GRANVILLE-HAVENWOODS ADVISORY COUNCIL BUSINESS QUESTIONNAIRE

Date 11/02/2025

The Granville-Havenwoods Advisory Council reviews plans and proposals for redevelopment projects in the Granville-Havenwoods Development Area for consistency with the goals, needs, and desires of the Granville-Havenwoods community and its residents, businesses, property owners and other stakeholders. The Granville-Havenwoods Development Area is bounded by W. County Line Road, Good Hope Road, N. 43rd Street, and N. 107th Street. Additionally, the council would like to be informed of new businesses or developments coming into the Granville-Havenwoods Development Area or altering operations within the area. The council would like to review those businesses/developments and possibly offer recommendations or provide input on them. Any recommendations made by this council are advisory only to other required processes.

Please be prepared to present on your business or proposed business for roughly 5 minutes. If you are not confident in your command of English, please bring a translator with you. Applicants must meet with the local Council member prior to appearing at this meeting and may be moved to the next meeting date, if the meeting runs long.

Individual Name:

INCLUDE ALIASES AND PRIOR NAMES Miana Lee

Email: mianalee@yahoo.com

1. What is the legal name and D/B/A name of your business?

Lake Park Center, LLC (To be registered when zoning is approved)

2. What is the address of your business or proposed business?

11301 W. Lake Park Drive Milwaukee, WI 53224

3a. Are you a new or existing business?

New Business

3b. How many years have you been in business?

4. Describe the product(s) or service(s) you offer.

Include specific activities to be held at the proposed location. Include all licensing needed/applied for.

We will host memorial ceremonies, cultural celebrations, and family support and community healing gatherings, and also offer kitchen rental for fundraising events, with general occupancy approval required.

5. What problem does your business solve?

Milwaukee's growing Hmong and Southeast Asian community has limited culturally appropriate memorial spaces, and this center will provide a respectful, accessible, and well-maintained environment to meet that need.

6a. How will you involve the community?

We will collaborate with community leaders, cultural organizations, and faith-based groups to support families during major life events.

6b. How will you give back to the community?

We will give back to the community by offering reduced rate or hardship based rental support, family support circles, and creating volunteer and youth involvement opportunities.

7. What are the business hours of operation?

Friday - Monday (All Day)

8. Who is your target audience?

Families and community members seeking traditional or cultural memorial gathering space, primarily in the Milwaukee region.

9a. Why do you want your business to be located within the 9th district?

This property has been vacant for more than a year, and we see an opportunity to revitalize and restore it into a respectful community serving space aligned with the district's development goals.

9b. How will your business improve the 9th district?

This project will occupy a long vacant property, bring positive weekend activity to the business corridor, support cultural connection and family unity, and strengthen community identity and belonging.

10. Who will maintain the exterior premise of your establishment?

Exterior: Contracted lawn care, snow removal, and property maintenance services.

11. Are you leasing or buying the building where your business will be located?

We own the building.

12. Describe your security design.

Our security design includes a controlled, staff monitored entry, exterior and interior security cameras, a well lit parking lot and perimeter, and on site staff supervision during all events.

13. Does your proposal involve any City approvals? If so, what are those approval processes?

Zoning amendment to permit assembly hall use under Park Place General Planned Development (GPD). Our application will proceed through city plan commission, zoning Committee, and common council approval.

14. What is the project timeline or schedule for your development or business, including any City approvals that are required?

We will begin the zoning amendment process immediately, which is estimated to take about 3.5 months, followed by approximately 2 months of interior and kitchen remodel.

15a. Do you have a written business plan?

Yes, we have reviewed our business plan with Alderwoman Taylor and we have recieved her support to proceed.

15b. Does your plan include a marketing plan?

Yes

15c. Are you doing financing? If yes, with whom?

Private funding / owner capital investment

15d. What is your plan on hiring and how many full/part-time employees?

- 1 Event/Operations Coordinator (part-time)
- 2-4 part-time support staff (setup, cleaning/maintenance assistance)

15e. Are you going to hire within the community and how do you plan to recruit/train these individuals?

Yes, priority will be given to residents in surrounding neighborhoods, with training provided on event support operations.

15f. What insurance coverage do you have?

We will have general liability, property, and event liability insurance.

16. If needed, have you contacted the Department of Public Works?

Will contact as needed for occupancy

17. Do you have a contractor for plumbing, HVAC, and architect? If yes, who are they?

No

18. Have you obtained your seller's permit?

No

19. Have you registered with the Department of Financial Institutions?

Nο

20. Do you have an accountant and a lawyer? If yes, who are they?

No accountant yet.

Attorney: Scott Halloin, Halloin Law Group, LLC

21. Do you currently have any unpaid financial judgments against you personally or any businesses you are involved with and/or in?

No

GRANVILLE-HAVENWOODS ADVISORY COUNCIL INDIVIDUAL QUESTIONNAIRE

Date 11/02/2025

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

• sole proprietor

• all officers, directors, and agent of a corporation or nonprofit organization

• all partners of a partnership

• members and agent of a limited liability company

Your 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) | | | | | | | | | | | |
| Lake Park Center, LLC | | | | | | | | | | | |
| 2. Busines | s Trade Name or DBA | | | | | | | | | | |
| | | | | | | | | | | | |
| | ype (check one) | | • | | | | | | | | |
| ☐ Sol | e Proprietor | rtnership | ☑ imite | ed Liability | y Compan | ıy | ☐ Corporation | | Nonprofit | Organization | |
| | | | | | | | | | | | |
| Part B: Individual Information | | | | | | | | | | | |
| 1. Last Na | me | | | 2. First Name | | | | | | 3. M.I. | |
| Lee | | | | Mia | ına | | | | | | |
| | nship to Business (Title) | | 5. Email | | | | | | Phone | | |
| | aging member | | mia | analee@ | yahoo.co | om | | | 414-477- | -4079 | |
| 7. Home A | | | | | | | | | | | |
| W132N12300 Mary Buth Lane | | | | | | | | | | | |
| 8. City | | | | 9. State | | | 10. Zip Code | 11 | . Date of Bir | | |
| | nantown | | | WI | | 53022 | | | 11/26/1983 | | |
| | License/State ID Number | | | | | | | tate ID State of Issuance | | | |
| L000 | -5548-3926-07 | | | | | WI | | | | | |
| | | | | | | | | | | | |
| | Address History | | | | | | | | | | |
| 1. Do you | currently reside in Wisconsin | ? | | | | | | | | Ves □ No | |
| If yes to | 1 above, how long have you | continuousl | y lived in Wiscons | in prior to t | he date of a | pplicati | on? | | Years | Months | |
| If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? | | | | | | | | | | | |
| 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 | | | |
| W132N12300 Mary Buth Lane | | | | Germantown | | | WI | 53022 | | | |
| Previous Address 2 | | | City | | | | State | ate Zip Code | | | |
| | | | au. | | | Chata Zia O | | | | | |
| Previous Address 3 | | | | City | | | | State | Zip Code | | |
| | | | | | | | 0 | 7:- 01- | | | |
| Previous Address 4 | | | | City | | | | State | Zip Code | Zip Code | |
| Previous Address 5 | | | | O. | | | | Ctata | 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 | | | | | | |
| State WI | County Milwaukee | State WI | County | | | | ounty State | | County | | |
| | County | State | Washingto | 11 | State | Cours | h. | State | County | | |
| State | State County State County State County State County | | | | | | | | | | |
| | | | | | | | | | | | |

| Part D: Criminal History | | | | | | | |
|---|------------------------------|-------------------------|------------------------|-----------|--|--|--|
| 1. Have you ever been convicted of any offenses (excluding traffic offenses) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? | | | | | | | |
| If yes to question 1, please list details of each conviction below. Attach additional sheets as needed. | | | | | | | |
| Law/Ordinance Violated | | Conviction Date | | | | | |
| Penalty Imposed | | Was sentence completed? | | □ No | | | |
| Law/Ordinance Violated | Location | | Conviction Date | | | | |
| Penalty Imposed | | Was sentence completed? | | □ No | | | |
| Law/Ordinance Violated | Location | | Conviction Date | | | | |
| Penalty Imposed | | Was sentence completed? | | □ No | | | |
| Are charges for any offenses currently pending against you (exclured for violation of any federal, Wisconsin, or another state's laws or or lify yes to question 2, describe nature and status of pending charge. A charge of the charge o | f any county or municipal or | | | No | | | |
| | | | | | | | |
| Part E: Attestation | | | | | | | |
| READ CAREFULLY BEFORE SIGNING: Under penalty of | law, I have answered ea | | ons completely and tru | ithfully. | | | |
| Miana Lee | | Date 11/02/20 |)25 | | | | |

GRANVILLE-HAVENWOODS ADVISORY COUNCIL INDIVIDUAL QUESTIONNAIRE

Date 11/02/2025

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

• sole proprietor

• all officers, directors, and agent of a corporation or nonprofit organization

• all partners of a partnership

• members and agent of a limited liability company

Your 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) | | | | | | | | | | | | |
| Lake Park Center, LLC | | | | | | | | | | | | |
| 2. Busines | s Trade Name or DBA | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | ype (check one) | | • | | | | | | | | | |
| ☐ Sol | e Proprietor | rtnership | ☑ Ximite | ed Liability | y Compan | ıy | ☐ Corporation | | Nonprofit | Orga | nization | |
| | | | | | | | | | | | | |
| Part B: Individual Information | | | | | | | | | | | | |
| 1. Last Na | me | | | 2. First Name | | | | | | | I. | |
| Lee | | | | | Long | | | | | | | |
| | nship to Business (Title) | | 5. Email | | | | | | Phone | | | |
| | aging member | | lon | gsnlee@ | yahoo.c | om | | | 414-477- | 4079 | 9 | |
| 7. Home A | | | | | | | | | | | | |
| W132N12300 Mary Buth Lane | | | | | | | | | | | | |
| 8. City | | | | 9. State | | | 10. Zip Code | | | | | |
| | nantown | | | WI | | | 53022 | 07/07/1975 | | | | |
| | License/State ID Number | | | | | | | tate ID State of Issuance | | | | |
| L000 | -5377-5247-00 | | | | WI | | | | | | | |
| | | | | | | | | | | | | |
| | Address History | | | | | | | | | • | | |
| 1. Do you | currently reside in Wisconsin | ? | | | | | | | | Yes | □ No | |
| If yes to | 1 above, how long have you | continuousl | y lived in Wiscons | in prior to t | in prior to the date of application? | | | | Years | | Months | |
| 35 | | | | | | | | | | | | |
| 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 | | | |
| W132N12300 Mary Buth Lane | | | | Germantown | | | WI | | 53022 | | | |
| Previous Address 2 | | | City | | | | State | tate Zip Code | | | | |
| | | | au au | | | | | | | | | |
| Previous Address 3 | | | | City | | | | State | Zip Code | | | |
| | | | | | | | 0 | 7:- 0-1- | | | | |
| Previous Address 4 | | | | City | | | | State | Zip Code | Zip Code | | |
| Previous Address 5 | | | | 0.1 | | | | Ctata | 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 | 0 | | | | | | |
| State WI | County Milwaukee | State WI | County | | | | state | | County | County | | |
| | | | Washingto | 11 | State | Cour | +v | State | County | | | |
| State | County | State | County | | State | Coun | ıy | State | County | | | |
| | | | | | | | | | | | | |

| Part D: Criminal History | | | | | | | |
|--|------------------------------|-------------------------|------------------------|-------------|--|--|--|
| 1. Have you ever been convicted of any offenses (excluding traffic offenses) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? | | | | | | | |
| If yes to question 1, please list details of each conviction below. Attach additional sheets as needed. | | | | | | | |
| Law/Ordinance Violated | | Conviction Date | | | | | |
| Penalty Imposed | | Was sentence completed? | | □ No | | | |
| Law/Ordinance Violated | Location | | Conviction Date | | | | |
| Penalty Imposed | | Was sentence completed? | | □ No | | | |
| Law/Ordinance Violated | Location | | Conviction Date | | | | |
| Penalty Imposed | | Was sentence completed? | | □ No | | | |
| Are charges for any offenses currently pending against you (exclude for violation of any federal, Wisconsin, or another state's laws or of liftyes to question 2, describe nature and status of pending charges. | f any county or municipal or | | | ≱ No | | | |
| | | | | | | | |
| Part E: Attestation | | | | | | | |
| READ CAREFULLY BEFORE SIGNING: Under penalty of | law, I have answered ea | | ons completely and tru | ithfully. | | | |
| Signature $oldsymbol{arPhi}$ | | Date 4.4 (0.2 /2.0 |)OE | | | | |
| Long Lee | | 11/02/20 | J Z 5 | | | | |