

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. **Read instructions on reverse side. BTAVN 207501**
 For the license period beginning **9/24/2020**; ending **9/23/2021**

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

Aldermanic District No. **12** LOZADA, Genoveva, Agent

Type of Legal Entity: **Corporation**

Complete A or B. All must complete C.

A: Individual or Partnership:

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

Applicant's Wisconsin Seller's Permit Number: 456-0000585974-04	
Federal Employer Identification Number (FEIN):	
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	\$
<input type="checkbox"/> Class A Liquor (cider 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	\$

C. 1. Trade Name ▶ **GUADALAJARA RESTAURANT** Business Phone Number **(414) 647-2266**

2. Address of Premises ▶ **901 S 10TH ST** 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 FLOOR-BASEMENT STORAGE

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. _____

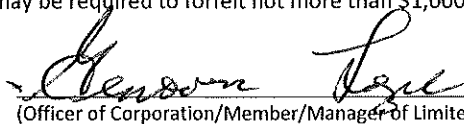
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax Return of the licensee? Yes No
 If not, explain. _____

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

INSTRUCTIONS FOR RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION (AT-115A)

THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e. individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

PARTNERSHIPS:

Indicate full name and home address of each partner. One partner must sign application. Reminder: If partners have been added or dropped since your last application, you must use Form AT-106 (Original Alcohol Beverage License Application).

CORPORATIONS:

One owner must sign application. Be sure to answer Question No. 7 by indicating any change of owners, agent, and/or changes in home address. If there are any changes in owners or agent each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Form AT-104 (Schedule for Appointment of Agent) AND AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

LIMITED LIABILITY COMPANY:

One owner must sign application. Follow procedure under Corporations for any change of owner or agent.

NOTE: Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

DISCRIMINATION CLAUSE:

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry; the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Question No. 6a and/or 6b on the reverse side is "YES," outline details below"

CONVICTIONS

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
CHARGE _____ WHERE CONVICTED _____
DATE _____ PENALTY _____ MISDEMEANOR FELONY

2. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
CHARGE _____ WHERE CONVICTED _____
DATE _____ PENALTY _____ MISDEMEANOR FELONY

3. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
CHARGE _____ WHERE CONVICTED _____
DATE _____ PENALTY _____ MISDEMEANOR FELONY

PENDING CHARGE

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
PENDING CHARGE _____ DATE _____



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/license

Licenses Being Renewed:
 BTAVN 207501 FREST 13295
 Filing Deadline: 6/4/2020
 \$75.00 Late Fee Assessed After 8/1/2020

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

BUSINESS CONTACT INFORMATION

Section 1	Legal Entity Name :GUADALAJARA CORPORATION	Trade/DBA:GUADALAJARA RESTAURANT
	Phone:(414) 647-2266	E-mail: H-TAX-ACCOUNTING@RIZWI.RR.COM
	Premises Address (include city/state/zip): 901 S 10TH ST MILWAUKEE WI 53204	
Mailing Address (include city/state/zip): 901 S 10TH ST MILWAUKEE WI 53204		

AGENT OF CORP/LLC/NONPROFIT / SOLE PROPRIETOR / 1ST PARTNER

Section 2	FULL LEGAL NAME (Last, First & Middle Initial): LOZADA, Geneveva, Agent	Date of Birth: 7/22/52
	Home Address (include city/state/zip): 901 S. 10th street Milwaukee, WI. 53204	
	Driver's License Number/State ID #: 1230-2805-2762-03 State: WI	
	Percent % of Ownership Interest: 100%	Home Phone: 414-647-2266 Cell Phone:

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	1. 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.
	2. 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.
	3. 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.
	4. 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: <u>Geneveva Lozada</u>	

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

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2020-2021 Plan of Operation for 901 S 10TH ST

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 7 Locations: Bathrooms Kitchen Bar Counter
Outside 1 Locations: Front of Building

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

Number of restrooms: 2 His + HERS Name of solid waste contractor: Waste Management

Are there parking spaces on the premises? No Yes If Yes, list number of spaces: 5 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? _____

AND What are their responsibilities? _____

What security equipment do they use? _____

List their licensing, certification or training credentials: _____

Are there security cameras? No Yes If Yes, list all locations: out Door + INDOORS

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

2. Percentage of Sales (must total 100%)

Alcohol 15 % Food Sales 85 % Entertainment _____ % 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 13295 Fee: \$800.00

Your current food license includes the following food operations: DHS - COMPLEX, Sales \$20,001 - \$200,000, 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.

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