

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk

For the license period beginning 7/1 20 10
 ending 6/30 20 11

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

County of Dane Aldermanic Dist No. A (if required by ordinance)

Applicant's Wisconsin Seller's Permit Number: <u>456-1025490896-03</u>	
Federal Employer Identification Number (FEIN): <u>036-1025490896-05</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 type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$
TOTAL FEE	\$

- 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): OMAR CORTEZ DPA LDS GEMELOS

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			
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶			
Directors/Managers	<u>OMAR CORTEZ</u>	<u>4024 LORI CIR MADISON, WI</u>	<u>53714</u>

3 Trade Name ▶ LDS GEMELOS Business Phone Number Cell# 608-338-9420
 4 Address of Premises ▶ 244 W. GILMAN, MADISON, WI Post Office & Zip Code ▶ 53703

- 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 _____ 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) 50' X 37'4" beverages to be stored in bar area, served to seated customers.

10 Legal description (omit if street address is given above): 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? DP Dough

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 19th day of May **MATTHEW KRUTZAO**
Matthew Krutzao Notary Public
 (Clerk, Notary Public) State of Wisconsin

Omar Cortez
 (Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)
 (Officer of Corporation/Member/Manager of Limited Liability Company/Partner)

My commission expires 3/2/2014
 (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5-19-10</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

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 checked="" type="checkbox"/> Orange Sign (Clerk's Office provides at time of application)	<input type="checkbox"/> Written Description of Premise <i>formed DP Dough</i> <input checked="" type="checkbox"/> Background Investigation Form(s) <input checked="" type="checkbox"/> Notarized Transfer of Ownership <input checked="" type="checkbox"/> Articles of Incorporation <input checked="" 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 type="checkbox"/> Business Plan
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1. Name of Applicant/Partner/Corporation/LLC DBA: LOS GEMELOS Omar Cortez

2. Address of Licensed Premise 244 West Gilman St.

3. Telephone Number: 608-TBA 4. Anticipated opening date: 06/01/10
Cell # 608-338-9420

5. Mailing address if not opening immediately same as above

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 *Marsha Rummel*

Explain. _____

8. Business Description, including hours of operation: Hispanic restaurant moderate food prep, sale of beer, hours M-W 10am-11pm, TH-Sat 10-3am, Sun 10am-11pm

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.**

50'x37'4" Seating in front of 50" high wall 9'9"x12' to right when walk in doors, and space to left of door in front of bar area and side of walk in cooler to wall 37'4" capacity to be established by fire code, alcohol beverages to be stored in bar area.

11. Are any living quarters directly or indirectly accessible and under control of the applicant? Yes No *see page 4 of 4 for further explain*

12. Describe existing parking and how parking lot is to be monitored Street parking monitored by city

13. Describe your management experience, staffing levels, duties and employee training
Experienced manager in food service and restaurant management. All certifications taken, staff at 4 people in kitchen and serving. All employees certified

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.

Omar Cortez 4024 LORI CIR MADISON, WI 53714

Name Address

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

Students visitors to capital residents of iternus area

16. What age range would you hope to attract to your establishment? 21-35

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

print ads in papers and magazines

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

19. Owner of building where establishment is located: 244 W. Coulman, LLC

Address of Owner: G/b FBA Management Services Phone Number 608-255-7100
120 GORHAM ST, MADISON, WI, 53763 agent Alyssa Hellenbrandt

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

Omar Cortez 4024 LORI CIR MADISON, WI 53714

Name

Address

Name

Address

Name

Address

22. List the Stockholders of your Corporation/LLC

N/A

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? Hispanic origin

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? Monday - Wednesday 10am - 11pm

Thursday - Saturday 10am - 3am, Sunday 10am - 11pm

27. What hours, if any, will food service not be available? none
28. Indicate any other product/service offered. applied beer sales license
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? 2-3/4
 During what hours do you anticipate they will be on duty? hours of operation
see question #26
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%
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? most all
 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

Myssa

42. What is your estimated capacity? 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	15 %
Gross Receipts from Food and Non-Alcoholic Beverages	85 %
Gross Receipts from Other	%
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 19th day of May, 2010

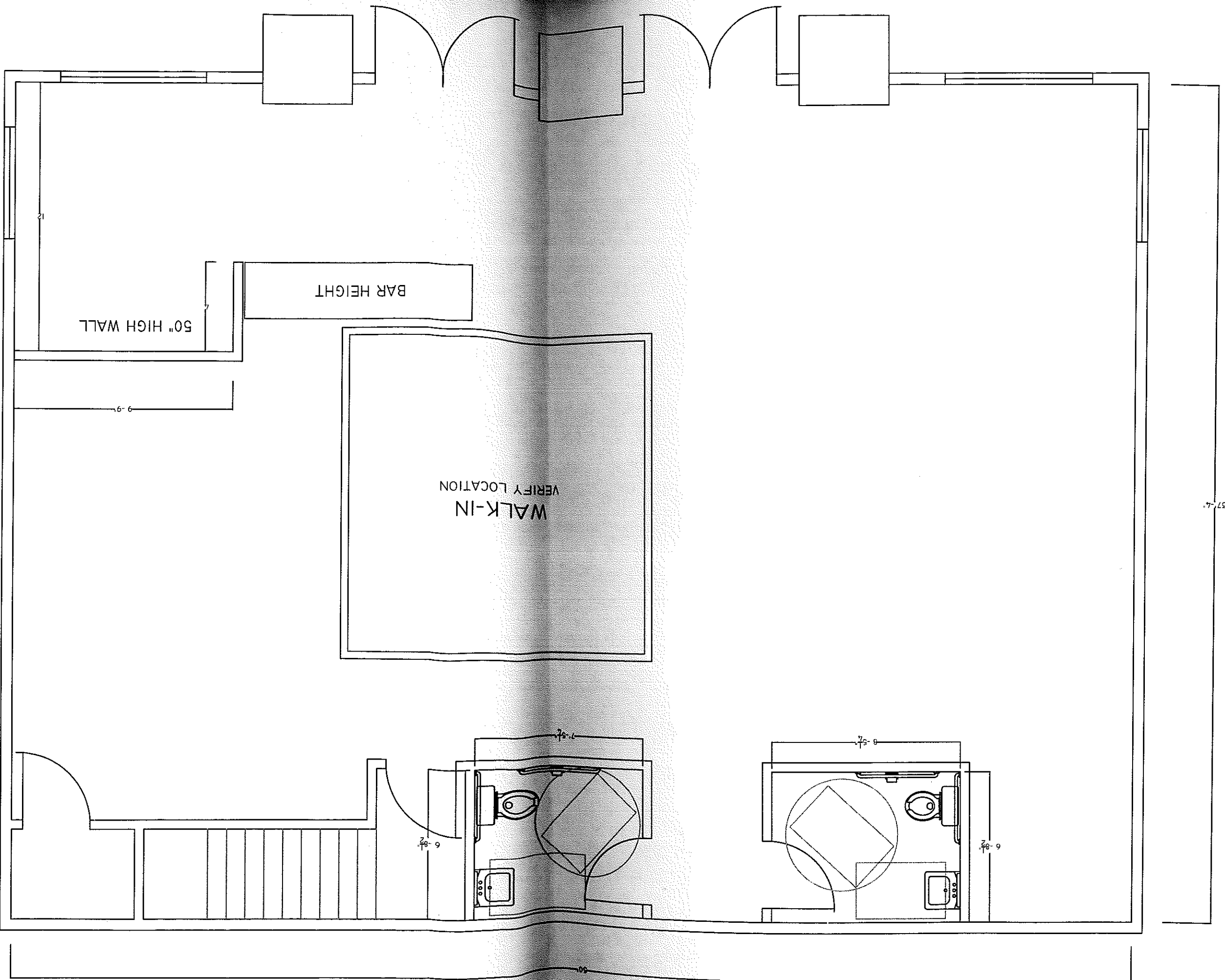
Omar Colfer X
(Officer of Corporation/Member of LLC/Partner/Individual)

Matthew Krutza
(Clerk/Notary Public)

My commission expires March 2nd, 2014



* Further Detail for question 10
Alcohol beverages to be sold at bar for consumption at tables



KESSENICH'S LTD.

131 S. FAIR OAKS AVE. MADISON, WI.

RETAIL SPACE

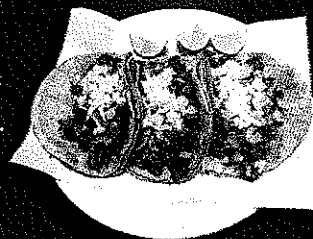
244 WEST GILMAN STREET MADISON, WI.



LA AUTENTICA COMIDA MEXICANA

MENU

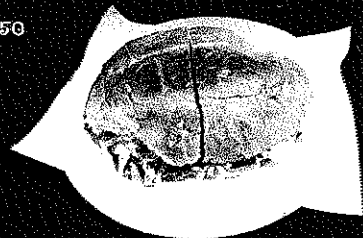
TACOS.....\$1.75
Carne Asada, Pastor, Chorizo, Pollo, Campechano.
(fines de semana: barbacoa de borrego, Rez, Lengua y Carnitas)
(cilantro y cebolla)



GORDITAS.....\$2.00
Chicharron Prensado, Asada, Pastor, Chorizo, Pollo, Papas con Chorizo, Campechana, Frijoles, Queso Fresco o Queso fundido.
(cilantro, cebolla y queso fresco)



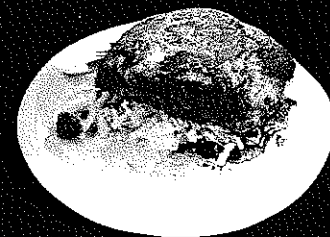
TORTAS.....\$7.50
Milaneza de pollo, Milaneza de res, Jamon, Salchicha, Asada o Pastor.
(mayonesa, aguacate, lechuga, tomate, cebolla, jalapeños, queso fundido)



SOPEAS.....\$2.50
Pollo, Asada, Frijoles, Papas con Chorizo, Pastor, Chorizo o Campechano.
(queso fresco, lechuga, aguacate y tomate)



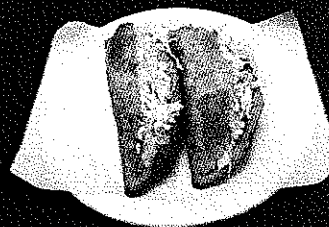
PAMBASOS.....\$7.50
Rico pambaso Mexicano cubierto de chile guajillo, relleno de papas o pollo.
(queso fresco y lechuga)



TOSTADAS.....\$2.00
Pollo, Asada, Pastor, Papas con Chorizo, Frijoles, chorizo, Campechana o Cueritos.
(queso fresco, lechuga, aguacate, tomate y mayonesa)



QUESADILLAS.....\$2.50
Ricas quesadillas de masa echas a mano. Queso, Asada, Pastor o Pollo.
(queso y lechuga)



BISTEC ENCEBOLLADO.....\$7.50
Riquisimo bistec encebollado, acompañado con ensalada arros y frijoles.



ENCHILADAS.....\$7.50
Enchiladas Mexicanas rojas o verdes, hechas de pollo o queso fresco.
acompañadas con arros y frijoles.



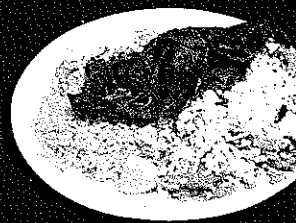
BISTEC A LA MEXICANA.....\$7.50
Platillo tipico de Mexico. Bistec cocinado con jitomate, cebolla y chiles jalapeños. Incluye arros, frijole y ensalada.



PECHUGA A LA PLANCHA.....\$7.50
Pechuga de pollo ala plancha acompañada con ensalada arros y frijoles



CHILAQUILES.....\$7.50
chilaquiles verdes acompañados con vistec o huevos estrellados, y arros y frijoles.



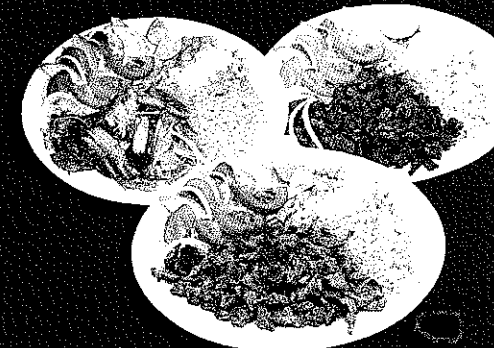
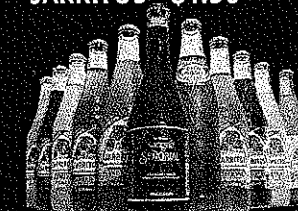
CHULETAS AHUMADAS.....\$7.50
Chuletas ahumadas de puerco fritas en aceite, acompañadas con arros ensalada y frijoles.



MILANESA DE RES.....\$7.50
MILANESA DE POLLO.....\$7.50

PREGUNTE POR EL GUISADO DEL DIA!
GISADO DEL DIA.....\$7.50

JARRITOS \$1.50



Sabado/Domingo

- CARNITAS
- CONSOME
- TAMALES
- BARBACOA DE RES
- BARBACOA DE BORREGO



CHILES RELLENOS.....\$8.50
Chile pobiano relleno de queso fresco y queso fundido, cubierto con una capa de huevo, y ensima caldo de jitomate acompañado con arros y frijoles.



POZOLE.....\$7.50
Riquisimo Pozole Mexicano hecho con carne de puerco. Acompañado con tostadas de maiz.



MENUDO.....\$7.50
Caldo tipico Mexicano elaborado con carne de res y dos tipos de chile entre otras especies.

