Disk-it to investigate of the di-	ISE APPLICATION	Applicant's Wisconsin Seller's Permit Number: 004-00	
Submit to municipal clerk.		Federal Employer Identification Number (FEIN): 36	-460998
For the license period beginningending	;	LICENSE REQUESTE	
ending	20	TYPE	FEE
— T		☐ Class A beer	\$
O THE GOVERNING BODY of the: Village of	MADISON	Class B beer	\$
THE GOVERNING BODY OF THE:	P(A)(Jord		\$
City of		☐ Class C wine	\$
ounty of DANE Aldermanic Dist. N	No (if required by ordinance)	Class A liquor	\$
Jane DANE Additional Place	(ii required by ordinarios)	Class B liquor	\$
The named INDIVIDUAL PARTNERSHIP	THIMITED HABILITY COMPANY	Reserve Class B liquor	\$
The named INDIVIDUAL PARTNERSHIP CORPORATION/NONPROFIT ORGANIZATI		Publication fee	\$
		TOTAL FEE	\$
hereby makes application for the alcohol beverage license(s) che			
Name (individual/partners give last name, first, middle; corporation Name (individual/partners give last name, first, middle; corporation)		ered name):	
An "Auxiliary Questionnaire," Form AT-103, must be complete partnership, and by each officer, director and agent of a colliability company. List the name, title, and place of residence of Title President/Member ANTONIO E Vice President/Member Secretary/Member	rporation or nonprofit organization, an if each person Name Home STAADA 127 MARCH	d by each member/manager and Address Post O	d agent of a limit ffice & Zip Code W (53521
Treasurer/Member Agent ANTONIO ESTRADA			
Agent P TO TONIO ESTRADA			
Directors/Managers KIMBERLY MARTINEZ			
Trade Name LA MESTIZA MEXICAN			
Address of Premises 121 E. MAIN ST. MAI	DISON, WI. 53703 Post Office	& Zip Code ▶ <u>53703</u>	
is individual, partners or agent of corporation/limited liability com	pany subject to completion of the respons	sible beverage server	
training course for this license period?			🔀 Yes 🔲 N
Is the applicant an employe or agent of, or acting on behalf of an	yone except the named applicant?		🗌 Yes 💹 N
Does any other alcohol beverage retail licensee or wholesale pe	rmittee have any interest in or control of the	his business?	🗌 Yes 🔀 N
(a) Corporate/limited liability company applicants only: In	sert state and date	of registration	
(b) Is applicant corporation/limited liability company a subsidiary(c) Does the corporation, or any officer, director, stockholder or			Yes X N
agent hold any interest in any other alcohol beverage license			Yes N
(NOTE: All applicants explain fully on reverse side of this form ex			
, , , , , , , , , , , , , , , , , , , ,		*	
	nol beverages are to be sold and stored T		
all rooms including living quarters, if used, for the sales, service, may be sold and stored only on the premises described)	nol beverages are to be sold and stored T and/or storage of alcohol beverages and MALL BAR 32 S9FF STORAGE	records. (Alcohol beverages	
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City of Madison Supplemental Class B License Application

	Seller's Permit Number Federal Employer Identification	 □ Description of Licensed Premise □ *Notarized Appointment of Agent 	☐ Floor Plans☐ Lease
	Number Notarized Original Application Form	□ Background Investigation Form(s)□ Notarized Transfer of Ownership	☐ Sample Menu☐ Business Plan
	Notarized Supplemental Form	□ *Articles of Incorporation	* Corporation/LLC only
1	Name of Applicant/Partner/Corporatio	n/LLC LA MESTIZA MEXICAN CUI	SINE INC.
2	Address of Licensed Premise 12	I E. MAIN ST	
3.	Telephone Number: 608-216-19	4. Anticipated opening date:	DECEMBER 1st, 2009
5	Mailing address if not opening immedia	ately 6644 Odana Rd. Madison, W	1.53719
6		olice Department District Captain, Alcoho tative for the area in which you intend to lo	
7.	Are there any special conditions desired	d by the neighborhood? □ Yes ☑ No	
	Explain.		
R	Rusiness Description including hours	SUNDRY of operation: Sundry to Thursdry I	1:00 Aus - 10:00 0m
O.	FRIDAY AND SATURDAY 11:0	. ,	1010/00/10
	TRIUMY AND OPHOLONY THE	to Zito an	
9	Do you plan to have live entertainment	? No □ Yes—What kind?	
10	size and all areas where alcohol bevera	g, including overall dimensions, seating armages are to be sold and stored. The license ged without the approval of the Commo	d premise described
	BUILDING 1100 sq ft, 14 tabl	es , SEATING (APACITY 48 people , BA	r Size Bit XZjft
	STOPARE OF ALCOHOL 24 SEFT	, , , , , , , , , , , , , , , , , , ,	
11		rectly accessible and under control of the and stored only on the licensed premise, not	~ ~
12.	Describe existing parking and how par	king lot is to be monitored 5+REET 1	PARKING
13.	Describe your management experience	e, staffing levels, duties and employee train	ing.
	HAVE BEEN WORKING IN THE RESTAL	DRANT INDUSTRY MORE THAN 10 YEARS I	DSED TO WORK AS
	A SERVER, BARTENDER, BOSSER,	as a manager	
14.	,	Corporation or LLC. This is your corporate permitted by law to be served on the corpo	•
	ANTONIO ESTRADA 127 N Name Address	MARCIE DR. BROOKLYN WI 53521	

15. Utilizing your market research, who would you project your target market to be? BUILDING OFFICES OCCUPTIONN Market 25 years old and up,
Market 25 years old and up,
16. What age range would you hope to attract to your establishment? 25 years and Up
17. Describe how you plan to advertise/promote your business. What products will you be advertising?
Email marketing, Newspaper, Food Specials
18. Are you operating under a lease or franchise agreement? Yes (attach a copy) No
19. Owner of building where establishment is located: CLIFF FISHER
Address of Owner: METROPOLITAN PLACE 380 W WASHINGTON AVE Phone Number 608-294-7000 MADISON, WI. 53703 Ceil: 608-213-2828
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
21. List the Directors of your Corporation/LLC
ANTONIO ESTRADA ESTE 127 MARCIE DR. BROOKLYN WI 53521 Name Address
Name Address
Name Address
on X: 41 Gualda Llara of vone Corneration/II C
22. List the Stockholders of your Corporation/LLC ANTONIO ESTRADA 127 MARCIE DR BROOKLYN WI 53521 100 40
Name Address SEOOKLYN W 53921 (CC 18)
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 FOOD
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? SINCE WE OPEN TO CLOSE

What hours, if any, will food service not be available? N/A
28. Indicate any other product/service offered. CATERING, PICK OF ORDERS
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 WEEK DAYS, 5 WEEKENDS
During what hours do you anticipate they will be on duty? LUNCH TIME 11:00 am 3:00 PM DINNER TIME 4:00 PM - CLOSED
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? 2
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
What percentage of your overall payroll do you anticipate will be devoted to food operation salaries?
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? 80%
anticipate will be related to food? 80%
anticipate will be related to food? 80% What percentage of your advertising budget do you anticipate will be drink related? 20%
anticipate will be related to food? 80 % What percentage of your advertising budget do you anticipate will be drink related? 20 % 40 Are you currently, or do you plan to become, a member of the Madison—Dane County Tavern League or

- 42. What is your estimated capacity? 48 people
- 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	30 %
Gross Receipts from Food and Non-Alcoholic Beverages	70 %
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.

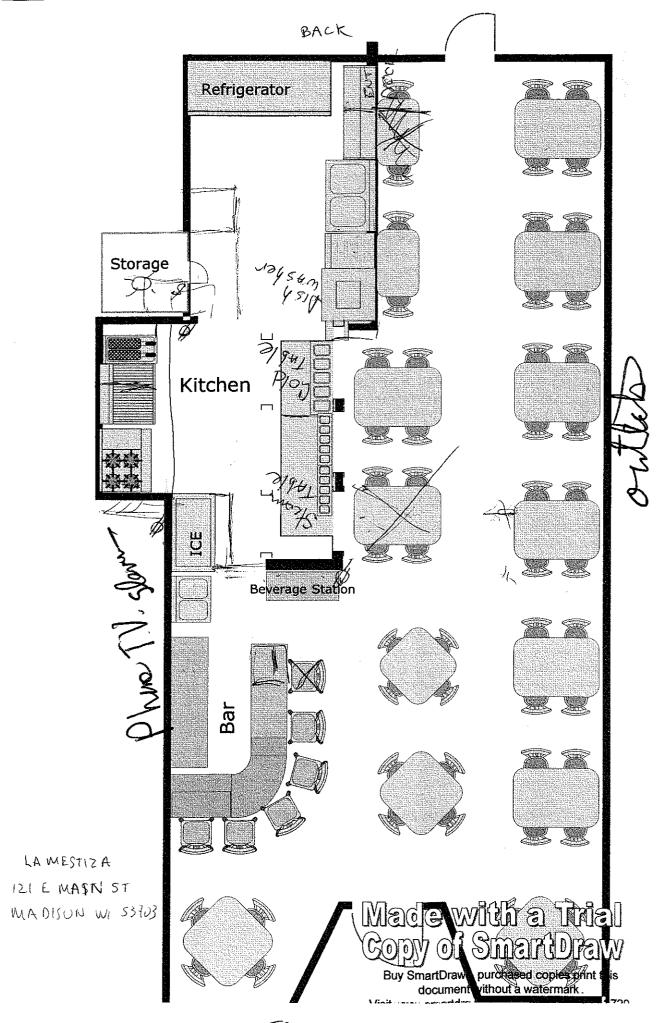
Subscribed and Sworn to before me:

this 27th day of OCTOBER, 2009

Law Treto Schmitz

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

My commission expires 9-23-20/2



FRONT

Appointment of New Liquor/Beer Agent

To be completed by Corporate Officer or Member of LLC
I, ANTONIO ESTRADA, Officer/member for LA MESTIZA MEXICA CUISINE
(Corporation/LLC), doing business as LA MESTIZA, authorize and appoint
_AUTONIO ESTRADA (Name) as the liquor/beer agent for the premise
located at 121 E. MAIN ST. MADISON WI 53.703
Subscribed and sworn to before me this 27 th Day of Ocrober, 20 00 Signature of Officer/Member Signature of Officer/Member Notary Public, Dane County, Wisconsin My Commission Expires 9-23-20/2
To be completed by appointed Liquor/Beer Agent
I, ANTONIO ESTRADA , appointed liquor/beer agent for
I, ANTONIO ESTRADA , appointed liquor/beer agent for LA MESTIZA MEXICAN CUSINE INC (name of Corporation or LLC), being first duly sworn
LA MESTIZA MEXICAN CUSINE IN((name of Corporation or LLC), being first duly sworn
LA MESTIZA MEXICAN CUSINE IN (name of Corporation or LLC), being first duly sworn say I have vested in me, by properly authorized and executed written delegation, full authority
LA MESTIZA MEXICAN CUSINE IN (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
LA MESTIZA MEXICAN CUSINE IN((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
LA MESTIZA MEXICAN CUSINE 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

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