

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only
Municipality
License Period

License(s) Requested: (up to two boxes may be checked)

- ☒ Class "A" Beer \$ 100.00 ☐ Class "B" Beer \$ _____
- ☐ "Class A" Liquor \$ _____ ☐ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$
Background Check Fee	\$
Publication Fee	\$
Total Fees	\$

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)			<u>Javier O. Martinez</u>		
2. Business Trade Name or DBA			<u>Guaranapo produce LLC</u>		
3. FEIN		4. Wisconsin Seller's Permit Number			
<u>85-3638584</u>		<u>456-1030680575-04</u>			
5. Entity Type (check one)					
<input checked="" type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization					
6. State of Organization		7. Date of Organization		8. Wisconsin DFI Registration Number	
<u>WI</u>		<u>8-2023</u>			
9. Premises Address					
<u>230 E. Milwaukee St</u>					
10. City				11. State	12. Zip Code
<u>White Water</u>				<u>WI</u>	<u>53190</u>
13. County		14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village		15. Aldermanic District	
<u>Walworth</u>		of: <u>White Water</u>			
16. Premises Phone		17. Premises Email		18. Website	
<u>262-4582321</u>		<u>Guaranapo.produce.far@gmail.com</u>			
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.					
20. Mailing Address (if different from premises address)					
21. City				22. State	23. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No
- If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . ☐ Yes ☒ No
 beverages.
 If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . ☐ Yes ☒ No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
 If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
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5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☐ Yes ☒ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Martinez	Javier	Owner	608-207-5162

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor • one general partner of a partnership • one corporate officer • one 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.

Last Name Martinez	First Name Javier	M.I. J
Title Owner	Email Guangjiao.producer@fa@	Phone 608-207-5162
Signature Javier Martinez	Date 6-25-25	Gmail com

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Alcohol Beverage Individual Questionnaire

Date 6-25-25

All individuals involved in the alcohol beverage business must complete this form, including:

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

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

Part A: Business Information				
1. Legal Business Name (individual name if sole proprietor) <u>Javier O. Martinez</u>				
2. Business Trade Name or DBA <u>Guangjuato produce LLC</u>				
3. Entity Type (check one)				
<input checked="" type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation	<input type="checkbox"/> Nonprofit Organization

Part B: Individual Information				
1. Last Name <u>Martinez</u>		2. First Name <u>Javier</u>		3. M.I. <u>D</u>
4. Relationship to Business (Title) <u>Owner</u>		5. Email <u>Guangjuatoproduce.f@gmail.com</u>		6. Phone <u>608-2025162</u>
7. Home Address <u>1139 prairie ave</u>				
8. City <u>Beloit</u>		9. State <u>WI</u>	10. Zip Code <u>53511</u>	11. Date of Birth
12. Drivers License/State ID Number <u>M635-4347-8335-08</u>			13. Drivers License/State ID State of Issuance <u>WI</u>	

Part C: Address History							
1. Do you currently live in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
If yes, provide the month and year when you permanently moved to Wisconsin <u>(MM/YYYY) 4-1999</u>							
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1		City		State		Zip Code	
<u>1139 prairie ave</u>		<u>Beloit</u>		<u>WI</u>		<u>53511</u>	
Previous Address 2		City		State		Zip Code	
Previous Address 3		City		State		Zip Code	
Previous Address 4		City		State		Zip Code	
Previous Address 5		City		State		Zip Code	
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.							
State	County	State	County	State	County	State	County
<u>WI</u>	<u>Rock</u>						
State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. 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

Javier O Martinez

Date

6-25-25

Alcohol Beverage
Appointment of Agent

Date 6-25-25

Agent Type (check one)

☒ Original (no fee) ☐ Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)		Javier O. Martinez	
2. Business Trade Name or DBA		Guangjuato produce LLC	
3. Entity Type (check one)		<input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one)		5. If successor agent, provide State Permit or Municipal Retail License Number	
<input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit			
6. Describe the reason for appointing a successor agent, if successor is checked above.			

Part B: Agent Information

1. Last Name		2. First Name		3. M.I.	
martinez		Javier		O	
4. Email			5. Phone		
Guangjuato produce fa@gmail.com			608-207-5162		
6. Home Address					
1139 prairie ave					
7. City		8. State		9. Zip Code	
Beloit		wi		53511	
10. Date of Birth			11. Drivers License/State ID Number		
09-15-1978			M635-4347-8335-08		
12. Drivers License/State ID State of Issuance					
wi					

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire (licensee) or Form AB-300, Alcohol Beverage Personal Questionnaire (permittee)?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I 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.

Last Name martinez	First Name Javier	M.I. O
Title Owner	Email GuanaJuto produce ifa@gmail.com	Phone 608-207-5162
Signature Javier O Martinez		Date 6-25-25

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. 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.

Last Name martinez	First Name Javier	M.I. O
Signature Javier O Martinez		Date 6-25-25

CITY OF WHITEWATER
ALCOHOL LICENSE HOLDERS HOURS OF OPERATION STATEMENT.
(Required pursuant to Section 5.20.032(C) of the Whitewater Municipal Code
LICENSING YEAR: July 2023 - June 2024.

Trade Name & Address of Establishment: <u>Guangjuato produce LLC</u> <u>230 - E Milwaukee st whitewater, WI 53190</u>
Name Wisconsin Seller's Permit is Issued to & I.D. Number: <u>456-1030680575-04</u>
Days and Hours Establishment will regularly be open for business**: <u>7 days a week from 8 AM To - 8 PM</u>

The undersigned certifies that the hours listed above are the minimum number of hours the above-named establishment will regularly be open for business. **If any licensee changes its minimum required days or hours of operation stated above, the licensee shall immediately report the change in writing to the City Clerk. Licensees are not required to disclose all hours it or they expect to be open, but rather those mandatory minimum hours it will be open. Licensee also understands that Wisconsin Statutes require that a licensed beverage operator be on the premises during all hours the establishment is open for business.

<u><i>Janis O martinez</i></u> Signature of Licensee	<u>6-25-25</u> Date
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TO BE COMPLETED BY CITY CLERK'S OFFICE:

Health Inspection Completed _____

Code Enforcement Inspection Completed: _____

Police Dept. Inspection Completed: _____

Newspaper Publication Date: _____

No. of Hours Open per Year: _____



WISCONSIN DEPARTMENT OF REVENUE
PO BOX 8902
MADISON, WI 53708-8902

Contact Information:

2135 RIMROCK RD PO BOX 8902
MADISON, WI 53708-8902
ph: 608-266-2776 fax: 608-327-0235
email: DORBusinessTax@wisconsin.gov
website: revenue.wi.gov

000879

GUANAJUATO PRODUCES LLC
1139 PRAIRIE AVE
BELOIT WI 53511-5416

Letter ID L1921041584



Wisconsin Business Tax Registration Certificate

Expiration date: April 30, 2027
Legal/real name: GUANAJUATO PRODUCES LLC

- This certificate confirms that you are registered with the Wisconsin Department of Revenue for the tax types shown below.
- This registration certificate is not a seller's permit, and should not be used as proof that you hold a seller's permit.
- You may not transfer this certificate to any other individual or business.

Tax Type	Account Type	Number
Sales & Use Tax	Sales & Use Tax	456-1030680575-04
Withholding Tax	Withholding Tax	036-1030680575-02



Whitewater Fire and EMS

Inspection Report

312 W Whitewater St

BLDG Guanajuato Produce - 230 E Milwaukee ST, Whitewater WI 53190

INSPECTION DETAILS

Inspection Date	Inspection Type	Inspection Number		
05/27/2025	Fire Prevention Inspection	1251		
Lead Inspector	Shift	Station	Unit	
JACOB MAAS	N/A	N/A	N/A	
Other Inspector's				
N/A				

SUMMARY OF INSPECTION

✓ 16 ✕ 0 ⊘ 11
Passed codes Failed codes N/A codes

NEXT STEPS

Please direct questions about your inspection to:

JACOB MAAS

jmaas@whitewater-wi.gov

Reinspection Date

05/27/2026

GENERAL NOTES

JACOB MAAS - 05/27/2025 @ 13:21

Extinguisher requires inspection. Is a couple months out of date, needs to be inspected each year.

SIGNATURES

Contact signature

Inspector signature

Javier R.

Jacob J. Maas

Javier Martinez

05/27/2025













JACOB MAAS

05/27/2025

CHECKLISTS

General Inspection

Status	Code	Description
Pass ✓	10.1	General Fire Safety
Pass ✓	10.12.1.1	Buildings shall have approved address numbers visible from street
N/A ⊘	10.13	Vacant buildings shall be secured.
Pass ✓	10.14.10	Vegetation shall be removed when determined by the AHJ to present a fire hazard.
Pass ✓	10.19.3	Storage shall be 2 feet from the ceiling in non sprinklered buildings, 18" in sprinklered buildings.
Pass ✓	10.19.4	Combustible Material Shall not be stored in exits.
N/A ⊘	101.149	CO detectors required IAW WI Admin Code 101
Pass ✓	11.1	Panel(s) shall be covered and unobstructed to 36".
Pass ✓	11.1.3	Permanent wiring shall be installed and maintained IAW NFPA 70
Pass ✓	11.1.7	Extension cords shall not be used as permanent wiring.
N/A ⊘	12.4	Fire Doors shall be rated, self-closing, in operable condition, and not wedged open or obstructed from closing.
N/A ⊘	13.2	Standpipe systems shall be maintained IAW NFPA 14.
N/A ⊘	13.3	Sprinkler systems shall be maintained and tested IAW NFPA 13.
Pass ✓	13.6	The selection, installation, distribution, inspection, maintenance, and testing shall be IAW NFPA 10.
N/A ⊘	13.7	Fire alarm systems and their components shall be in an operable condition and tested annually.

Pass	13.7.1.4.9
	Single station and multiple station smoke alarms shall be tested and maintained where required by code.
N/A	13.8
	Where other fire protection systems are installed, they shall be tested and maintained.
Pass	14.13
	Emergency egress lighting shall be maintained and operable where required by code.
Pass	14.14
	Exit lights shall be illuminated and maintained where required by code.
Pass	14.4
	Means of egress shall be continuously maintained free of all obstruction or impediments.
N/A	14.8.1
	Occupant load posted as required by code
N/A	314.10
	Grill/cooking appliances prohibited.
N/A	34.10
	Idle Pallets shall be maintained as per this chapter.
N/A	50.1
	Hood systems shall be serviced and tested.
Pass	63.3.1.8.4
	Compressed gas containers shall be secured
Pass	66.9
	Improper storage of flammable/combustible liquid.
Pass	999
	See Notes



Statement of Fees

FEE

Invoice Date	Inspection Fee	Date Paid	Amount Paid
N/A			
Invoice Number	Check Number	Transaction Number	
N/A	N/A	N/A	