

New Liquor License Packet

The first time you arrive at the Clerk's Office you will be given this packet. Included in this packet are:

- Application
- Business Plan Questionnaire
- Directions for Scheduling Inspections
- Good Neighbor Meeting Directions
- What's Next?

In order for your application to be accepted you **MUST** provide:

- Completed Application (including this packet)
- Conditional Surrender of License (if taking over a current license)
- Auxiliary Questionnaire Form (1 per each officer of the business and agent listed on the application)
- Schedule of Appointment of Agent
- Business Plan Questionnaire
- Proof of FEIN
- Proof of WI Sellers Permit

Before your license will be issued the following **MUST** be completed:

- Proof of Responsible Beverage Course
- Attend a Public Safety and Licensing Committee Meeting
- Attend a Good Neighbor Meeting
- Common Council Approval (it is not mandatory to attend this meeting)
- All department sign offs must be complete
 - It is your responsibility to call the people/departments listed below to setup appointments to have your premise inspected.
 - Environmental Health Department - located at City Hall in Room 1 (262) 636-9203
 - Building Department – located at City Hall in Room 304 (262)636-9464
 - Fire Department – located in the City Public Safety Building (262) 635-7915

Business Name: Taqueria Gran Morelos LLC

Business Address: 1141 N. Memorial Dr. Racine, WI 53404

DBA Name: Taqueria Gran Morelos LLC

District: 8 Your Business Alder: Q.A. Shaheer Alder Phone: (262) 637-5421

Public Safety and Licensing Date: 12/10/19 at 5:30PM in Room 307 (your appearance is mandatory)

Good Neighbor Meeting: 12/5/19 at 3:45 pm in Room 303 (you appearance is mandatory)

Printed Name: Vincent Esqueda Signature: Vincent Esqueda

BUSINESS PLAN QUESTIONNAIRE

Business Owner/ Ownership Entity Vincent Esqueda OFFICER

Trade Name Taqueria Gran Morelos LLC

Business Address 1141 N. Memorial Dr. Racine, WI 53404

Website taqueriagranmorelos.co

Business Email Address N/A

Agent Name Cinthia V. Esqueda

Agent Home Address 1117 N. Memorial Dr Upper Racine, WI 53404

Agent Emergency Contact Number (918) 568-2341

Agent Email Address Cinthia.esqueda97@gmail.com

Who intends to be mainly in charge of daily operations? Cinthia Esqueda / Agent

Is your business currently open? Yes No

If no, please complete the following Statement of Intent:

I understand that the granting of this license would be conditional on my being able to operate within 6 months of common council approval. I intend to operate under the license within six months of common council approval. If I am not able to operate within 6 months, I may request a one-time extension of up to 3 months. If I am still not actively operating under the license within 9 months of common council approval, my license will be considered denied and I will have to re-apply for a new license. V.E. Initials.

What is your estimated gross monthly revenue for each of the following categories:

2,500 Alcoholic beverages

40,000 Food

_____ Other (please specify)

How many people do you intend to employ full time? 5

How many people do you intend to employ part time? 5

What is the square footage of the premise to be licensed? 852'

* What is your best estimation of the value of the business? AROUND \$200,000

Please describe the current parking situation.

Private Parking in the rear side of building for a minimum of 10 vehicles, also public parking on the streets.

Please describe how you intend to handle crowds, during both regular business hours and at bar close.

* Make sure we are fully staffed and manager is on duty to handle any inconveniences.

* Describe the business that you are buying/opening.

Authentic Mexican restaurant. Also serving beer and alcoholic drinks.

* How will your establishment affect the quality of life for the citizens of Racine?

Making improvements to the neighborhood and local business around. Creating jobs.

Does the location that you are applying for already have an alcohol license? Yes

If yes, what type of alcohol license? CLASS B.C.

* Are you or the corporation buying the building or leasing it? Buying / Leasing

* Will you be doing any remodeling; and if so, what are your plans?

In process of completing renovations in our establishment

* What type of experience do you have that would prepare you for this type of business?

L. Vincent Esqueda have been in business for over 30 years.

What will your hours of operation be?

- Monday 10am - 9pm
- Tuesday 10am - 9pm
- Wednesday 10am - 9pm
- Thursday 10am - 9pm
- Friday 10am - 12am
- Saturday 8am - 12am
- Sunday 8am - 12am

Will you be offering food? If so, what type of menu will you have? Do you have a kitchen? (Please attach a copy of your menu if available)

Yes, authentic Mexican dishes.

How many customers do you expect on your busiest days? 150-250

How do you intend to handle litter and garbage?
We are currently doing business with waste management, waste disposal and recycling

How will noise at the premise be addressed?
Loud music won't be used. Any customer's conflicts manager will handle properly and/or involve any other third parties to solve.

What is your security plan?
25 cameras all ground business, constantly recording, stays on file for 30+ days.

What type of video surveillance do you intend to have on the premise (please list equipment)?
Alarm and camera security provided by Century Security. Software name NTSC/PAL
model # ED8 (032115-D)

Will music be played at your location? Yes No
If yes, how will music be played? Jukebox Live DJ Radio Other

Original Alcohol Beverage Retail License Application
(Submit to municipal clerk)

For the license period beginning: _____ ending 06/30/2020

To the Governing Body of the: Town of } Madison
 Village of }
 City of }
 County of Madison Aldermanic Dist. No. 8
 (if required by ordinance)

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

Applicant's Wisconsin Seller's Permit Number <u>456-1027317078-03</u>	
FEIN Number <u>27-3117680</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (older only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
Esqueda, Vincent Taqueria Gran Morelos 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 full name and place of residence of each person.

President / Member Last Name <u>Esqueda</u>	(First) <u>Vincent</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>8925 Oldspring St. 53406</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 <u>Esqueda</u>	(First) <u>Cynthia</u>	(Middle Name) <u>V</u>	Home Address (Street, City or Post Office, & Zip Code) <u>1117 N. Memorial Dr. Upper 53404</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

- Trade Name Taqueria Gran Morelos Business Phone Number (262) 638-1141
- Address of Premises 1141 N. Memorial Dr. 53404 Post Office & Zip Code 53404

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.)
Storage room in basement. under lock and key. Agent, Cynthia Esqueda who is also the manager has the access to there. Glass shelving will be placed behind bar area.

- Legal description (omit if street address is given above): _____
- (a) Was this premises licensed for the sale of liquor or beer during the past license year? X YES
 (b) If yes, under what name was license issued? Cynthia V. Esqueda

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
Agent, Cynthia Esqueda completed course
JUNE, 2019
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 _____ of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? If yes, explain Yes No
Supermercado Givan Moxerus LLC
- (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
 If yes, explain.
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>Esqueda Vincent</u>	Title/Member <u>Officer</u>	Date <u>11/21/19</u>
Signature <u>Vincent Esqueda</u>	Phone Number <u>(262) 344-1965</u>	Email Address <u>esqueda65@yahoo.com</u>

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name) Esqueda (first name) Vincent (middle name)	
Home Address (street/route) 8925 Old Springs St	Post Office 53406 City Mt. Pleasant State WI Zip Code 53406
Home Phone Number 262 800 3811	Age _____ Date of Birth _____ Place of Birth Mexico

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an individual.
 A member of a partnership which is making application for an alcohol beverage license.

Vincent Esqueda of **Taqueria Gran Morelos LLC**
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? 15 + yrs
 2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)

Disorderly Conduct 2019

3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending. Disorderly Conduct 2019 Pending Court

4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. Class B & C Taqueria Gran Morelos LLC
(Name, Location and Type of License/Permit)

5. Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. Class A Retail Supermarket Gran Morelos LLC
(Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
<u>Self-employed</u>		<u>35+ years</u>	
Employer's Name	Employer's Address	Employed From	To

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application, that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Vincent Esqueda
(Signature of Named Individual)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Esqueda		Cinthia		Vanessa	
Home Address (street/route)		Post Office	City	State	Zip Code
1117 1/2 N. Memorial Dr.			Racine	WI	53404
Home Phone Number		Age	Date of Birth	Place of Birth	
(918) 568-2341				Waukegan IL	

The above named individual provides the following information as a person who is (check one):

Applying for an alcohol beverage license as an individual.

A member of a partnership which is making application for an alcohol beverage license.

Vincent Esqueda of Taqueria Gran Morelos LLC
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? 2+ years
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. *(If more room is needed, continue on reverse side of this form.)*
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. CLASS B,C
(Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify.
(Name of Wholesale Licenses or Permittees) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Supermercado Gran Morelos	1105 N Memorial Dr.	Feb. 2016	Present
Taqueria Gran morelos	1141 N. Memorial Dr.	Jan. 2019	Present

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Cinthia V Esqueda
(Signature of Named Individual)

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.

To the governing body of: Town
 Village of Racine County of Racine
 City

The undersigned duly authorized officer/member/manager of Taqueria Gran Morelos LLC
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as

Taqueria Gran Morelos
(Trade Name)
located at 1141 N. Memorial Dr. Racine WI 53404

appoints Cynthia Vanessa Esqueda
(Name of Appointed Agent)
1117 N. Memorial Dr. Upper. Racine WI 53404
(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 No 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? Yes No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 7+ years

Place of residence last year 1117 N. Memorial Dr. Upper, Racine WI 53404

For: Taqueria Gran Morelos LLC
(Name of Corporation / Organization / Limited Liability Company)

By: Cynthia Esqueda
(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, Cynthia Vanessa Esqueda, hereby accept this appointment as agent for the
(Print / Type Agent's Name)

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.

Cynthia V Esqueda 11/21/19 Agent's age, _____
(Signature of Agent) (Date)
1117 N. Memorial Dr. Racine WI Date of birth, _____
(Home Address of Agent)

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, Village President, Police Chief)

AMOUNT - \$ 5.00
"CLASS B" - \$10.00

Expires June 30, 20
FEIN#: 27-317680

CITY OF RACINE
APPLICATION FOR NONINTOXICATING BEVERAGE LICENSE

I/WE HEREBY APPLY FOR A LICENSE TO SELL AND/OR SERVE IN THE CITY OF RACINE FROM DATE HEREOF UNTIL JUNE 30, 20__ (UNLESS SOONER REVOKED), BEVERAGES OF LESS THAN ONE-HALF (1/2) OF ONE (1) PER CENTUM OF ALCOHOL BY VOLUME SUBJECT TO THE LIMITATIONS IMPOSED BY SECTION 66.0433(1) OF THE WISCONSIN STATUTES, AND HEREBY AGREE TO COMPLY WITH ALL LAWS, RESOLUTIONS, ORDINANCES AND REGULATIONS AFFECTING THE SALE OF SUCH BEVERAGES.

PLEASE ANSWER THE FOLLOWING QUESTIONS FULLY AND COMPLETELY:

(Check One:) BUSINESS IS:

CORPORATION PARTNERSHIP INDIVIDUAL
 OTHER LLC

(Please specify)

PLEASE SUPPLY:

LEGAL NAME OF BUSINESS (OWNER): Taqueria Fran Morelos / Vincent Esqueda

TRADE NAME: Taqueria Fran Morelos LLC

BUSINESS ADDRESS: 1141 N. Memorial Dr. Racine, WI 53404

BUSINESS TELEPHONE: (262) 638-1141 ZIP CODE: 53404

HOME ADDRESS: 8925 Old Spring Street

CITY Mt. Pleasant STATE WI ZIP CODE 53406

HOME TELEPHONE: (262) 800-3811

Vincent Esqueda
SIGNATURE OF APPLICANT

Vincent Esqueda
(Please print Name)

DATE OF BIRTH

SIGNATURE OF PARTNER (IF APPLIES)

(Please print Name)

DATE OF BIRTH

11/21/19
DATE