



License Number: TAV-2570

"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.): Dos Caminos Latin Food LLC

Trade Name: Dos Caminos Phone Number: 920-769-5070

Address of Establishment: 2525 Menasha Ave, Manitowoc WI 54220

Agent or Owner of Establishment: 536 Clement St APT 5, Green Bay WI 54302

BUSINESS DESCRIPTION

Predicted Open Date: 11/18/2023

Predicted Date the Business will be ready for Inspection: 11/18/2023

Brief Description of the Business: Latin Food 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

[Signature]
Signature of Agent or Owner of Establishment

11/18/2023
Date

Office Use Only

Date Received by Clerk's Office: 04/06/2026

Approved

Common Council Date: 04/20/2026

Denied

PAID

TAN-2570

Form AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	CITY OF MANITOWOC
License Period	07/01/2026 - 06/30/2027

Application Type (check one)

Initial (New) Renewal

License(s) Requested: (up to two boxes may be checked)

- Class "A" Beer \$ 150
- "Class A" Liquor \$ 650
- "Class A" Liquor (cider only) \$ 0
- "Class C" Liquor (wine only) \$ 100
- Class "B" Beer \$ 100
- Regular "Class B" Liquor \$ 600
- Reserve "Class B" Liquor \$ _____
- Above-Quota "Class B" Liquor \$ _____

Fees	
License Fee(s)	\$ 150 600
Background Check Fee	\$ 0
Publication Fee	\$ 25
Total Fees	\$ 175

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)
DOS CAMINOS LATIN FOOD LLC

2. Business Trade Name or DBA
DOS CAMINOS

3. FEIN **41-2349810** 4. Wisconsin Seller's Permit Number **456-10312196054-04**

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

6. If the applicant business is an LLC, are the controlling members other LLCs or corporations? Yes No
If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100.

7. State of Organization **WI** 8. Date of Organization **10/31/25** 9. Wisconsin DFI Registration Number **D084160**

10. Premises Address **2525 MENASHA AVE**

11. City **MANITOWOC** 12. State **WI** 13. Zip Code **54220**

14. County **Manitowoc** 15. Governing Municipality: City Town Village of **MANITOWOC** 16. Aldermanic District _____

17. Premises Phone _____ 18. Premises Email _____ 19. Website _____

20. Premises Description
Initial (New Applicants Only): Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.
Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same.

21. Mailing Address (if different from premises address) _____

22. City _____ 23. State _____ 24. Zip Code _____

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. Yes No
If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
- * "Class B" only: Were you open for the minimum number of days throughout the licensing year? 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.

Dos Caminos Latin Food LLC

Print Name of Corporation/Partnership/Individual

2525 Menasha 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

SIGNATURE AUTHORITY (required)

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

11/18/2025

Date

Alcohol Beverage Appointment of Agent

Date

Agent Type (check one)

- Original (no fee) Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor) Dos Caminos Latin Food LLC	
2. Business Trade Name or DBA Dos Caminos	
3. Entity Type (check one) <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor is checked above.	

Part B: Agent Information

1. Last Name Herrera Orozco	2. First Name Milton	3. M.I. J
4. Email [REDACTED]	5. Phone [REDACTED]	
6. Home Address 536 Clement St Apt 5		
7. City Green Bay	8. State WI	9. Zip Code 54302
10. Date of Birth [REDACTED]	11. Drivers License/State ID Number [REDACTED]	
12. Drivers License/State ID State of Issuance WISCONSIN		

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	<input type="radio"/> Yes <input checked="" type="radio"/> No
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire (licensee) or Form AB-300, Alcohol Beverage Personal Questionnaire (permittee)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	<input checked="" type="radio"/> Yes <input type="radio"/> No

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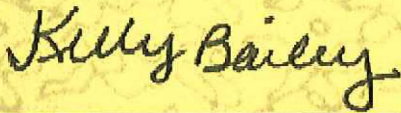
Wisconsin Responsible Beverage Seller/Server Training

MILTON JOSUE HERRERA OROZCO

has met all training requirements and successfully completed the above course and/or exam.

Certification Number: SL200951

Date of Completion: 02/14/2026



Authorized Signature

This certificate represents the successful completion of an approved Wisconsin Department of Revenue Responsible Beverage Server Course in compliance with secs. 125.04(5)(a)5., 125.17(6), and 134.66(2m), Wis. Stats. Present this certificate to your local municipal clerk's office to receive your Operator's or Retail license.

Diversys Learning, Inc.
1101 Arrow Point Drive, Suite 302
Cedar Park, TX 78613

Alcohol Beverage Individual Questionnaire

Date

All individuals involved in the alcohol beverage business must complete this form, including:

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

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

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) <i>Dos Caminos Latin Food LLC</i>	
2. Business Trade Name or DBA <i>Dos Caminos</i>	
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. Last Name <i>Herrera Orozco</i>		2. First Name <i>Milton</i>		3. M.I. <i>J</i>	
4. Relationship to Business (Title) <i>Owner</i>		5. Email [REDACTED]		6. Phone [REDACTED]	
7. Home Address <i>536 Clement St APT 5</i>					
8. City <i>Green Bay</i>		9. State <i>WI</i>	10. Zip Code <i>54302</i>		11. Date of Birth [REDACTED]
12. Drivers License/State ID Number [REDACTED]			13. Drivers License/State ID State of Issuance <i>WISCONSIN</i>		

Part C: Address History							
1. Do you currently live in Wisconsin?							<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide the month and year when you permanently moved to Wisconsin							(MM/YYYY) <i>8/2021</i>
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1		City		State		Zip Code	
Previous Address 2		City		State		Zip Code	
Previous Address 3		City		State		Zip Code	
Previous Address 4		City		State		Zip Code	
Previous Address 5		City		State		Zip Code	
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.							
State	County	State	County	State	County	State	County
State	County	State	County	State	County	State	County

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Alcohol Beverage Individual Questionnaire

Date

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Part A: Business Information			
1. Legal Business Name (individual name if sole proprietor) Dos Caminos Latin Food LLC			
2. Business Trade Name or DBA Dos Caminos			
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. Last Name Herrera Moreno		2. First Name Walther	
		3. M.I. E	
4. Relationship to Business (Title) Owner		5. Email	
		6. Phone	
7. Home Address 10030 Periwinkle St			
8. City Misamar		9. State FL	10. Zip Code 33025
		11. Date of Birth	
12. Drivers License/State ID Number		13. Drivers License/State ID State of Issuance	
		Florida	

Part C: Address History			
1. Do you currently live in Wisconsin?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
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Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.			
State	County	State	County
State	County	State	County

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