

LICLIB-2012-00091

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning 20 ending June 30 20 12

TO THE GOVERNING BODY of the: [ ] Town of [ ] Village of [x] City of MADISON

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

1. The named [x] INDIVIDUAL [ ] PARTNERSHIP [x] 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): Santos, Alberto

Table with columns: TYPE, FEE. Rows include Class A beer, Class B beer, Wholesale beer, Class C wine, Class A liquor, Class B liquor, Reserve Class B liquor, Publication fee, TOTAL FEE.

256-1027519466-02

36472024

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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.

Table with columns: Title, Name, Home Address, Post Office & Zip Code. Rows include President/Member (owner, Alberto Santos, 1814 Greenway Cross, Madison, WI 53713), Vice President/Member (manager, Jose Martinez, 6761 Hammerley Rd, Madison, WI 53711).

3. Trade Name: Punta Cana Restaurant Business Phone Number: 608-886-2274

4. Address of Premises: 2705 W Beltline Hwy Post Office & Zip Code: madison WI 53713

- 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? [x] Yes [ ] No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? [ ] Yes [x] No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? [ ] Yes [x] 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 [x] 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 [x] No

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.)

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 [x] 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? [x] 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? [x] Yes [ ] No

14. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? [ ] Yes [x] 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 14 day of Feb, 20 12

Wendy E. Barta (Clerk/Notary Public)

My commission expires 5/6/2012

(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)

Table with columns: 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.

PD-308 AD-14 Brewer

## 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 type="checkbox"/> Orange Sign (Clerk's Office provides at time of application)	<input checked="" type="checkbox"/> Written Description of Premise <input checked="" type="checkbox"/> Background Investigation Form(s) <input type="checkbox"/> Notarized Transfer of Ownership <input type="checkbox"/> *Articles of Incorporation <input type="checkbox"/> *Notarized Appointment of Agent <small>* Corporation/LLC only</small>	<input type="checkbox"/> Floor Plans <input checked="" type="checkbox"/> Lease <input type="checkbox"/> Sample Menu <input type="checkbox"/> Business Plan
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1. Name of Applicant/Partner/Corporation/LLC Punta Cana LLC
2. Address of Licensed Premise 2705 W Beltline Hwy Madison WI 53713
3. Telephone Number: 608-886-2274 4. Anticipated opening date: 3-3-12
5. Mailing address if not opening immediately 2705 W Beltline Hwy Madison WI
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. He is not calling back.
8. Business Description, including hours of operation: Rest Hour 10:00A to 10:00pm  
Bar hour 10:00A to 2:00A Weekend Brunch 7:00A to 10:00am
9. Do you plan to have live entertainment?  No  Yes—What kind? Disco music; all type of music
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.**  
99 Capacity.  
The building 100 SF x 100 F, it seat 100 customer.  
alcoholic Beverage will be stored behind bar area and in the basement
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. Parking access in front at building Comese will be installed. In the morning police will be ready to make up at line as required.
13. Describe your management experience, staffing levels, duties and employee training.  
Have manage a person with experience over 10 years  
Trained staff in customer service, laws
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.  
Alberto Santos 1814 Green way Cross #8 Madison WI 53713  
Name Address

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

west side Resident.

16. What age range would you hope to attract to your establishment? adults 18 on up.

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

new, paper, flyers.

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

19. Owner of building where establishment is located: \_\_\_\_\_

Address of Owner: \_\_\_\_\_ Phone Number \_\_\_\_\_

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

Alberto Santos 1814 Greenway Cross #8 madison WI  
Name Address

\_\_\_\_\_  
Name Address

\_\_\_\_\_  
Name Address

22. List the Stockholders of your Corporation/LLC

Name MA 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? Dominican

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 In progress.

26. During what hours of your operation do you plan to serve food? 10: Am to 10 pm, weekend.  
7:00 AM to 10:00 PM.

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

west side Resident.

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

adults 18 and up.

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\_\_\_\_\_  
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\_\_\_\_\_  
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22. List the Stockholders of your Corporation/LLC

Name MA Address % of Ownership

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Name Address % of Ownership

\_\_\_\_\_  
Name Address % of Ownership

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Appetizers  Salads  Soups  Sandwiches  Entrees

Desserts  Pizza  Full Dinners In progress.

26. During what hours of your operation do you plan to serve food? 11:AM to 10PM, weekend.

7:00 AM to 10:00 PM.

27. What hours, if any, will food service not be available? 10:00 PM 9:59 AM
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? 2  
During what hours do you anticipate they will be on duty? 10:30 to 10:30 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 ~~in future~~  
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? 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? 50
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?  
10%
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? 2%  
What percentage of your advertising budget do you anticipate will be drink related? unknown
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? \_\_\_\_\_

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	50	%
Gross Receipts from Food and Non-Alcoholic Beverages	40	%
Gross Receipts from Other	10	%
Total Gross Receipts	<del>100</del>	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.

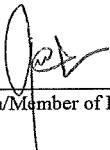
**Read carefully before signing:** Under penalty provided by law, the applicant states that the above information has been truthfully completed to the best of the knowledge of the signer. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the 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 14<sup>th</sup> day of Feb, 2012

Murray E Bactor  
(Clerk/Notary Public)

My commission expires 5/6/2012

  
\_\_\_\_\_  
(Officer of Corporation/Member of LLC/Partner/Individual)

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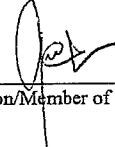
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Subscribed and Sworn to before me:

this 14<sup>th</sup> day of Feb, 2012

Wendy E. Bacto  
(Clerk/Notary Public)

My commission expires 5/6/2012

  
\_\_\_\_\_  
(Officer of Corporation/Member of LLC/Partner/Individual)

# Wisconsin Department of Financial Institutions

## Strengthening Wisconsin's Financial Future

Search for:

punta cana

Search Records

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**Corporate Records**

Result of lookup for **P058598** (at 3/15/2012 3:43 PM)

## PUNTA CANA RESTAURANT LLC

You can: [File an Annual Report](#) - [Request a Certificate of Status](#) - [File a Registered Agent/Office Update Form](#)

**Vital Statistics**

Entity ID                    P058598

Registered Effective Date    01/18/2012

Period of Existence    PER

Status                    Organized [Request a Certificate of Status](#)

Status Date                01/18/2012

Entity Type                Domestic Limited Liability Company

Annual Report Requirements    Limited Liability Companies are required to file an Annual Report under s. 183.0120, WI Statutes.

**Addresses**

Registered Agent Office    ALBERTO SANTOS  
 1814 GREENWAY CROSS APT 8  
 FITCHBURG , WI 53713

[File a Registered Agent/Office Update Form](#)

**Principal Office**

**Historical Information**

Annual Reports            None

Certificates of Newly-elected Officers/Directors    None

Old Names                None

**Chronology**

Effective Date	Transaction	Filed Date	Description
01/18/2012	Organized	01/18/2012	E-Form

[Order a Document Copy](#)



**Christianson, Eric**

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**From:** Frandle, Jacqueline  
**Sent:** Wednesday, February 15, 2012 11:32 AM  
**To:** licensing  
**Cc:** Wendtland-Nelson, Heather  
**Subject:** RE: LICLIB-2012-00091 Sole Proprietor/Agent background check

Alberto Santos 11/15/1976 (Used to be named Alberto Santos-Santana)

Approved.

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**From:** licensing  
**Sent:** Wednesday, February 15, 2012 11:10 AM  
**To:** PD Rec Check  
**Subject:** LICLIB-2012-00091 Sole Proprietor/Agent background check

Please review the attached.

Thank you!

Eric Christianson  
Madison City Clerk's Office  
Room 103,  
City-County Building,  
210 Martin Luther King Jr. Blvd. 53703  
TEL: (608) 266-4601  
TTY: (608) 266-6573  
FAX: (608) 266-4666  
[Echristianson@cityofmadison.com](mailto:Echristianson@cityofmadison.com)

*"We exist to assist"*