ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION	Applicant's Wisconsin Seller's Permit Number: COY -000 QU			
Submit to municipal clerk.	Federal Employer Identification			
For the license period beginning 7-/-07 20 ;	Number (FEIN): 3(1 − 3319 23)  LICENSE REQUESTED ▶			
ending 6 -30 -08 20	TYPE FEE			
•	Class A beer \$			
To the governing body of the: Village of Madison	☑ Class B beer \$			
	Wholesale beer \$			
☐ City of	Class C wine \$			
County of <b>Dane</b> Aldermanic Dist. No (if required by ordinance				
	∑, Class B liquor \$			
1 The named 🔲 INDIVIDUAL 🔲 PARTNERSHIP KLIMITED LIABILITY COMPANY	Reserve Class B liquor \$			
☐ CORPORATION/NONPROFIT ORGANIZATION	Publication fee \$ TOTAL FEE \$			
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 reg	istered name):			
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, a	nd by each member/manager and agent of a limited			
liability company. List the name, title, and place of residence of each person				
President/Member Charles Otto de Leon 5463	e Address Post Office & Zip Code (add ) Bend, Fishburg WI			
Vice President/Member N/A	COOTS DOWN , MICHIGARY WIL			
Secretary/Member N/A				
Treasurer/Member Marcela de Leon Gonzales "sa	meadress as above"			
Agent N/B (harles offo Erns de leon				
Directors/Managers N/A				
	Phone Number (608) 251 - 7200			
	& Zip Code ▶ <u>53703</u>			
5 Is individual, partners or agent of corporation/limited liability company subject to completion of the resp				
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				
8. (a) Corporate/limited liability company applicants only: Insert state and date				
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liab				
(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or as	_			
	Yes No			
(NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and	•			
9 Premises description: Describe building or buildings where alcohol beverages are to be sold and stored all rooms including living quarters, if used, for the sales, service, and/or_storage of alcohol beverages a	I. The applicant must include			
may be sold and stored only on the premises described) 200 Floor OF ONLY	nd records. (Alconol beverages			
10 Legal description (omit if street address is given above): Activess of the 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? Casa de Lava				
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	<b>~~</b>			
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 ☐ Vo			
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law the applicant states that each of the above question	ns 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 to (Individual applicants and each member of a partnership applicant must sign; corporate officer(s) members/managers of L	by the license(s), if granted, will not be assigned to another.			
any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdi	maked Clability Companies must sign ) Any tack of access to expeanor and grounds for revocation of this license			
SUBSCRIBED AND SWORN TO BEFORE ME				
this 14 day of JUNE 2007	as CHIVITOTILE			
(Officer of Sorpor tion/Me	ember/Manager of Limited Liability Company /PartneyIndividual)			
Uessics J. Marquez  (Clerk/Notary Public) (Officer of Corporation/Member/Manager of Limited Liability Company /Partner)				
My commission expires Permanent (Officer of Corporation/Me	mber/manager of Limited Liability Company /Partner)			
	nber/Manager of Limited Liability Company if Any)			
TO BE COMPLETED BY CLERK				
Date received and filed Date reported to council/board Date provisional license issued Sign	lature of Clerk / Deputy Clerk			
With municipal clerk (0 - 40 - 0)				
Date license granted				
AT-106 (R 1-05)	Wisconsin Department of Revenue			

legistar# 04851

## City of Madison Liquor/Beer Original Supplemental Form

Office Use Only				
Seller's Permit Number Federal Employer Identification Number Notarized Original Application Form (AT-106) Notarized Supplemental Form Description of Licensed Premise Notarized Auxiliary Questionnaire(s) (AT-103) Background Investigation Form(s) Floor Plans	Lease Notarized Transfer of Ownership Letter Schedule of Appointment of Agent (AT-104) Notarized Agent Appointment/Acceptance Form Articles of Incorporation/ Organization Sample Menu, if possible Business Plan, if one exists Forms required of Corporation/LLC only			
of stairs and all entrances and exits, normal and cus furniture and large gaming tables, placement and di	lan that includes exterior and interior dimensions, position stomary use of each room, placement of major appliances, mensions of all bar(s), and graphic representation of the airs. Premise plans must be no larger than 8 ½ x 14.			
✓ New structures must submit to Building Inspection architect or engineer	two sets of plans, signed and sealed by a registered			
✓ Applicant/partners/Liquor Agent must be enroll course before appearing before the Alcohol Lice	led in or have completed the Beverage Server Training nse Review Committee.			
Alderperson of the District in which you intend to neighborhood association (if any), the Madison Pool Alderperson Michael Server at the Common Council Office (266-4071), or via a line of the neighborhood association representation.	ntative can be obtained by calling the Planning and www.ci.madison.wi.us/neighborhoods/contacts.htm.  Schauf (Sector 400) can be reached at 266-4316.  Entanz (Sector 600) can be reached at 267-2100.  Bach (Sector 500) can be reached at 245-3652.  Ifeld (Sectors 100-200) can be reached at 288-6152.  Wheeler (Sector 300) can be reached at 267-8687.			
the neighborhood association representative for the	•			
2. Are there any special conditions desired by the neig Explain.				
3. Name of Applicant/Partner/Corporation/LLC(	hivitos LLC" dba Casa de Lara			
4. Telephone Number: (608) 251-720	00			
5. Address of Licensed Premise 341 State Str	tet #2, Madison WI			
6. Anticipated opening date: Business is Op	perating			
7 Mailing address if not opening immediately	4			

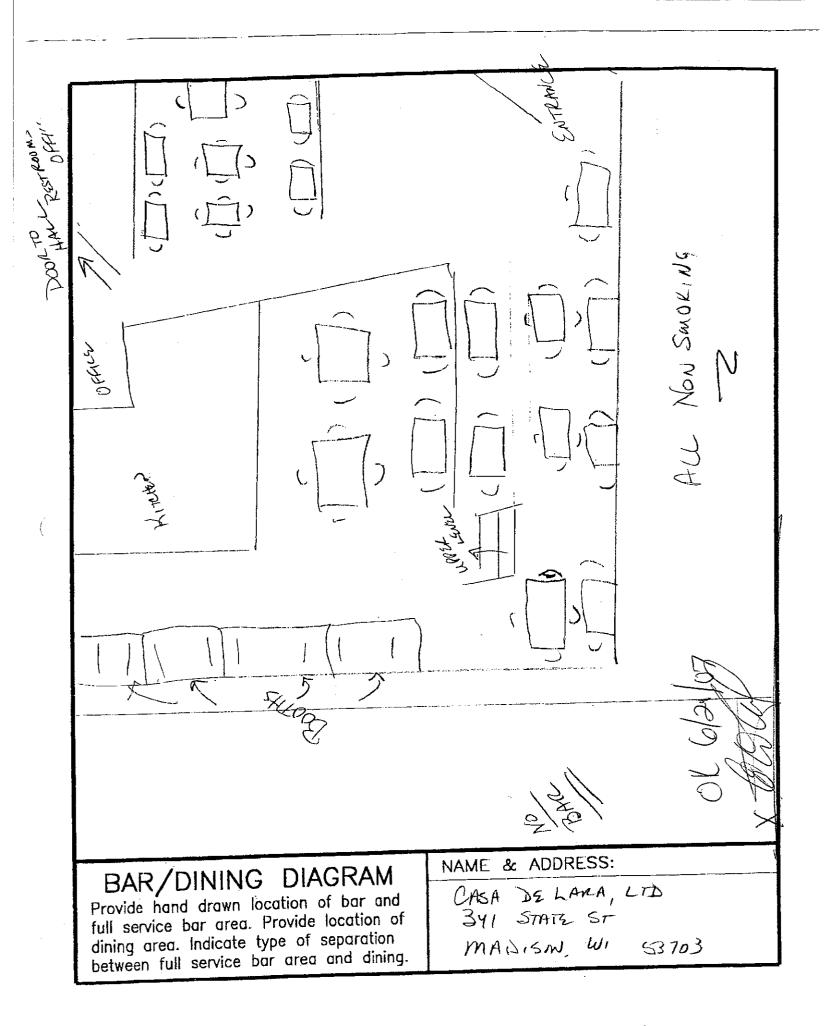
12/29/06-F:\Clcommon\Licensing & Misc\Application Forms\Original Supplemental Form 2006.doc

Other Please explain     Other Please explain     Other Please explain     Other Please explain     Detailed written description including hours of operation and if entertainment is part of your venue, what type: Mexican Food     Other Please explain     Other Please e	8	What type of establishment is contemplated?     Tavern   Nightclub   Restaurant
Business Description including hours of operation and if entertainment is part of your venue, what type:  Mexican Food  Detailed written description of building, including overall dimensions, scating 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.  [Instrument (acceptation Second Floor of Building)  [Apposity 99 people. Aproximately 3,750 square feet people and in Second Floor of Building)  [Please note that alcohol may be sold and stored only on the licensed premise, not in living quarters  Describe existing parking and how parking lot is to be monitored. No attached parking street parking only.  Describe your management experience, staffing levels, duties and employee training.  Worked as cook for casa de lara for several years.  Current management 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. Charles Otto Ernst de Leon  Name  5463. Caddis Bendy Fischburg WI S3711  Address  City State  Zip  6 What type of food will you be serving, if any? Mexican Food		
Mexican Food  Detailed written description of building, including overall dimensions, scating 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.  Mexican to expanded or changed without the approval of the Common Council.  Mexican to expanded or changed without the approval of the Common Council.  Mexican to expanded or changed without the approval of the Common Council.  Mexican to expanded or changed without the approval of the Council of the Solidary of Council of the Applicant?  Are any living quarters directly or indirectly accessible and under control of the applicant?  Please note that alcohol may be sold and stored only on the licensed premise, not in living quarters  Describe existing parking and how parking lot is to be monitored. No attached parking street parking only  Describe your management experience, staffing levels, duties and employee training.  Worked as cook for assa delara for service and employee training.  Worked as cook for assa delara for service of process, notice or demand required or permitted by law to be served on the 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.  Charles Otto Ernst de Leon  Name  Sume  Sume  Sume  Sume  Zip  Sume  Zip  Charles Otto Food will you be serving, if any?  Mexican Food.		☐ Other Please explain
below shall not be expanded or changed without the approval of the Common Council.    Content to coated in Second Floor of Building;     Capasity 99 people. Aproximately 3,750 square feet     Are any living quarters directly or indirectly accessible and under control of the applicant?   Yes Ano Please note that alcohol may be sold and stored only on the licensed premise, not in living quarters.  2. Describe existing parking and how parking lot is to be monitored. No attached parking street parking only  3. Describe your management experience, staffing levels, duties and employee training.    Worked as cook for casa de lara for several years;	9	
Instrument (accated in Second Floor of Building)  Capasity 99 people. Aproximately 3,750 square feet  1. 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  2. Describe existing parking and how parking lot is to be monitored. No attached parking street parking only  3. Describe your management experience, staffing levels, duties and employee training.  Worked as cook for casa de lara for sourcel years)  Coment management 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.  Summe  S463 (addis Bend) Fitchburg WI S3711  Address  City State Zip  State Zip  6. What type of food will you be serving, if any? Mexican Food.	10	
1. Are any living quarters directly or indirectly accessible and under control of the applicant? ☐ Yes ANO Please note that alcohol may be sold and stored only on the licensed premise, not in living quarters  2. Describe existing parking and how parking lot is to be monitored. No attached parking  3. Describe your management experience, staffing levels, duties and employee training.  Worked as (ook for as a de Lara for several years)  Corrent manager of Casa de Lara  4. 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.  State State  State  Zip  6. What type of food will you be serving, if any?  Name  Name  No attached parking for service monitored. No attached parking quarters  Along the applicant? ☐ Yes Along  No attached parking duarters  Along the applicant? ☐ Yes Along  No attached parking duarters  No attached parking duarters  No attached parking duarters  Along the applicant? ☐ Yes Along  No attached parking duarters  No attached parking duarters  No attached parking duarters  Along the applicant? ☐ Yes Along  No attached parking duarters  No attached parking		A
1. Are any living quarters directly or indirectly accessible and under control of the applicant? ☐ Yes Please note that alcohol may be sold and stored only on the licensed premise, not in living quarters  2. Describe existing parking and how parking lot is to be monitored. No attached parking street parking only  3. Describe your management experience, staffing levels, duties and employee training.  Worked as cook for casa de lara for several years;  (owent manager of Casa de lara  4. 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.  State Sollo Ernst de Leon  Name  5463 (addis Bend) Fitchburg WI Sollo  State Zip  5 Excluding pre-packaged snacks, how late will food be served? 10 p.m.  6. What type of food will you be serving, if any? Mexican Food		Capasity 99 people. Aproximately 3,750 square Feet
1. 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  2. Describe existing parking and how parking lot is to be monitored.   No attached parking street parking only  3. Describe your management experience, staffing levels, duties and employee training.  Worked as cook for casa de lara for several years)  (ownent management 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.  Charles Otto Ernst de Leon  Name  5463 (addis Bend) Fitchburg WI S3711  Address  City State Zip  6. What type of food will you be serving, if any?   Mexican Food  One of the applicant?   Yes No or Please note in living quarters.   Note that alcohol may be sold and stored only on the licensed premise, not in living quarters.   No attached parking quarters.   Yes No or Please provide parking quarters.   No attached parking quarters.		
3. Describe your management experience, staffing levels, duties and employee training.  Worked as cook for casa de Lara for soueral years;  (ownent management 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.  Charles Otto Ernst de Leon  Name  5463 (addis Bend) Fitchburg WI S3711  Address  City State Zip  6. What type of food will you be serving, if any? Many Lands Food	11	Are any living quarters directly or indirectly accessible and under control of the applicant?   Yes
3. Describe your management experience, staffing levels, duties and employee training.  Worked as cook for casa de Lara for soueral years;  (ownent management 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.  Charles Otto Ernst de Leon  Name  5463 (addis Bend) Fitchburg WI S3711  Address  City State Zip  6. What type of food will you be serving, if any? Many Many Many Many Many Many Many Many	12	Describe existing parking and how parking lot is to be monitored. No ottock od act Khoa
Worked as cook for casa de lara for several years;  Corrent manager of Casa de lara  4. 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.  Charles Offo Ernst de Leon  Name  5463 (addis Bend) Fitchburg WI S3711  Address  City State Zip  5 Excluding pre-packaged snacks, how late will food be served? 10 pm  6. What type of food will you be serving, if any? Mexican Food	12	
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permitted by law to be served on the corporation Charles Otto Ernst de Leon  Name  S463 (add s Bend) Fitchburg WI S3711  Address City State Zip  5 Excluding pre-packaged snacks, how late will food be served? 10 pm  6. What type of food will you be serving, if any? Manuel Charles Otto Ernst de Leon  Name  Name  City State Zip		
State  State  Name  Name  5463 (addis Bend) Fitchburg WI S3711  City State Zip  State Zip  6. What type of food will you be serving, if any?   Name		
Address  City  State  Zip  5 Excluding pre-packaged snacks, how late will food be served? 10 pm  6 What type of food will you be serving, if any? 12x1can Food		Name
5 Excluding pre-packaged snacks, how late will food be served? 10 ρΜ 6. What type of food will you be serving, if any? Δεχιζαν Food		5463 (addis Bend) + thichburg WI 53711
6. What type of food will you be serving, if any? Texican Food		
	15.	Excluding pre-packaged snacks, how late will food be served? 10 pm
7. Indicate any other product/service offered: Few event catering service offered.  8. Describe your target market. Istablished business most customers are nevered.	16.	What type of food will you be serving, if any?   Lexican Food
8. Describe your target market. Istablished business most customers are nevered.	17.	Indicate any other product/service offered: Few event catering service offered
	18.	Describe your target market Istablished business most costumers are nevered

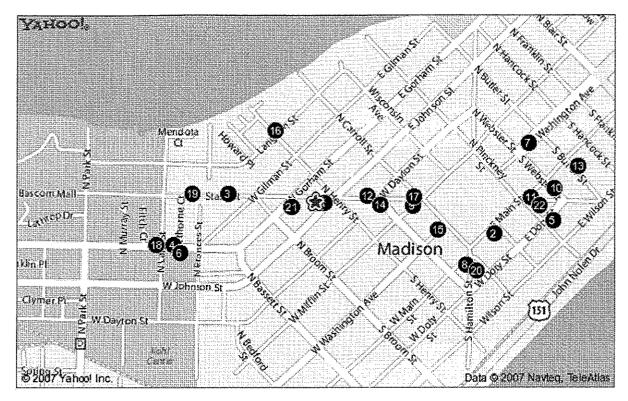
Stockholder's Name Charles Offo Frnst de l Marcela de Leon Gron Manager's Name	Leon 546 nzales 5463 Address	3 Caddis Bend, Fitch  Business Phone	Fitchbing being wi	507. 507. Home Phone	
Charles Otto Frast de l Marcela de Leon Gon			Fitchbarg burg WI	50%. 50%. Home Phone	
Charles Otto Frast de l Marcela de Leon Gon			Fitchbag bargwi	50%. 50%. Home Phone	
Charles Otto Frast de l Marcela de Leon Gon			Fitchbag bargwi	50%.	
	leon 546 12aler 5463	3 Caddis 13 end; 7 Caddis Bend, Fitch	Fitchburg burg WI	50%.	
	Leon 546	3 Caddis Band Ft.	Fitchburg	50%	
	leon 546	3 Caddis Bend: 7	Fitchbaral	50%	
Stockholder's Name			-		
		Address		Extent of Ownership%	
			<u>-</u>		
	<u> </u>	· · ·	•		
Director(s) Name		I	Home Address		
26. Corporation/LLC: List Dire	ectors, Stockholder	s, and Managers below			
License cannot be issued u	ntil proof of Beve	erage Server Training compl	letion is sho	own.	
25. Corporation/LLC: Has agent	t completed the Be	everage Server Training Cours	se? XYes	□No	
24. Corporation/LLC: Agent mu	ust disclose interes	t held in business: 50	<u>%</u>		
23. Corporation/LLC: Will lique		_		g? AYes 🗆 No	
	- · · · · · · · · · · · · · · · · · · ·				
·		mes: (harles offo Ererage Server Training comp			
22. Individual or Partnership: H	-	_			
Address of Owner: [○ 王.	Doty St. U.	nit 300, Madison Wil	Phone Num	aber <u>268-7010</u>	
	stablishment is loca	ated: Mccaughey	develop	ment Associate	
21. Owner of building where es			ii yes, attac	n a copy.)	
<ul><li>20 Are you operating under a l</li><li>21 Owner of building where es</li></ul>	lease or franchise a	ngreement? YYes \( \subseteq \text{No } (1)	If was attach	h a aanve)	

	ganizations (clubs): Do your memb ense) discrimination in regard to rac			nt of "Invidious" (likely ☐ Yes ☐ No
beverages	o Chapter 23 of the Madison General shall substantiate their gross receipte. For new establishments, the per	ts for food and alco	hol beverage sales	<del>-</del>
Calendar/fi	scal year:   ☐ January 1 – Decemb	er 31 □ July 1 – .	June 30	
	Percent Gross Receipts from Alc	ohol Beverages	17.1 %	
	Percent Gross Receipts from Foo	od	829%	
	Percent Gross Receipts from Oth	ier	%	
	Tot	al Gross Receipts	100 %	
.,	ve written records to document the poe required to submit documentat			e indicated.
29. What type	of establishment are you? (Check a	all that apply) 🛘 I	avern   Restaur	ant 🗆 Nightelub
☐ Other	Please explain:			
30. Will your	establishment have a kitchen manag	ger? XYes □ N	<b>o</b>	
31. Will your	establishment be a member of the V	Visconsin Restaura	nt Association?	<b>X</b> Yes □ No
	y wait staff will be employed at the			
33. What hour	rs, if any, will food service not be a	vailable?	Food will alu	vays be served.
	now you plan to advertise/promote y			_
Web-Pa	age , Local Newspape	r, Waluing	trafic From	state St.
has been truthfaccording to la assigned to ano members/mana premise during	y before signing: Under penalty privally completed to the best of the known and that the rights and responsibilities (Individual applicants and eargers of Limited Liability Companies inspection will be deemed a refusal vocation of this license.	owledge of the sign lities conferred by ch member of a parter es must sign) Any	ners Signers agree the license(s), if great thership must sign lack of access to a	to operate this business anted will not be ; corporate officer(s), ny portion of a licensed
this 1H	AND SWORN TO BEFORE ME:  day of June 2007  Jessica J. Marquez  expires Permanent		Member/Manager of LLC/P	
My commission	expires Permanent	(Officer of Corporation	ı/Member/Manager of LLC/I	Partner/Individual)

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



## Yahoo! Maps - 341 STATE ST, Madison, WI 53703, YAHOO! LOCAL US



## Your Points of Interest

- 1 Irish **Pub** (608) 256-6071 317 State St Madison, WI 53703
- 2. Brocach Irish **Pub** (608) 255-2015 **\*\*\*** 7 W Main St Madison, WI 53703
- 3 **Pub** (608) 256-2464 **\*** 552 State St Madison, WI 53703
- 4 Madison Avenue (608) 257-1122 624 University Ave Madison, WI 53715

- 7. Church Key **Pub** & Grill (608) 259-0444 **食食食 含**626 University Ave Madison, WI 53715
- 8 Willy Street **Pub** & Grill (608) 256-8211 **大文文** 852 Williamson St Madison, WI 53703

- 10. Slipper Club (608) 268-0909 121 W Main St Madison, WI 53703
- 11. Cardinal **Bar** (608) 251-0080 418 E Wilson St Madison, WI 53703
- 12. Comedy Club (608) 256-0099 \*\*\*\* 119 State St Madison, WI 53703
- 14 King Club Incorporated (608) 251-5464 114 King St Madison, WI 53703
- 15 Nick's Restaurant (608) 255-5450 ★★★★ 226 State St Madison, WI 53703
- 16. Kens Bar & Grill (608) 257-1176 117 S Butler St Madison, WI 53703
- 212 State St Madison, WI 53703

- 20. State Bar & Grill (608) 294-9988 118 State St Madison, WI 53703
- 21. Brothers Bar (608) 251-9550 食實實實 704 University Ave Madison, WI 53715
- 22 City Bar (608) 250-2489 東東東東 636 State St Madison, WI 53703
- 23. Gennas Lounge (608) 255-4770 食食食食 105 W Main St Madison, WI 53703
- 24. Cue-Nigue Billiards (608) 251-1134 黄葉葉賞 317 W Gorham St Madison, WI 53703
- 25. Opus Lounge (608) 441-6787 \*\*\* 116 King St Madison, WI 53703

When using any driving directions or map, it's a good idea to do a reality check and make sure the road still exists, watch out for construction, and follow all traffic safety precautions. This is only to be used as an aid in planning