

RESTAURANT

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning _____ 20____ ;
ending _____ 20____

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

County of Dane Aldermanic Dist. No. _____ (if required by ordinance)

Applicant's Wisconsin Seller's Permit Number: <u>456-1026897172-03</u>	
Federal Employer Identification Number (FEIN): <u>30-4332287</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Wholesale beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$
TOTAL FEE	\$

1. The named INDIVIDUAL PARTNERSHIP LIMITED LIABILITY COMPANY
 CORPORATION/NONPROFIT ORGANIZATION

hereby makes application for the alcohol beverage license(s) checked above.

2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): ▶
Guanajuato of Madison, Inc

An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the name, title, and place of residence of each person.

President/Member	Mr.	Title	Jose Silva	Name	1621 W. Julian St.	Home Address	Chicago, IL	Post Office & Zip Code
Vice President/Member								
Secretary/Member								
Treasurer/Member	Mrs.		Maria E Silva		4601 Athens Way #209		Madison, WI	53711
Agent								

3. Trade Name	▶ <u>Taguaria Guanajuato</u>	Business Phone Number	<u>608-271-7204</u>
4. Address of Premises	▶ <u>1318 S. Midvale Blvd</u>	Post Office & Zip Code	▶ <u>53711</u>

5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? Yes No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? Yes No
8. (a) Corporate/limited liability company applicants only: Insert state _____ 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? Yes No
- (NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above)
9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described) see attached (additional)
10. Legal description (omit if street address is given above): _____
11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No
(b) If yes, under what name was license issued? _____
12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630 5) before beginning business? [phone 1-800-937-8864] Yes No
13. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in Section 2, above? [phone (608) 266-2776] Yes No
14. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME
this 13 day of April

Bernarda A Simental 2009 Jose Silva
(Clerk/Notary Public) Notary Public
My commission expires 09/26/2010 BERNARDA ARANDA SIMENTAL
State of Wisconsin
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK			
Date received and filed with municipal clerk	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

15. Utilizing your market research, who would you project your target market to be? Family, Taqueña
Guanajuato serves Mexican Food popular with several location of marketplace.
Smaller MxN-Restaurant in Madison

16. What age range would you hope to attract to your establishment? All ages

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

Flyers, Advertise of food. Word of Mouth

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

19. Owner of building where establishment is located: Hodofol Joint Ventures

Address of Owner: 702 Black Hawk Ave, Madison WI 53705 Phone Number 608-238-5326

20. Private organizations (clubs): Do your membership policies contain any requirement of "Invidious" (likely to give offense) discrimination in regard to race, creed, color, or national origin? Yes No

21. List the Directors of your Corporation/LLC

Jose Silva 1921 W. Julian St Chicago, IL

Name Address

Name Address

Name Address

22. List the Stockholders of your Corporation/LLC

N/A

Name Address % of Ownership

Name Address % of Ownership

Name Address % of Ownership

23. What type of establishment are you? (Check all that apply) Tavern Nightclub Restaurant

Other Please Explain _____

24. What type of food will you be serving, if any? Mexican Cuisine

Breakfast

Lunch

Dinner

25. Please submit a sample menu with your application, if possible. What might eventually be included on your operational menu when you open? Appetizers Salads Soups Sandwiches Entrees

Desserts

Pizza

Full Dinners

26. During what hours of your operation do you plan to serve food? 10am- 10pm M-THur.
10am - 11pm F - Sund.

27. What hours, if any, will food service not be available? 8am-10am
28. Indicate any other product/service offered NONE
29. Will your establishment have a kitchen manager? Yes No
30. Will you have a kitchen support staff? Yes No
31. How many wait staff do you anticipate will be employed at your establishment? 4
During what hours do you anticipate they will be on duty? Open to close
32. Do you plan to have hosts or hostesses seating customers? Yes No
33. Do your plans call for a full-service bar? Yes No
If yes, how many bar stools do you anticipate having at your bar? 3
How many bartenders do you anticipate you would have working at one time on a busy night? 2
34. Will there be a kitchen facility separate from the bar? Yes No
35. Will there be a separate and specific area for eating only? Yes No
If yes, what will be the seating capacity for that area? _____
36. What type of cooking equipment will you have? Stove Oven Fryers Grill Microwave
37. Will you have a walk-in cooler and/or freezer dedicated solely to the storage of food products? Yes No
38. What percentage of your overall payroll do you anticipate will be devoted to food operation salaries?
75%
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? 75%
What percentage of your advertising budget do you anticipate will be drink related? 25%
40. Are you currently, or do you plan to become, a member of the Madison—Dane County Tavern League or the Tavern League of Wisconsin? Yes No
41. Are you currently, or do you plan to become, a member of the Wisconsin Restaurant Association or the National Restaurant Association? Yes No

42. What is your estimated capacity? 60

43 Pursuant to Chapter 23 of the Madison General Ordinances, all restaurants and taverns serving alcohol beverages shall substantiate their gross receipts for food and alcohol beverage sales broken down by percentage For new establishments, the percentage will be an estimate.

Gross Receipts from Alcoholic Beverages	20 %
Gross Receipts from Food and Non-Alcoholic Beverages	80 %
Gross Receipts from Other	%
Total Gross Receipts	100%

44. Do you have written records to document the percentages shown? Yes No
You may be required to submit documentation verifying the percentages you've indicated.

Read carefully before signing: Under penalty provided by law, the applicant states that the above information has been truthfully completed to the best of the knowledge of the signer. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted will not be assigned to another. Any lack of access to any portion of a licensed premise during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license

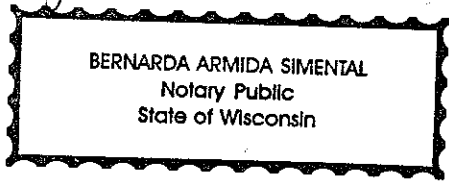
Subscribed and Sworn to before me:

this 13 day of April, 2009

José Silva
(Officer of Corporation/Member of LLC/Partner/Individual)

Bernarda A Simental
(Clerk/Notary Public)

My commission expires 09/26/2010



Additional Response

City of Madison Supplemental Class B License Application
Taqueria Gaunajuato
1318 S. Midvale Blvd.

#10.

The building is single story 2400 square foot free standing. The dimensions of the building are approximately 75 feet in length by 32 feet in width. The construction is wood frame with stucco exterior. There is no basement. The front of the building is comprised of large windows covering the majority of the wall area. There are 25 parking stalls directly in front of the front of the building.

The building is divided into a front area and a back area. The back area consists of a kitchen, an office and a storage room. A back door exists the building through the kitchen. There are trash containers in the back. See attached floor plan.

The front area has the dining room, a small bar/waiting area and male and female restrooms. The front entry enters the bar/waiting area. There are approximately 13 tables in the dining area with approximately 52 chairs. The dining room is approximately 630 square feet. There are 5 stools at the bar. There are 4 chairs in the waiting area. The bar/wait area including the space behind the bar is approximately 400 square feet. The capacity is 60. See attached floor plan.

Alcoholic beverages will be served in the dining room, the bar/wait area. Alcohol will be stored behind the bar counter and in the room labeled storage. See attached floor plan.

This has not changed from the previous licensed premise.

Liquor/Beer Agent Authorization

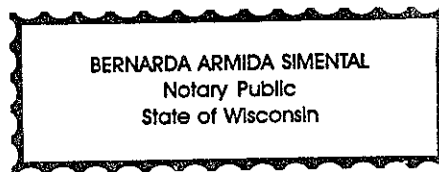
I, Jose Silva, officer/member for Guanajuato of Madison, Inc
(Corporation/LLC), doing business as Guanajuato Groceries authorize and appoint
Maria G Silva (Name) as the liquor/beer agent for the premise
located at 916 S. Whitney way

Subscribed and sworn to before me this

13 Day of April, 2009

Bernarda A Simental
Notary Public, Dane County, Wisconsin
My Commission Expires 09/26/2010

Jose Silva
Signature of Officer/Member



Acceptance of Liquor/Beer Agent Appointment

I, Maria G Silva, appointed liquor/beer agent for
Guanajuato of Madison, Inc (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 0 %.

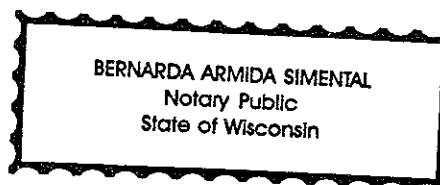
Subscribed and sworn to before me this

13 Day of April, 2009

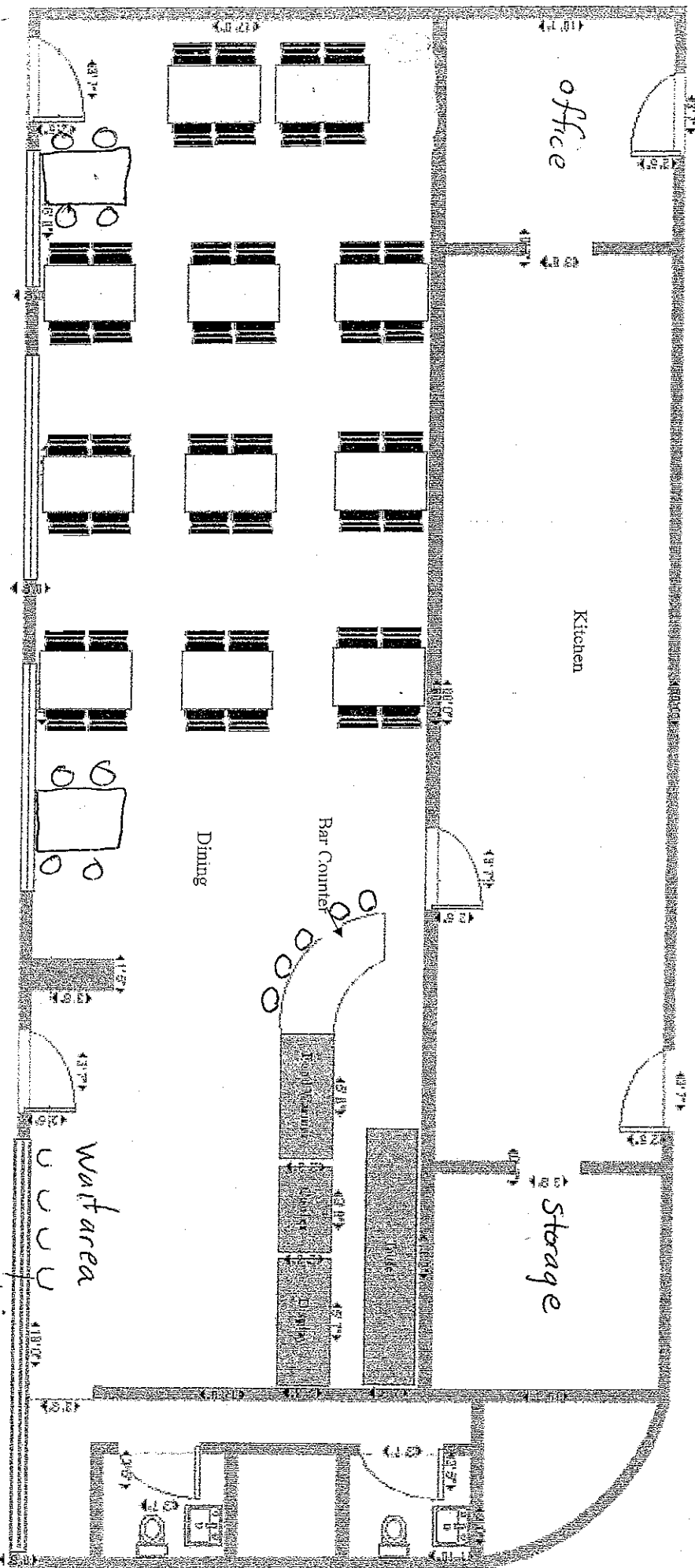
Bernarda A Simental
Notary Public, Dane County, Wisconsin
My Commission Expires 09/26/2010

[Signature]

Signature of Agent



Back of the restaurant



Taguena buana Juato
 1318 S. Midvale Blvd.

Front Entry

Chairs

waiters and
 servers

ON
 sm