

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

Families

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

Adults of all ages and Children w/ Parents

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

Printed Promotions, Radio Spots

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

19. Owner of building where establishment is located: Francisco Tejada

Address of Owner: _____ Phone Number 608 209 6053

N/A 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

Catalina Arriaga 427 Lily Dr. Madison WI 53713
Name Address

Javier Arriaga 427 Lily Dr. Madison WI 53713
Name Address

Jose Arriaga 427 Lily Dr. Madison WI 53713
Name Address

22. List the Stockholders of your Corporation/LLC

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? Mexican cuisine

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? 11:00 am - 9:00 pm M-F
11:00 am - 10:00 pm S-S

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? 3
During what hours do you anticipate they will be on duty? 10:00 am 2:00 pm

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? 12-15

How many bartenders do you anticipate you would have working at one time on a busy night? 2

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? 145 Max.

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?
60%

39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? 80%

What percentage of your advertising budget do you anticipate will be drink related? 20%

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? 145 Max.

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	35 %
Gross Receipts from Food and Non-Alcoholic Beverages	65 %
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:

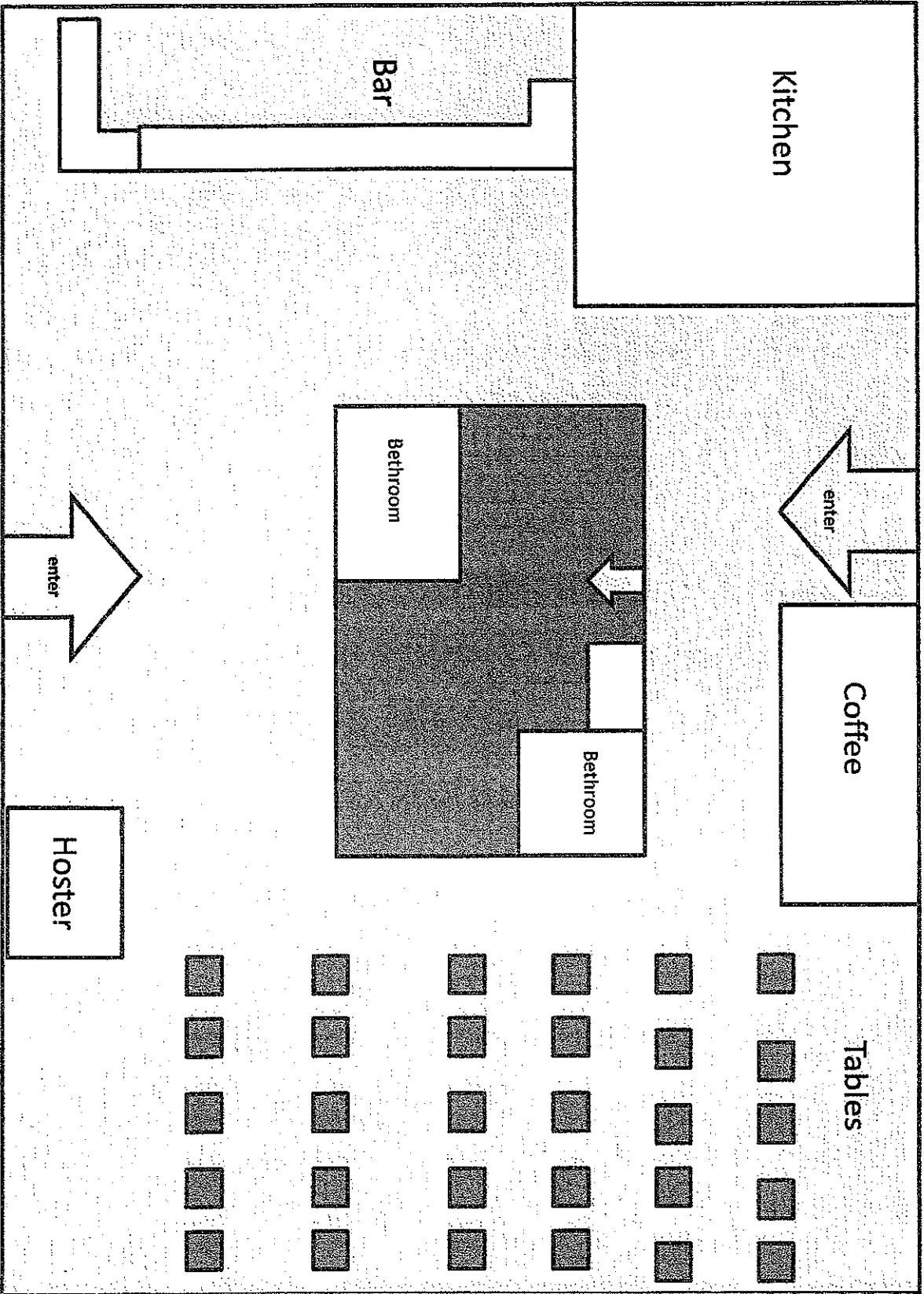
this 2 day of March, 2011

J. Ah Gall
(Clerk/Notary Public)

My commission expires 8.26.12

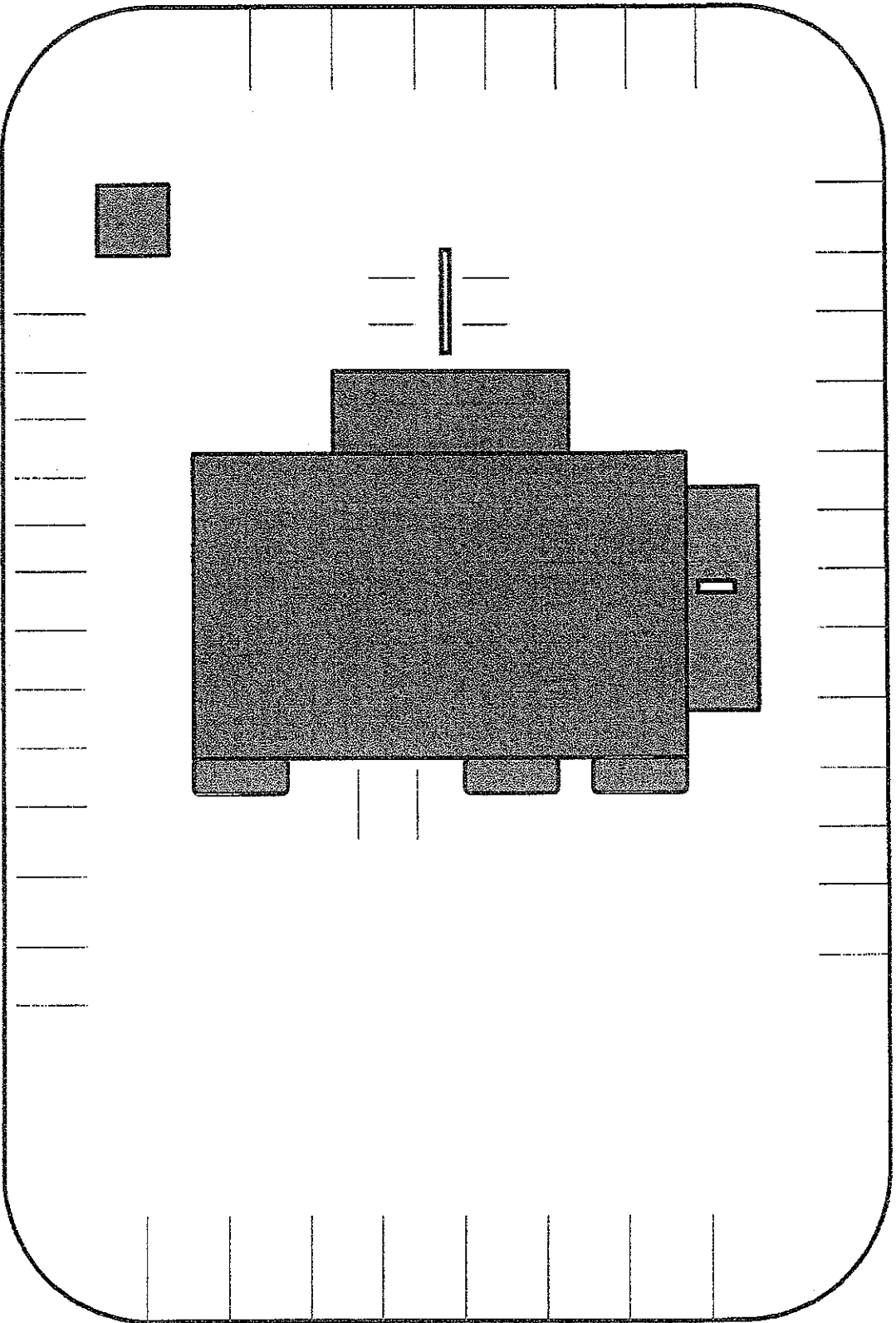
Arriaga
(Officer of Corporation/Member of LLC/Partner/Individual)

"LA FINCA"



“LA FINCA”

3264in



1728in

Appointment of New Liquor/Beer Agent

To be completed by Corporate Officer or Member of LLC

I, Catalina Arriaga, officer/member for La Finca Mexican Restaurant
(Corporation/LLC), doing business as La Finca Mexican Restaurant, authorize and appoint
Jose Arriaga (Name) as the liquor/beer agent for the premise
located at 3302 Packers Avenue

Subscribed and sworn to before me this

 Day of , 20

 Notary Public, Dane County, Wisconsin

My Commission Expires

Arriaga
Signature of Officer/Member

To be completed by appointed Liquor/Beer Agent

I, Jose Arriaga, appointed liquor/beer agent for
La Finca Mexican Restaurant LLC (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 50 %

Subscribed and sworn to before me this

 2 Day of March, 20 10

T. Adh Gelf
Notary Public, Dane County, Wisconsin

My Commission Expires 8.26.12

Jose Arriaga
Signature of Agent

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

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2010 ending: 06/30/2011
(MM DD YYYY) (MM DD YYYY)

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

County of DANE Aldermanic Dist No. _____ (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A Individual or Partnership:
 Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code
La Finca Mexican Restaurant LLC

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company
 Address of Corporation/Limited Liability Company (if different from licensed premises)
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Javier Arriaga</u>	<u>427 Lily dr</u>	<u>53713</u>
Vice President/Member	<u>Catalina Arriaga</u>	<u>427 Lily dr</u>	<u>53713</u>
Secretary/Member	<u>Lise Arriaga</u>	<u>1729 Beard St</u>	<u>53713</u>
Treasurer/Member			
Agent	<u>Javier Arriaga</u>		

 Directors/Managers

C 1. Trade Name La Finca Mexican Restaurant Business Phone Number (608) 249 7840
 2. Address of Premises 3302 Packers. Dr Madison WI Post Office & Zip Code 53713

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers? Yes No
4. 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.) See attached Liquor/Beer Supplemental Form
5. Legal description (omit if street address is given above): See street address above
6. a Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** Yes No
- b Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side** Yes No
- 7 Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** Yes No
- 8 Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not explain. Yes No
- 9 Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No
- 10 Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
- 11 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.)

SUBSCRIBED AND SWORN TO BEFORE ME
 this 2 day of March, 20 10
T. Adam Gault
(Clerk/Notary Public)
 My commission expires 8.26.12

Arriaga
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)
Arriaga
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)
Arriaga
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>3/2/10</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Liquor/Beer Agent Authorization

I, Catalina Arriaga, officer/member for La Finca Mexican Restaurant LLC
(Corporation/LLC), doing business as La Finca Mexican Restaurant LLC, authorize and appoint
Javier Arriaga (Name) as the liquor/beer agent for the premise
located at 3302 Parkers A.V.

Subscribed and sworn to before me this

2 Day of March, 2010

T. Ash Gell
Notary Public, Dane County, Wisconsin
My Commission Expires 8.26.12

Arriaga
Signature of Officer/Member

Acceptance of Liquor/Beer Agent Appointment

I, Jose Arriaga, appointed **liquor/beer agent** for
La Finca Mexican Restaurant LLC (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 50 %.

Subscribed and sworn to before me this

2 Day of March, 2010

T. Ash Gell
Notary Public, Dane County, Wisconsin
My Commission Expires 8.26.12

Jose Arriaga
Signature of Agent

Liquor/Beer Renewal Supplemental Form
Corporation or LLC

- 1 Name of Corporation or LLC La Finca Mexican Restaurant LLC
- 2 Address of Licensed Premise 3302 Packers. Av.
- 3 State Seller's Permit Number 004 - 4561027040 - 25102
- 4 Federal Employer Identification Number 30-0586716
- 5 Approximate square footage of licensed premise _____
- 6 Capacity 108
- 7 Areas where alcohol beverages are sold/permitted (include outdoor seating, if applicable)
Dinning and Bar.
- 8 Areas where alcohol beverages are stored Walk in - cooler.
- 9 Indicate the estimated percent of liquor/beer vs. food business, based on gross sales.
30 % Alcohol 70 % Food _____ % Other
10. **Establishments with a capacity of 100 or more:**
- (a) Do you offer or allow live music performances? _____ Yes No
- (b) Do you have a designated dance floor area? _____ Yes No
- (c) Do you offer or allow the use of a disc jockey? _____ Yes No
11. **Establishments that currently hold Nightclub Licenses:**
- Does your approved Security Plan remain in force and unchanged? _____ Yes No
12. **Establishments that currently hold Centers for Visual & Performing Arts Licenses:**
- Do your underage identification and security procedures remain in force and unchanged, as approved on your initial application? Yes _____ No
13. Notify me when Tavern Safety Training sessions have been scheduled. No notice needed.