## Form AT-106

## Original Alcohol Beverage License Application

FOR CLERKS ONLY			
Municipality City o	f Richland Center		
41	<i>a</i> .		
License Period / / lo	V 8,2 y 06/30/2024		

License(s) Requested		,
☑ Class "A" Beer \$ <u>/4. &gt; 9</u> ☐ "Class A" Liquor	License Fees	\$ 14. 79
☐ Class "B" Beer \$ ☐ "Class B" Liquor \$	Publication Fee	\$15.99
"Class C" Wine	Background Check	\$15.00
Reserve "Class B" Liquor \$	Total Fees	\$45.78
Premises Description - Describe the building or buildings where alcohol beverages including living quarters, if used, for the sales, service, consumption, and/or storage beverages may be sold and stored ONLY on the premises described in this application.  NO Bosement NO Up stoirs  1. Have the partners, agent, or sole proprietor satisfied the responsible beverage server this license period? Submit a copy of Responsible Beverage Server Training Course  2. Does the applicant business or its partners, officers, directors, managing members, of indirect interest in any alcohol beverage wholesaler or producer (e.g., brewer, brewpt)	6. Aldermanic District  Corporation Norare to be sold and storage of alcohol beverages on. Attach additional shall be training requirement for Certificate	profit Organization ed. Describe all rooms s and records. Alcohol eets if necessary.  Cond Center.
If yes, please explain using the space below. Attach additional sheets if necessary.		′
•		
	4	,
AT-106 (R. 07-23) - 1 -		Wisconsin Department of Revenue

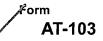
A C: For Corporate/LLC Applica	nts Unly		TA =	Down to the first	
1. State of Registration			2. Date of	Registration	
Misconsin				2024	
<ol> <li>Is the applicant business owned by and parent company below, include parent company's principal members, manage</li> </ol>	company members in Pa	ert D, and attach	Form A1-103 for all o	of the parent	
Name of Parent Company		FEIN of Parent C	Company		
Does the parent company or any of its interest in any other alcohol beverage If yes, please explain using the space	wholesaler or producer	(e.g., brewer, bre	ewpub, winery, distil	ect or indirect lery)?	
	1 A	inst Name		Phone	
5. Agent's Last Name	Agent's F	irst name		Friorie	
Part D: Individual Information					
A Supplemental Questionnaire, Form AT-103, n any parent company as indicated in Part C. Pe or nonprofit organization, all partners of a partr	rsons in the applicant busin	ess include: sole p	roprietor, all officers, di	irectors, and agent of a corporation	
ist the full name, title, and phone number	for each person below. A	Attach additional	sheets if necessary.		
Last Name	First Name		Title	Phone	
Last Name	T HOLINGHIC				
		•			
•					
•					
			l.,		
Part E: Attestation			4		
Who must sign this application?					
• , .	tner of a partnership	one corpora	te officer • one	e managing member of an LLC	
READ CAREFULLY BEFORE SIGNING: Uthat I am acting solely on behalf of the applithat the rights and responsibilities conferred this business according to the law, including lack of access to any portion of a licensed pland grounds for revocation of this license. I state law. I further understand that I may be any person who knowingly provides material	nder penalty of law, I have cant business and not on business and not on business do not limited to, purchasi but not limited to, purchasi emises during inspection wounderstand that any licens prosecuted for submitting in	answered each of openalf of any other ed, will not be ass ing alcohol beveragill be deemed a rese issued contrary false statements a	the above questions individual or entity seigned to another indiviges from state authorized to Wis. Stat. Chapter and affidavits in connection	completely and truthfully. I agree eking the license. Further, I agree idual or entity. I agree to operate zed wholesalers. I understand that on. Such refusal is a misdemeanor 125 shall be void under penalty of the with this application, and that	
Signature William Men	Gara	. D	ate 3/20/5	24	
Name (Last), First, M.I.)	De La Cruz	2 Garcia	<u>. , , , , , , , , , , , , , , , , , , ,</u>	Dhone	
Title Owner.	Email	in1996@	)live.com	108-383-33	
Part F: For Clerk Use Only					
Date application was filed with clerk 4 - 12 - 2024	Date reported to govern	Date reported to governing body		Date provisional license issued (if applicable)	
Date license granted	License number		Date license	issued	
Signature of Clerk/Deputy Clerk			5	;	

## Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

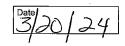
Submit to municipal clerk.

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. Town To the governing body of: Village X City The undersigned duly authorized officer/member/manager of a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as (Trade Name) (Name of Appointed Agent) (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? 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? How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? Place of residence last year (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 , 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. 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.

AT-104 (R. 4-18)



## Alcohol Beverage License Application Supplemental Questionnaire



This form must be submitted to the municipal clerk, and be accompanied by one or more of the following forms: AT-104, AT-106, AT-108, AT-115, or AT-200. One Form AT-103 must be completed by each person involved in the applicant business or parent company including:

· sole proprietor

- all officers, directors, and agent of a corporation or nonprofit organization
- · all partners of a partnership
- · managing members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Supplemental Questionnaires are submitted.

Part A: Premises/Business Information						
Registered Entity Name (or individual name if sole proprietor)						
Delicias De Las 4 Hermanas LLC						
2. Trade Name or DBA						
3. Entity Type (check one)						
☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization						
Part B: Individual Information						
1. Name (Last, First, M.I.) De La Cruz-Garcia Joselin'						
2. Relationship to Registered Entity (Title) 3. Email 4. Phone						
5 Home Address 6 - 383 - 335						
5. Home Address  236 S. Shedden St. Apt D						
6. City 7. State 8. Zip Code 9. Date of Birth						
Richard Center Int 53581 10/20/1901						
10. Drivers License/State ID Number  11. Drivers License/State ID State of Issuance						
D400 4001-6009-02						
Part C: Address History						
List in chronological order your last two residence addresses within the last 5 years.						
Previous Address 1 236 S. Sheldon St Apt D						
Previous City, State Zip  Rich and Cure WT 53581 Dates (MM/YYYY - MM/YYYY)  N 2020 - Present						
Previous Address 2						
Previous City, State, Zip Dates (MM/YYYY - MM/YYYY)						
Part D: Employment History						
List in chronological order your last two employers within the last 5 years.						
Employer's Name Allied Machinery LLC						
Employer's Address  1000 Foundry Drive E- Lichland Dates Employed (MM/YYYY-MM/YYYY)  Contact Dates Employed (MM/YYYY-MM/YYYY)						
Employer's Name						
Employer's Address Dates Employed (MM/YYYY - MM/YYYY)						
Employer's Address  Dates Employed (MM/YYYY - MM/YYYY)						

AT-103 (R. 06-23)

Wisconsin Department of Revenue

Part E: Criminal History			
<ol> <li>Have you ever been convicted of any offenses (other than traffic offenses unr for violation of any federal, Wisconsin, or another state's laws or of any count</li> </ol>	ty or municipal ordinances? [_] Yes [No		
If yes to question 1, please list details of each conviction below. Attach addition	onal sheets as needed.		
Law/Ordinance Violated	Trial Date		
Penalty Imposed	Was sentence completed? Yes No		
Law/Ordinance Violated	Trial Date		
Penalty Imposed	Was sentence completed? Yes No		
2. Are charges for any offenses currently pending against you (other than traffic beverages) for violation of any federal, Wisconsin, or another state's laws or ordinances?	any county or municipal		
If yes to question 2, describe nature and status of pending charges using the sheets as needed.	he space below. Attach additional		
	• •		
/			
Part F: Questions			
Have you lived in any state other than Wisconsin as an adult? If yes, please If no, continue to question 2	e list them in the space below		
<i>-</i>			
••			
2. How long have you continuously lived in Wisconsin prior to the date of applic	cation? Years Months		
Do you hold a direct or indirect interest in any alcohol beverage wholesaler of brewpub, winery, distillery)? If yes, please explain using the space below. At	or producer (e.g. brewer, ttach additional sheets as needed. Yes No		
	•		
	· .		
Part G: Attestation			
READ CAREFULLY BEFORE SIGNING: I understand that any license issunder penalty of state law. I further understand that I may be prosecuted for su with this application, and that any person who knowingly provides materially to forfeit not more than \$1,000 if convicted	ubmitting false statements and affidavits in connection		
Signature Delin Marcia	Date 3/20/2024		

AT-103 (R. 06-23)