

# ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning June 30 2009 ;  
ending June 30 2009 ;

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

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

- 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): Mercado Juarez LLC

An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the name, title, and place of residence of each person

Title	Name	Home Address	Post Office & Zip Code
President/Member			
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<u>MARTIN MIRANDA</u>		
Directors/Managers			

- 3 Trade Name MERCADO JUAREZ LLC Business Phone Number 1608-246-4242

- 4 Address of Premises 147B NORTHPORT DR MADISON WI Post Office & Zip Code 53704

- 5 Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period?  Yes  No

- 6 Is the applicant an 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  No

- 8 (a) Corporate/limited liability company applicants only: Insert state \_\_\_\_\_ and date \_\_\_\_\_ of registration

- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company?  Yes  No

- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin?  Yes  No

(NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)

- 9 Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

- 10 Legal description (omit if street address is given above):

- 11 (a) Was this premises licensed for the sale of liquor or beer during the past license year?  Yes  No

- (b) If yes, under what name was license issued?

- 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

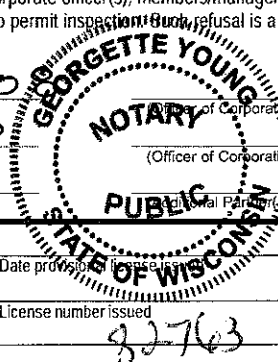
**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by 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 10th day of June, 2009

Georgette Young  
(Clerk/Notary Public)

My commission expires 02-12-2012



Silvia A. Ortiz  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

## TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>6/30/09</u>	Date reported to council/board	Date provided to licensee	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued <u>82763</u>	

11234

①

Applicant's Wisconsin Seller's Permit Number: 456-1024982943-03  
Federal Employer Identification Number (FEIN): 26-2462449

LICENSE REQUESTED	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$ <u>20</u> public
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Wholesale beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$
<b>TOTAL FEE</b>	\$ <u>20</u>

# City of Madison Supplemental Class A License Application

(4)

<input checked="" type="checkbox"/> Seller's Permit Number <input checked="" type="checkbox"/> Federal Employer Identification Number - <i>OK</i> <input type="checkbox"/> Notarized Original Application Form <input checked="" type="checkbox"/> Notarized Supplemental Form	<input type="checkbox"/> Description of Licensed Premise <input checked="" type="checkbox"/> Notarized Appointment of Agent <input checked="" type="checkbox"/> Background Investigation Form(s) <input checked="" type="checkbox"/> Notarized Transfer of Ownership <input checked="" type="checkbox"/> Articles of Incorporation	<input type="checkbox"/> Floor Plans - <i>OK</i> <input checked="" type="checkbox"/> Lease <input checked="" type="checkbox"/> Sample Menu <input type="checkbox"/> Business Plan * Corporation/LLC only
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1. Name of Applicant/Partner/Corporation/LLC           *Mercado Juarez, LLC*            
 2. Address of Licensed Premise           *1417-B - Northport DR - MADISON, WI*            
 3. Telephone Number:           *608 2464242*           4. Anticipated opening date: \_\_\_\_\_  
 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. What type of establishment is contemplated?    Liquor Store    Grocery Store  
 Convenience Store - Gas Pumps    Yes    No    Other—Explain \_\_\_\_\_

9. Business Description:           *Grocery Store MEAT MARKET*          

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.**  
          *1800 SQ FOOT - Grocery Store Retail Space*          

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. \_\_\_\_\_

13. Describe your management experience, staffing levels, duties and employee training:  
          *I AM OWNER -*          

*N/A* 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

Name \_\_\_\_\_ Address \_\_\_\_\_

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

\_\_\_\_\_

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

Beer Advertising - Signs

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

18. Owner of building where establishment is located: Mike Gorman - Tel 249-8223

Address of Owner: 118 - Cumberland - Ln Madison - WI 53714

19. 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

N/A 20. List the Directors of your Corporation/LLC

Name	Address

N/A 21. List the Stockholders of your Corporation/LLC

Name	Address	% of Ownership

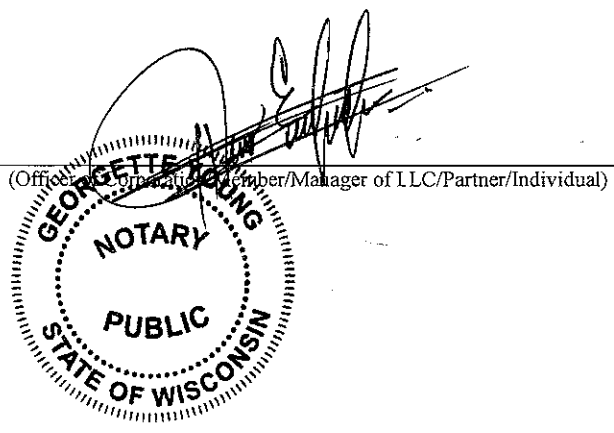
**Read carefully before signing:** Under penalty provided by law, the applicant states that the above information has been truthfully completed to the best of the knowledge of the signer. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the 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 30<sup>th</sup> day of June, 2008

Georgette Young  
(Clerk/Notary Public)

My commission expires 02-12-2012



Copy



WISCONSIN DEPARTMENT OF REVENUE  
PO BOX 8902  
MADISON WI 53708-8902

**State of Wisconsin • DEPARTMENT OF REVENUE**

REGISTRATION UNIT  
2135 RIMROCK RD PO BOX 8902 MADISON, WI 53708-8902  
PHONE: 608-266-2776 TTY: 608-267-1049 FAX: 608-261-6248  
EMAIL: sales10@revenue.wi.gov WEBSITE: www.revenue.wi.gov

ELVIRA G ORTIZ  
108 3RD ST  
BARABOO WI 53913-2422

Letter ID: L0715198592  
Batch Index: 1527056896-102

Wisconsin Department of Revenue

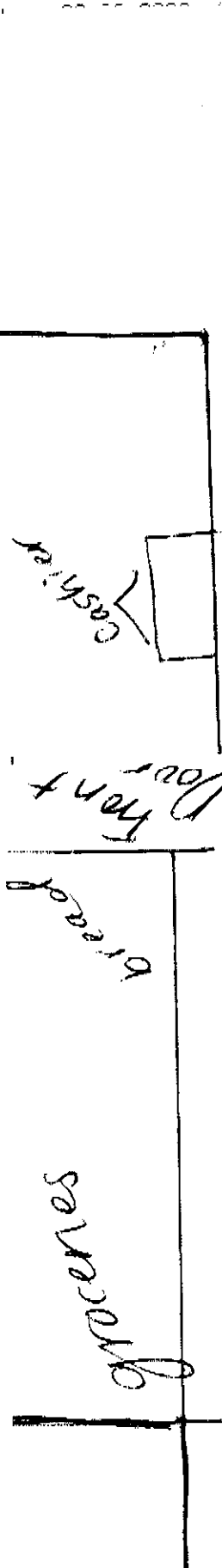
Seller's Permit

LEGAL/REAL NAME: ELVIRA G ORTIZ  
BUSINESS NAME: MERCADO JUAREZ LLC  
1417 NORTHPORT DR  
UNIT B  
MADISON WI 53704-2023

The seller whose name appears above is authorized to engage in the business of selling tangible personal property and taxable services at the location shown. This permit is not transferable and is not valid at any other location. This permit must be conspicuously displayed at the place of business for which issued. Return this permit to the Department if you discontinue sales of taxable property and services at this location.

If your business is not operated from a fixed location, such as craft shows, flea markets, etc., this permit should be displayed or carried with you to the various events.

Tax Type	Account Type	Filing Number	Account Number
Sales & Use	Seller's Permit		456-1024982943-03

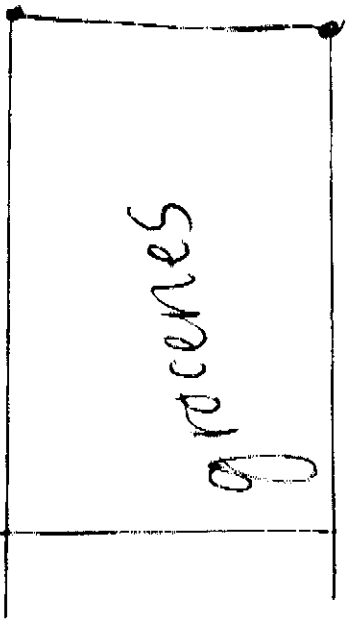


Front Door

Cashier

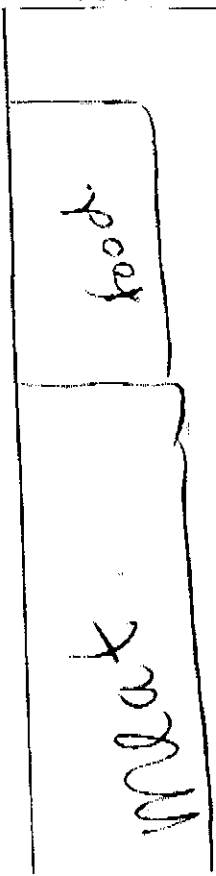
bread

groceries



groceries

groceries



meat

food

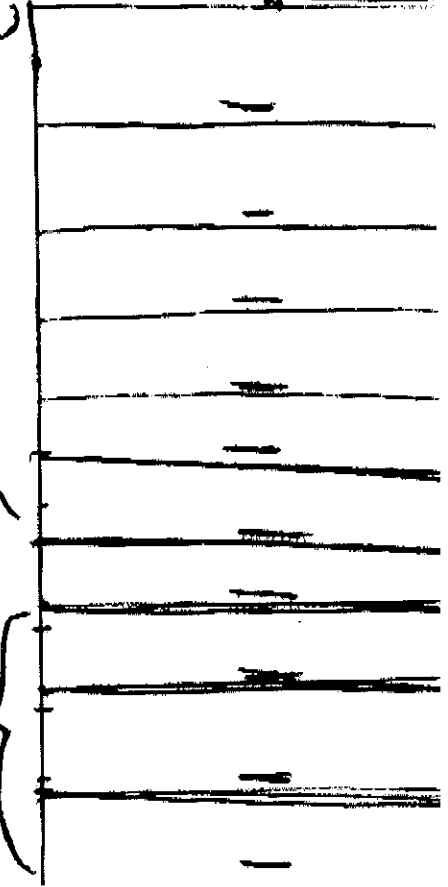


snacks



Dairy Products tortilla  
Sodas etc.

Beer



Fridge.

meat