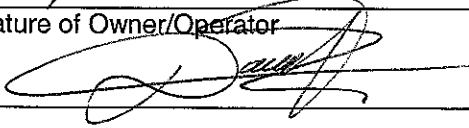


Application Date: 02-13-07

Proof of WI Seller's Permit No. 000348136

Name of Corporation, Limited Liability Company, Individual Owner, Private Club or Partner(s) <i>Inka Heritage LLC</i>		Liquor/Beer Agent <i>Lucas D. Rodriguez</i>	
Mailing Address <i>602 S. Park St</i>		Liquor/Beer Agent Address <i>6923 Raymond Rd Madison WI 53719</i>	
City/State/Zip Code <i>Madison WI 53715</i>		Liquor/Beer City/State/Zip Code	
Name of Registered Agent or General Partner		Local Contact Person <i>Lucas D.</i>	Phone Number <i>608-209-4009</i>
Trade Name <i>Inka Heritage</i>		Estimated Opening Date Two <i>two</i> week from Today's date.	
Business Address <i>602 S. Park St</i>		Signature of Owner/Operator 	
Type of Business <input checked="" type="checkbox"/> Restaurant <input type="checkbox"/> Tavern <input type="checkbox"/> Grocery Store <input type="checkbox"/> Caterer <input type="checkbox"/> Cafeteria <input type="checkbox"/> Other _____			
Food and Drink License? Needed for:			
Private Club? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
License Description	Type	Fee	Number
<i>Class B - Beer</i>	<i>102</i>	<i>100</i>	
<i>Class C - Wine</i>	<i>106</i>	<i>30</i> <i>100 20</i>	
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.

New Application(s) Fee Schedule

Type of License	Fee	Notes
Class "B" Reserve Fee	\$10,000.00	
Beer, Class "A"	300.00	Prorated \$25.00 per month
Beer, Class "A" – Grocery/Drug (No Liquor License)	425.00	Prorated \$35.42 per month
Beer, Class "B"	100.00	Prorated \$8.33 per month
Beer, Wholesale	25.00	
Liquor, Class "A"	500.00	Prorated \$41.67 per month
Liquor, Class "B"	500.00	Prorated \$41.67 per month
Wine, Class "C"	100.00	Prorated \$8.33 per month
Adult Entertainment Tavern	600.00	
Adult Entertainment	600.00	
Amusement Device	40.00	Per Device
Nightclub (Live Entertainment)	250.00/year	
Temporary Nightclub (limit of five/year)	50.00/day	
Cigarette/Tobacco Products – Over the counter	100.00/year	
Cigarette/Tobacco Products – Vending machine	100.00/year	
Food & Drink Fee based on gross sales for one full year for food and drink and non-alcoholic beverages. Fee includes a pre-inspection fee of \$295. Application must be approved by Building Inspection, Fire Department, and Health Department	525.00 740.00 850.00 1050.00 1,215.00 1,310.00	\$0-10,000 10,001-100,000 100,001-250,000 250,001-1,000,000 1,000,001-5,000,000 greater than 5,000,001
Hotel/Motel Fee includes a pre-inspection fee of \$295. Applications must be approved by Building Inspection, Fire Department, and Health Department. Room tax required.	540.00 620.00 740.00 790.00	1 – 30 rooms 31 – 99 rooms 100 – 199 rooms 200 or more rooms
Swimming Pool Fee includes a pre-inspection fee of \$295. Applications must be approved by Health Department.	1250.00 825.00 800.00 650.00	Indoor Pool Outdoor Pool Additional Indoor Pool Additional Outdoor Pool
Operator's License (Must be 18)	35.00	Requires Common Council Approval
Provisional Operator's License (Must be applied for in conjunction with operator/manager license)	15.00	60 days only. Issue immediately upon proof of BST course enrollment and completion
Publication Fee/Class A Liquor, Class B Liquor, Class A Beer, Class B Beer, Class C Wine, Wholesale Beer	20.00	This fee payable with application

Telephone numbers to call for inspection appointments are:

Health Department	266-4821	Between 8:00-9:00 a.m., Monday–Friday
Building Inspection	266-4551	Between 8:00-9:00 a.m., Monday–Friday
Fire Department	266-4484	Between 8:00-4:30 p.m., Monday–Friday

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning 02/13 20 07 ;
ending 06/30 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): Inka Heritage LLC

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 Lucas D. Rodriguez</u>	<u>6923 Raymond Rd</u>	<u>Madison WI 53719</u>
Vice President/Member	<u>Vice President Esmeralda Rodriguez</u>	<u>6923 Raymond Rd</u>	<u>Madison WI 53719</u>
Secretary/Member			
Treasurer/Member			
Agent			

Directors/Managers

- 3 Trade Name Inka Heritage LLC Business Phone Number 608-310-4282
4 Address of Premises 602 S. Park St Post Office & Zip Code Madison WI 53715

- 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) see attached # 10

- 10 Legal description (omit if street address is given above): see attached at supplement
- 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 13th day of Feb, 2007

Wendy E. Barto
(Clerk/Notary Public)

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

My commission expires 7-13-07

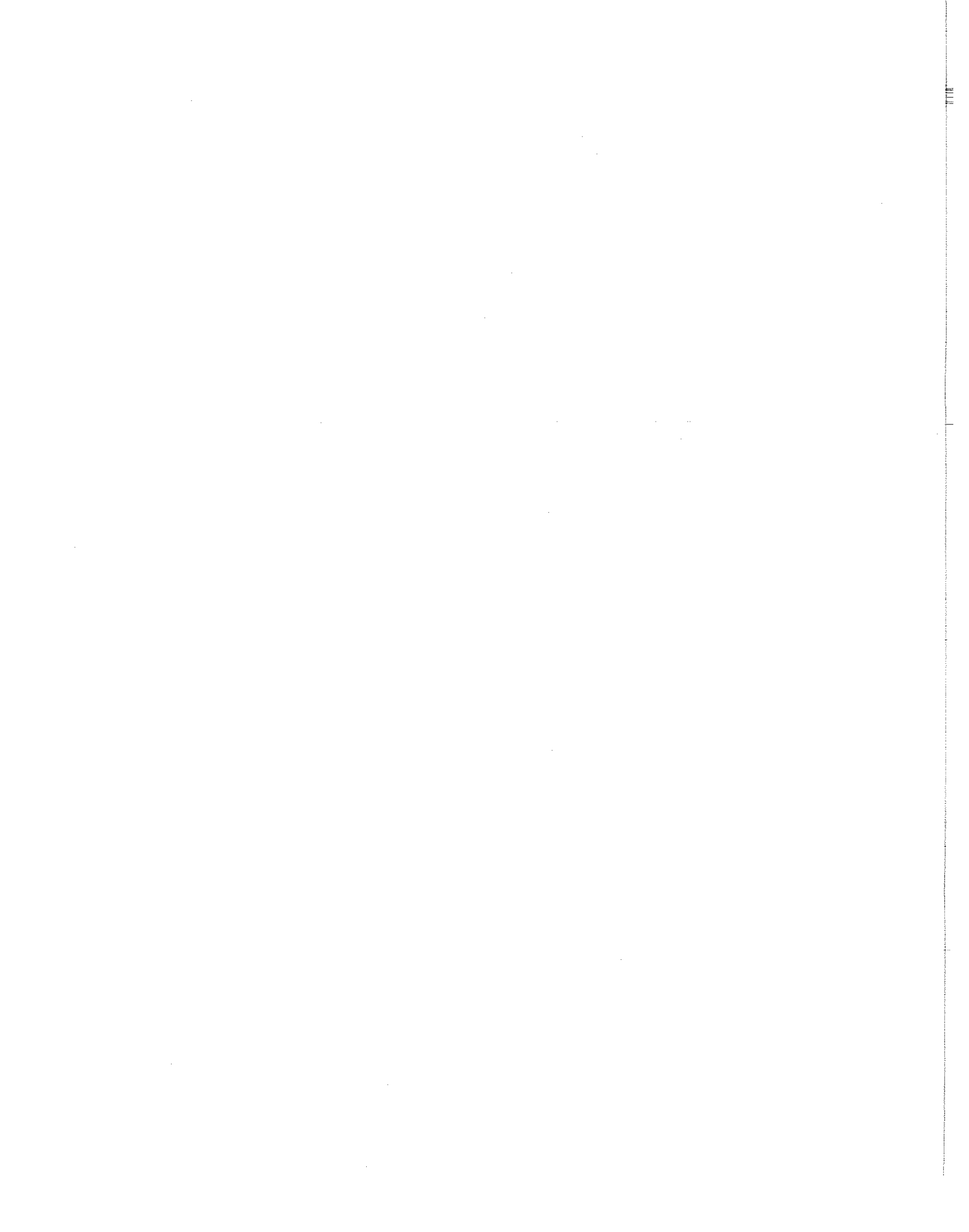
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>2.13.07</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

Applicant's Wisconsin Seller's Permit Number: <u>0003148136</u>	
Federal Employer Identification Number (FEIN): <u>20-8417494</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Wholesale beer	\$
<input checked="" 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	\$ <u>40.00</u>
TOTAL FEE	\$ <u>40.00</u>



City of Madison Liquor/Beer Original Supplemental Form

Office Use Only

- | | |
|---|---|
| <input checked="" type="checkbox"/> Seller's Permit Number
<input checked="" type="checkbox"/> Federal Employer Identification Number
<input type="checkbox"/> Notarized Original Application Form (AT-106)
<input 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 type="checkbox"/> Floor Plans | <input type="checkbox"/> Lease
<input type="checkbox"/> Notarized Transfer of Ownership Letter
<input type="checkbox"/> *Schedule of Appointment of Agent (AT-104)
<input 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 ISADORE KNOX can be reached at _____ 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 Central District Captain Mary Schauf (Sector 400) can be reached at 266-4316.
- Police Department East District Captain Jill Klubertanz (Sector 600) can be reached at 267-2100.
- Police Department North District Captain Richard Bach (Sector 500) can be reached at 245-3652.
- Police Department West District Captain Jay Lengfeld (Sectors 100-200) can be reached at 288-6152.
- ✓ Police Department South District Captain James Wheeler (Sector 300) can be reached at 267-8687.
- ✓ 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 Inka Heritage LLC
4. Telephone Number: 608-310-4282
5. Address of Licensed Premise 602 South Park St Madison WI 53715
6. Anticipated opening date: 02-29-07 Food & Drink
7. Mailing address if not opening immediately 6923 Raymond Rd Madison WI 53719

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:
Restaurant - Food service, The hours of operation will be from 11 AM until 10 P.M.

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.**

The restaurant area is 2,750 square feet, Two bathrooms, The seating arrangements is going to be for 50 people, The bar size will be 5' x 3', The alcohol beverages will be stored in minimum quantity only for the view of customers.

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. The parking space is around the area of the restaurant

13. Describe your management experience, staffing levels, duties and employee training.
5 years in customer service management and 4 years in handling store for hotel and restaurants

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. Lucas Daniel Rodriguez

Name
6923 Raymond Rd Madison WI 53719
Address City State Zip

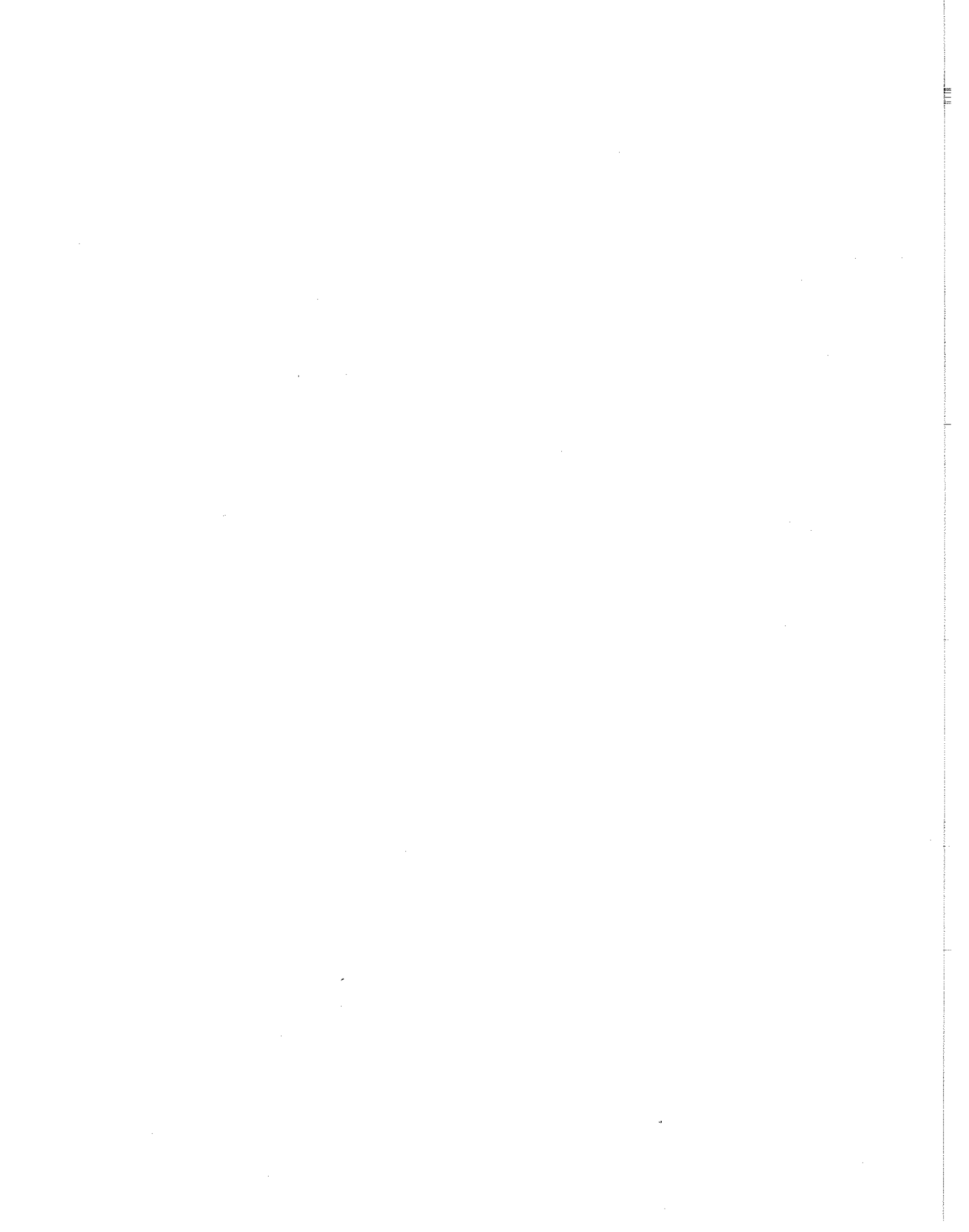
15. Excluding pre-packaged snacks, how late will food be served? until 9 P.M.

16. What type of food will you be serving, if any? Peruvian, Latin seafood

17. Indicate any other product/service offered: _____

18. Describe your target market. St Mary hospital's workers.

- The beer or wine is going to be offered and served by the waiter personnel only. The service of these items will be only indoor.
- The stored will be behind the check out counter.



19. What is your estimated capacity? 50 people

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: Jiang Xun Jiang
Address of Owner: _____ Phone Number 608-334-2884

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: 50 %

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
<u>Lucas Daniel Rodriguez</u>	<u>6923 Raymond Rd Madison WI 53719</u>

Stockholder's Name	Address	Extent of Ownership%

Manager's Name	Address	Business Phone	Home Phone
<u>Lucas Daniel Rodriguez</u>	<u>6923 Raymond Rd</u>	<u>608-310-4282</u>	<u>608-209-4009</u>

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	5 %
Percent Gross Receipts from Food	95 %
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? 03

33. What hours, if any, will food service not be available? 7-10 AM

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

Deliver brochures to Mary's hospital and local newspaper.

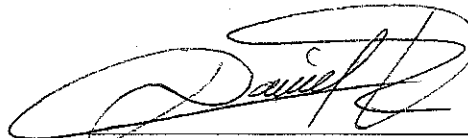
Read carefully before signing: Under penalty provided by law, the applicant states that the above information has been truthfully completed to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), 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 13th day of Feb, 2007

Wendy E. Bactor
(Clerk/Notary Public)

My commission expires 7-13-08



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

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

(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.

Liquor/Beer Agent Authorization


I, Lucas D. Rodriguez officer/member for Inka Heritage LLC
(Corporation/LLC), doing business as _____, authorize and appoint

_____ (Name) as the liquor/beer agent for the premise
located at 602 S. Park St

Subscribed and sworn to before me this

13th Day of Feb, 2007

Wendy E. Bector
Notary Public, Dane County, Wisconsin
My Commission Expires 7-13-08


Signature of Officer/Member

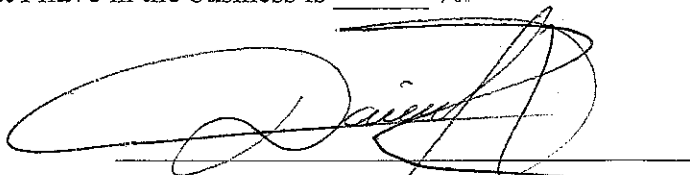
Acceptance of Liquor/Beer Agent Appointment

I, Lucas D. Rodriguez, appointed **liquor/beer agent** for
Inka Heritage (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 _____ %.

Subscribed and sworn to before me this

13th Day of Feb, 2007

Wendy E. Bector
Notary Public, Dane County, Wisconsin
My Commission Expires 7-13-07


Signature of Agent