



# 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

Class B Combo 8-11-17 time of turnin  
in application

## Section A – Applicant

- 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.

- This application is for the license period ending June 30, 2018.
- 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.

La Escondida Mexican Grill LLC

- Trade Name (doing business as) La Escondida Mexican Grill

Same DBA 8-11-17

- Address to be licensed 1821 S Park St

- Mailing address 8763 Hammersley Rd.

- Anticipated opening date 9/9/2017

Currently Open

- Is the applicant an employee or agent of, or acting of behalf of anyone except the applicant named in question 3?  
 No  Yes (explain)

- Does another alcohol beverage licensee or wholesale permittee have interest in this business?  
 No  Yes (explain)

## Section B—Premises

- 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.

on the bar cooler and Basement warehouse (Storage).

serve in dining area and bar area 8-11-17 time of turning in

alcohol beverage are stored behind the application

bar area in storage area in basement in

11.  Attach a floor plan, no larger than 8 1/2 by 14, showing the space described above.
12. Applicants for on-premises consumption: list estimated capacity 120 inside  
Capacity outside  
Seating 32.
13. Describe existing parking and how parking lot is to be monitored.  
2 Existing parking lot is located on the north and east side of the building we will regularly do rounds and hour cam.
14. Was this premises licensed for the sale of liquor or beer during the past license year?  
 No  Yes, license issued to Jalapeno Mexican Grill <sup>CTD</sup> (name of licensee)  
we missed deadline for renewal hence doing an
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 Juana Jessica Torres  
~~Juana Jessica Torres~~
17. City, state in which agent resides Madison, WI
18. How long has the agent continuously resided in the State of Wisconsin? 17 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 9/28/17
21. State and date of registration of corporation, nonprofit organization, or LLC.  
8/9/2017

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 |
|--------|----------------------|-----------------------------|
| Member | Juana Jessica Torres | Madison WI                  |
|        |                      |                             |
|        |                      |                             |
|        |                      |                             |
|        |                      |                             |
|        |                      |                             |

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.  
Juana Jessica Torres

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 Full service Restaurant serving Mexican and American food dishes also serving breakfast meals all day

28. Hours of operation 11am 11pm Monday through Thursday Friday 11am to 2am Saturday 11am to 2am Sunday 11am 2am

29. Describe your management experience Three years and half of experience

Attach certificate running restaurant:

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

SARA Jessica Jones Mario E Alvarez  
Mitzi M Garcia Juan Carlos Garcia

31. Describe staffing levels and staff duties at the proposed establishment 2 cooks during

lunch time and dinner time. One cook during  
off peak hours. 4 servers at lunch and dinner  
2 servers during off-peak hours

32. Describe your employee training Server training to get operators

licenses. Sanitation good customer service Good  
hygiene training anti-harassment training



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

open to the public.

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

News Paper Social Networks  
Facebook and other we based free listing  
directories. served all day

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

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? Karaoke.

DJ playing customers requests for singing and listening

38. What age range do you hope to attract to your establishment? All ages to enjoy.

our food and to singing. most of our customers now during

39. What type of food will you be serving, if any? Mexican and American food  
 Breakfast  Brunch  Lunch  Dinner late night as well till closing  
full food menu available

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? at all times that we're  
9am to ~~2000~~

42. What hours, if any, will food service not be available? None

43. Indicate any other product/service offered. check cashing and money remittance  
to Mexico. central

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? 10

During what hours do you anticipate they will be on duty? 9am to closing time

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

48. Do your plans call for a full-service bar?  No  Yes  
 If yes, how many barstools do you anticipate having at your bar? 16  
 How many bartenders do you anticipate having work at one time on a busy night? 2
49. Will there be a kitchen facility separate from the bar?  No  Yes
50. Will there be a separate and specific area for eating only?  
 No  Yes, capacity of that area Eating in all areas of Restaurant.
51. What type of cooking equipment will you have?  
 Stove  Oven  Fryers  Grill  Microwave
52. Will you have a walk-in cooler and/or freezer dedicated solely to the storage of food products?  
 No  Yes Store beverage and food products.
53. What percentage of payroll do you anticipate devoting to food operation salaries? 80%
54. If your business plan includes an advertising budget: Yes  
 What percentage of your advertising budget do you anticipate will be related to food? 75%  
 What percentage of your advertising budget do you anticipate will be drink related? 20%
55. Are you currently, or do you plan to become, a member of the Madison—Dane County Tavern League or the Tavern League of Wisconsin?  No  Yes
56. Are you currently, or do you plan to become, a member of the Wisconsin Restaurant Association or the National Restaurant Association?  No  Yes
57. All restaurants and taverns serving alcohol must substantiate their gross receipts for food and alcohol beverage sales broken down by percentage. New establishments estimate percentages:  
10 % Alcohol 90 % Food 0 % Other 8-11-17 at time of turning in application for no SAH
58. Do you have written records to document the percentages shown?  No  Yes  
 You may be required to submit documentation verifying the percentages you've indicated.

**Section F—Required Contacts and Filings**

59. I understand that liquor/beer license renewal applications are due April 15 of every year, regardless of when license was initially granted.  No  Yes
60. I understand that I am required to host an information session at least one week before the ALRC meeting.  No  Yes
61. I agree to contact the Alderperson for this location to discuss my application and to invite the Alderperson to my information session.  No  Yes
62. I agree to contact the Police Department District Captain for this location prior to the ALRC meeting.  No  Yes
63. I agree to contact the Deputy Clerk prior to the ALRC meeting.  No  Yes
64. I agree to contact the neighborhood association representative prior to the ALRC meeting.  No  Yes
65. I intend to operate under the alcohol license within 90 days of the Common Council granting this license. The license shall be considered surrendered if not issued within 90 days of being granted.  No  Yes



- 66. I understand we must file a Special Occupational Tax return (TTB form 5630.5) before beginning business. [phone 1-800-937-8864]  No  Yes
- 67. 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
- 68. 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**

69. State Seller's Permit 456-1029473255-02

70. Federal Employer Identification Number 82-2401917

71. Who may we contact between 8 a.m. and 4:30 p.m. regarding this license?

Contact person Jessica Torres

E-mail address \_\_\_\_\_

Phone 608-213-8331 Preferred language Español - English

72. Corporate attorney, if applicable: Name \_\_\_\_\_

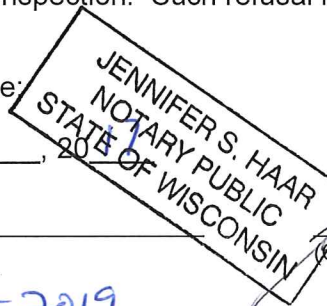
Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**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 11 day of Aug, 2019

[Signature]  
(Clerk/Notary Public)



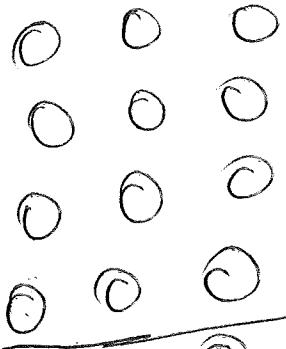
[Signature]  
Officer of Corporation/Member of LLC/Partner/Sole Proprietor

My commission expires 2-2-2019

| Clerk's Office checklist for complete applications  |   |  |
|---|---|--|
| <input type="checkbox"/> Orange sign<br><input checked="" type="checkbox"/> WI Seller's Permit Certificate (matching articles of incorporation)<br><input checked="" type="checkbox"/> FEIN<br><input checked="" type="checkbox"/> Notarized application<br><input checked="" type="checkbox"/> Written description of premises | <input checked="" type="checkbox"/> Background investigation form(s)<br><input checked="" type="checkbox"/> Form for surrender of previous license<br><input checked="" type="checkbox"/> *Articles of Incorporation<br><input checked="" type="checkbox"/> *Notarized Appointment of Agent<br>* Corporation/LLC only | <input checked="" type="checkbox"/> Floor Plans<br><input type="checkbox"/> Lease <u>-coming</u><br><input type="checkbox"/> Sample Menu<br><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 _____  |   |  |

Kitchen  
room

tables



Bath rooms

Karaoke

Bar

TV TV

Hallway

table 1

table 2

table 3

table 4

Window

door