


Application Date: 1/30/2007

Proof of WI Seller's Permit No. 204-6003121467-01

Name of Corporation, Limited Liability Company, Individual Owner, Private Club or Partner(s) <u>EL MERCADITO USCANGA LLC</u>		Liquor/Beer Agent <u>LORENZO USCANGA</u>	
Mailing Address <u>916 S. WHITNEY WAY</u>		Liquor/Beer Agent Address <u>4338 CLOVER CT</u>	
City/State/Zip Code <u>MADISON, WI, 53711</u>		Liquor/Beer City/State/Zip Code <u>MADISON, WI, 53711</u>	
Name of Registered Agent or General Partner <u>LORENZO USCANGA</u>		Local Contact Person <u>LORENZO USCANGA</u>	Phone Number <u>(608) 658-9549</u>
Trade Name <u>EL MERCADITO GROCERY STORE</u>		Estimated Opening Date <u>OPEN</u>	
Business Address <u>916 S. WHITNEY WAY</u>		Signature of Owner/Operator 	
Type of Business <input type="checkbox"/> Restaurant <input type="checkbox"/> Tavern <input checked="" type="checkbox"/> Grocery Store <input type="checkbox"/> Caterer <input type="checkbox"/> Cafeteria <input type="checkbox"/> Other _____			
Food and Drink License? Needed for: <u>GROCERY STORE WITH BEER.</u>			
Private Club? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
License Description	Type	Fee	Number
<u>CLASS A BEER</u>	<u>104</u>	<u>20.00</u>	<u>76777</u>
Pre-Inspection & License Fees Non-Refundable		TOTAL	\$

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 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. Application must be approved by Building Inspection, Fire Department, and Health Department	525.00 740.00 850.00 1050.00 1,215.00 1,310.00	\$0-10,000 10,001-100,000 100,001-250,000 250,001-1,000,000 1,000,001-5,000,000 greater than 5,000,001
Hotel/Motel Fee includes a pre-inspection fee of \$295. Applications must be approved by Building Inspection, Fire Department, and Health Department. Room tax required.	540.00 620.00 740.00 790.00	1 – 30 rooms 31 – 99 rooms 100 – 199 rooms 200 or more rooms
Swimming Pool Fee includes a pre-inspection fee of \$295. Applications must be approved by Health Department.	1250.00 825.00 800.00 650.00	Indoor Pool Outdoor Pool Additional Indoor Pool Additional Outdoor Pool
Operator's License (Must be 18)	35.00	Requires Common Council Approval
Provisional Operator's License (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:

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

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning JUNE 1ST 2006 ;
ending JUNE 1ST 2007

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>004-0009121467-01</u>	
Federal Employer Identification Number (FEIN): <u>611514506</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	\$ <u>20.00</u>
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): ▶ Lorenzo Usclanga Juarez - Single Member 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</u>	<u>Lorenzo Usclanga Juarez</u>	<u>4338 Clover Et. Madison, WI</u>	<u>53711</u>
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	<u>Lorenzo Usclanga Juarez</u>		
Directors/Managers			

- 3 Trade Name ▶ El Mercadito Usclanga LLC Business Phone Number 608-441-7375
4 Address of Premises ▶ 916 S. Whitney Way, Madison, WI Post Office & Zip Code ▶ Madison, WI 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 WI and date 12-27-06 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.) See supplement

- 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? El Mercadito Inc. (Jose M. Jimenez - President)
- 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 23rd day of January, 2007

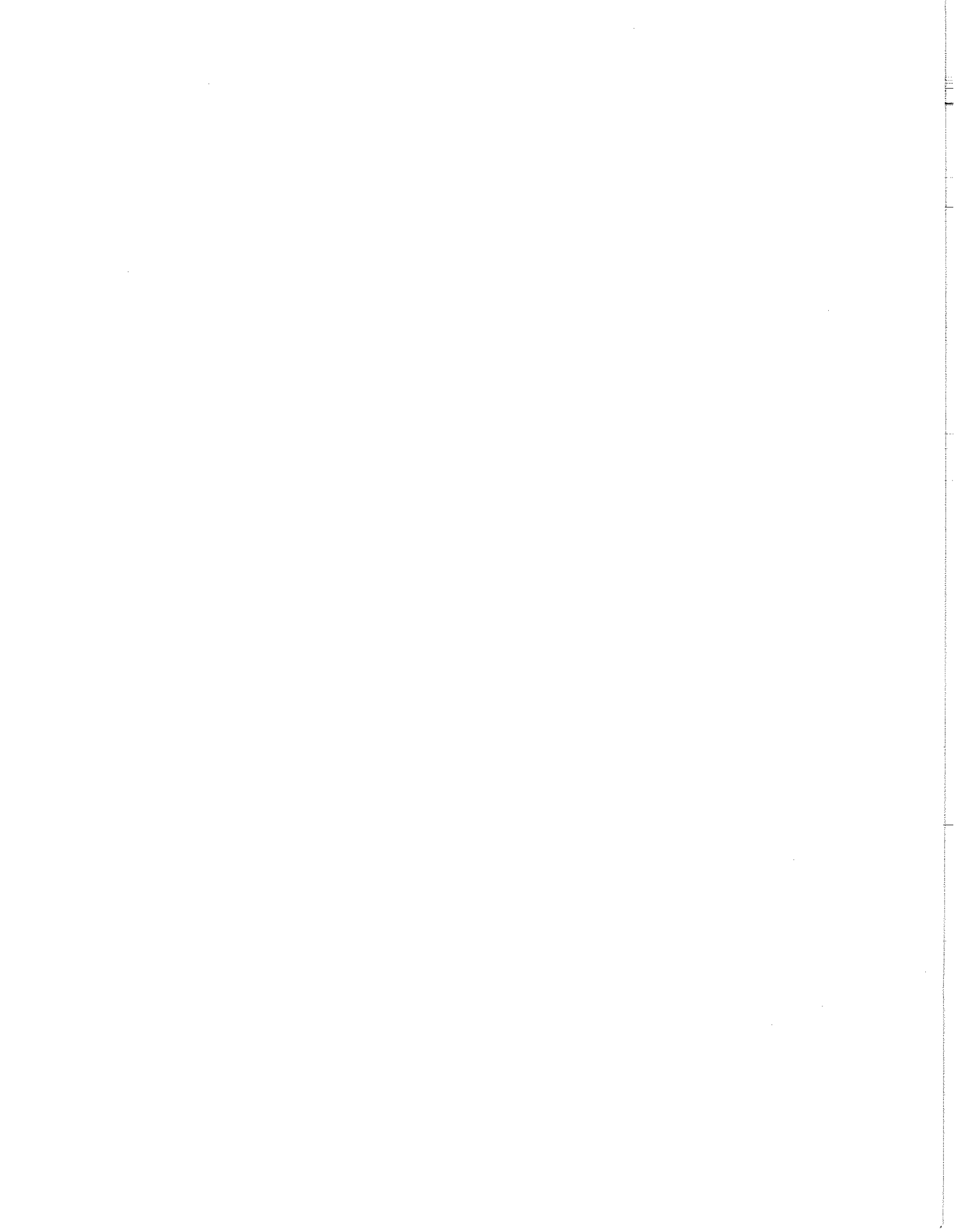
Justice A. Hill
(Clerk/Notary Public)

My commission expires 3/2/2008

[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
[Signature]
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk: <u>01/30/07</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	



City of Madison Liquor and/or Beer Original Supplemental Form

Office Use Only

- | | |
|--|---|
| <input checked="" type="checkbox"/> Seller's Permit Number
<input checked="" type="checkbox"/> Federal Employer Identification Number
<input checked="" type="checkbox"/> Notarized Original Application Form (AT-106)
<input checked="" type="checkbox"/> Notarized Supplemental Form
<input checked="" type="checkbox"/> Description of Licensed Premise
<input checked="" type="checkbox"/> Notarized Auxiliary Questionnaire(s) (AT-103)
<input checked="" type="checkbox"/> Background Investigation Form(s)
<input checked="" type="checkbox"/> Floor Plans | <input checked="" type="checkbox"/> Lease
<input checked="" type="checkbox"/> Notarized Transfer of Ownership Letter
<input checked="" type="checkbox"/> *Schedule of Appointment of Agent (AT-104)
<input checked="" type="checkbox"/> *Notarized Agent Appointment/Acceptance Form
<input type="checkbox"/> *Articles of Incorporation/ Organization
<input type="checkbox"/> Sample Menu, if possible
<input type="checkbox"/> Business Plan, if one exists
<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 Samborn Sade can be reached at 576-5509 at the Common Council Office (266-4071), or via e-mail at council@cityofmadison.com.
- 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. 266-4635
- Police Department District Captain Kavls Gilade can be reached at 266-4076.
- Alcohol Policy Coordinator Joel Plant can be reached at 264-9295.

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 "El Mercadito Usanga LLC" Lorenzo Usanga-Juarez
LLC - Single member
4. Telephone Number: 608-441-7375
5. Address of Licensed Premise 916 S. Whitney Way, Madison, WI 53711
6. Anticipated opening date: 2/15/07
7. Mailing address if not opening immediately 916 S. Whitney Way, Madison, WI 53711

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:
Retails of Mexican Food Products
OPERATING HOURS - 9:AM - 9:PM MON - SUN -

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.**
Building 3000 Square feet.
9-Door Cooler & 10-Door Cooler @ Storage area + Retail area and
Backroom Storage.
See next page →

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 for 19 Vehicles
Lighted Parking Lot

13. Describe your management experience, staffing levels, duties and employee training
Presently am the manager with up to 4 people under my supervision.
In Mexico, I was also in charge of Employment training for our Rest.

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. Lorenzo Uscanga Juarez
 Name

Address _____ City _____ State _____ Zip _____

15. Excluding pre-packaged snacks, how late will food be served? NIA - Grocery Store

16. What type of food will you be serving, if any? NONE

17. Indicate any other product/service offered: Money Grams

18. Describe your target market. Latino Communities

19. What is your estimated capacity? 40 people

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: GyV Group, LLC.

Address of Owner: 201 N. 5th St. Madison, WI. 53704 Phone Number 608/241-1151

22. Individual or Partnership: Have individual/partners completed the Beverage Server Training Course? Yes No If Yes, indicate names: Lorenzo Uscaña Juarez

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

24. Corporation/LLC: Agent must disclose interest held in business: 100 %

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

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

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

Director(s) Name	Home Address

Stockholder's Name	Address	Extent of Ownership%

Manager's Name	Address	Business Phone	Home Phone
Lorenzo Uscaña Juarez	4338 CLOVER CT. MADISON, WI. 53711	608-441-7375	608/658-9549

N/A 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

N/A 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	%
Percent Gross Receipts from Food	%
Percent Gross Receipts from Other	%
Total Gross Receipts	100 %

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: Mexican Grocery Store

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? N/A

33. What hours, if any, will food service not be available? N/A

34. Describe how you plan to advertise/promote your business. What products will you be advertising?
Advertise on the Madison Family Hispanic Radio Station. Also Mex. Store
Retails - Mex. Products

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 23rd. day of January, 2007

Justine A. Hill
(Clerk/Notary Public)

My commission expires 3/2/2008

[Signature]
(Officer of Corporation/Member/Manager of LLC/Partner/Individual)

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

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

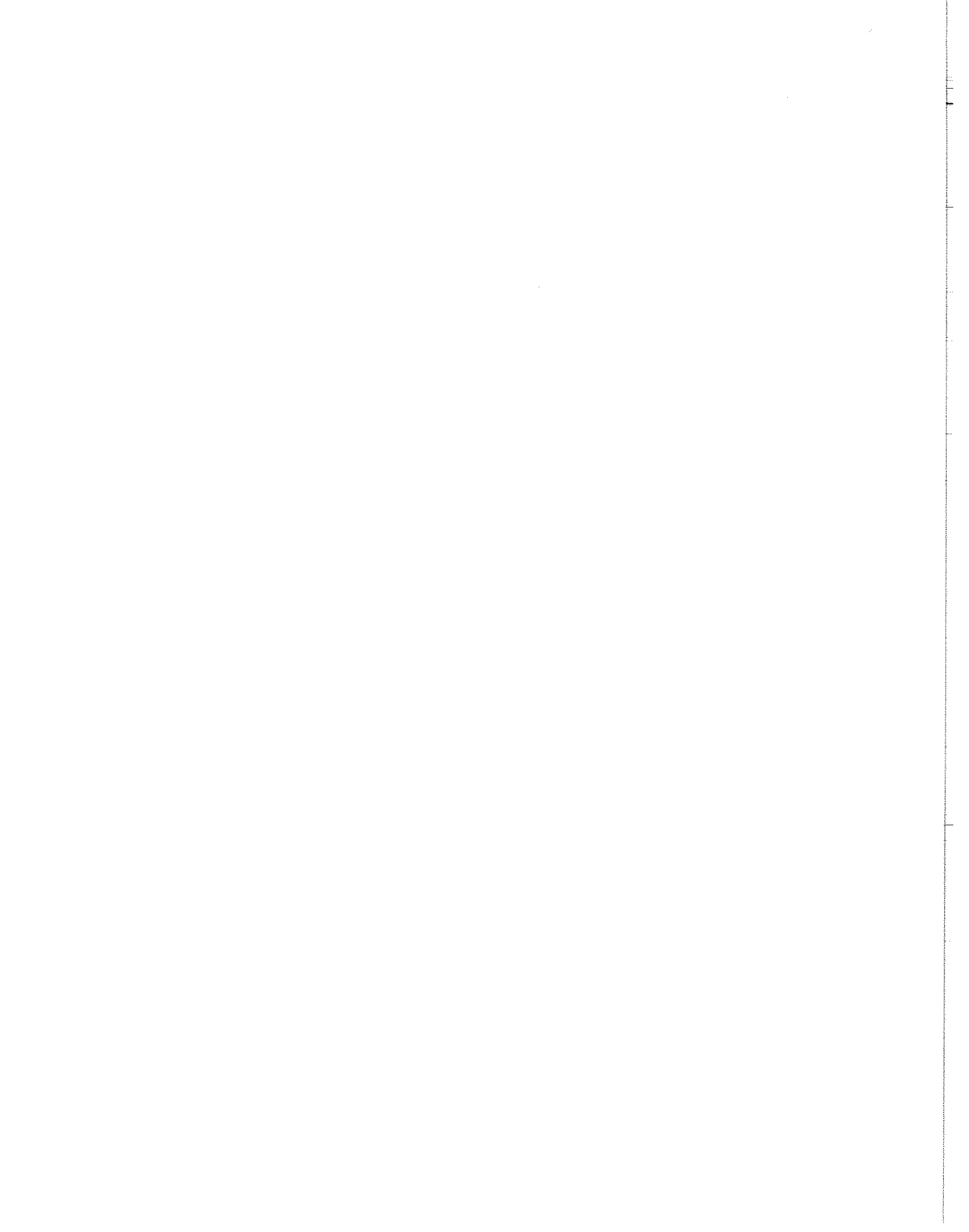
If you have any questions, please contact the City Clerk's Office at (608) 266-4601.

Line #10: See Reverse Side.

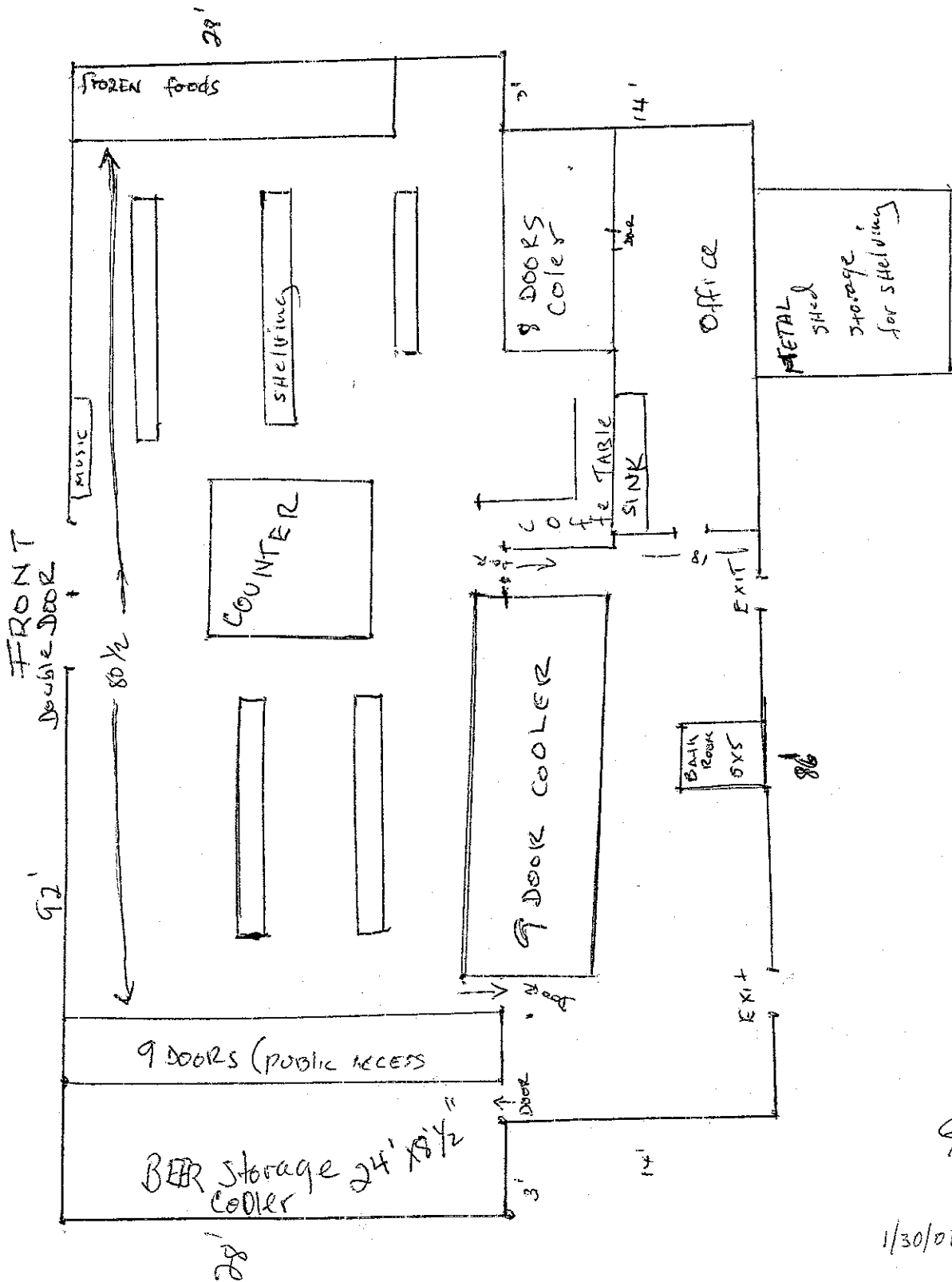
Beer Beverages will be sold inside the Retail Area of the Store on the North Side. Kept in a 9-Door Cooler (walk in cooler) Approx. 30 Square feet (against North wall of Store)

Warm Beer (Inventory) will be kept in the Storage Room (in the back room) on the West Side of the Store (Approx. 500 Sq. Feet)

No Warm Beer will be sold.



El Mercado Inc.
916 S. Whitney way
5/18/00



[Signature]
1/30/01 L.U.

