	RIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION	Applicant's Wisconsin Seller's Permit Number: 456 1021 Enderal Employer Identification	835241-04
1.24	bmit to municipal clerk.	Federal Employer Identification Number (FEIN):	2847/
For	the license period beginning 20 ending 20 09	LICENSE REQUESTED)
Ţ	ending	TYPE	FEE
	☐ Town of ■	Class A beer	\$
	THE GOVERNING BODY of the: Village of Madison	Class B beer	\$
то	THE GOVERNING BODY of the. Twinage of State Stat	Wholesale beer	\$
	X City of	Class C wine	\$
Cor	unty of Dane Aldermanic Dist. No. (if required by ordinance)	Class A fiquor	\$
-		Class B liquor	\$
1.	The named INDIVIDUAL PARTNERSHIP LIMITED LIABILITY COMPANY	Reserve Class B liquor	\$
	CORPORATION/NONPROFIT ORGANIZATION	Publication fee	\$
	hereby makes application for the alcohol beverage license(s) checked above	TOTAL FEE	\$
2	Name (individual/partners give last name, first, middle; corporations/limited liability companies give registe	ered name): 🕨	•
2	Aebly Enterprises LC		
	An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by partnership, and by each officer, director and agent of a corporation or nonprofit organization, and liability company. List the name, title, and place of residence of each person	each individual applicant, by each by each member/manager and ago	ent of a limited
	Brocident/Momber & Member Jeffer M. Achles 1592 Page	tridac Hill Okeany	a zip code iani 53575
	Title Name Home A President/Member Te Wember Jeffrey M. Achly 1592 Pare Vice President/Member Manbox Borne K. Achly 1592 Pare	tridge Hill occour	44: 53.575
	Secretary/Member	3.3.4) 5	0030/ 3
	Treasurer/Member Agent > Humberto Mucios 909 Texis Pinas DE	U 1:5:0:0	- 1 mei
		Trad-369 621 5.3	+07
	Directors/Managers	v + / e9 7//6 6/	200
3	Trade Name LA ZACA+COANA Business Photo Address of Premises \ 4915 Campacical Ave. Post Office &	ne Number 808 - 240 - C	530011
4	Address of Premises 941/5 Cammacical WVC. Post Office &	Zip Code VIVIAU SCIA, W	33709
	Is individual, partners or agent of corporation/limited liability company subject to completion of the respons training course for this license period?	' Y	es 🗌 No
6	Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant?	,	
7	Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of the	njs business? 🔲 Y	es 🕑 No
8.	(a) Corporate/limited liability company applicants only: Insert state WI and date 1	2209 of registration.	_
	(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability		es 🖾 No
	(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any n		
	agent hold any interest in any other alcohol beverage license or permit in Wisconsin?		es 🖳 ∙No
	(NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8		-
	Premises description: Describe building or buildings where alcohol beverages are to be sold and stored Ti all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and may be sold and stored only on the premises described) in still walk in accept	he applicant must include records (Alcohol beverages	
10	Legal description (omit if street address is given above):		
	(a) Was this premises licensed for the sale of liquor or beer during the past license year?	<u> </u>	es 🗌 No
	(b) If yes, under what name was license issued? Arcides P. Cabrera	_	_
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]	<u> Y</u> ý	es 🗌 No
	Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name	ne as that shown in	_
	Section 2, above? [phone (608) 266-2776]	<u>P</u> Ye	es 💷 No
14	Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?		es 🖳 No
READ of the Indivi	CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant pages that each of the above questions is signers. Signers agree to operate this business according to law and in a law and responsibilities conferred by the dual applicants and each member of a partnership applicant into the conferred by the dual applicants and each members of a partnership applicant into of a licensed premises during inspection will be deeped to refuse to the provided by the conferred by t	has been truthfully answered to the best o he license(s), if granted, will not be assig ed Liability Companies must sign.) Any la paper and grounds for revocation of this l	f the knowledge ned to another, ack of access to icense
		4	
	SCRIBED AND SWORN TO BEFORE ME	W.	
his _	T I I I I I I I I I I I I I I I I I I I	Manager of Limited Liability Company /Part	tner/Individual)
	Levane Herber	Nolla	
	(Cierk/Notary Public)	er/Manager of Limited Liability Company /Part	ner)
/ly co	mmission expires ————————————————————————————————————	/Manager of Limited Liability Company if Any	<u> </u>
		meneger of chance basing company it Arry	<u> </u>
	E COMPLETED BY CLERK	on of Clark (Deputy Clark	
Date re with mu	eceived and filed 16 0 9 Date reported to council/board Date provisional license issued. Signatur	re of Clerk / Deputy Clerk	
	cense granted Date license issued License number issued		

AT-106 (R. 1-05)

Wisconsin Department of Revenue

City of Madison Supplemental Class A License Application

	Seller's Permit Number Federal Employer Identification Number Notarized Original Application Form Notarized Supplemental Form	 □ Description of Licensed Premise □ *Notarized Appointment of Agent □ Background Investigation Form(s) □ Notarized Transfer of Ownership □ *Articles of Incorporation 	 ☐ Floor Plans ☐ Lease ☐ Sample Menu ☐ Business Plan * Corporation/LLC only
1	Name of Applicant/Partner/Corporatio	m/LLC Jeffrey M asbly - aebly	Enterprises. LLC
2.		connercial are Madren wit 5	
3	Telephone Number: 608-240-0	9778 4 Anticipated opening date:	
5	Mailing address if not opening immedia	ately	
6		olice Department District Captain, Alcohotative for the area in which you intend to leave	
7	Are there any special conditions desired	d by the neighborhood? ☐ Yes Æ'No	
	Explain.		
8`	What type of establishment is contempl Convenience Store – Gas Pumps	ated? Liquor Store Grocery S	Store
9	Business Description: Gracery 5:	Love	
10.	size and all areas where alcohol bevera	g, including overall dimensions, seating are ages are to be sold and stored. The license aged without the approval of the Commons.	ed premise described
	Please note that alcohol may be sold an	rectly accessible and under control of the and stored only on the licensed premise, not king lot is to be monitored.	t in living quarters
14.		king for is to be monitored.	
13.		e, staffing levels, duties and employee train	ning
14.	process, notice or demand required or	Corporation or LLC. This is your corporate permitted by law to be served on the corporate of the corporate o	oration.
	Name Macias Addres	909 Twis Pines Do M.	4 dison wi 53704
	•		

	esearch, who would you project your target market to be?	-
	to advertise/promote your business. What products will you be advertise. Grocery store Food them?	tising?
17. Are you operating unde	er a lease or franchise agreement? Yes (attach a copy) No	
Address of Owner: 1612	ne establishment is located: De Econnercial UC - sara Invenerth high point Rd Middleton col Phone Number 608 53562	831-2212
	clubs): Do your membership policies contain any requirement of "In hination in regard to race, creed, color, or national origin? Yes	
20. List the Directors of yo	our Corporation/LLC	_
Name Name	our Corporation/LLC 1592 Partridge Hill Dr oregen wit 5357 Address Address	5
Bennie K. Aebl Name	Address	
Name	Address	
21. List the Stockholders o	of your Corporation/LLC	· · · ·
Name	Address	% of Ownership
Name	Address	% of Ownership
Name	Address	% of Ownership
has been truthfully complet according to law and that the assigned to another. Any la	ring: Under penalty provided by law, the applicant states that the absence to the best of the knowledge of the signer. Signer agrees to operate rights and responsibilities conferred by the license(s), if granted wack of access to any portion of a licensed premise during inspection of Such refusal is a misdemeanor and grounds for revocation of this large me:	ate this business will not be deemed a
this <u>Me</u> day of <u>Me</u>	Wich , 20 09 (Officer of Corporation/Member of LLC/Partner/Individual)	
My commission expires 2	DI-10	ARY S

Appointment of New Liquor/Beer Agent

	To be completed by Corporate Officer or Member of LLC			
	I, Jeffrey M Gebly , officer/member for Gebly Enterprises			
	(Corporation/LLC), doing business as 14 Zacatecana, authorize and appoint			
	Humberto Macias (Name) as the liquor/beer agent for the premise			
	located at 4915 connectal ave Madison wi 53704			
کی'	Subscribed and sworn to before me this 16 Day of March, 2009 Much, 2009 Notary Public, Dane County, Wisconsin			
	My Commission Expires 5/6/2012			
	To be completed by appointed Liquor/Beer Agent			
	I, Jumberto Hacas, appointed liquor/beer agent for			
	LA ZACATECANA (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%.			
	The state of the s			
	Subscribed and sworn to before me this When the Day of Much, 20 69 Signature of Agent			
	My Commission Expires 5/6/20(2			

The appointed Liquor/Beer Agent must complete the other side of this form.