



City of Madison Liquor/Beer License Application

On-Premises Consumption: Class B Beer Class B Liquor Class C Wine
Off-Premises Consumption: Class A Beer Class A Liquor Class A Cider

Section A – Applicant

1. If needed, a qualified interpreter can be provided at no charge to you. Would you like an interpreter?
 Yes (language: Spanish)
 No (If you answer no and you do require an interpreter, the ALRC will refer your application to a subsequent meeting and this may delay your application process)

Si usted requiere o necesita un/a intérprete, nosotros podemos proveer un/a intérprete sin costo alguno. ¿Le gustaría tener un/a intérprete?

- Sí, lenguaje Espanol
 No. Si usted escoge "no" en la solicitud/aplicación, y usted sí requiere un/a intérprete, el comité remitirá su solicitud para una nueva junta y esto puede atrasar el proceso de su solicitud.

2. This application is for the license period ending June 30, 2018.
3. List the name of your Sole Proprietor, Partnership, Corporation/Nonprofit Organization or Limited Liability Company exactly as it appears on your State Seller's Permit.

Santa Maria Grocery Inc

4. Trade Name (doing business as) _____
5. Address to be licensed 1326 S. Midvale Blvd, Madison WI 53711
6. Mailing address SLA
7. Anticipated opening date already open
8. Is the applicant an employee or agent of, or acting of behalf of anyone except the applicant named in question 2?
 No Yes (explain) _____
9. Does another alcohol beverage licensee or wholesale permittee have interest in this business?
 No Yes (explain) _____

Section B—Premises

10. Describe in words the building or buildings where alcohol beverages are to be sold and stored. Include all rooms including living quarters, if used, and any outdoor seating used for the sales, service, and/or storage of alcohol beverages and records. Alcohol beverages may be sold and stored only on the premises as approved by Common Council and described on license.

Alcohol is stored in two ~~storage rooms~~
~~located in the basement~~ left side of the
store in display boxes.

11. Attach a floor plan, no larger than 8 ½ by 14, showing the space described above.
12. Applicants for on-premises consumption: list estimated capacity _____
13. Describe existing parking and how parking lot is to be monitored.
Parking lot is a small retail Plaza with
approximately _____ parking spaces.
14. Was this premises licensed for the sale of liquor or beer during the past license year?
 No Yes, license issued to Santa Maria Grocery Inc (name of licensee)
15. Attach copy of lease.

Section C—Corporate Information

This section applies to corporations, nonprofit organizations, and Limited Liability Companies only. Sole proprietorships and partnerships, skip to Section D.

16. Name of liquor license agent Marcela Mendoza
17. City, state in which agent resides Madison, WI 53711
18. How long has the agent continuously resided in the State of Wisconsin? 7 years
19. Appointment of agent form and background check form are attached.
20. Has the liquor license agent completed the responsible beverage server training course?
 No, but will complete prior to ALRC meeting Yes, date completed _____
21. State and date of registration of corporation, nonprofit organization, or LLC.
Wisconsin 3/2/2011
22. In the table below list the directors of your corporation or the members of your LLC.
 Attach background check forms for each director/member.

Title	Name	City and State of Residence
President	Marcela Mendoza	Madison, Wisconsin

23. Registered agent for your corporation or LLC. This is your agent for service of process, notice or demand required or permitted by law to be served on the corporation. This is not necessarily the same as your liquor agent.
Marcela Mendoza

24. Is applicant a subsidiary of any other corporation or LLC?

No Yes (explain) _____

25. Does the corporation, any officer, any director, any stockholder, liquor agent, LLC, any member, or any manager hold any interest in any other alcohol beverage license or permit in Wisconsin?

No Yes (explain) _____

Section D—Business Plan

26. What type of establishment is contemplated?

- Tavern Nightclub Restaurant Liquor Store Grocery Store
- Convenience Store without gas pumps Convenience Store with gas pumps
- Other _____

27. Business description Retail Grocery Items Sold to
the public.

28. Hours of operation _____

29. Describe your management experience I have over 20 years
of grocery operating experience and 7 years of
owner of a grocery store.

30. List names of managers below, along with city and state of residence.

<u>Maricela Mendoza</u>	<u>Madison, Wisconsin</u>
<u>Sergio Perez</u>	<u>Madison, Wisconsin</u>

31. Describe staffing levels and staff duties at the proposed establishment _____

3 Meat Department employees, 2 Merchandise Stockers employees,
3 cashiers employees, 2 Manager Day to Day operations employees.

32. Describe your employee training _____

33. Utilizing your market research, describe your target market.

Our Grocery stores sells Mexican Grocery
Items. We target the Hispanic Market

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

We opened 7 years ago, most people of
the community know us. When we first open
the store we advertised in the local Spanish radio
station.

35. Are you operating under a lease or franchise agreement? No Yes

36. 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?
 No Yes

Section E—Consumption on Premises

N/A

This section applies to Class B and Class C applicants only. Class A license applicants (consumption off premises) may skip to Section F.

37. Do you plan to have live entertainment? No Yes—what kind? _____

38. What age range do you hope to attract to your establishment? _____

39. What type of food will you be serving, if any? _____
 Breakfast Brunch Lunch Dinner

40. Submit a sample menu if applicable. What will be included on your operational menu?
 Appetizers Salads Soups Sandwiches Entrees Desserts
 Pizza Full Dinners

41. During what hours of operation do you plan to serve food? _____

42. What hours, if any, will food service not be available? _____

43. Indicate any other product/service offered. _____

44. Will your establishment have a kitchen manager? No Yes

45. Will you have a kitchen support staff? No Yes

46. How many wait staff do you anticipate will be employed at your establishment? _____
During what hours do you anticipate they will be on duty? _____

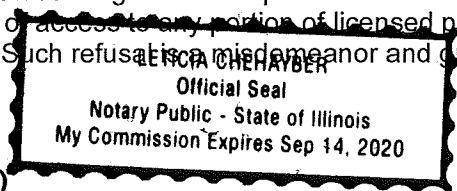
47. Do you plan to have hosts or hostesses seating customers? No Yes

- 65. I understand we must file a Special Occupational/Tax return (TTB form 5630.5) before beginning business. [phone 1-800-937-8864] No Yes
- 66. I 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] No Yes
- 67. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? No Yes

Section G—Information for Clerk's Office

- 68. State Seller's Permit 456-1027369321-03
- 69. Federal Employer Identification Number 27-5441363
- 70. Who may we contact between 8 a.m. and 4:30 p.m. regarding this license?
 Contact person Leticia Chelhaber, Accountant
 E-mail address Leticia@MKaenterprises.com
 Phone 630-287-1214 Preferred language _____
- 71. Corporate attorney, if applicable: Name _____
 Phone _____ E-mail _____

Read carefully before signing in front of a notary: 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 the business according to law, and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. Lack of access to any portion of 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 09 day of June, 2017

[Signature]
 (Clerk/Notary Public)

[Signature]
 (Officer of Corporation/Member of LLC/Partner/Sole Proprietor)

My commission expires 9/14/2020

Clerk's Office checklist for complete applications		
<input type="checkbox"/> Orange sign <input type="checkbox"/> WI Seller's Permit Certificate (matching articles of incorporation) <input type="checkbox"/> FEIN <input type="checkbox"/> Notarized application <input type="checkbox"/> Written description of premises	<input type="checkbox"/> Background investigation form(s) <input type="checkbox"/> Form for surrender of previous license <input type="checkbox"/> *Articles of Incorporation <input type="checkbox"/> *Notarized Appointment of Agent * Corporation/LLC only	<input type="checkbox"/> Floor Plans <input type="checkbox"/> Lease <input type="checkbox"/> Sample Menu <input type="checkbox"/> Business Plan
Date complete application filed with Clerk's Office _____ Date of ALRC meeting _____ Date license granted by Common Council _____ Date provisional issued _____ Date license issued _____ License number _____		