

Application Date: 6-28-06

Proof of WI Seller's Permit No. _____

Name of Corporation, Limited Liability Company, Individual Owner, Private Club or Partner(s) <u>Lora Garrett</u>	Liquor/Beer Agent
Mailing Address <u>5810 Russett Rd #3</u>	Liquor/Beer Agent Address
City/State/Zip Code <u>MADISON WI 53711</u>	Liquor/Beer City/State/Zip Code
Name of Registered Agent or General Partner	Local Contact Person Phone Number <u>Chevy MacKenzie 608 271 6359</u>
Trade Name <u>Cafe Costa Rica</u>	Estimated Opening Date <u>Open</u>
Business Address <u>141 S. Butler St.</u>	Signature of Owner/Operator

Private Club? Yes No

License Description	Type	Fee	Number
<u>Class B Comb. liquor & Beer</u>	<u>108</u>	<u>\$20- publication fee</u>	<u>74943</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.

** July 19 ALRC **

Notice of License Application

for July 19 ALRC

Office Use Only

<input checked="" type="checkbox"/> New Application	Date <u>6-28-06</u>
<input type="checkbox"/> Transfer of Ownership Application	
<input type="checkbox"/> Transfer of Location Application	

You are hereby notified that the following application(s) has been filed in the City Clerk's Office. Investigation and report back on approval or disapproval for the granting of license(s) is requested by your department as required by Ordinance.

To: Assessor Personal Property \$ _____

City Attorney (Pending Charges) _____
Names of Previous License Holder _____

Building Inspection Date of Last Inspection _____
 Zoning Classification _____
 Specify distance from schools, churches, libraries and hospitals if under 300 feet _____

Fire Date of Last Inspection _____

Health Date of Last Inspection _____

Police

Treasurer (Hotel/Motel or Bed & Breakfast) (Information Only)

Accounting (Hotel/Motel or Bed & Breakfast)(Information Only)

Alderperson Judy Olson

Please return this notice with any comments you might have regarding the above application to the City Clerk's Office.

Approved

Disapproved

No Recommendation

Comments:

Signature of Dept/Div Head or Auth. Rep

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning Aug 1 20 06 ;
ending July 31 20 07

TO THE GOVERNING BODY of the: Town of } Madison
 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): Loch, Eugene
Garrett

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			

- 3 Trade Name Cafe Costa Rica Business Phone Number 575-4429
4 Address of Premises 141 S. Butler St. 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. Yes No
(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) Cafe counter and stored in storage room 780 sq. ft. cafe

10 Legal description (omit if street address is given above): 141 S. Butler St - Basement

- 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 21st day of June, 20 06

[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)

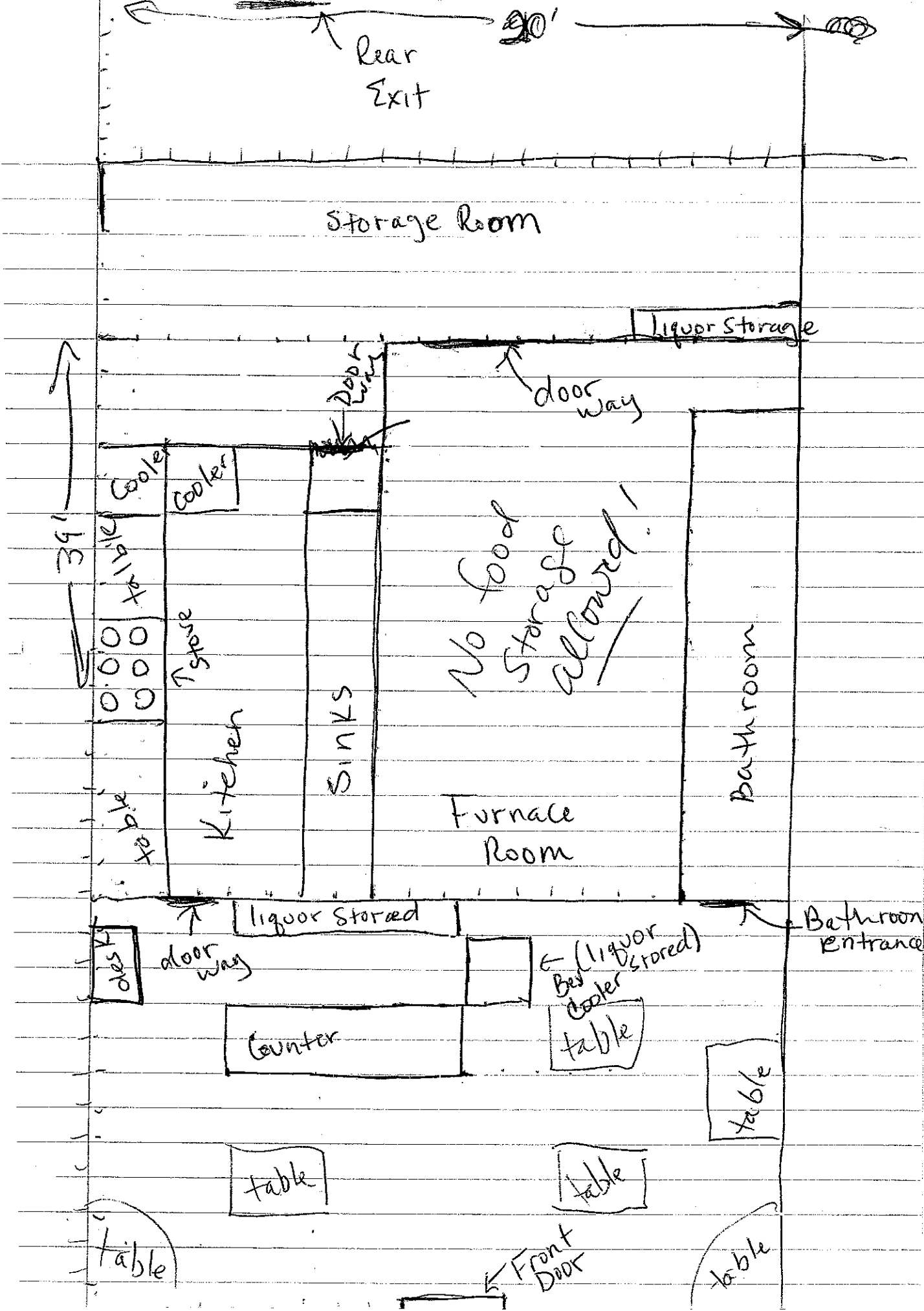
My commission expires 11/1/07
(Clerk/Notary Public)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>6-28-06</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

Registrar # 04064

Applicant's Wisconsin Seller's Permit Number: <u>004-0001176666-01</u>
Federal Employer Identification Number (FEIN): <u>233-11-4784</u>
LICENSE REQUESTED
<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 \$



Rear Exit

90'

Storage Room

Liquor Storage

door way

39'

Cooler
Cooler
Table
Stove
Kitchen

Sinks

No food Storage Allowed!

Furnace Room

Bathroom

Liquor stored

Bathroom Entrance

door way

Best (Liquor stored) Cooler table

Counter

table

table

table

Front Door

table

table

City of Madison Liquor and/or Beer Original Supplemental Form

Office Use Only

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

- ✓ 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), and the Madison Police Department.

- Alderperson Judy Olson can be reached at 266-4071 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.
- The Police Department Liaison, Sergeant Emil Quast, can be reached at 266-4451.

1. Have you contacted the Alderperson, Police Department Liaison and 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: None known at yet
3. Name of Applicant/Partner/Corporation/LLC Lora Garrett
4. Telephone Number: 575-4429
5. Address of Licensed Premise 141 S. Butler St. Madison 53716
6. Anticipated opening date: presently open
7. Mailing address if not opening immediately 5810 Russett Rd #3 Madison, WI
office address 53711

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

Please explain Small 15 person Capacity Café.

9. Business Description, including hours of operation and if entertainment is part of your venue, what type:
Latin American coffees, food + drinks. 7am to 10pm daily - No entertainment planned @ this time.

10. Describe building in detail, 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.**

Dining area is a 12' x 20' room w/ an 8 foot serving counter behind which liquor will be stored + served from. Refrigerated items will be stored in the beer cooler next to the counter. Additional storage will be provide in a small storage area in the back - approx. Seating Capacity is 15.

11. Are any living quarters directly or indirectly accessible and under control of the applicant? Yes No
 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. There is a leased space in the rear lot - (which is shared w/ the Hostile International) and ~~exp~~ additional parking on the street.

13. Describe your management experience, staffing levels, duties and employee training.
I have managed + owned the mango man food cart for 3 years, I have help from my husband and both of us bartended in Costa Rica for a number of years. We also have a chef who has worked in med work for 5 years.

N/A 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.

Name _____
 Address _____ City _____ State _____ Zip _____

15. Excluding pre-packaged snacks, how late will food be served? 10pm

16. What type of food will you be serving, if any? Costa Rican - Central American / Caribbean

17. Indicate any other product/service offered: Coffees, Pastries, Books + Magazines in Spanish, Newspapers, etc

18. Describe your target market. Hostile guests, Lunch employees from area, students, people who are familiar w/ Latin Cuisine, + Latin American Community.

19. Describe how you plan to advertise/promote your business La Comunidad/Isthmus, Signage, Flyers, Radio possibly
 20. What is your estimated capacity? 15 ~~1000~~

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

22. Owner of building where establishment is located: Seguin Properties
 Address of Owner: _____ Phone Number _____

23. Individual or Partnership only: Have individual/partners completed the Beverage Server Training Course? Yes No If Yes, indicate names: _____

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

N/A 24. Corporation/LLC only: Will liquor/beer agent be a Wisconsin resident at the time of granting? Yes No

N/A 25. Corporation/LLC only: Agent must disclose interest held in business: _____%

N/A 26. Corporation/LLC only: Has agent completed the Beverage Server Training Course? Yes No

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

N/A Corporation/LLC only: List Directors, Stockholders, and Managers below.

Director(s) Name	Home Address

Stockholder's Name	Address	Extent of Ownership%

Manager's Name	Address	Business Phone	Home Phone

28. 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

29. Restaurant/Tavern Establishment Alcohol Beverage & Food Sales Report

Pursuant to Sections 23.05(3)(s) and 23.05(7)(f) 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	25	%
Percent Gross Receipts from Food	50	%
Percent Gross Receipts from Other (Coffee Shop)	25	%
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.

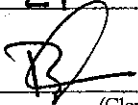
30. What type of establishment are you? (Check all that apply) Tavern Restaurant Nightclub

Other Please explain: _____

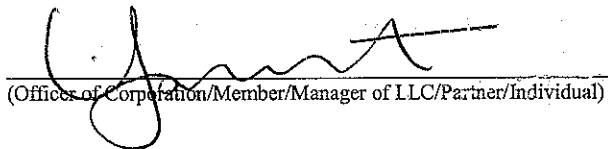
Read carefully before signing: Under penalty provided by law, the applicant states that the above information has been truthfully completed to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted will not be assigned to another. (Individual applicants and each member of a partnership must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.) 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 27th day of June, 2006



(Clerk/Notary Public)



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

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

My commission expires 11/11/07

(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.