

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning July 1 2009 ;
ending June 30 2010

TO THE GOVERNING BODY of the: Town of } MADISON
 Village of }
 City of }
County of DONE Aldermanic Dist. No. 9 (if required by ordinance)

| Applicant's Wisconsin Seller's Permit Number | |
|--|-----------|
| Federal Employer Identification Number (FEIN): <u>27-0224089</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 | \$ |

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): FIESTA MEXICAN GRILL, 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>MANUEL PEREZ CAJAL</u> | <u>1106 N. FAIRFAX ST., ANDERSON, SC</u> | <u>29261</u> |
| Vice President/Member | <u>RAUL JAIME SOLALZO</u> | <u>211 MORGAN PL., SIMPSONVILLE, SC</u> | <u>29168</u> |
| Secretary/Member | <u>Raul Jaime Solalzo</u> | <u>211 MORGAN PL., SIMPSONVILLE, SC</u> | <u>29168</u> |
| Treasurer/Member | <u>MANUEL PEREZ CAJAL</u> | <u>1106 N. FAIRFAX ST., ANDERSON, SC</u> | <u>29261</u> |
| Agent ▶ | <u>ANITA MOSQUEDA</u> | | |
| Directors/Managers | | | |

3. Trade Name ▶ FIESTA MEXICAN GRILL Business Phone Number _____

4. Address of Premises ▶ 7001 TRAIL W #5 MADISON, WI Post Office & Zip Code ▶ 53719

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 employee 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 PENDING 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 of 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.)

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 15 day of May, 2009

(Clerk/Notary Public)
My commission expires 5/17/2009

Anita N. Mosqueda
(Officer of Corporation/Member/Manager of Limited Liability Company/Partnership/Nonprofit)
MANUEL PEREZ CAJAL
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)
Raul Jaime Solalzo
(Additional Partner(s)/Member/Manager of Limited Liability Company(s) if Any)

| TO BE COMPLETED BY CLERK | | | |
|--|--------------------------------|---------------------------------|-----------------------------------|
| Date received and filed with municipal clerk | Date reported to council/board | Date provisional license issued | Signature of Clerk / Deputy Clerk |
| Date license granted | Date license issued | License number issued | |

City of Madison Supplemental Class B License Application

| | | |
|---|--|---|
| <input type="checkbox"/> Seller's Permit Number <input checked="" type="checkbox"/> Federal Employer Identification # <input checked="" type="checkbox"/> Notarized Original Application Form <input type="checkbox"/> Notarized Supplemental Form <input checked="" 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 <small>* Corporation/LLC only</small> | <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 FIEWA MEXICAN GRILL, INC
2. Address of Licensed Premise 7001 Tree Lane Ste 5, Madison, WI 53717
3. Telephone Number: _____ 4. Anticipated opening date: 7-15-09
5. Mailing address if not opening immediately 211 Pleasant Home Rd, E-1, Augusta, GA 30907
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: Full service restaurant
11 AM - 10 PM Mon - 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.**

See Exhibit 'A' - Masterplanned patio not built at this time, subject to approval.

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. See Exhibit "A"

13. Describe your management experience, staffing levels, duties and employee training.

All employees will be subject to thorough training in their positions. Not fully staffed, as yet.

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.

Anita Masqueda, 7221 Watts Rd, Madison, WI 53719

Name Address

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

Local population and shoppers. Highschool lunch time.

16. What age range would you hope to attract to your establishment? Teen Lunch 21+ PM.

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

Radio, newspaper

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

19. Owner of building where establishment is located: Livesey Co. LLC

Address of Owner: 2275 Deming Way, Milledgeville Phone Number 608 833 2929

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

RAUL J. SOLOVIO 1143 WOODRUFF STE K. GREENWICH, SC 29607
Name Address

MANUEL CORDES 1106 N. FANT ST ANDERSON, SC 29
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

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? 11:00 AM - 10:00 PM

27. What hours, if any, will food service not be available? 11: PM 11: AM
28. Indicate any other product/service offered. N/A
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? 8
 During what hours do you anticipate they will be on duty? 09 AM + 11 PM
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? 6
 How many bartenders do you anticipate you would have working at one time on a busy night? 1
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? 95
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?
80%
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? 85%
 What percentage of your advertising budget do you anticipate will be drink related? 15%
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

42. What is your estimated capacity? 95

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 | 15 % |
| Gross Receipts from Food and Non-Alcoholic Beverages | 85 % |
| Gross Receipts from Other | % |
| Total Gross Receipts | 100% |

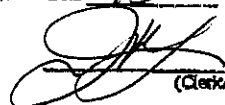
44. Do you have written records to document the percentages shown? Yes No *Estimate*
You may be required to submit documentation verifying the percentages you've indicated.

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 15th day of May, 2009

MANUEL PEREZ C.
(Officer of Corporations/Member of LLC/Partner/Individual)


(Clerk/Notary Public)

My commission expires 5/17/2009

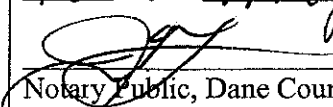
Appointment of New Liquor/Beer Agent

To be completed by Corporate Officer or Member of LLC

I, MANUEL PEREZ COSTA, officer/member for FIESTA MEXICAN GRILL, INC
(Corporation/LLC), doing business as FIESTA MEXICAN GRILL authorize and appoint
ANITA MOSQUEDA (Name) as the liquor/beer agent for the premise
located at 7001 TREE LN, MADISON, WI

Subscribed and sworn to before me this

15 Day of May, 2009


Notary Public, Dane County, Wisconsin

My Commission Expires _____

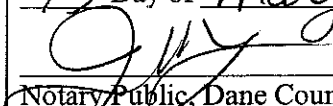
MANUEL PEREZ C
Signature of Officer/Member

To be completed by appointed Liquor/Beer Agent

I, ANITA MOSQUEDA, appointed liquor/beer agent for
FIESTA MEXICAN GRILL (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 0 %.

Subscribed and sworn to before me this

15 Day of May, 2009


Notary Public, Dane County, Wisconsin

My Commission Expires 5/17/09

Anita Mosqueda
Signature of Agent

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