

456-0001343996-03

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning JULY 1 20 12 ; ending JUNE 30 20 13

TO THE GOVERNING BODY of the: [ ] Town of [ ] Village of [X] City of Madison

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

Table with columns: TYPE, FEE. Rows include Class A beer, Class B beer, Class C wine, Class A liquor, Class B liquor, Reserve Class B liquor, Publication fee, and TOTAL FEE.

- 1. The named [ ] INDIVIDUAL [ ] PARTNERSHIP [X] LIMITED LIABILITY COMPANY [X] 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): Mr Tequila 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.

Table with columns: Title, Name, Home Address, Post Office & Zip Code. Rows include President/Member, Vice President/Member, Secretary/Member, Treasurer/Member, Agent, and Directors/Managers.

3. Trade Name: Cancun (CORP) Mr. Tequila Business Phone Number: 608-277-0992

4. Address of Premises: 704. S. Whitney Way Post Office & Zip Code: 53711

- 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? [X] 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 [X] 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? [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.)

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.) office and cooler

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? [X] Yes [ ] No
(b) If yes, under what name was license issued? Mr. Tequila DBA Cancun Rest.

12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [X] 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? [X] Yes [ ] No

14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? [X] 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.

SUBSCRIBED AND SWORN TO BEFORE ME this 29th day of May, 2012

My commission expires 6/29/2014

Signature of Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual

Signature of Officer of Corporation/Member/Manager of Limited Liability Company/Partner

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

TO BE COMPLETED BY CLERK

Table with columns: 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.

## City of Madison Supplemental Class B License Application

|   |   |  |
|---|---|--|
| <input type="checkbox"/> Seller's Permit Certificate (Entity must match the Articles of Incorporation)<br><input type="checkbox"/> Federal Employer Identification #<br><input type="checkbox"/> Notarized Original Application Form<br><input type="checkbox"/> Notarized Supplemental Form<br><input type="checkbox"/> Orange Sign (Clerk's Office provides at time of application) | <input type="checkbox"/> Written Description of Premise<br><input type="checkbox"/> Background Investigation Form(s)<br><input type="checkbox"/> Notarized Transfer of Ownership<br><input type="checkbox"/> *Articles of Incorporation<br><input type="checkbox"/> *Notarized Appointment of Agent<br>* Corporation/LLC only | <input type="checkbox"/> Floor Plans<br><input type="checkbox"/> Lease<br><input type="checkbox"/> Sample Menu<br><input type="checkbox"/> Business Plan |
|---|---|--|

1. Name of Applicant/Partner/Corporation/LLC Mr. Tequila Inc.  
 2. Address of Licensed Premise 704 S. Whiskey way Madison WI  
 3. Telephone Number: 608-277-0992 4. Anticipated opening date: 5/3/11  
 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 food and hours  
11Am-10pm Sun-Thru and 11Am-11pm Fri-Sat

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.**

Capacity 100 ppl 10 ppl bar area alcohol keep  
in office bar and cooler. To be sold in restaurant  
and patio area.

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. One exit on whiskey  
way and one on Odana Rd. Monitored by owner of  
building

13. Describe your management experience, staffing levels, duties and employee training.  
I have worked as a manager for over 10  
yrs and bartended and more.

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.

Juan Morillo 4601 Pounce Pass Fitchburg WI  
 Name Address 53711

27. What hours, if any, will food service not be available? After closing 10 pm or 11 pm
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? 2-5  
 During what hours do you anticipate they will be on duty? 10:30<sup>am</sup>-2 pm and 5:00 pm<sup>am</sup> 11 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? 10  
 How many bartenders do you anticipate you would have working at one time on a busy night? 1
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?  
 \_\_\_\_\_
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
41. Are you currently, or do you plan to become, a member of the Wisconsin Restaurant Association or the National Restaurant Association?  Yes  No

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? 18 + or anyone

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

Have done radio and coupons offers.. food.

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

19. Owner of building where establishment is located: Robin Kohth

Address of Owner: Middleton Phone Number 608-575-5555

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

Joaquin Lopez 4701 Sheboygan Ave Madison WI 53711

Name Address

Juan Mvillo 4601 Pawnee Pass Fitchburg WI 53711

Name Address

Name Address

22. List the Stockholders of your Corporation/LLC

Juan Mvillo same as above 50%

Name Address % of Ownership

Joaquin Lopez Same as above 50%

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 food

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 AM - Sun - Thru

11 AM - 11 PM Fri - Sat

42. What is your estimated capacity? 100 ppl

43. Pursuant to Chapter 38.02 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.

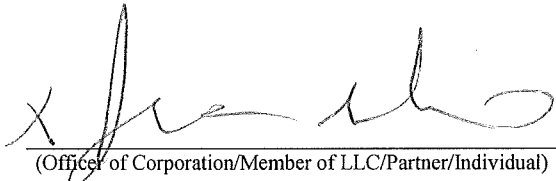
|  |             |
|--|-------------|
| Gross Receipts from Alcoholic Beverages              | 20 %        |
| Gross Receipts from Food and Non-Alcoholic Beverages | 80 %        |
| Gross Receipts from Other                            | %           |
| <b>Total Gross Receipts</b>                          | <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 29<sup>th</sup> day of May, 2012

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

  
\_\_\_\_\_  
(Clerk/Notary Public)

My commission expires 6/29/2014

# Appointment of New Liquor/Beer Agent

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

I, Juan Murillo, officer/member for Mr. Tequila DBA Cancun Rest

(Corporation/LLC), doing business as Cancun Mexican Restaurant, authorize and appoint

Juan Murillo (Name) as the liquor/beer agent for the premise

located at 704 S. Whitney Way Madison WI 53711

Subscribed and sworn to before me this

29<sup>th</sup> Day of May, 2012

[Signature]

Notary Public, Dane County, Wisconsin

My Commission Expires 6/29/2014

[Signature]  
Signature of Officer/Member

## To be completed by appointed Liquor/Beer Agent

I, Juan Murillo, appointed **liquor/beer agent** for

Mr. Tequila (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

29<sup>th</sup> Day of May, 2012

[Signature]

Notary Public, Dane County, Wisconsin

My Commission Expires 6/29/2014

[Signature]  
Signature of Agent

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