ORIGIN	AL ALCOHOL BEVER	IAGE LICEN	SE APPLICATI	ON	Applicant's Wisconsin Seller's Permit Number: 004 (00031002	02
Submit to	municipal clerk.				Federal Employer Identification 2	.05440713	3
For the lice	ense period beginning July 1		20 08 :		LICENSE REQ		
	ending June 3	0	20 <u>08</u> ; 20 <u>09</u> ;		TYPE		FEE
	***************************************				Class A beer	s	
		Town of	3.		✓ Class B beer	s <u>1</u>	00.00
TO THE G	OVERNING BODY of the:	Village of \ Ma	dison		Wholesale beer	\$	
		City of			Class C wine	\$	
	Dono		1.4		Class A liquor	\$	
County of	Dane Ald	lermanic Dist. No	14 (if required by	ordinance)	 	\$ \$	
	95 <u>3</u> 33375		gar.		Class B liquor		
1 The nai	· Control of	4	LIMITED LIABILITY CO	MPANY	Reserve Class B liqu		,
	CORPORATION/NONPRO				Publication fee		20
hereby	makes application for the alcohol bev	erage license(s) che	cked above		TOTAL FEE	2 1	90:00
	individual/partners give last name, firs cv 7 Restaurant, LLC	st, middle; corporation	ns/limited liability compani	les give regist	ered name): 🕨		
An "Au partne liability	xiliary Questionnaire," Form AT-10 rship, and by each officer, director a r company. List the name, title, and p	and agent of a corpo place of residence of a	iration or nonprofit orga each person Jame	nization and	by each member/manage	t, by each me r and agent o st Office & Zip	f a limited
Preside	nt/Member	Angelina Gón	nez Piedra 3:	313 Leope	old Way # 108 Mac	lison. WI	53713
	esident/Member						
	iry/Member						
	rer/Member						
Agost	Angelina Gómez Piedra	1	The state of the s				
Directo	rs/Managers 7 Doctouront			Dusines Ob	608 772	5153	
3 Trade i	Name Lucky 7 Restaurant s of Premises 2440 Perry St	Madicon W/I		Business Pno	52703	3122	
4. Addres	s of Premises > 2440 Ferry St	i iviauisoii, vi		Post Office &	Zip Code 🔊 💆		
5 Is indiv	idual, partners or agent of corporation	/limited liability comp	any subject to completion	of the respon	isible beverage server	1991 50 5011	
	course for this license period?	salar en			11 to 1 to 1 to 1 to 1	. ✓ Yes	No
	pplicant an employe or agent of, or ac					Yes	☑ No
7 Does a	ny other alcohol beverage retail licens	see or wholesale per	nittee have any interest in	or control of	this business?	Yes	✓ No
8 (a) Co	rporate/limited liability company ap	plicants only: Inse	rt state Wisconsin	and date _	<u>05/30/06</u> of registratio		
(b) Is a	applicant corporation/limited flability co	mpany a subsidiary	of any other corporation o	r limited liabili	ty company?	Yes	✓ No
(c) Do	es the corporation, or any officer, dire	ctor, stockholder or a	gent or limited liability cor	npany, or any	member/manager or		
	ent hold any interest in any other alcol					Yes	₹ No
-	: All applicants explain fully on reverse	-				1	<.h -1,7
•	es description: Describe building or bu		•		•		
all roon may be	ns including living quarters, if used, for sold and stored only on the premises	r the sales, service, as described (See S	ind/or storage of alcohold Supplemental Clas	peverages and SS B Licen	rne applicant must melide I records. (Alcohol beverage ise Application - qu	es estion 10	
	escription (omit if street address is given						910-100 :
	s this premises licensed for the sale o				The first of the second second	. Yes	☐ No
	es, under what name was license issu						
12 Does th before	ne applicant understand they must file beginning business? [phone 1-800-9:	a Special Occupatio 37-8864]	nal Tax return (TTB form	5630 5)		. Yes	□No
13. Does th	ne applicant understand a Wisconsin S	Seller's Permit must t	e applied for and issued	in the same na	ame as that shown in	ylanomint	
Section	2, above? [phone (608) 266-2776]	and the second second			ran and a second second	✓ Yes	☐ No
14 Is the a	pplicant indebted to any wholesaler b	eyond 15 days for be	er or 30 days for liquor?			. Yes	∡ No
READ CAREF of the signers. (Individual app any portion of	FULLY BEFORE SIGNING: Under penalty Signers agree to operate this business a plicants and each member of a partnership a licensed premises during inspectan will	providediavles, the app Adventing to law addyna applican null sign; of se deemed a religing	olicant states that each of the t the rights and responsibiliti corate officer(s) members/i mit inspection Such refi	above question es conferred by managers of Lin usal is a misder	s has been truthfully answered to the license(s), if granted, will re nited Liability Companies must a meanor and grounds for revoca	to the best of the not be assigned sign.) Any lack of tion of this licen	knowledge to another of access to se
SUBSCRIBE	D AND SWORN TO BEFOREME	MOTAR		/ t			
	th day of June:	. 20	08 AIN	alline	1 /ronez		
		- 0 '	Officer of	Corporation/Men	nber/Manager of Limited Liability C	ompany Partner	Individual)
4 BIK	₹	_a,		2			
Bill commissi	inn examples 12 2014	· OBLIC ·	Officer of	Corporation/Men	nber/Manager of Emited Lisbility Co	ompany /Partner)	
My commiss	ion expires 13 per Markey >	<u> </u>	(Additiona	l Partner(s)/Mem	ber/Manager of Limited Liability Co	mpany if Any)	
	and the same of th	OCMISCONO!	(10 mm/m				
	PLETED BY CLERK	William Committee	Baran data and Francisco	l or	atum of Blade (Deans, Of al.		
Date received a with municipal	and filled Date reported to co	annen/oosto	Date provisional license issued	Signa	ature of Glerk / Deputy Clerk		
Date license gr	7 1 31	d	License number issued				
_ =====================================	Date house						
AT-106 (R 1-0	5)	 ,			Wisco	nsin Department	of Revenue

City of Madison Supplemental Class B License Application ☑ Description of Licensed Premise Seller's Permit Number Floor Plans ☑/*Notarized Appointment of Agent Federal Employer Identification □ Lease Number ☑ Background Investigation Form(s) ☐ Sample Menu Notarized Original Application Form ☐ Notarized Transfer of Ownership ☐ Business Plan ☑ Notarized Supplemental Form ☐ *Articles of Incorporation * Corporation/LLC only 1. Name of Applicant/Partner/Corporation/LLC Lucky 7 Restaurant, LLC

2. Address of Licensed Premise 2440 Pury St. Madison, WI 53713 Telephone Number: 608 - 772 - 5/53 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? I Yes No 7: Are there any special conditions desired by the neighborhood?

Yes No Explain 8. Business Description, including hours of operation: Family Restaurant

Hours of operation: 11:00 am - 2:00 am 9 Do you plan to have live entertainment? ▼ No □ Yes—What kind? 10 Detailed written description of building, including overall dimensions, scating 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 Attachment A. 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. Ford and rear parking (capacity 25 cars). 13. Describe your management experience, staffing levels, duties and employee training Owner of a small fast-food restaurant in California. 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 Angelina Gómez Piedra 3313 Leapold Way #108 Madison WI

15.	5. Utilizing your market research, who would you project your target market to be?	
	Families in the Madison area.	
16	6 What age range would you hope to attract to your establishment? All ages.	
17.	7. Describe how you plan to advertise/promote your business. What products will you be advertised - Newspaper adds, flyers, radio.	sing?
18	8 Are you operating under a lease or franchise agreement? Yes (attach a copy)	
19	Owner of building where establishment is located: Lary V. Tackson ddress of Owner: 510 Brain St. Madison, WI 53713 Phone Number 608	
Ad	ddress of Owner: 510 Brain St. Madison, WI 53713 Phone Number 608	- 356 -3371
20	O Private organizations (clubs): Do your membership policies contain any requirement of "Invito give offense) discrimination in regard to race, creed, color, or national origin? Yes	dious" (likely No
21	1 List the Directors of your Corporation/LLC	
	Angelina Gómez Piedra. 3313 Leopold Way #108 Madison	W 537/3
	Name Address	
	Name Address	
22		
22	2 List the Stockholders of your Corporation/LLC	<i>00 %</i> % of Ownership
22	2 List the Stockholders of your Corporation/LLC	
22	2 List the Stockholders of your Corporation/LLC Angelina Gomez Piedra 3313 Lespold Way #108 Address	% of Ownership
	2 List the Stockholders of your Corporation/LLC Angelina Gomez liedra 3313 lespold Way #108 Name Address Name Address	% of Ownership % of Ownership
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23	2 List the Stockholders of your Corporation/LLC Angelina Géracz liedra 3313 lespold Way #108 Name Address Name Address What type of establishment are you? (Check all that apply) Tavern Nightclub Kest	% of Ownership % of Ownership auran
23	2 List the Stockholders of your Corporation/LLC Angelina Gérnez Piedra 3313 Lespold Way #108 Name Address Name Address What type of establishment are you? (Check all that apply) Tavern Nightclub Other Please Explain 4 What type of food will you be serving, if any? Mexican and Tex-mex	% of Ownership % of Ownership auran
23	2 List the Stockholders of your Corporation/LLC Angelian Gimez Piedra 3313 Lespold Way #108 Name Address Name Address What type of establishment are you? (Check all that apply) Tavein Nightclub Rest Other Please Explain 4 What type of food will you be serving, if any? Mexican and Tex-mex Breakfast Lunch Dinner	% of Ownership % of Ownership auran
23	2 List the Stockholders of your Corporation/LLC Angelian Gérnez liedra 3313 leopeld Way #108 Name Address Name Address What type of establishment are you? (Check all that apply) Tavern Nightclub Rest Other Please Explain 4 What type of food will you be serving, if any? Breakfest Lunck Dinner 5 Please submit a sample menu with your application, if possible. What might eventually be in	% of Ownership % of Ownership auran wood.

28. Indicate any other product/service offered	27 What hours, if any, will food service not be available?
31. How many wait staff do you anticipate will be employed at your establishment? During what hours do you anticipate they will be on duty? During what hours do you anticipate they will be on duty? Do you plan to have hosts or hostesses scating customers? Yes 32. Do your plans call for a full-service bar? Yes 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? 33. Will there be a kitchen facility separate from the bar? Yes Will there be a separate and specific area for eating only? Yes If yes, what will be the seating capacity for that area? 36. What type of cooking equipment will you have? Stove Over Fryer Grill Microwaye 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? 100.7 39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? What percentage of your advertising budget do you anticipate will be drink related? What percentage of your advertising budget do you anticipate will be drink related? Are you currently, or do you plan to become, a member of the Madison—Dane County Tavern League or	28. Indicate any other product/service offered. Cosmetics for sale
During what hours do you anticipate will be employed at your establishment? During what hours do you anticipate they will be on duty? During what hours do you anticipate they will be on duty? Joo an - 2:00 and 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? Will there be a kitchen facility separate from the bar? Yes No Will there be a separate and specific area for eating only? Yes No What type of cooking equipment will you have? Stove Over Free Ond Products? Yes No 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? What percentage of your advertising budget, what percentage of your advertising budget do you anticipate will be drink related? What percentage of your advertising budget do you anticipate will be drink related? What percentage of your advertising budget do you anticipate will be drink related?	29. Will your establishment have a kitchen manager? Yes No
During what hours do you anticipate they will be on duty? ### ### ############################	30. Will you have a kitchen support staff? Yes No
If yes, how many bar stools do you anticipate having at your bar?	
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 16 If yes, what will be the seating capacity for that area? 36 What type of cooking equipment will you have? Stove Oven Fryer 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? 100% 39 If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be drink related? What percentage of your advertising budget do you anticipate will be drink related? 40 Are you currently, or do you plan to become, a member of the Madison—Dane County Tavern League or	32 Do you plan to have hosts or hostesses seating customers? Yes No
How many battenders 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 36 What type of cooking equipment will you have? Stove Over Fryes Grill Wicrowave 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? 39 If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be drink related? What percentage of your advertising budget do you anticipate will be drink related? 40 Are you currently, or do you plan to become, a member of the Madison—Dane County Tavern League or	33. Do your plans call for a full-service bar? Yes No
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anticipate will be related to food?	
What percentage of your advertising budget do you anticipate will be drink related?	39 If your business plan includes an advertising budget, what percentage of your advertising budget do you
40. Are you currently, or do you plan to become, a member of the Madison—Dane County Tavern League or	anticipate will be related to food?
	What percentage of your advertising budget do you anticipate will be drink related?
	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)	the Tavern League of Wisconsin? Yes No
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	vour	estimated	capacity?	50	

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	<i>30</i> %	
Gross Receipts from Food and Non-Alcoholic Beverages	60 %	
Gross Receipts from Other	10 %	
I otal 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.

this 30+4 day of Clerk Notary Policy DUBLIC My commission expires

Angelina Gómez

(Officer of Gorporation/Member of LLC-Partner/Individual)

Attachment A Description of Building:

Approximately 665sq feet of dining area with: 6 to 10 small tables, 0 to 4 big tables, and 40 to 50 seats, depending on configuration, a small counter with a register for check out also where cosmetics are sold, and a big TV for entertainment. No bar. Approximately 154 sq feet of preparation area closed off from the customers by an approximately four foot high wall, where food and beverages are served with a refrigerator where the beer is stored and a food counter. Kitchen with additional storage area and a walk in freezer.