

Application Date: 11-25-00

Proof of WI Seller's Permit No. _____

Name of Corporation, Limited Liability Company, Individual Owner, Private Club or Partner(s) La Zacatecana Arcides Portillo Cabrera → Arcides Portillo Cabrera		Liquor/Beer Agent	
Mailing Address 4921 Commercial Ave		Liquor/Beer Agent Address 9 Birchwood Ct.	
City/State/Zip Code Madison, WI 53704		Liquor/Beer City/State/Zip Code Madison, WI 53704	
Name of Registered Agent or General Partner Arcides Poritto Cabrera		Local Contact Person Above	Phone Number 608-204-0648
Trade Name La Zacatecana		Estimated Opening Date Already opened Jan 2 2007	
Business Address Same as above		Signature of Owner/Operator	
Type of Business <input type="checkbox"/> Restaurant <input type="checkbox"/> Tavern <input checked="" type="checkbox"/> Grocery Store <input type="checkbox"/> Caterer <input type="checkbox"/> Cafeteria <input type="checkbox"/> Other _____			
Food and Drink License? Needed for: Alcohol/Beer			
Private Club? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
License Description	Type	Fee	Number
Beer, class A, (grocery ^{store} drug)	104	\$425/20	76419
Pre-Inspection & License Fees Non-Refundable		TOTAL	\$

IT IS MANDATORY THAT ALL APPLICABLE INFORMATION BE COMPLETED. INACCURATE INFORMATION MAY RESULT IN SUSPENSION OR REVOCATION OF LICENSE.

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk

For the license period beginning JANUARY 20 07 ;
ending JUNE 30 20 07

TO THE GOVERNING BODY of the: Town of } Madison
 Village of }
 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): Arcides Portillo Cabrera

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>NA</u>		
Vice President/Member	<u>NA</u>		
Secretary/Member	<u>NA</u>		
Treasurer/Member	<u>NA</u>		
Agent	<u>Arcides Portillo Cabrera</u>		
Directors/Managers			

3. Trade Name La Zacatecana Business Phone Number 608-240-0728
4. Address of Premises 4921 Commercial Ave Post Office & Zip Code 53704

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) At store La Zacatecana 6x8.
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? Estefania Garcia
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 27 day of November, 20 06

[Signature]
(Clerk/Notary Public)

[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

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

My commission expires 8-30-2009

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>11-27-06</u>	Date reported to council/board	Date provisional license issued <u>05079</u>	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued <u>70419</u>	

Ald. 3 (Cnare)

Sector 609

Applicant's Wisconsin Seller's Permit Number: <u>084-0007726503-01</u>	
Federal Employer Identification Number (FEIN):	
LICENSE REQUESTED	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$ <u>425</u>
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Wholesale beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$
TOTAL FEE	\$

City of Madison Liquor and/or Beer Original Supplemental Form

Office Use Only

- | | |
|---|--|
| <input checked="" type="checkbox"/> Seller's Permit Number
<input type="checkbox"/> Federal Employer Identification Number
<input checked="" type="checkbox"/> Notarized Original Application Form (AT-106)
<input checked="" type="checkbox"/> Notarized Supplemental Form
<input checked="" type="checkbox"/> Description of Licensed Premise
<input checked="" type="checkbox"/> Notarized Auxiliary Questionnaire(s) (AT-103)
<input checked="" type="checkbox"/> Background Investigation Form(s)
<input checked="" type="checkbox"/> Floor Plans | <input type="checkbox"/> Lease
<input checked="" type="checkbox"/> Notarized Transfer of Ownership Letter
<input checked="" type="checkbox"/> *Schedule of Appointment of Agent (AT-104)
<input checked="" type="checkbox"/> *Notarized Agent Appointment/Acceptance Form
<input checked="" type="checkbox"/> *Articles of Incorporation/ Organization
<input type="checkbox"/> Sample Menu, if possible
<input type="checkbox"/> Business Plan, if one exists
* Forms required of Corporation/LLC only |
|---|--|

- ✓ All applicants must provide an adequate premise plan that includes exterior and interior dimensions, position of stairs and all entrances and exits, normal and customary use of each room, placement of major appliances, furniture and large gaming tables, placement and dimensions of all bar(s), and graphic representation of the normal position of booths, bar stools, tables and chairs. **Premise plans must be no larger than 8 ½ x 14.**
- ✓ New structures must submit to Building Inspection two sets of plans, signed and sealed by a registered architect or engineer.
- ✓ **Applicant/partners/Liquor Agent must be enrolled in or have completed the Beverage Server Training course before appearing before the Alcohol License Review Committee.**

Prior to your hearing before the Alcohol License Review Committee (ALRC), you must contact the Alderperson of the District in which you intend to do business, the representative of the appropriate neighborhood association (if any), the Madison Police Department, and the Alcohol Policy Coordinator.

- Alderperson Lauren Chase can be reached at 226-0987 at the Common Council Office (266-4071), or via e-mail at council@cityofmadison.com.
- The name of the neighborhood association representative can be obtained by calling the Planning and Development Department at 266-4635 or online at www.ci.madison.wi.us/neighborhoods/contacts.htm.
- Police Department District Captain Jill Klubertanz can be reached at 267-2100.
- Alcohol Policy Coordinator Joel Plant can be reached at 264-9295.

1. 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
2. Are there any special conditions desired by the neighborhood? Yes No

Explain. _____

3. Name of Applicant/Partner/Corporation/LLC Arcides Portillo Cabrera
4. Telephone Number: 608-204-0648
5. Address of Licensed Premise 4921 Commercial Ave, Madison WI 53704
6. Anticipated opening date: Already open
7. Mailing address if not opening immediately NA

8. What type of establishment is contemplated? Tavern Nightclub Restaurant
 Liquor Store Grocery Store Convenience Store -- Gas Pumps Yes No
 Other Please explain _____

9. Business Description including hours of operation and if entertainment is part of your venue, what type:

~~liquor store~~ Hispanic grocery store; Open Monday - Sat. 9am - 9pm
 > Sundays 8am - 9pm

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.**

→ 3 door cooler for beer products.

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 lot is small shopping center - Register area looks right out window where parking is.

13. Describe your management experience, staffing levels, duties and employee training

I own a construction company as well, I plan on running the store.

14. Identify the **registered agent** for your Corporation or LLC. This is not necessarily the same person as your liquor/beer agent. This is your corporation's agent for service of process, notice or demand required or permitted by law to be served on the corporation. Arcides Portillo Cabrera

Name

9 Birchwood Cr. Madison, WI 53704

Address

City

State

Zip

15. Excluding pre-packaged snacks, how late will food be served? NA

16. What type of food will you be serving, if any? NA

17. Indicate any other product/service offered: tobacco/groceries, wiring money

18. Describe your target market. Hispanic Culture

19. What is your estimated capacity? _____

20. Are you operating under a lease or franchise agreement? Yes No (If yes, attach a copy.)

21. Owner of building where establishment is located: 4921 Commercial Ave.
Address of Owner: Sara Investment real state. Phone Number _____

22. Individual or Partnership: Have individual/partners completed the Beverage Server Training Course? Yes No If Yes, indicate names: _____

License cannot be issued until proof of Beverage Server Training completion is shown.

23. Corporation/LLC: Will liquor/beer agent be a Wisconsin resident at the time of granting? Yes No

24. Corporation/LLC: Agent must disclose interest held in business: _____%

25. Corporation/LLC: Has agent completed the Beverage Server Training Course? Yes No

License cannot be issued until proof of Beverage Server Training completion is shown.

26. Corporation/LLC: List Directors, Stockholders, and Managers below.

Director(s) Name	Home Address

Stockholder's Name	Address	Extent of Ownership%

Manager's Name	Address	Business Phone	Home Phone

27. 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

28. 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.**

Calendar/fiscal year: January 1 – December 31 July 1 – June 30

Percent Gross Receipts from Alcohol Beverages	%
Percent Gross Receipts from Food	%
Percent Gross Receipts from Other	%
Total Gross Receipts	100 %

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.

29. What type of establishment are you? (Check all that apply) Tavern Restaurant Nightclub
 Other Please explain: _____

30. Will your establishment have a kitchen manager? Yes No

31. Will your establishment be a member of the Wisconsin Restaurant Association? Yes No

32. How many wait staff will be employed at the establishment? _____

33. What hours, if any, will food service not be available? _____

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

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 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 must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.) 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 27 day of November, 2006

[Signature]
(Clerk/Notary Public)

[Signature]
(Officer of Corporation/Member/Manager of LLC/Partner/Individual)

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

My commission expires 8-30-09

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

If you have any questions, please contact the City Clerk's Office at (608) 266-4601.

Arcides F. Cabrera

11/30/07

EXIT
Back
DOOR

P.P.C
39 1/2' x 49 1/2'

13x8

Storage

Bathroom
12x6

4x2 1/2

1 1/2
2 Door cooler
BEER

6 1/4
COLD BEVERAGE

Floor
DOOR

39 1/2' x 49 1/2'

Cash
register

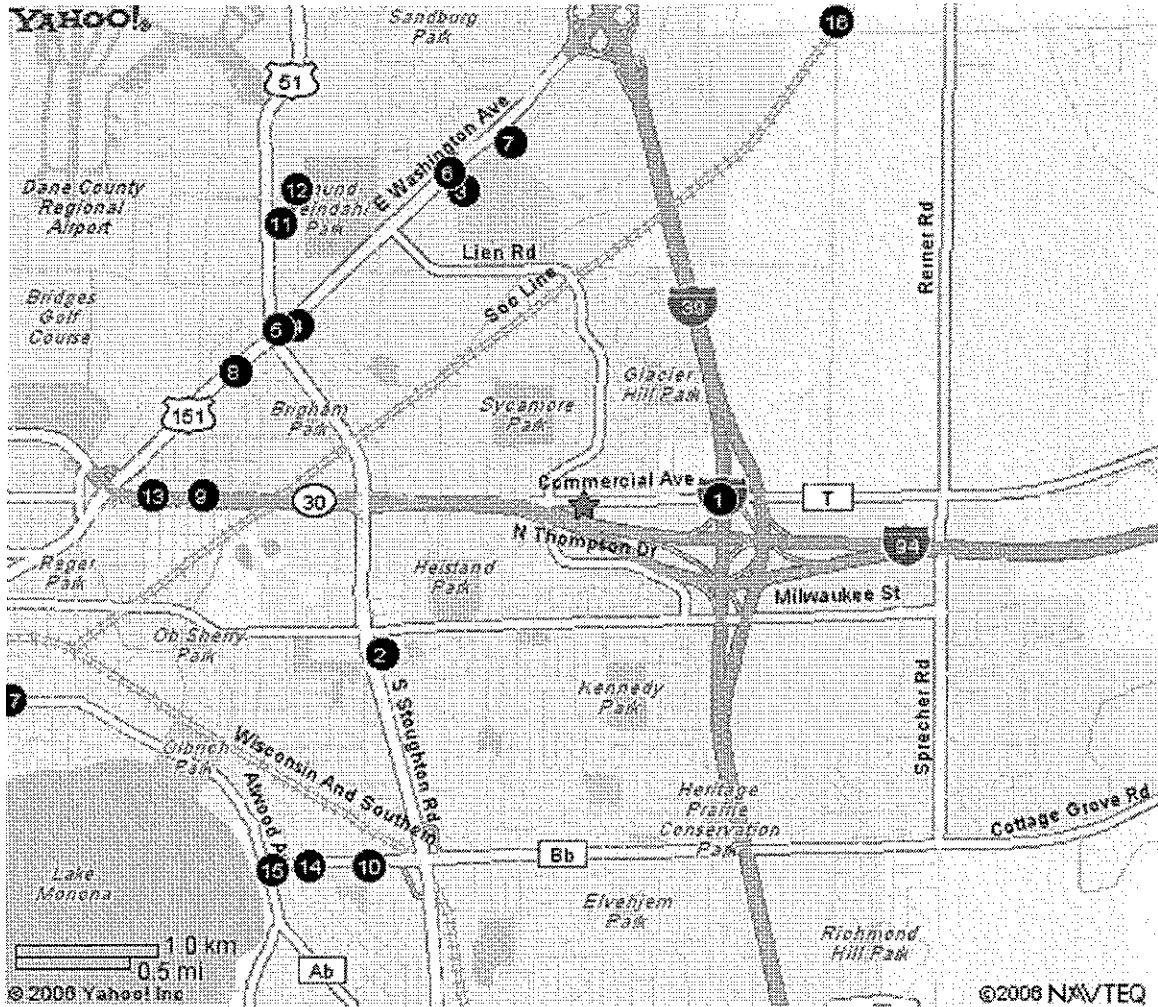
YAHOO! LOCAL Sign In
Maps New User? Sign Up

Map:

Yahoo! Maps - Madison, WI 53704-8923

« Back to Map

★ 4921 Commercial Ave Madison, WI 53704-8923



Map#	Business/Landmark Info	Distance
1	Eagle Crest Bar 3710 County Road T Madison, WI Phone: (608) 244-5413	0.5 miles
2	Good Times Neighborhood Bar 57 S Stoughton Rd Madison, WI Phone: (608) 242-9646	1.1 miles
3	Chili's Grill & Bar 4344 E Towne Blvd Madison, WI Phone: (608) 242-9300	1.4 miles
4	Tailgators Sports Bar & Grill 3737 E Washington Ave Madison, WI	1.5 miles

ADVERTI

- 5

Club Lamark
1525 N Stoughton Rd
Madison, WI
Phone: (608) 244-4004

1.5 miles
- 6

Pearl's Nightclub
4402 E Washington Ave
Madison, WI
Phone: (608) 244-4703

1.5 miles
- 7

Applebee's Neighborhood Grill
4710 E Towne Blvd
Madison, WI
Phone: (608) 244-1470

1.6 miles
- 8

Prime Quarter Steak House
3520 E Washington Ave
Madison, WI
Phone: (608) 244-3520

1.6 miles
- 9

Brothers Three Bar & Grill
614 N Fair Oaks Ave
Madison, WI
Phone: (608) 244-6818

1.6 miles
- 10

Horse Shoe Bar
3900 Dempsey Rd
Madison, WI
Phone: (608) 221-4831

1.8 miles
- 11

Sports Pub
1902 Bartillon Dr
Madison, WI
Phone: (608) 241-0147

1.8 miles
- 12

Eagles Club
2109 Bartillon Dr
Madison, WI
Phone: (608) 242-4688

1.8 miles
- 13

Cheer's Again
703 Rethke Ave
Madison, WI
Phone: (608) 244-3139

1.9 miles
- 14

Packer Inn
300 Cottage Grove Rd
Madison, WI
Phone: (608) 222-9984

1.9 miles
- 15

Hammer Time
109 Cottage Grove Rd
Madison, WI
Phone: (608) 222-7520

2.0 miles
- 16

Burke Station
5291 Felland Rd
Madison, WI
Phone: (608) 249-7777

2.3 miles
- 17

Ohio Tavern
224 Ohio Ave
Madison, WI
Phone: (608) 245-0007

2.6 miles

FE
FR

THE CHANGE
ABOUT TO



WITH
LOS
ATH

When using any driving directions or map, it's a good idea to do a reality check and make sure the road still exists, watch out for construction, and follow all traffic safety precautions. This is only to be used as an aid in planning.

