

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk

For the license period beginning July 2007 ending June 30 2008

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

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): **EL PASTOR INC**

Applicant's Wisconsin Seller's Permit Number: 004-0000253501	
Federal Employer Identification Number (FEIN): 39-1943540	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Wholesale beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$
TOTAL FEE	\$

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

President/Member President Ismael Jimenez Home Address 2310 CATALPA RD Post Office & Zip Code 53713
 Vice President/Member _____
 Secretary/Member _____
 Treasurer/Member _____
 Agent **▶** ISMAEL JIMENEZ
 Directors/Managers FABIAN ALAMILLA LOPEZ

3 Trade Name **▶** TAQUERIA EL PASTOR Business Phone Number 608 280 8898
 4 Address of Premises **▶** 2010 S. PARK ST Madison, WI Post Office & Zip Code **▶** 53713

- 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 WI 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) 1 Storage, 1 Bar, 1 Dining Area

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? _____

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 25th day of May, 2007
Maibeth Mitchell-Behl
 (Clerk/Notary Public)
 My commission expires 10-26-08

[Signature]
 (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 <u>5-25-07</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued <u>77724</u>	

Legistar # 06648

BST Le-30-06

City of Madison Liquor/Beer Original Supplemental Form

Office Use Only

- | | |
|--|--|
| <input type="checkbox"/> Seller's Permit Number
<input type="checkbox"/> Federal Employer Identification Number
<input type="checkbox"/> Notarized Original Application Form (AT-106)
<input type="checkbox"/> Notarized Supplemental Form
<input type="checkbox"/> Description of Licensed Premise
<input type="checkbox"/> Notarized Auxiliary Questionnaire(s) (AT-103)
<input type="checkbox"/> Background Investigation Form(s)
<input type="checkbox"/> Floor Plans | <input type="checkbox"/> Lease
<input type="checkbox"/> Notarized Transfer of Ownership Letter
<input type="checkbox"/> *Schedule of Appointment of Agent (AT-104)
<input type="checkbox"/> *Notarized Agent Appointment/Acceptance Form
<input type="checkbox"/> *Articles of Incorporation/ Organization
<input type="checkbox"/> Sample Menu, if possible
<input type="checkbox"/> Business Plan, if one exists
* Forms required of Corporation/LLC only |
|--|--|

- ✓ All applicants must provide an adequate premise plan that includes exterior and interior dimensions, position of stairs and all entrances and exits, normal and customary use of each room, placement of major appliances, furniture and large gaming tables, placement and dimensions of all bar(s), and graphic representation of the normal position of booths, bar stools, tables and chairs. **Premise plans must be no larger than 8 ½ x 14.**
- ✓ New structures must submit to Building Inspection two sets of plans, signed and sealed by a registered architect or engineer.
- ✓ **Applicant/partners/Liquor Agent must be enrolled in or have completed the Beverage Server Training course before appearing before the Alcohol License Review Committee.**

Prior to your hearing before the Alcohol License Review Committee (ALRC), you must contact the Alderperson of the District in which you intend to do business, the representative of the appropriate neighborhood association (if any), the Madison Police Department, and the Alcohol Policy Coordinator.

- Alderperson _____ can be reached at _____ at the Common Council Office (266-4071), or via e-mail at council@cityofmadison.com.
- The name of the neighborhood association representative can be obtained by calling the Planning and Development Department at 266-4635 or online at www.ci.madison.wi.us/neighborhoods/contacts.htm.
- Police Department Central District Captain Mary Schauf (Sector 400) can be reached at 266-4316.
- Police Department East District Captain Jill Klubertanz (Sector 600) can be reached at 267-2100.
- Police Department North District Captain Richard Bach (Sector 500) can be reached at 245-3652.
- Police Department West District Captain Jay Lengfeld (Sectors 100-200) can be reached at 288-6152.
- Police Department South District Captain James Wheeler (Sector 300) can be reached at 267-8687.
- Alcohol Policy Coordinator Joel Plant can be reached at 264-9295.

1. 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
2. Are there any special conditions desired by the neighborhood? Yes No

Explain. _____

3. Name of Applicant/Partner/Corporation/LLC El Pastor, Inc

4. Telephone Number: (608) 280-8898

5. Address of Licensed Premise 2010 S. Park Street, Madison WI 53713

6. Anticipated opening date: (already exists)

7. Mailing address if not opening immediately (same as address above)

8. What type of establishment is contemplated? Tavern Nightclub Restaurant
 Liquor Store Grocery Store Convenience Store – Gas Pumps Yes No
 Other Please explain _____

9. Business Description including hours of operation and if entertainment is part of your venue, what type:
Mon. through Thurs, 9AM - 11PM, Fri through Sat, 9AM - 12AM, Sunday, 9AM - 11PM.

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.**

Restaurant is located on the first floor of a commercial/residential building. Business seats 86 with a capacity of 100 people. Bar seats 20 with a small storage room adjacent to it. 1,700 square feet
Bar, Dining Room, 2 storage rooms

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 is shared by the two businesses sharing the building, (E: poster included).

13. Describe your management experience, staffing levels, duties and employee training.
manager has 6 years experience, 7 employees for kitchen, and 5 for the dining area/bar, sharing waiter/waitress duties and cook positions.

14. Identify the **registered agent** for your Corporation or LLC. This is not necessarily the same person as your liquor/beer agent. This is your corporation's agent for service of process, notice or demand required or permitted by law to be served on the corporation. Ismael Jimenez

	Name		
<u>2310 Catalpa Road</u>	<u>Madison</u>	<u>WI</u>	<u>53713</u>
Address	City	State	Zip

15. Excluding pre-packaged snacks, how late will food be served? 12 AM

16. What type of food will you be serving, if any? mexican food.

17. Indicate any other product/service offered: _____

18. Describe your target market mexican-food lovers!

19. What is your estimated capacity? 100 people

20. Are you operating under a lease or franchise agreement? Yes No (If yes, attach a copy.)

21. Owner of building where establishment is located: Wisconsin Management Company

Address of Owner: 2040 S. Park Street Phone Number (608) 284-4660
ext. 237

22. Individual or Partnership: Have individual/partners completed the Beverage Server Training Course? Yes No If Yes, indicate names: Ismael Jimenez Fabian Alamilia Lopez

License cannot be issued until proof of Beverage Server Training completion is shown.

23. Corporation/LLC: Will liquor/beer agent be a Wisconsin resident at the time of granting? Yes No

24. Corporation/LLC: Agent must disclose interest held in business: 100 %

25. Corporation/LLC: Has agent completed the Beverage Server Training Course? Yes No

License cannot be issued until proof of Beverage Server Training completion is shown.

26. Corporation/LLC: List Directors, Stockholders, and Managers below.

Director(s) Name	Home Address
Ismael Jimenez	2310 Catalpa Rd. Madison, WI 53713

Stockholder's Name	Address	Extent of Ownership%

Manager's Name	Address	Business Phone	Home Phone
Fabian Alamilia Lopez	826 Burr Oak Ln Madison, WI 53713	(608) 280-8898	(608) 257-1604

27. 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
28. 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.**

Calendar/fiscal year: January 1 – December 31 July 1 – June 30

Percent Gross Receipts from Alcohol Beverages	10	%
Percent Gross Receipts from Food	90	%
Percent Gross Receipts from Other		%
Total Gross Receipts	100	%

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.

29. What type of establishment are you? (Check all that apply) Tavern Restaurant Nightclub
 Other Please explain: _____

30. Will your establishment have a kitchen manager? Yes No

31. Will your establishment be a member of the Wisconsin Restaurant Association? Yes No

32. How many wait staff will be employed at the establishment? 5

33. What hours, if any, will food service not be available? _____

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

Periodicals, radio, yellow pages, etc. Food and margaritas.

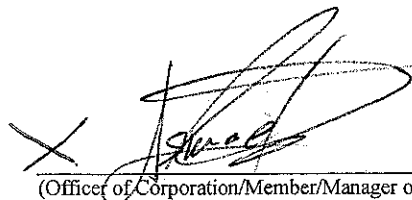
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SUBSCRIBED AND SWORN TO BEFORE ME:

this 25th day of May, 2007

Marek Witel-Bek
 (Clerk/Notary Public)

My commission expires 10-26-08

X 
 (Officer of Corporation/Member/Manager of LLC/Partner/Individual)

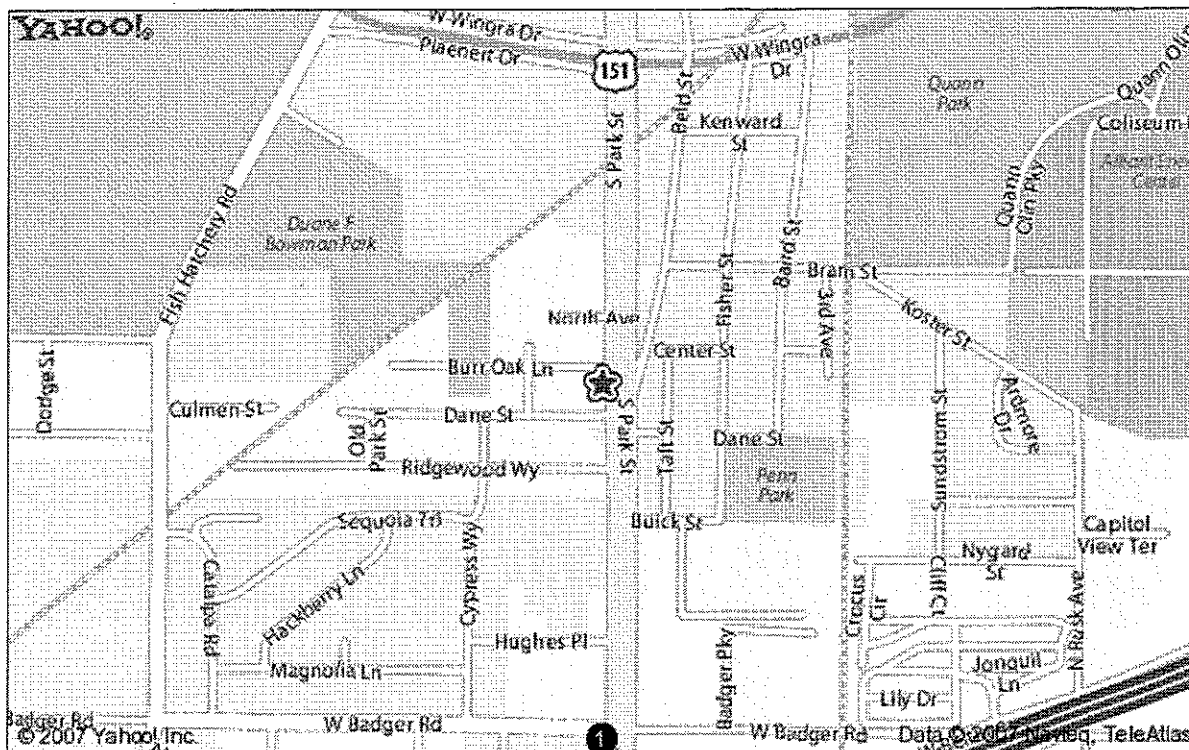
 (Officer of Corporation/Member/Manager of LLC/Partner/Individual)

 (Officer of Corporation/Member/Manager of LLC/Partner/Individual)

If you have any questions, please contact the City Clerk's Office at (608) 266-4601.

El Pastor (608) 280-8898 ★★★★★

Yahoo! Maps - 2010 S PARK ST, Madison, WI 53713, US



Your Points of Interest

- 1 Pitcher's Pub (608) 271-9702 ★★★★★
323 W Beltline Hwy Madison, WI 53713
- 2 Wisconsin Stat of Emplie Trst Funds Department of Pub Emp (608) 266-3285
801 W Badger Rd Madison, WI 53702
- 3 Madison Labor Temple Lounge (608) 255-2065
1602 S Park St Madison, WI 53715
- 4 The Bar Next Door (608) 256-9430 ★★★★★
222 E Olin Ave Madison, WI 53713
- 5 Club 5 (608) 277-9700 ★★★★★
5 Applegate Ct Madison, WI 53713
- 6 Badger Bowl (608) 274-6662 ★★★★★
506 E Badger Rd Madison, WI 53713
- 7 Licari's Tavern (608) 256-3548 ★★★★★
1405 Emil St Madison, WI 53713

When using any driving directions or map, it's a good idea to do a reality check and make sure the road still exists, watch out for construction, and follow all traffic safety precautions. This is only to be used as an aid in planning