

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning July 2009 ;
 ending June 30 2010

TO THE GOVERNING BODY of the: Town of
 Village of } Madison
 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): Costamex, Inc

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>Evelyn Arteaga</u>	<u>5742 Williamburg Way</u>	
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent			
Directors/Managers			

3. Trade Name Mundo Latino Business Phone Number (608) 268-0733
 4. Address of Premises 807 S. Gammon Rd Post Office & Zip Code 53711

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) 807 S. Gammon Rd Madison, WI 53711

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 13th day of May, 2009
Wendy G. Bator
 (Clerk/Notary Public)
 My commission expires 5/6/2012

Evelyn Arteaga
 (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>5/13/09</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>456-00002022</u>	27-03
Federal Employer Identification Number (FEIN): <u>391956680</u>	
LICENSE REQUESTED	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$
<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 Supplemental Class A License Application

<input checked="" type="checkbox"/> Seller's Permit Number <input checked="" type="checkbox"/> Federal Employer Identification Number <input checked="" type="checkbox"/> Notarized Original Application Form <input checked="" type="checkbox"/> Notarized Supplemental Form	<input checked="" type="checkbox"/> Description of Licensed Premise <input checked="" type="checkbox"/> *Notarized Appointment of Agent <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"/> Floor Plans <input checked="" type="checkbox"/> Lease <input type="checkbox"/> Sample Menu <input type="checkbox"/> Business Plan * Corporation/LLC only
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1. Name of Applicant/Partner/Corporation/LLC Costamex Inc
2. Address of Licensed Premise 807 S. Gammon Rd Madison, WI 53711
3. Telephone Number: (608) 268-0333 4. Anticipated opening date: _____
5. Mailing address if not opening immediately _____

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. What type of establishment is contemplated? Liquor Store Grocery Store
 Convenience Store – Gas Pumps Yes No Other—Explain Retail Shop

9. Business Description: Retail Store with Services, Fax Service, Cell Phone Service, Wire Transfers, Sports Apparel, Jewelry, etc

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 total area is a retail store roughly 1200 Sq Feet. The alcohol beer will be kept in commercial coolers.

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 shared by other mall tenants

13. Describe your management experience, staffing levels, duties and employee training.
Have managed my business for over 8 Year as owner of munda latino. I have had the responsible beverage ^{server} training course at MATC on 2005

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.
Evelyn Arteaga 807 S. Gammon Rd Madison, WI 53711
 Name Address

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

GENERAL public (OVER 21 YEARS OLD)

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

Corona Miller products

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

18. Owner of building where establishment is located: 807 S. GAMMOND RD

Address of Owner: 2001 FULLERTON DR SW PRAIRIE WI 53578 Phone Number (608) 469-6366

19. 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

20. List the Directors of your Corporation/LLC

COSTAMEX Inc 807 S. Gammon Rd Madison
Name Address WI 53711

Name Address

Name Address

21. List the Stockholders of your Corporation/LLC

Name Address % of Ownership

Name Address % of Ownership

Name Address % of Ownership

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 26th day of May, 2009

Jan Trent Schmitz
(Clerk/Notary Public)

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

My commission expires 9-23-2012

Appointment of New Liquor/Beer Agent

To be completed by Corporate Officer or Member of LLC

I, Evelyn Arteaga, officer/member for Costamex Inc
(Corporation/LLC), doing business as Mundo Latino, authorize and appoint
EVELYN Arteaga (Name) as the liquor/beer agent for the premise
located at 807 S. Gammon Rd Madison, WI 53711

Subscribed and sworn to before me this

13 Day of May, 2009

Wendy E. Barta
Notary Public, Dane County, Wisconsin

My Commission Expires 5/6/2012

Evelyn Arteaga
Signature of Officer/Member

To be completed by appointed Liquor/Beer Agent

I, Evelyn Arteaga, appointed liquor/beer agent for
Costamex Inc (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 50 %.

Subscribed and sworn to before me this

12 Day of March, 2009

Dana Huber
Notary Public, Dane County, Wisconsin

My Commission Expires 8/15/2012

Evelyn Arteaga
Signature of Agent

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