

# ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning \_\_\_\_\_ 20 \_\_\_\_\_ ;  
ending June 30 20 09

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

County of Dane Aldermanic Dist. No. 10 (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): Buana Juato Enterprises INC.

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>MR.</u>	<u>Heriberto Silva</u>	<u>433 Turtle Creek Dr. Delavan WI</u>	<u>53115</u>
Vice President/Member				
Secretary/Member	<u>MS. MARIA</u>	<u>SILVA</u>	<u>433 Turtle Creek Dr. Delavan WI</u>	<u>53115</u>
Treasurer/Member				
Agent	<u>▶ MARIA</u>	<u>SILVA</u>	<u>433 Turtle Creek Dr. Delavan WI</u>	<u>53115</u>
Directors/Managers				

- 3 Trade Name Taqueria Buana Juato Business Phone Number \_\_\_\_\_  
4 Address of Premises 1318 S Midvale Blvd MADISON Post Office & Zip Code 53706

- 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 WISCONSIN and date 5/22/08 of registration.  
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? 5/14/03  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.) See Additional Response attached.  
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? Bambor Hvt  
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 29 day of July, 2008

[Signature]  
(Clerk/Notary Public)

My commission expires 5-6-2012

[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 <u>7-29-08</u>	Date reported to council/board <u>8-20-08</u>	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

Applicant's Wisconsin Seller's Permit Number: <u>004-0001052358-01</u>	
Federal Employer Identification Number (FEIN): <u>91-2193519</u>	
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	\$
<b>TOTAL FEE</b>	<b>\$ 20-</b>

## City of Madison Supplemental Class B License Application

<input checked="" type="checkbox"/> Seller's Permit Number <input type="checkbox"/> Federal Employer Identification Number <input checked="" type="checkbox"/> Notarized Original Application Form <input checked="" type="checkbox"/> Notarized Supplemental Form	<input checked="" type="checkbox"/> Description of Licensed Premise <input checked="" type="checkbox"/> *Notarized Appointment of Agent <input checked="" type="checkbox"/> Background Investigation Form(s) <input checked="" type="checkbox"/> Notarized Transfer of Ownership <input type="checkbox"/> *Articles of Incorporation	<input checked="" type="checkbox"/> Floor Plans <input checked="" 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 Guana Juato Enterprises <sup>#2</sup> LLC.  
 2. Address of Licensed Premise 1310 S. MIDVALE Blvd

3. Telephone Number: 262-745-9506 4. Anticipated opening date: August 4, 2008

5. Mailing address if not opening immediately 1326 S. MIDVALE MADISON WI 53706

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  
 Explain: Not known at time of Application Submittal.

8. Business Description, including hours of operation: A Restaurant serving mexican cuisine

9. Do you plan to have live entertainment?  No  Yes—What kind? \_\_\_\_\_

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.**

See attached "additional Response"

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. There are approx. 25 stall in front of the building. Parking will be monitored by ownership + staff through large windows and actual patrol.

13. Describe your management experience, staffing levels, duties and employee training.  
Herbier to has 12yr, Maria 8yrs Experience managing. They will be acting as general and kitchen managers. Maria will act as wait staff + Bar Managers.

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.

Maria Silva 433 Turtle Creek Dr Delavan WI 53115  
 Name Address

15. Utilizing your market research, who would you project your target market to be? Family  
Taqueria by ANA SUATO serves mexican food which is widely popular with several sections of  
the market place. Similar to other smaller mexican restaurants in the madison area + neighborhood

16. What age range would you hope to attract to your establishment? All age groups.  
Not young children by themselves.

17. Describe how you plan to advertise/promote your business. What products will you be advertising?  
Flyers Word of mouth Website, RADIO, Newspaper - Advertise Food.

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

19. Owner of building where establishment is located: Ho Fodol Joint Ventures  
Address of Owner: 702 Black Hawk Ave, MADISON WI 53705 Phone Number 608-238-5326

20. 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

21. List the Directors of your Corporation/LLC  
Heriberto Silva 433 Turtle Creek Dr Delavan WI 53115  
Name Address  
Maria Silva 433 Turtle Creek Dr. Delavan WI 53115  
Name Address

22. List the Stockholders of your Corporation/LLC  
~~Name Address % of Ownership  
Name Address % of Ownership  
Name Address % of Ownership~~

23. What type of establishment are you? (Check all that apply)  Tavern  Nightclub  Restaurant  
 Other Please Explain \_\_\_\_\_

24. What type of food will you be serving, if any? Mexican Cuisine  
 Breakfast  Lunch  Dinner

25. Please submit a sample menu with your application, if possible. What might eventually be included on your operational menu when you open?  Appetizers  Salads  Soups  Sandwiches  Entrees  
 Desserts  Pizza  Full Dinners

26. During what hours of your operation do you plan to serve food? 8:00 Am to Close.  
Hours of operation: ~~8:00 AM~~ Sunday - Thursday 8:00 AM - 11:00 PM  
Friday + Saturday 8:00 AM - 4:00 AM.

27. What hours, if any, will food service not be available? NONE
28. Indicate any other product/service offered NONE
29. Will your establishment have a kitchen manager?  Yes  No The owners
30. Will you have a kitchen support staff?  Yes  No
31. How many wait staff do you anticipate will be employed at your establishment? 4  
During what hours do you anticipate they will be on duty? open to close
32. Do you plan to have hosts or hostesses seating customers?  Yes  No
33. Do your plans call for a full-service bar?  Yes  No  
If yes, how many bar stools do you anticipate having at your bar? 5  
How many bartenders do you anticipate you would have working at one time on a busy night? 2
34. Will there be a kitchen facility separate from the bar?  Yes  No
35. Will there be a separate and specific area for eating only?  Yes  No  
If yes, what will be the seating capacity for that area? \_\_\_\_\_
36. What type of cooking equipment will you have?  Stove  Oven  Fryers  Grill  Microwave
37. Will you have a walk-in cooler and/or freezer dedicated solely to the storage of food products?  Yes  No
38. What percentage of your overall payroll do you anticipate will be devoted to food operation salaries?  
75%
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? 75%  
What percentage of your advertising budget do you anticipate will be drink related? 25%
40. Are you currently, or do you plan to become, a member of the Madison—Dane County Tavern League or the Tavern League of Wisconsin?  Yes  No
41. Are you currently, or do you plan to become, a member of the Wisconsin Restaurant Association or the National Restaurant Association?  Yes  No

42. What is your estimated capacity? 60

43. 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.

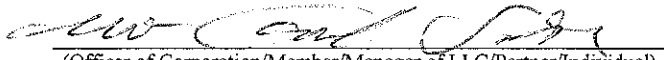
Gross Receipts from Alcoholic Beverages	20 <del>80</del> %
Gross Receipts from Food and Non-Alcoholic Beverages	180 %
Gross Receipts from Other	— %
<b>Total Gross Receipts</b>	<b>100%</b>

44. 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.

**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 29 day of July, 2008

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

  
(Clerk/Notary Public)

My commission expires 5-6-2012

## **Additional Response**

City of Madison Supplemental Class B License Application  
Taqueria Gaunajuato  
1318 S. Midvale Blvd.

### **#10.**

The building is single story 2400 square foot free standing. The dimensions of the building are approximately 75 feet in length by 32 feet in width. The construction is wood frame with stucco exterior. There is no basement. The front of the building is comprised of large windows covering the majority of the wall area. There are 25 parking stalls directly in front of the front of the building.

The building is divided into a front area and a back area. The back area consists of a kitchen, an office and a storage room. A back door exists the building through the kitchen. There are trash containers in the back. See attached floor plan.

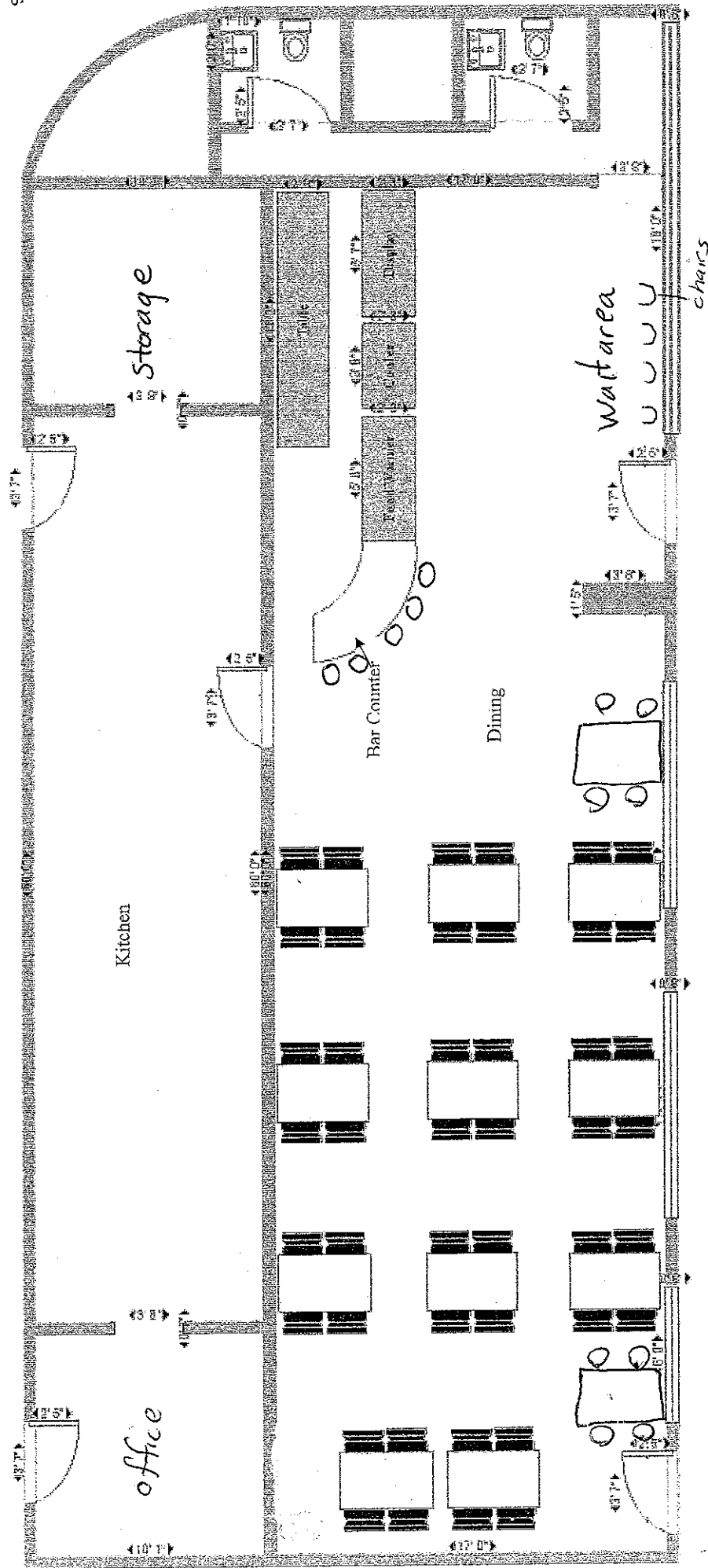
The front area has the dinning room, a small bar/waiting area and male and female restrooms. The front entry enters the bar/waiting area. There are approximately 13 tables in the dinning are with approximately 52 chairs. The dinning room is approximately 630 square feet. There are 5 stools at the bar. There are 4 chairs in the waiting area. The bar/wait area including the space behind the bar is approximately 400 square feet. The capacity is 60. See attached floor plan.

Alcoholic beverages will be served in the dinning room, the bar/wait area. Alcohol will be stored behind the bar counter and in the room labeled storage. See attached floor plan.

This has not changed from the previous licensed premise.

Restaurants and  
Sales  
divisions

Back of the restaurant



Front Entry

Taquena buana Juato  
1318 S. midvale Blvd.