



PTAN-2370B

License Number: TAV-2370B

"CLASS B" INTOXICATING LIQUOR LICENSE BUSINESS PLAN

- Business Plan must be submitted to the Clerk's Office with any Original Application
- The Finance Committee will review the application and make a recommendation
- Council will act on the application

COPY

APPLICANT INFORMATION

Applicant (Name of Corporation, LLC, Partnership, etc.): Los Barajas LLC

Trade Name: La Carreta Phone Number: 920-680-0414

Address of Establishment: 3535 Calumet Ave

Agent or Owner of Establishment: Jose Santiago Barajas

BUSINESS DESCRIPTION

Predicted Open Date: 11/14/23

Predicted Date the Business will be ready for Inspection: 11/13/23

Brief Description of the Business: Mexican Restaurant

Attach an additional sheet or use the back of this form if more space is needed

Any additional information you wish to include: _____

SIGNATURE OF AGENT OR REPRESENTATIVE

JB
Signature of Agent or Owner of Establishment

11-13-23
Date

Office Use Only	
Date Received by Clerk's Office: <u>11-13-2023</u>	<input type="radio"/> Approved
Common Council Date: <u>12-18-2023</u>	<input type="radio"/> Denied

Form
AT-106

Original Alcohol Beverage
License Application

FOR CLERKS ONLY	
Municipality	City of Manitowoc
License Period	12/21/23 - 6/30/24

License(s) Requested

- Class "A" Beer \$ _____ "Class A" Liquor \$ _____
 Class "B" Beer \$ 58.00 "Class B" Liquor \$ 292.00
 "Class C" Wine \$ _____ "Class A" Liquor (Cider Only) \$ _____
 Reserve "Class B" Liquor \$ _____ "Class B" (Wine Only) Winery \$ _____

TAV-2370B PTAV-2370

License Fees	\$ 350.00
Publication Fee	\$ 25.00
Background Check	\$ Prov. 15.00
Total Fees	\$ 390.00

Part A: Premises/Business Information

1. Legal Business Name (registered entity name or individual's name if sole proprietorship)
Los Barajas LLC

2. Trade Name or DBA
La Carreta Mexican Restaurant

3. Premises Address
3535 Calumet Ave Manitowoc WI 54220

4. County
Manitowoc

5. Municipality

6. Aldermanic District

7. Mailing Address (if different from premises address)

8. FEIN
93-4091068

9. Wisconsin Seller's Permit Number

10. Premises Phone
920-686-4114

11. Premises Email
losbarajas@outlook.com

12. Entity Type (check one)
 Sole Proprietor Partnership Limited Liability Company Corporation Nonprofit Organization

13. Premises Description - Describe the building or buildings where alcohol beverages are to be sold and stored. Describe 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 in this application. Attach additional sheets if necessary.
Restaurant, dining room, bar, whole building, patio take out, ~~bar~~

Part B: Questions

1. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit a copy of Responsible Beverage Server Training Course Certificate Yes No
2. Does the applicant business or its partners, officers, directors, managing members, or agent hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)? Yes No
If yes, please explain using the space below. Attach additional sheets if necessary.

Part C: For Corporate/LLC Applicants Only

1. State of Registration Wisconsin		2. Date of Registration 10/25/23	
3. Is the applicant business owned by another corporation or LLC? If yes, please provide the name and FEIN of the parent company below, include parent company members in Part D, and attach Form AT-103 for all of the parent company's principal members, managers, officers, or directors <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Name of Parent Company		FEIN of Parent Company	
4. Does the parent company or any of its officers, directors, managing members, or agent hold any direct or indirect interest in any other alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please explain using the space below. Attach additional sheets if necessary.			
5. Agent's Last Name		Agent's First Name	Phone

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Part D: Individual Information

A Supplemental Questionnaire, Form AT-103, must be completed and attached to this application for each person involved in the applicant business and any parent company as indicated in Part C. Persons in the applicant business include: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all managing members and agent of a limited liability company.

List the full name, title, and phone number for each person below. Attach additional sheets if necessary.

Last Name	First Name	Title	Phone
Barajas	Alicia	owner	608-697-1024
Barajas	Jose Santiago	owner	920-571-1911

Part E: Attestation

Who must sign this application?

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one managing member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature Alicia Barajas		Date 11-14-23	
Name (Last, First, M.I.) Barajas Alicia			
Title owner	Email alicia.15.sierra@gmail.com	Phone 608-697-1024	

Part F: For Clerk Use Only

Date application was filed with clerk 11-14-2023	Date reported to governing body	Date provisional license issued (if applicable)
Date license granted	License number PAV-2370B / TAV-2370B	Date license issued
Signature of Clerk/Deputy Clerk		

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SUPPLEMENT TO LICENSING APPLICATION

1. Do you understand that a license may not be issued to any applicant with indebtedness for fermented malt beverages or intoxicating liquor pursuant to the timelines in Wisconsin law? Yes No
2. Do you understand that State Statutes do not provide for refunds of unused license fees? Yes No
3. Were you open for the minimum number of days throughout the licensing year? ("Class B" only)* N/A Yes No

Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of his/her knowledge.

Los Barajas LLC DBA La Carreta
Print Name of Corporation/Partnership/Individual


3535 Calumet Ave Manitowoc, WI
Address of Licensed Premises


Signature of Corporate Agent, Partner or Individual

* Reference Manitowoc Municipal Code section 11.010(12) for additional information

AUTHORITY.

The undersigned hereby represents and warrants that it has the authority to apply for this license. If the party applying for this license is not an individual, the person(s) signing on behalf of the entity represents and warrants that they have been duly authorized to bind the entity and apply for this license on the entity's behalf.


Signature

11-13-23
Date

Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

COPY

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 Manitowoc County of Manitowoc
 City

The undersigned duly authorized officer/member/manager of Los Barajas 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 La Carreta Mexican Restaurant
(Trade Name)

located at 3535 Calumet Ave Manitowoc WI 54220

appoints Alicia Barajas
(Name of Appointed Agent)
2402 Clark St Manitowoc WI 54220
(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? 30

Place of residence last year 2402 Clark St Manitowoc WI 54220

For: Los Barajas LLC
(Name of Corporation / Organization / Limited Liability Company)

By: *Alicia Barajas*
(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, Alicia Barajas, 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.

Alicia Barajas 11-14-23 Agent's age 30
(Signature of Agent) (Date)

2402 Clark St Manitowoc WI 54220 Date of birth 10/30/1993
(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)

COPY

Date 11-14-2023

Form AT-103

Alcohol Beverage License Application Supplemental Questionnaire

This form must be submitted to the municipal clerk, and be accompanied by one or more of the following forms: AT-104, AT-106, AT-108, AT-115, or AT-200. One Form AT-103 must be completed by each person involved in the applicant business or parent company including:

- sole proprietor
• all partners of a partnership
• all officers, directors, and agent of a corporation or nonprofit organization
• managing members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Supplemental Questionnaires are submitted.

Part A: Premises/Business Information
1. Registered Entity Name (or individual name if sole proprietor) Los Barajas LLC
2. Trade Name or DBA La Carreta Mexican Restaurant
3. Entity Type (check one) [X] Limited Liability Company

Part B: Individual Information
1. Name (Last, First, M.I.) Barajas, Alicia
2. Relationship to Registered Entity (Title) member / Chairwomen
3. Email alicia.k.sierra@gmail.com
4. Phone 608-697-1024
5. Home Address 2402 Clark St
6. City Manitowoc
7. State WI
8. Zip Code 54220
9. Date of Birth 10/30/1993
10. Drivers License/State ID Number B622-0009-3890-02
11. Drivers License/State ID State of Issuance Wisconsin

Part C: Address History
List in chronological order your last two residence addresses within the last 5 years.
Previous Address 1 908 S 37th St
Previous City, State, Zip Manitowoc WI 54220
Dates (MM/YYYY - MM/YYYY) 10/2016 - 11/2021

Part D: Employment History
List in chronological order your last two employers within the last 5 years.
Employer's Name Kohls
Employer's Address 4411 Dewey St, Manitowoc WI
Dates Employed (MM/YYYY - MM/YYYY) 06/2023 - 10/2023
Employer's Name Homemaker
Employer's Address

Part E: Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses unrelated to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No
If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated <i>Disorderly Conduct (Domestic abuse)</i>	Trial Date <i>2019</i>
Penalty Imposed <i>Probation 1 year</i>	Was sentence completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (other than traffic offenses unrelated to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No
If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part F: Questions

1. Have you lived in any state other than Wisconsin as an adult? If yes, please list them in the space below. If no, continue to question 2. Yes No

2. How long have you continuously lived in Wisconsin prior to the date of application? Years *30* Months *1*

3. Do you hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g. brewer, brewpub, winery, distillery)? If yes, please explain using the space below. Attach additional sheets as needed. Yes No

Part G: Attestation

READ CAREFULLY BEFORE SIGNING: I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature *Colleen Buehler* Date *11-13-2023*

COPY

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Alicia Barajas

for successful completion of the online course



Wisconsin Alcohol Seller/Server Course

PERSONS COMPLETING THIS COURSE HAVE AGREED TO EXECUTE THE FOLLOWING POLICIES TO THE BEST OF THEIR ABILITIES.

- * CARD ANY PERSON 35 YEARS OF AGE OR YOUNGER
- * OBSERVE AND REPORT ANY CUSTOMER SHOWING SIGNS OF POSSIBLE IMPAIRED BEHAVIOR TO MANAGEMENT
- * RESPOND IMMEDIATELY TO ANY POSSIBLE PROBLEM SITUATION
- * DETERMINE THE PEOPLE ENTERING THE PREMISES TO CONSUME ALCOHOL ARE OF LEGAL ALCOHOL DRINKING AGE AND RECARD THEM IF THERE IS ANY QUESTION ABOUT THEIR AGE
- * ENSURE A PERSON MATCHES THEIR VALID LEGAL IDENTIFICATION

Verify online at servingalcohol.com

Verification Code
5eyiRsgnS6

Date Issued
Nov 14th, 2023

This is a Wisconsin Department of Revenue approved Responsible Beverage Server Training Course in compliance with Sec. 125.17 (6), 134.66 (2m), and 125.04 (5) (a) 5. Wis. Stats.

VALID FOR 2 YEARS

This is not a Wisconsin operators/bartenders license.

This certificate will be requested to obtain a Wisconsin operators/bartenders license from the Wisconsin city clerk's office in the municipality where you are working.

Find your city clerk's office here: <https://elections.wi.gov/clerks/directory>

Wisconsin Alcohol Seller/Server Course

Name: Alicia Barajas

Certification Date: Nov 14th, 2023

Certificate Code: 5eyiRsgnS6

Verify Online: servingalcohol.com

125.17(6), 134.66 (2m), 125.04(5)(a)5 Wis. Stats.

SERVING ALCOHOL INC

VALID FOR 2 YEARS

Learn more about this wallet card at <http://servingalcohol.com/wallet-card>

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DRIVER LICENSE
REGULAR

WISCONSIN USA



46 **B622-0009-3890-02** 9 CLASS **D**
1 **BARAJAS**
2 **ALICIA**

8 **908 S 37TH ST**
MANITOWOC, WI 54220

15 SEX **F** 16 HGT **4'-10"**
17 WGT **190 lb** 18 EYES **BLK**
19 HAIR **BLK** 4a ISS **10/19/2020**
3 DOB **10/30/1993** 4b EXP **10/30/2028**
9a END **NONE** 5 DD **OTBYB2020101916371084**

Alicia Barajas

Donor
Sticker
Here

Alcohol Beverage License Application Supplemental Questionnaire



This form must be submitted to the municipal clerk, and be accompanied by one or more of the following forms: AT-104, AT-106, AT-108, AT-115, or AT-200. One Form AT-103 must be completed by each person involved in the applicant business or parent company including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- managing members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Supplemental Questionnaires are submitted.

Part A: Premises/Business Information				
1. Registered Entity Name (or individual name if sole proprietor) Las Barajas LLC				
2. Trade Name or DBA La Carreta Mexican Restaurant				
3. Entity Type (check one)				
<input type="checkbox"/> Sole Proprietor		<input type="checkbox"/> Partnership		<input checked="" type="checkbox"/> Limited Liability Company
			<input type="checkbox"/> Corporation	<input type="checkbox"/> Nonprofit Organization


Part B: Individual Information				
1. Name (Last, First, M.I.) Barajas, Jose Santiago				
2. Relationship to Registered Entity (Title) Owner		3. Email chagobarajas245@icloud.com		4. Phone 920-571-1911
5. Home Address 926 S 36 th ST				
6. City Manitowoc		7. State WI	8. Zip Code 54220	9. Date of Birth 07-24-2002
10. Drivers License/State ID Number			11. Drivers License/State ID State of Issuance	

Part C: Address History	
List in chronological order your last two residence addresses within the last 5 years.	
Previous Address 1 1011 E Crescent Dr	
Previous City, State, Zip Manitowoc WI 54220	Dates (MM/YYYY - MM/YYYY) 02-2019 - 08-2021
Previous Address 2 638 S 31 st ST	
Previous City, State, Zip Manitowoc WI 54220	Dates (MM/YYYY - MM/YYYY) 04/2016 - 02/2019

Part D: Employment History	
List in chronological order your last two employers within the last 5 years.	
Employer's Name La Carreta Mexican Restaurant	
Employer's Address 3535 Calumet Ave Manitowoc WI 54220	Dates Employed (MM/YYYY - MM/YYYY) 06-2016 - present
Employer's Name	
Employer's Address	Dates Employed (MM/YYYY - MM/YYYY)

Part E: Criminal History	
1. Have you ever been convicted of any offenses (other than traffic offenses unrelated to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.	
Law/Ordinance Violated	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are charges for any offenses currently pending against you (other than traffic offenses unrelated to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.	

Part F: Questions		
1. Have you lived in any state other than Wisconsin as an adult? If yes, please list them in the space below. If no, continue to question 2. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
2. How long have you continuously lived in Wisconsin prior to the date of application?	Years 7	Months 7
3. Do you hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g. brewer, brewpub, winery, distillery)? If yes, please explain using the space below. Attach additional sheets as needed. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Part G: Attestation	
READ CAREFULLY BEFORE SIGNING: I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.	
Signature 	Date 11-13-23

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Jose Santiago Barajas

for successful completion of the online course

Wisconsin Alcohol Seller/Server Course

PERSONS COMPLETING THIS COURSE HAVE AGREED TO EXECUTE THE FOLLOWING POLICIES TO THE BEST OF THEIR ABILITIES.

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- * OBSERVE AND REPORT ANY CUSTOMER SHOWING SIGNS OF POSSIBLE IMPAIRED BEHAVIOR TO MANAGEMENT
- * RESPOND IMMEDIATELY TO ANY POSSIBLE PROBLEM SITUATION
- * DETERMINE THE PEOPLE ENTERING THE PREMISES TO CONSUME ALCOHOL ARE OF LEGAL ALCOHOL DRINKING AGE AND REGARD THEM IF THERE IS ANY QUESTION ABOUT THEIR AGE
- * ENSURE A PERSON MATCHES THEIR VALID LEGAL IDENTIFICATION

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Verify online at
servingalcohol.com

Verification Code
aFeKAXZndj

Date Issued
Nov 10th, 2023

VALID FOR 2 YEARS

This is not a Wisconsin operators/bartenders license.

This certificate will be requested to obtain a Wisconsin operators/bartenders license from the Wisconsin city clerk's office in the municipality where you are working.

Find your city clerk's office here: <https://elections.wi.gov/clerks/directory>

Wisconsin Alcohol Seller/Server Course

Name: Jose Santiago Barajas

Certification Date: Nov 10th, 2023

Certificate Code: aFeKAXZndj

Verify Online: servingalcohol.com

125.17(6), 134.66 (2m), 125.04(5)(a)5 Wis. Stats.

SERVING ALCOHOL INC


VALID FOR 2 YEARS

Learn more about this wallet card at <http://servingalcohol.com/wallet-card>

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I, Jose Manuel Barajas resign effective immediately as registered agent of Los Barajas LLC. I give my 100% ownership of my 50% share to the member/chairwomen Alicia Barajas. She will take over as registered agent of the LLC. Per the operating agreement in place all members have agreed and accept the resignation.

Jose Manuel Barajas

X  11/14/23

This document was subscribed before me by Jose Manuel Barajas
on November 14th, 2023

Anthony Plekan

Notary Public

State of Wisconsin

County of Manitowoc

My Commission expires 10/04/2025

Date: 11/6/23

COPY

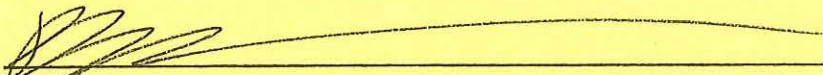
Honorable Mayor and Common Council of the City of Manitowoc:

I hereby surrender the following license:

- “Class A” Retail Intoxicating Liquor and Fermented Malt Beverage*
- “Class B” Retail Intoxicating Liquor and Fermented Malt Beverage*
- Class “A” Fermented Malt Beverage*
- Class “B” Fermented Malt Beverage*
- Class “C” Wine License*

for the premises at 3535 Calumet Ave Manitowoc, WI 54220
in favor of Los Barajas LLC effective _____
NOV. 7th, 2023

Very truly yours,



Signature

Breanna Barajas

Print Signature