

City of Madison Supplemental Class A License Application

<input type="checkbox"/> Seller's Permit Number <input type="checkbox"/> Federal Employer Identification Number <input type="checkbox"/> Notarized Original Application Form <input type="checkbox"/> Notarized Supplemental Form	<input type="checkbox"/> Description of Licensed Premise <input type="checkbox"/> *Notarized Appointment of Agent <input type="checkbox"/> Background Investigation Form(s) <input type="checkbox"/> Notarized Transfer of Ownership <input type="checkbox"/> *Articles of Incorporation	<input type="checkbox"/> Floor Plans <input 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 Jeffrey M Aebly - Aebly Enterprises, LLC
 2. Address of Licensed Premise 4915 Commercial Ave Madison WI 53704
 3. Telephone Number: 608-240-0778 4. Anticipated opening date: _____
 5. Mailing address if not opening immediately _____

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. What type of establishment is contemplated? Liquor Store Grocery Store
 Convenience Store – Gas Pumps Yes No Other—Explain _____

9. Business Description: Grocery 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.**

2,500 sq ft only carry out alcohol

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. _____

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

FD Training on all new employees with sigal of date to be 21 yrs old

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.

Humberto Macias 909 Twin Pines Dr. Madison WI 53704
 Name Address

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

Latin market

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

advertising & promote Grocery store Food items

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

18. Owner of building where establishment is located: D&E Commercial LLC - Sara Investment

Address of Owner: 1612 North high point Rd Middleton WI 53562 Phone Number 608 831-2212

19. 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

20. List the Directors of your Corporation/LLC

<u>Jeffrey M Rebly</u>	<u>1592 Partridge Hill Dr Oregon WI 53575</u>
Name	Address
<u>Bonnie K Rebly</u>	<u>"</u>
Name	Address
_____	_____
Name	Address

21. List the Stockholders of your Corporation/LLC

_____	_____	_____
Name	Address	% of Ownership
_____	_____	_____
Name	Address	% of Ownership
_____	_____	_____
Name	Address	% of Ownership

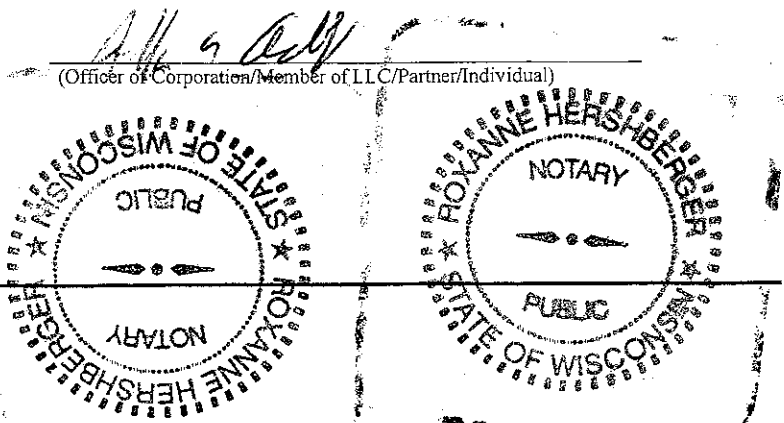
Read carefully before signing: Under penalty provided by law, the applicant states that the above information has been truthfully completed to the best of the knowledge of the signer. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), 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 16 day of March, 20 09

Roxanne Hershberger
(Clerk/Notary Public)

My commission expires 2-21-10



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

Appointment of New Liquor/Beer Agent

To be completed by Corporate Officer or Member of LLC

I, Jeffrey M. Aebly, officer/member for Aebly Enterprises
(Corporation/LLC), doing business as LA Zacatecana, authorize and appoint
Humberto Macias (Name) as the liquor/beer agent for the premise
located at 4915 Commercial Ave Madison WI 53704

Subscribed and sworn to before me this

16th Day of March, 2009

Wendy E. Borton
Notary Public, Dane County, Wisconsin

My Commission Expires 5/6/2012

Jeffrey M. Aebly
Signature of Officer/Member

To be completed by appointed Liquor/Beer Agent

I, Humberto Macias, appointed liquor/beer agent for
LA ZACATECANA (name of Corporation or LLC), being first duly sworn
say I have vested in me, by properly authorized and executed written delegation, full authority
and control of the premise described in the license of such corporation or limited liability
company, and I am involved in the actual conduct of the business as an employee, or have a
direct financial interest in the business of the licensee, therein relating to the intoxicating
liquor/fermented malt beverage. The interest I have in the business is 0 %.

Subscribed and sworn to before me this

16th Day of March, 2009

Wendy E. Borton
Notary Public, Dane County, Wisconsin

My Commission Expires 5/6/2012

Humberto Macias
Signature of Agent

The appointed Liquor/Beer Agent must complete the other side of this form.