			FOR CLERKS ONLY		
Form	Original Alcohol Beverage		Appleton ense Period		
AT-106	License Application				
License(s) Requested		1			
Class "A" Beer \$	🗌 "Class A" Liquor \$	License Fees	\$ 10,500		
□ Class "B" Beer \$	□ "Class B" Liquor \$	Publication Fee	\$ 60		
"Class C" Wine \$	"Class A" Liquor (Cider Only)      \$0	Background Check	\$ 14		
Reserve "Class B" Liquor \$10,500	"Class B" (Wine Only) Winery \$	Total Fees	\$ 10,574		
		••••••••••••••••••••••••••••••••••••••			
Part A: Premises/Business Inform					
Legal Business Name (registered entity na	ame or individual's name if sole proprietorship) Ura Meki(an Resta	runt L	LC		
2. Trade_Name or DBA	` Õ	stacnant			
3. Premises Address		P			
1003 West Nort	hland Aue Suite	6. Aldermanic District			
Outagamie	Appleton	0.1.120.110.0			
7. Mailing Address (if different from premises	address)				
8. FEIN REDACTED	9. Wisconsin Seller's Permit Number				
10. Premises Phone	REDACTED 11. Premises Email		,		
920-574-35	-53 lei quadalajara	will be	gmail. com		
12. Entity Type <i>(check one)</i>		~	Donprofit Organization		
13. Premises Description - Describe the building or buildings where alcohol beverages are to be sold and stored. Describe 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 in this application. Attach additional sheets if necessary.					
in the Kit	Restaurant with	Stora	gein		
the Kitchen					

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Part B: Questions	
1. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit a copy of Responsible Beverage Server Training Course Certificate	No
2. Does the applicant business or its partners, officers, directors, managing members, or agent hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)? Yes If yes, please explain using the space below. Attach additional sheets if necessary.	No No

Part C: For Corporate/LLC Applicants Only				
1. State of Registration     2. Date of Registration				
UTScons	_		Aque	
<ol> <li>Is the applicant business owned by and parent company below, include parent company's principal members, manage</li> </ol>	company mem	bers in Part D, and attach directors	n Form AT-103 for all of	f the parent
Name of Parent Company	$\widehat{\mathcal{O}}$	FEIN of Parent		
EL Guadalajura Mexin			·••····	
4. Does the parent company or any of its interest in any other alcohol beverage If yes, please explain using the space	wholesaler or	producer (e.g., brewer, b	rewpub, winery, distille	ery)?
Locelia Com	<b>A</b>	Fore	lia	
5. Agent's Last Name	<u>un</u>	Agent's First Name		Phone
Gorman		Lucelia	•••	REDACTED
Part D: Individual Information				
A Supplemental Questionnaire, Form AT-103, n any parent company as indicated in Part C. Pe or nonprofit organization, all partners of a partn	rsons in the app	licant business include: sole	proprietor, all officers, dire	ectors, and agent of a corporation
List the full name, title, and phone number	for each perso	n below. Attach additiona	I sheets if necessary.	
Last Name	First Name		Title	Phone
Gurman	Luce	lia	Owner	REDACTED
Varquez Jose	-Albe	erto	Owner	REDACTED
Part E: Attestation				
Who must sign this application?				
sole proprietor     one general part	iner of a partne	• one corpora	ate officer • one r	managing member of an LLC
<b>READ CAREFULLY BEFORE SIGNING:</b> Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.				
Signature			Date	3
Name (Last, First, M.L.) Gorman Lucelia				
Title Owner	1	nall Nguadalajara	WI algmail	REDACTED
Part F: For Clerk Use Only         Date application was filed with clerk       Date reported to governing body         Date provisional license issued (if applicable)				
Date license granted	License num	ber	Date license iss	ued
Signature of Clerk/Deputy Clerk				



## **City of Appleton** Alcohol License Questionnaire

1. Name of Applicant: Lucelia Gorman
2. Name of Business: <u>EL Guadalajara Mevican Restauran</u> (Check Applicable Box(s) to identify primary business activity) Restaurant Tavern/Night Club/Wine Bar
Microbrewery/Brewpub Painting/Craft Studio
Other (describe)
3. Address of Business: 1003 West Suite B Northland Ave 54914 Appleton Wi
4. Have you or any member of your organization ever been convicted of a misdemeanor or
ordinance violation? Yes No
AND/OR been convicted of a felony? Yes No
If yes to either question, please explain in detail below:
Ther-False Information There - Raise

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

Lucelia		burman	REDAC/TED	
First name Jose	M.I.	Last name VUZQUEZ	Date of Birth REDACTED	
First name	M.I.	Last name	Date of Birth / /	
First name	M.I.	Last name	Date of Birth / /	
First name	M.I.	Last name	Date of Birth	

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

Name: $N/A$					
First name	Middle Initial	Last name			
Address:		City	, <u>, , , , , , , , , , , , , , , , , , </u>	State ZIP	

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

location?		$\subset$	1	a f		$\bigcirc$	1
Name:	EL	$Q \cup \varphi$	idata jar	a M	exican	Kes	taunort
(Check	Applicable B	ox(s) to iden	ntify primary busine	ss activity)			· · ·
🗭 Re	estaurant						
ПТа	wern/Night C	lub/Wine Ba	ar				
	icrobrewery/I	Brewpub					
Pa	inting/Craft S	studio					
Dot	ther (describe	)					

8. Was this premise licensed for alcohol sales/consumption during the past license year?

Yes // If yes, please contact the Community and Economic Development Department at 832-6468 about obtaining a copy of an existing Special Use Permit and related requirements that may run with property.

**No**\_\_\_\_\_\_ If no, please contact the Community and Economic Development Department at 832-6468 about obtaining a Special Use Permit. A Special Use Permit may be required for your business activity prior to the issuance of a Liquor License, pursuant to the City of Appleton Zoning Ordinance.

9. If alcohol sales were a previous use in this building, when did the operation cease? months ago.

10. Seating capacity: Inside 50	Outside	JO
11. Operating hours (Inside the building): Operating hours (Outdoor seating areas):		9. PM
12. Employees/Staff Number of floor personnel	Number of door checkers	
13. In general, state the size and operational d	etails of the proposed es	stablishment:
<ul> <li>a. Gross <u>floor building area</u> of the premises the Gross <u>outdoor seating</u> areas of the premises.</li> <li>b. Below, identify the operational details of the premises of the premises</li></ul>	es to be licensed: he proposed establishme	square feet.
dichol		

ucelia Gurmon

<u>+-12-2023</u>

Signature

## Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

Town
To the governing body of: Village of APPLETON County of OCHAGAME
✓ City
The undersigned duly authorized officer/member/manager of EL Guadala March Mexican Restaine ht (Registered Name of Organization or Limited Liability Company)
a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as
EL Guadalalara Mexican Kestaunant
located at 1003 West suite B Northland Ave 54914 Appleton wi
appoints Lucelia Gurman
Name of Appointed Agent) 1409 Grignon St Green Bay 411 5430/ (Home Address of Appointed Agent)
to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/ organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?
Yes Mo If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).
Is applicant agent subject to completion of the responsible beverage server training course?
How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin?64ears
Place of residence last year 1409 Grignon St Green Bay W1 54301
For: EL Guadalajara M-exican Restaurant
By: LUCELIG GETEMON
(Signature of Officer / Member / Manager)
Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.
ACCEPTANCE BY AGENT
I, <u>AUCELIA</u> ( <i>Octmon</i> ), hereby accept this appointment as agent for the ( <i>Print / Type Agent's Name</i> )
corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.
(Signature of Agent) 7-12-23 Agent's age REDACTED
1409 Grignon St Green Bay Wi Date of birth 51 (Home Address of Agent) Date of birth 51
APPROVAL OF AGENT BY MUNICIPAL AUTHORITY (Clerk cannot sign on behalf of Municipal Official)
I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on	by	Title	
(Date)	(Signature of Proper	Local Official) (Town Chair	r, Village President, Police Chief)
AT-104 (R. 4-18)			Wisconsin Department of Revenue