

LIC1B-2012-00051  
25267

**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 } Madison  
 Village of }  
 City of }

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

Applicant's Wisconsin Seller's Permit Number: <u>450-1025490</u>		896-03
Federal Employer Identification Number (FEIN): <u>030-102549089</u>		0-05
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	\$	
<b>TOTAL FEE</b>	<b>\$</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): Omar Cortez Los Gemelos

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			
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent			
Directors/Managers	<u>Omar Cortez</u>	<u>4024 Lori Ct Madison WI</u>	<u>53714</u>

**SCANNED**

3. Trade Name Los Gemelos Business Phone Number cell # 608-338-9420  
4. Address of Premises 244 W. Gilman St Madison WI Post Office & Zip Code 53703

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. Do retail licensee or wholesale permittee have any interest in or control of this business?  Yes  No  
8. Do any applicants only: Insert state \_\_\_\_\_ and date \_\_\_\_\_ of registration.  
9. Is the applicant a subsidiary of any other corporation or limited liability company?  Yes  No  
10. Is the applicant an officer, director, stockholder or agent or limited liability company, or any member/manager or other alcohol beverage license or permit in Wisconsin?  Yes  No  
(In reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)

Omar Cortez  
1-25-12  
will drop off  
copy of lease  
to attach

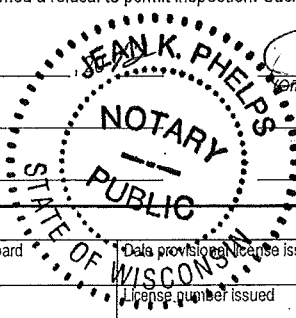
and BAK serve to sealed customers

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 25th day of January  
Jean K. Phelps  
(Clerk/Notary Public)



Omar Cortez  
Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual  
Omar Cortez  
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)  
(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 provisions license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

CONFIDENTIAL



## City of Madison Supplemental Class B License Application

<input checked="" type="checkbox"/> Seller's Permit Number <input checked="" type="checkbox"/> Federal Employer Identification # <input checked="" type="checkbox"/> Notarized Original Application Form <input checked="" type="checkbox"/> Notarized Supplemental Form <input checked="" type="checkbox"/> Orange Sign (Clerk's Office provides at time of application)	<input checked="" type="checkbox"/> Written Description of Premise <input checked="" type="checkbox"/> Background Investigation Form(s) <input checked="" type="checkbox"/> Notarized Transfer of Ownership <input checked="" type="checkbox"/> Articles of Incorporation <input checked="" type="checkbox"/> Notarized Appointment of Agent <input checked="" type="checkbox"/> Corporation/LLC only	<input checked="" type="checkbox"/> Floor Plans <input checked="" type="checkbox"/> Lease <input checked="" type="checkbox"/> Sample Menu <input type="checkbox"/> Business Plan
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1. Name of Applicant/Partner/Corporation/LLC Omar Cortez  
 2. Address of Licensed Premise 4004 244 W. Gilman St.  
 3. Telephone Number: 608-467-6999 4. Anticipated opening date: \_\_\_\_\_  
 5. Mailing address if not opening immediately Same as above

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. MAISHA Dummel

8. Business Description, including hours of operation: Hispanic restaurant moderate food prep, sale of beer, hours: M-W 10am-11pm TH-sat 10-3am Sun-10am-11pm

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.**

six 37'4" seating in front of 50" high wall @ 9'x12' to right when walk in doors and space to left of door in front of bar area and side of walk in cooler to wall 37'4" capacity to be established by fire code, alcohol beverage to be stored in bar area

11. Are any living quarters directly or indirectly accessible and under control of the applicant?  Yes  No see page 4 of 4 for further expl.  
 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. Street parking monitored by city.

13. Describe your management experience, staffing levels, duties and employee training.  
Experienced manager in food service and restaurant management All certifications taken. staff 4 people in kitchen serving all employees certified

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.

Omar Cortez 4004 Lori Ct. Madison, WI 53714

Name  
 Address  
Council 2  
 Bldg Dist 3  
 Police 403

15. Utilizing your market research, who would you project your target market to be?  
STUDENTS, VISITORS TO CAPITOL RESIDENCE OF ITHACA AREA

16. What age range would you hope to attract to your establishment? 21-35

17. Describe how you plan to advertise/promote your business. What products will you be advertising?  
Print ads in papers and magazines

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

19. Owner of building where establishment is located: c/o FBA management service STEVE BROWN Apartments

Address of Owner: 120 W Gorham St 53703 Phone Number 608-255-7100  
agent Alyssa Kellebrandt

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  
OMAR Cortez 4024 Lori Dr. Madison, WI 53714

Name	Address

22. List the Stockholders of your Corporation/LLC

Name	Address	% of Ownership
<u>N/A</u>		

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? HISPANIC/origin  
 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? Monday-Wednesday 10AM-11PM  
Thursday-Saturday 10AM-3AM Sunday 10AM-11PM

27. What hours, if any, will food service not be available? none
28. Indicate any other product/service offered. applied beer and sales license
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? 2-3/4  
During what hours do you anticipate they will be on duty? hours of operation see question # 26
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? 8  
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? most all  
What percentage of your advertising budget do you anticipate will be drink related? 0
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? 50

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	15 %
Gross Receipts from Food and Non-Alcoholic Beverages	85 %
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.

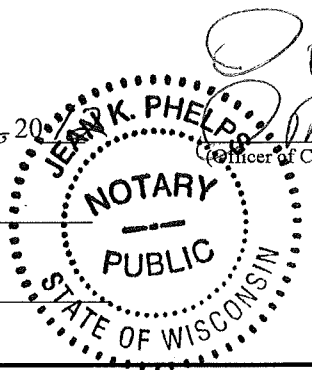
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Subscribed and Sworn to before me:

this 25<sup>th</sup> day of January 2014  
Donor Cortez  
Donor Cortez  
(Officer of Corporation/Member of LLC/Partner/Individual)

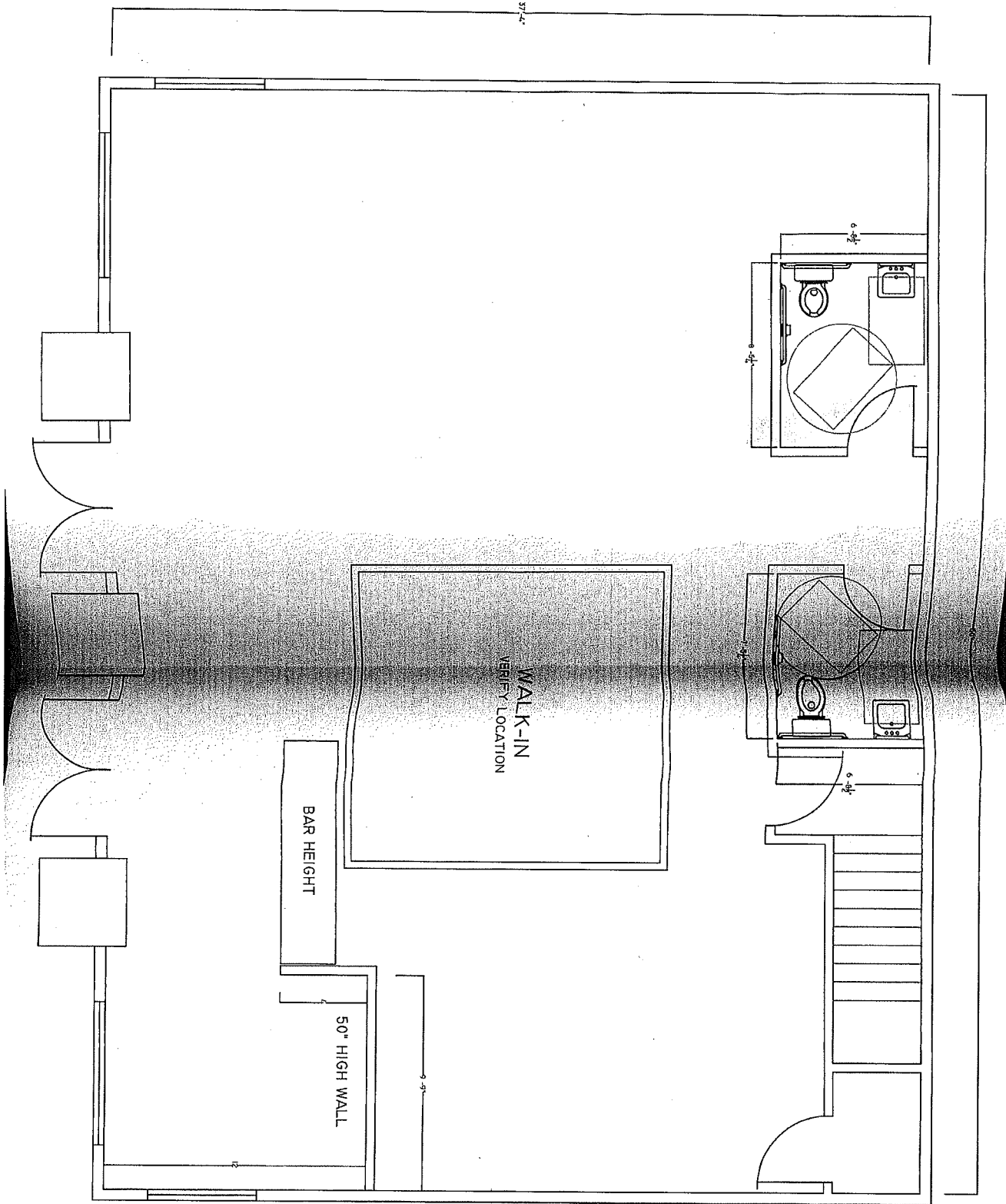
Jean K. Phelps  
(Clerk/Notary Public)

My commission expires 6/22/14



\* ~~Minor~~ Detail for question 10  
alcohol beverages to be sold at bar consumption  
at tables

Why we asking for the liquor license  
- people are asking if we sale margaritas  
seen day one we open. It would bring  
alot business in.



KESSENICH'S LTD.

131 S. FAIR OAKS AVE. MADISON, WI.

RETAIL SPACE

244 WEST GILMAN STREET MADISON, WI.

*Mysa*

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Gross Receipts from Other	%
<b>Total Gross Receipts</b>	<b>100%</b>

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Subscribed and Sworn to before me:

this 19<sup>th</sup> day of May, 2010

Omar Colfer X  
(Officer of Corporation/Member of LLC/Partner/Individual)

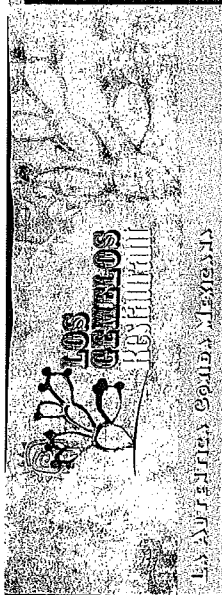
Matthew Krutza  
(Clerk/Notary Public)

My commission expires March 2nd, 2014



\* Further Detail for question 10  
Alcohol beverages to be sold at bar for consumption at tables





**MENU**

**TAGOS**..... \$2.75  
 Carne Asada, Pastor, Chorizo, Pollo, Campechano  
*(fines de semana: barbacoa de borrego, Rez,  
 Lengua y Carnitas)*  
*(cilantro y cebolla)*

**GORDITAS**..... \$2.00  
 Chicharron Prensado, Asada, Pastor, Chorizo,  
 Pollo, Papas con Chorizo, Campechana,  
 Frijoles, Queso Fresco o Queso fundido.  
*(Cilantro, cebolla y queso fresco)*

**TORTAS**..... \$2.50  
 Milaneza de pollo, Milaneza de res, Jamon,  
 Salsichita, Asada o Pastor.  
*(mayonesa, aguacate, lechuga, tomate,  
 cebolla, jalapeños, queso fundido)*

**SOPEAS**..... \$2.50  
 Pollo, Asada, Frijoles, Papas con Chorizo,  
 Pastor, Chorizo o Campechano.  
*(queso fresco, lechuga, aguacate y tomate)*

**PAMEASOS**..... \$2.50  
 Rico pambaso Mexicano cubierto de chile  
 guajillo, relleno de papas o pollo.  
*(queso fresco y lechuga)*

**TOSTADAS**..... \$2.00  
 Pollo, Asada, Pastor, Papas con Chorizo,  
 Frijoles, chorizo, Campechana o Cuernillos.  
*(queso fresco, lechuga, aguacate, tomate  
 y mayonesa)*

**QUESADILLAS**..... \$2.50  
 Ricas quesadillas de masa ecias a mano.  
 Queso, Asada, Pastor o Pollo.  
*(queso y lechuga)*

**BISTEC ENCEBOLLADO**..... \$2.50  
 Riquísimo bistec encbollado, acompañado  
 con ensalada arros y frijoles.

**ENCHILADAS**..... \$2.50  
 Enchiladas Mexicanas rojas o verdes, flechas  
 de pollo o queso fresco.  
*acompañadas con arros y frijoles.*

**BISTEC A LA MEXICANA**..... \$2.50  
 Platillo típico de Mexico. Bistec cocinado con jitomate,  
 cebolla y chiles jalapeños. Incluye arros, frijole y ensalada.

**PECHUGA A LA PLANCHA**..... \$2.50  
 Pechuga de pollo ala plancha acompañada con  
 ensalada arros y frijoles

**GRILAQUES**..... \$2.50  
 chilaquiles verdes acompañados con  
 vístec o huevos estrellados, y arros y frijoles.

**CHULETAS AHUMADAS**..... \$2.50  
 Chuletas ahumadas de puerco fritas en aceite,  
 acompañadas con arros ensalada y frijoles.

**MILANESA DE RES**..... \$2.50  
**MILANESA DE POLLO**..... \$2.50  
**PREGUNTE POR EL GUIJASADO DEL DIA!**  
**GIJASADO DEL DIA**..... \$2.50

**JARRITOS \$1.50**  
 Sabado/Domingo  
 • CARNITAS  
 • CONSUME  
 • TAMALES

• BARBACOA DE RES  
 • BARBACOA DE BORREGO

**CHILES RELLENOS**..... \$3.50  
 Chile poblano relleno de queso fresco y  
 queso fundido, cubierto con una capa de huevo,  
 y ensima caldo de jitomate acompañado con  
 arros y frijoles.

**POZOLE**..... \$2.50  
 Riquísimo Pozole Mexicano hecho con carne  
 de puerco. Acompañado con tostadas de maíz.

**MENUDO**..... \$2.50  
 Caldo típico Mexicano elaborado con carne  
 de res y dos tipos de chile entre otras especias.

