

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning 1 JULY 20 11 ;
ending 30 JUNE 20 12

Applicant's Wisconsin Seller's Permit Number: <u>456-102 7369321-03</u>	
Federal Employer Identification Number (FEIN): <u>27-5441363</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Wholesale beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$
TOTAL FEE	\$

TO THE GOVERNING BODY of the: Town of } MADISON
 Village of }
 City of } 10
County of DANE Aldermanic Dist. No. 106 (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): ▶ SANTA MARIA GROCERY INC.

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	<u>President Maricela Mendoza</u>		
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<u>Maricela Mendoza</u>		
Directors/Managers			

3. Trade Name ▶ Santa Maria Grocery, Inc Business Phone Number 608 270-9566
4. Address of Premises ▶ 1326 MIDVALE BLVD, MADISON Post Office & Zip Code ▶ 53711

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 ^{mm}
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 WI and date 7 March 2011 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.) Grocery store

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? _____
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 29th day of March 11
Sara E. Anderson
Sara E. Anderson (Clerk/Notary Public)
My commission expires January 15, 2012

Maricela E. Mendoza
(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	

City of Madison Supplemental Class A 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 checked="" type="checkbox"/> Description of Licensed Premise <input checked="" type="checkbox"/> *Notarized Appointment of Agent <input checked="" type="checkbox"/> Background Investigation Form(s) <input type="checkbox"/> Notarized Transfer of Ownership NA <input checked="" type="checkbox"/> *Articles of Incorporation	<input checked="" type="checkbox"/> Floor Plans <input checked="" type="checkbox"/> Lease <input type="checkbox"/> Sample Menu NA <input checked="" type="checkbox"/> Business Plan * Corporation/LLC only
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1. Name of Applicant/Partner/Corporation/LLC MARICELA MENDOZA / Santa Maria Grocery, Inc.
2. Address of Licensed Premise 1326 S. MIDVALE BLVD, MADISON, WI 53711
3. Telephone Number: 708 837-9116 4. Anticipated opening date: 4/1/2011
5. Mailing address if not opening immediately 4330 Sheffield Dr Madison, WI 53711
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
Brian Solomon 608.294-9289
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 for Latino food and products

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.**

Building measures approximately 200' x 57'. Grocery store will occupy east side of the building, approximately 52' x 57'. Beverages kept in cooler* with other beverages and sold in closed containers only at the registers.

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. Open parking in front of well lit lot, accessible to 40-50 spots - shared with other units in strip mall.

13. Describe your management experience, staffing levels, duties and employee training.
None

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.

Maricela Mendoza 4330 Sheffield Dr, Madison, WI 53711
 Name Address

*Secured at night at 9:00 PM

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

Latino & non latino customers who shop in West Madison.

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

Radio and flyers to promote grocery specials.

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

→ 18. Owner of building where establishment is located: _____

Address of Owner: _____ Phone Number _____

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

Mariela Mendoza 4330 Sheffield Dr. Madison, WI 53711
Name Address

Name Address

Name Address

21. List the Stockholders of your Corporation/LLC

NA
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 22 day of June, 2011

Mariela Mendoza
(Officer of Corporation/Member of LLC/Partner/Individual)

Kimberly A. Trainor
(Clerk/Notary Public)

**Kimberly A. Trainor
Notary Public
State of Wisconsin**

My commission expires Jan 15, 2012

Description of Licensed Premise:

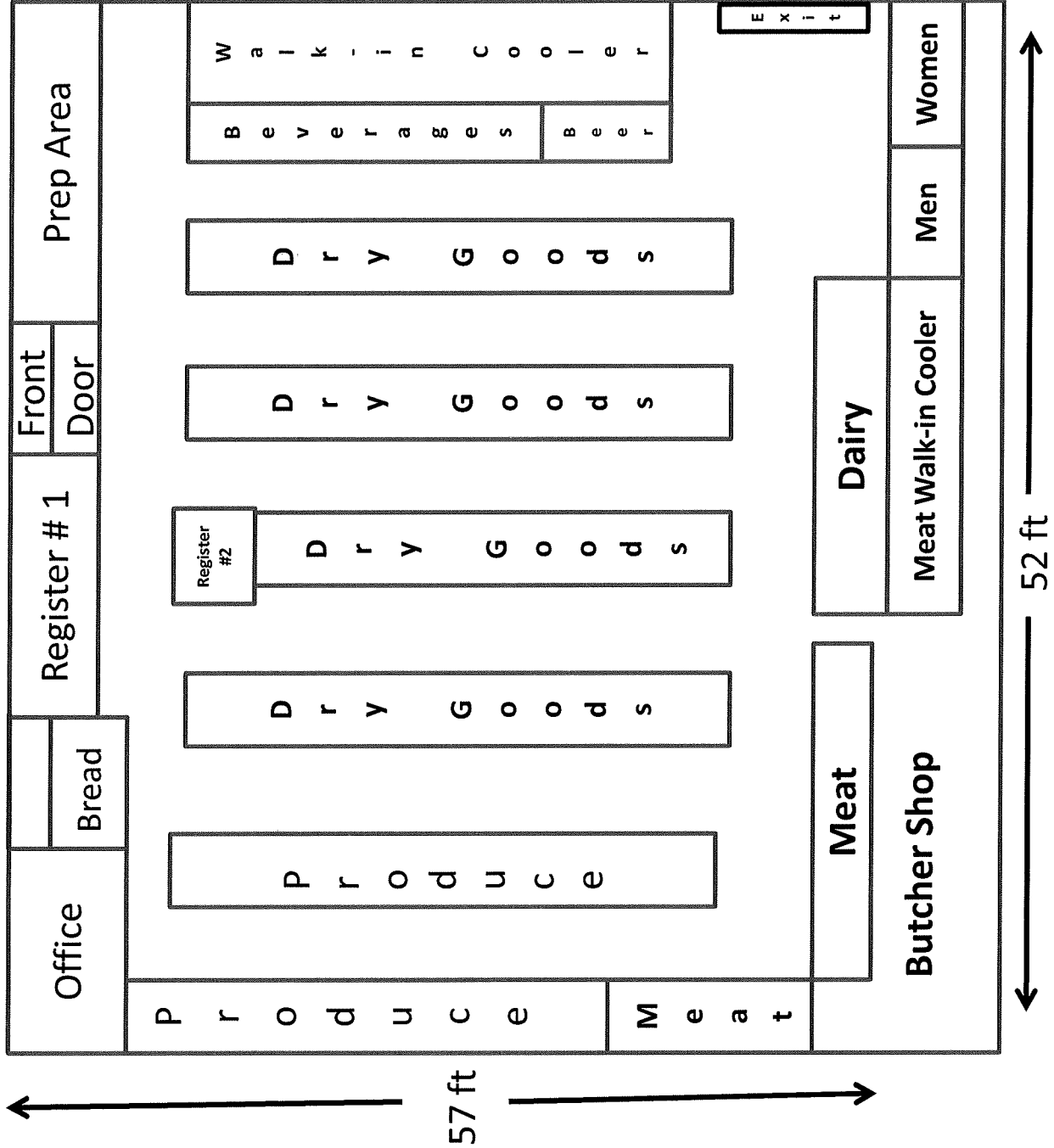
Santa Maria Grocery, Inc. (formerly Carneceria Guanajuato), is a small Latino grocery store in a small strip mall adjacent to the intersection of Midvale Blvd and the Belt Line. They are located at:

1326 S Midvale Blvd

Madison, WI 53711

It is now owned and operated by Maricela Mendoza. They feature grocery items, dairy products, packaged goods, meat and fresh fruit and vegetables. They also have alcohol and non alcohol drinks. Alcohol drinks, mostly beer account for less than 20% of their net sales.

Santa Maria Grocery, Inc.
 1326 S Midvale Rd, Madison, WI 53711
 (Formerly known as "Carnecería Guanajuato")



(Not drawn to scale)