

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. **Read instructions on reverse side. BTAVN 207358**
 For the license period beginning **7/10/2020**; ending **7/9/2021**

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

Aldermanic District No. **8** BARBA-MARTIN, Susana L, Agent

Type of Legal Entity: **Limited Liability Company**

Complete A or B. All must complete C.

A: Individual or Partnership:

B: Full name of Corporation/Nonprofit Organization/Limited Liability Company: **Tu Casa LLC**

C. 1. Trade Name ▶ **Tu Casa Mexican Restaurant & Bar** Business Phone Number **(414) 383-4666**

2. Address of Premises ▶ **3710 W LINCOLN AV** Post Office & Zip Code ▶ **Milwaukee WI 53215**

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, Patio

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

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.

Susana L Barba Martin
 (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

Applicant's Wisconsin Seller's Permit Number: 456-1029740124-02	
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	\$

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

Office Use Only:	App # _____
N Objs No ___ Yes ___	Chgs _____
Filed _____	Initials _____
Paid _____	MPD _____
Granted _____	Lic # _____
AD 8	

Licenses Being Renewed:
 BTAVN 207358 FREST 13068 PEP 6014
 Filing Deadline: 4/16/2020
 \$75.00 Late Fee Assessed After 6/1/2020

BUSINESS CONTACT INFORMATION

Section 1	Legal Entity Name :Tu Casa LLC	Trade/DBA:Tu Casa Mexican Restaurant & Bar
	Phone:(414) 383-4666	E-mail: isigamboa22@gmail.com
	Premises Address (include city/state/zip): 3710 W LINCOLN AV Milwaukee WI 53215	
	Mailing Address (include city/state/zip): 3710 W LINCOLN AV Milwaukee WI 53215	

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

Section 2	FULL LEGAL NAME (Last, First & Middle Initial): BARBA-MARTIN, Susana L, Agent	Date of Birth: 04/22/79
	Home Address (include city/state/zip): 1950 S 3011 ST Milwaukee WI 53215	
	Driver's License Number/State ID #: 0000-3220-0000-0000	State: WI (414) 797-9771
	Percent % of Ownership Interest: 50%	Home Phone: Cell Phone: 797-9771

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

Section 3	FULL LEGAL NAME (Last, First & Middle Initial): Isidoro Gamba Marcos	Date of Birth: 01-22-79
	Home Address (include city/state/zip):	
	Driver's License Number/State ID #: 1236-9407-9022-0000	State: WI
	Percent % of Ownership Interest: 50%	Home Phone: X Cell Phone: 414 241-5576
	FULL LEGAL NAME (Last, First & Middle Initial):	Date of Birth: 0
	Home Address (include city/state/zip):	
Driver's License Number/State ID #: 0000-0000-0000-0000	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	<ol style="list-style-type: none"> 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: <u>Susana L Barba Martin</u>

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

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2020-2021 Plan of Operation for 3710 W LINCOLN AV

1. Litter & Security Plans			
How are the grounds kept clean? <input checked="" type="checkbox"/> Sweep <input checked="" type="checkbox"/> Pressure Wash <input checked="" type="checkbox"/> Pick Up Litter <input type="checkbox"/> Other:			
How often will grounds be cleaned? <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other:			
Who cleans the grounds? <input checked="" type="checkbox"/> Licensee <input type="checkbox"/> Building Owner <input checked="" type="checkbox"/> Employees <input type="checkbox"/> Hired Maintenance <input type="checkbox"/> Other:			
How are noise issues prevented and/or addressed? <input checked="" type="checkbox"/> Security <input checked="" type="checkbox"/> Manager approaches customer(s) <input type="checkbox"/> Call Police <input type="checkbox"/> Signs Posted <input type="checkbox"/> Other:			
Are there designated outdoor smoking areas? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If Yes, Describe: <u>outside, Leftside of the building</u>			
Number of garbage cans: Inside <u>7</u> Locations: <u>Kitchen, Bar, Bathroom, Basement</u> Outside <u>2</u> Locations: <u>Garage area</u>			
Is a crowd control barrier used? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Describe:			
Number of restrooms: <u>2</u>		Name of solid waste contractor: <u>Eagle waste Management</u>	
Are there parking spaces on the premises? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If Yes, list number of spaces: <u>12</u> and describe security plans:			
Are there designated loading areas? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes, describe security plans:			
Do you have security personnel on the premise? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If Yes, how many? <u>6</u> AND What are their responsibilities? <u>check ID's, keep client safe</u> What security equipment do they use? <u>Metal detector and handing</u> List their licensing, certification or training credentials: <u>state license</u>			
Are there security cameras? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If Yes, list all locations: <u>inside, outside of building</u>			
Are searches and/or identification checks conducted upon entry? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If Yes, describe: <u>Security Checks ALL People entering; Bartenders card all alcohol purchases</u>			
2. Percentage of Sales (must total 100%)			
Alcohol <u>40</u> %	Food Sales <u>60</u> %	Entertainment _____ %	Other _____ %
3. Businesses On The Premises (choose all that apply):			
<input checked="" type="checkbox"/> Restaurant <input type="checkbox"/> Cafe/Coffee Shop <input type="checkbox"/> Cocktail Lounge <input type="checkbox"/> Convenience Store <input type="checkbox"/> Night Club <input type="checkbox"/> Liquor Store <input checked="" type="checkbox"/> Tavern <input type="checkbox"/> Sports Facility <input type="checkbox"/> Hotel <input type="checkbox"/> Banquet Hall <input type="checkbox"/> Supermarket <input type="checkbox"/> Private/Fraternal/Veterans' Club <input type="checkbox"/> Other:			
4. Hours of Operation and Age Restriction			
Are there any changes to the current hours of operation or age restriction? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Describe:			
<p>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.</p>			
5. Floor Plan and Capacity			
Are you requesting any changes to your capacity or floor plan*? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes, submit an updated site plan with this application.			
7. Food License: FREST 13068 Fee: \$1,250.00		8. Weights and Measures: Fee:	
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? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, if Yes, explain _____		Number/Type of Devices: Are there any changes to the number or types of devices? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes if yes, contact our office for further instructions.	

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1. CURRENT APPROVED ENTERTAINMENT

The following types of entertainment have been approved for your current Public Entertainment Premises license:

Disc Jockey, Karaoke, Patrons Dancing, Mariachi

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
How many? _____ | <input type="checkbox"/> Pool Tables
How many? _____ |
| <input type="checkbox"/> Motion Pictures (movies by admission)
How many screens? _____ | <input type="checkbox"/> Amusement Machines
How many? _____ | <input type="checkbox"/> Concerts
Approx. # per year? _____ | <input type="checkbox"/> Theatrical Performances
Approx. # per year? _____ |
| <input type="checkbox"/> 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:

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.

Susana C Barbo Martin

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

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Application for Cigarette and Tobacco Products Retail License

MUNICIPAL USE ONLY

Submit to municipal clerk.

Applicant's Wisconsin 15-digit Sales Tax Account Number
456-1029740124-02

← This must be issued in the same Legal Name of the licensee below.

License Number
Period Covered
Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship) Tu Casa LLC		Federal Employer Identification No. (FEIN)
Trade or Business Name (if different than Legal Name) Tu Casa Mexican Restaurant & Bar		Telephone Number (414) 383-4666
Business Address (License Location) 3710 W LINCOLN AV	Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town	Business Telephone (414) 383-4666
City, State ZIP Code Milwaukee WI 53215	of: MILWAUKEE	County MILWAUKEE
Mailing Address (if different than Business Address) 3710 W LINCOLN AV	City, State ZIP Code Milwaukee WI 53215	

Organization (check one)

- Sole Proprietor Wisconsin Corporation – Enter date incorporated: _____
- Partnership Out-of-State Corporation – Are you registered to do business in Wisconsin? YES NO
- Other (describe) _____

- YES NO 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- YES NO 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, revenue.wi.gov/forms/excise/ctp-129.pdf.)
- YES NO 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- YES NO 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- YES NO 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- YES NO 6. Does the applicant understand that they may not sell single cigarettes?
- YES NO 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- YES NO 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold over counter through vending machine both

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 applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

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. 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)

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2020 MAY 22 A 8:42

CITY OF MILWAUKEE
LICENSE DIVISION