

25269

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning #3 7/1/11 20 ; ending 6/30 20 12

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

County of DANE Aldermanic Dist. No. 16 (if required by ordinance)

- 1. The named [ ] INDIVIDUAL [ ] PARTNERSHIP [ ] LIMITED LIABILITY COMPANY [x] 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): ANTONIOS 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.

President/Member Anita Mosqueda Title owner Name Home Address 6833 Chester Dr. Madison WI 53719 Vice President/Member Secretary/Member Treasurer/Member Agent Anita Mosqueda Directors/Managers

- 3. Trade Name CUCCO'S MEX REST Business Phone Number 4. Address of Premises 4426 E. BUCKEYE Post Office & Zip Code

- 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? [x] Yes [ ] 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 WI and date 01/30/12 of registration. (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? [x] 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 [x] 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.) Fitchon Area

- 10. Legal description (omit if street address is given above): 4426 East Buckeye Road Madison WI 53719

- 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

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.

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 30th day of January 2012

[Signature] (Clerk/Notary Public)

Anita V. Mosqueda (Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

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

My commission expires 6/29/2014 [Signature] (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

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.

## City of Madison Supplemental Class B License Application

<input 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 checked="" 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"/> <del>Notarized Transfer of Ownership</del> <input checked="" type="checkbox"/> *Articles of Incorporation <input checked="" type="checkbox"/> *Notarized Appointment of Agent * Corporation/LLC only	<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 Antonios inc
2. Address of Licensed Premise 4406 East Buckeye Rd Madison WI 53716
3. Telephone Number: 608 5092477 4. Anticipated opening date: March 1 2012
5. Mailing address if not opening immediately 6833 Chester Dr Madison WI 53719
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: Family Restaurant  
Food + drinks OPEN 7day a week 11-10 Every day

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.**

twenty tables for four people each table  
Capacity 80 persons Area to Make drinks  
Kitchen Area stored at the kitchen Area

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. 15 Parking plus  
to handing cops Park in line in the front of the Rest

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

15 years in A Restaurant Management

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.

Anita Mosqueda 6833 Chester Dr. Madison WI 53719  
 Name Address

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

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

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

Val-pack - News Paper - Coupons

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

19. Owner of building where establishment is located: PDO Food Stores INC

Address of Owner: 7601 Discovery Lane Phone Number \_\_\_\_\_

Middletown WI 53562

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

Anita V Mosqueda 6833 Chester Dr Madison WI <sup>53719</sup>

Name

Address

Name

Address

Name

Address

22. List the Stockholders of your Corporation/LLC

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? \_\_\_\_\_

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? 11-10 All day

27. What hours, if any, will food service not be available? \_\_\_\_\_

28. Indicate any other product/service offered. \_\_\_\_\_

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? 3

During what hours do you anticipate they will be on duty? 11-10

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? 1

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? 80 persons

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?

3,000 Every 2 weeks

39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? 90%

What percentage of your advertising budget do you anticipate will be drink related? 10%

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? 80 persons

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	10 %
Gross Receipts from Food and Non-Alcoholic Beverages	90 %
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.

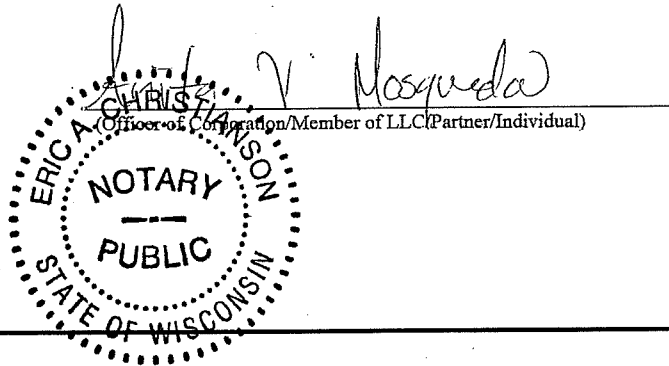
**Read carefully before signing:** Under penalty provided by law, the applicant states that the above information has been truthfully completed to the best of the knowledge of the signer. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the 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 30<sup>th</sup> day of January, 2012

[Signature]  
(Clerk/Notary Public)

My commission expires 6/29/2014



United States of America  
State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS  
Division of Corporate & Consumer Services



To All to Whom These Presents Shall Come, Greeting:

I, PAUL M. HOLZEM, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

**ANTONIO'S, INC.**

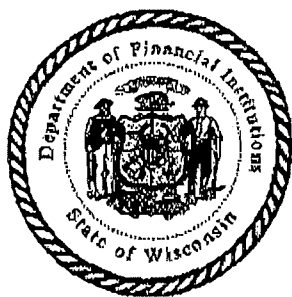
is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is January 29, 2012.

I further certify that said corporation or limited liability company has not yet completed its initial report year and, accordingly, has not yet filed an annual report under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that said corporation or limited liability company has not filed articles of dissolution.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on January 29, 2012.

A handwritten signature in cursive script that reads "Paul M. Holzem".

PAUL M. HOLZEM, Administrator  
Division of Corporate and Consumer Services  
Department of Financial Institutions



Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.

DFI/Corp/33

**To validate the authenticity of this certificate**

Visit this web address: <http://www.wdfi.org/apps/ccs/verify/>

Enter this code: 101626-8904C999

# This document is not yet filed.



Sec. 180.0202  
Wis. Stats.

State of Wisconsin  
Department of Financial Institutions

## ARTICLES OF INCORPORATION - STOCK FOR-PROFIT CORPORATION

Executed by the undersigned for the purpose of forming a Wisconsin Stock For-Profit Corporation under Chapter 180 of the Wisconsin Statutes:

- Article 1.                    **Name of the corporation:**  
ANTONIO'S, INC.
  
- Article 2.                    **The corporation is organized under Ch. 180 of the Wisconsin Statutes.**
  
- Article 3.                    **Name of the initial registered agent:**  
ANITA MOSQUEDA
  
- Article 4.                    **Street address of the initial registered office:**  
4426 EAST BUCKEYE ROAD  
MADISON, WI 53716  
United States of America
  
- Article 5.                    **Number of shares of stock the corporation shall be authorized to issue:**  
**Number of Shares Authorized:** 1,000  
**Class:** Common  
**Par Value Per Share:** \$1.00
  
- Article 6.                    **Name and complete address of each incorporator:**  
ANITA MOSQUEDA  
4426 EAST BUCKEYE ROAD  
MADISON, WI 53716  
United States of America
  
- Other provisions (optional). (No other provisions declared.)
  
- Other Information.            **This document was drafted by:**  
DEBORAH L SMILEY  
Not executed in Wisconsin

**Incorporator signature:**

ANITA MOSQUEDA

**Date & Time of Receipt:**

1/29/2012 11:51:03 AM

**Credit Card Transaction Number:**

201201292868837