

# ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning \_\_\_\_\_ 20\_\_\_\_ ;  
ending \_\_\_\_\_ 20\_\_\_\_ ;

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): Froyland Ruiz-Miranda

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>Froyland Ruiz Miranda</u>	<u>Owner, 5506 Camden Rd. Madison, WI</u>	<u>53716</u>
Vice President/Member				
Secretary/Member				
Treasurer/Member				
Agent				
Directors/Managers				

3. Trade Name La Queretana Business Phone Number (608) 242-9750  
4. Address of Premises 1417 Northport Rd. MADISON WI 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 N/A 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) Convenient Store - grocery store place.
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 27th day of November, 2006  
Maibeth Wibel-behl  
(Clerk/Notary Public)  
My commission expires 10-26-08

Froyland Ruiz  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)  
Froyland Ruiz  
(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	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
<u>11-27-06</u>		<u>05077</u>	
Date license granted	Date license issued	License number issued	
		<u>70418</u>	

Applicant's Wisconsin Seller's Permit Number: <u>004-0001547481-01</u>	
Federal Employer Identification Number (FEIN):	
LICENSE REQUESTED	
TYPE	FEE
<input 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	\$
<b>TOTAL FEE</b>	<b>\$</b>

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

### Office Use Only

- |  |  |
|--|--|
| <input type="checkbox"/> Seller's Permit Number<br><input type="checkbox"/> Federal Employer Identification Number<br><input type="checkbox"/> Notarized Original Application Form (AT-106)<br><input type="checkbox"/> Notarized Supplemental Form<br><input type="checkbox"/> Description of Licensed Premise<br><input type="checkbox"/> Notarized Auxiliary Questionnaire(s) (AT-103)<br><input type="checkbox"/> Background Investigation Form(s)<br><input type="checkbox"/> Floor Plans | <input type="checkbox"/> Lease<br><input type="checkbox"/> Notarized Transfer of Ownership Letter<br><input type="checkbox"/> *Schedule of Appointment of Agent (AT-104)<br><input 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 \_\_\_\_\_ can be reached at \_\_\_\_\_  
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 \_\_\_\_\_ can be reached at \_\_\_\_\_.
- 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 ~~Yes~~ ~~No~~
2. Are there any special conditions desired by the neighborhood?  Yes  No  
Explain. \_\_\_\_\_
3. Name of Applicant/Partner/Corporation/LLC FROYLAND MIRANDA Ruiz
4. Telephone Number: (608) 242-9750
5. Address of Licensed Premise 1417 NORTH POET ROAD, MADISON, WI 53704
6. Anticipated opening date: opened
7. Mailing address if not opening immediately Same as 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:

Mexican Convenience Store.

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.**

31' x 60' convenience store. Alcohol stored on convenience store shelves, in coolers, and in hallway.

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 lot with capacity for more than 20 cars in front of store.

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

Owner of store for more than 2 years. As a manager in the hotel industry, for more than 8 yrs.

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. FROY LAND RUIZ MIRANDA

Name

5506 CAMDEN ROAD, MADISON

WI 53716

Address

City

State

Zip

15. Excluding pre-packaged snacks, how late will food be served? NO

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

17. Indicate any other product/service offered: grocery products, meats,

18. Describe your target market. Latino clientele in East side of Madison

19. What is your estimated capacity? 20 persons

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: Mike Gorman  
Address of Owner: \_\_\_\_\_ Phone Number 249-8223

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 N/A

24. Corporation/LLC: Agent must disclose interest held in business: \_\_\_\_\_% N/A

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

**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>

N/A

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: Grocery store

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? 0

33. What hours, if any, will food service not be available? N/A

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

Advertising in local and special newspapers.

**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 November, 2006

Maibeth Witzel-Behl  
(Clerk/Notary Public)

My commission expires 10-26-08

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

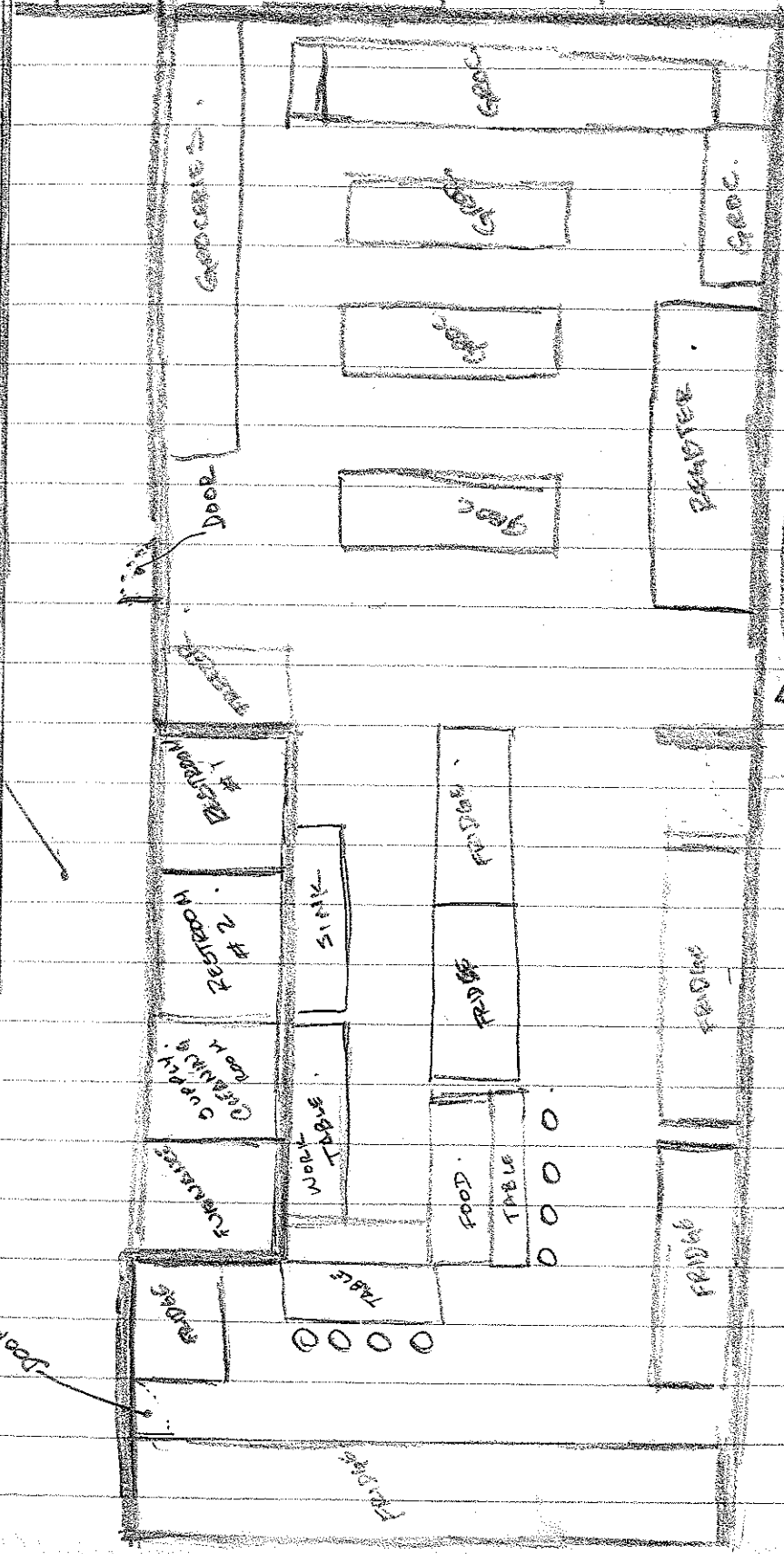
[Signature]  
(Officer of Corporation/Member/Manager of LLC/Partner/Individual)

[Signature]  
(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.**

STREET LIGHTS  
NORTH PORT RD.

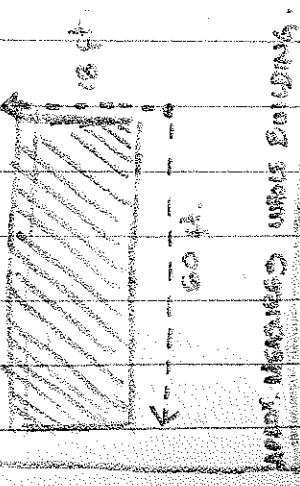
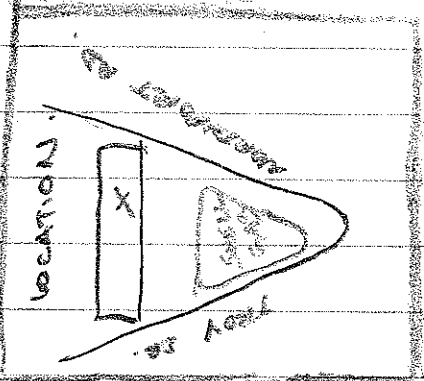
EXIT DOOR



WALKWAY

RESTROOM

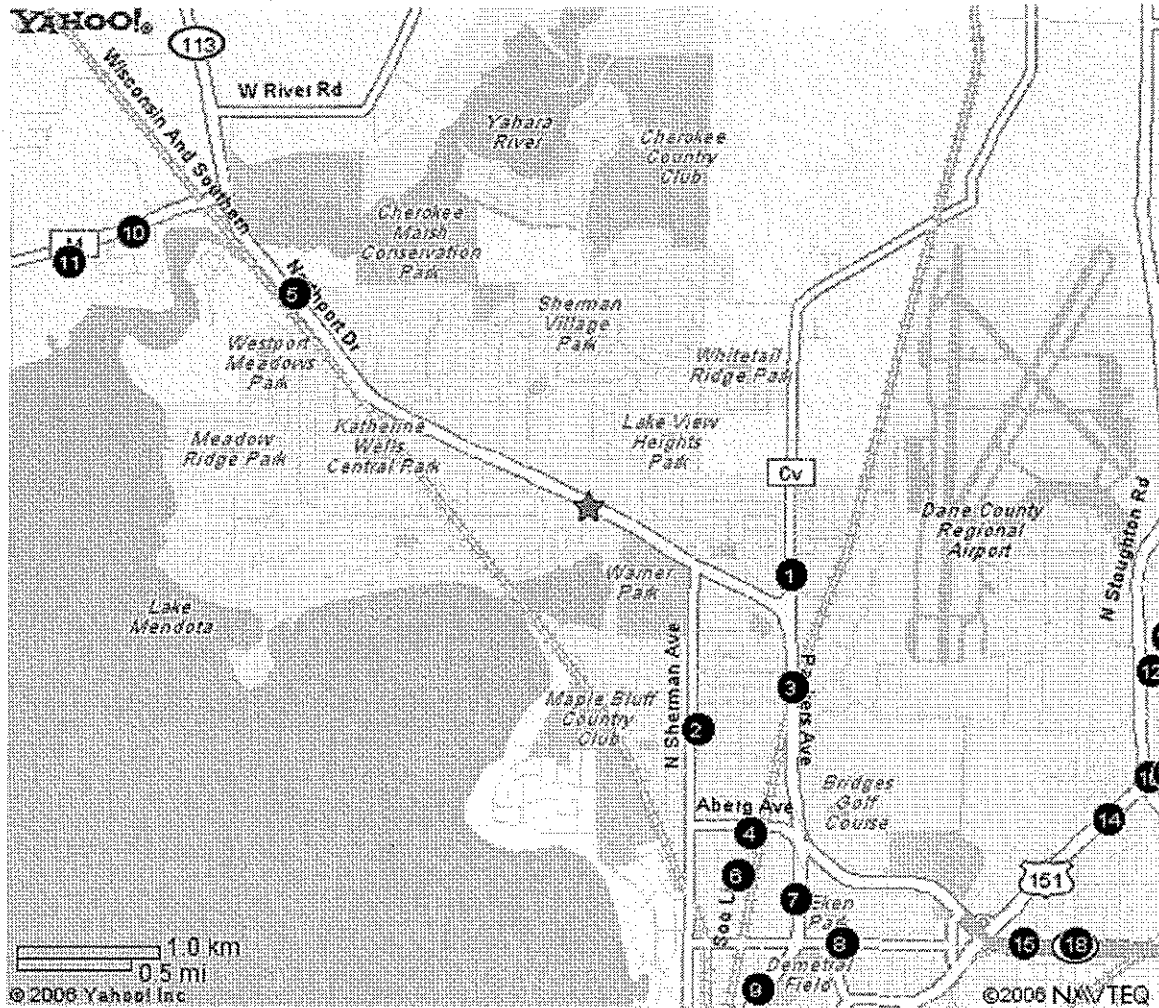
LA QUERRENA  
1417 NORTH PORT RD.  
MADISON. 53704



Yahoo! Maps - Madison, WI 53704-2023

<< Back to Map

★ 1417 Northport Dr Madison, WI 53704-2023



Map#	Business/Landmark Info	Distance
1	<b>Runway Pub &amp; Grille</b> 3302 Packers Ave Madison, WI Phone: (608) 249-4401	0.9 miles
2	<b>Busse's Markway Tavern Inc</b> 2005 N Sherman Ave Madison, WI Phone: (608) 244-0320	1.0 miles
3	<b>Villa Tap</b> 2302 Packers Ave Madison, WI Phone: (608) 244-9627	1.1 miles
4	<b>Wiggie's</b> 1901 Aberg Ave Madison, WI	1.5 miles

ADVERTI

- 5**

**J J's Top Of The Swamp**  
 5344 State Road 113  
 Madison, WI  
**Phone:** (608) 249-0505

**1.6 miles**
- 6**

**Locker Room Sports Bar & Grill**  
 1810 Roth St  
 Madison, WI  
**Phone:** (608) 246-2010

**1.7 miles**
- 7**

**Simm's Place**  
 2231 Myrtle St  
 Madison, WI  
**Phone:** (608) 244-9719

**1.9 miles**
- 8**

**Tip Top Tavern**  
 601 North St  
 Madison, WI  
**Phone:** (608) 249-2468

**2.1 miles**
- 9**

**Slices**  
 2417 Pennsylvania Ave  
 Madison, WI  
**Phone:** (608) 243-6925

**2.2 miles**
- 10**

**Whitehouse Sport Lounge**  
 5407 County Road M  
 Waunakee, WI  
**Phone:** (608) 244-6866

**2.3 miles**
- 11**

**Willows Tavern**  
 5485 Willow Rd  
 Waunakee, WI  
**Phone:** (608) 244-8458

**2.5 miles**
- 12**

**Sports Pub**  
 1902 Bartillon Dr  
 Madison, WI  
**Phone:** (608) 241-0147

**2.5 miles**
- 13**

**Eagles Club**  
 2109 Bartillon Dr  
 Madison, WI  
**Phone:** (608) 242-4688

**2.5 miles**
- 14**

**Prime Quarter Steak House**  
 3520 E Washington Ave  
 Madison, WI  
**Phone:** (608) 244-3520

**2.6 miles**
- 15**

**Cheer's Again**  
 703 Rethke Ave  
 Madison, WI  
**Phone:** (608) 244-3139

**2.6 miles**
- 16**

**Club Lamark**  
 1525 N Stoughton Rd  
 Madison, WI  
**Phone:** (608) 244-4004

**2.7 miles**
- 17**

**Tailgators Sports Bar & Grill**  
 3737 E Washington Ave  
 Madison, WI  
**Phone:** (608) 249-7837

**2.7 miles**
- 18**

**Brothers Three Bar & Grill**  
 614 N Fair Oaks Ave  
 Madison, WI  
**Phone:** (608) 244-6818

**2.8 miles**

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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