

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning _____ 20____ ;
ending _____ 20____

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): GUANAJUATO DE MADISON 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

President/Member Mr Title _____ Name Jose Silva Home Address 1021 W. Julian St Post Office & Zip Code Chicago, IL

Vice President/Member _____

Secretary/Member _____

Treasurer/Member _____

Agent Maria G. Silva 4601 Atticus Way #209 Madison, W. 53711

Directors/Managers _____

3. Trade Name Guajuato Supermercado Business Phone Number 608-270-9566

4. Address of Premises 1326 S. Midvale Blvd MADISON 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)

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 officers, members or 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 and is a misdemeanor and grounds for revocation of this license

SUBSCRIBED AND SWORN TO BEFORE ME

this 13 day of April, 2009

County of Dane Bernarda A Simental
(Clerk/Notary Public)

My commission expires 09/26/2010

Jose Silva
(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	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>456-1026897172-03</u>	
Federal Employer Identification Number (FEIN): <u>26-4332287</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 type="checkbox"/> Seller's Permit Number <input type="checkbox"/> Federal Employer Identification Number <input type="checkbox"/> Notarized Original Application Form <input type="checkbox"/> Notarized Supplemental Form	<input type="checkbox"/> Description of Licensed Premise <input type="checkbox"/> *Notarized Appointment of Agent <input type="checkbox"/> Background Investigation Form(s) <input type="checkbox"/> Notarized Transfer of Ownership <input type="checkbox"/> *Articles of Incorporation	<input type="checkbox"/> Floor Plans <input 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 Buanajuato of Madison, Inc
 2. Address of Licensed Premise 1326 S. Midvale Blvd Madison, WI 53711
 3. Telephone Number: 608 270-9506 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 _____

9 Business Description: Grocery store

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.**

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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 in front, employees managers view/clean parking through the day.

13 Describe your management experience, staffing levels, duties and employee training.
Andres Aguilar-Ramirez - manager has worked for business 4 yrs.

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.
Maria G Silva 4601 Atticus Way 209 Madison, WI 53711
 Name Address

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

Grocery Store - variety of mexican products, butcher, cater to hispanics needs to community

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

Radio, Flyers, mostly word of mouth

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

18. Owner of building where establishment is located: Victor Dorn

Address of Owner: _____ Phone Number _____

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

Jose Silva 1921 S. Julian St Chicago, IL

Name

Address

Name

Address

Name

Address

21. List the Stockholders of your Corporation/LLC

~~Jose~~ Jose

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

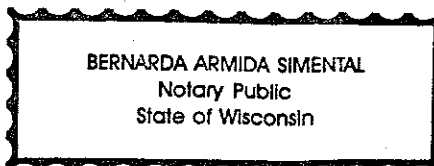
Subscribed and Sworn to before me:

this 13 day of April, 2009

Jose Silva
(Officer of Corporation/Member/Manager of LLC/Partner/Individual)

Bernarda A Simental
(Clerk/Notary Public)

My commission expires 09/26/2010



Liquor/Beer Agent Authorization

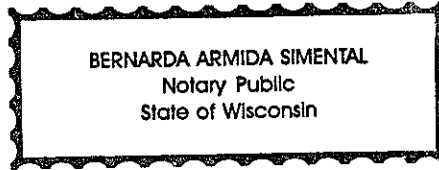
I, Jose Silva, officer/member for Guanajuato of Madison, Inc
(Corporation/LLC), doing business as Guanajuato Groceries authorize and appoint
Maria G Silva (Name) as the liquor/beer agent for the premise
located at 916 S. Whitney way

Subscribed and sworn to before me this

13 Day of April, 2009

Bernarda A Simental
Notary Public, Dane County, Wisconsin
My Commission Expires 09/26/2010

Jose Silva
Signature of Officer/Member



Acceptance of Liquor/Beer Agent Appointment

I, Maria G Silva, appointed liquor/beer agent for
Guanajuato of Madison, 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 0 %.

Subscribed and sworn to before me this

13 Day of April, 2009

Bernarda A Simental
Notary Public, Dane County, Wisconsin
My Commission Expires 09/26/2010

[Signature]
Signature of Agent

