

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 07-01-2019 ending: 06-30-2020
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } Appleton
 Village of }
 City of }

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

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number ████████████████████	
FEIN Number ████████████████████	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 60 + 7
TOTAL FEE	\$ 667

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
El Sabor Mexican Grill

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 full name and place of residence of each person.

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Santiago</u>	<u>Luis</u>	<u>A.</u>	<u>W5749 Jochmann Dr. Appleton WI. 54915</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name El Sabor Business Phone Number _____
 2. Address of Premises 2190 S Memorial Dr. Post Office & Zip Code 54915

3. 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, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)
The building approximately has 1326 sq. not including the basement and the patio has 1364 sq. the basement has approx. 800 sq. of which we will use to sell alcohol inside of the establishment will be in the dining room and bar, then patio. which is where we will also sell alcohol. We are going to store the alcohol in a storageroom down in the basement as well as storing it in the bar where we will be selling it.

4. Legal description (omit if street address is given above): _____
 5. (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? "Mi casa"

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** Yes No
Already have license beverage - grand chote
7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
If yes, explain.
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** Yes No
9. (a) **Corporate/limited liability company applicants only:** Insert state WI. and date 4-16-19 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** 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? **If yes, explain.** Yes No
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] Yes No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? 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 signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. 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. (Individual applicants, or one member of a partnership applicant must sign; one corporate officer, one member/manager 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.

Contact Person's Name (Last, First, M.I.) <u>Santiago Luis A.</u>	Title/Member <u>Owner</u>	Date <u>05-10-19</u>
Signature <u>Luis A. Santiago</u>	Phone Number <u>[REDACTED]</u>	Email Address <u>[REDACTED]</u>

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5-10-19</u>	Date reported to council / board <u>6-5-19</u>	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	



City of Appleton Liquor License Questionnaire

1. Name of Applicant: Luis A. Santiago
2. Name of Business: El Sabor
3. Address of Business: S Memorial Dr. N^o 2190

4. Have you or any member of your organization ever been convicted of a misdemeanor or ordinance violation? Yes _____ No X
 AND/OR been convicted of a felony? Yes _____ No X
 If yes to either question, please explain in detail: _____

5. List all partners, shareholders or investors. Include full name, middle initial and date of birth. Please use additional sheets if necessary.

<u>Luis</u>	<u>A.</u>	<u>Santiago</u>	<u>08/08/1988</u>
First name	Initial	Last name	Date of Birth
_____	_____	_____	____/____/____
First name	Initial	Last name	Date of Birth
_____	_____	_____	____/____/____
First name	Initial	Last name	Date of Birth
_____	_____	_____	____/____/____
First name	Initial	Last name	Date of Birth

6. Name of person/corporation you are buying the premises and equipment from?

Name: Maica Rodriguez

First name Initial Last name

Address: _____

City, State, Zip: _____

7. What was the previous name and nature of the business operating at this location?

Mc Casa

8. Are alcohol sales an existing use in this building? Yes No
If no, When did the operation cease? 7 Years months ago.

9. Are alcohol sales a new use in this building? Yes No
If yes, please contact the Community Development Department at 832-6468 to obtain a Special Use Permit.

10. Is your primary business restaurant? Yes No

11. Seating capacity: Inside 38 Outside 25

12. Operating hours: Monday-Saturday 11am-9pm Sundays 11am-7pm

13. Number of floor personnel 9 Number of door checkers —

14. In general, state the size, design and type of the proposed establishment and the operational details.
The Building approximately has 1326 sq. not including the Basement and the patio. has 364 sq. the Basement has Approx. 800sq. of which we will use to sell Alcohol inside of the establishment will be in the Dining Room and Bar the Patio which is Where we will Also sell Alcohol We are going to store the Alcohol in a storage room Down in the Basement as well as storing it in the Bar we will be selling it.

05-10-19
Date

Luis A. Satriano
Signature

Reasonable accommodations for persons with disabilities will be made upon request and if feasible.