

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning July 1 20 11 ;
ending June 30 20 12

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

County of DANE Aldermanic Dist. No. 3 (if required by ordinance)

Applicant's Wisconsin Seller's Permit Number: <u>456-102770400702</u>	
Federal Employer Identification Number (FEIN):	
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 type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$
TOTAL FEE	\$

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): ▶ La Zacatecana OF WISCONSIN 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>Antonio Salgado</u>		
Vice President/Member				
Secretary/Member				
Treasurer/Member				
Agent ▶		<u>Antonio Salgado</u>		
Directors/Managers				

3. Trade Name ▶ La Zacatecana Business Phone Number (608) 240-0728
4. Address of Premises ▶ 4915 Commercial Ave. Post Office & Zip Code ▶ 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 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.) _____

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? _____

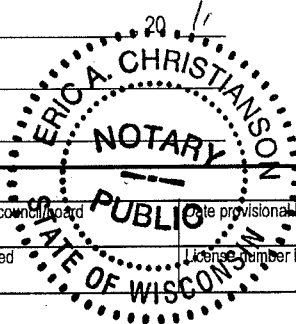
12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864] Yes No
13. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in Section 2, above? [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 10th day of August 2011

(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 6/29/2014

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License Number Issued	

AT-106 (R. 4-09)
LEGISLAR 23418
A0-3
10-609

City of Madison Supplemental Class A License Application **23418**

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

1. Name of Applicant/Partner/Corporation/LLC Antonio Salgado
 2. Address of Licensed Premise 4915 Commercial Ave Madison WI
 3. Telephone Number: 608 240 0778 4. Anticipated opening date: _____

5. Mailing address if not opening immediately 4915 Commercial Ave Madison WI 53704
 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

COPY

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 and Restaurant

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.**

Alcohol is stored in the cooler premise is entire restaurant Not consume inside - CONVENIENCE STORE

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. Twelve parking places. No cameras.

13. Describe your management experience, staffing levels, duties and employee training.
4 years.

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.

Antonio Salgado 4915 Commercial ave Madison WI
 Name Address

(608) 240 - 0778 53704
Antonio

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

anybody

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

Newspaper

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

18. Owner of building where establishment is located: _____

Address of Owner: _____ Phone Number _____

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

Antonio Salgado
Name Address

Name Address

Name Address

21. List the Stockholders of your Corporation/LLC

Name Address % of Ownership

Name Address % of Ownership

Name Address % of Ownership

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.

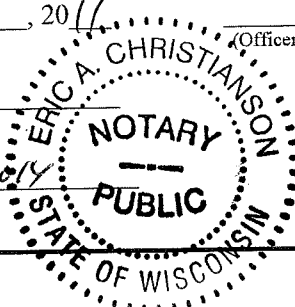
Subscribed and Sworn to before me:

this 10th day of August, 2011. _____
(Officer of Corporation/Member of LLC/Partner/Individual)

[Signature]

(Clerk/Notary Public)

My commission expires 6/29/2014



[Signature]

Appointment of New Liquor/Beer Agent

To be completed by Corporate Officer or Member of LLC

I, Antonio Salgado, officer/member for La Zacatecana of WI
(~~Corporation~~ LLC), doing business as La Zacatecana, authorize and appoint
Antonio Salgado (Name) as the liquor/beer agent for the premise
located at 4915 commercial ave

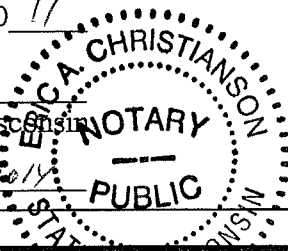
Subscribed and sworn to before me this

10th Day of August, 20 11

Signature of Officer/Member

Notary Public, Dane County, Wisconsin

My Commission Expires 6/29/2014



To be completed by appointed Liquor/Beer Agent

I, Antonio Salgado, appointed liquor/beer agent for
La Zacatecana of WI (name of Corporation or LLC), being first duly sworn
say I have vested in me, by properly authorized and executed written delegation, full authority
and control of the premise described in the license of such corporation or limited liability
company, and I am involved in the actual conduct of the business as an employee, or have a
direct financial interest in the business of the licensee, therein relating to the intoxicating
liquor/fermented malt beverage. The interest I have in the business is 100 %.

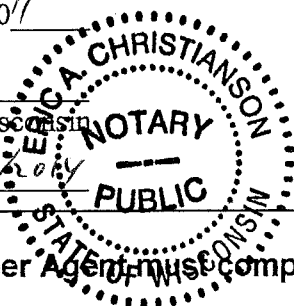
Subscribed and sworn to before me this

10th Day of August, 2011

Signature of Agent

Notary Public, Dane County, Wisconsin

My Commission Expires 6/29/2014




The appointed Liquor/Beer Agent must complete the other side of this form.

WISCONSIN

SELLER / SERVER CERTIFICATION

Trainee Name: Antonio S Arroyo
Date of Completion: 04/21/2011 14:19 CST

School Name: Learn2Serve
Certification #: WI 1534663

I, 
certify that the above named person
successfully completed an approved
Learn2Serve Seller/Server course.

COMPLIES WITH WISCONSIN STATUTES 125.04, 125.17, 134.66

Corporate Headquarters
13801 N. Mopac, Suite 100
Austin, Texas 78727
P: 800-442-1149

OF

Coolers

Eates

Kit

OF

Kitchen

Product

Product

Front

Product

Meat

Restaurant



WISCONSIN DEPARTMENT OF REVENUE
PO BOX 8902
MADISON, WI 53708-8902

State of Wisconsin • DEPARTMENT OF REVENUE

REGISTRATION UNIT
2135 RIMROCK RD PO BOX 8902 MADISON, WI 53708-8902
PHONE: 608-266-2776 FAX: 608-264-6888
EMAIL: sales10@revenue.wi.gov WEBSITE: www.revenue.wi.gov

June 20, 2011

Letter ID: L1482799232

LA ZACATECANA OF WISCONSIN LLC OWNED BY
ANTONIO SALGADA
4915 COMMERCIAL AVE
MADISON WI 53704-8923

Business Tax Registration Greeting Letter

Type of Tax Account	Tax Account Number	Beginning Effective Date	Filing Frequency
Withholding Tax	036-1027704007-04	6/1/2011	Quarterly
Sales & Use Tax	456-1027704007-02	6/1/2011	Monthly

The Wisconsin Department of Revenue has received your Application for Business Tax Registration and welcomes you as a registrant. The account number(s) assigned to you as a Wisconsin business registrant are referenced above and also on the enclosed Registration Certificate. The enclosed Registration Certificate identifies all permits, licenses, or certificates you hold with the Department of Revenue. This certificate confirms that you are registered with the department for those tax types. PLEASE RETAIN THIS CERTIFICATE AS PROOF OF REGISTRATION. If you hold an alcoholic beverage authorization, you must display your certificate at all times on the premises of the business location shown on your certificate. This certificate is not transferable.

Please review the information on your certificate to ensure correctness. It is important that you notify us of any change in ownership of your business, name, address, or if you discontinue or sell your business. When you contact us about these changes, please include the following information:

1. Account number(s) that are impacted by the change.
2. Legal/Real name of your business.
3. Business name(s).
4. Federal Employer Identification Number (FEIN), if you have one.
5. Type of change being made.
6. Effective date of the change.

If you need to obtain a business tax form or set of instructions quickly, visit our web site at www.revenue.wi.gov. You will find most forms and instructions are available for printing or downloading. Please feel free to contact us with any questions or comments you may have by using the e-mail address, mailing address, or telephone number listed in the letterhead.