

# ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning Feb. 13 20 15 ;  
ending June 30 20 15 ;

TO THE GOVERNING BODY of the:  Town of  
 Village of } LACROSSE  
 City of

County of LACROSSE Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

Applicant's WI Seller's Permit No.: <u>486-1028235935-02</u> FEIN Number: <u>47-2114467</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>41.70</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$ <u>208.35</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>20.00</u>
<b>TOTAL FEE</b>	\$ <u>270.05</u>

1. The named  INDIVIDUAL  PARTNERSHIP  LIMITED LIABILITY COMPANY  
 CORPORATION/NONPROFIT ORGANIZATION

hereby makes application for the alcohol beverage license(s) checked above.

2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): EL RODEO MEXICAN RESTAURANT LLC

An "Auxillary 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 name, title, and place of residence of each person.

Title	Name	Home Address	Post Office & Zip Code
President/Member	<u>Ignacio Morales</u>	<u>4502 MARKLE RD</u>	<u>LACROSSE WI 54601</u>
Vice President/Member			
Secretary/Member	<u>Felipe Morales</u>	<u>1618 Merton Rd SE #57, Rochester MN 55904</u>	
Treasurer/Member			
Agent	<u>IGNACIO MORALES</u>	<u>4502 MARKLE RD</u>	<u>LACROSSE WI 54601</u>
Directors/Managers	<u>NONE</u>		

3. Trade Name EL RODEO MEXICAN RESTAURANT Business Phone Number 608-397-1188  
4. Address of Premises 115 5<sup>th</sup> Ave S. Post Office & Zip Code LACROSSE WI 54601

5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period?  Yes  No  
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant?  Yes  No  
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business?  Yes  No  
8. (a) Corporate/limited liability company applicants only: Insert state WI and date 2014 of registration.  
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company?  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?  Yes  No  
(NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)

9. 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.) Sales/service, Restaurant, dining and bar area in one story building.

10. Legal description (omit if street address is given above): Storage: In Restaurant and bar area.

11. (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 RODEO MEXICAN RESTAURANT LLC

12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864]  Yes  No  
13. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in Section 2, above? [phone (608) 266-2776]  Yes  No  
14. 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 signers. Signers agree 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 and each member of a partnership applicant must sign; corporate officer(s), members/managers 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.

SUBSCRIBED AND SWORN TO BEFORE ME  
this 12<sup>th</sup> day of JANUARY 20 15  
[Signature]  
(Clerk/Notary Public)  
My commission expires 3-13-2016  
Ignacio Morales  
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)  
Felipe Morales  
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)  
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

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
<u>1/12/15</u>	<u>2/3/15</u>		
Date license granted	Date license issued	License number issued	
			<u>480.05</u>

CITY OF LA CROSSE, WI  
General Billing - 122420 - 2015  
001421-0014 Mark P. 01/13/2015  
168332-EL RODEO MEXICAN RESTAURANT LLC

# AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name) <u>Morales</u>		(first name) <u>Ignacio</u>		(middle name) <u>(None)</u>	
Home Address (street/route) <u>4502 Markle Rd</u>		Post Office		City <u>La Crosse</u>	State <u>WI</u> Zip Code <u>54601</u>
Home Phone Number <u>608-397-1148</u>		Age	Date of Birth	Place of Birth <u>Mexico</u>	

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.
- President of El Rodeo Mexican Restaurant 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:

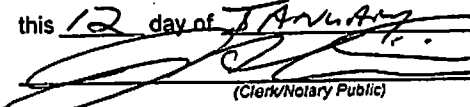
- 1) How long have you continuously resided in Wisconsin prior to this date? 10 Years
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or 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.)
3. 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.
4. 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. 37885 Skelch Rd #109 Prairie du Chien WI combination class B  
Acapulco Bay E Grill Inc  
(Name, Location and Type of License/Permit)
5. 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)

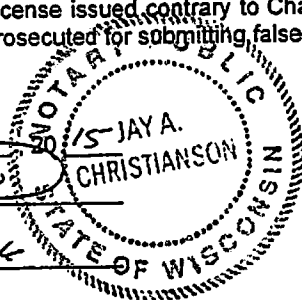
6. Named individual must list in chronological order last two employers.

Employer's Name <u>Acapulco Bay E Grill</u>	Employer's Address <u>37885 Skelch Rd #109 Prairie du Chien WI</u>	Employed From <u>03/01/2012</u>	To <u>Present</u>
Employer's Name <u>Fiesta Mexicana</u>	Employer's Address <u>5200 Normann Drive Rd La Crosse WI</u>	Employed From <u>08.01.2005</u>	To <u>02.01.2012</u>

The undersigned, being first duly sworn on oath, deposes and says 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.

Subscribed and sworn to before me

this 12 day of JANUARY, 2012  
  
(Clerk/Notary Public)



Ignacio Morales  
(Signature of Named Individual)

My commission expires 3-13-2014



Printed on Recycled Paper

Wisconsin Department of Revenue

# AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Felipe Morales		Felipe		(NMN)	
Home Address (street/route)		Post Office	City	State	Zip Code
1618 Marion Rd SE #57			Rochester	MN	55904
Home Phone Number		Age	Date of Birth	Place of Birth	
507 285 4992				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.
  - Secretary of El Rodeo Mexican Restaurant 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:

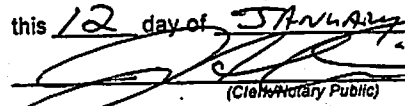
1. How long have you continuously resided in Wisconsin prior to this date? N/A
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?  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.)
3. 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.
4. 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. 37805 Selch Rd #109, Prairie Du Chem WI - Cooks "Class B" - Acapico Bar & Grill Inc  
(Name, Location and Type of License/Permit)
5. 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)

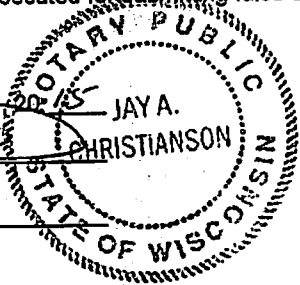
6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Canadian Honker	Rochester MN	2000	10-1-2014
Employer's Name	Employer's Address	Employed From	To

The undersigned, being first duly sworn on oath, deposes and says 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.

Subscribed and sworn to before me

this 12 day of JANUARY  
  
(Notary Public)



Felipe Morales  
(Signature of Named Individual)

My commission expires 3-13-2018



**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  City of LACROSSE County of LACROSSE

The undersigned duly authorized officer(s)/members/managers of El Rodeo Mexican Restaurant 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 RODEO MEXICAN RESTAURANT  
(trade name)

located at 115 5<sup>th</sup> Ave South, LACROSSE WI 54601

appoints IGNACIO MORALES  
(name of appointed agent)

4502 MARBLE RD, LACROSSE WI 54601  
(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).  
Acapulco Bar & Grill, Inc., Prairie Du Chem, WI (Crawford County)

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? 10 Years

Place of residence last year 4502 MARBLE RD, LACROSSE WI 54601

For: El Rodeo Mexican Restaurant LLC  
(name of corporation/organization/limited liability company)

- By: Ignacio Morales  
(signature of Officer/Member/Manager)

And: Felipe Morales  
(signature of Officer/Member/Manager)

**ACCEPTANCE BY AGENT**

I, Ignacio Morales, 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.

- Ignacio Morales 1/12/15 Agent's age \_\_\_\_\_  
(signature of agent) (date)

4502 MARBLE RD, LACROSSE WI 54601 Date of birth \_\_\_\_\_  
(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 1/12/15 by AG Michael J. [Signature] Title Police Chief  
(date) (signature of proper local official) (town chair, village president, police chief)

New: Y  
Renewal:

CITY OF LA CROSSE, WI  
General Billing - 122420 - 2015  
001421-0014 New Fee: 301/13/2015 08:37AM  
165533 - EL RODEO MEXICAN RESTAURANT LL

Receipt #: 122420  
Payment Amount: 480.05

— APPLICATION FOR BEER GARDEN LICENSE  
\_\_\_\_ Class "A" X Class "B" \_\_\_\_ Class "C" \_\_\_\_ Class "D"  
(ZONING RESTRICTION)

To the Common Council of the City of La Crosse:

Legal/Real Name: El Rodeo Mexican Restaurant, LLC

Address of above: 115 5th Avenue South, LaCrosse, WI 54601

Trade name of business: El Rodeo Mexican Restaurant

Address of premises to be licenses: 115 5th Avenue South, LaCrosse, WI 54601

Description of proposed beer garden: (MUST BE SPECIFIC: square feet, physical location, material made out of, etc.) 115 5th Ave S LaCrosse WI 54601

20x28 foot area at entrance of building with metal fencing around area

Name of manager (FIRST, MIDDLE & LAST:): Ignacio Morales (No middle name)

Home address: 4502 Markle Rd, LaCrosse, WI 54601

Home phone number: 608-397-1184

Daytime phone number: 608-397-1184

Date of Birth: \_\_\_\_\_

License Period: 2014 - 2015 Feb 13, 2015 to June 30, 2015

The above hereby makes application for a license to operate a Beer Garden at the above address within the City of La Crosse pursuant to provisions of Chapter 10, Article III of the Code of Ordinances for the City of La Crosse.

IGNACIO MORALES  
(Signature of Applicant)

10/20/2014  
(Date)

\*\*\*\*A PLAN MUST ACCOMPANY THIS APPLICATION\*\*\*\*

OFFICE USE ONLY:

For original applications: Attach a list of all property owners within 200 feet of the proposed licensed premises.

Signature and date: \_\_\_\_\_

Granted: \_\_\_\_\_ License #: 29

5TH AVS

5TH AV. SIDE WALK

3' High Fence

28FT

20FT

Window

apartment

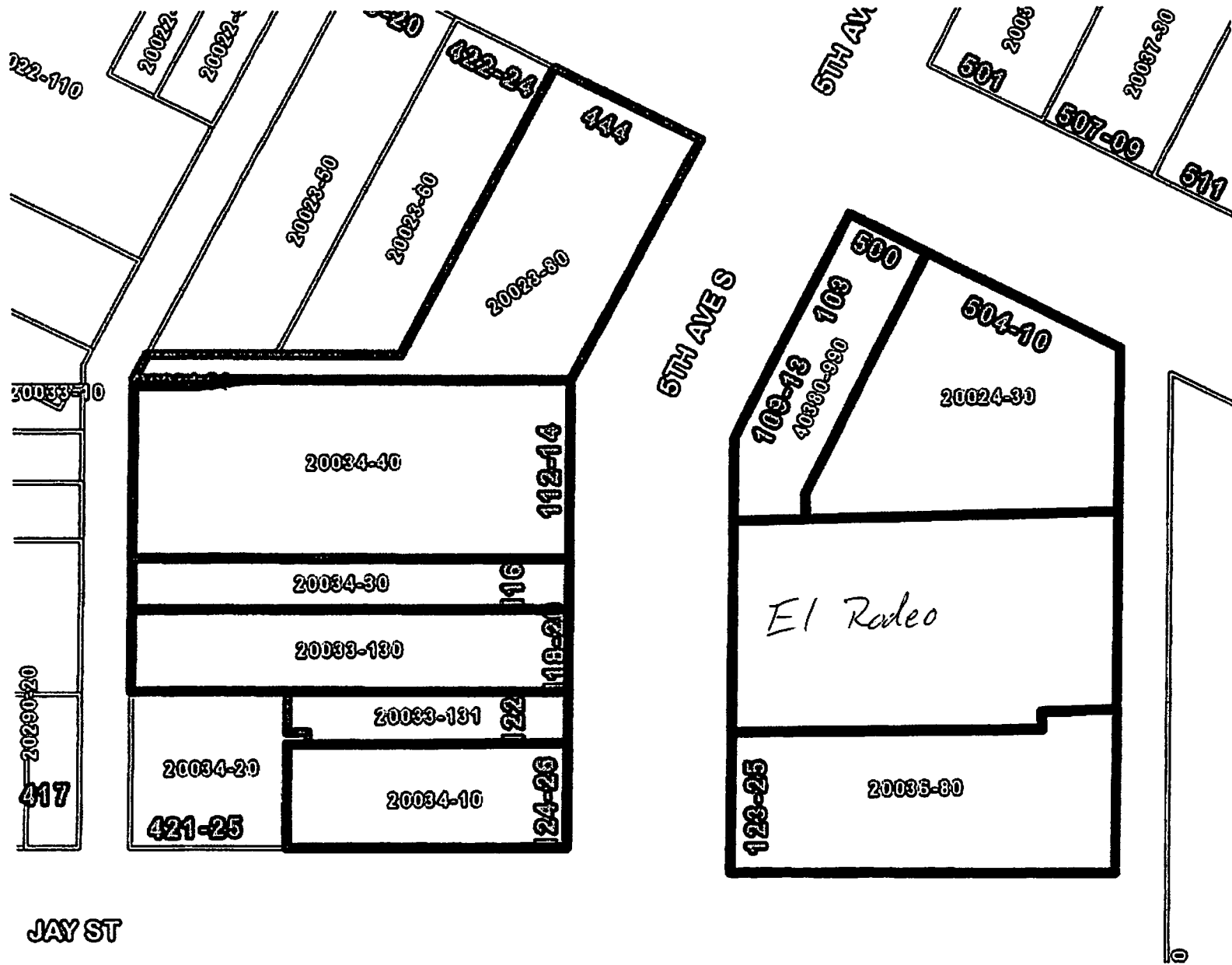
Entrance

Entrance

115 SO. 5TH AV.



Class "B"  
200' Buffer - Beer Garden



JAY ST

Original: P

Renewal:

Payment Amount: 480.05  
Invoice #: 122420

APPLICATION FOR INDOOR CABARET LICENSE

Legal/Real Name: El Rodeo Mexican Restaurant, LLC

Address of above: 4502 Markle Rd, LaCrosse, WI 54601

Trade name of business: El Rodeo Mexican Restaurant

Address of premises to be licensed: 115 5th Avenue South, LaCrosse, WI 54601

Business phone number: Not at this time (will be getting # in upcoming weeks)

Detailed description of cabaret area to be licensed: inside the restaurant

the restuaran dining and bar area in the building

Premises are owned by: Marrud McGuire, L.L.C.

Address of owner: N2194 Valley Rd, LaCrosse, WI 54601

Name of Cabaret Manager (FIRST, MIDDLE & LAST): Ignacio Morales

Home address of Cabaret Manager: 4502 Markle Rd, LaCrosse, WI 54601

Home phone number of Cabaret Manager: 608-397-1184

Daytime phone number of Cabaret Manager: 608-397-1184

Date of Birth of Cabaret Manager: \_\_\_\_\_

Was the above person listed as manager on last year's application? Yes \_\_\_\_\_ No X

Other business to be conducted upon the premises: restaurant

Nature of entertainment: live music

License Period: 2014 - 2015 Feb 13, 2015 to June 30, 2015

The above hereby makes application for a license to operate an Indoor Cabaret at the above address within the City of La Crosse pursuant to provisions of Chapter 10, Article IV of the Code of Ordinances for the City of La Crosse.

Ignacio Morales 10/20/2014  
(Signature of applicant & date)

OFFICE USE ONLY: \_\_\_\_\_ Munis Customer #: 165533

For original applications: Are there lands zoned conservancy, residential or multiple dwelling within 100 feet of premises? Y N If yes, attach a list of those lands.

Signature and date \_\_\_\_\_

Granted: \_\_\_\_\_ License #: 79