States to manifestal clerk  For the license period beginning	For the license period beginning ending  ending  Town of Town of Village of City of  County of Dane  Aldermanic Dist. No.  1. The named INDIVIDUAL PARTNERSHIP LIMITE CORPORATION/NONPROFIT ORGANIZATION hereby makes application for the alcohol beverage license(s) checked about 2. Name (individual/partners give last name, first, middle; corporations/limited SVANATUATION An "Auxiliary Questionnaire," Form AT-103, must be completed and a partnership, and by each officer, director and agent of a corporation of liability company. List the name, title, and place of residence of each per Title  President/Member MY  Name	on  (if required by ordinar DELIABILITY COMPANY)  we I liability companies give  Companies of MADI  ttached to this application con	LICENSE REQUESTED  TYPE  Class A beer  Class B beer  Class C wine  Class B liquor  Class B liquor  Reserve Class B liquor  Publication fee  TOTAL FEE  registered name):  Class A liquor  Subject of the second of a liquor of	er of a imited
County of	TO THE GOVERNING BODY of the:  Town of Village of City of  County of Dane  Aldermanic Dist. No.  1. The named INDIVIDUAL PARTNERSHIP LIMITED CORPORATION/NONPROFIT ORGANIZATION hereby makes application for the alcohol beverage license(s) checked about 2. Name (individual/partners give last name, first, middle; corporations/limited GVANATUATION An "Auxiliary Questionnaire," Form AT-103, must be completed and a partnership, and by each officer, director and agent of a corporation of liability company. List the name, title, and place of residence of each per Title  President/Member MY  Name	on  (if required by ordinar DELIABILITY COMPANY)  we I liability companies give  Companies of MADI  ttached to this application con	TYPE  TYPE  Class A beer  Class B beer  Class C wine  Class C wine  Class B liquor  Class B liquor  Reserve Class B liquor  Publication fee  TOTAL FEE  registered name):  Total applicant, by each member, and by each member/manager and agent of a liquor	er of a imited
TO THE GOVERNING BODY of the:   Village of   Radison   Class & Beer   \$	TO THE GOVERNING BODY of the:  Town of Village of X City of  County of Dane  Aldermanic Dist. No.  1. The named INDIVIDUAL PARTNERSHIP LIMITED CORPORATION/NONPROFIT ORGANIZATION  hereby makes application for the alcohol beverage license(s) checked about the complete of the alcohol beverage license(s) checked about the complete of the alcohol beverage license(s) checked about the complete of the alcohol beverage license(s) checked about the complete of the alcohol beverage license(s) checked about the complete of the alcohol beverage license(s) checked about the alcoho	(if required by ordinar in the company of the companies give to this application con the companies of the co	Class A beer \$ Class B beer \$ Wholesale beer \$ Class C wine \$ Class A liquor \$ Class B liquor \$ Class B liquor \$ Publication fee \$ TOTAL FEE \$ registered name): \$ Class B liquor \$ Total FEE \$ registered name): \$ Total FEE	er of a imited
TO THE GOVERNING BODY of the:   Town of   Class & Beer   S   Willage of   Madison   Class & Beer   S   Willage of   County of   Dame   Aldgemanic Diet. No.   (if required by ordinance)   Class & Rucor   S	TO THE GOVERNING BODY of the:  Town of Village of X City of  County of Dane  Aldermanic Dist. No.  1. The named INDIVIDUAL PARTNERSHIP LIMITED CORPORATION/NONPROFIT ORGANIZATION  hereby makes application for the alcohol beverage license(s) checked about the complete of the alcohol beverage license(s) checked about the complete of the alcohol beverage license(s) checked about the complete of the alcohol beverage license(s) checked about the complete of the alcohol beverage license(s) checked about the complete of the alcohol beverage license(s) checked about the alcoho	(if required by ordinar in the company of the companies give to this application con the companies of the co	Class B beer \$  Wholesale beer \$  Class C wine \$  Class A liquor \$  Class B liquor \$  Reserve Class B liquor \$  Publication fee \$  TOTAL FEE \$  registered name): \$  In the control of a liquor and by each member/manager and agent of a liquor and the control of a liquor and a liquor and the control of a liquor and the control of a liquor	er of a imited
TO THE GOVERNING BODY of the:	TO THE GOVERNING BODY of the:  Village of  Addison  Text City of  The named  INDIVIDUAL  PARTNERSHIP  LIMITE  CORPORATION/NONPROFIT ORGANIZATION hereby makes application for the alcohol beverage license(s) checked about 1. Name (individual/partners give last name, first, middle; corporations/limiter  CVANATUATT  An "Auxiliary Questionnaire," Form AT-103, must be completed and a partnership, and by each officer, director and agent of a corporation of  liability company. List the name, title, and place of residence of each per  Title  Name	(if required by ordinar DEIABILITY COMPANY VE I liability companies give DEIADILITE (MADILITE TO THE PROPERTY OF THE PROPERTY	Wholesale beer   \$   Class C wine   \$   Class A liquor   \$   Class B liquor   \$   Reserve Class B liquor   \$   Publication fee   \$   TOTAL FEE   \$   registered name): ►	er of a imited
Country of Dame   Aidermanic Dist. No. (if required by ordinance)   Class & Riquor   S	County of	(if required by ordinar DEIABILITY COMPANY VE I liability companies give DEIADILITE (MADILITE TO THE PROPERTY OF THE PROPERTY	Class C wine \$ Class A liquor \$ Class B liquor \$ Reserve Class B liquor \$ Publication fee \$ TOTAL FEE \$ registered name): \$ SON (NC) ion by each individual applicant, by each member, and by each member/manager and agent of a light content.	er of a imited
Courriy of Dame   Aldermanic Dist No. (if required by ordinance)   Class A Rictor   \$    1 The named   INDIVIDUAL   PARTNERSHIP   LIMITED BABILITY COMPANY   Reseave Class B liquor   \$    1 The named   INDIVIDUAL   PARTNERSHIP   LIMITED BABILITY COMPANY   Publishing the allocation beverage (beneated above   Publishing the allocation beverage (beneated above   Publishing the allocation from   \$    2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name);   An "Aurolliary Questionnairy." Form AT-103, must be completed and attached to this application by each individual applicant, by each member of partnership, and by each office, divector and agent of a corporation or nonprofit organization, and by each individual applicant, by each member of partnership, and by each office, divector and agent of a corporation or nonprofit organization, and by each individual applicant, by each member of partnership, and by each office, divector and agent of a corporation or nonprofit organization, and by each inember of partnership, and by each inember of partnership and by each of partnership and by each inember of p	Aldermanic Dist. No.  1. The named   INDIVIDUAL   PARTNERSHIP   LIMITE   CORPORATION/NONPROFIT ORGANIZATION   hereby makes application for the alcohol beverage license(s) checked about the composition of the alcohol beverage license(s) checked about the composition of the alcohol beverage license(s) checked about the composition of the alcohol beverage license(s) checked about the composition of the alcohol beverage license(s) checked about the composition of the alcohol beverage license(s) checked about the composition of the alcohol beverage license(s) checked about the composition of the alcohol beverage license(s) checked about the composition of the alcohol beverage license(s) checked about the composition of the alcohol beverage license(s) checked about the composition of the alcohol beverage license(s) checked about the composition of the alcohol beverage license(s) checked about the composition of the alcohol beverage license(s) checked about the composition of the alcohol beverage license(s) checked about the composition of the alcohol beverage license(s) checked about the composition of t	ve I liability company  I liability companies give  OF MADL  Itached to this application  r nonprofit organization	Class A liquor \$ Class B liquor \$ Reserve Class B liquor \$ Publication fee \$ TOTAL FEE \$ registered name): \$ SON (NC) ion by each individual applicant, by each member, and by each member/manager and agent of a light content.	er of a imited
1. The named   INDIVIDUAL   PARTNESSHIP   LIMITED LIABILITY COMPANY   Reserve Class Bilducy   S   Publication fee   S   TOTAL FIEE   S   2. Name (enfolds/alphartess gride lest teams, first, validate, corporations/limited fieblity companies give registered name);   An "Auxiliary Questionnaire," Form A1-103, usus the completed and attached to this application by ach individual applicant, by each member of partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each individual applicant, by each member of partnership, and by each individual applicant, by each member of partnership, and by each individual applicant, by each member of partnership, and by each individual applicant, by each member of partnership, and by each individual applicant, by each member of partnership, and by each individual applicant, by each member of partnership, and by each individual applicant, by each member of partnership, and by each individual applicant, by each member of partnership. In the partnership is a partnership is a partnership in the partnership is a partn	1. The named INDIVIDUAL PARTNERSHIP LIMITE CORPORATION/NONPROFIT ORGANIZATION hereby makes application for the alcohol beverage license(s) checked abo 2. Name (individual/partners give last name, first, middle; corporations/limiter GVANATUA  An "Auxiliary Questionnaire," Form AT-103, must be completed and a partnership, and by each officer, director and agent of a corporation of liability company. List the name, title, and place of residence of each per Title President/Member WY  Name  Name	ve I liability company  I liability companies give  OF MADL  Itached to this application  r nonprofit organization	Class B liquor \$ Reserve Class B liquor \$ Publication fee \$ TOTAL FEE \$ registered name): \$ SON (NC) ion by each individual applicant, by each member, and by each member/manager and agent of a li	er of a imited
1. The named   INDIVIDUAL   PARTNERSHIP   LIMITED LIABILITY COMPANY   Reserve Class Bilducy   S   Reserve Class Bilducy   S   Reserve Class Bilducy   S   Publication for the alcohol beverage licenses(s) checked above   Publication fee   S   TOTAL FIEE   S    An "Auxiliary Questionnaire." Form A1-103, must be completed and attached to this application by each individual applicant, by each member of partnership, and by each officer, director and agent of a corporation or nosprofit organization, and by each individual applicant, by each member of partnership, and by each individual applicant, by each member of partnership, and by each individual applicant, by each member of partnership, and by each individual applicant, by each member of partnership, and by each individual applicant, by each member of partnership, and by each individual applicant, by each member of partnership, and by each individual applicant, by each member of partnership, and by each individual applicant, by each member of partnership. In the partnership is a partnership is a partnership in the partnership is a partnership. In the partnership is a partnership is a partnership is a partnership. In the partnership is a partnershi	1. The named   INDIVIDUAL   PARTNERSHIP   LIMITE   CORPORATION/NONPROFIT ORGANIZATION   hereby makes application for the alcohol beverage license(s) checked about the composition of the alcohol beverage license(s) checked about the composition of the alcohol beverage license(s) checked about the composition of the c	ve I liability company  I liability companies give  OF MADL  Itached to this application  r nonprofit organization	Class B liquor \$ Reserve Class B liquor \$ Publication fee \$ TOTAL FEE \$ registered name): \$ SON (NC) ion by each individual applicant, by each member, and by each member/manager and agent of a li	er of a imited
1. The named   INDIVIDUAL   PARTNERSHIP   LIMITED LIABILITY COMPANY   Reserve Class B liquor   S   hereby makes application for the about of beverage licenses (schecked above   TOTAL FEE   \$  2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name); \( \) An "Auxiliary Questionnaire," Form AT-102, must be completed and attached to this application by each individual applicant, by each member of partnership, and by each filteries, director and agent of a corporation or nonprofit organization, and by each individual applicant, by each member of a limite liability company. List the name, lifle, and place of residence of each person.  The President/Member   Total   State	CORPORATION/NONPROFIT ORGANIZATION hereby makes application for the alcohol beverage license(s) checked abo  Name (individual/partners give last name, first, middle; corporations/limiter  SVANATUA  An "Auxiliary Questionnaire," Form AT-103, must be completed and a partnership, and by each officer, director and agent of a corporation of liability company. List the name, title, and place of residence of each per  Title  Name  President/Member  Name	ve i liability companies give OF MADL ttached to this applicati r nonprofit organization	Reserve Class B liquor \$ Publication fee \$ TOTAL FEE \$ registered name): \$ In the control of the	er of a imited
CORPORATION/NONPROFIT ORGANIZATION   Publication for the alcohol beverage licenses(s) checked above   STOTALFEE   \$	CORPORATION/NONPROFIT ORGANIZATION hereby makes application for the alcohol beverage license(s) checked abo  Name (individual/partners give last name, first, middle; corporations/limiter  SVANATUA  An "Auxiliary Questionnaire," Form AT-103, must be completed and a partnership, and by each officer, director and agent of a corporation of liability company. List the name, title, and place of residence of each per  Title  Name  President/Member  WY  No SC	ve i liability companies give OF MADL ttached to this applicati r nonprofit organization	Publication fee \$ TOTAL FEE \$ registered name):  CON (NC) ion by each individual applicant, by each member, and by each member/manager and agent of a limited section.	er of a imited
hereby makes application for the alcohol beverage (leense(s) checked above  2 Name (individual/partners give last name, first, middle; copporations/limited lability companies give registered name):  An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each inelividual applicant, by each member of partnership, and by each fifter, director and agent of a corporation or norporfoli organization, and by each member of an imite liability company. List the name, title, and place of residence of each person  Title  President/Member  Note President/Member  Secretary/Member  Treasure/Member  Agent > NAVS	hereby makes application for the alcohol beverage license(s) checked about 2. Name (individual/partners give last name, first, middle; corporations/limited SVANATUA TAN "Auxiliary Questionnaire," Form AT-103, must be completed and a partnership, and by each officer, director and agent of a corporation of liability company. List the name, title, and place of residence of each per Title  President/Member Wr Jose Silva	I liability companies give  OF MAD I.  Itached to this application r nonprofit organization son.	registered name):  SON (NC) ion by each individual applicant, by each member, and by each member/manager and agent of a li	er of a imited
Name (Individual/partners give last name, first, middle: corporations/limited liability companies give registered name):  An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this applicant by each individual applicant, by each member of partnership, and by each officer, director and agent of a Corporation or nonprofit organization, and by each member/manager and agent of a limite liability company. List the mane, title, and place of residence of each person.  Title  Presiden/Member  Title  Presiden/Member  Treesure://Member  Treesure	An "Auxiliary Questionnaire," Form AT-103, must be completed and a partnership, and by each officer, director and agent of a corporation of liability company. List the name, title, and place of residence of each per Title  President/Member Wr Jose Silva	I liability companies give  OF MAD I.  Itached to this application r nonprofit organization son.	registered name):  SON (NC) ion by each individual applicant, by each member, and by each member/manager and agent of a li	er of a imited
An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this applicant, by each individual applicant, by each member of partnership, and by each officer, director and agent of a furnite liability company. List the name, tible, and place of residence of each person.  Title President/Member  Note President/Member  Secretary/Member  Tressurer/Member  Secretary/Member  Tressurer/Member  Agent   May   Society   May	An "Auxiliary Questionnaire," Form AT-103, must be completed and a partnership, and by each officer, director and agent of a corporation of liability company. List the name, title, and place of residence of each per Title  President/Member WY JOSC SIVA	DOF MAD Lettached to this application roonprofit organization son.	ion by each individual applicant, by each member, and by each member/manager and agent of a li	er of a imited
An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limite liability company. List the mane, title, and place of residence of each person.  Title President/Member  Secretary/Member  Secretary/Member  Treasure/Member  Agent   Mary   Mar	An "Auxiliary Questionnaire," Form AT-103, must be completed and a partnership, and by each officer, director and agent of a corporation o liability company. List the name, title, and place of residence of each per Title  President/Member WY JOSC SIVA	ttached to this applicati r nonprofit organization son	ion by each individual applicant, by each member, and by each member/manager and agent of a li	er of a imited
An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this applicant by each member of a limited liability company. List the name, title, and place of residence of each person.  **Mane**  President/Member**  **Wee President/Member**  **Wee President/Member**  **Socretary/Member**  **Tessure/Member**  *	An "Auxiliary Questionnaire," Form AT-103, must be completed and a partnership, and by each officer, director and agent of a corporation o liability company. List the name, title, and place of residence of each per Title  President/Member WY JOSC SIVA	ttached to this applicati r nonprofit organization son	ion by each individual applicant, by each membe n, and by each member/manager and agent of a li	imited
Vice President/Member  Teasurer/Member  Teasurer/Member  Agent   WY   WAY   W   SIVA   HIPDI   A HIP CUS   WAY   HIP CUS   WAY   HIP CUS   HIP C			C A C C A C C C C C C C C C C C C C C C	de
Secretary/Member Agent   M/CS   M/AV (b)   S. IVA   HLDI   A HT CUS WOLG   4-D-Q   MACUSCO   M   S Directors/Managers  3 Trade Name   Caucata   Macusta   Carro Ceru25   Business Phone Number   LOS   4-HI   73.15   4 Address of Premises   Caucata   Macusta   Macusta   Macusta   Post Office & Zip Code   5-D-TI   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 license 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   9 Is applicant corporation(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 fiving 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   12 Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in   13 Every Policy (1998) 266-276   1998   1			ullian st Unicago, 12	
Treasurer/Member - Agent   Mar				
Agent   MVS   MAV & B. SI VA   HeDI   SHI CUS WAY #309   MAAISON   M   S   Directors/Managers   Sirved				
DirectorsManagers   Strate Name   Statistical Nam	Treasurer/Member			
Directors/Managers  3 Trade Name	Agent MVS - Marul G. Silva 4	ed Atticus	Way #209 Madison, Wil	<u>_53</u>
Address of Premises   SQL   SQ	Directors/Managers		ŧ	-
Address of Premises Meter of organization of Corporation/limited liability company subject to completion of the responsible beverage server training course for this lisense period?  Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant?  Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business?  Oses any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business?  Oses any other alcohol beverage retail licensee or wholesale permittee have any interest in or other of registration (b) Is applicant corporation/limited liability company as subsidiary of any other corporation or limited liability company?  Oses the corporation, or any officer, director, stockholder or agent of limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin?  Ose the corporation, or any officer, director, stockholder or agent of limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin?  Oses any be sold and stored only on the premises described of this form every YES answer in sections 5, 6, 7 and 8 above)  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)  Legal description (omit if street address is given above):  (a) Was this premises licensed for the asles, service, and/or storage of alcohol beverages and records (Alcohol beverages and records	3 Trade Name > GRUCENIES	Busines	ss Phone Number 18128 - 441 7275	
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?  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?   (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 heverages may be sold and stored only on the premises described)    10. Legal description (ornit 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    12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5)    13. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in    14. Section 2, above? [phone (608) 266-2776]   Yes   No    15. Legal description (ornit if street address is used)    16. Legal description (ornit if such address is used)    17. Legal description (ornit if such address is given above)    18. Legal description (ornit if such address is given above)	1 Address of Promises Dalla S. Whithey 1 Day	Post Off	Figs 8 7 in Code 5371	1
training course for this license period?  Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant?  Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business?  No  Obes any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business?  No  (b) Is applicant corporation/limited liability company applicants only: Insert state and date of registration (b) Is applicant 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?  (NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above)  Premisse description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, it 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: Describe building or buildings where alcohol beverages are to be sold and stored only on the premises described)  10. Legal description (ornit if street address is given above):  11. (a) Was this premises licensed for the sale of liquor or beer during the past license year?  (b) If yes, under what name was license issued?  Does the applicant understand a dwisconsin Seller's Permit must be applied for and issued in the same name as that shown in Section 2, above? [phone (68) 266-2776].  Section 2, above? [phone (68) 266-2776].  Is the applicant understand a dwisconsin Seller's Permit must be applied for and issued in the same name as that shown in Section 2, above? [phone (68) 266-2776].  Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  BERNARDA ARMIDA SIMENTANGER OF Limited Liability Company	4 Address of Premises Parties 5 4 4 11 12 12 12 12 12 12 12 12 12 12 12 12	PUSI OII	ince & zip code	<u> </u>
Siste applicant an employe or agent of, or acting on behalf of anyone except the named applicant?   Yes   No	5. Is individual, partners or agent of corporation/limited liability company subjections of the state of the	ect to completion of the re	esponsible beverage server	,
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?   (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)   0 Legal description (omit if street address is given above):   1 (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?   2 Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5)   Yes   No   3 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   4 Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?   Yes   No    EAD 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 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 me				
8 (a) Corporate/limited liability company applicants only: Insert state				
(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 officert, 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 YFS 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    12 Does the applicant understand they must file a Special Occupational Tax return (ITB form 5630 5)    13 Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in    14 Section 2, above? [phone (608) 266-2776]   Yes   No    15 All applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?   Yes   No    16 LEAD 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 partnerstip applicant must sign; corporate officer(s), members/managèrs of Limited Liability Company /Partner/individual)  16 DOES CRIBED AND SWORN TO BEFORE ME   BERNARDA ARMIDA SIMENVALOW of Conference of Limited Liability Company /Partner/individual)  17 State of				} 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?  (NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above)  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)  Legal description (omit if street address is given above):  [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?  [12] Does the applicant understand they must file a Special Occupational Tax return (ITB form 5630 5)  [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].  [14] Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  [15] Promote 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/managèrs of Limited Liability Company /Partner/Individual)  [16] Promote this premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license  [17] Described AND SWORN TO BEFORE ME Is a day of Clerk/Notaly Public State of Wisconsin (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/  [18] Described AND SWORN TO BEFORE ME Is a day of BERNARDA ARMIDA SIMENIA SIMENIA ARMIDA SIMENIA SIMENIA SIMENIA Corporation/Member/Manage	8 (a) Corporate/limited liability company applicants only: Insert state	and d	late of registration.	
(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?  (NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above)  Premises description: Describe buildings 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)  Legal description (omit if street address is given above):  [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?  [12] (a) Was this premises licensed for the sale of liquor or beer during the past license year?  [13] Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5)  [14] before beginning business? [phone 1-800-937-8864]  [15] 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].  [16] Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  [17] Yes	(b) Is applicant corporation/limited liability company a subsidiary of any other	er corporation or limited l	liability company? Yes	₹No
agent hold any interest in any other alcohol beverage license or permit in Wisconsin?  (NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above)  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?  12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5)  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]  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]  14. Is 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]  14. Is 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]  15. Is 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]  15. Is 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]  16. Is 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]  16. Is the applicant understand a Wisconsin Seller's Permit must sign; orgorate off	(c) Does the corporation, or any officer, director, stockholder or agent or lin	nited liability company, or	r any member/manager or	
(NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)   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.)   Legal description (omit if street address is given above):			-	l No
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)  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?  (b) If yes, under what name was license issued?  Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5)  before beginning business? [phone 1-800-937-8864]  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].  PYes 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 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 Company iPartner/Individual) Notary Public  Control of Dance (Clerk/Notary Public)  State of Wisconsin  BERNARDA ARMIDA SIMENTAL Control of Control Co				INO
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?  12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5)  13. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in  14. Section 2, above? [phone (608) 266-2776].  15. It is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  16. It is 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 Company /Partner/Individual)  16. Described AND SWORN TO BEFORE ME (Clerk/Notary Public)  17. Signers agree to operate the supplicant must sign; corporate officer(s), members/managers of Limited Liability Company /Partner/Individual)  18. Described AND SWORN TO BEFORE ME (Clerk/Notary Public)  19. Control of Clerk/Notary Public)  19. Signers agree of Climited Liability Company /Partner/Individual)  19. Additional Public Public State of Wisconsin (Architical Publicy Member/Manager of Limited Liability Company /Partner/Individual)  19. Additional Public Publicy (Member/Manager of Limited Liability Company /Partner/Individual)  19. Additional Public Publicy (Member/Manager of Limited Liability Company /Partner/Individual)  19. Additional Public Publicy (Member/Manager of Limited Liability Company /Partner/Individual)				
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?  (b) If yes, under what name was license issued?  Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5)  before beginning business? [phone 1-800-937-8864]  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]  List the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  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 my 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.  BERNARDA ARMIDA SIMENTAL of Control of Limited Liability Company /Partner/ Notory Public State of Wisconsin (Officer of Control of Limited Liability Company /Partner/ Member/Manager of Limited Liability Company /Partner/ (Officer of Control of Limited Liability Company /Partner/ Member/Manager of Limited Liability Company /Partner/ Member/Manager of Limited Liability Company /Partner/ Member/Mem	all rooms including living quarters, if used, for the sales, service, and/or sto	rage of alcohol beverages	s and records (Alcohol beverages	
(a) Was this premises licensed for the sale of liquor or beer during the past license year?  (b) If yes, under what name was license issued?  Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5)  before beginning business? [phone 1-800-937-8864]  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].  LIS the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  LEAD 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 for 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, ndividual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managèrs of Limited Liability Company iPartner/Individual) 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  UBSCRIBED AND SWORN TO BEFORE ME  BERNARDA ARMIDA SIMENTAL Cert of Control Contr	10 Legal description family if street address is given above.			
(b) If yes, under what name was license issued?  Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864]  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].  LIST Section 2, above? [phone (608) 266-2776].  LIS	10. Logue dependent forms a succe address is given above,	liconos vones?		
Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630 5) before beginning business? [phone 1-800-937-8864]  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]  Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  EAD 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 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 tack of access to by 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  UBSCRIBED AND SWORN TO BEFORE ME  BERNARDA ARMIDA SIMENIA SIMENIA SIMENIA DESCRIBED AND SWORN TO BEFORE ME  Control Day Company (Partner/Individual)  BERNARDA ARMIDA SIMENIA SIMEN		license year?	- · · · · · · · · · · · · · · · · · · ·	No
before beginning business? [phone 1-800-937-8864]  3 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].  4 Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  EAD 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 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 tack of access to by 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  UBSCRIBED AND SWORN TO BEFORE ME  13 day of APr  14 Danc State of Wisconsin  Control O Danc State of Wisconsin  C		<u>s</u>		
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]	2 Does the applicant understand they must file a Special Occupational Tax re	turn (TTB form 5630 5)		
Section 2, above? [phone (608) 266-2776]				No
Section 2, above? [phone (608) 266-2776]				
4. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  EAD 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 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 make the signers of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.) Any lack of access to provide 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.  UBSCRIBED AND SWORN TO BEFORE ME  Adaption of the company inspection of the signer of corporation/Member/Manager of Limited Liability Company inspection of the signer of corporation/Member/Manager of Limited Liability Company inspection of the knowledge of the knowled				No
EAD 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 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 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.  UBSCRIBED AND SWORN TO BEFORE ME  is	4. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 d	ays for liquor?		
UBSCRIBED AND SWORN TO BEFORE ME  is	EAD CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant state f the signers. Signers agree to operate this business according to law and that the rights ndividual applicants and each member of a partnership applicant must sign; corporate offi-	s that each of the above ques and responsibilities conferre cer(s), members/managers of	stions has been truthfully answered to the best of the knowled by the license(s), if granted, will not be assigned to and of Limited Liability Companies must sign.) Any lack of accept	ledge other
day of APril 2009  BERNARDA ARMIDA SIMENIA SIM		pection. Such retusal is a mi	isgemeanor and grounds for revocation of this license	
Additional Palmer(s)/Member/Manager of Limited Liability Company if Any)  Additional Palmer(s)/Member/Manager of Limited Liability Company if Any)  Additional Palmer(s)/Member/Manager of Limited Liability Company if Any)  O BE COMPLETED BY CLERK		ممممم	0.0	
BERNARDA ARMIDA SIMENTATION CONTROL DO CONTROL DE CONTROL DE CONTROL DE COMPLETED BY CLERK  BERNARDA ARMIDA SIMENTATION CONTROL DE COMPLETED BY CLERK  BERNARDA ARMIDA SIMENTATION CONTROL DE CONTROL	his 13 day of APrila .2009	1/1918/	Silve.	
State of Wisconsin  (Clerk/Notary Public)  (State of Wisconsin  (Officer of Conforation/Member/Manager of Limited Liability Company /Partner)  (Additional Patner(s)/Member/Manager of Limited Liability Company if Any)  O BE COMPLETED BY CLERK	BERNARDA ARMIDA S		Member/Manager of Limited Liability Company /Partner/Individu	ial)
y commission expires , O9 36 3 d 0 Simen H (Additional Pather(s)/Member/Manager of Limited Liability Company if Any)  D BE COMPLETED BY CLERK	(0) 101 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
O BE COMPLETED BY CLERK	fly commission expires , 09 136 13 d 10			
		ici(s)/n	The same age of Langer Labinty Company if Any)	
				<u>. :-</u>
Date received and filed Date reported to council/board Date provisional license issued Signature of Clerk / Deputy Clerk	Date received and filed Date reported to council/board Date provision with municipal clerk	nal license issued	Signature of Clerk / Deputy Clerk	$\neg$
		or issued		
late license granted Date license issued License number issued	are weense Aransan Triceuse unum	e: 199060		İ
	-106 (R. 1-05)	<u>-</u>	Wisconsin Department of Reve	

K

## City of Madison Supplemental Class A License Application

<ul> <li>□ Seller's Permit Number</li> <li>□ Federal Employer Identification</li> <li>Number</li> <li>□ Notarized Original Application Form</li> <li>□ Notarized Supplemental Form</li> </ul>	<ul> <li>□ Description of Licensed Premise</li> <li>□ *Notarized Appointment of Agent</li> <li>□ Background Investigation Form(s)</li> <li>□ Notarized Transfer of Ownership</li> <li>□ *Articles of Incorporation</li> </ul>	<ul><li>☐ Floor Plans</li><li>☐ Lease</li><li>☐ Sample Menu</li><li>☐ Business Plan</li><li>* Corporation/LLC only</li></ul>
1. Name of Applicant/Partner/Corporation 2. Address of Licensed Premise 916	MILC Guanajuato of Madise S. Whitney Way	en Inc
	375 4 Anticipated opening date:	
Hairan -	ately	
	olice Department District Captain, Alcoho tative for the area in which you intend to le	
7. Are there any special conditions desire	d by the neighborhood? □ Yes □ No	
Explain		
☐ Convenience Store – Gas Pumps ☐ Y	ated?   Liquor Store   Grocery Store   Other—Explain	
9 Business Description: <u>Grecery</u>		
size and all areas where alcohol bevera	g, including overall dimensions, seating an ages are to be sold and stored. The license aged without the approval of the Commo	d premise described
11. Are any living quarters directly or indi Please note that alcohol may be sold a	rectly accessible and under control of the and stored only on the licensed premise, not	/
12 Describe existing parking and how par windows (ashiev and	king lot is to be monitored parking and employees monitor	in front, large
13. Describe your management experience	, staffing levels, duties and employee train	ing.
Manager has worked	for the business l	omon475
Α Α	permitted by law to be served on the corpo	ration

Grocery Store varity of latino foods, product Soda from different Countries	
from 104 fterent Countries  16. Describe how you plan to advertise/promote your business. What products will you be advertising?	
16. Describe now you plan to advertise/promote your business. What products will you be advertising:	
Radio, Flyers, word of Wonth	
17. Are you operating under a lease or franchise agreement?   Yes (attach a copy)	
18. Owner of building where establishment is located:	
Address of Owner:Phone Number	
19 Private organizations (clubs): Do your membership policies contain any requirement of "Invidious" (I to give offense) discrimination in regard to race, creed, color, or national origin? ☐ Yes ☐ No	likely
20. List the Directors of your Corporation/LLC	
20. List the Directors of your Corporation/LLC  Jose Silva 1671 S. Juilian St Chicago IL  Name  Address	
Name Address	
Name Address	-
Name Address	
21. List the Stockholders of your Corporation/LLC	
Name Address % of Owner	ship
Name Address % of Owner	ship
Name Address % of Owner	rship
Read carefully before signing: Under penalty provided by law, the applicant states that the above inform has been truthfully completed to the best of the knowledge of the signer. Signer agrees to operate this but 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 decrefusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.  Subscribed and Sworn to before me:	siness
this 13 day of API, 2009 (Officer of Corporation/Member/Manager of LLC/Partner/Individual)  Country of Dane Bernarda A Smenta  (Clerk/Notary Public)	
Country of Dane Bernarda A-Smental (Clerk/Notary Public)	
My commission expires 09 26 2010  BERNARDA ARMIDA SIMENTAL  Notary Public  State of Wisconsin	

Liquor/Beer Agent Authorization
I, Jose Silva , officer/member for Guana justo of Madison, Inc
(Corporation/LLC), doing business as <u>Guanajuato</u> <u>Gracerus</u> uthorize and appoint
Maria G. Name) as the liquor/beer agent for the premise
located at 9110 S. Whitney way
Subscribed and sworn to before me this  Signature of Officer/Member
Day of Pri , 20 09
Bernarda A Simenta BERNARDA ARMIDA SIMENTAL
Notary Public, Dane County, Wisconsin  My Commission Expires 09 126 12010  Notary Public  State of Wisconsin
Acceptance of Liquor/Beer Agent Appointment
I, Maria & Silva , appointed liquor/beer agent for
Follows a section of Madison Lacous & Commission and Commission of the first to the second
What was of Corporation of LLC), being first duty sworn
Buanajuato of Madison, Inconame of Corporation or LLC), being first duly sworn say I have vested in me, by properly authorized and executed written delegation, full authority
say I have vested in me, by properly authorized and executed written delegation, full authority
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
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
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
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
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
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