

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning 20 ending June 30 20 07

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

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):

~~Frayland Miranda Ruiz~~ Tagueria Y Camitas La Queretana 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.

Applicant's Wisconsin Seller's Permit Number: <u>004-0001547481-01</u>	
Federal Employer Identification Number (FEIN): <u>56-2436949</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 checked="" type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$
TOTAL FEE	\$

Owner President/Member Frayland Miranda Ruiz Title President Name Frayland Miranda Ruiz Home Address 5506 Conder Road, Madison WI 53716 Post Office & Zip Code WI 53716
 Vice President/Member _____
 Secretary/Member _____
 Treasurer/Member _____
 Agent Frayland Miranda Ruiz
 Directors/Managers _____

3 Trade Name LAQUERIA LA QUERETANA Business Phone Number 608-239-2533
 4 Address of Premises 6644 Odana Road, Madison Post Office & Zip Code WI 53719-1012

- 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 11/06 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) fast food, restaurant, tagueria, 20 x 80 with bar w/8
 10 Legal description (omit if street address is given above): seats, seating 80-120
 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 27 day of November, 20 06
Walter Schmidt
 (Clerk/Notary Public)
 My commission expires 8/5/07

Frayland Miranda Ruiz
 (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
Frayland Miranda Ruiz
 (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>11-27-06</u>	Date reported to council/board	Date provisional license issued <u>Legistar 05078</u>	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued <u>701147</u>	

Ald. 19 (Radomski) Sector 113

City of Madison Liquor and/or Beer Original Supplemental Form

Office Use Only

- Seller's Permit Number
- Federal Employer Identification Number
- Notarized Original Application Form (AT-106)
- Notarized Supplemental Form
- Description of Licensed Premise
- Notarized Auxiliary Questionnaire(s) (AT-103)
- Background Investigation Form(s)
- Floor Plans

- Lease
- Notarized Transfer of Ownership Letter
- *Schedule of Appointment of Agent (AT-104)
- *Notarized Agent Appointment/Acceptance Form
- *Articles of Incorporation/ Organization
- Sample Menu, if possible
- 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 Natko Radawski 236-0892 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 District Captain _____ can be reached at _____
- 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 Teoyland Miranda - Ruiz
4. Telephone Number: (608) 239-2533
5. Address of Licensed Premise 6644 Odona Road, Madison, WI 53719-1012
6. Anticipated opening date: November 1st, 2006
7. Mailing address if not opening immediately Same as above.

8. What type of establishment is contemplated? Tavern Nightclub Restaurant
 Liquor Store Grocery Store Convenience Store - Gas Pumps Yes No
 Other Please explain Fast food restaurant (Taqueria)

9. Business Description including hours of operation and if entertainment is part of your venue, what type:
Mexican fast food Taqueria. BREAKFAST. LUNCH & DINNER.
From 7 AM 'til 12 midnight. (Buffet, brunch, banquet service).

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.**

* SEE DIAGRAM: (A) Regular Seating. up to 80 pax. or
(B) Banquet serving by itself 120 pax. (12 rrd. tables) seats up to 10 pax each.
* BAR WILL HAVE 8 chairs around it. 20' x 80' space. bar with seating for 8.

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 with capacity for more than 40 lots. Monitoring belongs to Secur Mall.

13. Describe your management experience, staffing levels, duties and employee training.
Owner has more than 10 years of combined experience in managing people, and duties.

MAX
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. Froyland Miranda - Ruiz

Name
5506 Camden Road, Madison WI 53716
Address City State Zip

15. Excluding pre-packaged snacks, how late will food be served? ~~UNTIL~~ UNTIL 12 midnight

16. What type of food will you be serving, if any? Tacos w/ salsa, Tamales, Quesadillas etc.

17. Indicate any other product/service offered: coffee, soda drinks, non-alcoholic beer and wine

18. Describe your target market. upper Latino (Mexican) and American clientele in West Side of Madison.

19. What is your estimated capacity? 80 persons

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: Market Square LLC
Address of Owner: _____ 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 ~~Yes~~

24. Corporation/LLC: Agent must disclose interest held in business: 100 % ~~100 %~~

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

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

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

Director(s) Name	Home Address
Froylan Miranda	5506 Camden rd Mad. WI 53716

Stockholder's Name	Address	Extent of Ownership%

Manager's Name	Address	Business Phone	Home Phone

N/A 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	30 %
Percent Gross Receipts from Food	70 %
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: Fast food to go service.

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? 0 ~~Owner at beginning~~ (3-A)

33. What hours, if any, will food service not be available? From 12:00 AM to 7 AM

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

ADV in local news papers / dining Magazine / Radio

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)

My commission expires 8/5/07

[Signature]
(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.

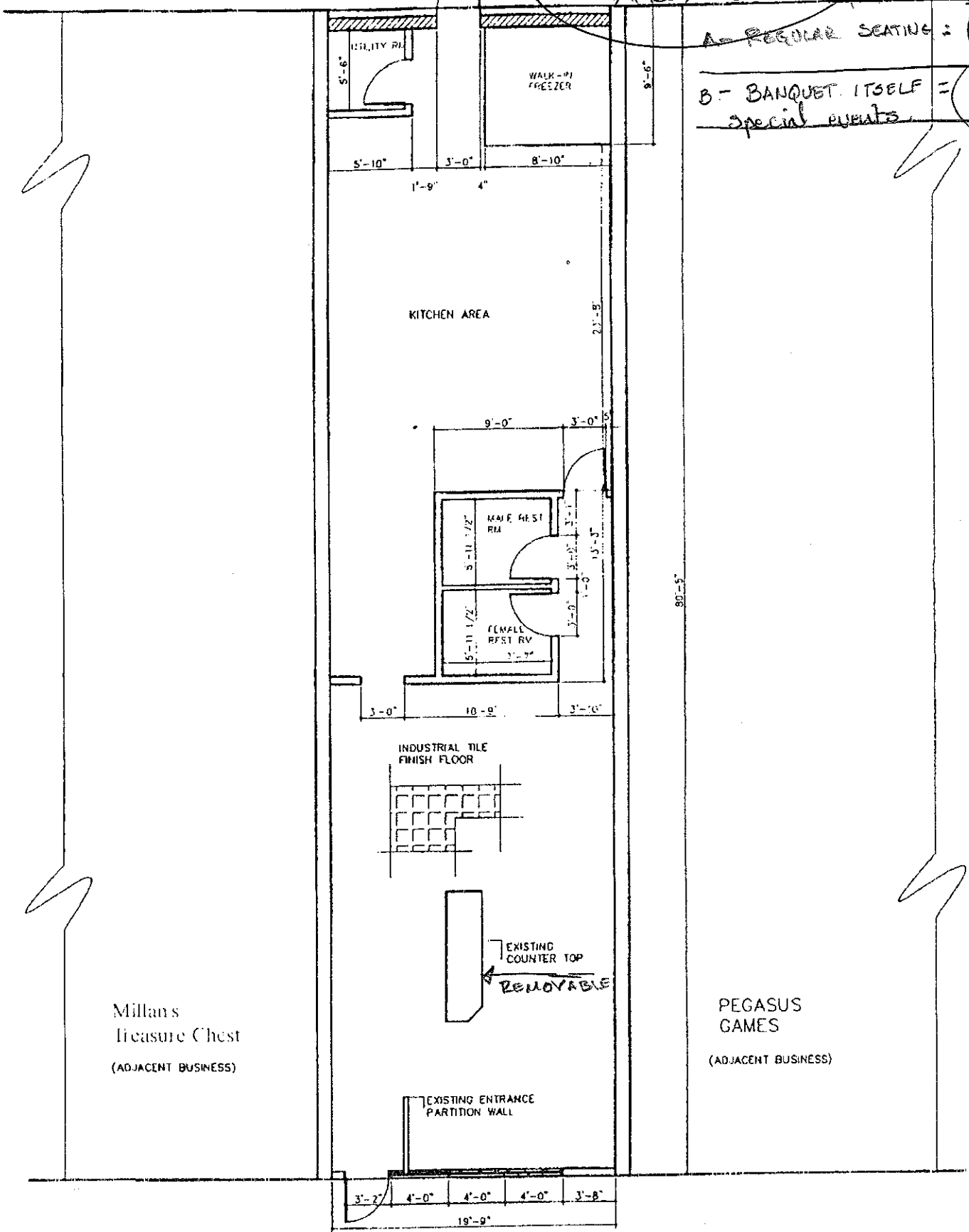


EXHIBIT A - 1
BACK ENT

DINING ROOM
SPACE AVAILABLE
APPROX 800 sq ft.

FITTING
PAX.

A - REGULAR SEATING :	80
B - BANQUET ITSELF = Special events	120

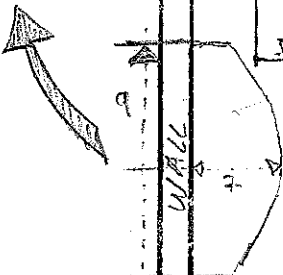
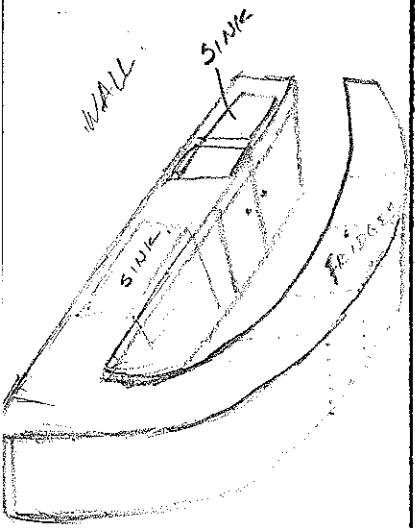
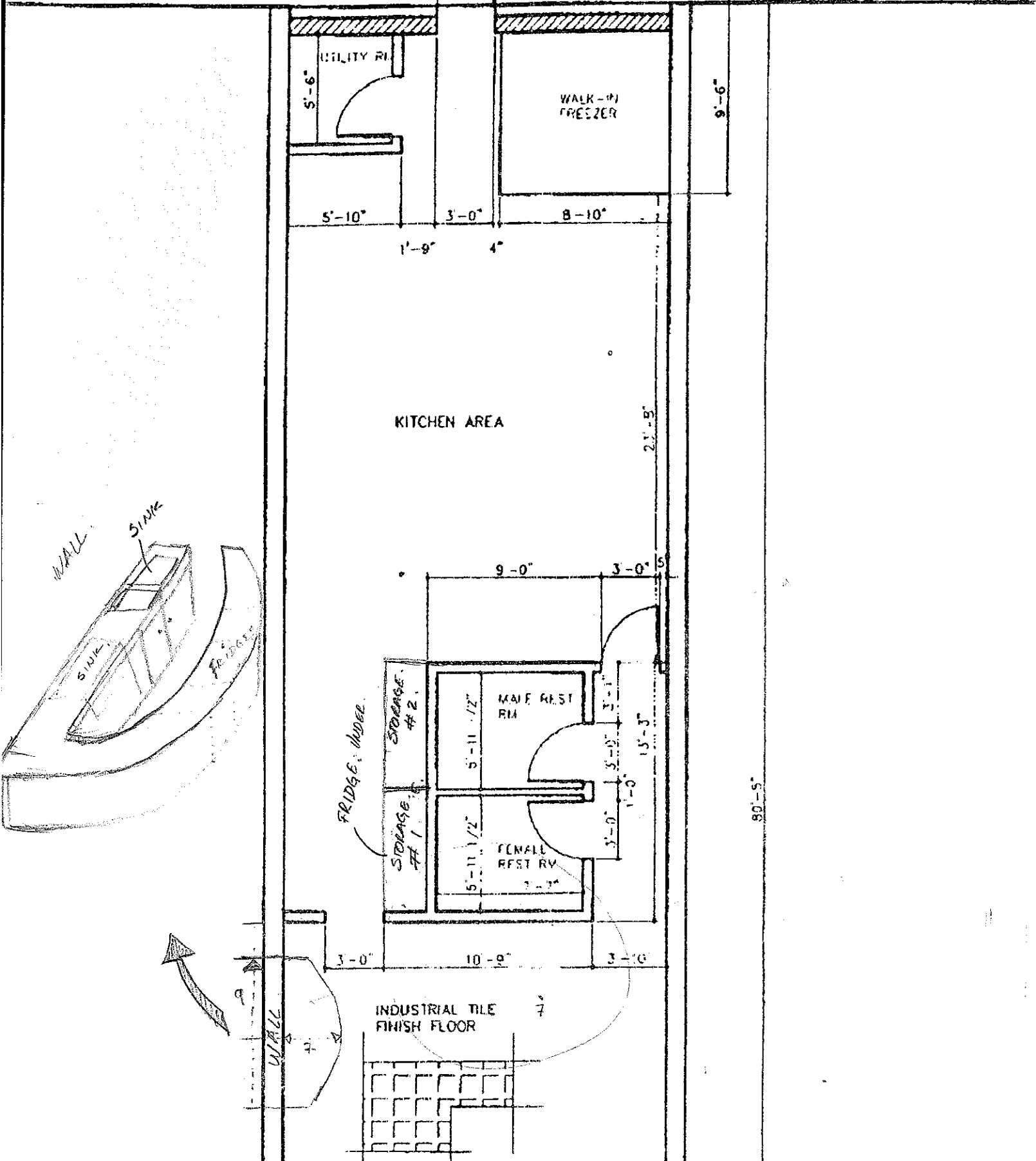


Millan's
Treasure Chest
(ADJACENT BUSINESS)

PEGASUS
GAMES
(ADJACENT BUSINESS)

* BAR
SET UP
& STORAGE

EXHIBIT A - 1
BACK EXIT



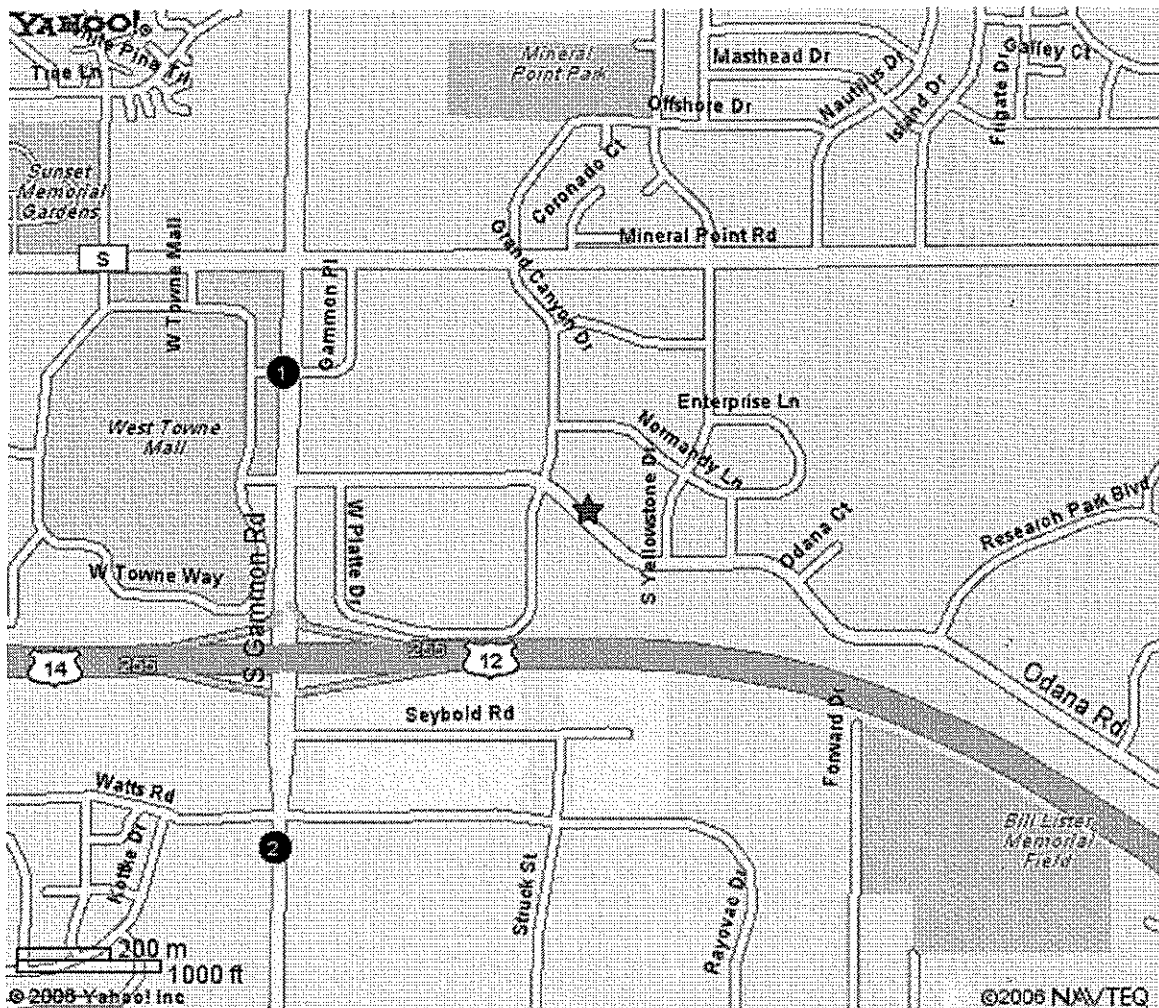
YAHOO! LOCAL Sign In
Maps New User? Sign Up

Map

Yahoo! Maps - Madison, WI 53719-1012

« Back to Map

★ 6644 Odana Rd Madison, WI 53719-1012



ADVERTI

**FE
FR**

TO CHANGE
ABOUT KI



**WITH
LOSI
ATH**



Map#	Business/Landmark Info	Distance
1	Smokey Bones Bbq & Grill 418 S Gammon Rd Madison, WI Phone: (608) 833-2736	0.4 miles
2	Old Town Pub 724 S Gammon Rd Madison, WI Phone: (608) 276-8589	0.6 miles

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.

orAGG i+! Need Local information on the go? **YAHOO! LOCAL**