



BUSINESS LICENSE APPLICATION

SEE INFORMATION SHEET FOR THE TYPE OF LICENSE FOR WHICH YOU ARE APPLYING FOR ADDITIONAL FORMS REQUIRED

Office of the City Clerk License Division
200 E. Wells St. Room 105, Milwaukee, WI 53202
(414) 286-2238 www.milwaukee.gov/license license@milwaukee.gov

ccl-busapp 12/10/19

BUSINESS CONTACT INFORMATION

Section 1

Form section for business contact information including checkboxes for Sole Proprietor, Corporation, LLC, Partnership, Nonprofit Organization, and fields for Legal Entity Name, Business/Trade Name, Phone, E-mail, Premises Address, and Mailing Address.

AGENT / SOLE PROPRIETOR / 1ST PARTNER INFORMATION

Section 2

Form section for agent/sole proprietor/partner information including fields for Full Legal Name, Date of Birth, Home Address, Driver's License Number, Home Phone, Cell Phone, and Percent % of Ownership Interest.

LIST ANY ADDITIONAL PARTNER(S) OR OWNER(S) WITH 20% OR MORE INTEREST

Section 3

Form section for listing additional partners or owners with 20% or more interest, including fields for Full Legal Name, Date of Birth, Home Address, Driver's License Number, Home Phone, Cell Phone, and Percent % of Ownership Interest.

Check if there are additional partners or persons with 20% or more ownership interest. Complete additional sheets as necessary.

OCCUPANCY PERMIT STATUS AND SIGNATURE(S)

Section 4

Form section for occupancy permit status and signature(s), including a checklist for permit status, a declaration of understanding, and signature lines for the applicant and additional partners.

Office Use Only: Initials: RC Filed: 8/21/23 Applications: FIRST 356025 24 HRS 356024
NL or NA: Last Lic New or Renewal Granted w/ No Issues or DBA Exp Date
Paid: MPD Granted License # Note Other Lics



# FOOD DEALER LICENSE PLAN OF OPERATION

ccl-foodplan 2/28/19

OFFICE OF THE CITY CLERK, LICENSE DIVISION  
CITY HALL, 200 E. WELLS ST, ROOM 105, MILWAUKEE, WI 53202  
(414) 286-2238 • [license@milwaukee.gov](mailto:license@milwaukee.gov) • [www.milwaukee.gov/license](http://www.milwaukee.gov/license)

Legal Entity Name: Charlie Ps BBQ

Premises Address: 8628 N 107st Milwaukee, WI 53224

## SECTION 1 TYPE OF BUSINESS

What will be the majority of your food sales? (check one)

Restaurant Items (meals):  
MEALS include, but are not limited to, chicken, ribs, sandwiches, roasted corn, baked potatoes, hot dogs, brats, tacos, nachos w/ cheese and meat, French fries, cooked or deep fried vegetables/fruit, cooked cheese curds, corn dogs, egg rolls, salads.

Retail Items (snacks and beverages):  
RETAIL items include, but are not limited to, ice cream/soft serve, lemonade, snow cones, coffee, espresso, cappuccino, tea, fruit juice, smoothies, candy, dispensed soda, fruit cups, bakery, cookies, kettle corn, cotton candy, funnel cakes, fritters, tortilla chips w/ cheese.

Will it be a convenience store?  Yes  No

A convenience store contains less than 5,000 square feet of retail space and has, as its primary business, the sale of basic food items and in addition, sells household products or is a filling station that sells basic food items and household products.

Bed & Breakfast

Micro Market

All Applicants: Submit a menu or a list of food items that will be sold.

Will any wholesale business be done?  No  Yes If yes, what percentage of food sales will be wholesale?

Less than 25%

25% or More AND:

Restaurant items (meals) will be sold – Complete this application and also contact DATCP.

NO restaurant items (meals) will be sold - Do NOT complete this application. Contact DATCP only.

## SECTION 2 FOOD PROCESSING

Will any food processing be done?  No  Yes

Processing is defined as assembling, grinding, cutting, mixing, baking, coating, stuffing, packing, bottling, grilling, canning, extracting, fermenting, distilling, pickling, freezing, drying, smoking, or packaging.

## SECTION 3 FOOD REQUIRING TEMPERATURE CONTROL

Will any food that requires temperature control be sold?  No  Yes  
(includes dairy products such as milk, cheese, and ice cream, fish, shellfish, meat, poultry)

If yes, list the types of food items: Chicken, Brisket, Ribs, Potato Salad, Greens  
(See menu)

**SECTION 4 DETAILS OF OPERATION**

Will you have seating on site for dining?  No  Yes

Will you be doing any catering?  No  Yes

Will you be doing any delivery?  No  Yes

Will you have outdoor activities?  No  Yes - Check all that apply:  Bar  Cooking/Grilling  Dining

Will you have a drive thru window?  No  Yes - Are hours different from inside?  No  Yes  
 If Yes, provide drive thru hours: \_\_\_\_\_

Will scales or barcode scanners be used?  No  Yes - You must also apply for a Weights & Measures License.

**SECTION 5 ADDITIONAL SITES**

Where will food be prepared and/or sold?  
 At a single site  At multiple sites: How many? \_\_\_\_\_ (for example, a hotel with several dining rooms or bars)  
 If multiple sites, attach a Food Dealer Additional Site Addendum (ccl-foodadd) for each additional site.

**SECTION 6 CONSTRUCTION OR CHANGES**

Are you planning any construction, remodeling or equipment changes?  
 No If No, SKIP to Section 7  
 Yes If Yes, check all that apply:  New construction of a building  Renovation or remodeling  
 Construction changes to existing building  Equipment changes only

Provide a brief description of the changes: \_\_\_\_\_  
 Start date: \_\_\_\_\_  
 Name, Address & Phone Number of Architect: \_\_\_\_\_  
 \_\_\_\_\_  
 Name, Address & Phone Number of Contractor: \_\_\_\_\_  
 \_\_\_\_\_

**SECTION 7 ALCOHOL BEVERAGES**

Are you applying for an alcohol beverage license?  
 No If No, SKIP to Section 8  
 Yes If YES, if your food license is approved prior to the alcohol license, when do you want the food license issued?  
 Immediately  At the same time as the alcohol license

**SECTION 8 ACKNOWLEDGEMENTS & SIGNATURE**

You must initial each item confirming your understanding:

Ch I understand the Health Department must conduct an inspection and advise the License Division of their approval before the license may be issued.

Ch I understand I must obtain an occupancy permit from the Department of Neighborhood Services and an inspection may be required. Neighborhood Services must advise the License Division of their approval before the license may be issued.

Ch I understand the district alderperson will review and either support or object to my application. If he/she objects, I may appeal and be scheduled to appear before the Licenses Committee. The Licenses Committee will then make a recommendation to the Common Council. The Common Council must grant the license before it may be issued.

Ch I understand proof of payment for all license fees must be on file in the License Division before the license may be issued and the license must be issued and posted in my establishment prior to opening for business.

Ch I will not operate my food business until the license has been issued and posted in the establishment.

Signature of Sole Proprietor, Partner, or 20% Shareholder: Charlie Hood

Signature of Additional Partner: \_\_\_\_\_



# BUSINESS LICENSE PLAN OF OPERATION

ccl-busplan 5/12/2020

Office of the City Clerk License Division  
200 E. Wells St. Room 105, Milwaukee, WI 53202  
(414) 286-2238 www.milwaukee.gov/license e-mail address: license@milwaukee.gov

## 1. Type of Business

Applying for:  Extended Hours (12AM to 5AM) - If a food establishment, check all that apply:  Delivery  Drive Thru  Dining Room  
 Self Service Laundry  Massage Establishment  Filling Station  
 Other (supplemental application for specific license also required)

Provide a detailed description of the type of business you plan on operating:

Quick Service Barbeque Sit-down Restaurant

Do you have any experience operating this type of business?  No  Yes If yes, explain: Event License held for 3yr

## 2. Business Operations

- a. Proposed Opening Date: 01-Nov-2023
- b. Is this premise under construction?  No  Yes If yes, list estimated completion date: \_\_\_\_\_
- c. Is this a franchise?  No  Yes
- d. Is this premises currently licensed?  No  Yes If yes, list type of license: Food dealer license
- e. Is the current licensee operating?  No  Yes If no, list date closed: Within the last 90day
- f. Do you have future plans for other businesses, licenses or permits at this location?  No  Yes  
If yes, explain: \_\_\_\_\_
- g. Have you previously held an Extended Hours License in Milwaukee?  No  Yes  
If yes, list address(es): \_\_\_\_\_
- h. Are other businesses operating in the same building?  No  Yes If yes, describe: Citgo Gas Station

## 3. Litter & Noise

- a. How are grounds kept clean?  Sweep  Pressure Wash  Pick Up Litter  Other: \_\_\_\_\_
- b. How often will grounds be cleaned?  Daily  Weekly  As Needed  Monthly  Other: \_\_\_\_\_
- c. Grounds cleaned by:  Licensee  Building Owner  Employees  Hired Maintenance  Other: \_\_\_\_\_
- d. How are noise issues prevented and/or addressed?  Security  Manager approaches customer(s)  Call Police  
 Signs Posted  Other: \_\_\_\_\_
- e. Will a sound amplification system be used?  No  Yes If yes, describe: \_\_\_\_\_

## 4. Smoking & Sanitation

- a. Are there designated outdoor smoking areas?  No  Yes If yes, describe: \_\_\_\_\_
- b. Number of Garbage Cans: Inside: 4 Locations: Throughout the restaurant  
Outside: 1 Locations: outside South parking lot
- c. Is a crowd control barrier used?  No  Yes If yes, describe: \_\_\_\_\_
- d. How many restrooms are on the premises? 2
- e. Name of solid waste contractor:  Advanced Disposal  Waste Management  Other: \_\_\_\_\_

## 5. Security

- a. Are there onsite parking spaces?  No  Yes If yes, how many? 11 and describe the parking security plan: N/A
- b. Is there a loading zone?  No  Yes If yes, describe the loading area security plan: \_\_\_\_\_
- c. Will you have security personnel on premise?  No  Yes If yes, how many? \_\_\_\_\_ and answer the following:  
 What are their responsibilities? \_\_\_\_\_  
 Is security equipment used?  No  Yes If yes, describe Security Video Surveillance  
 List their licensing, certification, or training credentials N/A
- d. Will there be security cameras?  No  Yes If yes, how many? 8 and list locations: Front Entrance, Emergency Exit, Cash Register, Kitchen Door, Parking Lot
- e. Will searches/identification checks be done on entry?  No  Yes If yes, describe \_\_\_\_\_

## 6. Percentage of Sales (must total 100%)

Alcohol _____%	Food <u>90</u> % <u>100</u> %	Secondhand Merchandise <u>10</u> %	Precious Metals & Gems _____%
Entertainment _____%	Cigarettes _____%		
Pawnbroker Activity _____%	Salvaged Materials _____% (such as scrap metal)	Personal Services (such as tattoo, body piercing, salon, tailor, tanning, etc.) _____%	Other _____% Describe: _____

## 7. Businesses/Licenses on the Premises (check all that apply):

### Type 1

- Full Service Restaurant       Cafe/Coffee Shop       Deli or Fast Food Restaurant       Private/Fraternal/Veterans Club
- Night Club       Tavern       Cocktail Lounge       Teen Club
- Banquet Hall       Sports Facility       Bowling Alley
- Hotel/Motel : Number of Floors: \_\_\_\_\_       Rooming House: Number of Floors: \_\_\_\_\_  
 Number of Rooms: \_\_\_\_\_      Number of Rooms: \_\_\_\_\_

### Type 2

- Liquor Store       Corner Store       Supermarket       Convenience Store
- Gas Station       Amusement/Phonograph Distributor       Recycling, Salvage or Towing
- Used Car Dealer       Personal Service Establishment  
(such as tattoo business, hair salon, tailor, etc.)       Recording Studio

What other licenses/permits will you hold at this location? (check all that apply)

- Occupancy Permit     Cigarette & Tobacco     Gas Station     Extended Hours     Class "B" Tavern     Weights & Measures
- Secondhand Dealer     Precious Metal & Gem     Other: \_\_\_\_\_

## 8. Legal Capacity (only if a Type 1 premises in #7 above)

Capacity 50 (Call the Milwaukee Development Center at 414-286-8211 if you have questions.)

## 9. Premises Description

a. Identify all area(s) of the premises that will be used in operating this business (include areas used only for storage):

1<sup>st</sup> Floor  2<sup>nd</sup> Floor  Basement Storage  Patio  Beer Garden  Sidewalk Café  Deck  Rooftop

Other: Describe: \_\_\_\_\_

b. Describe Location:  Major Thoroughfare  Secondary Street  Other: \_\_\_\_\_

c. Nearest Major Cross Street: 107 Street

d. Describe Building:  Free Standing Building  Strip Mall  Other: Citgo and 2 business locations.

e. Describe Premises Structure:  Single Story  Multi-Story - # of Stories \_\_\_\_\_  Other: \_\_\_\_\_

f. Describe Surrounding Area:  Commercial  Residential  Industrial  Other: \_\_\_\_\_

g. Building Owner Name: Mandeep/Citgo Petroleum Phone Number: 262-359-0070

Building Owner Address: 8632 N 107st Milwaukee, WI 53224

## 10. Hours of Operation & Customers

Will customers be entering the premises?  No  Yes

Day of the Week	Proposed Hours of Operation:		Estimated Number of Customers expected each day	Potential Age Range of Customers	Class B Tavern Applicant Only: Age Restriction (If none, write 'None')
	Open Time (include a.m. or p.m.)	Close Time (include a.m. or p.m.)			
Sunday	10:00 a.m.	2:10:pm	70	21-50	
Monday	10:00 a.m.	10:00 pm	70	21-50	
Tuesday	10:00 a.m.	10:00 pm	70	21-50	
Wednesday	10:00 a.m.	10:00 pm	70	21-50	
Thursday	10:00 a.m.	10:00 pm	70	21-50	
Friday	10:00 a.m.	2:00 a.m.	110	21-50	
Saturday	10:00 a.m.	2:00 a.m.	110	21-50	

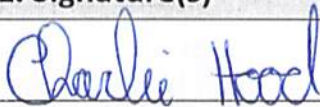
An Extended Hours Establishment License is required for any convenience store, filling station, personal service establishment (such as tattoo, body piercing, salon, tailor, tanning, etc.), recording studio or restaurant which is open between the hours of 12:00 a.m. and 5:00 a.m.

Alcohol Establishments Class A: 8:00 am to 9:00 pm Sunday thru Saturday

Permitted Hours of Operation: Class B: 6:00 am to 2:00 am Sunday thru Thursday, 6:00 am to 2:30 am Friday & Saturday

Entertainment Outdoor Closing Hours: 10:00pm Sunday-Thursday; 12:00am Friday & Saturday; unless a different time, either earlier or later, is established by the Common Council in its approval of the licensee's plan of operation.

## 11. Signature(s)



Signature of Sole Proprietor, Partner, or 20% or more Shareholder

(If there are no 20% or more shareholders, Corporate Officer-print name/title and sign)

Signature of additional partner or 20% or more shareholder

See Application Information for a complete list of all required application forms.

