

LIC11B-2012-00993

# ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning 7/1 20 12 ;  
ending 6/30 20 13

TO THE GOVERNING BODY of the:  Town of }  
 Village of } MADISON  
 City of }

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

| Applicant's Wisconsin Seller's Permit Number: <u>4561028200093</u> -02 |           |
|--|-----------|
| Federal Employer Identification Number (FEIN): <u>461412581</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  | \$        |
| <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): NORA Z DAVILA, ANTONIO DAVILA, LOURDES N DAVILA, CAPITOL ENTERPRISES, LLC

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>MEMBER NORA Z DAVILA</u>    | <u>8748 CHESAPEAKE LN RIVERSIDE CA</u> | <u>92508</u>           |
| Vice President/Member | <u>MEMBER ANTONIO DAVILA</u>   | <u>8748 CHESAPEAKE LN RIVERSIDE CA</u> | <u>92508</u>           |
| Secretary/Member      | <u>MEMBER LOURDES N DAVILA</u> | <u>8748 CHESAPEAKE LN RIVERSIDE CA</u> | <u>92508</u>           |
| Treasurer/Member      |                                |  |                        |
| Agent                 | <u>ADAN LARA</u>               | <u>1222 COLBY ST. MADISON, WI</u>      | <u>53715</u>           |
| Directors/Managers    |                                |  |                        |

3. Trade Name VERITAS RESTAURANT AND LOUNGE Business Phone Number \_\_\_\_\_  
4. Address of Premises 117 E. MIFFLIN ST, MADISON WI Post Office & Zip Code 53703

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 WI and date 11-18-12 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.) 1600 P2 WITH 25FT BAR, LIQUOR STORE BEHIND BAR & BASEMENT.

10. Legal description (omit if street address is given above): SEE #4  
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? OPA, LLC  
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 27<sup>th</sup> day of November, 2012

Nora Z Davila  
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

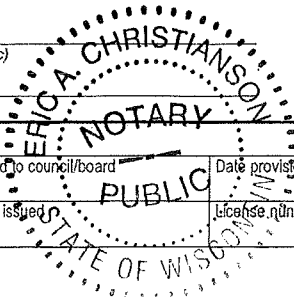
\_\_\_\_\_  
(Clerk/Notary Public)

\_\_\_\_\_  
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)  
\_\_\_\_\_  
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

My commission expires 6/29/18

### 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           |                                   |



A-4  
P-406



STATE OF WISCONSIN  
DEPARTMENT OF REVENUE  
CUSTOMER SERVICE BUREAU

2135 RIMROCK RD  
P.O. BOX 8902  
Madison, WI 53708-8902  
**FAX NUMBER: (608) 264-6884**

**Legal Name:** CAPITOL ENTERPRISES LLC

**DBA Name:**

**BTR Expiration Date:** November 30, 2014

**Greeting Letter ID (for registering on My Tax Account):** L1238352160

**Tax Account**

Sales & Use Tax

**Tax Account Number**

456-1028200093-02

**Filing Frequency**

Monthly

END OF FOLLOWING  
MONTH

PH. NO. ST-12

## City of Madison Supplemental Class B License Application

|   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Seller's Permit Certificate (Entity must match the Articles of Incorporation)<br><input checked="" type="checkbox"/> Federal Employer Identification #<br><input checked="" type="checkbox"/> Notarized Original Application Form<br><input checked="" type="checkbox"/> Notarized Supplemental Form<br><input type="checkbox"/> Orange Sign (Clerk's Office provides at time of application) | <input checked="" type="checkbox"/> Written Description of Premise<br><input checked="" type="checkbox"/> Background Investigation Form(s)<br><input type="checkbox"/> Notarized Transfer of Ownership<br><input checked="" type="checkbox"/> *Articles of Incorporation<br><input checked="" type="checkbox"/> *Notarized Appointment of Agent<br>* Corporation/LLC only | <input type="checkbox"/> Floor Plans<br><input type="checkbox"/> Lease<br><input type="checkbox"/> Sample Menu<br><input checked="" type="checkbox"/> Business Plan |
|---|---|---|

1. Name of Applicant/Partner/Corporation/LLC CAPITOL ENTERPRISES, LLC
2. Address of Licensed Premise 117 EAST MIFFLIN STREET
3. Telephone Number: (951) 656-5303 4. Anticipated opening date: DEC. 21, 2012
5. Mailing address if not opening immediately 8748 CHESAPEAKE LN, RIVERSIDE, CA 92508
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: RESTAURANT WITH BAR SERVING HOME STYLE AMERICAN CUISINE. HRS OF OPERATION SUN-THURS. 10:30AM-1:00AM FRI/SAT 10:30AM - 2:00AM
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.**  
11600 FT<sup>2</sup> WITH A MAXIMUM CAPACITY 48 OCCUPANCY. THE BAR IS 25 FT IN LENGTH WITH 13 STOOLS. TABLE AND CHAIRS PLACED THROUGHOUT THE RESTAURANT ALONG THE PERIMETER.
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. ONLY PUBLIC PARKING IS AVAILABLE, i.e. METRETED PARKING & CITY RAMP.
13. Describe your management experience, staffing levels, duties and employee training.  
2 OWNERS HAVE BEEN MANAGING COMMERCIAL PROPERTIES FOR 10 YEARS
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.  
ADAN LARA 1222 COLBY ST. MADISON, WI 53715  
 Name Address

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

DOWNTOWN EMPLOYEES, BUSINESS AND PROFESSIONAL EMPLOYEES, AND VISITORS.

16. What age range would you hope to attract to your establishment? 25 YRS OLD - 65 YRS OLD.

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

EMAILS TO THE LOCAL CHAMBER OF COMMERCE, LOCAL MAGAZINE ADVERTISEMENT

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

19. Owner of building where establishment is located: CAPITAL VIEW, LLC

Address of Owner: 8748 CHESAPEAKE LANE, RIVERSIDE, CA 92568 Phone Number (951) 656-5303

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 <sup>MEMBERS</sup> ~~Directors~~ of your Corporation/LLC

NORA Z DAVILA 8748 CHESAPEAKE LN, RIVERSIDE, CA 92508  
Name Address

ANTONIO DAVILA 8748 CHESAPEAKE LN, RIVERSIDE, CA 92508  
Name Address

LOURDES N DAVILA 8748 CHESAPEAKE LN, RIVERSIDE, CA 92508  
Name Address

22. List the Stockholders of your Corporation/LLC

NONE  
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? HOME STYLE AMERICAN CUISINE

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? 10:30 AM - 11:00 P.M.

27. What hours, if any, will food service not be available? 11:00 p.m. - 2:00 A.M.
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? 6  
During what hours do you anticipate they will be on duty? 10:30 AM - 11:00 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? 13  
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? N/A
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?  
65% AT MINIMUM
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? 75%  
What percentage of your advertising budget do you anticipate will be drink related? 25%
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  No
-

42. What is your estimated capacity? 48

43. Pursuant to Chapter 38.02 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                            | 0 %         |
| <b>Total Gross Receipts</b>                          | <b>100%</b> |

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.

*NEW ESTABLISHMENT*

**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.

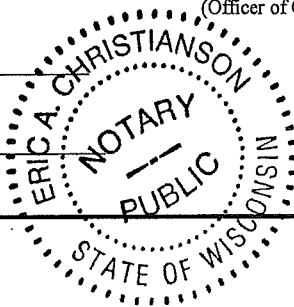
Subscribed and Sworn to before me:

this 27<sup>th</sup> day of November, 2012

*Noah David*  
(Officer of Corporation/Member of LLC/Partner/Individual)

*[Signature]*  
(Clerk/Notary Public)

My commission expires 6/29/2014



# This document is not yet filed.

Sec. 183.0202  
Wis. Stats.



State of Wisconsin  
Department of Financial Institutions

## ARTICLES OF ORGANIZATION - LIMITED LIABILITY COMPANY

Executed by the undersigned for the purpose of forming a Wisconsin Limited Liability Company under Chapter 183 of the Wisconsin Statutes:

- Article 1.       **Name of the limited liability company:**  
                  Capitol Enterprises, LLC
- Article 2.       **The limited liability company is organized under Ch. 183 of the Wisconsin Statutes.**
- Article 3.       **Name of the initial registered agent:**  
                  Nora Zoila Davila
- Article 4.       **Street address of the initial registered office:**  
                  117 East Mifflin Street  
                  Madison, WI 53703  
                  United States of America
- Article 5.       **Management of the limited liability company shall be vested in:**  
                  A member or members
- Article 6.       **Name and complete address of each organizer:**  
                  Antonio Davila  
                  8748 Chesapeake Lane  
                  Riverside, CA 92508  
                  United States of America  
  
                  Lourdes Natalia Davila  
                  8748 Chesapeake Lane  
                  Riverside, CA 92508  
                  United States of America  
  
                  Nora Zoila Davila

8748 Chesapeake Lane  
Riverside, CA 92508  
United States of America

Other  
Information.

**This document was drafted by:**

Nora Zoila Davila

**Organizer Signature:**

Antonio Davila

**Date & Time of Receipt:**

11/18/2012 9:20:33 PM

**Order Number:**

201211183193674



# **Business Plan for Capitol Enterprises, LLC**

11/27/2012

Capitol Enterprises, LLC has entered into intent to lease with the owner's of Capital View, LLC to occupy 1600 square feet of space to open a restaurant with lounge located at 117 E. Mifflin St., Madison, WI 53703. Food will be home-style American cuisine with all food being made on the premises using local ingredients when possible. We wish to serve high quality foods at affordable prices.

Hours of operation will be Sunday – Thursday 10:30am – 1:00am, Friday – Saturday 10:30am – 2:00am. Food will be available until 11:00pm on all days.

Advertisement will be made through emails and local restaurant magazines.

The lounge with bar with be 25 feet in length to accommodate 13 bar stools. All liquor will be stored behind the bar and in the basement. The capacity of the establishment is 48 occupancy.

Veritas Restaurant and Lounge will employ at least three employees, and up to ten employees at full capacity. Parking will be off-street parking and a public parking ramp.

Our target customers will be downtown employees that consist of business and professional employees. The age target will be 25 years old to 65 years old.

Our wish is to be a good establishment for the community.