

COPY

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Applicant's WI Seller's Permit No.: FEIN Number: 81-2275000

Submit to municipal clerk.

For the license period beginning July 15 20 16 ; ending June 30 20 17

TO THE GOVERNING BODY of the: Town of Village of City of LaCrosse

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

Table with columns: LICENSE REQUESTED, TYPE, FEE. Rows include Class A beer, Class B beer, Class C wine, Class A liquor, Class A liquor (cider only), Class B liquor, Reserve Class B liquor, Class B (wine only) winery, Publication fee, and TOTAL FEE \$ 620.00.

- 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): Roma Restaurant, 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.

Table with columns: Title, Name, Home Address, Post Office & Zip Code. Rows for President/Member, Vice President/Member, Secretary/Member, Treasurer/Member, Agent, and Directors/Managers.

- 3. Trade Name Senor Villa Business Phone Number 715-456-6368
4. Address of Premises 325 West Avenue North, Suites B and C Post Office & Zip Code 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?
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant?
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business?
8. (a) Corporate/limited liability company applicants only: Insert state WI and date 3-26-2016 of registration.
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company?
(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?

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.) 4,625 sq. ft., 1 story, kitchen, restaurant, office and 2 restrooms

- 10. Legal description (omit if street address is given above):
11. (a) Was this premises licensed for the sale of liquor or beer during the past license year?
(b) If yes, under what name was license issued?
12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business?
13. Does the applicant understand they must hold a Wisconsin Seller's Permit?
14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?

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.

SUBSCRIBED AND SWORN TO BEFORE ME this 21st day of June, 2016. Signature of Clerk/Notary Public. My commission expires 4-29-2017

Signatures of Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual and Additional Partner(s)/Member/Manager of Limited Liability Company if Any.

TO BE COMPLETED BY CLERK. Table with columns: Date received and filed with municipal clerk, Date license granted, Date reported to council/board, Date license issued, Date provisional license issued, License number issued, Signature of Clerk / Deputy Clerk.

**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 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 LACROSSE County of LACROSSE  
 City

The undersigned duly authorized officer(s)/members/managers of ROMA 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 SEÑOR VILLA  
(trade name)

located at 325 WEST AVENUE NORTH, SUITES B AND C

appoints MARIO VILLASENOR  
(name of appointed agent)  
624 VICTORIA LANE, ONALASKA, WI 54650  
(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? 9 YEARS

Place of residence last year 2607 SESSIONS STREET, APT 1, EAU CLAIRE, WI 54701

For: ROMA RESTAURANT, LLC  
(name of corporation/organization/limited liability company)  
 By: [Signature] (signature of Officer/Member/Manager) (Roy Verduzco)  
 And: [Signature] (signature of Officer/Member/Manager) (Mario Villaseñor)

**ACCEPTANCE BY AGENT**

I, MARIO VILLASENOR, 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.

[Signature] (signature of agent) 06/21/16 (date) Agent's age \_\_\_\_\_  
624 VICTORIA LANE, ONALASKA, WI 54650 (home address of agent) Date of birth    /   /   

**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)