for 4 cars and the other one for 20 cars and building have camara en

13. Describe your management experience, staffing levels, duties and employee training. two parking
No employes.

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.

Maricruz Silva 2608 E. Washington Ave
 Name Address Madison, WI 53704

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

My target is the latino community.

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

I will advertise through radio, and news, I will advertise

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

18. Owner of building where establishment is located: Alexco LLC

Address of Owner: 2612 E. Washington Ave. Phone Number (414) 943 3483

John Dierberger (Manager)

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

21. List the Stockholders of your Corporation/LLC

Name	Address	% of Ownership
<u>Maricruz</u>	<u>Silva</u>	<u>100</u>

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____

[Signature]
(Officer of Corporation/Member of LLC/Partner/Individual)

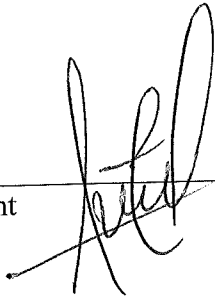
(Clerk/Notary Public)

My commission expires _____

Payment of Taxes on Liquor/Beer License Transfer

I, Manicruz Silva, _____, applicant for
Name Title
a liquor and/or beer license for the premise located at 2608 E Washington Ave, have
Address
read the provisions in the attached copy of Madison General Ordinance Section 9.01, and understand
that payment of all personal property taxes, special assessments, room taxes, forfeitures and judgments
must be paid before the Office of the City Clerk can issue said license.

Signature of Applicant



Date

04-15-11

Subscribed and sworn to before me this

15 day of April, 2011

Michael Buet
Notary Public, Dane County, State of Wisconsin

My Commission Expires 3-18-2012

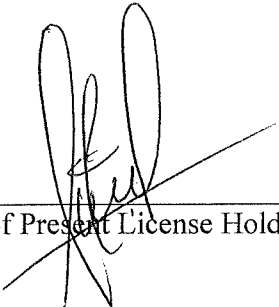
Transfer of Ownership

(letter to surrender previous license)

To be filed with the City Clerk at the time a new application is submitted for a change of ownership for any liquor and/or beer establishment.

The Class A license for the premise located at
Class of License
2608 E. Washington Ave will be relinquished upon the
Street Address
approval of the application and the issuance of the same type of license for the same
premises to Maricruz Silva.
License Applicant

There have been no convictions for violations during the current license year, nor are there any pending violations against the present licensee except as follows:



Signature of Present License Holder

04-15-11

Date