

Form
AT-106

Original Alcohol Beverage License Application

FOR CLERKS ONLY	
Municipality	C. of Watertown
License Period	7/1/23 - 6/30/24

License(s) Requested

- ☐ Class "A" Beer \$ _____ ☐ "Class A" Liquor \$ _____
- ☒ Class "B" Beer \$ 100. ☒ "Class B" Liquor \$ 450.
- ☐ "Class C" Wine \$ _____ ☐ "Class A" Liquor (Cider Only) \$ _____
- ☐ Reserve "Class B" Liquor \$ _____ ☐ "Class B" (Wine Only) Winery \$ _____

License Fees	\$
Publication Fee	\$ <u>175.00</u>
Background Check	\$
Total Fees	\$

Ad
0/11/23

Part A: Premises/Business Information

1. Legal Business Name (registered entity name or individual's name if sole proprietorship) SALDIVAR FOOD SERVICES LLC		
2. Trade Name or DBA		
3. Premises Address 1727 S CHURCH ST WATERTOWN WI 53094		
4. County JEFFERSON	5. Municipality	6. Aldermanic District
7. Mailing Address (if different from premises address) W4672 GROTH LN WATERTOWN WI 53094		
8. FEIN 93-3768875	9. Wisconsin Seller's Permit Number 456103149848104	
10. Premises Phone (920) 253-6424	11. Premises Email marias.watertown@gmail.com	
12. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization		
13. Premises Description - Describe the building or buildings where alcohol beverages are to be sold and stored. Describe 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 this application. Attach additional sheets if necessary. The facilities include a dinning room and a bar where the alcohol beverages will be served/sold. The is a storage room is where we will keep the alcohol beverages. This storage room will be locked. The records will be kept in the office which is besides the storage room.		

Part B: Questions

1. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit a copy of Responsible Beverage Server Training Course Certificate ☒ Yes ☐ No
2. Does the applicant business or its partners, officers, directors, managing members, or agent hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)? ☐ Yes ☒ No
If yes, please explain using the space below. Attach additional sheets if necessary.

Part C: For Corporate/LLC Applicants Only

1. State of Registration WISCONSIN		2. Date of Registration 10/05/20
3. Is the applicant business owned by another corporation or LLC? If yes, please provide the name and FEIN of the parent company below, include parent company members in Part D, and attach Form AT-103 for all of the parent company's principal members, managers, officers, or directors <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Name of Parent Company		FEIN of Parent Company
4. Does the parent company or any of its officers, directors, managing members, or agent hold any direct or indirect interest in any other alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please explain using the space below. Attach additional sheets if necessary.		
5. Agent's Last Name SALDIVAR	Agent's First Name LUIS	Phone (920) 253-6424

Part D: Individual Information

A Supplemental Questionnaire, Form AT-103, must be completed and attached to this application for each person involved in the applicant business and any parent company as indicated in Part C. Persons in the applicant business include: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all managing members and agent of a limited liability company.

List the full name, title, and phone number for each person below. Attach additional sheets if necessary.

Last Name	First Name	Title	Phone
SALDIVAR	LUIS	MEMBER/OWNER	(920) 253-6424

Part E: Attestation

Who must sign this application?

- sole proprietor • one general partner of a partnership • one corporate officer • one managing member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature <i>Luis U. Saldivar</i>		Date 10/10/2023
Name (Last, First, M.I.) SALDIVAR LUIS		
Title MEMBER/OWNER	Email marias.watertown@gmail.com	Phone (920) 253-6424

Part F: For Clerk Use Only

Date application was filed with clerk 10/11/23	Date reported to governing body 11/08/23	Date provisional license issued (if applicable)
Date license granted	License number	Date license issued
Signature of Clerk/Deputy Clerk		