

# CITY OF MILWAUKEE OFFICE OF THE CITY CLERK

Wednesday, January 10, 2024

#### COMMITTEE MEETING NOTICE

AD 11

FRANCIS, Brian P, Agent GABAGOOL LLC 5025 W FOREST HOME AV Milwaukee, WI 53219

You are requested to attend a hearing which is to be held in Room 301-B, Third Floor, City Hall or you may attend virtually using the link below.

#### Tuesday, January 23, 2024 at 10:20 AM

The access code is <a href="https://meet.goto.com/859644933">https://meet.goto.com/859644933</a>. If you wish to call in: <a href="https://meet.goto.com/859644933">+1 (224) 501-3412</a> and use Access Code: 859-644-933

Please see the enclosed best practices document for further instructions.

Regarding:

Your Class B Tavern and Food Dealer License Applications as agent for "GABAGOOL LLC" for "Marias Pizza" at 5025 W FOREST HOME Av.

There is a possibility that your application may be denied for one or more of the following reasons: The recommendation of the committee regarding the application shall be based on evidence presented at the hearing. Per MCO 85-2.7-4, probative evidence concerning whether or not a new license should be granted may be presented on the following subjects: whether or not the applicant meets the municipal requirements, the appropriateness of the location and premises where the licensed premises is to be located and whether use of the premises for the purposes or activities permitted by the license would tend to facilitate a public or private nuisance or create undesirable neighborhood problems such as disorderly patrons, unreasonably loud noise, litter, and excessive traffic and parking congestion. Probative evidence relating to these matters may be taken from the plan of operation submitted with the license application, if any, but shall not include the content of any music. Evidence regarding the fitness of the location of the premises to be maintained as the principal place of business, including but not limited to whether there is an overconcentration of businesses of the type for which the license is sought; whether the proposal is consistent with any pertinent neighborhood business or development plans, or the location's proximity to areas where children are typically present. The applicant's record in operating similarly licensed premises; and whether or not the applicant has been charged with or convicted of any felony, misdemeanor, municipal offense or other offense, the circumstances of which substantially relate to the activity to be permitted by the license being applied for or any other factor which reasonably relates to the public health, safety or welfare may also be considered. See attached police report or correspondence.

Notice for applicants with warrants or unpaid fines:

Proof of warrant satisfaction or payment of fines must be submitted at the hearing on the above date and time. Failure to comply with this requirement may result in a delay of the granting/denial of your application.

Failure to appear at this meeting may result in the denial of your license. Individual applicants must appear only in person or by an attorney. Corporate or Limited Liability applicants must appear only by the agent designated on the application or by an attorney. Partnership applicants must appear by a partner listed on the application or by an attorney. If you wish to do so and at your own expense, you may be accompanied by an attorney of your choosing to represent you at this hearing.

You will be given an opportunity to speak on behalf of the application and to respond and challenge any charges or reasons given for the denial. No petitions can be accepted by the committee, unless the people who signed the petition are present at the committee hearing and willing to testify. You may present witnesses under oath and you may also confront and cross-examine opposing witnesses under oath. If you have difficulty with the English language, you should bring an interpreter with you, at your expense, so that you can answer questions and participate in your hearing.

You may examine the application file at this office during regular business hours prior to the hearing date. Inquiries regarding this matter may be directed to the person whose signature appears below.

Limited parking for persons attending meetings during normal business hours is available at reduced rates (5 hour limit) at the Milwaukee Center on the southwest corner of Kilbourn Avenue and Water Street. You must present a copy of the meeting notice to the parking cashier.

PLEASE NOTE: Upon reasonable notice, efforts will be made to accommodate the needs of disabled individuals through sign language interpreters or other auxiliary aids. For additional information or to request this service, contact the Council Services Division ADA Coordinator at (414) 286-2998, Fax - (414) 286-3456, TDD - (414) 286-2025.

JIM OWCZARSKI, CITY CLERK

BY:

Jim Cooney

License Division Manager



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JIM OWCZARSKI, CITY CLERK

3Y:

Jim Cooney

License Division Manager

Date: 01/03/2024 Officer: PO Fabian Garcia

# City of Milwaukee Police Department 90-5-1.5 Crime Prevention Survey Tavern Inspection

Name of Premise: Ma				
Address: 5025 W. For	est Home Avenue	<b>;</b>		
Phone: 414-543-4606				
Owner: Owner address: City State Zip: Owner Phone:	8			,
Owner email:				
Licensee/Agent: Brian Home Address: 4380 City State Zip:Milwan Phone: 414-350-8564 Email: guinnessbrian(	S. Burrell Street akee, WI 53207			
Preferred contact: pho	one			
Location currently op	en: Y	ES 🏻	NO	
Projected open date:	Next couple of we	eks.		
Day's open: ⊠S □	MXTXW	n ⊠F ⊠S	SA □AL	L
Hours of Operation:	Sun: 3p-9p Mon: Closed Tue: 3p-9p Wed: 3p-9p Thu: 3p-9p Fri: 3p-9p Sat: 3p-9p			□24 hours □ Y ⊠ N
Premise Type:	□Tavern/Bar ☑Restaurant □Other:			
Licenses currently he		cation TNo Class	:	#:

Tobacco:
Food: Yes No #:
Extended Hours: Yes No #:
Secondhand Dealer: Yes No Type: #:
Other: Yes No Type: #:
Other: Yes No Type: #:
Exterior Survey:
1. Is the area around the location clean?   ☐ Yes ☐ No
2. What surrounds the location? (Check all the apply)
a. Park
b. School
c. Youth Center
d. Church
e. Tavern(s) If so, how many
f. Residential
g. Other businesses
h. Other:
3. Can you see from the outside of the location into the interior Yes No
4. Can you see the employees inside of the location from the outside Yes \( \subseteq No
<ol> <li>Are exterior windows free of signage   Yes   No</li> </ol>
6. Is there a parking lot ☐ Yes ☒ No
7. Is the parking lot clean? Yes No N/A
8. Off-Street parking ⊠Yes ☐No ☐
9. Is the parking lot well lit? Yes No
10. Valet Parking Yes No N/A
a. Will this lot have a guard? Yes No
b. Will this lot have cameras? Yes No
11. Are there areas where a person could conceal themselves Yes No
12. Is there exterior lighting? \( \sum \text{Yes} \sum \text{No. Does it appears to be adequate } \sum \text{Yes} \sum \text{No.}
13. Exterior Payphone? Yes No
14. Are there No Loitering Signs posted? Yes No
15. Are there exterior security cameras Yes No How Many:
16. Are the address numbers prominently displayed and easy to see Yes \ No
10. Ale the address humbers pronimentally display to the
Camera Survey:
17. Does this location have security cameras? Yes No
18. Are they in working order? Yes No
19. What format are the cameras?
a. Color Yes No
b. Digital Yes No
c. Recorded Yes No
20. How long is footage stored for later viewing:
21. Are there exterior cameras ☐ Yes ☒ No How many:
22 Are there interior cameras Yes No How many:
23. Do all employees know how to retrieve recorded digital images/footage? Yes No
24. Cameras located in parking lot Yes No How many N/A

**Interior Survey:** 

25. What is the planned capacity 60
26 What is the minimum number of employees that will be on premise 4
27. In the storeowner willing to be a standing complainant regarding lottering: \( \subseteq \) i es \( \subseteq \) i vo
a. If yes have them fill out the standing complaint form and give them two of the
commercial signs Ves No
28. Is the interior of the location neat and clean?
29. Does an interior camera face the entrance/exit?
30. Is there a lockable area that separates employees from customers? Yes \[ \] No
31. Are emergency and non-emergency numbers posted near the phone? Yes No
32. Does the owner know how to contact their police district directly? Yes No
a. Did you provide a district contact guide to the owner? Yes \( \subseteq No
a. Did you provide a district contact guide to the officer.
Security None
as IV
33. How many security personnel are going to be employed:  Exterior  Exterior
34. How will they be deployed: Interior Exterior 35. What days will they be deployed Mon Tue Wed Thu Fri Sat Sun
35. What days will they be deployed room wou room
36. Will the security be managed by business or contracted
37. Will they be armed ☐ Yes ☐ No
38. What type of security measures to be used:
Wanding/metal detector
☐ ID Scanner
☐ Dress Code
Cover Charge
Age restriction
Other

# ADDITIONAL COMMENTS/RECOMMENDATIONS:

This report was written by Police Officer Fabian GARCIA assigned to District 6-Early Power, Community Partnership Unit/Community Liaison Officer.

On Wednesday. January 3, 2024, at 11:30 pm, my partner PO Michael WARD and I met with owner/licensee Brian P. FRANCIS at 5025 W. Forest Home Avenue. I observed the exterior to have no surveillance cameras. The rear of the property did have an exterior motion light.

Brian stated that he plans on keeping the same hours of operation as the former owner but may open on Tuesdays as well. Brian stated that he plans to keep the interior of the location the same and does not plan on remodeling at this time. Brian stated that he still needs to clean and organize the interior. No interior cameras were observed, and Brian stated that he plans on installing at least 4 interior cameras, which will cover the entrance and exit doors along with the register area. Brian also stated that he plans to add an exterior surveillance camera as well in the near future.

Brian stated that he is willing to be a standing complainant and was provided the Standing complainant form. Brian was also provided a District 6 community contact guide. This concludes my report.

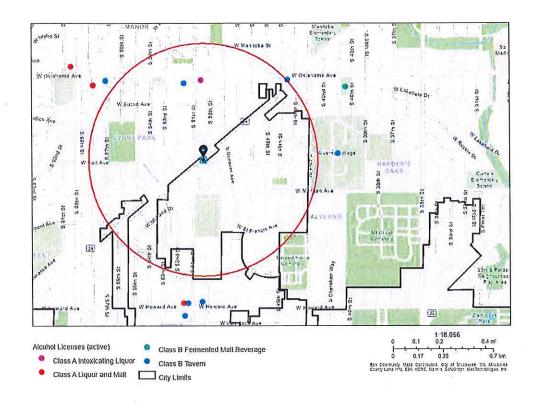


# City Concentration Map 5025 W Forest Home Av

# Area of Interest (AOI) Information

Area: 21,862,585.68 ft2

Dec 1 2023 15:13:58 Central Standard Time



#### 5025 W Forest Home Ave

# Summary

Name	Count	Area(ft²)	Length(mi)
Alcohol Licenses	3		

## Alcohol Licenses

#	Legal Entity	Trade Name	Licensee	Address	License Type Name	Total Capacity	Expiration Date	Count
1	DISCOUNT LIQUOR, INC	DISCOUNT LIQUOR	THOMAS J GREGUSKA, Agt	5031 W OKLAHOMA AV	Class A Retailer's Intoxicating Liquor License		7/30/2024, 7:00 PM	1
2	AMERICAN SERB MEMORIAL HALL, INC	AMERICAN SERB HALL	Vlado M Ninkovich, Agt	5101 W OKLAHOMA AV	Class B Tavern License	2,954	8/30/2024, 7:00 PM	1
3	T C K OF MILWAUKEE, INC	BRASS KEY RESTAURAN T	George Karas, Agt	4952 W FOREST HOME AV	Class B Tavern License	99	9/25/2024, 7:00 PM	1

Establishments within a 0.5 miles radius centered on area of interest.

OCCUPANT	MAIL ADDRESS	CITY STATE ZIP
CURRENT OCCUPANT	3355 S 51ST ST# 1	MILWAUKEE, WI 53219-4516
CURRENT OCCUPANT	3355 S 51ST ST# 2	MILWAUKEE, WI 53219-4516
CURRENT OCCUPANT	3355 S 51ST ST# 3	MILWAUKEE, WI 53219-4516
CURRENT OCCUPANT	3357 S 51ST ST# 4	MILWAUKEE, WI 53219-4516
CURRENT OCCUPANT	3358 S 51ST ST	MILWAUKEE, WI 53219-4515
CURRENT OCCUPANT	3360 S 51ST ST	MILWAUKEE, WI 53219-4515
CURRENT OCCUPANT	4945 W FOREST HOME AVE	MILWAUKEE, WI 53219-4722
CURRENT OCCUPANT	4955 W FOREST HOME AVE	MILWAUKEE, WI 53219-4722
CURRENT OCCUPANT	5005 W FOREST HOME AVE	MILWAUKEE, WI 53219-4505
CURRENT OCCUPANT	5011 W FOREST HOME AVE	MILWAUKEE, WI 53219-4505
CURRENT OCCUPANT	5013 W FOREST HOME AVE	MILWAUKEE, WI 53219-4505
CURRENT OCCUPANT	5025 W FOREST HOME AVE	MILWAUKEE, WI 53219-4505
Plank Notice		

Blank Notice

Total Records: 12

Radius 250.0 feet and Center of the Circle: 5025 W Forest Home Av





# Notice of Public Hearing

Blank Notice

FRANCIS, Brian P, Agent
Marias Pizza at 5025 W FOREST HOME Av
Class B Tavern and Food Dealer License Applications

# Tuesday, January 23, 2024 at 10:20 AM

To whom it may concern:

The above application has been made by the above named applicant(s). This requires approval from the Licenses Committee and the Common Council of the City of Milwaukee. The hearing before the Licenses Committee will take place on 1/23/2024 at 10:20 AM in Room 301-B, Third Floor, City Hall. This is a public hearing. Those wishing to view the proceeding are able to do so via the City Channel – Channel 25 on Spectrum Cable – or on the Internet at http://city.milwaukee.gov/citychannel. Those wishing to provide oral testimony via phone or internet are asked to contact the staff assistant, Yadira Melendez at (414) 286-2775 or stasst5@milwaukee.gov for necessary information. Please make such requests no later than one business day prior to the start of the meeting. You are not required to attend the hearing, but please see the information below if you would like to provide testimony. Once the Licenses Committee makes its recommendation, this recommendation is forwarded to the full Common Council for approval at its next regularly scheduled hearing.

# Important details for those wishing to provide information for the Licenses Committee to consider when making its recommendation:

- 1. The license application is scheduled to be heard at the above time. Due to other hearings running longer than scheduled, you may have to wait some time to provide your testimony.
- 2. You must appear in person and testify as to matters that you have personally experienced or seen. (You cannot provide testimony for your neighbor, parent or anyone else; this is considered hearsay and cannot be considered by the committee.)
- 3. No letters or petitions can be accepted by the committee (unless the person who wrote the letter or the persons who signed the petition are present at the committee hearing and willing to testify).
- 4. Persons opposed to the license application are given the opportunity to testify first; supporters may testify after the opponents have finished.
- 5. When you are called to testify, you will be sworn in and asked to give your name, and address. (If your first and/or last names are uncommon please spell them.)

- 6. You may then provide testimony.
- a. Include only information relating to the above license application.
- b. Include only information you have personally witnessed or seen.
- c. Provide concise and relevant information detailing how this business has affected or may affect the peaceful enjoyment of your neighborhood.
- d. If by the time you have the opportunity to testify, the information you wish to share has already been provided to the committee, you may state that you agree with the previous testimony. Redundant or repetitive testimony will not assist the committee in making its recommendation.
- 7. After giving your testimony, the members of the Licenses Committee and the licensee may ask questions regarding the testimony you have given or other factors relating to the license application.
- 8. Business Competition is not a valid basis for denial or non-renewal of a license.

Please Note: If you have submitted an objection to the above application your objection cannot be considered by the committee unless you personally testify at the hearing.

ccl-busplan 5/12/2020

# MILWAUKEE

### **BUSINESS LICENSE PLAN OF OPERATION**

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: <u>license@milwaukee.gov</u>

1. T	ype of Business
Applyii	ng 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)
Provid	le a detailed description of the type of business you plan on operating:
	Full Service Restaurant
Do you	u have any experience operating this type of business?  No 14 Yes If yes, explain: 40 Year's experience Business Operations
2. B	Business Operations
a.	Proposed Opening Date: Jan 15t 2024
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 X Yes If yes, list type of license: Full Scrute Restaurant  Is the current licensee operating? No X Yes If no, list date closed: 7/t/23
e.	is the current mediate operating.
f.	Do you have future plans for other businesses, licenses or permits at this location? X No X 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:
3. L	itter & Noise
a.	How are grounds kept clean? X Sweep Pressure Wash Pick Up Litter Other:
b.	How often will grounds be cleaned? XDaily Weekly As Needed Monthly Other:
C.	Grounds cleaned by: XLicensee XBuilding Owner XEmployees 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. 5	moking & Sanitation
. a.	Are there designated outdoor smoking areas? X No Yes If yes, describe:
b.	Number of Garbage Cans: Inside: Locations: Dathworks + Kitcher
	Outside: 1 Locations: Driveway in front of garage
c.	Is a crowd control barrier used? No Yes If yes, describe:
d.	How many restrooms are on the premises?
e.	Name of solid waste contractor: Advanced Disposal Waste Management Other: GL

5. Security					
a. Are there onsite pa	a. Are there onsite parking spaces? 🗶 No 🗌 Yes If yes, how many? and describe the parking security				
	plan:				
b. Is there a loading z	one? 🔼 No 🗌 Yes If yes, d	lescribe the lo	oading area security pla	n:	
c. Will you have secu	rity personnel on premise? Į	<b>√</b> No □ Yes	s If yes, how many?	an	d answer the following:
What are th	eir responsibilities?		0)	1/1	
ls security e	quipment used? \( \sum \) No \( \sum \)	es If yes, de	escribe HIAIN SI	Sten	
	ensing, certification, or trainin				
d. Will there be secur	ity cameras? 🗖 No 🗌 Yes	If yes, how i	many? and list	locations:	and the second s
2 No. 25 a 25	tification checks be done upo	tion and the state of	No 🗌 Yes If yes, descri	be	
	Sales (must total 1009				
Alcohol		<u>)     </u> %	Secondhand Merchandis	se .	Precious Metals & Gems
Entertainment $\cancel{\mathcal{B}}$	% Cigarettes	<del>y</del> %	<i>1</i> 0%		%
Pawnbroker Activity	Salvaged Materials (such as scrap metal)	body piercing, salon, tailor.		Other%  Describe:	
7. Businesses/Lice	enses on the Premise	s (check a	The second of th		
Type 1					
Full Service Restaurant	Cafe/Coffee Shop	Deli or F	ast Food Restaurant	Private	/Fraternal/Veterans Club
☐ Night Club	☐ Tavern	Cocktail	Lounge	Teen C	lub
Banquet Hall	Sports Facility	Bowling Bowling	Alley		
☐ Hotel/Motel: Numb	er of Floors:	Roomin	g House: Number of Flo		
	er of Rooms:		Number of Roo	oms:	Manager of the second of the s
Type 2 ☐ Liquor Store ′	Corner Store	Superma	arket	Conven	ience Store
Gas Station	Amusement/Phono	Amusement/Phonograph Distributor Recycling, Salvage or Towing		ng, Salvage or Towing	
Used Car Dealer	Used Car Dealer Personal Service Establishment Recording Studio (such as tattoo business, hair salon, tailor, etc.)				
What other licenses/perm	nits will you hold at this location?	(check all that	apply)		
X Occupancy Peri	mit Cigarette & Tobacco G	ias Station 🔲	Extended Hours 🍂 Class "	B" Tavern	Weights & Measures
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	aler Precious Metal & Gem [				
8. Legal Capacity	(only if a Type 1 pre	mises in ‡	†7 above)		
Capacity 60	(Call the Milwaukee Developmer	nt Center at 41	4-286-8211 if you have qu	estions.)	

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9. Premises De	escription				
a. Identify all area	(s) of the premises that will t	ne used in operating this bus	iness (include areas used	only for storage)	):
•	nd Floor <b>X</b> Basement Stora	ge LIPatio LIBeer Garder	I Maldemark care Hor	sck (Troottob	
□Other: Descri	be: on:		a art		
b. Describe Location	Cross Street: Foress	Kecoudary street Ton	ier:		
	[ The second to a post of the	- Distrib Mall Cothors			•
d. Describe Buildir	ses Structure: Single Stol	ry Multi-Story - # of Stor	ies 4 Nother:	Split L	eve \
		LIVI o	Int IVI Othors MY W	ent la se.	
g. Building Owner	Name: Cahaquol	LLC I	Phone Number: 40	4-250-8	2264
Building Owner	Name: 6ahaquol Address: 4380 5	. Burrell ST Mi	wankel, wit S	3201	
	peration & Custor				
Will customers be ente	ering the premises? No			Potential	Class B Tavern
	Proposed Hour	s of Operation:	Estimated Number of Customers	Age Range	Applicant Only:
Day of the Week	Open Time	Close Time	expected each day	of Customers	Age Restriction (If none, write 'None')
	(include a.m. or p.m.)	(include a.m. or p.m.)		Customers	(ii fidile, write Hoite )
Sunday	1]:00 Rm	11:59 pm.	150	18-99	NONE
Monday			,		
Tuesday					
Wednesday	11:00 pm	17:59 PM	150	18-99	
Thursday	11:00 Au	11.59 pm	150	18-99	1/2
Friday	11:00 pm	11:59 pm	200	18-99	
Saturday	(1:00 BM	11:59 pm	200	18-99	
An Extended Hours Es	tablishment License is requi tanning, etc.), recording stu	red for any convenience stor	e, filling station, persona en between the hours of	l service establish 12:00 a.m. and	hment (such as tattoo, body 5:00 a.m.
Alcohol Establishmen	ts Class A: 8:00	am to 9:00 pm Sunday thru	Saturday		
Permitted Hours of O		am to 2:00 am Sunday thru			
Entertainment Outdo	or Closing Hours: 10:0	Opm Sunday-Thursday; 12:0 tablished by the Common C	ouncil in its approval of the	ne licensee's plar	of operation.
11. Signature	(s)				
A	He	:			
( )N	priotox Dortner or 300/ or m	nore Shareholder	Signature of additional	oartner or 20% o	r more shareholder
Signature of Sole Pro (If there are no 2	prietor, Partner, or 20% or m 0% or more shareholders,	jore offareriolaer			



# ALCOHOL BEVERAGE & PUBLIC ENTERTAINMENT PREMISES SUPPLEMENTAL APPLICATION

Office of the City Clerk License Division 200 E. Wells St. Room 105, Milwaukee, WI 53202

(414) 286-2238 e-mail address: license@milwaukee.gov www.milwaukee.gov/license

Legal	Entity Name: Gabagool U.C. alba Manas Pizza
	nise Address: 5025 W. Forest Home Are
Prox	kimity of Premises to Church, School, Daycare Center or Hospital
Is th	e building within 300 feet of any church, school, daycare center or hospital? Yes
"Ser	vice Bar Only" Designation
Serv	oplying for Class B or C license, are you applying for "Service Bar Only"? No Yes vice Bar Only means customers cannot sit at the bar. Alcohol is served to employees who serve patrons seated at tables. stools, chairs or other articles of furniture shall be placed at the service bar for patrons to sit upon.
Busi	iness Information
a)	Are you taking out this application for anyone that may not be eligible for a license?    Yes   Yes
b)	Will the agent, a partner or the individual licensee be conducting the day-to-day operations of the business? No
c) d)	Class B Applicants: If the agent, a partner or the individual licensee will not be conducting the day-to-day operations of the business, the person(s) listed above must obtain a Class B Managers license.  Does anyone else have money invested or any other interest in this business?  No Yes  Have you made an agreement with anyone to repay any loan or any other payments based upon income from the business?  No Yes If yes, list name and address:
Pro	perty Information (New & Transfer Applicants Only)
a)	Do you own or lease the building?
b)	Who owns the fixtures (for example, coolers, etc.)?
c)	Are you purchasing the stock and/or fixtures?
d)	Total amount paid for business \$ 300,000.
e)	Total amount paid for goodwill of the business \$ 5
-	Goodwill comprises the reputation and customer relationships of an existing business. If the price you pay for the business exceeds the fair market value of all of the rest of the assets of the business, the excess may be considered goodwill.
f)	Have you made arrangements with the seller for payment of personal property taxes?   No   Yes
Lea	se Information (New & Transfer Applicants who are leasing the premises only)
a)	Date lease begins Ends
b)	Monthly rental \$
c)	Do you have an option to renew the lease?  No  Yes
d)	Does your lease allow for assignment to another party without the consent of the owner? $\square$ No $\square$ Yes
e)	For what length of time have you been guaranteed occupancy (number of years)?

Lease Information (Continued)	
f) In addition to paying the monthly rental, will you have to pay anything additional to the of the lease? \( \sum \) No \( \sup \) Yes If yes, explain \( \sum \)	owner of the building to guarantee performance
g) Does the present owner or occupant object to the granting of your license? In If yes, explain	es
Change of Agent Applicants Only	
Have there been any changes to the floor plan since the last application was submitted? If If no, a new floor plan is not required. If yes, submit a new floor plan and explain the change (s	
Signature	
Signature of Sola Proprietor, Partner or 20% or More Shareholder (If no 20% or more Shareholder, Corporate Officer - print name/title and sign)	
Note: All information contained in this application is subject to approval by the Common	
Deviating from approved plan of operation will subject licensee to citations, and/or suspendentation on how to request changes.	ension or non-renewal of the license.

New and transfer of premises applicants must submit the following:

Detailed floor plan

☐ If a restaurant, copy of the menu



# FOOD DEALER LICENSE PLAN OF OPERATION

OFFICE OF THE CITY CLERK, LICENSE DIVISION
CITY HALL, 200 E. WELLS ST, ROOM 105, MILWAUKEE, WI 53202
(414) 286-2238 \* license@milwaukee.gov \* www.milwaukee.gov/license

Legal Entity Name: Gabaquol LLC
Legal Entity Name: Gabagool LLC Premises Address: SO25 W Forcst Home Ave
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%
<ul><li>25% or More AND:</li><li>Restaurant items (meals) will be sold – Complete this application and also contact DATCP.</li></ul>
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 X 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: Pizza + pastas

ccl-foodplan 2/28/19

SECTION 4 DETAILS OF OPERATION	ON									
Will you have seating on site for dining?	No	X Yes								
Will you be doing any catering?	No 🄀	Yes								
Will you be doing any delivery?	☐ No	X Yes								
Will you have outdoor activities?	X 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?										
••••		many?(for example, a hotel with several dining rooms or bars)								
If multiple sites, attach a Food Dealer Addi	tional Site	Addendum (ccl-foodadd) for each additional site.								
SECTION 6 CONSTRUCTION OR	CHANGE									
Are you planning any construction, remod	eling or ed	quipment 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 Archit	ect:									
·										
Name, Address & Phone Number of Contr	actor:									
SECTION 7 ALCOHOL BEVERAG	ES									
Are you applying for an alcohol beverage l	icense?									
☐ 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?										
Malmmediately At the	same tim	e as the alcohol license								
SECTION 8 ACKNOWLEDGEME	NTS & SI	GNATURE								
You must initial each item confirming you	r understa	anding:								
I understand the Health Department must conduct an inspection and advise the License Division of their approval before the license may be issued.										
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										
may be required. Neighborhood Services must advise the License Division of their approval before the license may be issued.										
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.										
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.										
I will not operate my food busi	ness until	the license has been issued and posted in the establishment.								
Signature of Sole Proprietor, Partner, or 20% Shareholder:										
Signature of Additional Partner:										
Signature of Additional Partner:										



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# APPRICESS BRYEN

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