

3-21-22
3-25-22
APPLICANT/AGENT: Aguirre LLC/Maria Aguirre
BUSINESS NAME: La Patrona Family Restaurant
BUSINESS ADDRESS: 215 W. Wisconsin Ave.

Building Inspector approval:

I hereby certify that I have inspected the property above to see if they meet the municipal and state codes as it pertains to building inspection. To the best of my knowledge, with the available information, the property has passed inspection and I have no objection to the granting of the license for the above property. It is our recommendation that the license be:

Approved

Signed: Brett Jensen

Denied

Title: Senior Building Inspector
Date: 3/25/2022

If denied, please specify why _____

3-21-22
3-29-22
APPLICANT/AGENT: Aguirre LLC/Maria Aguirre
DATE OF BIRTH: 07/01/1983
ADDRESS: 1641 W Homestead Dr. Appleton WI 54914
BUSINESS NAME: La Patrona Family Restaurant
BUSINESS ADDRESS: 215 W. Wisconsin Ave.

A260-5508-3741-15

Police Department recommendation:

I hereby certify that we have checked municipal and state criminal records. It is our recommendation that the license be:

Approved

Signed: Bred Sandfort

Denied

Title: Assistant Chief

If denied, please specify why _____

3-15-22
3-21-22
APPLICANT/AGENT: Aguirre LLC/Maria Aguirre
BUSINESS NAME: La Patrona Family Restaurant
BUSINESS ADDRESS: 215 W Wisconsin Ave.

City Attorney/Paralegal Suggestions:

Approved as presented.

Signed: _____

Title: _____

Date: _____

3-21-22
3-25-22
APPLICANT/AGENT: Aguirre LLC/Maria Aguirre
BUSINESS NAME: La Patrona Family Restaurant
BUSINESS ADDRESS: 215 W. Wisconsin Ave.

Planning and Community Development approval:

I hereby certify that I have inspected the property above to see if they meet the municipal and state codes as it pertains to planning and community development. To the best of my knowledge, with the available information, the property has passed inspection and I have no objection to the granting of the license for the above property. It is our recommendation that the license be:

Approved

Denied

Signed: _____

Title: _____

Date: _____

If denied, please specify why _____

1-21-22
3-22-22
APPLICANT/AGENT:
BUSINESS NAME:
BUSINESS ADDRESS:
FILE NO.:

Aguirre LLC/Maria Aguirre
La Patrona Family Restaurant
215 W. Wisconsin Ave.

Fire Department approval:

I hereby certify that I have inspected the property above to see if they meet the municipal and state codes as it pertains to fire and safety issues. To the best of my knowledge, with the available information, the property has passed inspection and I have no objection to the granting of the license for the above property. It is our recommendation that the license be:

Approved

Denied

Signed:

Cody Foss

Title:

Assistant Chief Foss

Date:

3-22-22

If denied, please specify why _____

COPY

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 04/01/2022 ending: 06/30/2022
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☐ Village of ☒ City of } kaukauna

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

Check one: ☐ Individual ☒ Limited Liability Company
☐ Partnership ☐ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Aguirre</u>	<u>Maria</u>		<u>1641 W Homestead Dr Appleton WI 54914</u>
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
<u>Aguirre llc</u>	<u>1641 W Homestead Dr Appleton WI 54914</u>

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Aguirre</u>	<u>Maria</u>		<u>1641 W Homestead Dr Appleton WI 54914</u>

All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Aguirre</u>	<u>Maria</u>		<u>1641 W Homestead Dr Appleton WI 54914</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name La Patrona Family Restaurant Business Phone Number 920-759-5003

2. Address of Premises 215 W Wisconsin Avenue Post Office & Zip Code Kaukauna, WI 54130

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No

4. 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.) In a cooler behind counter

Alcohol will be stored in a cooler behind the counter and behind the bar area. It will be sold, served and consumed in the main dining area and at the counter/bar.

Updated premise as directed by Maria, agent.

Applicant's Wisconsin Seller's Permit Number <u>456-1030528970-02</u>	
FEIN Number <u>86-1185816</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>25</u>
<input checked="" type="checkbox"/> Class C wine	\$ <u>25</u>
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input checked="" type="checkbox"/> Class B (wine only) winery	\$ <u>25</u>
Publication fee	\$ <u>25</u>
TOTAL FEE	\$ <u>75.00</u>

Pd. 3-14-22
Receipt #6338

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** ☐ Yes ☒ No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** ☐ Yes ☒ No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** ☒ Yes ☐ No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? ☒ Yes ☐ No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No
12. Does the applicant owe municipal property taxes, assessments, or other fees? ☐ Yes ☒ No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) Aguirre Maria	Title / Member Owner	Date 03/08/2022
Signature <i>Maria Aguirre</i>	Phone Number 920-574-8475	Email Address maguirrecs@gmail.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
AGUIRRE		MARIA			
Home Address (street/route)		Post Office	City	State	Zip Code
1641 W HOMESTEAD DR		APPLETON	APPLETON	WI	54914
Home Phone Number		Age	Date of Birth	Place of Birth	
920-574-8475		38	07/01/1983		

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.
- ☒ **AGENT** of **AGUIRRE 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:

- How long have you continuously resided in Wisconsin prior to this date? _____
- 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 employee 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	Employer's Address	Employed From	To
NIEBLER PROPERTIES	12545 W BURLEIGH RD #6	07/26/2012	12/05/2021
Employer's Name	Employer's Address	Employed From	To
	BROOKFIELD WI 53005		

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Maria Aguirre

(Signature of Named Individual)

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 an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of: ☐ Town
☐ Village of KAUKAUNA County of OUTAGAMIE
☒ City

The undersigned duly authorized officer/member/manager of AGUIRRE 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
LA PATRONA FAMILY RESTAURANT

(Trade Name)

located at 215 W WISCONSIN AVENUE KAUKAUNA WI 54130

appoints MARIA AGUIRRE

(Name of Appointed Agent)

1641 W HOMESTEAD DR APPLETON WI 54914

(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? 25 YEARS

Place of residence last year 1641 W HOMESTEAD DRIVE APPLETON WI 54914

For: AGUIRRE LLC

(Name of Corporation / Organization / Limited Liability Company)

By:

(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

ACCEPTANCE BY AGENT

I, MARIA AGUIRRE, 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.

Maria Aguirre
(Signature of Agent)

3/8/22
(Date)

Agent's age 38

1641 W HOMESTEAD DRIVE APPLETON WI 54914

(Home Address of Agent)

Date of birth 07/01/1983

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)