

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning _____ 20____ ;
ending June 30 2010

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

County of Dane Aldermanic Dist. No. _____ (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): ANITOSITOS EL TORIL, LLC
Gonzalez Jose

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>Jose Gonzalez</u>	<u>513 Cottage Rd</u>	<u>Madison WI 53716</u>
Vice President/Member				
Secretary/Member				
Treasurer/Member				
Agent		<u>Jose Gonzalez</u>		
Directors/Managers				

- 3 Trade Name ANITOSITOS EL TORIL LLC Business Phone Number 608-441-1367
4 Address of Premises 513 Cottage Grove Madison WI Post Office & Zip Code 53716

- 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)

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 20th day of April, 2009
Wendy E. Barta
(Clerk/Notary Public)

Jose Gonzalez
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

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

My commission expires 05/6/2012

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4/20/09</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued <u>85563</u>	

Jul ID# 14578

Applicant's Wisconsin Seller's Permit Number: <u>004-00012500</u> 75-01	
Federal Employer Identification Number (FEIN):	
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 checked="" type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$
TOTAL FEE	\$

City of Madison Supplemental Class B License Application

<input type="checkbox"/> Seller's Permit Number <input type="checkbox"/> Federal Employer Identification Number <input type="checkbox"/> Notarized Original Application Form <input type="checkbox"/> Notarized Supplemental Form	<input type="checkbox"/> Description of Licensed Premise <input type="checkbox"/> *Notarized Appointment of Agent <input type="checkbox"/> Background Investigation Form(s) <input type="checkbox"/> Notarized Transfer of Ownership <input type="checkbox"/> *Articles of Incorporation	<input type="checkbox"/> Floor Plans <input type="checkbox"/> Lease <input type="checkbox"/> Sample Menu <input type="checkbox"/> Business Plan * Corporation/LLC only
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1. Name of Applicant/Partner/Corporation/LLC Autositos EL Toril LLC
 2. Address of Licensed Premise 515 Cottage Grove Rd Madison WI 53716
 3. Telephone Number: 608-441-1367 4. Anticipated opening date: 01 July 2009
 5. Mailing address if not opening immediately _____

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. _____

8. Business Description, including hours of operation: Food preparation, sold as meals
alcohol sold will be beer and wine

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.**

12 tables; 4 chairs each, side walk cafe with 6 tables
1500 Sq ft. kitchen, storage in stock room

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. _____
40 car spaces.

13. Describe your management experience, staffing levels, duties and employee training.
approximately (8) years.

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.

Jose Gonzalez 515 Cottage Grove dr. Madison WI 53716
 Name Address

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

Neighbors; those who wash ready

16. What age range would you hope to attract to your establishment? 30 and up.

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

Nothing.

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

19. Owner of building where establishment is located: Stephanie Roemins

Address of Owner: SOS Realty 6516 Monona Dr #145 Phone Number 347-7989
MONONA WI 53716

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

21. List the Directors of your Corporation/LLC

Jose Gonzalez 513 Cottage Grove Rd, Madison WI 53716
Name Address

Name Address

Name Address

22. List the Stockholders of your Corporation/LLC

Jose Gonzalez 513 Cottage Grove Rd Madison WI 53716 100%
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? 10-11

27. What hours, if any, will food service not be available? NONE
28. Indicate any other product/service offered. NONE
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? NONE
During what hours do you anticipate they will be on duty? _____
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?
100%
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? _____
What percentage of your advertising budget do you anticipate will be drink related? _____
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~~
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42. What is your estimated capacity? 607

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	20%
Gross Receipts from Food and Non-Alcoholic Beverages	80%
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 20th day of April, 2009

Wendy E. Banton
(Clerk/Notary Public)

Jose Gonzalez
(Officer of Corporation/Member of LLC/Partner/Individual)

My commission expires 5/6/2012

Appointment of New Liquor/Beer Agent

To be completed by Corporate Officer or Member of LLC

I, Jose Gonzalez Arias, officer/member for Antojitos El Tori LLC
(Corporation/LLC), doing business as Antojitos El Tori LLC, authorize and appoint
Jose Gonzalez (Name) as the liquor/beer agent for the premise
located at 515 Cottage Grove Rd.

Subscribed and sworn to before me this

20th Day of April, 2009

Wendy E Bactor
Notary Public, Dane County, Wisconsin

My Commission Expires 5/6/2012

Jose Gonzalez
Signature of Officer/Member

To be completed by appointed Liquor/Beer Agent

I, Jose Gonzalez Arias, appointed liquor/beer agent for
Antojitos EL Tori 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 100 %.

Subscribed and sworn to before me this

20th Day of April, 2009

Wendy E Bactor
Notary Public, Dane County, Wisconsin

My Commission Expires 5/6/2012

Jose Gonzalez
Signature of Agent

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