

# ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning January 2 20 07 ;  
ending JUNE 30 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): EL CABRITO LLC

Applicant's Wisconsin Seller's Permit Number: <u>004-0002896375-01</u>	
Federal Employer Identification Number (FEIN): <u>43-2106383</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Wholesale beer	\$
<input checked="" type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$
<b>TOTAL FEE</b>	<b>\$</b>

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>MEMBER</u>	<u>CARLOS SOLIS</u>	<u>4013 MENDOTA DR</u>	<u>PO BOX 154 MORRISONVILLE WI 53571</u>
Vice President/Member <u>HECTOR</u>	<u>HECTOR SOLIS</u>	<u>204 E NORTHGATE</u>	<u>COTTAGE GROVE WI 53527</u>
Secretary/Member			
Treasurer/Member			
Agent <u>CARLOS SOLIS</u>			
Directors/Managers			

- 3 Trade Name EL CABRITO Business Phone Number 608-277-0773  
4 Address of Premises 811 S GAMMON RD, MADISON WI Post Office & Zip Code 53719

- 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 07/06 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) SMALL RESTAURANT, 4 TABLES, ABOUT 800 SQ FEET  
10 Legal description (omit if street address is given above): 20 PEOPLE SEATING, REPORT FOR THE BEVERAGE  
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 and each 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.

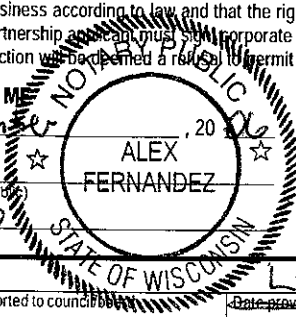
SUBSCRIBED AND SWORN TO BEFORE ME

this 27th day of November, 2007

Alex Fernandez

(Clerk/Notary Public)

My commission expires 10/24/10



[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>11-28-06</u>	Date reported to council	Date provisional license issued <u>05081</u>	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued <u>76420/76421</u>	

AT-106 (R 1-05)

Wisconsin Department of Revenue

Ald. 1 (Sanborn)

Sector 114

## City of Madison Liquor and/or Beer Original Supplemental Form

### Office Use Only

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Seller's Permit Number<br><input checked="" type="checkbox"/> Federal Employer Identification Number<br><input checked="" type="checkbox"/> Notarized Original Application Form (AT-106)<br><input checked="" type="checkbox"/> Notarized Supplemental Form<br><input checked="" type="checkbox"/> Description of Licensed Premise<br><input checked="" type="checkbox"/> Notarized Auxiliary Questionnaire(s) (AT-103)<br><input checked="" type="checkbox"/> Background Investigation Form(s)<br><input type="checkbox"/> Floor Plans | <input type="checkbox"/> Lease<br><input checked="" type="checkbox"/> Notarized Transfer of Ownership Letter<br><input checked="" type="checkbox"/> *Schedule of Appointment of Agent (AT-104)<br><input checked="" type="checkbox"/> *Notarized Agent Appointment/Acceptance Form<br><input type="checkbox"/> *Articles of Incorporation/ Organization<br><input type="checkbox"/> Sample Menu, if possible<br><input type="checkbox"/> Business Plan, if one exists<br>* 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 Jed Sarboorn can be reached at 570-5509 at the Common Council Office (266-4071), or via e-mail at [council@cityofmadison.com](mailto: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](http://www.ci.madison.wi.us/neighborhoods/contacts.htm).
- Police Department District Captain John Dahlenport can be reached at 288-1152.
- 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 Ej Cabrito LLC

4. Telephone Number: 277-0773

5. Address of Licensed Premise 811 S Gamman Rd Madison WI 53719

6. Anticipated opening date: Septem 2006 is open or ready

7. Mailing address if not opening immediately 811 S Gamman Rd Madison WI 53719

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:  
Restaurant Mexican food hours 10am 10pm  
f. Sattelite t.v.

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.**  
20 people seating, reach in cooler for the beverage's

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. is a street mall so we share the parking lot with more compenys.

13. Describe your management experience, staffing levels, duties and employee training.  
Manager experience for Eight years, have a liceesers for food services training on cooking, cooking & prepeating

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. CARLOS SOUTS

Name  
4543 MERRILLARK DR PO Box 154 MERRISONVILLE WI 53521  
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? Mexican food

17. Indicate any other product/service offered: Coca-Cola drinks

18. Describe your target market. \$15,000 sales per month

19. What is your estimated capacity? 20 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: \_\_\_\_\_  
Address of Owner: \_\_\_\_\_ Phone Number \_\_\_\_\_

22. Individual or Partnership: 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.**

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: \_\_\_\_\_%

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

Stockholder's Name	Address	Extent of Ownership%

Manager's Name	Address	Business Phone	Home Phone

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	%
Percent Gross Receipts from Food	%
Percent Gross Receipts from Other	%
<b>Total Gross Receipts</b>	<b>100 %</b>

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? \_\_\_\_\_

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?  
\_\_\_\_\_

**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 28 day of November, 2006

[Signature]  
(Clerk/Notary Public)

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

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

My commission expires 8-30-09

\_\_\_\_\_  
(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.**



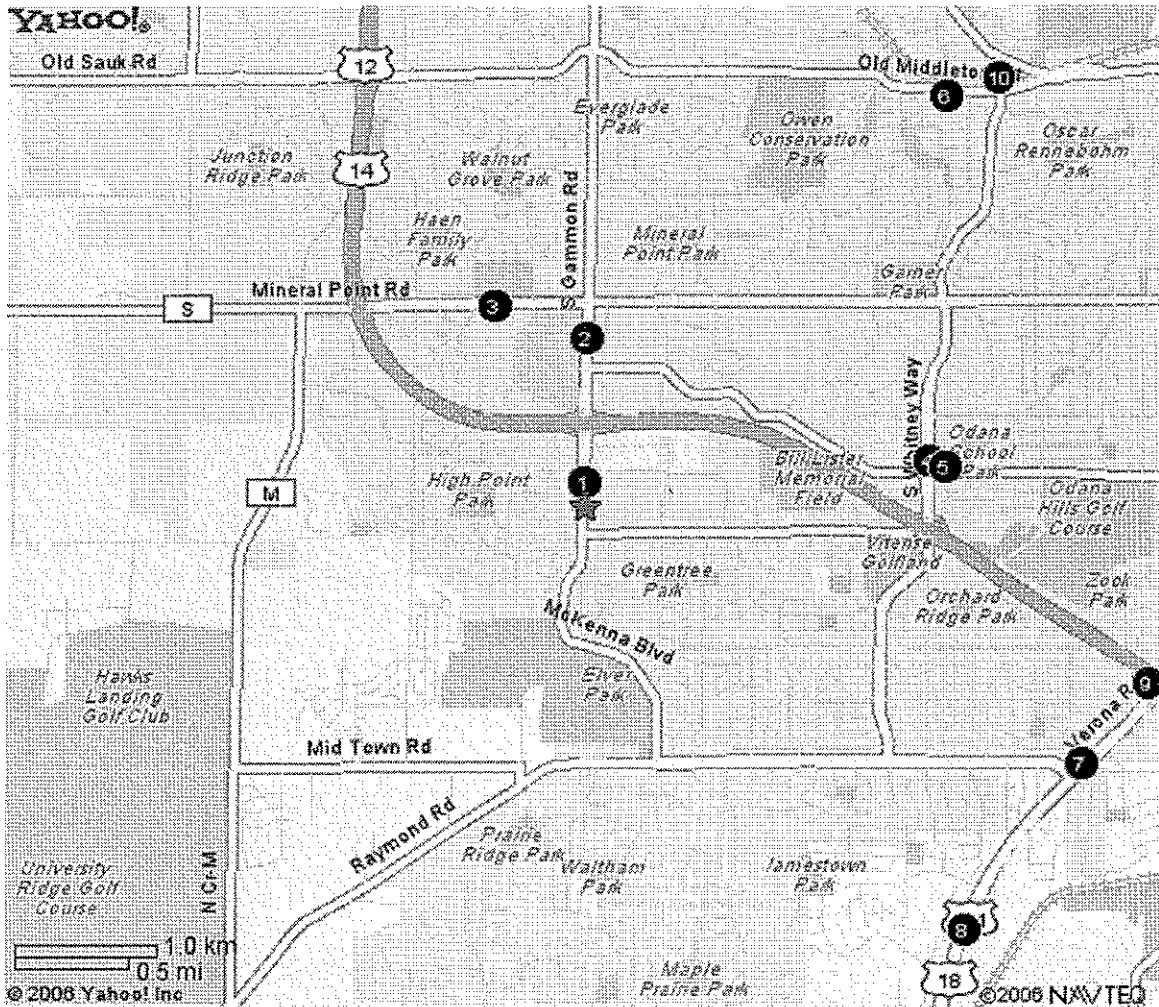
**YAHOO! LOCAL** Sign In  
Maps New User? Sign Up

Map:

Yahoo! Maps - Madison, WI 53719-1303

<< Back to Map

★ 811 S Gammon Rd Madison, WI 53719-1303



Map#	Business/Landmark Info	Distance
1	<b>Old Town Pub</b> 724 S Gammon Rd Madison, WI Phone: (608) 276-8589	0.1 miles
2	<b>Smokey Bones Bbq &amp; Grill</b> 418 S Gammon Rd Madison, WI Phone: (608) 833-2736	0.7 miles
3	<b>Martin O'Grady Irish Pub</b> 7436 Mineral Point Rd Madison, WI Phone: (608) 833-4262	0.9 miles
4	<b>J T Whitney's Pub &amp; Brewery</b> 674 S Whitney Way Madison, WI	1.5 miles

ADVERTI

Phone: (608) 274-1776

5

**Applebee's Neighborhood Grill**  
660 S Whitney Way  
Madison, WI  
Phone: (608) 271-5450

1.5 miles

6

**Sweeney's Oakcrest Tavern**  
5371 Old Middleton Rd  
Madison, WI  
Phone: (608) 233-1243

2.3 miles

7

**Bennett's Meadowood Country**  
2009 Freeport Rd  
Madison, WI  
Phone: (608) 271-3827

2.4 miles

8

**Dry Bean**  
5264 Verona Rd  
Fitchburg, WI  
Phone: (608) 274-2326

2.4 miles

9

**Feiler's**  
4506 Verona Rd  
Madison, WI  
Phone: (608) 271-6237

2.5 miles

10

**Irish Waters**  
702 N Whitney Way  
Madison, WI  
Phone: (608) 233-3398

2.5 miles

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



YAHOO! LOCAL

92466 it!

Need Local information on the go?  
Simply text a business name and location to 92466 (Yahoo)  
Try "coffee 53719" or "Starbucks Madison, WI"

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