

TAV-2020A

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: _____ ending: _____
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } Manitowoc
 Village of }
 City of }

County of Manitowoc Aldermanic Dist. No. _____
(if required by ordinance)

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number <u>456-1030466111-04</u>	
FEIN Number <u>85-2812181</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>58.87</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>291.66</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>25</u>
TOTAL FEE	\$

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
El Tequila LLC

An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the full name and place of residence of each person.

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Gomez</u>	<u>Amando</u>		<u>2019 Granger Rd Manitowoc, WI 54220</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Murillo</u>	<u>Roxanna</u>		<u>2320 S 22nd St. Manitowoc, WI 54220</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Gomez</u>	<u>Amando</u>		<u>2019 Granger Rd. Manitowoc, WI 54220</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name El Tequila Business Phone Number (920) 717-0451
2. Address of Premises 4411 Calumet Ave. Post Office & Zip Code 54220

3. 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 the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)
Building of El Tequila consist of 2 dining areas joined by a double bar in the center. Seating for 220 people approx. Serving alcohol in dining areas as well as bars.

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

5. (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No

(b) If yes, under what name was license issued? El Tequila LLC

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 No
7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
If yes, explain.
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** Yes No
9. (a) **Corporate/limited liability company applicants only:** Insert state 9/1/20 and date 9/1/20 of registration. WISCONSIN
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** Yes 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.** Yes No
10. 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] Yes No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants, or one member of a partnership applicant must sign; one corporate officer, one member/manager of Limited Liability Companies must sign.) 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.

Contact Person's Name (Last, First, M.I.) <u>Amando Gomez</u>	Title/Member <u>President</u>	Date <u>11/12/20</u>
Signature <u>A Gomez</u>	Phone Number <u>920 489-5566</u>	Email Address <u>amandogomez9@mail.com</u>

TO BE COMPLETED BY CLERK

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

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)* 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.

Mi Tequila LLC
Print Name of Corporation/Partnership/Individual

4411 Calumet Ave. Manitowoc, WI
Address of Licensed Premises


Signature of Corporate Agent, Partner or Individual

License Number: TAV-2020A

"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

APPLICANT INFORMATION

Applicant (Name of Corporation, LLC, Partnership, etc.): Mi Tequila LLC

Trade Name: El Tequila Phone Number: (920) 717-0451

Address of Establishment: 4411 Calumet Ave. Manitowoc, WI 54220

Agent or Owner of Establishment: Amando Gomez

BUSINESS DESCRIPTION

Predicted Open Date: 10/19/20 ^{OR} As soon as possible

Predicted Date the Business will be ready for Inspection: 9/17/20

Brief Description of the Business: Full operating restaurant & bar, serving food, liquor, beer. Operating service for dine in & carry out. Available for about 220 people.

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

A Gomez
Signature of Agent or Owner of Establishment

11-12-20
Date

Office Use Only

Date Received by Clerk's Office: _____

Approved

Common Council Date: _____

Denied

Date: 11-12-20

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 4411 Calumet Ave - Manitowoc WI 54220
in favor of Mi Tequila LLC effective _____
upon granting the issuance of license.

Very truly yours,

A. Gomez
Signature

Amanda Gomez
Print Signature

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Gomez		Amanda			
Home Address (street/route)		Post Office	City	State	Zip Code
2019 Granger Rd.			Manitowoc	WI	54220
Home Phone Number		Age	Date of Birth	Place of Birth	
n/a		51	9/2/69	Mexico	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- Agent of Mi Tequila LLC
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
- which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 4 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of 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 county or municipality? Yes No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. (Name, Location and Type of License/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, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
El Nopal	616 S 38th St. Bethany MO	2010	2016
El Tequila	4411 Calumet Ave Manitowoc WI	2016	2020

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned 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 Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting 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.

A Gomez

(Signature of Named Individual)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Murillo Fernandez		Roxanna			
Home Address (street/route)		Post Office	City	State	Zip Code
2320 S 22nd St			Manitowoc	WI	54220
Home Phone Number		Age	Date of Birth	Place of Birth	
n/a		21	10/26/1999	Woodland, CA	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an individual.
- A member of a partnership which is making application for an alcohol beverage license.
- Member of Mi Tequila LLC
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
- which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 3 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of 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 county or municipality? Yes No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. _____
(Name, Location and Type of License/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, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
El Nopal	1100 E 9th St Trenton, MO	2016	2017
Whataburger	4125 S Loop 1604 San Antonio, TX	2017	2018

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned 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 Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting 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.

Roxanna Murillo
(Signature of Named Individual)

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 the officer(s) of the corporation/organization or members/managers 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(s)/members/managers of Mi Tequila 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 El Tequila
(trade name)

located at 4411 Calumet Ave. Manitowoc, WI 54220

appoints Amando Gomez
(name of appointed agent)

2019 Granger Rd. 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? 4 years

Place of residence last year 2019 Granger Rd. Manitowoc, WI 54220

For: Mi Tequila LLC.
(name of corporation/organization/limited liability company)

By: A Gomez
(signature of Officer/Member/Manager)

And: Roxanna Muillo
(signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

I, Amando Gomez, 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.

A Gomez 11-12-20 Agent's age 51
(signature of agent) (date)

2019 Granger Rd. Manitowoc, WI 54220 Date of birth 9/2/69
(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)

Hello, I have attached Amando Gomez's certificate of seller & server for alcohol.
I also have the other numbers asked for previously:
WI sellers permit number: Account # 456-1030466111-04
FEIN: 85-2812181

If you have any questions please don't hesitate to call and ask for Amando Gómez or Brenda Murillo at El Tequila. Our phone number is 920-717-0451.

Thank you!

W

City of Manitowoc
2 Year Operator's License

AMANDO GOMEZ GUZMAN

DOB: 09/02/1969
License No: 200223
Issued: 8/21/2020
Expires: 06/30/2022

Deborah Neuser
City Clerk

WISCONSIN

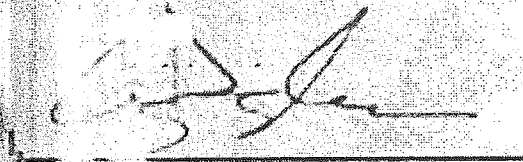
SELLER / SERVER CERTIFICATION

Trainee Name: Amando Gomez

Date of Completion: 08/04/2016

School Name: 360training.com, Inc.

Certification # WI-45381



I certify that the above named person
successfully completed an approved
Learn2Serve Seller/Server course.

COMPLIES WITH WISCONSIN STATUTES 125.04, 125.17, 134.66

Corporate Headquarters
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Austin, Texas 78727
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