

Form

AB-200

# Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	

License(s) Requested: (up to two boxes may be checked)

<input type="checkbox"/> Class "A" Beer ..... \$ _____	<input checked="" type="checkbox"/> Class "B" Beer ..... \$ _____
<input type="checkbox"/> "Class A" Liquor ..... \$ _____	<input type="checkbox"/> "Class B" Liquor ..... \$ _____
<input type="checkbox"/> "Class A" Liquor (cider only) \$ _____	<input checked="" type="checkbox"/> Reserve "Class B" Liquor \$ _____
<input type="checkbox"/> "Class C" Liquor (wine only) \$ _____	

Fees	
License Fees	\$ _____
Background Check Fee	\$ _____
Publication Fee	\$ _____
<b>Total Fees</b>	\$ _____

**Part A: Premises/Business Information**

1. Legal Business Name (individual name if sole proprietorship)

LUCENO'S MEXICAN RESTAURANT, INC

2. Business Trade Name or DBA

3. FEIN

4. Wisconsin Seller's Permit Number

456-1032203668-04

5. Entity Type (check one)

<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Nonprofit Organization
--	--------------------------------------	--	---	---

6. State of Organization

WI

7. Date of Organization

10-28-2025

8. Wisconsin DFI Registration Number

9. Premises Address

3401 E EVERGREEN DR

10. City

APPLETON

11. State

WI

12. Zip Code

54913

13. County

OUTSKIRTS

14. Governing Municipality:  City  Town  Village

of: APPLETON

15. Aldermanic District

16. Premises Phone

(920) 398-2476

17. Premises Email

FECTA121@YAHOO.COM

18. Website

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

RESTAURANT WITH 180 SEATING INSIDE AND 44 OUTSIDE  
SEATING. SEPARATE KITCHEN. 5544 SQ FT

20. Mailing Address (if different from premises address)

N 474 EISENHOWER DR

21. City

APPLETON

22. State

WI

23. Zip Code

54915

**Part B: Questions**

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages.  Yes  No  
If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . .  Yes  No beverages.

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . .  Yes  No If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? . . . . .  Yes  No If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
-----------------------------	--------------------------

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. . . . .  Yes  No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? . . . . .  Yes  No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? . . . . .  Yes  No

#### Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
MONTALVO	FR	OWNER	

#### Part D: Attestation

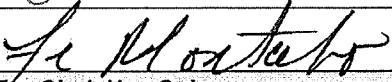
One of the following must sign and attest to this application:

• sole proprietor      • one general partner of a partnership      • one corporate officer      • one member of an LLC

**READ CAREFULLY BEFORE SIGNING:** 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.

Last Name	First Name	M.I.
MONTALVO	FR	

Title	Email	Phone
OWNER		

Signature	Date
	12-09-25

#### Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
---------------------------------------	----------------	----------------------	---------------------

Signature of Clerk/Deputy Clerk	Date Provisional License Issued (if applicable)
---------------------------------	---

**Agent Type (check one)**

Original (no fee)  Successor (\$10 fee for municipal licensees only)

**Part A: Business Information**

1. Legal Business Name (individual name if sole proprietor)

**LUCENO'S MEXICAN RESTAURANT, INC**

2. Business Trade Name or DBA

3. Entity Type (check one)

Limited Liability Company  Corporation  Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

Municipal Retail License  State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

6. Describe the reason for appointing a successor agent, if successor is checked above.

**Part B: Agent Information**

1. Last Name

**MONTALVO**

2. First Name

**FE**

3. M.I.

4. Email

5. Phone

6. Home Address

**1808 VANDENBERG LN**

7. City

**KAUKAUNA**

8. State

**WI**

9. Zip Code

**54130**

10. Age

11. Drivers License/State ID Number

12. Drivers License/State ID State of Issuance

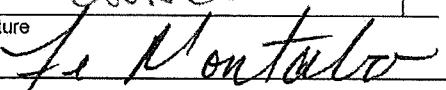
**Part C: Agent Questions**

1. Have you satisfied the responsible beverage server training requirement? .....  Yes  No  
Submit proof of completion.
2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire*? .....  Yes  No  
Submit a completed Form AB-100 with this form.
3. Have you been a Wisconsin resident for at least 90 continuous days? .....  Yes  No  
See instructions for exceptions.

*Continued →*

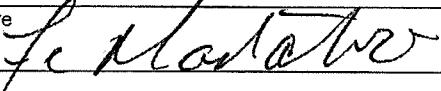
**Part D: Business Attestation**

READ CAREFULLY BEFORE SIGNING: I, the Undersigned, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I 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.

Last Name MONTALVO	First Name FE	M.I.
Title OWNER	Email	Phone
Signature 	Date 12-04-25	

**Part E: Agent Attestation**

READ CAREFULLY BEFORE SIGNING: I, the Agent, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. 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.

Last Name MONTALVO	First Name FE	M.I.
Signature 	Date 12-04-25	



# City of Appleton

## Alcohol License Questionnaire

1. Applicant Name: FE MONTALVO

2. Business Name: LUCELO'S MEXICAN RESTAURANT, INC

Date the LLC/corporation/partnership/sole proprietorship commenced: 10/28/2025

NOTE: A copy of a business's Wisconsin Department of Revenue Seller's Permit is required to be submitted with an alcohol license application.

3. Business Address: 3401 E. EVERGREEN DR., APPLETON, WI 54913

4. Primary Business Activity:

- Restaurant
- Tavern/Night Club/Wine Bar
- Painting/Craft Studio
- Other (describe) \_\_\_\_\_

5. Select the type of business premises:  Existing Building  New Construction

If existing building, please indicate the primary nature of the previous business that operated at this location: MEXICAN RESTAURANT

If existing building, will there be construction or renovations?  Yes  No

If yes, explain \_\_\_\_\_

NOTE: Contact the Inspections department (920-832-6411) for information on building codes and permits.

6. Do you lease or own the building?  Lease  Own

NOTE: Proof of control of premises is required to be submitted with an alcohol license application.

Acceptable documents include a lease or purchase agreement.

What is the date of purchase or the date the lease began? DEC 05 2025

7. Did you purchase the business from another individual or entity?  Yes  No

If yes, is your acquisition of the business based upon an "arm's length transaction"?

An arm's length transaction is defined as an open market sale in which the owner is willing but not obligated to sell, and the buyer is willing, but not obligated to buy.

Yes  No

If yes, are you related to the former business owner/licensee by blood, adoption, or marriage?

Yes  No

Did you hold ANY interest in the previously licensed business, or related real estate or equipment used by the previous business?

Yes  No If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Anticipated date of opening? JANUARY 2ND . 2024

9. Will your business sell or serve food?

Yes  If yes, please describe the type of food offerings available MEXICAN FOOD  
\_\_\_\_\_  
No

10. Fill in the information about operational details listed below. Attaching a copy of the floor plan is encouraged.

Seating Capacity: Inside: 180  
Outside: 44

Operating Days/Hours: Inside: 11-AM - 10 PM 7 DAYS  
Outside: 11-AM - 10 PM 7 DAYS

Employees/Staff (per shift/day) Number of Personnel: 15

Approximate floor building area of the premises to be licensed: 5000 sq. ft.

Approximate outdoor area of the premises to be licensed: 544 sq. ft.

Summarize the day-to-day operations of the business in the space below:

MEXICAN RESTAURANT, SERVING DRINKS  
AND FOOD

I, the applicant, understand that providing materially false information on this or any application for a license or permit under State Statute §125 is subject to civil, monetary, and license penalties. I understand that providing false information to a police officer in conjunction with the required background check for this application is subject to criminal and civil prosecution as "obstructing an officer".

J. Martinez  
Signature

12-04-25  
Date