

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION
 Submit to municipal clerk. Read instructions on reverse side. BTAVN 207201
 For the license period beginning 6/15/2020, ending 6/14/2021

Applicant's Information	
Seller's Permit Number: 486-090070692-04	
Federal Employer Identification Number (F.E.C.):	
LICENSE REQUESTED	
TYPE	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	N/A
<input type="checkbox"/> Class A Liquor (older only)	\$
<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	\$

TO THE GOVERNING BODY of the CITY OF MILWAUKEE, MILWAUKEE COUNTY

Aldermanic District No. 12 ABEL SANTOS

Type of Legal Entity: Sole Proprietor

Complete A or B. All must complete C.

A: Individual or Partnership

B: Full name of Corporation/Nonprofit Organization/Limited Liability Company:

(414) 645-0858

C. 1. Trade Name LA CARRETA VIEJA Business Phone Number MILWAUKEE WI 53204

2. Address of Premises 1339 W GREENFIELD AV Post Office & Zip Code MILWAUKEE WI 53204

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

4. 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 sales, service, consumption and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)
1st & 2nd Floors and Basement Storage, East Addition to First Floor

5. Legal description (omit if street address is given above):

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any municipality? If yes, complete the reverse side Yes No

b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? Yes No

If yes, complete the reverse side

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? Yes No

If yes, explain.

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax Return of the licensee? Yes No

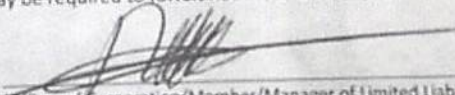
If not, explain.

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? 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. 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 State Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitted 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.


 (Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

TO BE COMPLETED BY CLERK:		Date reported to council/board	Date license granted
Date received and filed with municipal clerk	<u>CP 6/2/2020</u>		
License number issued		Date license issued	Signature of Clerk / Deputy Clerk

AT-115 (R. 7-18)

BTAVN 310373
 FREST 310376
 PEP 310374
 24HRS 310375

RWL



BUSINESS RENEWAL APPLICATION
 Office of the City Clerk & License Division
 200 E. Wells St. Room 105
 Milwaukee, WI 53202
 (414) 286-2238 www.milwaukee.gov/licenses

Office Use Only:	App # _____
N Objs. No. Yes _____	Chgs _____
Filed _____	Initials _____
Paid _____	MPD _____
Granted _____	Lic # _____
AD 12	

Licenses Being Renewed:
 BTAVN 207201 24HRS 108893 FREST 12740 PEP 5885
 Filing Deadline: 3/26/2020
 \$75.00 Late Fee Assessed After 5/1/2020

BUSINESS CONTACT INFORMATION

Section 1

Legal Entity Name: ABEL SANTOS Trade/DBA: LA CARRETA VIEJA
 Phone: (414) 645-0858 E-mail: _____
 Premises Address (include city/state/zip): 1339 W GREENFIELD AV MILWAUKEE WI 53204
 Mailing Address (include city/state/zip): 1339 W GREENFIELD AV MILWAUKEE WI 53204
 AGENT OF CORP/LLC/NONPROFIT / SOLE PROPRIETOR / 1ST PARTNER

Section 2

FULL LEGAL NAME (Last, First & Middle Initial): ABEL SANTOS Date of Birth: 7/30/1968
 Home Address (include city/state/zip): 1325 W Greenfield Ave Milwaukee WI 53204
 Driver's License Number/State ID #: 3532-0000-8276-11 State: WI
 Percent % of Ownership Interest: 100% Home Phone: _____ Cell Phone: 414-305-7945

LIST ALL PERSONS WITH 20% OR MORE OWNERSHIP INTEREST / ADDITIONAL PARTNER(S)

Section 3

FULL LEGAL NAME (Last, First & Middle Initial): _____ Date of Birth: _____
 Home Address (include city/state/zip): _____
 Driver's License Number/State ID #: _____ State: _____
 Percent % of Ownership Interest: _____ Home Phone: _____ Cell Phone: _____

FULL LEGAL NAME (Last, First & Middle Initial): _____ Date of Birth: _____
 Home Address (include city/state/zip): _____
 Driver's License Number/State ID #: _____ State: _____
 Percent % of Ownership Interest: _____ Home Phone: _____ Cell Phone: _____

Check if there are additional persons with 20% or more ownership interest or partners. Complete additional sheets as necessary.

REQUIRED SIGNATURE

- Section 4**
- The undersigned understands that applicants are required to inform the City Clerk within 10 days of any changes in any of the information supplied in this application.
 - The undersigned has knowledge of the City Ordinances currently regulating the license applied for herein, and understands that the license may be subject to suspension, non-renewal or revocation, if the applicants violate any rule or regulation relating to the license.
 - The undersigned understands that applicants shall not willfully refuse to provide the services offered under this license, or add charges or require deposits not required of the general public because of race, color, sex, religion, national origin or ancestry, age, handicap, lawful source of income, marital status, sexual orientation, gender identity or expression, familial status or the fact that a person is now or has been a member of the military service, whether dressed in uniform or not; and shall not seek such information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion on the basis of such information
 - I/we state that this application for a license is not made for and behalf of any other person and that the applicant is not acting as an agent for, or in the employ of another.

Sole Proprietor, a Partner, or if a Corporation or LLC, the agent must sign:

Office Use Only:
 Current License: New Renewal Granted: No Issues WL Suspension Other _____

2020-2021 Plan of Operation for 1339 W GREENFIELD AV

1. Litter & Security Plans

How are the grounds kept clean? Sweep Pressure Wash Pick Up Litter Other:

How often will grounds be cleaned? Daily Weekly Other:

Who cleans the grounds? Licensee Building Owner Employees Hired Maintenance Other:

How are noise issues prevented and/or addressed? Security Manager approaches customer(s) Call Police Signs Posted Other:

Are there designated outdoor smoking areas? No Yes If Yes, Describe:

Number of garbage cans: Inside 16 Locations: Bathrooms, Kitchen, Restaurant, Bar
 Outside 2 Locations: Front of Building

Is a crowd control barrier used? No Yes If Yes, Describe:

Number of restrooms: 6 Name of solid waste contractor: Advance Disposal

Are there parking spaces on the premises? No Yes If Yes, list number of spaces: _____ and describe security plans:

Are there designated loading areas? No Yes If Yes, describe security plans:

Do you have security personnel on the premise? No Yes If Yes, how many? 4

AND What are their responsibilities? Check ID, Search for weapons, other

What security equipment do they use? Metal Detectors

List their licensing, certification or training credentials: Yes

Are there security cameras? No Yes If Yes, list all locations: Inside and outside

Are searches and/or identification checks conducted upon entry? No Yes If Yes, describe:

2. Percentage of Sales (must total 100%)

Alcohol 35 % Food Sales 60 % Entertainment 5 % Other _____ %

3. Businesses On The Premises (choose all that apply):

Restaurant Cafe/Coffee Shop Cocktail Lounge Convenience Store Night Club Liquor Store Tavern Sports Facility
 Hotel Banquet Hall Supermarket Private/Fraternal/Veterans Club Other:

4. Hours of Operation and Age Restriction

Are there any changes to the current hours of operation or age restriction? No Yes If Yes, Describe:

Please Note: If you will be open earlier or later than the hours listed on your current license for even one event or holiday (for example, St. Patrick's Day, Brewers Opening Day, etc.) during the license period, this must be reported and printed on your license. Your hours of operation and age restriction are listed on your current license.

5. Floor Plan and Capacity

Are you requesting any changes to your capacity or floor plan? No Yes If yes, describe: _____ and submit a new floor plan with this renewal application. A sample plan can be found online at www.milwaukee.gov/licenses under License Forms and Related Information.

Alcohol/Food Establishments: A "Permanent Extension of Premises Application" is required if you are adding any square footage to the licensed premises.

6. Sidewalk Dining: Fee:

Are there any changes to the sidewalk dining site plan? No Yes If Yes, submit an updated site plan with this application.

7. Food License: FREST 12740 Fee: \$1,250.00

Your current food license includes the following food operations: DHS - COMPLEX, Sales \$200,001 - \$2,000,000, Tavern Restaurant. Are there any changes to your food operations as listed above? No Yes, if Yes, explain

8. Weights and Measures: Fee:

Number/Type of Devices: Are there any changes to the number or types of devices? No Yes If yes, contact our office for further instructions.

1. CURRENT APPROVED ENTERTAINMENT

The following types of entertainment have been approved for your current Public Entertainment Premises license:
Disc Jockey, Karaoke, Patrons Dancing, Instrumental Musicians, 4 Pool Tables, 4 Amusement Machines

2. ADDING ENTERTAINMENT

If applicable, check any entertainment you wish to add: **ONLY CHECK ENTERTAINMENT TYPE(S) YOU ARE ADDING. YOUR CURRENT APPROVED ENTERTAINMENT IS LISTED ABOVE.**

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Instrumental Musicians | <input type="checkbox"/> Bands | <input type="checkbox"/> Battle of the Bands | <input type="checkbox"/> Comedy Acts |
| <input type="checkbox"/> Disc Jockey | <input type="checkbox"/> Magic Shows | <input type="checkbox"/> Poetry Readings | <input type="checkbox"/> Dancing by Performers |
| <input type="checkbox"/> Jukebox | <input type="checkbox"/> Wrestling | <input type="checkbox"/> Patron Contests | <input type="checkbox"/> Patrons Dancing |
| <input type="checkbox"/> Adult Entertainment/
Strippers/Erotic Dance | <input type="checkbox"/> Karaoke | <input type="checkbox"/> Bowling Alley | <input type="checkbox"/> Pool Tables |
| <input type="checkbox"/> Motion Pictures (movies by admission) | <input type="checkbox"/> Amusement Machines | <input type="checkbox"/> Concerts | How many? _____ |
| How many screens? _____ | How many? _____ | Approx. # per year? _____ | <input type="checkbox"/> Theatrical Performances |
| | | | Approx. # per year? _____ |
- Other: _____

No entertainment changes can take place until approved by Common Council and a new license has been issued and posted on the premises.

3. REMOVING ENTERTAINMENT

If applicable, list any entertainment you wish to remove:

4. PROMOTERS/SOUND AMPLIFICATION

Will promoters ever be used for any of the entertainment? No Yes If Yes, Describe:

At any time will sound amplification be used? No Yes If Yes, Describe: *Sound System for DJ.*

5. SIGNATURE

I understand that after the license has been issued, a change to the plan of operation will require a written request to change and approval from the Common Council.

I agree to inform the City Clerk within 10 days of any substantial changes in the information supplied in this application.

I understand that I shall not willfully refuse to provide the services offered under this license, or add charges or require deposits not required of the general public because of race, color, sex, religion, national origin or ancestry, age, handicap, lawful source of income, marital status, sexual orientation, gender identity or expression, familial status or the fact that a person is now or has been a member of the military service, whether dressed in uniform or not; and shall not seek such information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion on the basis of such information.

I have knowledge of the City Ordinances currently regulating public entertainment, and understand that the license may be subject to suspension, non-renewal or revocation, if I violate any rule, law or regulation of the city of Milwaukee and State of Wisconsin.

Signature of Sole Proprietor, a Partner, or if a Corporation or LLC, the Agent must sign