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: 141 N. Memorial Dr. Phacine, WI 53404
DBA Name: Taqueria Gran Morelos uc.
District: 8 Your Business Alder: Q.A.Shahaar Alder Phone: (202) 637 - 5421
Public Safety and Licensing Date: $\frac{ 2 0 / 9 }{ 19 }$ at 5:30PM in Room 307 (your appearance is mandatory)
Good Neighbor Meeting: 12 5 19 at 3:45 m in Room 303 (you appearance is mandatory)
Good Neighbor Meeting: 12 5 / 19 at 3:45 m in Room 303 (you appearance is mandatory) Printed Name: Vincont Esquada signature: West Esquada

BUSINESS PLAN QUESTIONNAIRE

Business Owner/Ownership Entity Vincent Esqueda OFFICER
Trade Name Taqueria firan Morelos UC
Business Address 1141 N. Memorial Dr. Pracine, WI 53404
Website <u>taqueria granmorelos</u> . Co
Business Email Address N/A
Agent Name Cinthia V. Esqueda
Agent Home Address 1117 N. Memoriau Dr. Upper Placine, WI 53401
Agent Emergency Contact Number (918) 568-3341
Agent Email Address Cinthia. esqueda 97 agmail. com
Who intends to be mainly in charge of daily operations? <u>Cinthia Esqueda/ Agent</u>
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.
What is you estimated gross monthly revenue for each of the following categories: 2,500 Alcoholic beverages Food
Other (please specify)
How many people do you intend to employ full time?
How many people do you intend to employ part time?
What is the square footage of the premise to be licensed? 852
What is your best estimation of the value of the business? TROUND \$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. Nake sure we are fully staffed and manager 15 on duty to handle any inconviewes. 2

Describe the business that you are buying/opening. HUTMINTIC MUXICAN RISTARBUT MSO SUVING DILLY AND DICHOIC AKINKS.
How will your establishment affect the quality of life for the citizens of Racine? ARING IMPROVEMENTS TO THE NEW NOTION AND LOCAL DISTURBED TO CHEATINGS JOBS.
Does the location that was a second of the s
If yes, what type of alcohol license? OICISS 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 growings mou
What type of experience do you have that would prepare you for this type of business?
tok over 30 years. Have been in buishess
V
What will your hours of operation be?
Monday 10 am - 9 pm Friday 10 am - 12 am
Wednesday 10am-9 pm Saturday 8am - 12am Sunday 8am - 12am
· Thursday 10am - 9pm
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 managment waste desposal and recycl	ing
	0
How will note at the promise he address do	
How will noise at the premise be addressed?	
hanager will hanale properly and love involve	I
any other third parties to solve	
The state of the s	
What is your security plan?	
L5 cameras all ground business, Consto	inli
recording, stays on file top 30 + daix.	ШІС
3	
What type of video supvoillance do you intend to be a set of the s	
What type of video surveillance do you intend to have on the premise (please list equipment)?	
CENTRY and Camera Security provided by	
Moder # ED8(032+15-D)	
	_
Vill music be played at your location? Yes No	
f yes, how will music be played? Jukebox Live DJ (Radio Other	

Original Alcohol Be (Submit to municipal clerk)	verage Retail			Applicants Wisconsin Sallers But 45 6 -10213	7078-03
For the license period beginning	g:	ending 0	(0/36/2020)	TYPE OF LICENSE	PEE
county of 1hacine	City of	Aldermanic (if required	c Dist. No. Oby ordinance)	REQUESTED Class A beer Class B beer Class C wine Class A liquor Class A liquor (cider only) Class B liquor Reserve Class B liquor Class B (wine only) winery Publication fee TOTAL FEE	3 5 5 5 5 5 N/A 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Name (individual / partners give last n	ame, first, middle; corpore	-	compenies give registered	name)	110
Itsqueda, Vi	ncent	$-1\alpha Q$	ueria bi	ran Morelos	
An "Auxiliary Questionnaire by each member of a partner each member/manager and a	rship, and by each	officer, director	and agent of a corp	poration or nonprofit orga	nization, and by
President / Member Last Name	(First)	(Middle Name)	Home Address (Street, Cit	y or Post Office, & Zip Code)	
tsqueaa	Vincent		8925 Old	ispring St. E	53406
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, Cit	y or Post Office, & Zip Code)	
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, Cit	y or Post Office, & Zip Code)	•
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City	y or Post Office, & Zip Code)	
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City	y or Post Office, & Zip Code)	
ESQUEDO Directors / Managers Last Name	Cinthia (First)	(Middle Name)	MA CILL	MOVICUL DY. OF	17er 53404
L	7.27				
1. Trade Name Taque				Number (262) 6	
2. Address of Premises					<u> </u>
 Premises description: Des applicant must include all r storage of alcohol beverag described.) 	ooms including livin	g quarters, if use	ed, for the sales, serv	ice, consumption and/or	·
100 S TOR	JOB K	DOVN 1	n page	ment un	lev
who is also the manager has the					
De prone	t benir	9 00	K CLEO	ig will	
4. Legal description (omit if str	eet address is given	above):			,
5. (a) Was this premises licens	sed for the sale of liq	uor or beer durin	g the past license yea	or?	X-162.
(b) If yes, under what name	was license issued?	UINT	thia V	Esqueda	11 100

AT-100 (R 3-19)

Wisconsin Department of Revenue

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	s 🗆 No
7.	Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant?	Yes	s XNo
8.	Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? If yes, explain	- ,	i ∕ ∕No
9.	(a) Corporate/limited liability company applicants only: Insert state	. /	□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.		- /
	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]	7	□ No
12.	Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?	Yes	□ No
than assig Corn	sest of the knowledge of the signer. Any person who knowingly provides malerially false information on this application may be required \$1,000. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if pred to another, (Individual applicants, or one member of a partnership applicant must sign; one corporate officer, one member/manage panies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspect admension and grounds for revocation of this license.	d to forfeit a	not more III not be
Signal	Squeda VINCent Deficer Dam 1121 Live Home Number 202344-1965 Esqued	10	1 Qyanoo com
Date is	E COMPLETED BY CLERK Econved and Red with municipal clerk Date reported to council / bookd Date provisional license issued Synchrol of Clerk / Deputy Clerk Cense granted Date license issued License	The second state of the se	
A1-106	(R 3-19)		and the second s

Auxiliary Questionnaire Alcohol Beverage License Application

Fost Office Post	Submit to municip	al clerk.	
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or municipality? Are charges pending. (If more room is needed, continue on reverse side of this form.) 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 country or municipality? Do you hold, are you making application for or are you an officer, director) or applying for any other alcohol beverage license or permit? Do you hold, are you making application for or are you an officer, director) or applying for any other alcohol beverage license or permit? 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. 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. 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. Drewery wherey permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? (Name of Wholesale Usensee or Permittee) Passes By City and County of the charge and person of the charge free to be a permitted and person of the charge and person of the charge free to be a permitted and person of the charge free to be a permitted and person of the charge free to be a permitted and person of the charge free to be a permitted and person of the charge free to be a permitted and person of the charge free to be a permitted and person of the charge free to be a permitted and person of the charge free to be a permitted and person of the charge free to be a permitted and person of the charge free to be a permitted and person of the charge free to be a permitt	Have you ever been convicted of any offenses (other than traffic unrel	ated to alcohol beverages) for	
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Creative of Wholesale Dense or Permittee) Name of Wholesale Dense or Permittee Dense of the Space of the Spa		u Conduct	2019 Dance
Creative of Wholesale Dense or Permittee) Name of Wholesale Dense or Permittee Dense of the Space of the Spa	Do you hold, are you making application for or are you an officer, direc	tor)or agent of a corporation/nor	oprofit Court
If yes, identify. Class BEC Tagueria from Moreurs income and type of License Permit Class A' Pueta Andrews and type of License Permit Class A' Pueta Andrews and type of License Permit Class A' Pueta Andrews Andrews and type of License Permit Class A' Pueta Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Benefit Andrews Benefit Andrews Benefit Benefit Andrews Benefit Benef	organization or member/manager/agent of a limited liability company h	olding or applying for any other	alcohol .
Do you hold and/or are you an officer, director, stockholder, adent or employe of any person or composition or member hanger/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 Dicensee or Permittee) Names individual must list in chronological order last two employers. Employer's Address AD CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersinged states that each of the above questions have			Yes No
Do you hold and/or are you an officer, director, stockholder, adent or employe of any person or corporation or member hanger/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?	Clouds Dy-C	a tran More	10x TIC
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(Name of Wholesale Deensee or Permittee) (Name of Wholesale Deense or Perm	and a serial ser	ng for a wholesale beer nem!	14
Names individual must list in chronological order last two employers. Services in the services and county and	If yes identify	mit in the State of Wisconsin?	Yes No
Names included must list in chronological order last two employers. Second 1 1/2-12 Second 1 1/2-12 To		***	
E-point 1 to Self-CM Employer's Audiess 35+ UPON From To		(Accress By	City and County)
AD CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has	England Alternational State of the Company of the C		•
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	AD CAREFULLY BEFORE SIGNING: Under penalty provided by law	the undersinged states that and	th of the should supplied be-
	Transity answered to the best of the knowledge of the signer. The sig	navanting and that the are	

acclication that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and comes. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under censor of state law, the applicant may be prosecuted for submitting faise statements and affidavits in connection with this application, any cersor who knowingly provides materially false information on this application, may be required to forfeit not more than \$1,000.

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

feet Street Salah Street						
Individual's Full Name (please print) (last n	ame)	(first name	,, .,	("	iddle name)	
Home Address (street/route)	aveaa	UID	thia		MIESSU	
1117 Yz N. Memo	Post Office		Racin		VI 53404	г
Home Phone Number		Age	Date of Birth		ace of Birth	
(918) 568-2341		16-		\	Naukegan	1
The above named individual provides Applying for an alcohol beverage			on who is (check	one):	Ü	
A member of a partnership which			al barrara i'			
VINCENT ESCI	ueda of .	Taau	eria G	Yan Mo ed Liability Company or N	Velos LLC	
which is making application for ar	alcohol beverage licer	nse.				
The above named individual provides	the following information	on to the lice	nsing authority:	*		
1. How long have you continuously re				Jears		
2. Have you ever been convicted of a	iny offenses (other than	n traffic unre	ated to alcohol b	everages) for		
violation of any federal laws, any V	Visconsin laws, any law	s of any oth	er states or ordin	ances of any cour		
or municipality?	ed trial court trial data	and panelty			Yes	No
status of charges pending. (If more	room is needed, continue	and penalty on reverse s	imposed, and/or	date, description	and	
3. Are charges for any offenses prese	ently pending against yo	ou (other tha	n traffic unrelated	d to alcohol bever	ages)	
for violation of any federal laws, an municipality?					y or	
If yes, describe status of charges p	endina		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	🗌 Yes 💢	No
4. Do you hold, are you making applic	ation for or are you an	officer, direc	tor or agent of a	corporation/nonnr	ofit	
organization or member/manager/a	igent of a limited liabilit	y company l	olding or applyin	g for any other ald	cohol /	
beverage license or permit?	<i>p</i>	• • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •		10
in yes, identity	, P'C	Name. Location a	nd Type of License/Pern	niti	•	
5. Do you hold and/or are you an offic	er, director, stockholde	r, agent or e	mplove of any pe	rson or comoratio	n or	
member/manager/agent of a limited	liability company hold	ing or applyi	ng for a wholesal	e beer permit		
brewery/winery permit or wholesale	liquor, manufacturer o	r rectifier pe	mit in the State of	of Wisconsin?	🗌 Yes 🐰 I	No
If yes, identify.						
Named individual must list in chronic	Wholessle Ucensee or Permitte			(Address By Cit)	and County)	
Employer's Name	Employer's Address		N I	Employed From	To	\neg
Supermercado E	van Movelo	(NAPY	novial or	Feb. 201		
	ampioyor a riddi caa	-	1	Employed From	1100011	\dashv
laqueria Gran mo	Heloc 1141 N	·Mem	orial Dr.	Jan. 2019	*Present	
					*	
READ CAREFULLY BEFORE SIGNIN	G: Under penalty prov	ided by law,	the undersigned	states that each of	of the above questions h	as
been industrially answered to the best of	the knowledge of the si	ianer. The si	oner agrees that	he/she is the nere	on named in the foresti	
application; that the applicant has read a correct. The undersigned further unders	tands that any license is	ssued contra	ry to Chapter 129	5 of the Misconsin	Statutes shall be void as	
under penalty of state law, the applicant	may be prosecuted for	r submitting	alse statemente	and affidavite in a	annoction with this contin	_
tion. Any person who knowingly provide	s materially false inform	nation on thi	s application may	be required to for	feit not more than \$1,00	0.
			Cintui	1/5.	Ja	
			Vinuly	(Signature of Nam	ed Individual)	_
					799 D00 V (631/1757) * UI	

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: Village of ROUNL county of ROCINE
The undersigned duly authorized officer/member/manager of
a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as
located at 1141 N. Memorial Dr. Racing W1 53404
appoints ONTHIC VANESSO TSQUEAU (Name of Appointed Agent) (Home Address of Appointed Agent) (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 You If so, Indicate the corporate name(s)/limited liability company(les) 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? / TOPOY Place of residence last year 117 New VIOLON W. DORW ROCKED W. 5340
For: Tagueria Gran Morelos UA
By: (Name of Corporation / Organization / Limited Liability Company) Ween the Company of Corporation / Limited Liability Company)
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 (Print / Type Agent's Name) ACCEPTANCE BY AGENT (Print / Type Agent's Name) ACCEPTANCE BY AGENT (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 premise <u>s fo</u> r the corporation/organization/limited llability company.
1 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10
(Signature of Agent) Agent's age
(Harrie Address of Agent) (Harrie Address of Agent) Date of birth.
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 a	e satisfactory	and I have no	objection to the	ne agent appointed.	
۸		607-02-01-1					

Approved on by _____(Signature of Proper Local Official)

Title (Town Chair, Village President, Police Chief)

AT-104 (R 4-18)

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

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 (½) 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: PARTNERSHIP ____INDIVIDUAL CORPORATION OTHER_LL((Please specify) PLEASE SUPPLY: Vincent Esqueda LEGAL NAME OF BUSINESS (JOWNER): Taqueria Gran Morelos Taqueria Gran Morelos N. Memorial Dr. Pracine, WI BUSINESS ADDRESS: 1141 1038-1141 ZIP CODE: ZIP CODE HOME TELEPHONE: (DATE OF BIRTH SIGNATURE OF APPLICANT (Please print Name) SIGNATURE OF PARTNER /(IF APPLIES) DATE OF BIRTH (Please print Name)

DATE