Submit to remainigal clark  For the Jiosense particle beginning and the property of the proper		GINAL ALCOHOL BEVERAGE LICE! it to municipal clerk	NSE APPLICATION	Applicant's Wisconsin Seller's Permit Number:	102704025-02
County of   Coun		·		Number (FEIN): 30-058	6716
TO THE GOVERNING BODY of the:   Town of   Gits of   Wildings of   Wildin	*源or tr		·································	LICENSE REQUESTE	)
TO THE GOVERNING BODY of the:   Village of		ending June	30 20 10	TYPE	FEE
TO THE GOVERNING BODY of the:   City of   City		Town of	411		
COUNTY of USA Address no control to the county of respired by ordinared to County of USA Address no control to the county of County of USA Address no county of the county	TOT		Madican	- T	\$
County of USA Addermanic Dist No (if required by ordinance)    The named	.0 11	- I	1 (0101)[; 6	, — <u> </u>	\$
1 Tho named   INDWIDLAL   PARTNERSHP   LINITED LIABILITY COMPANY   Class & Bilguor   S   February Class & Bilguor   S   Febr		IV V			\$
1 Time named   INDIVIDIAL   PART INCRSHIP   LIMITED LABILITY COMPANY   Research Class & Study   Security makes application for the alcohol bewarage idense() checked above   Part Incrship   Security makes application for the alcohol bewarage idense() checked above   Part Incrship   Security   Secu	Count	y of USA Aldermanic Dist I	No (if required by ordinand		\$
Publication fee   S				Class B liquor	\$
Name (principularyturus gaine last name, Ret. middle corporation) and the second process of the epited of the supplication by each individual applicant, by each member of a particulary questionnaine, Form AF-100, must be competed and attacked to this application by each individual applicant, by each member of a particulary questionnaine, Form AF-100, must be competed and attacked to this application by each individual applicant, by each member of a particulary questionnaine, Form AF-100, must be competed and attacked to this application, and by each member of a particulary questionnaine, etc., and plans of residence of each purson.    File	1 T			Reserve Class B liquor	\$
2 Name (individual/partnurs give last name, first, middle; corporations/initial liability companies give inglistered neme):  An "Auxillary Questionniae," 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 nonprefit organization, and by each member and appartnership, and by each officer, director and agent of a corporation or nonprefit organization, and by each member/manager and agent of a limited liability company usit the name, filts, mid-individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprefit organization, and by each member/manager and agent of a limited liability Company applicants organized to a supplication of the complete and and applicants.  Yes a supplicant and employe or agent of a corporation limited liability company applicants only: (insert states, and employed or agent of, or acting on behalf of anyone except the named applicant?  Does any other abouted bewarage retail licensee or wholesale permitties have any interest in or control of this business?  (a) Corporate/minimal diability company applicants only: (insert states, and employe or agent of, or acting on behalf of anyone except the named applicant?  Does any other abouted bewarage retail licensee or wholesale permitties have any interest in retail to recorned of this business?  (b) Is applicant corporation/minimal business company as autically of any other corporation for minimal business?  (c) Does the corporation or any officer, directly, stockholder or agent of minimal shoulty company, or any member/manager or agent to file permitting or any other abouted bewarage license or permitting the retail abouted in the companies of registration of the state state of the stockholder or agent to the state of the stockholder o		CORPORATION/NONPROFIT ORGANIZAT	ION	Publication fee	\$
An "Auxillery Questionnaire," Form AT-108, must be completed and absoluted 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 individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each individual applicant, by each member of a partnership, and by each officer, director and agent of a limited liability company is list the name, life, and place of severage and agent of a limited liability company applicant organization, and by each member/manager and agent of a standard partnership or agent of companies of the partnership or agent or agent of the partnership or agent of the part	he	ereby makes application for the alcohol beverage license(s) ch	ecked above	TOTAL FEE	]\$
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 office, director and agent of a infinite of liability company. List the name, little, and place of residence of each porson  Presidentifivember   The Pr	~~~			pistered name):	
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, tills, and place or residence of each proson.  President/Member	A A	n "Auxiliary Questionnaire" Form AT-103, must be comp	leted and attached to this application	on hy each individual annicant hy	each member of a
President/Member	p:	artnership, and by each officer, director and agent of a co	rporation or nonprofit organization, of each person	, and by each member/manager and	d agent of a limited
Most President/Member   National   Nationa	P	resident/Member < CO+a Prog OV na a	:		
Secretary/Member Agent   Javier   Actions   Ac				Lily Dr. Modi	·
Treasurer/Member			1729		
Trade Name No. 1	Tr	reasurer/Member			- WI 0010
Address of Premises M 30.2 Packers A Machina Day Business Phone Number  4 Address of Premises M 30.2 Packers A Machina Day Business Phone Number  5 is individual, partners or agent of comporation/fimited liability company subject to completion of the responsible beverage server  training course for this license pariac?  6 Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant?  7 Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business?  8 (a) Corporate/fimited liability company a publicants only: Insert state.  9 Insert state.  9 Insert state.  10 Insert state.  10 Insert state and dates.  11 Insert state.  12 Insert state.  13 Insert state.  14 Insert state.  15 Insert state.  16 Insert state.  17 Insert state.  18 Insert state.  18 Insert state.  19 Insert state.  19 Insert state.  19 Insert state.  10 Insert		•			
Address of Premises M. 1309 Processor Subject to completion of the responsible beverage server training occurse for this license period?  Is individual, partners or agent of comproation/limited liability company subject to completion of the responsible beverage server training occurse 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?  (a) Corporate/limited liability company a subsistilary of any other corporation or any officer, director, stockholder or agent or limited liability company?  (b) Is applicant corporation/limited liability company a subsistilary of any other 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 ilcense 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 only on the premises described IV.  Period and stored only on the premises described IV.  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?  (b) If yes, under what name was license issued? — CANSISCO — Associated in the same name as that shown in Section 2, above? [pinner 4509 378-864]  Does the applicant understand a Wisconsin Seller is Permit must be applicant for and issued in the same name as that shown in Section 2, above? [pinner (600) 2566-2776]  Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  (Individual explainants and each member of a partnership applicant mast explainant and each member of a partnership applicant mast exp					
Is individual, partnors or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period?	3 Tr	ade Name ka	an kristation Business	s Phone Number 608) 1321	OHO EPL
training course for this license period?  Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant?  7 Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business?  3 (a) Corporate/limited liability company applicants only: Insert state:  (b) Is applicant corporation/limited liability company applicants only: Insert state:  (c) Does the corporation or any officer, director, stockholder or agent or limited liability company?  (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 VES answer in sections 5, 6, 7 and 8 above)  9 Premises description: Describe building or buildings where alcohol beverages are to be sold and storred. 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 storred only on the premises described by:  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?  (b) If yes, under what name was license suceroff and the sale of liquor or beer during the past license year?  (c) If yes, under what name was license suceroff and of years of years are the sale of liquor or beer during the past license year?  (b) If yes, under what name was license suceroff and of years of years are the sale of liquor or beer during the past license year?  (c) If yes, under what name was license suceroff in years are the sale of the applicant undestand they must file a Special Occupational Tax return (HB-torm \$630.5):  10 Does the applicant undestand they must file a Special Occupational Tax return (HB-torm \$630.5):  11 (a) Was this premises licenses (prover years) and ye					
Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant?   Yes   No	5 ls	individual, partners or agent of corporation/limited liability com	pany subject to completion of the resp	onsible beverage server	
Yes   No		•	·		☑Yes ☐ No
(a) Corporatellimited liability company applicants only: Insert state\( \) and date\( \) and date\( \) of registration (b) is applicant corporation/finited liability company a subsidiary of any other corporation or limited liability company. The provision of 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 by:  10 Legal description (ontil it stert 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 like a Special Occupational Tax return.(FIR-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? [Shone (608) 266-277.88-4]  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? [Shone (608) 266-277.88-4]  15 Javes [Institute of the same name as that shown in Section 2, above? [Shone (608) 266-277.88-4]  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? [Shone (608) 266-277.88-4]  16 Is the applicant understand a Wisconsin Seller's Permit must be applied for an expression of the same name as that shown in Section 2, above? [Shone (608) 266-277.88-4]  17 Is a possible of the same and search member of a particutarity applicant same and search member of a particutarit				Į.	☑Yes ☐ No
(c) Is applicant corporation/imited liability company a subsidiary of any other corporation or limited liability company?  (d) 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  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?  (b) If yes, under what name was license issued?					⊒Yes ☑ No
(c) Does the corporation or any officer, director, stockholder or agent or limited fiability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin?  (NOTE All applicants expelian fully on reviews 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 1)2.  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?  (b) If yes, under what name was license issued?					
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   X					Yes No
(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 morns 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 1/x   Legal description (omit if street address is given above):   10	(c)			ny member/manager or	<b>.</b>
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?  (b) If yes, under what name was license Issued?  12 Does the applicant understand they must file a Special Occupational Tax return.(ETB-form.6630.5)  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 Press No  16 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.  16 Signature of Corporation/Memberishanager of Limited Liability Company if Any)  17 Corporation/Memberishanager of Limited Liability Company if Any)  18 Date received and Signity.  19 Date received and Signity.  19 Date received and Signity.  20 Date license granter  20 Date license granter  20 Date license sessed					∐Yes ∠ No
all rooms including living quarters, if used, for the sales, service and/or storage of alcohol beverages and records. (Atcohol beverages may be sold and stored only on the premises described [½]  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?  (b) If yes, under what name was license issued?					
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?  (b) If yes, under what name was license issued?	all	rooms including living quarters, if used, for the sales, service	and/or storage of alcohol beverages a	and records (Alcohol beverages	
(b) If yes, under what name was license issued?					
(b) If yes, under what name was license issued? # CCV515CC Types Does the applicant understand they must file a Special Occupational Tax return.(TIB-form 5630.5) before beginning business? [phone 1-800-937-8864]  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]			ng the past license year?		Yes No
Does the applicant understand they must file a Special Occupational Tax return. (FIB-form:5630.5) before beginning business? [phone 1-800-937-8864]  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?  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 Compenies 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 misdempanor and grounds for revocation of this license.  SUBSCRIBED AND SWORN TO BEFORE ME  (Officer of Corporation/Member/Memager of Limited Liability Confengnyr-armatindividual)  (Officer of Corporation/Member/Memager of Limited Liability Confengnyr-armatindividu				<i>7</i> -	
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]  If is 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 any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdempanor and grounds for revocation of this ticense.  SUBSCRIBED AND SWORN TO BEFORE ME  This 2 dayof	12 Do	es the applicant understand they must file a Special Occupati			ZYes □ No
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?  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 Compenies 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 misdempeanor and grounds for revocation of this ticense.  SUBSCRIBED AND SWORN TO BEFORE ME  [his 2 day of			be applied for and issued in the same	name as that shown in	According to the second
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, with 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 misdempanor and grounds for revocation of this license.  SUBSCRIBED AND SWORN TO BEFORE ME  This.  Carporation Rembers/Manager of Limited Liability Company of this license.  (Officer of corporation/Members/Manager of Limited Liability Company of Any)  (Officer of corporation/Members/Manager of Limited Liability Company of Any)  TO BE COMPLETED BY CLERK  Date reported to council/board  Date provisional ticense issued  Ucense number issued  Signature of Clerk / Deputy Clerk					기Yes □No
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 2 dayof	14 Is	the applicant indebted to any wholesaler beyond 15 days for b	eer or 30 days for liquor?	1	Yes No
SUBSCRIBED AND SWORN TO BEFORE ME  this 2. dayof March  Cofficer of Corporation/Member/Manager of Chinese Dability Company/Partner)  My commission expires  B. Z.6. / Z  (Additional rature (symmetric and stier)  TO BE COMPLETED BY CLERK  Date received and stier)  Date reported to council/board  Date provisional license issued  Date ficense granter  Date ficense granter  Date ficense issued	of the sig	mers. Signers agree to operate this business according to law and labels and labels and each member of a partnership applicant must sign;	that the rights and responsibilities conferre corporate officer(s), members/managers of	ed by the license(s), if granted, will not be of Limited Liability Companies must sign \	assigned to another Any lack of access to
this 2. dayof March 20 10  (Officer of Corporation/Member/Manager of Diffied Dability Company/Facturer)  My commission expires  B. Z.6. / Z  (Additional return of Clerk / Deputy Clerk  Date received and file of the company of the c			F wickening Const (Chott is a little)	A la	in adolide
My commission expires  B. Z.6. / Z  (Additional resulted symmetries in Limited Layers, Impany/Partner)  TO BE COMPLETED BY CLERK  Date received and filed with municipal clerk? J. Z. / O Date reported to council/board Date provisional license issued Signature of Clerk / Deputy Clerk  Date license granter  Date ficense issued License number issued	this	2 dough Macala	10	How on	
My commission expires  B. Z.6. / Z  (Additional resulted symmetries in Limited Layers, Impany/Partner)  TO BE COMPLETED BY CLERK  Date received and filed with municipal clerk? J. Z. / O Date reported to council/board Date provisional license issued Signature of Clerk / Deputy Clerk  Date license granter  Date ficense issued License number issued		January 20	(Officer of Corporation	VMember/Manager of United Dability Comes	inyiramai/individual)
My commission expires  8. 26.12  (Additional requires symmetric pyraministration and signal provisional ticense issued  Date received and filed with municipal clark 3.2 10 Date reported to counciliboard  Date license granter  Date license issued  Ucense number issued	•	T. Hele Coll	,	- 160	
TO BE COMPLETED BY CLERK  Date received and file 1	My com	1 2 - 1	,	-	
Date received and filed with municipal clear 3 2 10 Date reported to council/board Date provisional license issued Signature of Clerk / Deputy Clerk  Date license granter Date ficense issued License number issued			(Additional ratio	потуженновиняниваю опринесiу С	ompany if Any)
Date license granter Date license issued License number issued	Date recei	ned and filed. Date reported to council/board	Date omujejanet Reages insured	Cignature of Class 15	
Date license granter 4 C Date license issued License number issued	Aug micrac	4Pat WEINS 5 1 2 1 1 0 1	Pare provisional license issued	olgrature of Clerk / Deputy Clerk	
AT-106 (R. 4-09)	Date licen	se granter 4 ( Date license issued	License number issued		
	AT-106 (R	4-09]		1360.450.5	Dorortmant of Samera

City of Madison Supplemental Class B License Application ☐ Floor Plans Description of Licensed Premise Seller's Permit Number Notarized Appointment of Agent Lease Federal Employer Identification ☐ Sample Menu Background Investigation Form(s) Muraber ☐ Business Plan ☐ Notarized Transfer of Ownership Motarized Original Application Form Corporation/LLC only Articles of Incorporation Notarized Supplemental Form Name of Applicant/Partner/Corporation/LLC La Finca Mexican ResTourant LLC Address of Licensed Premise 3302 4 Anticipated opening date: \_ | |29/10 Telephone Number: 249-7840 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? Z Yes □ No 7. Are there any special conditions desired by the neighborhood? 

Yes 
No Explain. 8 Business Description, including hours of operation: / Least up Local Description 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. SEATING CAPACITY 145, bor senting= 15. 30 Tables Storage hosement 11 Are any living quarters directly or indirectly accessible and under control of the applicant? ☐ Yes 万No Please note that alcohol may be sold and stored only on the licensed premise, not in living quarters 212 Describe existing parking and how parking lot is to be monitored 60 / ARS § 13 Describe your management experience, staffing levels, duties and employee training Kitchen experience in Cambridge restaurant. This will

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

Address

La fine Wexican Restauran 3302 Packes AU.

	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 Williams	
	17	Describe how you plan to advertise/promote your business. What products will you be advertising?  Printed Promotion. Eacho. Stors,	
	18	Are you operating under a lease or franchise agreement? Yes (attach a copy) No	
*	19	Owner of building where establishment is located: Francisco Teneda	
	Ad	ress of Owner: Phone Number 608 209/0053	<del>7</del>
<i>Y</i> :	Ale:	Private organizations (clubs): Do your membership policies contain any requirement of "Invidious" (likely o 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. Madizon 61 53713	2
		lame Address	
	0	Javier Arriaga 427 Lily Dr. Madison W1 53713 Tose Arriaga 427 Lily Dr. Madison W1 5371	ı
		Jose Arriaga H27 Lily Dr. Madison W/ 5371	7
		lame Address	
	22.	List the Stockholders of your Corporation/LLC	
		fame Address % of Ownership	
		lame Address % of Ownership	
		lame Address % of Ownership	
	23	What type of establishment are you? (Check all that apply) I avern 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 you	I
Villa Villa Villa		perational 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 4-F	
		11.00 am - 10:00 pm 5-5	

27 What hours, if any, will food service not be available? \( \mathcal{V} \sum_{\beta} \)
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?   During what hours do you anticipate they will be on duty?   \[ \lambda \frac{100}{200} \\ \lambda \frac{200}{200} \\ \lambda \frac{100}{200} \\ \lambda \
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
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?  Ves No
What percentage of your overall payroll do you anticipate will be devoted to food operation salaries?
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

- 42 What is your estimated capacity? 45 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	<b>6</b> 5 %	
Gross Receipts from Other	0 %	
Total Gross Receipts	100%	

44 Do you have written records to document the percentages shown? You may be required to submit documentation verifying the percentages you've indicated

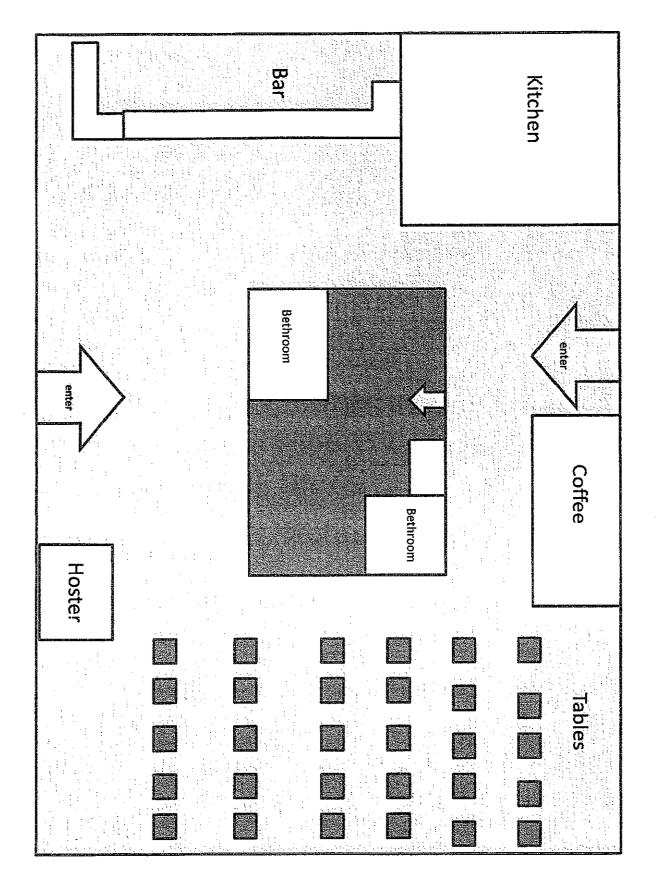
Read carefully before signing: Under penalty provided by law, the applicant states that the above information has been truthfully completed to the best of the knowledge of the signer. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), 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.

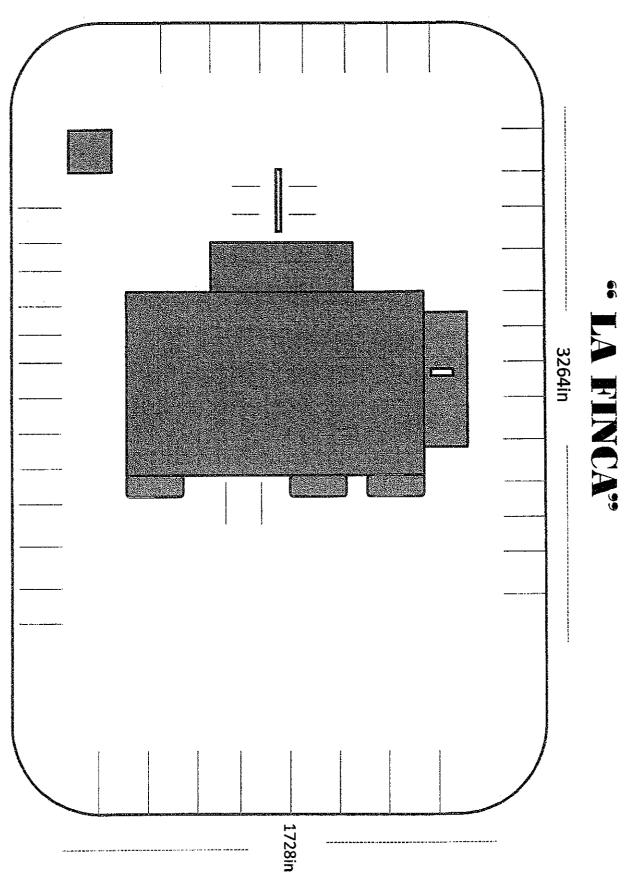
Subscribed and Sworn to before me:

My commission expires 8.26.12

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

## "LA FINCA"





## Appointment of New Liquor/Beer Agent

To be completed by Corporate Officer or Member of LLC	
I, Catakna Ar Raga officer/member for La Finca Mexican Restourant (Corporation/LLC), doing business as La Finca Mexican authorize and appoint	uçı J
1 · · · AP	
Name) as the liquor/beer agent for the premise	
located at 3302 Packers Avenue	
Subscribed and sworn to before me this  Signature of Officer/Member	
Notary Public, Dane County, Wisconsin	
My Commission Expires	
To be completed by appointed Liquor/Beer Agent	
I, JOST Arriago, appointed liquor/beer agent for	
La Finca Mexican Restaurant (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  Signature of Agent	
2_Day of Mach_, 20.10	
T. Ade Coll	
Notary Publid, Dane County, Wisconsin	
My Commission Fynites 4 26 17	

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

RENEWAL ALCOHOL BEVERAG		Applicant's Wisconsin Seller's Permit Number:		
Submit to municipal clerk Read instructions	on reverse side.	Federal Employer Identification Number (FEIN):		
For the license period beginning: $07/01/20$	ending: 06/30/2011	LICENSE REQUESTED		
(MM DD	1	TYPE	<u> </u>	FEE
	on of MADISON	Class A beer	\$	
		Class B beer	\$	
☑ City	of )	Wholesale beer	\$	
County of DANE Aldern	nanic Dist No. (if required by ordinance)	Class C wine	\$	
County of		Class A liquor	\$	
CHECK ONE Individual Par	tnership 🖊 Limited Liability Company	Class B liquor	\$	
Corporation/Nonprofit Org	ganization	Reserve Class B liquor	\$	
·		Publication fee	\$	
Complete A or B. All must complete C.		TOTAL FEE	\$	
A Individual or Partnership: Full Name(s) (Last, First and Middle Na		Post Office & Z	ip Code	
B. Full Name of Corporation/Nonprofit Organization	on/Limited Liability Company			
Address of Corporation/Limited Liability Comp	any (if different from licensed premises)			
All Officer(s) Director(s) and Agent of Corporal	tion and Members/Managers and Agent of Limited L	iability Company:		
Title Name (I	Inc. Middle Name) Home Add	ress Post (	Office & Zi	p Code
President/Member	Raga 427 Lilu	, d/ E	<u> </u>	·
Vice President/Member	comage 427 Lily	dr	<u> </u>	<del></del>
Secretary/Member . Sec Con 1	(egg. 1729 Box	ord St S	3 × 13	
Treasurer/Member	0			
Agent CIVILY CYCIC	<u>aa</u>			
Directors/Managers	<u> </u>	(2) 080	<u> </u>	
C 1 Trade Name		1.0.10 . 10.1.10 . (V.C.C.)	1784V	
2. Address of Premises 3302 Packet	S. QU Madison WI Post Office	& Zip Code 🔪 2.57 13	3	
3 Does the applicant understand that they must	purchase alcohol beverages only from Wisconsin w	holesalers?	Yes	☐ No
and the second s	listing where cleaned however, one or to be said and	stored. The applicant must	•	
include all rooms including living quarters, if us (Alcohol beverages may be sold and stored of	sed, for the sales, service, and/or storage of alcohol nly on the premises described.) See attached	beverages and records. Liquor/Beer Suppleme	ental For	m
5 Legal description (omit if street address is give	en above): See street address above			
6. a Since filing of the last application, has the director, manager or agent for either a limit	named licensee, any member of a partnership licenseled liability company licensee, corporation licensee (excluding traffic offenses not related to alcohol) for states, or ordinances of any county or municipality?	or nonprofit organization violation of any federal	<b>∑</b> Yes	∏No
h Are charges for any offenses presently p	ending (excluding traffic offenses not related to alco h this license? If yes, explain fully on reverse side	phol) against the named	Yes	☐ No
7 Except for questions 6a and 6b, have there be last application for this license? If yes, expla	een any changes in the answers to the questions as	submitted by you on your	Yes	_ ⊠ No
8 Mas the profit or loss from the sale of alcohol	beverages for the previous year reported on the Wi	sconsin Income or	,	_
Franchise Tax return of the licensee? If not e.	xplain		✓ Yes	☐ No
9 Does the applicant understand a Wisconsin S under Section A or B above? [phone (608) 26	seller's Permit must be applied for and issued in the 6-2776]	and the second second second second	Yes	☐ No
date of invoice and made available for inspec	Libit by tall control to	ses for 2 years from the	Yes	☐ No
11 Is the applicant indebted to any wholesaler be	eyond 15 days for beer or 30 days for liquor?	$(x_1, \dots, x_{n-1}, \dots, x_{n-1}, \dots, x_n) = (x_1, \dots, x_n) + (x_1, \dots, x_n) + (x_1, \dots, x_n) = (x_1, \dots, x_n)$	T Yes	No
READ CAREFULLY BEFORE SIGNING: Under pena	alty provided by law, the applicant states that each of th o operate this business according to law and that the ri pplicants and each member of a partnership applicant	ants and responsibilities conterre	so by the lic	ense(s) ii
SUBSCRIBED AND SWORN TO BEFORE I	ME	0.0		
this 2 day of March	.20 / D	Darioge.		
ans to day or treaters	(Officer of Corporation/M	ember/Manager of Limited Liability Comp	oany /Partner/li	ndividual)
I How Could		lember/Manager of Limited Liability Comp	nany (Padend	
(Clerk Plotary Public)		етрег/маладег от штиер шарлиу Сотр	жиу иг аниен)	
My commission expires 8.26.17	(Additional Partner(s)/Me	ember/Manager of Limited Liability Comp.	any if Any)	
TO BE COMPLETED BY CLERK				
	Date reported to council/board	Date license granted		
Date received and filed with municipal clerk  3/2/10	Date reported to council/board	Date license granted Signature of Clerk / Deputy Clerk		

Liquor/Beer Agent Authorization
I, Catalina Arriaga, officer/member for La Finca. Mexican RestauranaLIC
(Corporation/LLC), doing business as La France Mexican Restauran, authorize and appoint
(Name) as the liquor/beer agent for the premise
located at $3302$ Parkers. $\Delta V$ .
Subscribed and sworn to before me this
Acceptance of Liquor/Beer Agent Appointment  I, Jose Arriaga, appointed liquor/beer agent for a Enca Maxican Restauran (name of Corporation or LLC), being first duly sworn
To so Marion Pooler of HC
(name of Corporation of LLC), being first duty 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 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%.

## **Liquor/Beer Renewal Supplemental Form**

## Corporation or LLC

1	Name of Corporation or LLC 19 Fonce. Moxicon Kastawan LL		
2	Address of Licensed Premise 3309 Packars. AV.		
3.	State Seller's Permit Number 004-4561027040-25102		
4	Federal Employer Identification Number 30-0586716		
5	Approximate square footage of licensed premise		
6.	Capacity \08		
7	Areas where alcohol beverages are sold/permitted (include outdoor seating, if applicable)  Dinning and Bar.		
8	Areas where alcohol beverages are stored		
9	Indicate the estimated percent of liquor/beer vs. food business, based on gross sales.  30 % Alcohol 70 % Food % Other		
10.	Establishments with a capacity of 100 or more:		
	(a) Do you offer or allow live music performances? Yes No		
	(b) Do you have a designated dance floor area? Yes Yo		
	(c) Do you offer or allow the use of a disc jockey? Yes Yes No		
11.	Establishments that currently hold Nightclub Licenses:		
	Does your approved Security Plan remain in force and unchanged? Yes		
12.	Establishments that currently hold Centers for Visual & Performing Arts Licenses:		
	Do your underage identification and security procedures remain in force and unchanged, as		
	approved on your initial application?		
13.	☐ Notify me when Tavern Safety Training sessions have been scheduled. No notice needed.		