



**CITY OF MILWAUKEE  
OFFICE OF THE CITY CLERK**

Monday, November 17, 2008

**COMMITTEE MEETING NOTICE**

AD 04

Ronald J. Sjoquist, Agt.  
Good Harvest Market, LLC  
2626 E Holmes Av  
Cudahy, WI 53110

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You are requested to attend a hearing which is to be held in Room 301-B, Third Floor, City Hall on:

**Monday, November 24, 2008 at 9:00 AM**

**Regarding:**

Your Class 'A' Liquor and Malt application as agent for "Good Harvest Market, LLC" for "Good Harvest Market" at 346 N. Broadway .

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Failure to appear may result in the denial of your license.

Licenses Committee

License Division, Room 105, City Hall  
200 E. Wells Street, Milwaukee, WI 53202

If you have difficulty with the English language, you should bring an interpreter with you, at your own 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.

**PLEASE NOTE:** Limited parking for persons attending meetings in City Hall is available at reduced rates (5 hour limit) at the Milwaukee Center on the southwest corner of East Kilbourn and North Water Street. Parking tickets must be validated in Room 205, City Hall (City Clerk's Office).

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.

**If you have questions regarding this notice please contact the  
License Division at (414) 286-2238.**

DEPARTMENT LICENSE REPORT

DATE OF FILING 09/26/2008

WARD 04

OTHER

RENEWAL

NEW X

LICENSE NUMBER 2589

LICENSE TYPE ALQML

ADD'L INFO:

APPLICANT SJOQUIST, RONALD J  
 ADDRESS: 2626 E HOLMES AV  
 CITY: CUDAHY  
 STATE: WI ZIP: 53110  
 PHONE: (608)556-3834 DOB: 08/26/1959  
 MAIDEN/OTHER:  
 BUSINESS: GOOD HARVEST MARKET  
 ADDRESS: 346 N BROADWAY  
 CITY: MILWAUKEE  
 STATE: WI ZIP: 53202  
 PHONE: (608)556-3834  
 SPOUSE:  
 DOES APPLICANT HAVE INTEREST IN ANY OTHER CLASS 'A'/'B'/'C' PREMISES? **NO** Y (Explain)  
 LENGTH OF RESIDENCE AT ABOVE: **2 YRS** IN STATE: **WYRS** PREVIOUS ADDRESS:  
 CORPORATION NAME: GOOD HARVEST MARKET, LLC

STATE OF INCORPORATION: DATE OF INCORPORATION:

CORPORATE OFFICERS:

NAME: NOLAN, JOSEPH J  
 ADDRESS: 34209 LOST WOOD CT  
 CITY: OCONOMOWOC  
 STATE: WI ZIP: 53066  
 PHONE: DOB: 07/21/1960  
 OFFICE: MEMB SH50

NAME: NOLAN, JODY K  
 ADDRESS: 34209 LOST WOOD CT  
 CITY: OCONOMOWOC  
 STATE: WI ZIP: 53066  
 PHONE: DOB: 06/08/1953  
 OFFICE: MEMB SH50

NAME: ADDRESS: ZIP: DOB:  
 ADDRESS: CITY: STATE: PHONE: OFFICE:  
 ADDRESS: CITY: STATE: PHONE: OFFICE:

\*\*\*\*\* POLICE USE ONLY \*\*\*\*\*  
 HAS APPLICANT BEEN DENIED A LICENSE IN THE PAST YEAR? **NO** Y PREVIOUS PREMISES RECORD: N Y  
 EXPLAIN:

PROOF OF LEASE/OWNERSHIP/OFFER TO BUY: N Y N/A

DOES APPLICANT HOLD ANY OTHER CITY LICENSES: N **Y** TYPE AND NUMBER: **BARGENDER**

A-NUMBER: **A-263971** Nolan, Joseph A-270178  
 CHECKED WITH ID DIVISION: N Y  
 10-20-08 KR

ADDITIONAL INFORMATION:

INVESTIGATING OFFICER: **JK**  
 DATE: **10-20-08**  
**AKA**

REVIEWED BY: **CK**

DATE:

OCT 29 2008



# Plan of Operation Supplement for Retail Alcohol Beverage License Application

OFFICE OF THE CITY CLERK LICENSE DIVISION  
 200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202  
 (414) 286-2238 EMAIL: LICENSE@MILWAUKEE.GOV

Your application will be returned for failure to fill out this 4 page form completely and correctly, and submit the required Detailed Floor Plan as outlined on page 3.

Type of License applied for: <input checked="" type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C	Type of Ownership Structure: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Non Profit Organization	Name of Corporation, Limited Liability Company or Non Profit Organization: <u>GOOD HARVEST MARKET</u> State where Corporation, Limited Liability Company or Non Profit Organization was formed: <u>WISCONSIN</u> Year Corporation or Limited Liability Company was formed: <u>2004</u> <small>*Please note: No license may be issued to a corporation or limited liability company that has not registered with the Wisconsin Department of Financial Institutions.</small>
Full Legal Name of Individual, Partners or Agent: <u>RONALD SJOQUI S</u>		
Has Individual, Partners or Agent been known on official records by any other name(s)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list name(s):		
Address of Premises: <u>34C N. BROADWAY MILW. WI. 53202</u>	Business Telephone Number: <u>262-544-9380</u>	
Business Mailing Address - ONLY if different from address of premises (include City, State, Zip Code):		
Business Internet/E-mail Address: <u>ROW @ GOOD HARVEST MARKET.COM</u>	Business Fax Number: <u>262-544-9385</u>	
Property Owner's Name: <u>HISTORIC 3RD WARD BOARD ASSN (PUBLIC MARKET)</u>	Property Owner's Phone Number: <u>414-336-1111</u>	
Property Owner's Address (include City, State, Zip Code): <u>460 N. WATER ST. MILWAUKEE WI. 53202</u>		
Are you taking out this application for anyone that may not be eligible for a license? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list name and address:		
Will you be conducting the day-to-day operations of the business? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, list name and address of person who will: _____		
<small>Class B Applicants: If you will not be conducting the day-to-day operations of the business, the person listed above must obtain a Class B Manager's license.</small>		
Does anyone else have money invested or any other interest in this business? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: <u>JOE &amp; JODY WOLAN - OWNERS</u>		
Have you made an agreement with anyone to repay any loan or any other payments based upon income from the business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list name and address:		
What types of business do you or will you conduct at this location? (check all that apply): <input type="checkbox"/> Full Service Restaurant <input type="checkbox"/> Bowling Center <input type="checkbox"/> Billiard Center <input type="checkbox"/> Comedy Club <input type="checkbox"/> Hotel <input type="checkbox"/> Indoor Golf Facility <input type="checkbox"/> Night Club (requires Dance or Cabaret license) <input type="checkbox"/> Veterans Club <input type="checkbox"/> Cafe/Coffee Shop <input type="checkbox"/> Brew Pub <input type="checkbox"/> Tavern <input type="checkbox"/> Fraternal Club <input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Volleyball Court <input type="checkbox"/> Theater <input type="checkbox"/> Wine Tasting Room <input checked="" type="checkbox"/> Grocery Store <input type="checkbox"/> Private Sports Club <input type="checkbox"/> Liquor Store <input type="checkbox"/> Department Store <input type="checkbox"/> Convenience Market <input type="checkbox"/> Center for the Visual and Performing Arts <input type="checkbox"/> Drug Store <input type="checkbox"/> Gift Shop <input type="checkbox"/> Museum		
What other types of licenses or permits will you or do you hold at this location? (check all that apply): <input type="checkbox"/> Cigarette <input checked="" type="checkbox"/> Food <input type="checkbox"/> Gas Station <input type="checkbox"/> Extended Hours License <input checked="" type="checkbox"/> Occupancy Permit <input type="checkbox"/> Other(s): _____		
If applying for a Class B or C license, what type of food service will you have at this location? (check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Prepackaged Foods <input type="checkbox"/> Snacks <input type="checkbox"/> Appetizers <input type="checkbox"/> Catered Events <input type="checkbox"/> Full Meals - Hours of Food Service - From: _____ To: _____ (attach additional sheets as necessary)		
What percentage of your total sales will be from the sales of alcohol beverages? <u>2</u> %		

Is there at least 300 feet between the building and any church, school or hospital?  Yes  No

Do you have any future plans for other businesses, licenses or permits at this location?  Yes  No

If yes, explain:

Is this premises under construction?  Yes  No If yes, list estimated completion date:

Is this a franchise?  Yes  No

Is this premises currently licensed?  Yes  No If yes, list type of license:

Is the current licensee operating?  Yes  No If no, list date closed:

**HOURS OF OPERATION FOR ALCOHOL BEVERAGE SALES/SERVICE ONLY**

Day of the Week	Current Hours of Operation: (Does not apply to New Applicants)		Proposed Hours of Operation: (If same as the current hours, write "same")		Number of Customers expected each day	Class B Taverns: Age Distinction for each day (if no age distinction, write "none")
	Open	Close	Open	Close		
Sunday			10 AM	6 PM	200	
Monday			8	8	200	
Tuesday			8	8	200	
Wednesday			8	8	200	
Thursday			8	8	200	
Friday			8	8	200	
Saturday			8	8	200	

Prohibited Hours of Operation: Class A: 9:00 PM to 8:00 AM

Class B/C: Monday thru Friday 2:00 AM – 6:00 AM; Class B/C: Saturday thru Sunday 2:30 AM – 6:00 AM

Legal Capacity/Occupancy of Premises:   
(does not include Class A)  
Call (414) 286-8211 if you have questions.

Number of Parking Spaces on the Premises:   
(do not include street parking)  
(if none, write "0")

**LITTER/GARBAGE: What are your plans to keep the grounds clean (check all that apply):**  Sweep  
 Pressure Wash  Pick Up Litter  Hired Maintenance  Building Owner's Responsibility  Garbage Cans Outside  
 Other: \_\_\_\_\_

**Who is responsible to keep the grounds clean?**  Licensee  Building Owner  Employees  Hired Maintenance  
 Other: \_\_\_\_\_

**How often?**  Daily  Weekly  Other: \_\_\_\_\_

**NOISE: How are noise issues addressed (check all that apply):**  Security  Manager approaches customer(s)  
 Call police  Signs posted  Other: \_\_\_\_\_

Briefly describe the type of business you plan to operate if granted a license (attach additional sheets as needed):

ORGANIC GROCERY STORE

### DETAILED FLOOR PLAN

Please read all instructions before preparing the floor plan.

- A detailed floor plan must be submitted with this application.
- Any application submitted without the detailed floor plan (including all required items as listed below) will be returned.
- Even if the premises has been previously licensed and a floor plan submitted, a new floor plan must be submitted with this application.
- 7 The floor plan must be filed on 8 ½ x 11 inch sized paper.
- A separate sheet of paper must be filed for each floor where alcohol will be stored, displayed, sold, given away and/or consumed.
- Even if the basement is being used for alcohol storage only, a floor plan is still required for the basement.
- Handwritten plans are acceptable.
- Plans do not need to be architectural drawings and need not be to scale.

### THE FLOOR PLAN MUST INCLUDE ALL OF THE FOLLOWING ITEMS:

1.  Dimensions of the Premises and
2.  Total Square Feet of the Premises (length x width = square feet)
3.  Label all entrances and exits
4.  Label all alcohol storage areas (coolers, etc.) and
5.  Provide dimensions of all alcohol storage areas (length x width)
6.  Label all alcohol display areas (behind the bar, shelves, etc.) and
7.  Provide dimensions of all alcohol display areas (length x width)
8.  Class B & C Applicants Only: Label all seating areas, bars, and food preparation areas (kitchen)
9.  Class B & C Applicants Only: Label all outdoor areas used for the sale or service of alcohol beverages (for example, patios, beer gardens, sidewalk cafes) and
10.  Class B & C Applicants Only: Provide dimensions of all outdoor areas used for the sale or service of alcohol beverages (length x width)
11.  Label all parking areas on the premises (do not include street parking) (This is required even if the parking is shared, for example, a strip mall.) and
12.  Provide dimensions of all parking areas available on the premises (length x width). The parking area(s) should be marked on the floor plan for the first floor showing the relation to the building.
13.  Mark the North point (N ↑) on each page
14.  Write the Date on each page
15.  Write the Legal Entity Name (and Agent's Name if a corporation or LLC) on each page
16.  Write the Trade (Business) Name on each page
17.  Write the Premises address on each page

**Change of Agent Applicants Only:**

Have there been any changes to the floor plan since the last application was submitted?  Yes  No

If no, a new floor plan is not required. If yes, explain the change(s) \_\_\_\_\_ and submit a new floor plan.

**NEW/TRANSFER APPLICANTS:**

Do you own or lease the building? Check one: Own  Lease

Who owns the fixtures (ie. Coolers, etc.)? \_\_\_\_\_

If you are purchasing the stock and/or fixtures, what did you pay for them? \_\_\_\_\_

Total Amount Paid for the Business: \$ \_\_\_\_\_

Amount Paid for the Goodwill of the Business: \$ \_\_\_\_\_

*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.*

Have you made arrangements with the seller for payment of the personal property taxes?

Yes  No

**IF YOU LEASE THE BUILDING, ANSWER THE FOLLOWING QUESTIONS:**

Is the lease  verbal or  written?

Date lease begins: STORE OPEN Expires: 5 Y RENEWABLE

Monthly rental: \$ 600

Do you have an option to renew the lease?  Yes  No

Does your lease allow for the assignment to another party without the consent of the owner?

Yes  No

For what length of time have you been guaranteed occupancy? (number of years) 5 YRS

In addition to paying monthly rental, will you have to pay anything additional to the owner of the building to guarantee performance of the lease?  Yes  No

If yes, explain: ADVERTISING - 1000 MONTHLY

Does the present owner or occupant object to the granting of your license?  Yes  No

If yes, explain:

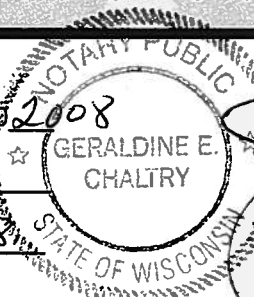
Subscribed and sworn to before me

this 26 day of September, 2008

Geraldine E. Chalty  
Notary Public, State of Wisconsin

My commission expires: 11/23/08

Notary Seal must be affixed



Signature of Individual/Partner/Officer/Member

Signature of Partner/Officer/Member

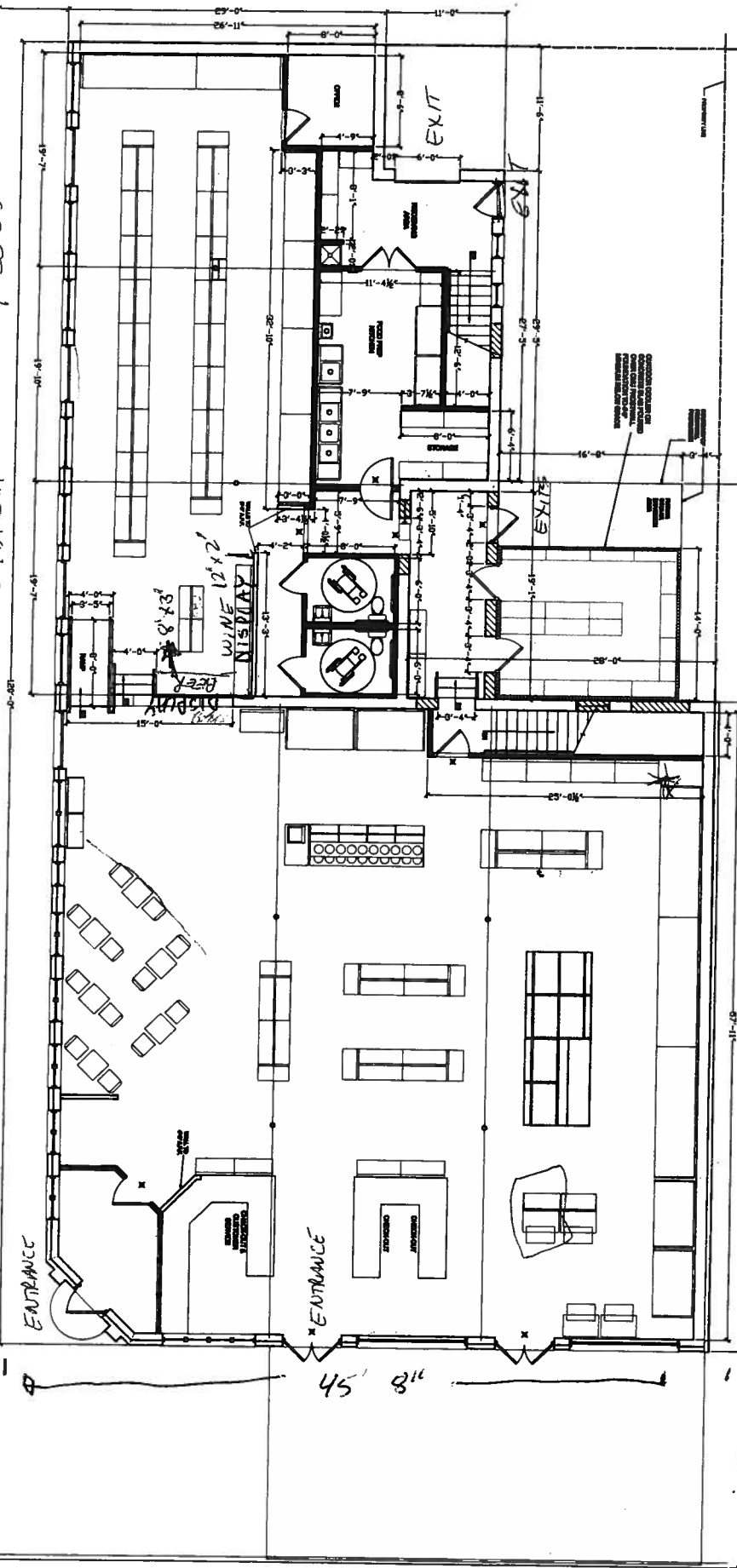
Warning: Penalty provided for submitting false statements and affidavits with this application.  
(Section 90-5(2), Milwaukee Code of Ordinances.)

Your application will be returned for failure to fill out this 4 page form completely and correctly, and submit the required Detailed Floor Plan as outlined on page 3.

EAST ST. PAUL AVENUE

↑ 120' X 45' 8" N  
5484 SQ FT 9-26-08

346 N BROADWAY  
MILWAUKEE WISC.  
53202  
GOOD HARVEST MARKET  
GOOD HARVEST MARKET LLC



120'

45' 8"

NORTH BROADWAY