

4h

# ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

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

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

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

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): Nacho Libre 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 name, title, and place of residence of each person.

Title	Name	Home Address	Post Office & Zip Code
President/Member			
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<u>Aaron Fraire</u>	<u>1203 Brookwood Dr.</u>	<u>54304</u>
Directors/Managers			

3. Trade Name Maria's Family Restaurant Business Phone Number 920-434-9870  
4. Address of Premises 1919 Shawano Ave 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  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 \_\_\_\_\_ and date \_\_\_\_\_ 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, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 1919 Shawano Ave

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?  Yes  No  
(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? [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 16th day of April, 20 13

Amanda L. Durb  
(Clerk/Notary Public)

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

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

My commission expires Aug 2, 2015

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

### TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4/16/13</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

# 3579426

**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 Howard County of Brown  
 City

The undersigned duly authorized officer(s)/members/managers of \_\_\_\_\_  
(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 Nacho Libre LLC D.B.A. "Maria's Restaurant"  
(trade name)

located at 1919 Shawano Ave

appoints Aaron Fraire  
(name of appointed agent)

1203 Brookwood Dr.  
(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).  
Nacho Libre LLC D.B.A. Maria's Restaurant

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? 22

Place of residence last year 1203 Brookwood Dr.

Nacho Libre LLC D.B.A. Maria's Family Restaurant  
(name of corporation/organization/limited liability company)

By: [Signature]  
(signature of Officer/Member/Manager)

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

**ACCEPTANCE BY AGENT**

I, Aaron Fraire, 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] 4-16-13  
(signature of agent) (date)

Agent's age [Redacted]

1203 Brookwood Dr.  
(home address of agent)

Date of birth [Redacted]

**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)

# AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name) <u>Fraire</u>		(first name) <u>Aaron</u>		(middle name)	
Home Address (street/route) <u>1203 Brookwood</u>		Post Office	City <u>Green Bay</u>	State <u>WI</u>	Zip Code <u>54304</u>
Home Phone Number <u>920-375-0416</u>		Age <u>[REDACTED]</u>	Date of Birth <u>[REDACTED]</u>	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.
- Aaron Fraire, of Marials Restaurant  
(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? 22 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 <u>WIDMNO</u>	Employer's Address <u>Lineville Rd.</u>	Employed From <u>Feb 2013</u>	To <u>Present</u>
Employer's Name <u>EILLEN S Candy</u>	Employer's Address <u>Waubesaue St.</u>	Employed From <u>Feb. 2006</u>	To <u>May 2010</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 16<sup>th</sup> day of April, 2013  
Annita D. Day  
(Clerk/Notary Public)

Aaron Fraire  
(Signature of Named Individual)

My commission expires Aug. 2015



Printed on Recycled Paper

**PROVISIONAL  
CLASS "B" RETAIL LICENSE**

No. 2012-702

\$ 10.00

**FERMENTED MALT BEVERAGES**

WHEREAS, the local governing body of the Village of Howard, County of Brown, State of Wisconsin, has, upon application duly made, granted and authorized the issuance of a Retail Class "B" License to **Nacho Libre LLC d/b/a Maria's Family Restaurant** to sell Fermented Malt Beverages, as defined by law, pursuant to Section 125.26 of the Statutes of the State of Wisconsin, and local ordinances; and

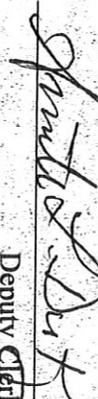
WHEREAS, the said applicant has paid to the Treasurer the sum of **\$100.00** for such Class "B" Retail Fermented Malt Beverage License as provided by local ordinances, and has completed with all the requirements necessary for obtaining such license.

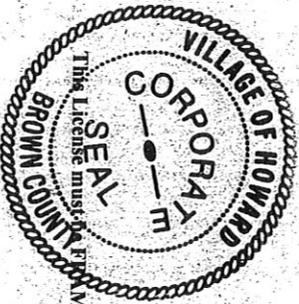
NOW THEREFORE, a license is hereby issued to said applicant to sell, deal and traffic in, at retail, Fermented Malt Beverages at the following described premises:

**Maria's Family Restaurant  
1919 Shawano Ave.  
Green Bay, WI 54303**

FOR THE PERIOD from April 16, 2013 to June 16, 2013.

Given under my hand and the corporate  
seal of the Village of Howard  
this 16<sup>th</sup> day of April, 2013.

  
Deputy Clerk



This License must be FURNISHED and POSTED in a conspicuous place where Fermented Malt Beverages are drawn or removed for service sale.



Order Number **3579426**

Click on a Type of Return link to view an individual's result. Manual Intervention results are normally available by the next business day.

Name	DOB	Type of Return
FRAIRE, AARON	12/13/1971	No Criminal History

The response is based on a search using identification data supplied. Searches based solely on name and non-unique identifiers are not fully reliable. The CIB cannot guarantee that the information furnished pertains to the individual you are interested in.

Subject to 111.33 to 111.36, section 111.321 of the Wisconsin statues prohibits acts of employment discrimination based on arrest and conviction records. Applicants should be notified of their right to challenge the accuracy and completeness of any information contained in a criminal record before any final determination is made. Challenges should be submitted to the Crime Information Bureau on form DJ-LE-247 and may include a request for fingerprint comparison.

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