ORIGINAL ALCOHOL BEVERA	GE LICENSE APPLICATION	Applicant's Wisconsin Seller's Permit Number: 456 - 1037854759
Submit to municipal clerk.		Federal Employer Identification
For the license period beginning 09 /	29 20 12 :	Number (FEIN):  LICENSE REQUESTED
ending	$\frac{29}{20}$ $\frac{20}{20}$ ;	TYPE FEE
		Class A beer \$
<u></u>	own of Hadison	Class B beer \$
·		Wholesale beer \$
	ity of J	Class C wine \$
County of Tane Alder	manic Dist. No. (if required by ordinance)	Class A liquor \$
County of Fidder	(if required by ordinarios)	Class B liquor \$
1. The named INDIVIDUAL PART	NERSHIP KILIMITED LIABILITY COMPANY	Reserve Class B liquor \$
CORPORATION/NONPROFI	<del></del>	Publication fee \$
hereby makes application for the alcohol beverage		TOTAL FEE \$
	niddle; corporations∦imited liability companies give register	red name): Deminia
2. Waite (individual parties give last traille, inst, in	OS 1640 D. B.A. A 1	
	must be completed and attached to this application by	
partnership, and by each officer, director and	I agent of a corporation or nonprofit organization, and	by each member/manager and agent of a limited
liability company liet the name title and place	a of residence of each nerson	
Title	Name Home A	Address Post Office & Zip Code
President/Member OCOVIEY / VITICYIC	yer amelica Catierra 73: Hilagros Mato 23	30 Horred Dr. 53711
Vice President/Member 19 11	Prilagros mato 20	130 Hackey DY . 53411
Secretary/Member		***************************************
Treasurer/Member		
Agent Cynthia Gut	ierrez	
Directors/Managers  3 Trade Name A La Boasa		one Number 608-257-1700
	a Business Pho Post Office &	Zip Code Madison, WI 5370
4. Address of Premises ▶ 15 N. Broom		
5. Is individual, partners or agent of corporation/limi	ted liability company subject to completion of the responsil	ble beverage serverYes No
	on behalf of anyone except the named applicant?	
	or wholesale permittee have any interest in or control of thi	
7. Does any other alcohol beverage retail licensee (8. (a) Corporate/limited liability company applic	cants only: Insert state and date	7 J G (c) of registration
	any a subsidiary of any other corporation or limited liability	
	stockholder or agent or limited liability company, or any manual stockholder or agent or limited liability company, or any manual stockholder or agent or limited liability company, or any manual stockholder or agent or limited liability company, or any manual stockholder or agent or limited liability company, or any manual stockholder or agent or limited liability company, or any or a	
	beverage license or permit in Wisconsin?	
,	e of this form every YES answer in sections 5, 6, 7 and 8 a	
, , , , , , , , , , , , , , , , , , , ,	ngs where alcohol beverages are to be sold and stored. Th	•
all rooms including living quarters, if used, for the	sales, service, and/or storage of alcohol beverages and re-	ecords. (Alcohol beverages
may be sold and stored only on the premises des	scribed.) 15 N Broom / Room	1 ~ Broom
10. Legal description (omit if street address is given a	above):	-
	uor or beer during the past license year?	
	- TROPICAL CUISNE	· · · · · · · · · · · · · · · · · · ·
12. Does the applicant understand they must file a S		New Committee
before beginning business? [phone 1-800-937-8	864]	Yes No
	r's Permit must be applied for and issued in the same nam	ne as that shown in
Section 2, above? [phone (608) 266-2776]	nd 15 days for beer or 30 days for liquor?	Yes No
		·
	vided by law, the applicant states that each of the above questions	
of the signers. Signers agree to operate this business accordingly dividual applicants and each member of a partnership and	ding to law and that the rights and responsibilities conferred by blicant must sign; corporate officer(s), members/managers of Lim	r the license(s), if granted, will not be assigned to another.
any portion of a licensed premises during inspection will be d	leemed a refusal to permit inspection. Such refusal is a misdefile	eanor and grounds for revocation of this license.
SUBSCRIBED AND SWORN TO BEFORE ME	a Philas	alllo
this September day of 25	20 12	Taringo)
M. day of	(Office of Corporation for	nber/Manager of Limited Liability Company/Partner/Individual)
Maynoona Boncock	MAIMOONA BOWGOCK	
(Clerk/Notary Public)	MAIMOONA BOWCOCK (Officer of Coopalion, NOTARY PUBLIC	n/Member/Manager of Limited Liability Company/Partner)
My commission expires Nov. 15, 2015	STATE OF WISCONSIN (Additional Partner(s)	)/Member/Manager of Limited Liability Company if Any)
TO BE COMPLETED BY CLERK	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	
Date received and filed Date reported to counci	I/board Date provisional license issued Signal	iture of Clerk / Deputy Clerk
with municipal clerk		
Date license issued Date license issued	License_number issued	
AT-106 (R. 4-09)		Wisconsin Department of Revenue

L-STAR: 27817

### City of Madison Supplemental Class B License Application

<ul> <li>□ Seller's Permit Number</li> <li>□ Federal Employer Identification</li> <li>□ Notarized Original Application</li> <li>□ Notarized Supplemental Form</li> <li>□ Orange Sign (Clerk's Office p</li> </ul>	on # □ Ba n Form □ No m □ *Ar provides □ *No	itten Description of Preckground Investigation tarized Transfer of Ow ticles of Incorporation otarized Appointment of	n Form(s) vnership	<ul><li>☐ Floor Plans</li><li>☐ Lease</li><li>☐ Sample Menu</li><li>☐ Business Plan</li></ul>
at time of application)		poration/LLC only		
1. Name of Applicant/Partner			RASA	
2. Address of Licensed Premi				
3. Telephone Number: 100	8-251-1700	4. Anticipated of	opening date: _	09/29/12
5. Mailing address if not open	ing immediately _			
6. Have you contacted the Ald the neighborhood association	lerperson, Police D on representative f	epartment District C or the area in which	aptain, Alcoho you intend to lo	l Policy Coordinator, and ocate? ☑ Yes ☐ No
7. Are there any special condit	tions desired by the	neighborhood?	Yes □ No	
Explain	neets set	up_		
8. Business Description, include Briday - Saturday	ding hours of opera	ition! Monday -	Thursday	112-10PM
9. Do you plan to have live ent	tertainment? 🗆 No	☑ Yes—What kind	d? Live	Husic-Z
10. Detailed <u>written</u> description size and all areas where alcoholm below shall not be expand	ohol beverages are	to be sold and stored	d. The licensed	d premise described
15 N Bro Sitting area an B person bor	d 6 tabe	e floor e	plan a	1600 SF of and chairmed.
11. Are any living quarters dire Please note that alcohol may	ctly or indirectly ac y be sold and store	ccessible and under o	control of the aped premise, not	pplicant? □ Yes ►No in living quarters.
12. Describe existing parking as	nd how parking lot	is to be monitored.	Street	<i>t</i>
13. Describe your management <u>Catering Bussin</u>	experience, staffin	g levels, duties and e	employee traini	ng.
14. Identify the registered agent process, notice or demand reconstruction.  Name Thia Courtier	equired or permitte	d by law to be served	d on the corpora	ation.

15	Ony one that eats food.
16	. What age range would you hope to attract to your establishment? Qge
17	Describe how you plan to advertise/promote your business. What products will you be advertising?  Faper, Internet, Radio / Food.
18	Are you operating under a lease or franchise agreement?   Yes (attach a copy)
19.	Owner of building where establishment is located: Metropolitan apt. LLC dress of Owner: 5 N Broom St Phone Number 608-294-Tooc
	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?
21.	List the Directors of your Corporation/LLC  Cyrthia Gotierrez IS N Broom St  Name Address  Address  Address
	Name Address
22.	List the Stockholders of your Corporation/LLC  Cythia Cutierry 15 D Brown St  Name  Address  Address  Address  Address  Manne  Address  Address  Manne  Manne
	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?  □ Breakfast
	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? 1\frac{11 \text{2m} 2 p.m}{2m}

27. What hours, if any, will food service not be available?
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?
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?
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? Wes N
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

- 42. What is your estimated capacity? under 100
- 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	20 %
Gross Receipts from Food and Non-Alcoholic Beverages	80 %
Gross Receipts from Other	%
Total Gross Receipts	100%

44. Do you have written records to document the percentages shown? ☐ Yes 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.

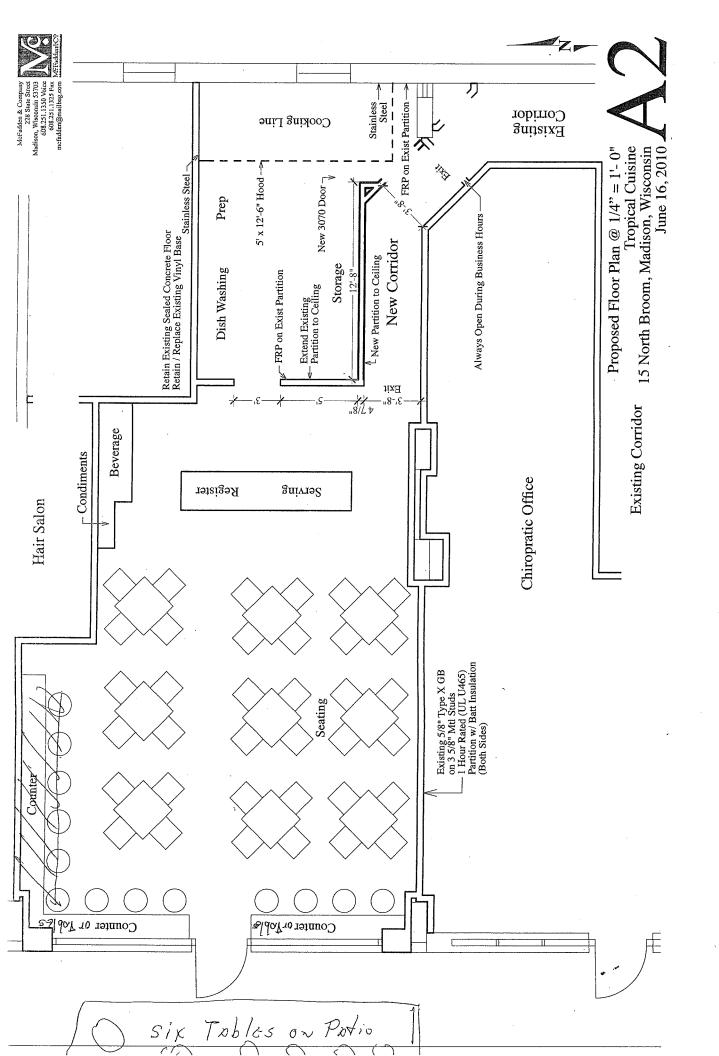
Subscribed and Sworn to before me:

\_day of \_\_\_

poration/Member of LLC/Partner/Individual)

My commission expires Abv. 15, 2019

MAIMOONA BOWCOCK NOTARY PUBLIC STATE OF WISCONSIN



Sec. 183.0202 Wis. Stats.



## State of Wisconsin Department of Financial Institutions

#### ARTICLES OF ORGANIZATION - LIMITED LIABILITY COMPANY

Executed by the undersigned for the purpose of forming a Wisconsin Limited Liability Company under Chapter 183 of the Wisconsin Statutes:

Article 1. Name of the limited liability company:

A LA BRASA LLC

Article 2. The limited liability company is organized under Ch. 183 of the Wisconsin

Statutes.

Article 3. Name of the initial registered agent:

Cynthia Gutierrez

Article 4. Street address of the initial registered office:

15 N Broom St Madison, WI 53703 United States of America

Article 5. Management of the limited liability company shall be vested in:

A manager or managers

Article 6. Name and complete address of each organizer:

Cynthia Gutierrez 2330 Harley Dr Madison, WI 53711 United States of America

Milagros Mato 2330 Harley Dr Madison, WI 53711 United States of America

Other Information. This document was drafted by:

Cymnthia Gutierrez

Orga	nizer	Sign	ature
------	-------	------	-------

Cynthia Gutierrez

#### Date & Time of Receipt:

9/24/2012 9:57:56 AM

#### **Order Number:**

201209243132504

# ARTICLES OF ORGANIZATION - Limited Liability Company(Ch. 183)

_
Filing Fee: \$130.00
Expedite Fee: \$25.00
<b>Total Fee: \$155.0</b>

**ENDORSEMENT** 

# State of Wisconsin Department of Financial Institutions

EFFECTIVE DATE	
9/24/2012	
FILED 9/25/2012	Entity ID Number A068773

# Q in Ks

Festivation many mines that Kenica mainten his humbles

2000 States (2000)

# 

STATE OF STA

Franch fran Paper Fring, \$2,00

Manhed satatoes Pure de Papas, 52,50

Car green plant and to a care to a co

Special Casaway Victor France S.C. S.C.

Mean Wager Prediction of separations

# Desserts

AT 30 ST 50 ST 50

Bullin at pieces 52.03

COMP. 6250

Standaga banka coa 318

Abstract Income 52.50

Particular Contra Contra St. 50



Monday through Thursday 11-10 Friday and Saturday 11-12 Sunday 11-8 Tolks

#### **Appetizers**

jobos i precisettes of confiseart mannete in "A La Bissa" secret sidice.

Chemitics a la Chaluca - Steamert mussels with a worlderful cuillery salad ripes, peopers, leason and an Willa Busal apecial locals 56.50

ia de Polike. Potato dough cake exalang with all Amarild (read and idied with chicken, 55 CO

raires fritos, \$6.00

Nevi or Ground Beets, \$3.00

sing - Plotatoes covered with creamy sauce made with milk, choose and supper \$5,00

Sorollitas de Maiz. \$4,50 each.

Mashed cora wrapped in banana leaves, stuffed with park, \$3.00

#### Salads

major lettery, courtous, psecretary choese and coursy Caran dessing

ace, appears, monate, calcombers and priors, \$3.00

Nigkert St 73

#### Soups

stew (Ascepte de Pallo 57.00

is showador. Chapse de canadrones, \$9,50

arifruella de Mariscos, \$10.00

#### Chicken

kee Aff do Prilio - Streetdard chickers covered in y Pow proper crease, seam chinesis 3,550

Hickory Americande con Polici 17.50

waxe/Polic at Aillo Served with two sides 3300

scharge de Polin eta Merche - Served with two sides 57.50

ad with enemy. Police Englished at \$7.50

#### Beef

néz Chabía de Carrio 57 50

asia - Served with two siles \$12.50

Thaileta Filta - Servell with two sides, \$850

th fried stagin with princip, tornatoes and receive free served with risk.

#### Mashed Fried Plantains/Mofong

Memory de Carlo Gregoria compres al Assa 17200.

English Stratis days as to be \$15000

Physic Peris Salard Reserve con Carrie Fitts - with salads, \$5,50.

#### Seafood

The state of the section of Arman and Marianas - Arman as the section and an in-

Case Received Septemblished Notherlosen Marketik \$12.50

Tigh Couche, Combando Pestado - Frencish restado - Herojuke with a Papul Night by cam, swiet poteto and onlone 5 1000

Supplies this Continue Covide Mindo - From his, squad strain, nessels and est the property of the Continue of

Salver - Compy seafored mole server diwith thy vacce and Eventylan salsa colollar \$12.0

Popula Brisa - Served with two sides, \$700.

Whote deep fried Ked Snapper / Mejaara hita - Served with thre sides, \$860

#### Pastas

Bergin Mangley Californes, Sprites - Hongley acts a feeth years in and talki bankin

Pholip. \$3.00

Churanca 16.00

Spirity Norday, Talke in Settade.

Chicken Polo 38100

Éssélalane, SASO

String Carnarovy 5939

Septopolitarikos, \$14,59

Verygley Varietaley, \$7,00

#### Fried Rice/Arroz Chaufa

Chakervalas \$8.50

House Carama 80.55

Warwing Cambrodes, \$1930

Septomoralaroma, 911.30

#### Sandwiches

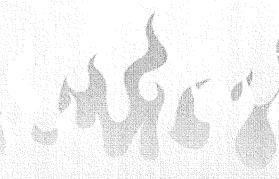
Khicken Saratinch - Circled Clackers with Science, terranound meyomaniscin with

n. Culture sandrrefe - Marc, perk, spermed, hurber, prokins and traise chosen, \$600.

Timek Spingwich - Nork (Spinge, swapprosess), better a and training \$5.50







Anticuchos - Brochettes of cow heart marinate a" secret sauce, \$6.50

ssels/Choritos a la Chalaca - Steamed mussels derful cutlery salad with onions, tomatoes, pepand an "A La Brasa" special touch, \$6,50

/Causa de Pollo - Potato dough cake seasong arillo cream and fresh limejuice stuffed with 00

'Calamares fritos, \$6,00

(Chicken or Ground Beef). \$3.00

luancaina - Potatoes covered with creamy sauce milk, cheese and Peruvian yellow pepper. \$5.00

ticks/Sorullitos de Maiz. \$4.50 each.

Cerdo - Mashed corn wrapped in banana leaves, pork. \$3.00

- d Romaine lettuce, croutons, parmesan cheese. Caesar dressing. \$4.75
- Lettuce, spinach, tomato, cucumbers and io

rasa" chicken, \$6.75

#### Soups

Chicken and rice stew / Asopao de Pollo. \$7.00

Shrimp and potato chowder / Chupe de camaron

Seafood Soup / Parihuela de Mariscos, \$10.00

#### Chicken

Spicy Cream Chicken /Aji de Pollo - Shredded chiered in yellow pepper cream topped with parme cheese, \$7.50

Green rice with chicken / Arroz verde con Pollo. \$

Chicken in garlic sauce/Pollo al Ajillo - Served wit sides, \$8.00

Grilled chicken/Pechuga de Pollo a la Plancha - S two sides, \$7.50

Chicken smothered with onions/Pollo Encebollac

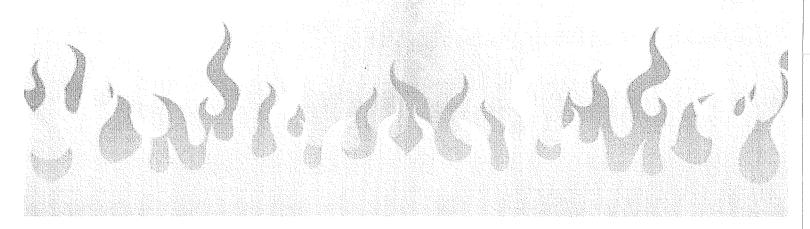
#### Beef

Beef Fried Rice/Arroz Chaufa de Carne. \$7.50

Churrasco A La Brasa – Served with two sides. \$1.

Fried Pork Chops/Chuleta Frita - Served with two \$8.00

Lomo Saltado – Stir fried sirloin with onions, tom-French fries served with rice. \$9.00





#### STATE OF WISCONSIN DEPARTMENT OF REVENUE CUSTOMER SERVICE BUREAU

2135 RIMROCK RD P.O. BOX 8902 Madison, WI 53708-8902 FAX NUMBER: (608) 264-6884

Legal Name: A LA BRASA LLC

**DBA Name:** 

BTR Expiration Date: September 30, 2014

Greeting Letter ID (for registering on My Tax Account): L1992246816

Tax AccountTax Account NumberFiling FrequencySales & Use Tax456-1027854759-02MonthlyWithholding Tax036-1027854759-04Monthly

# A LA BRASA LLC

We have a backroung in catering and Fashion merchandising Design.

We want to expand on Retail Restaurant with unique food that covers Carrbean and South america. One of our chef is from Rorto Rico and two of us from Perú creating a fushion to satisfy all our customers and we plane of having a top cualify tood with a moderate price.

any Cuestions. Please cantact Cynthia Gutierrez 608-444-6126

## **Appointment of New Liquor/Beer Agent**

To be completed by Corporate Officer or Member of LLC
I, Cynthia Gutierrez, officer/member for A La Brasa
(Corporation/LLC), doing business as <u>A la Basa</u> , authorize and appoint
Cynthia Catier res (Name) as the liquor/beer agent for the premise
located at 15 N. Broom St. Madison, CUI 53704
Subscribed and sworn to before me this  Signature of Officer/Member
O1 Day of 25, 20 12
Maimonia Bowciek  Notary Public, Dane County, Wisconsin  MAIMOONA BOWCOCK  NOTARY PUBLIC  STATE OF WISCONSIN
My Commission Expires Nov. 15,2015
To be completed by appointed Liquor/Beer Agent
I, Cynthia Cotierrez, appointed liquor/beer agent for
I, Cyphia Collevez , appointed liquor/beer agent for ALABRASA LLC (name of Corporation or LLC), being first duly sworn
A LA BRASA LLC (name of Corporation or LLC), being first duly sworn
NEW BRASA 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
(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
(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
(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 500 %.
(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 500 %.
(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 500%.  Subscribed and sworn to before me this