

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning 7/1 20 12 ;
ending 6/30 20 13

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): Sabor Queretano 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>Mario Armenta Carrillo</u>	<u>2222 Independence Ln, Madison, WI</u>	<u>53704</u>
Vice President/Member				
Secretary/Member				
Treasurer/Member				
Agent				
Directors/Managers				

3. Trade Name Sabor Queretano LLC Business Phone Number 608 249 0877
4. Address of Premises 4512 E. Washington AVE Suite 7 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 WI and date 5/22/12 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.) Beer will be in a refrig. behind counter / stored in Storage Rm.

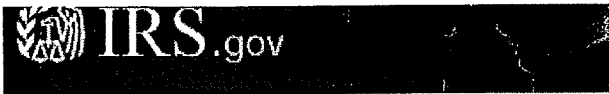
10. Legal description (omit if street address is given above): _____
11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No
(b) If yes, under what name was license issued? _____
12. Does the applicant understand they must file a Special Occupational Tax 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 26 day of November, 20 12
Mary Bill (Clerk/Notary/Public)
My commission expires 11/2/14
Mario Armenta Carrillo
(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)

TO BE COMPLETED BY CLERK			
Date received and filed with municipal clerk <u>11.27</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>456-1027910440</u> - 04	
Federal Employer Identification Number (FEIN): <u>45-5346435</u>	
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 type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$
TOTAL FEE	\$



EIN Assistant

Your Progress: 1. Identity 2. Authenticate 3. Addresses 4. Details 5. EIN Confirmation

Congratulations! Your EIN has been successfully assigned.


EIN Assigned: **45-5346435**

Legal Name: **SABOR QUERETANO LLC**

IMPORTANT:

Save and/or print this page and the confirmation letter below for your permanent records.

The confirmation letter below is your official IRS notice and contains important information regarding your EIN.

 [CLICK HERE for Your EIN Confirmation Letter](#)

[Help with saving and printing your letter](#)

Once you have saved or printed your letter, click "Continue" to get additional information about using your new EIN.

Continue >>

Help Topics

- [What if I do not have access to a printer at this time?](#)
- [Can I access this letter at a later date?](#)



WISCONSIN DEPARTMENT OF REVENUE
 PO BOX 8902
 MADISON, WI 53708-8902

State of Wisconsin • DEPARTMENT OF REVENUE

REGISTRATION UNIT
 2135 RIMROCK RD PO BOX 8902 MADISON, WI 53708-8902
 PHONE: 608-266-2776 FAX: 608-264-6884
 EMAIL: sales10@revenue.wi.gov WEBSITE: www.revenue.wi.gov

August 3, 2012
 Letter ID: L1914497568

SABOR QUERETANO LLC OWNED BY MARIO
 ARMENTACARRILLO
 4512 E WASHINGTON AVE STE 7
 MADISON WI 53704-3293

Wisconsin Business Tax Registration

Thank you for registering with the Wisconsin Department of Revenue. We hope you enjoy a prosperous and rewarding future in your new business. In this letter, we provide you with information and services about your tax filing and payment responsibilities. Please keep this letter as a reference guide. We are here to serve you!

Included in this packet

- **Account information** - Your account information and details. See below.
- **Registration certificate** - Review the information on your certificate to make sure it's correct. If you are authorized to sell alcoholic beverages, you must display this certificate at all times at the business location shown on your certificate. See enclosed document.
- **Seller's permit** - This is required for every individual, partnership, corporation, or other organization making retail sales, leases, or rentals of tangible personal property or taxable services in Wisconsin, unless all sales are exempt from sales or use tax. See enclosed document.
- **Form S-807** - You are required to file your returns electronically. See enclosed document.
- **Ownership changes** - A list of information needed if you plan to change ownership. See the "Did you make changes to your ownership" section for instructions.
- **Electronic filing requirement information** - This requirement takes effect within 90 days. See page 2.

Account Information

Type of Tax Account	Tax Account Number	Beginning Effective Date	Filing Frequency	First Return Due
Sales & Use Tax	456-1027910440-04	1/1/2012	Monthly	2/29/2012

City of Madison Supplemental Class B License Application

<input checked="" type="checkbox"/> Seller's Permit Certificate (Entity must match the Articles of Incorporation) <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 checked="" type="checkbox"/> *Articles of Incorporation <input checked="" type="checkbox"/> *Notarized Appointment of Agent * Corporation/LLC only	<input checked="" type="checkbox"/> Floor Plans <input checked="" type="checkbox"/> Lease <input checked="" type="checkbox"/> Sample Menu <input type="checkbox"/> Business Plan
---	--	---

1. Name of Applicant/Partner/Corporation/LLC Sabor Queretono LLC

2. Address of Licensed Premise 4512 E. Washington Ave Suite 7

3. Telephone Number: (608) 249-0877 4. Anticipated opening date: Now opened

5. Mailing address if not opening immediately N/A

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: Mexican Restaurant / 9am - 9pm Monday to Sunday

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.**

There are 10 Table with a total of 36 chairs. There is a very tiny Breakfast bar that seats 4. The Bar area is 70' Long by 19'6" Feet Wide, @ 1300 sq. ft.

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 is in Front of building (Strip Mall)

13. Describe your management experience, staffing levels, duties and employee training.
Been involved in the restaurant Business for 10yrs as head cook, I have been running my own Business for the past 2 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.

Mario Armenta Carrillo 2222 Independence Ln Madison, WI 53704

Name Address

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

People ^(21-30 older) who would like to have a beer w/ their dinner.

16. What age range would you hope to attract to your establishment? 21-45

17. Describe how you plan to advertise/promote your business. What products will you be advertising?
Word of Mouth / Bucky Badger Book / advertise Food

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

19. Owner of building where establishment is located: Advantage Osborne, LLC

Address of Owner: 2912 Marketplace Drive Suite 106 Phone Number (608) 270-0446
Madison, WI 53708

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

Mario Armenta Carrillo 2222 Independence Ln Madison, WI 53704
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? Mexican (Authentic)

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? 9am - 9pm Mon-Sun

27. What hours, if any, will food service not be available? available all the time when open
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? 1 at a time (Shift)
During what hours do you anticipate they will be on duty? 11 to 7
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?
90%
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? 100%
What percentage of your advertising budget do you anticipate will be drink related? 0%
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? 42

43. Pursuant to Chapter 38.02 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	5 %
Gross Receipts from Food and Non-Alcoholic Beverages	95 %
Gross Receipts from Other	0 %
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 26 day of November, 2012

Mary Buss
(Clerk/Notary Public)

Mary Buss
(Officer of Corporation/Member of LLC/Partner/Individual)

My commission expires 11/21/14

This document is not yet filed.

Sec. 183.0202
Wis. Stats.



State of Wisconsin
Department of Financial Institutions

ARTICLES OF ORGANIZATION - LIMITED LIABILITY COMPANY

Executed by the undersigned for the purpose of forming a Wisconsin Limited Liability Company under Chapter 183 of the Wisconsin Statutes:

- Article 1. **Name of the limited liability company:**
SABOR QUERETANO, LLC
- Article 2. **The limited liability company is organized under Ch. 183 of the Wisconsin Statutes.**
- Article 3. **Name of the initial registered agent:**
Mario Armwenta Carrillo
- Article 4. **Street address of the initial registered office:**
4512 EAST WASHINGTON AVE
Suite 7
Madison, WI53704
United States of America
- Article 5. **Management of the limited liability company shall be vested in:**
A member or members
- Article 6. **Name and complete address of each organizer:**
Mario Armenta Carrillo
4512 E WASHINGTON AVE
Suite 7
Madison, WI53704
United States of America
- Other Information. **This document was drafted by:**
Olegario Rodriguez

Organizer Signature:

Mario Armenta Carrillo

Date & Time of Receipt:

5/22/2012 11:56:00 PM

Credit Card Transaction Number:

201205223007498

Appointment of New Liquor/Beer Agent

To be completed by Corporate Officer or Member of LLC

I, Mario Armuenta Carrillo, officer/member for Sabor Queretano, LLC

(Corporation/LLC), doing business as Resturant, authorize and appoint

Mario Armuenta Carrilo (Name) as the liquor/beer agent for the premise

located at 4572 E. Washington Ave.

Suite 7
Madison, WI 53704

Subscribed and sworn to before me this

26 Day of November, 2013

Mary Rull

Notary Public, Dane County, Wisconsin

My Commission Expires 12/12/14

Mary Rull

Signature of Officer/Member

To be completed by appointed Liquor/Beer Agent

I, Mario Armuenta Carrillo, appointed liquor/beer agent for

Sabor Queretano, 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

26 Day of November, 2013

Mary Rull

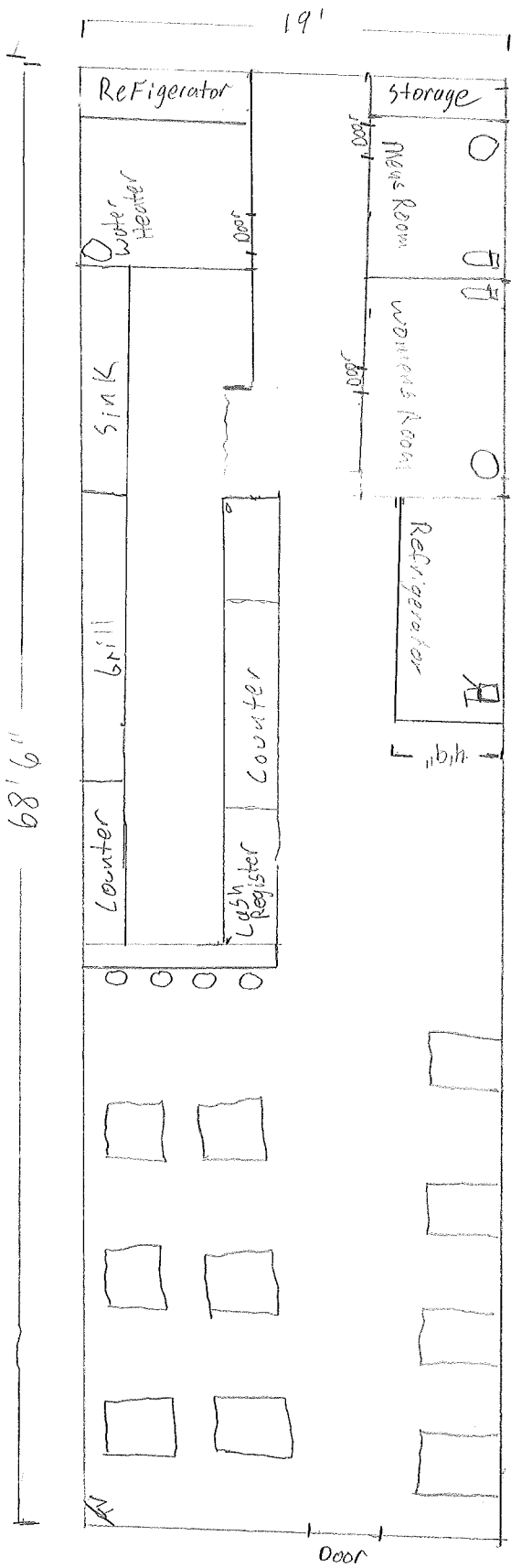
Notary Public, Dane County, Wisconsin

My Commission Expires 12/12/14

Mario Carrillo

Signature of Agent

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



BIENVENIDOS

TAQUERIA

EL SABOR

QUERETANO



OPEN

Monday - Sunday

9:00am - 9:00pm

To-Go service is available

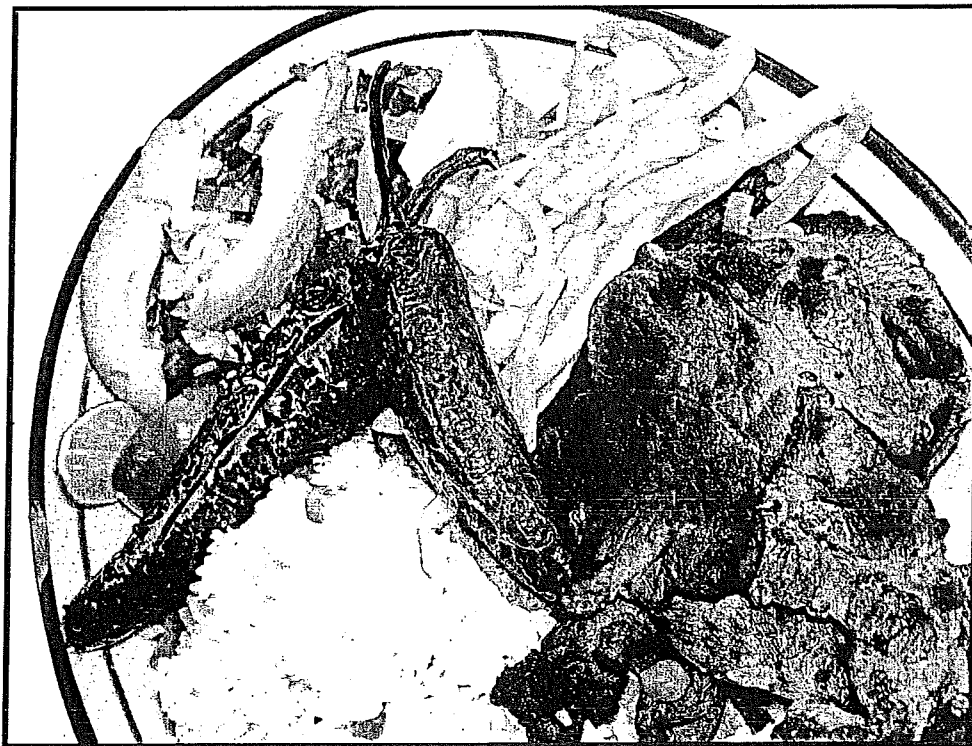
www.saborqueretano.com

4512 E. Washington Av.
MADISON, WI 53704

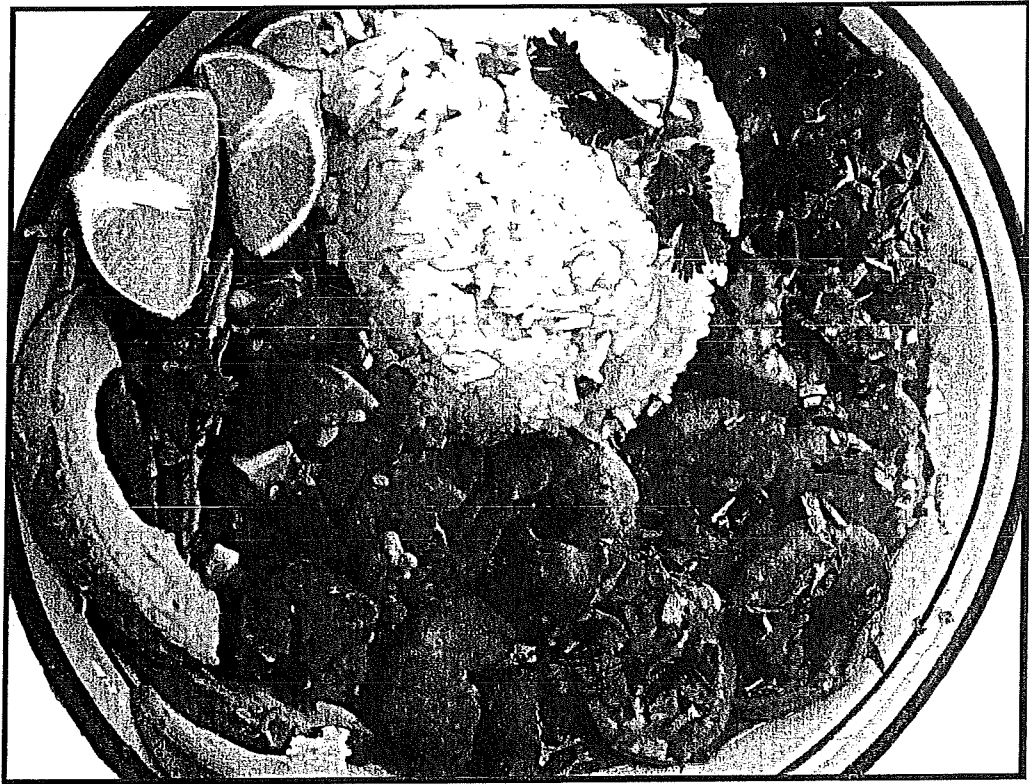
(608) 249-0877



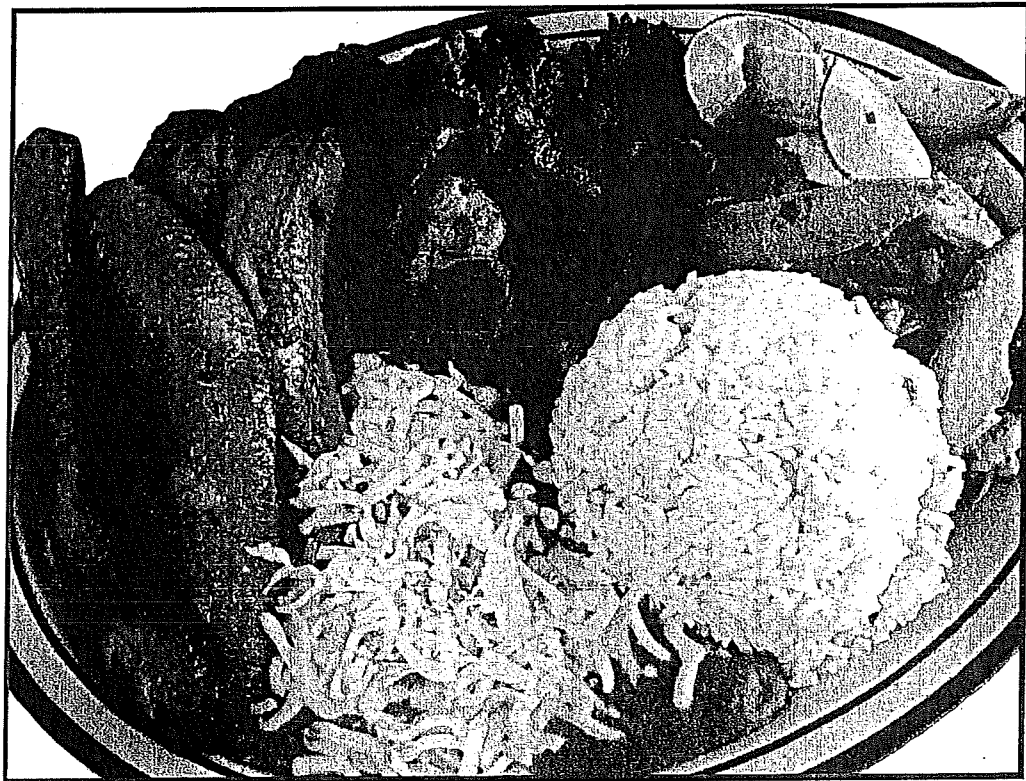
MENUDO \$9.95



CARNE ASADA MEJICANA \$11.95



SHRIMP A LA DIABLA \$14.95



CARNE ASADA HONDUREÑA . \$12.95

TOSTITOS



TACOS \$2.19
 Your choice of steak, pastor, tripa, lengua, chorizo, pork, lengua.
 Served with cilantro, onions and hot sauce.

TACO ESPECIAL \$2.99
 Your choice of steak, pastor, tripa, lengua, chorizo, pork, lengua.
 Served with cilantro, onions, cheese, avocado and hot sauce.

BURRITOS \$9.95
 Your choice of steak, chicken, pastor, chorizo.
 Served with rice, beans, lettuce, tomatoes, sour cream.

TORTAS \$8.95
 Your choice of pastor, lengua, chorizo.
 Served with lettuce, cheese, tomatoes, jalapeño, sour cream.

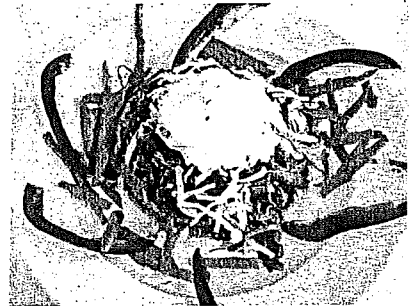
GORDITAS \$3.49
 Your choice of steak, chicken, chorizos, pastor, carnitas.
 Served with lettuce, cheese, sour cream.

GORDITAS of lengua and tripa \$3.49

SOPEs \$3.49
 Your choice of steak, chicken, chorizo, pastor, carnitas.
 Served with lettuce, cheese, sour cream.

Sopes of lengua and tripa \$3.49

GUARACHES \$9.99
 Your choice of steak, chicken, chorizo, pastor, carnitas,
 lengua, tripa.
 Served with lettuce, cheese, sour cream.



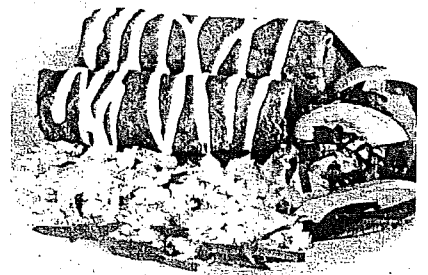
FLAUTAS(3)..... \$10.95
 Your choice of chicken or steak.
 Served with rice, beans, lettuce, tomatoes, sour cream.



CHIMICHANGAS \$11.95
 Your choice of steak, chicken.
 Served with lettuce and avocado.

SHRIMP CHIMICHANGAS \$14.95

ENCHILADAS ROJAS OR VERDES \$9.95
 Your choice of chicken or cheese.
 Served with rice, beans, lettuce, cheese and sour cream.



PAMBAZO \$8.95
 Your choice of beef, chicken, chorizo con papa.
 Served with lettuce, cheese and sour cream.

ing raw or undercook meat, poultry, shellfish, seafood or eggs, may increase the consumer's risk of foodborne illness.

BEEF

Served whit rice, beans, jalapeños toreados.

CARNE ASADA HONDUREÑA \$12.95

Served with rice, beans, and platanos.

MILANEZA \$10.95

Your choice steak and chicken. Served whit salad and rice.

FAJITAS \$10.95

Your choice of chicken or steak. Served with rice, beans, salad, onions, peppers.

FAJITAS MIXTAS (BEEF, CHICKEN, CHRIMP) . \$14.95

Served with rice, beans, salad.

BIRRIA \$10.95

Served whit rice and beans.

BARBACOA \$10.95

Served whit rice and beans.

CARNITAS \$9.95

Served whit rice and beans.

CHICKEN

MOLE \$9.99

Served with rice and beans.



SEA FOOD

MOJARRA CATRACHA \$11.95

Served with rice and platanos.

MOJARRA MEXICANA \$10.95

Served with rice and salad.

FILETE EMPANIZADO \$11.95

Served whit salad and rice.

SHRIMP A LA DIABLA \$14.95

Served with rice and salad.

SHRIMP A LA MANTEQUILLA (BUTTER) \$14.95

Served whit salad and rice.

SOUPS

MENUDO \$9.95

POZOLE \$9.95

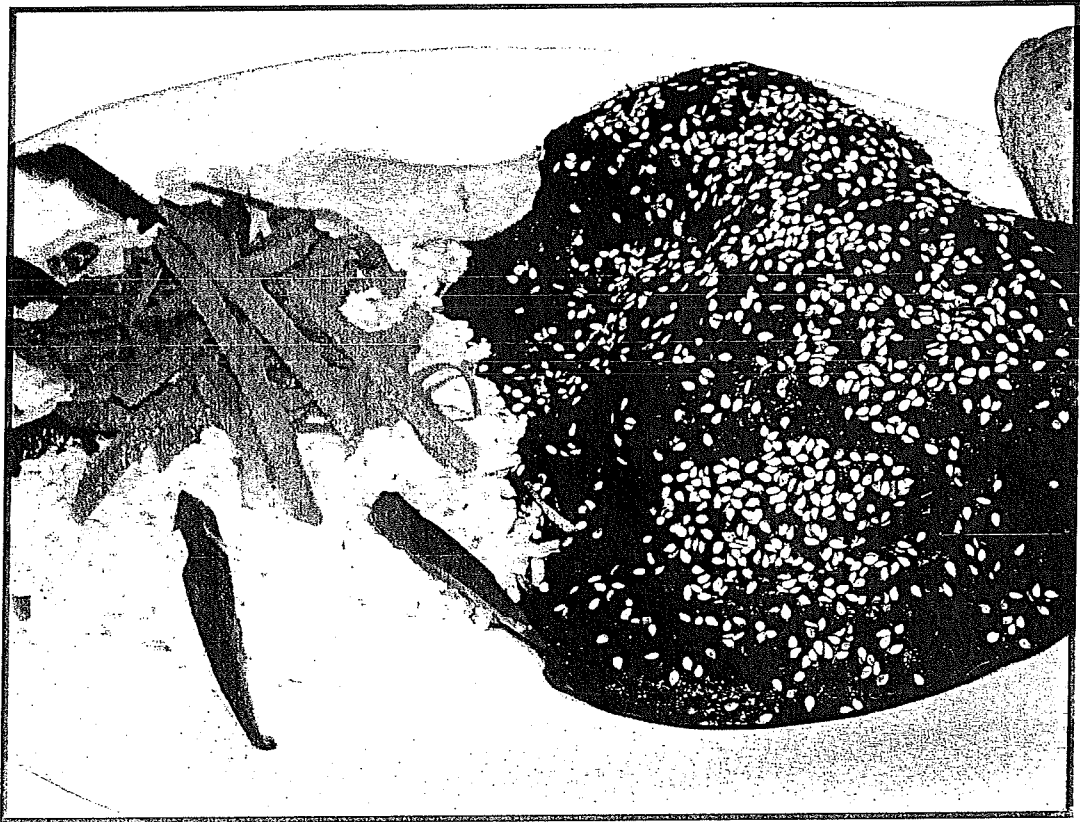
RES \$9.00

CHICKEN \$9.00

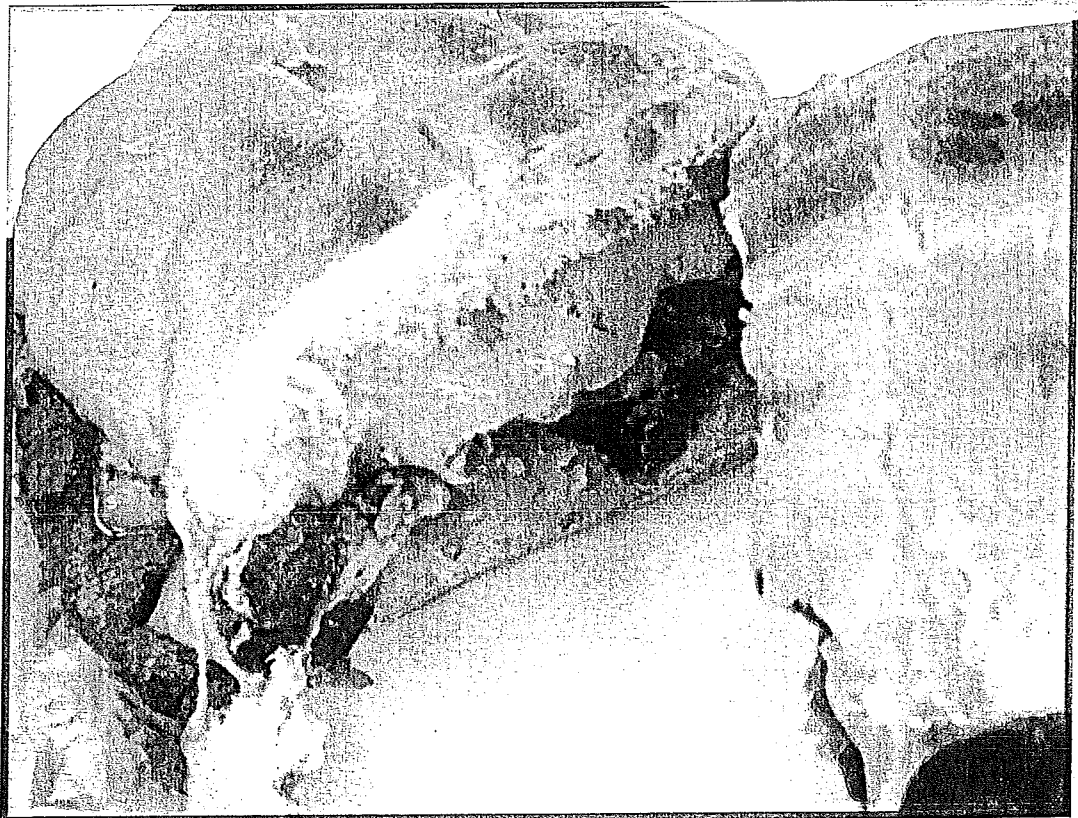
CONSOME \$10.95

SOPA DE CAMARÓN. \$14.95

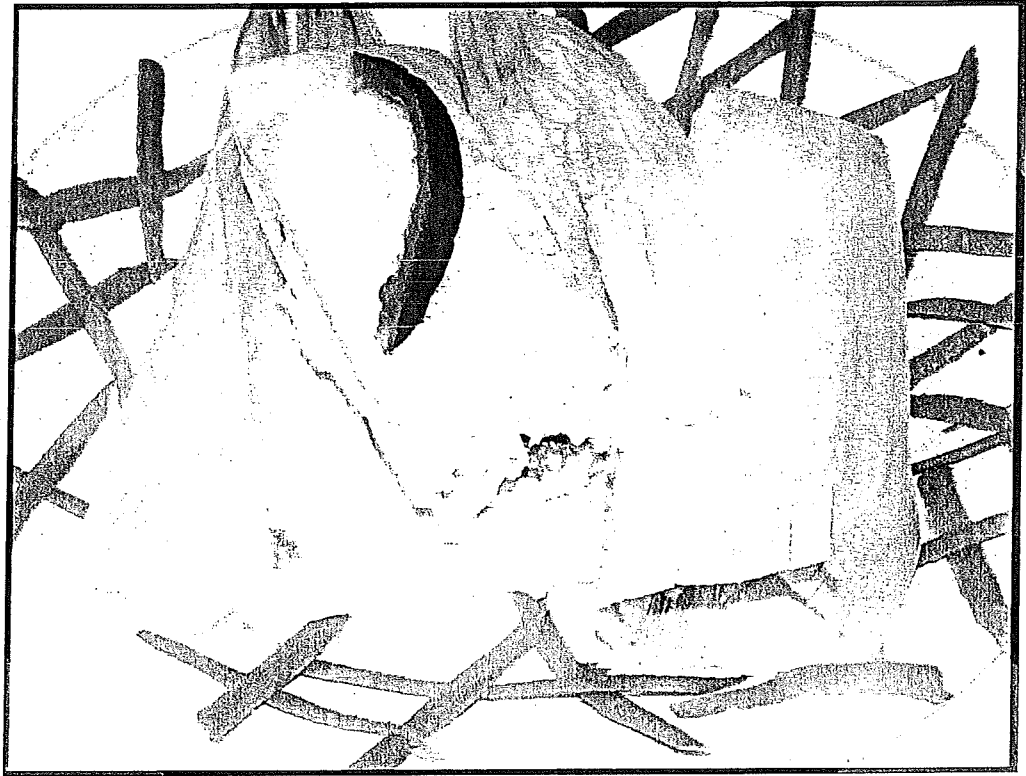
Eating raw or undercook meat, poultry, shellfish, seafood or eggs, may increase the consumer's risk of foodborne illness.



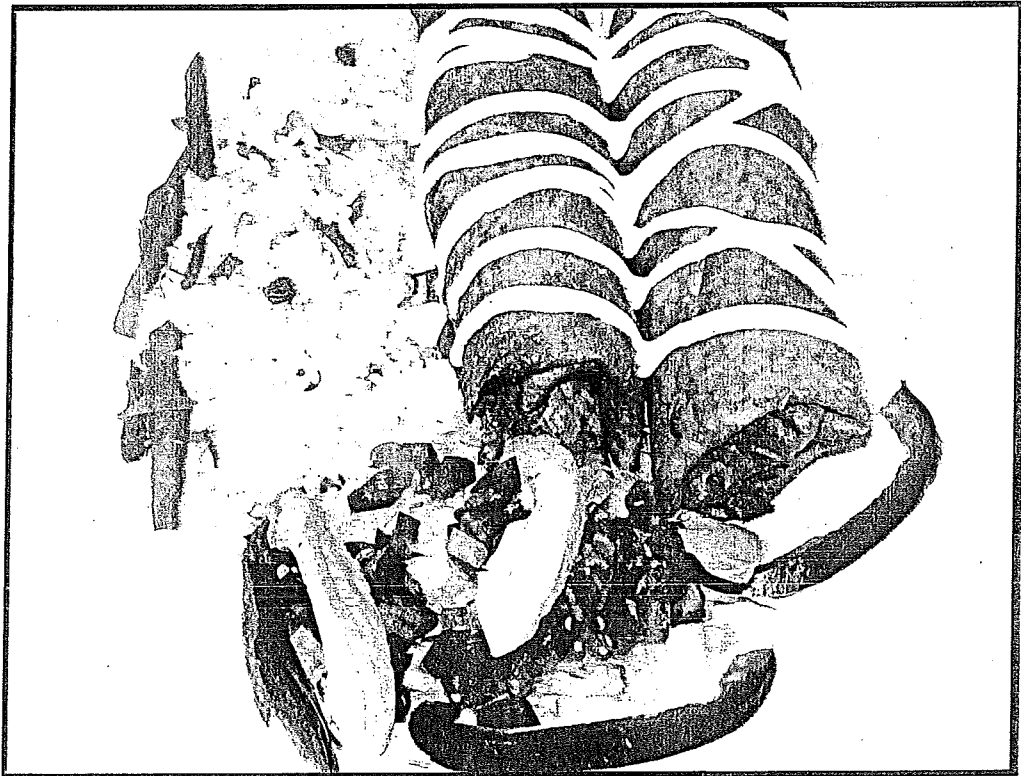
MOLE \$9.99



TORTAS \$8.95



TAMALES MEXICANOS (2) \$7.95



CHIMICHANGAS \$11.95

Consuming raw or undercooked meat, poultry, shellfish, seafood or eggs, may increase the consumer's risk of foodborne illness.

TICOMPUTER (608)228-3470, Madison, WI

APPETIZER

CHIPS WITH GUACAMOLE \$5.95

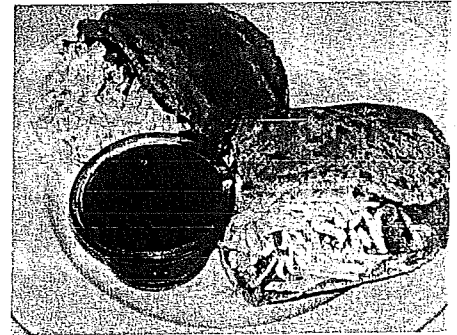
PLATANOS WITH BEANS AND MANTEQUILLA \$5.99

PLATANOS CON LECHERA \$5.99

BALEADAS (2) \$5.95
Served with beans, cheese, cream.

BALEADAS MIXTA (2) \$7.95
Served with beans, eggs, chorizo, cream.

TAMALES MEXICANOS (2) \$7.95
Served with rice and beans.

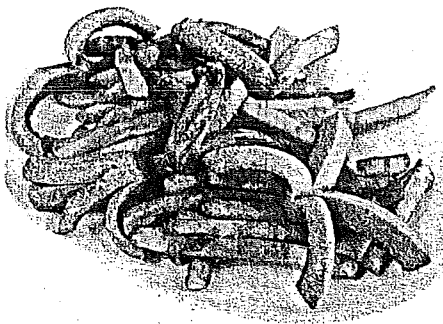


KIDS

KID TACO \$5.95
Served with fries.

KIDS QUESADILLA ... \$5.95
Served with Fries.

SALCHIPAPAS \$5.95

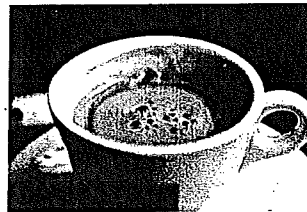


DRINKS

HOT

CAFE \$1.95

CHAMPURRADO ... \$2.50



COLD

FLAVOR WATER \$2.00

MEXICAN SODAS \$2.00

CAN SODAS \$1.00

