



**ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION**

Submit to municipal clerk.

For the license period beginning 2-20 20 2015 ;  
ending 6-30 20 2015

TO THE GOVERNING BODY of the:  Town of } Wisconsin Dells  
 Village of }  
 City of }

County of Jefferson Columbia 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): MZ Food, LLC

|  |                 |
|--|-----------------|
| Applicant's Wisconsin Seller's Permit Number:                    |                 |
| Federal Employer Identification Number (FEIN): <u>47-2327647</u> |                 |
| <b>LICENSE REQUESTED ▶</b>                                       |                 |
| TYPE   | FEE             |
| <input type="checkbox"/> Class A beer                            | \$              |
| <input checked="" type="checkbox"/> Class B beer                 | \$ <u>41.65</u> |
| <input checked="" type="checkbox"/> Class C wine                 | \$ <u>41.65</u> |
| <input type="checkbox"/> Class A liquor                          | \$              |
| <input type="checkbox"/> Class B liquor                          | \$              |
| <input type="checkbox"/> Reserve Class B liquor                  | \$              |
| Publication fee  | \$ <u>14.00</u> |
| <b>TOTAL FEE</b>   | \$ <u>97.30</u> |

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      | <u>Member</u> | <u>Zdravko Nizamov</u> | <u>725 Vine, Wis. Dells</u>    | <u>53965</u>           |
| Vice President/Member | <u>Member</u> | <u>Miroslav Karov</u>  | <u>725 Vine St. Wis. Dells</u> | <u>53965</u>           |
| Secretary/Member      |               |                        |                                |                        |
| Treasurer/Member      |               |                        |                                |                        |
| Agent                 |               | <u>Miroslav Karov</u>  |                                |                        |

Directors/Managers

3. Trade Name Pizza Villa Business Phone Number 608-254-8394  
4. Address of Premises 737 Superior St. Wis. Dells Post Office & Zip Code Wis. Dells 53965

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 WI and date 11-7-14 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.) 737 Superior St. - Main Floor & Basement

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? Pizza Villa, Inc.  
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 8th day of January, 20 15

Karen Harris  
(Clerk/Notary Public)

[Signature]  
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)  
[Signature]  
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)

My commission expires 11-21-17

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

**TO BE COMPLETED BY CLERK**

|  |   |                                 |                                   |
|--|---|---------------------------------|-----------------------------------|
| Date received and filed with municipal clerk <u>1-9-2015</u> | Date reported to council/board <u>2-16-15</u> | Date provisional license issued | Signature of Clerk / Deputy Clerk |
| Date license granted   | Date license issued                           | License number issued           |                                   |

**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  City of Wisconsin Dells County of Columbia

The undersigned duly authorized officer(s)/members/managers of MZ Food, 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 PIZZA VILLA  
(trade name)

located at 737 Superior St. Wisconsin Dells, WI 53965

appoints Miroslav Karov  
(name of appointed agent)  
725 Vine St. Wisconsin Dells, WI 53965  
(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? 1 year

Place of residence last year 725 Vine St. Wis. Dells

For: MZ Food, LLC  
(name of corporation/organization/limited liability company)

By: X  
(signature of Officer/Member/Manager)

And: X  
(signature of Officer/Member/Manager)

**ACCEPTANCE BY AGENT**

I, Miroslav Karov, 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.

X [Signature] Agent's age 29  
(signature of agent) (date)  
725 Vine St. Wisconsin Dells, WI, 53965 Date of birth 07-24-1985  
(home address of agent)

**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 1/29/15 by [Signature] Title CHIEF OF POLICE  
(date) (signature of proper local official) (town chair, village president, police chief)

APPLICATION FOR TEMPORARY CLASS "B"/"CLASS B" RETAILER'S LICENSE

See Additional Information on reverse side. Contact the municipal clerk if you have questions.

FEE \$ 10.00 R# 49641

Application Date: 2/4/2015

Town  Village  City of WISCONSIN DELLS County of COLUMBIA

The named organization applies for: (check appropriate box(es).)

- A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats.
- A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning 4/24/15 and ending 4/24/15 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. ORGANIZATION (check appropriate box)  Bona fide Club  Church  Lodge/Society  Veteran's Organization  Fair Association

(a) Name AMERICAN LEGION POST "187"

(b) Address 609 WISC. AVE WISCONSIN DELLS WISC  
(Street)  Town  Village  City

(c) Date organized 1/19/19

(d) If corporation, give date of incorporation \_\_\_\_\_

(e) If the named organization is not required to hold a Wisconsin seller's permit pursuant to s. 77.54 (7m), Wis. Stats., check this box:

(f) Names and addresses of all officers:

President GARY THOMPSON - WISC. DELLS

Vice President ED LURASZEWICZ WISC DELLS / ED FOX / EXEC COMMITTEE

Secretary HENRY LURASAUAGE LAKE DELTON WISC DELLS

Treasurer ARLEN CASLE LAKE DELTON

(g) Name and address of manager or person in charge of affair: GARY R. THOMPSON  
S 108 OLD HWY 12, WISC. DELLS, WISC 53965

2. LOCATION OF PREMISES WHERE BEER AND/OR WINE WILL BE SOLD:

(a) Street number DOWN TOWN WISC. DELLS AREA

(b) Lot \_\_\_\_\_ Block \_\_\_\_\_

(c) Do premises occupy all or part of building? \_\_\_\_\_

(d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover: \_\_\_\_\_

3. NAME OF EVENT

(a) List name of the event WINE WALK

(b) Dates of event 4-24-15

DECLARATION

The Officer(s) of the organization, individually and together, declare under penalties of law that the information provided in this application is true and correct to the best of their knowledge and belief.

Officer: [Signature] 2-4-15  
(Signature/date)

HAROLD B. LARKIN AMERICAN LEGION POST 187  
(Name of Organization)

Officer: [Signature] 2-4-15  
(Signature/date)

Officer: [Signature] 2-5-15  
(Signature/date)

Officer: \_\_\_\_\_  
(Signature/date)

Date Filed with Clerk 2/5/15

Date Reported to Council or Board \_\_\_\_\_

Date Granted by Council \_\_\_\_\_

License No. \_\_\_\_\_

January 16, 2015

ITEM 5

**RE: REQUEST TO AMEND PREMISES DESCRIPTION ON BEER/WINE LICENSE**

Please consider our request to amend the premises description on the Class B Beer and Class C Wine license that San Antonio Mexican Restaurant, LLC holds for the San Antonio Mexican Restaurant at 742 Eddy Street to include 740 Eddy Street as we purchased this building and will be expanding our business to include this area.

Thank you.



Luis A. Martinez

San Antonio Mexican Restaurant, LLC

740 El Rey Bar