ORIGINAL ALCOHOL BEVERAGE LICEN	SE APPLICATION	Applicant's Wisconsin Seller's Permit Number:				
Submit to municipal clerk.		Federal Employer Identification Number (FEIN):				
For the license period beginning	;	LICENSE REQUESTE	0 >			
For the license period beginning dunctions	30 20 <u>(</u> 0	ТУРЕ	FEE			
Town of		Class A beer	\$			
TO THE GOVERNING BODY of the: Village of	MADISON	Class B beer Wholesale beer	\$			
City of		Class C wine	\$			
	O/ (if required by ordinance)		\$			
County of Aldermanic Dist. N	(if required by ordinarice)	Class B liquor	\$			
1 The named INDIVIDUAL PARTNERSHIP	LIMITED LIABILITY COMPANY	Reserve Class B liquor	\$			
CORPORATION/NONPROFIT ORGANIZATIO		Publication fee	\$			
hereby makes application for the alcohol beverage license(s) che		TOTAL FEE	\$			
2 Name (individual/partners give last name, first, middle; corporation MBC GROUP LLC		ered name):				
An "Auxiliary Questionnaire," Form AT-103, must be comple partnership, and by each officer, director and agent of a cor- liability company. List the name, title, and place of residence of	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  Name  President/Member  President/Member  President/Member  President/Member  President/Member  President/Member  President/Member					
Secretary/Member						
TransurarlMomhar						
Agent > SIVILY IMPLITED PAZ						
Directors/Managers						
3 Trade Name EL Pollo INKA	Business F	Phone Number				
4 Address of Premises > 745 N HIGH POINT			55+1-4			
5 Is individual, partners or agent of corporation/limited liability comp	any subject to completion of the respon	ısible beverage server	1			
training course for this license period?  6. Is the applicant an employe or agent of, or acting on behalf of any	one except the named applicant?		XI Yes T Yes   XXX			
<ol> <li>Is the applicant art employe or agent or, or adding on bottom or any</li> <li>Does any other alcohol beverage retail licensee or wholesale per</li> </ol>			Yes X No			
8. (a) Corporate/limited liability company applicants only: Ins						
(b) Is applicant corporation/limited liability company a subsidiary			☐ Yes         Mo			
(c) Does the corporation, or any officer, director, stockholder or a		member/manager or	_			
agent hold any interest in any other alcohol beverage license	•	[	∐Yes <b>∏</b> No			
(NOTE: All applicants explain fully on reverse side of this form eve	· ·					
<ol> <li>Premises description: Describe building or buildings where alcoho all rooms including living quarters, if used, for the sales, service, a may be sold and stored only on the premises described )</li> </ol>	and/or storage of alcohol beverages and	records (Alcohol beverages				
10 Legal description (omit if street address is given above):						
11 (a) Was this premises licensed for the sale of liquor or beer during	g the past license year?	, , <u>à</u>	▼ Yes			
(b) If yes, under what name was license issued?  12 Does the applicant understand they must file a Special Occupation.	32	IVA				
before beginning business? [phone 1-800-937-8864]			Yes □ No			
<ol> <li>Does the applicant understand a Wisconsin Seller's Permit must b Section 2, above? [phone (608) 266-2776]</li> </ol>	be applied for and issued in the same na	ame as that shown in F	Vos HNo			
14 Is the applicant indebted to any wholesaler beyond 15 days for be	er 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 14th day of September , 2009						
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)						
(Clerk/Notary Public) (Officer of Corporation/Member/Manager of Limited Liability Company/Partner)						
My commission expires OS-11-13	•	-	4 <u>4 11</u>			
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)  TO BE COMPLETED BY CLERK						
Date received and filed	Date provisional license issued Sig	nature of Clerk / Deputy Clerk				
Poto library						
Oute include issued	License number issued					
AT-106 (R. 4-09)	<u> </u>	Wisconsin	Department of Revenue			

HOTARY PUBLIC, STATE OF NEW YORK
QUALFIED IN NEW YORK COUNTY
NO. 01FE5205775
MY COMMISSION EXPIRES 05-11-2013

Wisconsin Department of Revenue

City of Madison Supplemental Class B License Application

		/			
	Seller's Permit Number Federal Employer Identification	Description of Licensed Premise A*Notarized Appointment of Agent	☐ Floor Plans ☐ Lease		
	Number	☑ Background Investigation Form(s)	☐ Sample Menu		
	Notarized Original Application Form Notarized Supplemental Form	<ul> <li>☐ Notarized Transfer of Ownership-</li> <li>☐ *Articles of Incorporation</li> </ul>	☐ Business Plan * Corporation/LLC only		
1	Name of Applicant/Partner/Corporation	MIC MBC GRAP / LC			
1.	Name of Approximation 745	Napril 1/2/ 24 PR MANGE	(A) (A) (SZZ/7		
2	2. Address of Licensed Premise 745 NORTH High Pt. RD. MADISON WI. 53717				
	3 Telephone Number: 9/7-751-3989 4. Anticipated opening date: 10/15/09 5 Mailing address if not opening immediately 37-02 Astonia BLVD SEZE NYWY 11/0				
5	Mailing address if not opening immedi	ately 34-0E ASTONIA ISLUC	STE CY N.7, N.7, 1110		
6.		olice Department District Captain, Alcol tative for the area in which you intend to			
7.	Are there any special conditions desire	d by the neighborhood? ☐ Yes ☑ No			
	Explain				
8	8. Business Description, including hours of operation: RESTAURANT Hospitality 11:0041-11:002				
9.	Do you plan to have live entertainment	? M No □ Yes—What kind?	•		
	) .				
		g, including overall dimensions, seating ages are to be sold and stored The licen			
	below shall not be expanded or char	ged without the approval of the Comn	ion Council.		
	USeable square foot	ge 1/150. Rentable sorfo pace are 60'x 1'97" Meas	otageis		
	1,410. Dimersions of s	page are (0'x 1'97' meg	sured from		
	int. walls				
11		rectly accessible and under control of the nd stored only on the licensed premise, n			
12	Describe existing parking and how par	king lot is to be monitored. On SH	2 property		
_		king lot is to be monitored. On SI4. $\mathcal{MGI}$ .	nivate Parking lot.)		
(13)	Describe your management experience	s, staffing levels, duties and employee tra	ining.		
14.	Identify the registered agent for your	Corporation or LLC. This is your corpor	ration's agent for service of		
	process, notice or demand required or	permitted by law to be served on the corp	ooration.		
	SkiAN MANUSOFF 31	25 89 st. # 1- F EA. ELMHU	LST, N.Y. 11369		
	Name Addres	S .			

15.	Utilizing your market research, who would you project your target market to be?
16.	What age range would you hope to attract to your establishment?
17.	Describe how you plan to advertise/promote your business. What products will you be advertising?
18.	Are you operating under a lease or franchise agreement? Yes (attach a copy) No
Ad	Owner of building where establishment is located: In the A Companies  dress of Owner: 300 Cahil main Ste 216 Fitching Phone Number 608-24-802  Wi. 53+11  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
	List the Directors of your Corporation/LLC  Percy Colombiel 37-02 ASTORIA BLVD. Ste ZF ASTONIA, NY. 11103  Name  Address  Address  Address  Address  Address
22.	List the Stockholders of your Corporation/LLC  Percy Colombie 37-02 Astonic BLW. Ste. 2F  Name  Address
	Name Address % of Ownership  What type of establishment are you? (Check all that apply) Tavern Nightolub Restaurant
24	Other Please Explain.  What type of food will you be serving, if any?  Breakfast Lunch Dinner
	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  Mon - Sun  During what hours of your operation do you plan to serve food? 11:00 AM - 11:00 PM

27. What hours, if any, will food service not be available? 1.00AM - 11.00AM
28. Indicate any other product/service offered
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?
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?
How many bartenders do you anticipate you would have working at one time on a busy night?
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? Ves No
38. What percentage of your overall payroll do you anticipate will be devoted to food operation salaries?  80% *** ********************************
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you
anticipate will be related to food?
What percentage of your advertising budget do you anticipate will be drink related?
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 (10+ Sure Yet)
41. Are you currently, or do you plan to become, a member of the Wisconsin Restaurant Association or the National Restaurant Association? Yes No

- 50 Sests 42 What is your estimated capacity?
- 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	%
Gross Receipts from Food and Non-Alcoholic Beverages	%
Gross Receipts from Other	%
Total Gross Receipt	ts 100%

44. Do you have written records to document the percentages shown? 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: Percy Colombier

14th day of Scotlember 2009

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

My commission expires OS - ( | - |

KOTARY PUBLIC, STATE OF NEW YORK QUALIFIED IN NEW YORK COUNTY

MY COMMISSION EXPIRES 05-11-2013

## Appointment of New Liquor/Beer Agent

To be completed by Corporate Officer or Member of LLC	
I, PERCY COLONBIER, officer/member for MBC GROW	of ccc
(Corporation/LLG), doing business as EL Pollo TNKA, authorize and	
located at 745 North High H. R. MAD. Wi 53717	the premise
located at 745 North High H. D. MAD. Wi 53717	
Subscribed and sworn to before me this	
14 Day of September, 2009 Signature of Officer/Member	JOHN FELIZ NOTARY PUBLIC, STATE OF NEW YOU QUALIFIED IN NEW YORK COLINTY
Notary Public, Dane County, Wisconsin  State of the County	
Notary Public, Dane County, Wisconsin  Notary Public, Dane County, Wisconsin  My Commission Expires 05 - (   -	ATON NO
To be completed by appointed Liquor/Beer Agent	
I, SIVILY MARITZA POZ, appointed liquor/	beer agent for
MBC GROUP LLC (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	e, or have a
direct financial interest in the business of the licensee, therein relating to the into	xicating
liquor/fermented malt beverage. The interest I have in the business is%	
Subscribed and sworn to before me this Simum for these	
Signature of Agent  21 Day of September 2009	
Jeen Cel	
Notary Public, Dane County, Wisconsin  My Commission Expires 7-6-70	

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