

Application Date: 1/8/07

Proof of WI Seller's Permit No 004-000307509-01

| Name of Corporation, Limited Liability Company, Individual Owner, Private Club or Partner(s)<br><del>Tagueria Cuadalaajua</del> Josefa Trejo  |              | Liquor/Beer Agent<br>Josefa Trejo                               |        |
|---|--------------|---|--------|
| Mailing Address<br>1033 Park St.  |              | Liquor/Beer Agent Address<br><del>same</del> 2417 Parker Place  |        |
| City/State/Zip Code<br>Madison, WI 53715  |              | Liquor/Beer City/State/Zip Code<br>Madison, WI 53713            |        |
| Name of Registered Agent or General Partner<br>Tag  |              | Local Contact Person Phone Number<br>Imelda PEREZ, 608-258-1824 |        |
| Trade Name<br>Tagueria Cuadalaajua  |              | Estimated Opening Date<br>9-3-06                                |        |
| Business Address<br>same  |              | Signature of Owner/Operator<br>Josefa Trejo                     |        |
| Type of Business<br><input checked="" type="checkbox"/> Restaurant <input type="checkbox"/> Tavern <input type="checkbox"/> Grocery Store<br><input type="checkbox"/> Caterer <input type="checkbox"/> Cafeteria <input type="checkbox"/> Other _____ |              |   |        |
| Food and Drink License? Needed for:   |              |   |        |
| Private Club? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |              |   |        |
| License Description   | Type         | Fee   | Number |
| Class B Beer publication fee  | 102          | \$ 20 <sup>00</sup>   | 76670  |
| <b>Pre-Inspection &amp; License Fees Non-Refundable</b>   | <b>TOTAL</b> | <b>\$</b>   |        |

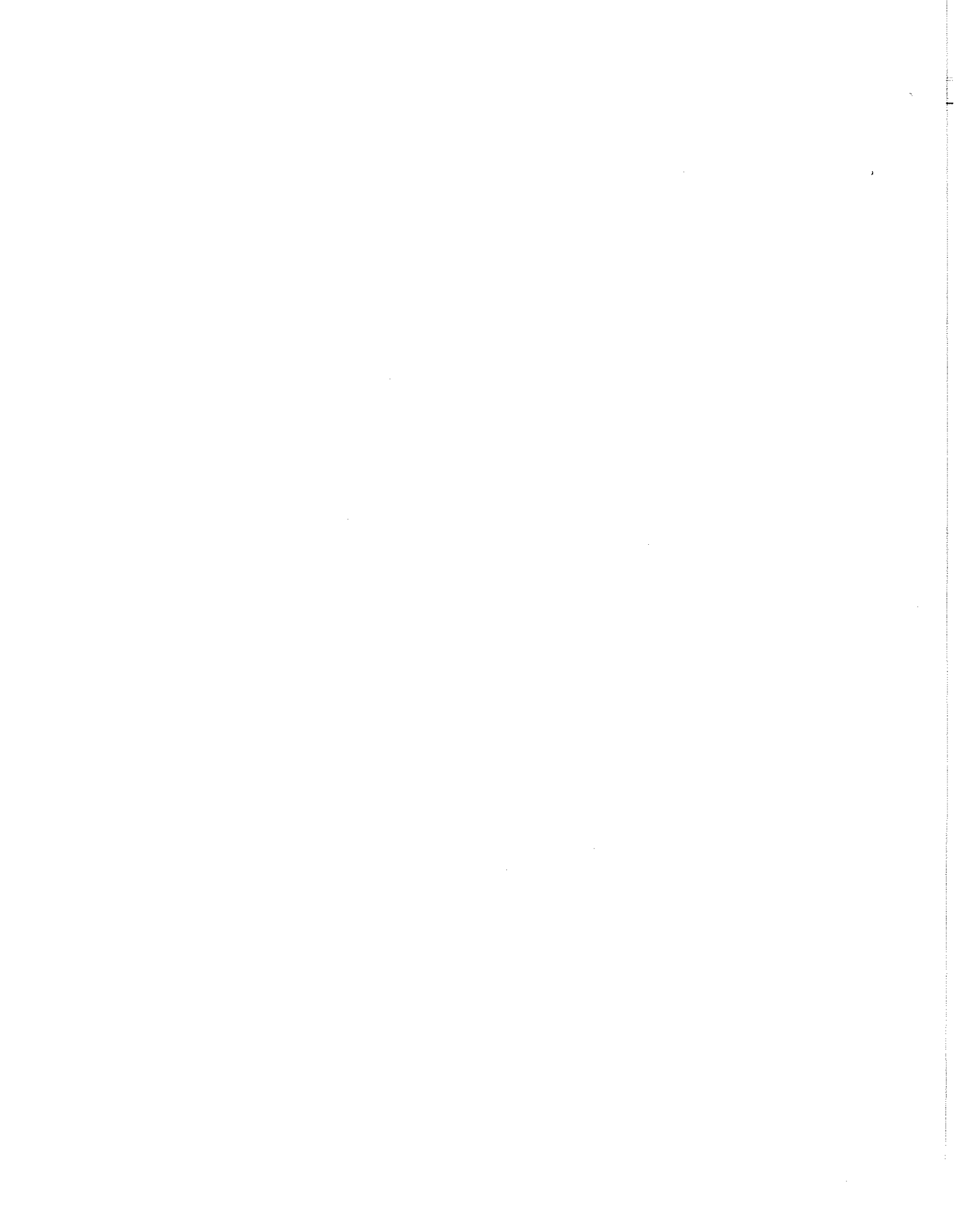
IT IS MANDATORY THAT ALL APPLICABLE INFORMATION BE COMPLETED. INACCURATE INFORMATION MAY RESULT IN SUSPENSION OR REVOCATION OF LICENSE.

## New Application(s) Fee Schedule

| Type of License   | Fee   | Notes   |
|---|---|---|
| Class "B" Reserve Fee   | \$10,000.00   |   |
| Beer, Class "A"   | 300.00  | Prorated \$25.00 per month  |
| Beer, Class "A" – Grocery/Drug (No Liquor License)  | 425.00  | Prorated \$35.42 per month  |
| Beer, Class "B"   | 100.00  | Prorated \$8.33 per month   |
| Beer, Wholesale   | 25.00   |   |
| Liquor, Class "A"   | 500.00  | Prorated \$41.67 per month  |
| Liquor, Class "B"   | 500.00  | Prorated \$41.67 per month  |
| Wine, Class "C"   | 100.00  | Prorated \$8.33 per month   |
| Adult Entertainment Tavern  | 600.00  |   |
| Adult Entertainment   | 600.00  |   |
| Amusement Device  | 40.00   | Per Device  |
| Nightclub (Live Entertainment)  | 250.00/year   |   |
| Temporary Nightclub (limit of five/year)  | 50.00/day   |   |
| Cigarette/Tobacco Products – Over the counter   | 100.00/year   |   |
| Cigarette/Tobacco Products – Vending machine  | 100.00/year   |   |
| Food & Drink<br>Fee based on gross sales for one full year for food and drink and non-alcoholic beverages. Fee includes a pre-inspection fee of \$295.<br><br>Application must be approved by Building Inspection, Fire Department, and Health Department | 525.00<br>740.00<br>850.00<br>1050.00<br>1,215.00<br>1,310.00 | \$0-10,000<br>10,001-100,000<br>100,001-250,000<br>250,001-1,000,000<br>1,000,001-5,000,000<br>greater than 5,000,001 |
| Hotel/Motel<br>Fee includes a pre-inspection fee of \$295. Applications must be approved by Building Inspection, Fire Department, and Health Department. Room tax required.   | 540.00<br>620.00<br>740.00<br>790.00                          | 1 – 30 rooms<br>31 – 99 rooms<br>100 – 199 rooms<br>200 or more rooms   |
| Swimming Pool<br>Fee includes a pre-inspection fee of \$295. Applications must be approved by Health Department.  | 1250.00<br>825.00<br>800.00<br>650.00                         | Indoor Pool<br>Outdoor Pool<br>Additional Indoor Pool<br>Additional Outdoor Pool                                      |
| Operator's License (Must be 18)   | 35.00   | Requires Common Council Approval  |
| Provisional Operator's License<br>(Must be applied for in conjunction with operator/manager license)  | 15.00   | 60 days only. Issue immediately upon proof of BST course enrollment and completion                                    |
| Publication Fee/Class A Liquor, Class B Liquor, Class A Beer, Class B Beer, Class C Wine, Wholesale Beer  | 20.00   | This fee payable with application   |

**Telephone numbers to call for inspection appointments are:**

|                            |                 |  |
|----------------------------|-----------------|--|
| <b>Health Department</b>   | <b>266-4821</b> | <b>Between 8:00-9:00 a.m., Monday–Friday</b> |
| <b>Building Inspection</b> | <b>266-4551</b> | <b>Between 8:00-9:00 a.m., Monday–Friday</b> |
| <b>Fire Department</b>     | <b>266-4484</b> | <b>Between 8:00-4:30 p.m., Monday–Friday</b> |



# City of Madison Liquor and/or Beer Original Supplemental Form

## Office Use Only

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Seller's Permit Number<br><input checked="" type="checkbox"/> Federal Employer Identification Number<br><input checked="" type="checkbox"/> Notarized Original Application Form (AT-106)<br><input checked="" type="checkbox"/> Notarized Supplemental Form<br><input checked="" type="checkbox"/> Description of Licensed Premise<br><input checked="" type="checkbox"/> Notarized Auxiliary Questionnaire(s) (AT-103)<br><input checked="" type="checkbox"/> Background Investigation Form(s)<br><input checked="" type="checkbox"/> Floor Plans | <input checked="" type="checkbox"/> Lease<br><input checked="" type="checkbox"/> Notarized Transfer of Ownership Letter<br><input checked="" type="checkbox"/> *Schedule of Appointment of Agent (AT-104)<br><input checked="" type="checkbox"/> *Notarized Agent Appointment/Acceptance Form<br><input checked="" type="checkbox"/> *Articles of Incorporation/ Organization<br><input type="checkbox"/> Sample Menu, if possible<br><input type="checkbox"/> Business Plan, if one exists<br><small>* Forms required of Corporation/LLC only</small> |
|--|--|

- ✓ 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 Isadore Knox Jr. can be reached at 255-4302  
 at the Common Council Office (266-4071), or via e-mail at [council@cityofmadison.com](mailto:council@cityofmadison.com).

\*Bob Staffis - Bay Creek 255-1074 1252-7906 called on 1/8/07  
 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](http://www.ci.madison.wi.us/neighborhoods/contacts.htm).

Police Department District Captain James Wheeler can be reached at 267-8687  
 Called w/ message on 1/8/07

Alcohol Policy Coordinator Joel Plant can be reached at 264-9295.  
 called w/ message on 1/8/07

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 Josefa Trejo
4. Telephone Number: (608) 250-1824
5. Address of Licensed Premise 1033 S Park st madison WI  
53715
6. Anticipated opening date: 9-3-2006
7. Mailing address if not opening immediately 1033 Park st madison WI

8. What type of establishment is contemplated?  Tavern  Nightclub  Restaurant  
 Liquor Store  Grocery Store  Convenience Store – Gas Pumps  Yes  No  
 Other Please explain \_\_\_\_\_

9. Business Description including hours of operation and if entertainment is part of your venue, what type:  
Sell hot food. 11AM – 10:00 pm

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.**

\* Can serve 16 people 3 Tables w/ 9 seats. Bar has 9 seats Open Grill in the inside of bar, open window ~~into~~ into a small room for cooking. After that cooking area there is another space for people to sit & eat.

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. behind the Building is parking for 8 vehicles plus 2-3 in front.

13. Describe your management experience, staffing levels, duties and employee training.  
Have been certified as a Manager and use experience Waitress / Waiters

n/A 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. Josefa Trejo

2417 Parker Place Madison, WI 53713  
 Address City State Zip

15. Excluding pre-packaged snacks, how late will food be served? 10:00 pm

16. What type of food will you be serving, if any? Mexican

17. Indicate any other product/service offered: Beverages

18. Describe your target market. Open to the Public, students, small families, & couples, Latinos.

19. What is your estimated capacity? 16

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: Nadeem Syed  
Address of Owner: 5787 Auburn Drive Phone Number \_\_\_\_\_  
Madison, WI 53711

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 N/A

24. Corporation/LLC: Agent must disclose interest held in business: N/A %

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

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

26. Corporation/LLC: List Directors, Stockholders, and Managers below. N/A

| Director(s) Name | Home Address |
|------------------|--------------|
|                  |              |
|                  |              |
|                  |              |

| Stockholder's Name | Address | Extent of Ownership% |
|--------------------|---------|----------------------|
|                    |         |                      |
|                    |         |                      |
|                    |         |                      |

| Manager's Name | Address | Business Phone | Home Phone |
|----------------|---------|----------------|------------|
|                |         |                |            |
|                |         |                |            |
|                |         |                |            |

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 | 1          | %        |
| Percent Gross Receipts from Food              | 97         | %        |
| Percent Gross Receipts from Other             | 2          | %        |
| <b>Total Gross Receipts</b>                   | <b>100</b> | <b>%</b> |

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: \_\_\_\_\_

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? 1

33. What hours, if any, will food service not be available? hours before 11:00 AM

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

Word of mouth

**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 19 day of Dec, 2006

Cam [Signature]  
(Clerk/Notary Public)

Josefa Trejo  
(Officer of Corporation/Member/Manager of LLC/Partner/Individual)

\_\_\_\_\_  
(Officer of Corporation/Member/Manager of LLC/Partner/Individual)

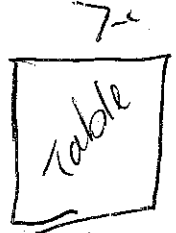
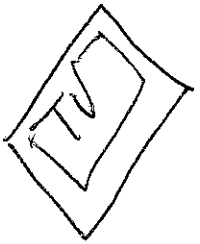
My commission expires 4/13/2018

\_\_\_\_\_  
(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.**

Ratio Door Handicapp Entrance  
RAMP to parking lot

More sitting



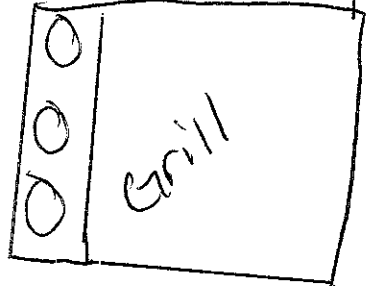
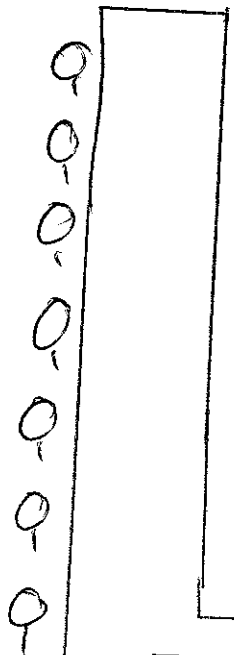
Stairs to Basement

Bathroom

Main Kitchen

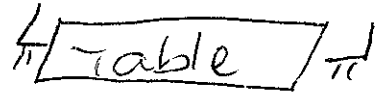
cooler

window



Cash Register

Bar

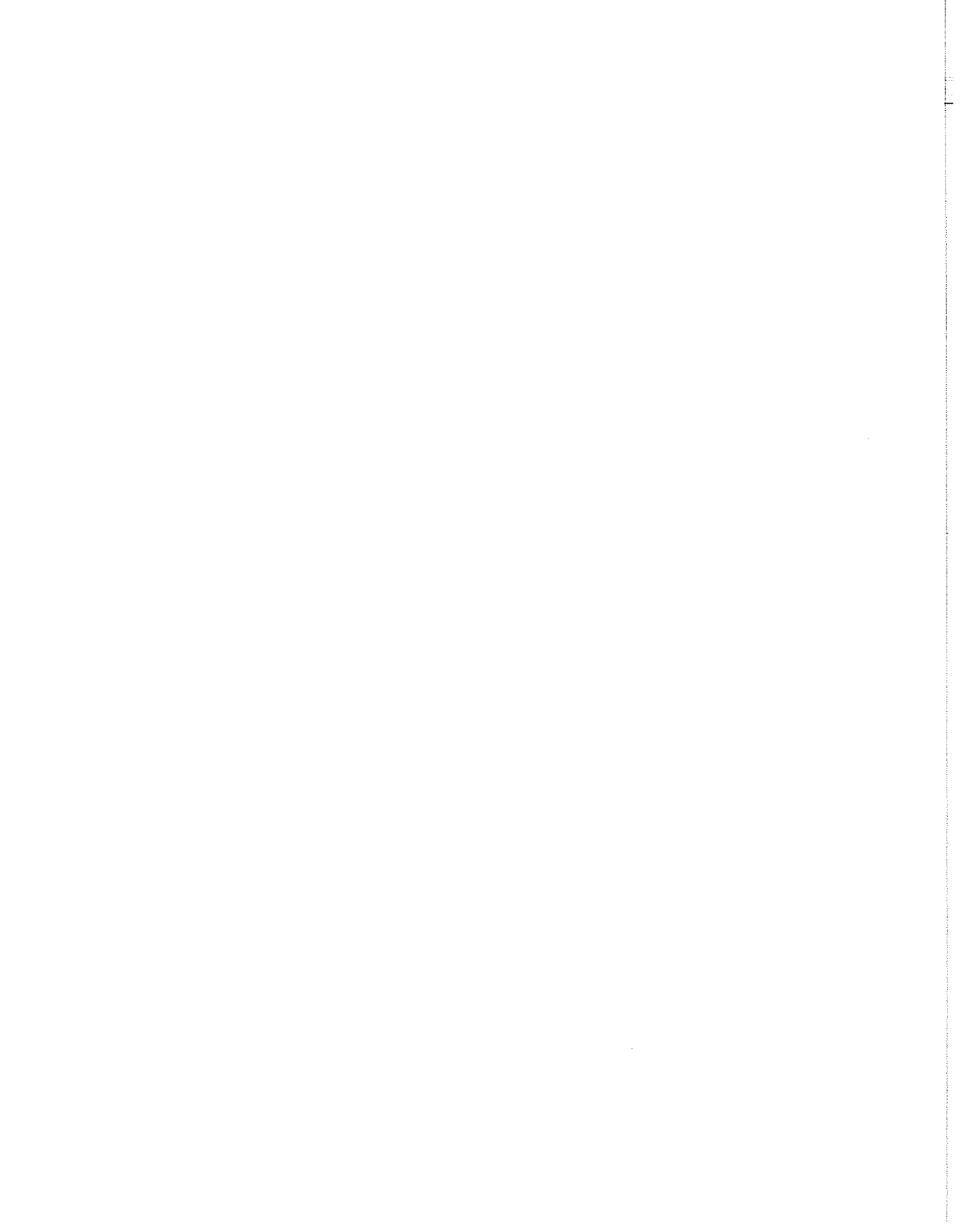


Window

Stairs

Floor Plan





# ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning 20 ending 6/30 2007

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

County of **Dane** Aldermanic Dist. No \_\_\_\_\_ (if required by ordinance)

| Applicant's Wisconsin Seller's Permit Number:    | 004-000307509101 |
|--|------------------|
| Federal Employer Identification Number (FEIN):   | 20-5807875       |
| LICENSE REQUESTED                                |                  |
| TYPE   | FEE              |
| <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 type="checkbox"/> Class B liquor          | \$               |
| <input type="checkbox"/> Reserve Class B liquor  | \$               |
| Publication fee                                  | \$               |
| <b>TOTAL FEE</b>                                 | <b>\$</b>        |

- 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): **Josefa Trejo**

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

President/Member **Josefa Trejo** Title Name **2417 Park Street** Home Address **Madison WI 53715** Post Office & Zip Code  
 Vice President/Member \_\_\_\_\_  
 Secretary/Member \_\_\_\_\_  
 Treasurer/Member \_\_\_\_\_  
 Agent

3 Trade Name **Taqueria Guadalajara** Business Phone Number **(608) 250 1824**  
 4 Address of Premises **1033 S. Park Street** Post Office & Zip Code **53715**

- 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 \_\_\_\_\_ 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) **Restauran + Taqueria Guadalajara**

10 Legal description (omit if street address is given above): **1033 S. Park Street**

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? **Oscar Estrada**


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 applying for a license, 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 considered a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license

**SUBSCRIBED AND SWORN TO BEFORE ME**

this 20 day of November, 2007  
  
 \_\_\_\_\_  
 (Clerk/Notary Public)

**Josefa Trejo**  
 (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>1/8/07</u> | Date reported to council/board _____ | Date provisional license issued _____ | Signature of Clerk / Deputy Clerk _____ |
| Date license granted _____                                 | Date license issued _____            | License number issued <u>76670</u>    |   |

11. 2020

