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ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning Mar 15 20 13 ending June 30 20 13

Applicant's Wisconsin Seller's Permit Number: 456-0002139930-03
Federal Employer Identification Number (FEIN): 38-8179125
LICENSE REQUESTED
TYPE FEE
Class A beer \$
Class B beer \$
Class C wine \$
Class A liquor \$
Class B liquor \$
Reserve Class B liquor \$ 10,000
Publication fee \$
TOTAL FEE \$ 10,000

TO THE GOVERNING BODY of the: [X] Village of Howard [ ] Town of [ ] City of

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

1. The named [X] 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): LUISA ELVA LIMA

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 name, title, and place of residence of each person.

President/Member Title: LUISA E. LIMA Name: 868 Hillcrest Hgts Post Office & Zip Code: GB WI 54313
Vice President/Member: ENASTO VEGA
Secretary/Member:
Treasurer/Member:
Agent: Juan C Jimenez
Directors/Managers:

3. Trade Name: LAS VEGAS BALLROOM Business Phone Number: 920-562-2549

4. Address of Premises: 1119 N. Military Ave. 54303 Post Office & Zip Code: 54303

- 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 [X] No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? [ ] Yes [X] No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? [ ] Yes [X] No
8. (a) Corporate/limited liability company applicants only: Insert state and date of registration.
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? [ ] Yes [X] 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? [X] 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, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) BAR ROOM - KITCHEN - STORAGE ROOM BEHIND BAR

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? [X] Yes [ ] No

(b) If yes, under what name was license issued? LUISA E LIMA

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] [X] 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 [X] Yes [ ] No

14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? [X] 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 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 07 day of February, 20 13

Juan K. Kobus (Clerk/Notary Public)

Juan C Jimenez (Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)

My commission expires 7/5/15

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Table with 4 columns: Date received and filed with municipal clerk, Date reported to council/board, Date provisional license issued, Signature of Clerk / Deputy Clerk. Includes date 2/26/13 and license number issued.

# AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name) <b>LIMA</b>		(first name) <b>LUISA</b>		(middle name) <b>ELVA</b>	
Home Address (street/route) <b>868 HILLCREST HEIGHTS</b>		Post Office	City <b>GREEN BAY</b>	State <b>WI</b>	Zip Code <b>54313</b>
Home Phone Number <b>920-662-9919</b>		Age <b>43</b>	Date of Birth <b>10-08-70</b>	Place of Birth <b>MEXICO</b>	

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.
- \_\_\_\_\_ of \_\_\_\_\_  
(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? 19 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. CASA BLANCA 17804 COUNTY ROAD R DENMARK WI  
(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)
- Named individual must list in chronological order last two employers.

Employer's Name <b>NOVEDADES MI FIESTA</b>	Employer's Address	Employed From <b>2006</b>	To <b>2012</b>
Employer's Name <b>PACKERLAND PACKING</b>	Employer's Address <b>LIME KILN R</b>	Employed From <b>200</b>	To <b>2006.</b>

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 27<sup>th</sup> day of February, 2013  
Lynn K. Roberts  
(Clerk/Notary Public)

[Signature]  
(Signature of Named Individual)

My commission expires 7/5/15



Printed on Recycled Paper

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 Howard County of Brown

The undersigned duly authorized officer(s)/members/managers of Las Vegas Ballroom  
(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

located at 1119 Military Ave Green Bay WI 54303  
(trade name)

appoints Luisa Elva Lima  
(name of appointed agent)  
868 Hillcrest heights Green Bay WI 54313  
(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).  
Casa Blanca 17807 County Road R Denmark WI 54208-9547

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? 19 years

Place of residence last year 1456 Crook St Green Bay WI 54302 - 868 Hillcrest heights 54313

For: Las Vegas Ballroom  
(name of corporation/organization/limited liability company)

By: Luisa Elva Lima  
(signature of Officer/Member/Manager)

And: \_\_\_\_\_  
(signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

I, Luisa Elva Lima  
(print/type agent's name), hereby accept this appointment as agent for the

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.

Luisa Elva Lima  
(signature of agent) 8-31-12  
(date)

Agent's age 42

868 Hillcrest heights Green Bay WI 54313  
(home address of agent)

Date of birth 10-8-70

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)