

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning July 1 20 11 ;
ending June 30 20 12

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

County of _____ 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): Tropical Cuisine, LLC

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.

President/Member Owner Title Daryl Malone Name 2595 Clara Ave Aurora IL 60502 Home Address 2595 Clara Ave Aurora IL 60502 Post Office & Zip Code
Vice President/Member _____
Secretary/Member _____
Treasurer/Member _____
Agent Tropical Cuisine - Blanca Maldonado
Directors/Managers Tropical Cuisine

3. Trade Name IS N. Broom St Madison, WI Business Phone Number _____
4. Address of Premises IS N. Broom St Madison, WI Post Office & Zip Code _____
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 employee 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.
(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.) _____
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? Blanca Maldonado / Tropical Cuisine
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 24 day of JUNE, 20 11

Darlene Marshall
(Clerk/Notary Public)

My commission expires 3-12-2011

Daryl Malone
(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	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	
		<u>LIC1B-2011-00645</u>	



City of Madison Supplemental Class B License Application

<input checked="" type="checkbox"/> Seller's Permit Number <input checked="" type="checkbox"/> Federal Employer Identification # <input checked="" type="checkbox"/> Notarized Original Application Form <input checked="" type="checkbox"/> Notarized Supplemental Form <input type="checkbox"/> Orange Sign (Clerk's Office provides at time of application)	<input type="checkbox"/> Written Description of Premise <input checked="" type="checkbox"/> Background Investigation Form(s) <input type="checkbox"/> Notarized Transfer of Ownership <input checked="" type="checkbox"/> Articles of Incorporation <input type="checkbox"/> *Notarized Appointment of Agent * Corporation/LLC only	<input checked="" type="checkbox"/> Floor Plans <input checked="" type="checkbox"/> Lease <input checked="" type="checkbox"/> Sample Menu <input checked="" type="checkbox"/> Business Plan
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1. Name of Applicant/Partner/Corporation/LLC Dary Malore / Blanca Maldonado / Tropical Cuisine LLC
2. Address of Licensed Premise 15 N. Broom St. Madison, WI
3. Telephone Number: 608 8038471 / 312 5451361
4. Anticipated opening date: July 2011
5. Mailing address if not opening immediately 1360 N. Regent St #162 Madison, WI
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. _____
8. Business Description, including hours of operation: Family owned rest. we will sell offer authentic puerto Rican foods to the public -
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.**
all alcohol will be stored behind the counter, served in the main seating area and patio area. Total square footage is approximately 1500 square feet.
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. street parking + parking lot
13. Describe your management experience, staffing levels, duties and employee training.
Chef over 28 years of experience. Owner over 15 years of business management experience, sales + training
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.
Blanca Maldonado 5833 Balsam Rd #4 Madison, WI 53711
Name Address

15. Utilizing your market research, who would you project your target market to be?

madison area community

16. What age range would you hope to attract to your establishment? 21 & up

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

fliers, newspapers, radio, community & internet

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

19. Owner of building where establishment is located: Cliff Fisher

Address of Owner: 13 N. Brown St Madison WI 53703 Phone Number 608 213 2828

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

Daryl Malone 2595 Clara Avenue Aurora, IL 60502
Name Address

Name Address

Name Address

22. List the Stockholders of your Corporation/LLC

Daryl Malone 2595 Clara Avenue Aurora, IL 60502
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? rice, beans, meats, frites, salad, sandwiches

☒ Breakfast ☒ Lunch ☒ Dinner & more

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? Monday - Thursday 10³⁰ - 10pm

Friday & Sat 11am - 3am

27. What hours, if any, will food service not be available? N/A
28. Indicate any other product/service offered. N/A
29. Will your establishment have a kitchen manager? ☒ Yes ☐ No
30. Will you have a kitchen support staff? ☒ Yes ☐ No
31. How many wait staff do you anticipate will be employed at your establishment? 4-8
During what hours do you anticipate they will be on duty? _____
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? _____
How many bartenders do you anticipate you would have working at one time on a busy night? _____
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% food / 25% other
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? 100%
What percentage of your advertising budget do you anticipate will be drink related? 0
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? under 50

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 %
Gross Receipts from Food and Non-Alcoholic Beverages	80 %
Gross Receipts from Other	0 %
Total Gross Receipts	100%

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.

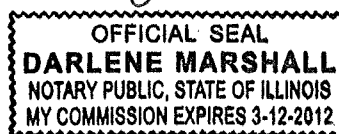
Subscribed and Sworn to before me:

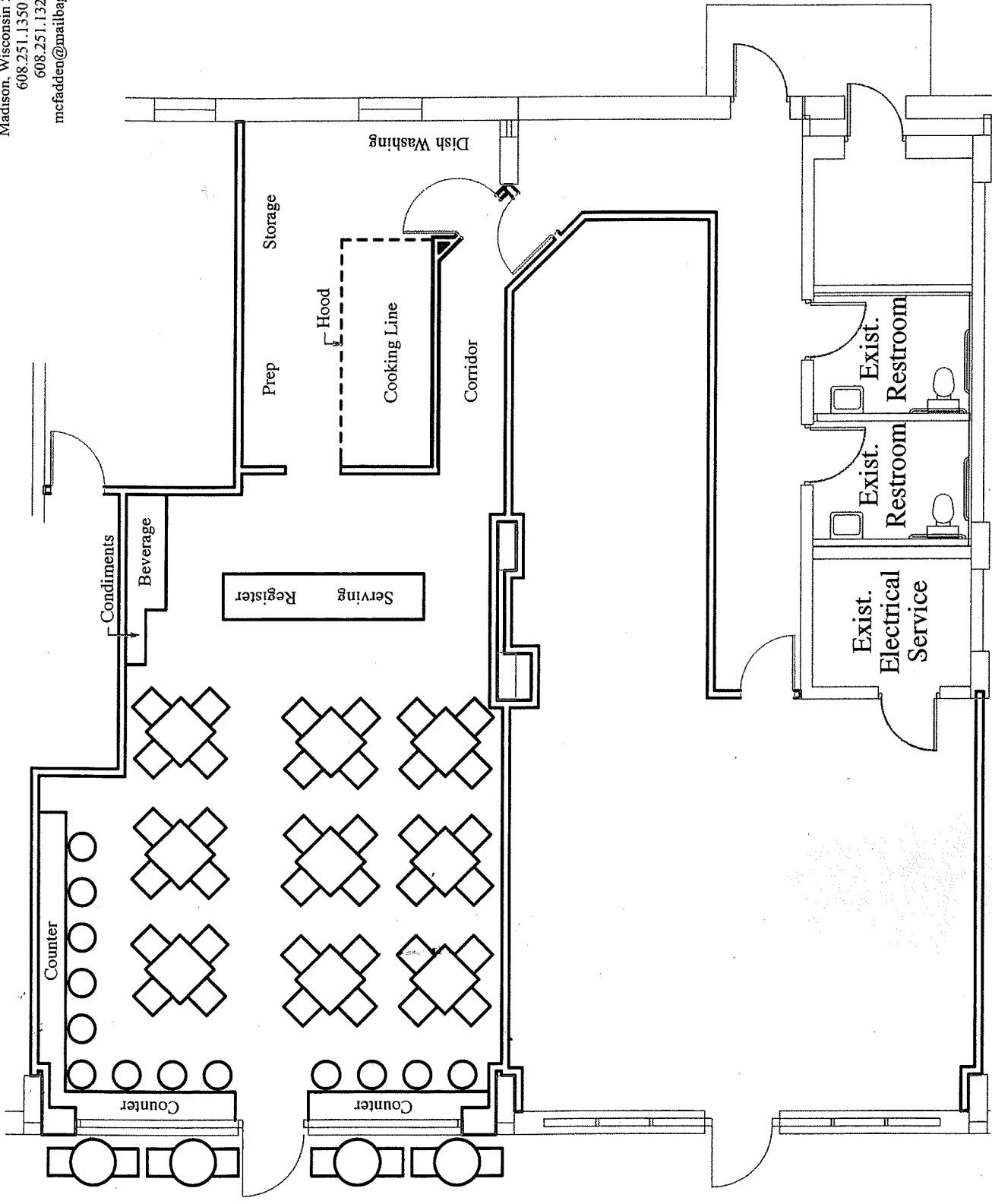
this 24 day of JUNE, 2011

Darlene Marshall
(Clerk/Notary Public)

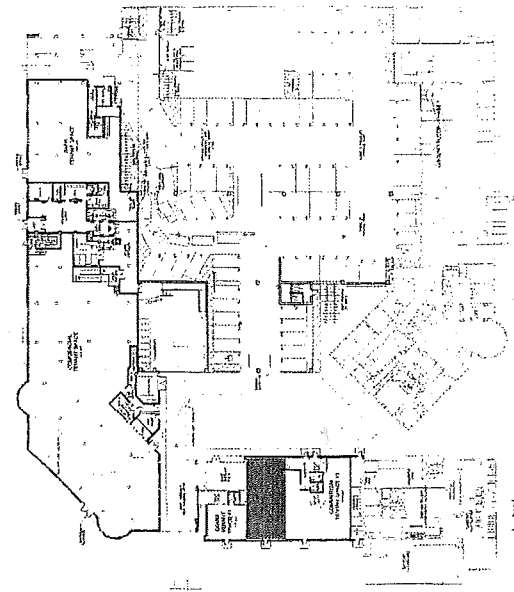
My commission expires 3-12-2012

Darlene Marshall
(Officer of Corporation/Member of LLC/Partner/Individual)

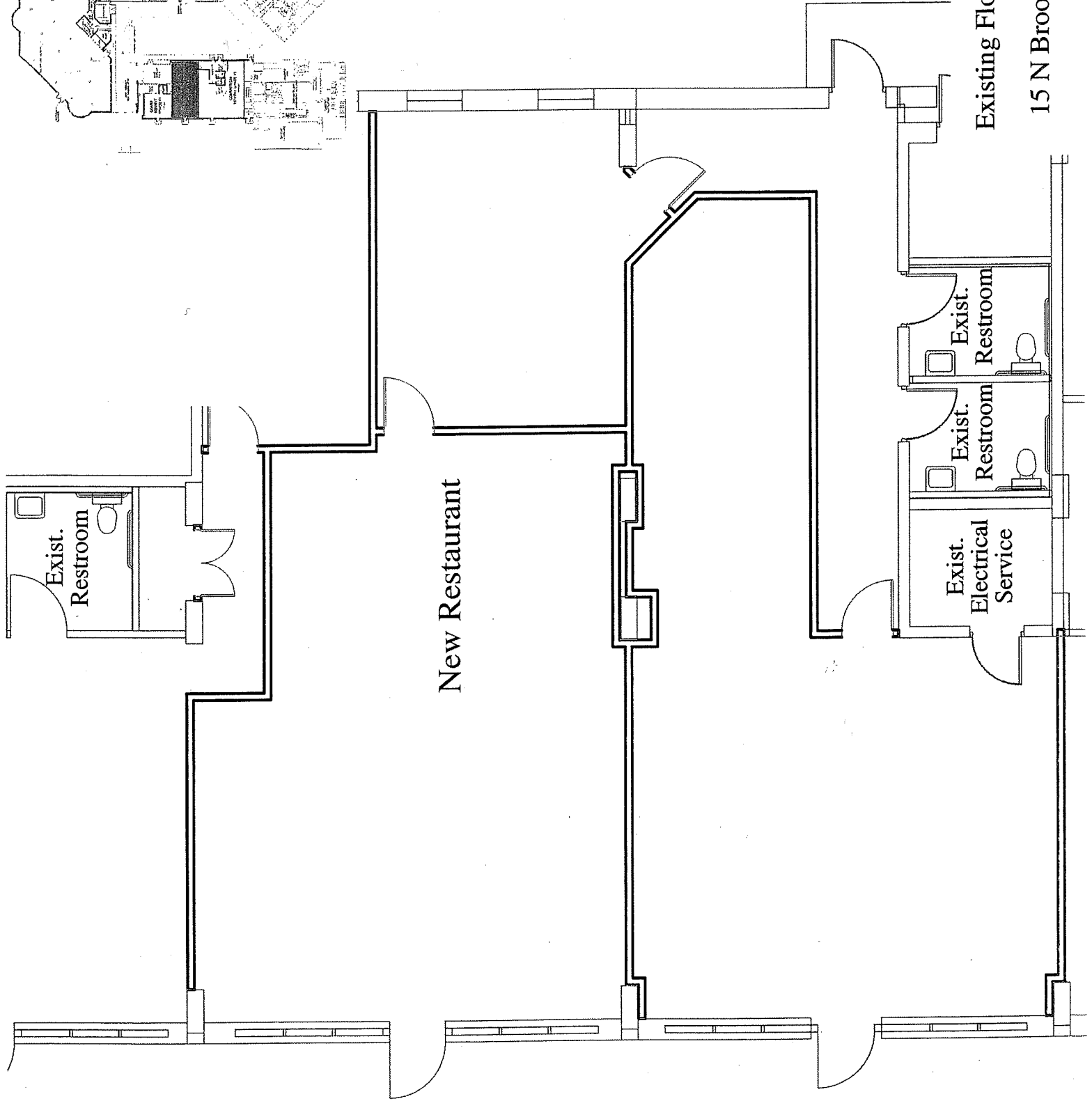




Proposed Floor Plan @ 1/8" = 1'-0"
 Tropical Cuisine
 15 North Broom, Madison, Wisconsin
 May 24, 2010



Location



Existing Floor Plan @ 1/8" = 1'-0"
Tropical Cuisine
15 N Broom, Madison, Wisconsin
May 24, 2010

OUR LOGO!!!
GOES HERE!!

Welcome to Tropical Cuisine. Your house of good eating. A place where you can enjoy authentic and delicious food of the great Island of Puerto Rico.



Especial de Dia/Daily

Specials:

Salen con arroz blanco, habichuelas o arroz guisado y tostones y ensalda verde/These come with white rice and beans or yellow rice, friend plantains and salad

Lunes/Monday

A la Jardiner

Martes/Tuesday

Costillas en Salsa/Ribs in Sauce

Miercoles/Wed

Lasagna pan conAjo/
Lasagna with garlic bread

Jueves/Thurs

Pavo al Horno con gravy/Turkey with gravy

Viernes/Friday

Pollo a la BBQ/BBQ Chicken



Tropical Cuisine

Menu

15 North Broom Street
Madison, WI

608.... 250-1700

Fax # ... 250-1701
www.tropicalcuisine.com



Appetizers/Aperitivos:

Alcapurias	\$ 1.75
Rellenos de Papa/ Stuffed Potatoes	\$ 1.25
Pastelillos de Pollo/Carne (Chicken/meat Turnover)	\$ 1.50
Ensalada de pulpo/Octopus salad	\$ 5.00
Camarones/Shrimp	\$ 4.50

Sopas y Ensaladas/Soup and Salads:

Sopa de Platanos/Plantain Soup	\$4.50
Sopa de Pollo y Fideos/ Noodles and Chicken Soup	\$ 5.00
Sopa del Dia/ Soup of the Day	??
Ensalada verde con tomates/ Green Salad with Tomatoes	\$ 3.50
Ensalada con Churrasco	\$ 14.00

Sandwiches:

Jibarito/Made with Plantain and your choice of chicken, pork or steak

Biftec/Steak	\$ 7.00
Pernil/Pork	\$ 7.00
Pollo/Chicken	\$ 7.00
Cubano/Cuban	\$ 7.00

Mofongos Rellenos en Salsa Criolla de/Plantain Stuffed en Creole Sauce:

Con Carne Frita	\$??
Camarones/Shrimp	\$ 12.95
Pollo/Chicken	\$ 10.00
Pulpo/Octopus	\$ 12.95
Caldo/ Broth	\$ 6.50

Especiales de nuestro fagon diariamente/Daily specials from our kitchen: Combination Platters

**Escoja 1 carne y 2 acompanantes
del menu diario. Choose 1 meat and
2 side orders from the daily menu:**
\$ 7.95

<i>Arroz y Habichulas/Rice and beans</i>
<i>Arroz con gandules/Rice with Pigeon Peas</i>
<i>Vegetales/Vegetable</i>
<i>Tostones or Amarillos/Plantain or Riped</i>
<i>Plantain</i>
<i>Pollo al horno/Baked Chicken</i>
<i>Pernil/Pork</i>
<i>Carne Frita/Fried</i>
<i>Pollo Fricase/</i>
<i>Bistec/Steak</i>

Side Orders:

	Small	Large
Arroz blanco/White Rice	\$2.00	\$4.00
Arroz con gandules	\$ 3.00	\$ 6.00
Tostones/Fried Plantain	???	???
Amarillos/Fried Riped Plantains	???	???
Aranitas/String of Fried Plantains	??	??
Habichuelas/Beans	\$ 2.50	\$5.00
Papa frita/French Fries	\$2.00	\$ 4.00
Mofongo solo/Mashed Plantain	\$ 3.00	

Mariscos y Pescados

Camarones al ajillo	\$ 12.95
Camarones a la criolla	\$ 12.95
Camarones a la mantequilla	\$ 12.95
Ensalada de pulpo	\$ 13.00

Pescados

Filete de chillo:	
Mantequilla, ajillo o al a criolla	\$ 12.95

Filete de Dorado:

Mantequilla, ajillo o al a criolla	\$ 12.95
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Asopaos/Heavy Soup

De pollo	\$ 9.00
De camarones/shrimp	\$ 11.95
De langosta	\$ 13.95

Arroz Frito con:

Pollo	\$ 10.00
Camarones	\$ 12.95
Pulpo	\$ 12.95

AVES:

Pechuga	
Al ajillo	\$ 10.00
A la mantequilla	\$10.00
A la plancha	\$ 10.00
A la criolla	\$ 10.00

Postres/Desserts

Flan de coco	\$ 2.50
Flan de vainilla	\$ 2.25
Flan de queso	\$ 2.50