

**ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION**

Submit to municipal clerk.

For the license period beginning \_\_\_\_\_ 20 \_\_\_\_\_  
ending June 30 2010

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

County of USA Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

Applicant's Wisconsin Seller's Permit Number: 456-102704029-02  
Federal Employer Identification Number (FEIN): 30-0586716

**LICENSE REQUESTED**

TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Wholesale beer	\$
<input checked="" type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$
<b>TOTAL FEE</b>	\$

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): **La Fina Mexican Restaurant LLC**

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.

Title	Name	Home Address	Post Office & Zip Code
President/Member	<u>Catalina Arriaga</u>	<u>427 Wily Dr.</u>	<u>Madison WI 53713</u>
Vice President/Member	<u>Javier Arriaga</u>	<u>427 Wily Dr.</u>	<u>Madison WI 53713</u>
Secretary/Member	<u>Jose Arriaga</u>	<u>1729 Baird St.</u>	<u>Madison WI 53713</u>
Treasurer/Member			
Agent	<b>Javier Arriaga</b>		

3 Trade Name **La Fina Mexican Restaurant** Business Phone Number (608) 2497840  
4 Address of Premises **3302 Packers A.V. Madison WI** Post Office & Zip Code **53704**

- 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 employee 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) **X**

- 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? Francisco Tijera
- 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 1 day of 26, 2010  
Walter J. Schmidt  
Clerk/Notary Public

Catalina Arriaga  
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

Javier Arriaga  
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)

Jose Arriaga  
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK			
Date received and filed with municipal clerk <u>2/16/10</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

✓ACCELA

# City of Madison Supplemental Class B License Application

<input checked="" type="checkbox"/> Seller's Permit Number	<input checked="" type="checkbox"/> Description of Licensed Premise	<input checked="" type="checkbox"/> Floor Plans
<input checked="" type="checkbox"/> Federal Employer Identification Number	<input checked="" type="checkbox"/> Notarized Appointment of Agent	<input checked="" type="checkbox"/> Lease
<input checked="" type="checkbox"/> Notarized Original Application Form	<input checked="" type="checkbox"/> Background Investigation Form(s)	<input type="checkbox"/> Sample Menu
<input checked="" type="checkbox"/> Notarized Supplemental Form	<input type="checkbox"/> Notarized Transfer of Ownership	<input type="checkbox"/> Business Plan
	<input checked="" type="checkbox"/> Articles of Incorporation	* Corporation/LLC only

1. Name of Applicant/Partner/Corporation/LLC La Finca Mexican Restaurant LLC  
2. Address of Licensed Premise 3302 Packers Avenue  
3. Telephone Number: 249-7840 4. Anticipated opening date: 1/29/10  
5. Mailing address if not opening immediately \_\_\_\_\_

6. Have you contacted the Alderperson, Police Department District Captain, Alcohol Policy Coordinator, and the neighborhood association representative for the area in which you intend to locate?  Yes  No

7. Are there any special conditions desired by the neighborhood?  Yes  No

Explain \_\_\_\_\_

8. Business Description, including hours of operation: Mexican Restaurant (Food & Beverage)  
11:00 am - 9:00 pm M-F, 11:00 am - 10:00 pm Saturday - Sunday

9. Do you plan to have live entertainment?  No  Yes—What kind? \_\_\_\_\_

10. Detailed written description of building, including overall dimensions, seating arrangements, capacity, bar size and all areas where alcohol beverages are to be sold and stored. **The licensed premise described below shall not be expanded or changed without the approval of the Common Council.** <sup>145</sup>

SEATING CAPACITY 145, bar seating = 15. 30 Tables, storage in basement

11. Are any living quarters directly or indirectly accessible and under control of the applicant?  Yes  No  
Please note that alcohol may be sold and stored only on the licensed premise, not in living quarters.

12. Describe existing parking and how parking lot is to be monitored. 60 CARS

13. Describe your management experience, staffing levels, duties and employee training.  
Kitchen experience in Cambridge restaurant. This will be our first restaurant ownership.

14. Identify the **registered agent** for your Corporation or LLC. This is your corporation's agent for service of process, notice or demand required or permitted by law to be served on the corporation.

Abdón Javier José Arráez M.  
Name Address  
La finca Mexican Restaurant 3302 Packers Av.

15. Utilizing your market research, who would you project your target market to be?

Families

16. What age range would you hope to attract to your establishment? Adults of all ages and Children w/ Parents.

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

Printed Promotion, Radio Spots,

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

19. Owner of building where establishment is located: Francisco Tejada

Address of Owner: \_\_\_\_\_ Phone Number 608 209 6053

N/A 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

Catalina Arriaga 427 Lily Dr. Madison WI 53713  
Name Address

Javier Arriaga 427 Lily Dr. Madison WI 53713  
Name Address

Jose Arriaga 427 Lily Dr. Madison WI 53713  
Name Address

22. List the Stockholders of your Corporation/LLC

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? 11:00 am - 9:00 pm M-F

11:00 am - 10:00 pm S-S

27. What hours, if any, will food service not be available? N/A
28. Indicate any other product/service offered. N/A
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? 3  
During what hours do you anticipate they will be on duty? 10:00 am 2:00 PM
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? 12-15  
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? 145 Max.
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?  
60%
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? 80%  
What percentage of your advertising budget do you anticipate will be drink related? 20%
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? 145 Max.

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	35 %
Gross Receipts from Food and Non-Alcoholic Beverages	65 %
Gross Receipts from Other	0 %
<b>Total Gross Receipts</b>	<b>100%</b>

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 1 day of 20, 20 10

[Signature]  
(Clerk/Notary Public)

My commission expires 7/24/11

Cataline Javier Jose Arriaga  
(Officer of Corporation/Member of LLC/Partner/Individual)

# Appointment of New Liquor/Beer Agent

## To be completed by Corporate Officer or Member of LLC

I, Javier Arriaga, officer/member for La Finca Mexican Restaurant  
(Corporation/LLC), doing business as La Finca Mexican Restaurant, authorize and appoint


Javier Arriaga (Name) as the liquor/beer agent for the premise  
located at 3302 Packers Avenue

Subscribed and sworn to before me this

16 Day of Feb, 2010

Wendy E Berto  
Notary Public, Dane County, Wisconsin

My Commission Expires 5/6/2012

  
Signature of Officer/Member

## To be completed by appointed Liquor/Beer Agent

I, Javier Arriaga, appointed liquor/beer agent for  
La Finca Mexican Restaurant 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, 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 50 %.

Subscribed and sworn to before me this

16 Day of Feb, 2010

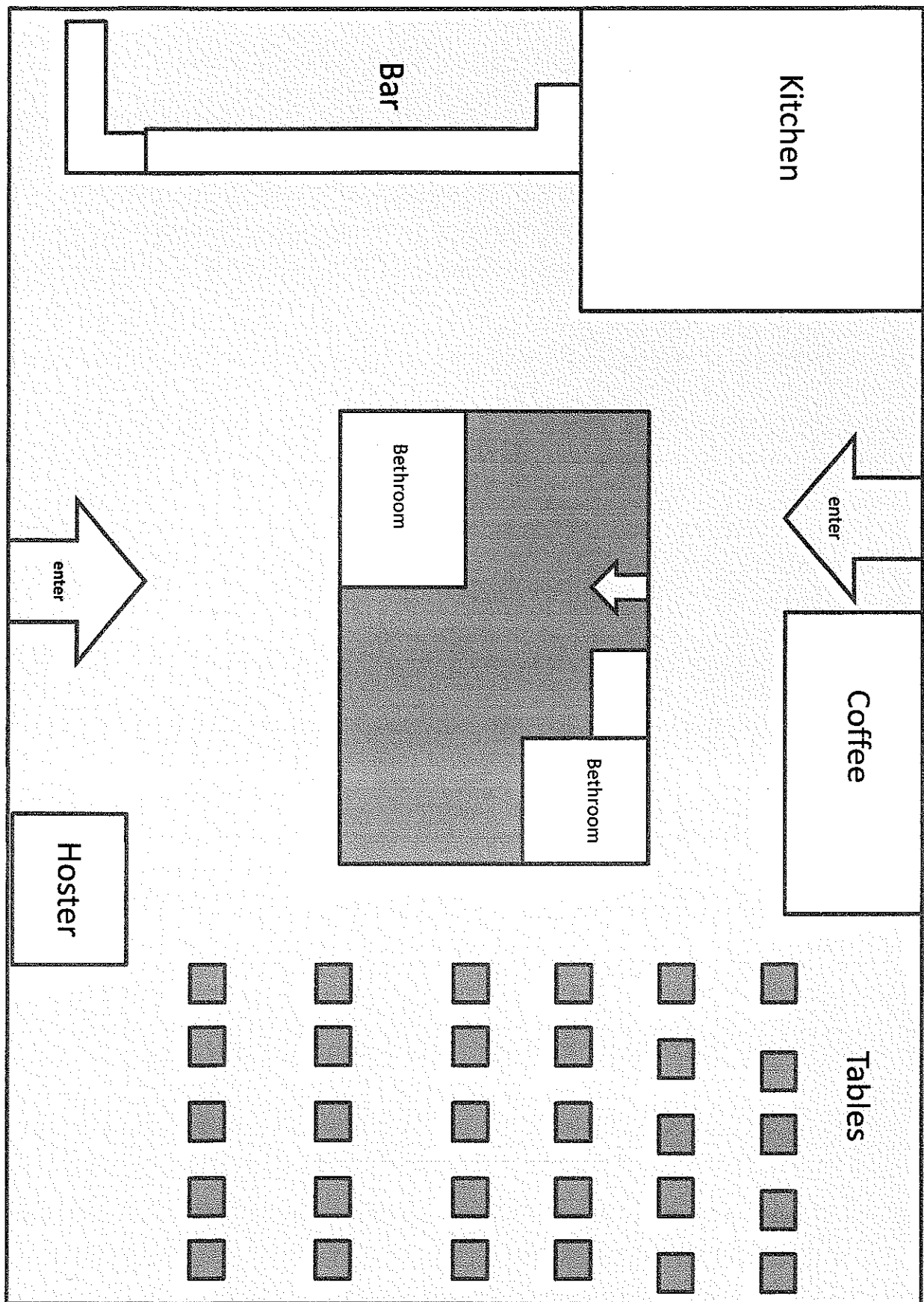
Wendy E Berto  
Notary Public, Dane County, Wisconsin

My Commission Expires 5/6/2012

  
Signature of Agent

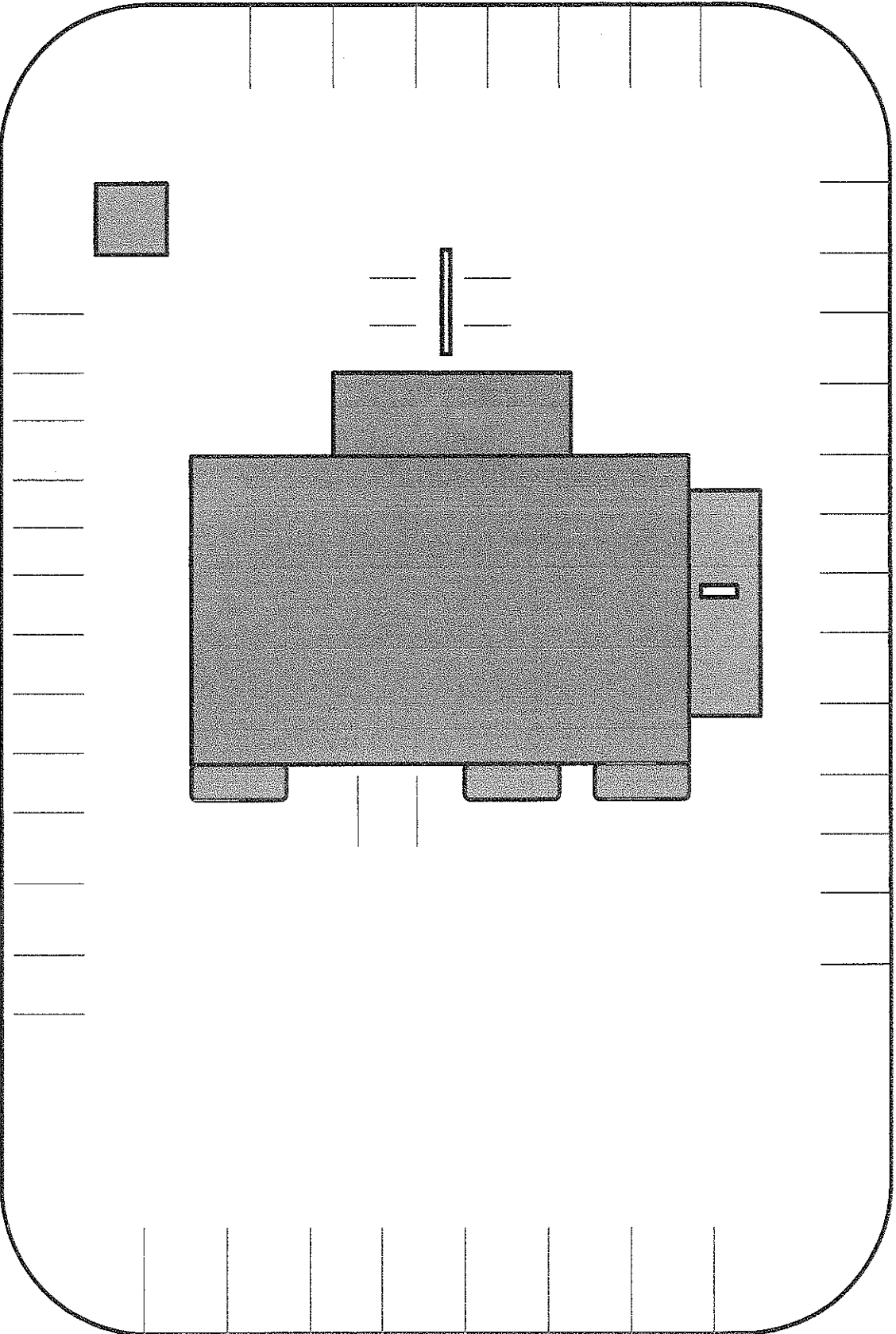
The appointed Liquor/Beer Agent must complete the other side of this form.

# "LA FINCA"



# “LA FINCA”

3264in



1728in