



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

Thursday, September 18, 2014

**COMMITTEE MEETING NOTICE**

AD 05

IYASELE, Theophilus O, Agent  
Nigerian Community in Milwaukee, Inc.  
8310 W Appleton Av

Milwaukee, WI 53218

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

**Monday, September 29, 2014 at 08:30 AM**

**Regarding:** Your Public Entertainment Premises License Application Requesting Instrumental Musicians, Bands, Comedy Acts, Disc Jockey, Magic Shows, Poetry Readings, Dancing by Performers, Patron Contests, Patrons Dancing, Karaoke, and Wedding Receptions as agent for "Nigerian Community in Milwaukee, Inc." for "Nigerian Community in Milwaukee" at 8310 W Appleton Av.

There is a possibility that your application may be denied for one or more of the following reasons: you do not meet the statutory and municipal requirements; the fitness and appropriateness of the location to be licensed and whether the location will create undesirable neighborhood problems, whether or not you have been charged with or convicted of any felony, misdemeanor, municipal offense or other offense, the circumstances of which substantially relate to the licensed activity; and any other factors which reasonably relate to the public health, safety and welfare. See attached police report and/or written correspondence regarding this application. Please be advised the public will be able to provide information to the committee in person or in writing. The committee will receive and consider evidence regarding the above mentioned criteria.

**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 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 the first floor information booth in City Hall.

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 OW CZARSKI, CITY CLERK

BY: Rebecca N. Grill  
Rebecca N. Grill  
Deputy City Clerk

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



CITY OF MILWAUKEE  
OFFICE OF THE CITY CLERK

Thursday, September 18, 2014

COMMITTEE MEETING NOTICE

AD 05

IYASELE, Theophilus O, Agent  
Nigerian Community in Milwaukee, Inc.  
W142N7288 Oakwood Dr

Menomonee Falls, WI 53051

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

**Monday, September 29, 2014 at 08:30 AM**

**Regarding:** Your Public Entertainment Premises License Application Requesting Instrumental Musicians, Bands, Comedy Acts, Disc Jockey, Magic Shows, Poetry Readings, Dancing by Performers, Patron Contests, Patrons Dancing, Karaoke, and Wedding Receptions as agent for "Nigerian Community in Milwaukee, Inc." for "Nigerian Community in Milwaukee" at 8310 W Appleton Av.

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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.

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JIM OWCZARSKI, CITY CLERK

BY: Rebecca N. Grill  
Rebecca N. Grill  
Deputy City Clerk

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

February 9, 2014

## REDACTED RECORD

James A. Bohl, Jr.  
Alderman 5<sup>th</sup> District  
City Hall Room 205  
200 East Wells Street  
Milwaukee, WI 53202

Dear Alderman Bohl:

located in the 5<sup>th</sup> District I am highly concerned regarding your recommendation to permit Theo Isayele, of the NCC (Nigerian Community Center) a Public Entertainment Permit (PEP). As you mentioned in your letter, there have been instances that cause you to be reluctant to offer a positive recommendation, so I do not understand why allow a tentative one at all. Other businesses have tried to do the same thing in this area and have been denied, what is the NCC going to do differently than other established businesses that have been in the area much longer without incident.

This neighborhood has a lot of safety issues that need be taken in consideration before issuance of a party permit, because technically that is what it is, for parties.

and the reason for that was to avoid heavy traffic in this neighborhood after hours that had been accumulating due to local clubs and bars. The area at that time did not have the vagrancy issues it has now with out of control teen boys and break-ins in the neighborhood. had to run out of control teens out on a regular basis and the police cannot do anything because they are minors.

they were trying to rob them. Last summer was full of shootings and disruptive teens terrorizing the neighbors and stealing from the neighbor children as they leave our establishment. With people loitering the neighborhood looking for people to prey on; I do not think issuing a PEP license on a case to case basis is going to make it any safer. Now we see people standing around begging, in this neighborhood!

My greatest concern is

I do not want a club setting  
We already have issues with people parking unknown vehicles in the  
just a month ago we had to have a truck towed that appeared  
out of nowhere. This permit will bring activity in the late hours which will encourage the  
undesirables to come out. Yes we need to keep being active in our neighborhoods, but if we do  
not have the proper security to protect the neighbors from their clientele and to protect their  
clientele from violence, what is the use of issuing a license. The police are not making a  
difference really with the issues we have, what do you think having an establishment open to

I am during the weeknights in summer is going to do? The area surrounding the establishment is extremely dark because nothing is open on this end at all after midnight. The neighbors appreciate that quiet after midnight. This neighborhood goes to sleep at night and wants to keep it that way. After conferring with the Block Captain for the 8100 block of Beckett, I am convinced there is not much being done in the neighborhood to protect its hardworking middle class for a license to be considered. Is that license going to come with armed detail because not enough safety concerns are being addressed in this area for a Public Entertainment Permit to be issued to a business that has had incidences in the past that cause you to be reluctant to issue the PEP. If we have problems in the winter and exaggerated issues last summer, what do you think is going to happen this summer.

Please reconsider issuing the PEP license and look at the full picture of what is going on in this neighborhood.

Sincerely,

- I do not object to a license being issued.
- I object to a license being issued.

ALD. JIM BOHL  
RE: Nigerian Community Center (NCC)  
AT: 8310 West Appleton Avenue

COMMENTS:

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- Please keep my name and any identifying information in my response confidential. I would not respond to this survey or provide my name, but for your promise that you would keep my identity confidential.
- Please notify me of the license application hearing.

Name \_\_\_\_\_

Address \_\_\_\_\_

E-Mail \_\_\_\_\_

• IMPORTANT – Return within 2 days • Save us postage, e-mail your Council member • [www.milwaukee.gov/council](http://www.milwaukee.gov/council)

**REDACTED RECORD**

I do not object to a license being issued.

I object to a license being issued.

AND: UMBROHL

RE: Nigerian Community-Center (NCC)

AT: 8310 West Appleton Avenue

COMMENTS: THAT'S ALL WE NEED ON THAT CORNER  
INSIDE TRAFFIC & MAKE ADVICE FROM S. SIDE TO N. SIDE  
EVERY DAY

- Please keep my name and any identifying information in my response confidential. I would not respond to this survey or provide my name, but for your promise that you would keep my identity confidential.
- Please notify me of the license application hearing.

Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Zip \_\_\_\_\_

E-Mail \_\_\_\_\_

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REDACTED RECORD

I do not object to all license being issued.

I object to all license being issued.

AUD. UIMBOHL

RE: Nigerian Community Center (NCC)

AT: 8310 West Appleton Avenue

COMMENTS: No Problem AS LONG AS THE  
MUSIC DOESN'T GET TO LOUD.

Please keep my name and any identifying information in my response confidential. I would not respond to this survey or provide my name, but for your promise that you would keep my identity confidential.

Please notify me of the license application hearing.

Name

Address

E-Mail



Phone

Zip

Council member • [www.milwaukee.gov/council](http://www.milwaukee.gov/council)

REDACTED RECORD

I do not object to a license being issued.

RE: Nigerian Community Center (NCC)  
AT: 8310 West Appleton Avenue

I object to a license being issued.

COMMENTS:

- Please keep my name and any identifying information in my response confidential. I would not respond to this survey or provide my name, but for your promise that you would keep my identity confidential.
- Please notify me of the license application hearing.

Name

Address

Zip

E-Mail

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REDACTED RECORD

I do not object to a license being issued.

ADD. DIVISION

RE: Nigerian Community Center (NCC)

AT: 8310 West Appleton Avenue

I object to a license being issued.

COMMENTS:

Case by Case basis sound  
sense. I lived behind NCC.  
I wouldn't care to have  
noise every night. I do also BKR

- Please keep my name and any identifying information in my response confidential. I would not respond to this survey or provide my name, but for your promise that you would keep my identity confidential. *Conf.*
- Please notify me of the license application hearing.

Name

Address

E-Mail

REDACTED RECORD

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I do not object to a license being issued.

AUD. JIM BOHL

RE: Nigerian Community Center (NCC)

AT: 8310 West Appleton Avenue

I object to a license being issued.

COMMENTS: We already have two large gas stations and the new store (Kohl's Bldg) to open soon, and McDonald's. I live here alone and would like to stay longer, in the 50 years I've been here, it has

Please keep my name and any identifying information in my response confidential. I would not respond to this survey or provide my name, but for your promise that you would keep my identity confidential. *allow me to*

Please notify me of the license application hearing.

Name

Phone

Address

E-Mail

REDACTED RECORD

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I do not object to a license being issued.

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ADD. JIM BOHL

RE: Nigerian Community Center (NCC)

AT: 8310 West Appleton Avenue

COMMENTS:

ACTIVITIES WILL IMPACT EVERYONE  
IN THE NEIGHBORHOOD.  
EXTREME PARKING ISSUES

- Please keep my name and any identifying information in my response confidential. I would not respond to this survey or provide my name, but for your promise that you would keep my identity confidential.
- Please notify me of the license application hearing.

Name

Address

E-Mail

REDACTED RECORD

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I do not object to a license being issued.

ALD. JIM BOHL

RE: Nigerian Community Center (NCC)

AT: 8310 West Appleton Avenue

I object to a license being issued.

COMMENTS: IT would be bad for the north west side, cars - women - men beer fighting - cussing police being called sex taking place outside the building.

Please keep my name and any identifying information in my response confidential. I would not respond to this survey or provide my name, but for your promise that you would keep my identity confidential.

Please notify me of the license application hearing.

Name

REDACTED RECORD

none

Address

E-Mail

•IMPORTANT - Return within 2 days • Save us postage, e-mail your Council member • www.milwaukee.gov/council

I do not object to a license being issued.

I object to a license being issued.

AND JIM BOHL

RE: Nigerian Community Center (NCC)

AT: 8310 West Appleton Avenue

COMMENTS:

*We have enough cases going on*

Please keep my name and any identifying information in my response confidential. I would not respond to this survey or provide my name, but for your promise that you would keep my identity confidential.

Please notify me of the license application hearing.

[Redacted area]

Phone

Zip

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ALD. UMIBOHL

RE: Nigerian Community Center (NCC)

AT: 8310 West Appleton Avenue

COMMENTS:

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- Please notify me of the license application hearing.

Name

Phone

Address

E-Mail

REDACTED RECORD

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REDACTED RECORD

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PLEASE RETURN TO:

AID. UIMBOHL

RE: Nigerian Community Center (NCC)

AT: 8310 West Appleton Avenue

COMMENTS:

Please keep my name and any identifying information in my response confidential. I would not respond to this survey or provide my name, but for your promise that you would keep my identity confidential.

Plea

Name

Phone

Address

Zip

E-Mail

-IM

mail your Council member • [www.milwaukee.gov/council](http://www.milwaukee.gov/council)

REDACTED RECORD

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AT: 8310 West Appleton Avenue

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Name

Phone

Address

Zip

E-Mail

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REDACTED RECORD

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I object to all license being issued.

AUD. UIMIBOHL

RE: Nigerian Community Center (NCC)

AT: 8310 West Appleton Avenue

COMMENTS: As the Asst. to the Block Captain, I think it is pertinent that I attend on the behalf of both the neighborhood & my place of work

Please keep my name and any identifying information in my response confidential. I would not respond to this survey or provide my name, but for your promise that you would keep my identity confidential.

Please notify me of the license application hearing.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail \_\_\_\_\_

•IMPORTANT - Return within 2 days • Save us postage, e mail your Council member • [www.milwaukee.gov/council](http://www.milwaukee.gov/council)

REDACTED RECORD



Thursday, September 18, 2014



# Notice of Public Hearing

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IYASELE, Theophilus O, Agent

Nigerian Community in Milwaukee at 8310 W Appleton Av

Public Entertainment Premises License Application Requesting Instrumental Musicians, Bands, Comedy Acts, Disc Jockey, Magic Shows, Poetry Readings, Dancing by Performers, Patron Contests, Patrons Dancing, Karaoke, and Wedding Receptions

**Monday, September 29, 2014 at 8:30 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 9/29/2014 at 8:30 AM, in Room 301-B, Third Floor, City Hall. If you wish, you may provide testimony at the hearing regarding the request; see below for further information. You are not required to attend the hearing. Once the Licenses Committee makes its recommendation, this recommendation is forwarded to the full Common Council for approval at its next regularly scheduled hearing. Please review the information below and if you have further questions regarding this process, please contact the License Division at (414) 286-2238.

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## 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.**



Total Records: 55

Radius: 250.0 feet and Center of Circle: 8310 W Appleton AV



# NIGERIAN COMMUNITY IN MILWAUKEE, INC.

December 18, 2013

Alderman James A. Bohl, Jr.  
City Hall, Room 205  
200 East Wells Street  
Milwaukee, WI 53202-3570

**OFFICERS:**

**Theo Iyasele**  
*President*

**Amanze Onukwugha**  
*Vice President*

**Chris Nwonye**  
*General Secretary*

**Daniel Ajibola**  
*Treasurer*

**Bright Abu**  
*Financial Secretary*

**Tomi Olapo**  
*Publicity Secretary*

**Edward Diei**  
*Ex-Officio Member*

**Benedict Eruchalu**  
*Ex-Officio Member*

Dear Alderman Bohl, Jr.:

We are writing in response to your letter dated December 3, 2013, regarding the complaint calls you have received about our property at 8310 West Appleton Avenue, Milwaukee, WI.

We have reviewed the incident that occurred on Friday, November 29<sup>th</sup> and this is our findings:

- 1.) The client that rented a hall in our facility lied on the completed Hall Rental Agreement. The client stated that the event was for her dead son's birthday memorial and her guest will be over 21 years old. She also stated that the number of guest will be between 50 and 60. This was not the case. We later found out that there was another person that paired up with our client without our knowledge to bring underage guest into our facility.
- 2.) In addition to our security person, there were two (2) additional off duty police officers providing security for this event.
- 3.) A guest attending the event in our facility was arrested in our parking lot for possessing a stolen vehicle (this was beyond our control).

We have met with officers at the 7<sup>th</sup> District Police Station and the meeting was very informative. The officers promised to work with us to minimize incidents at our facility. Some of their recommendations are:

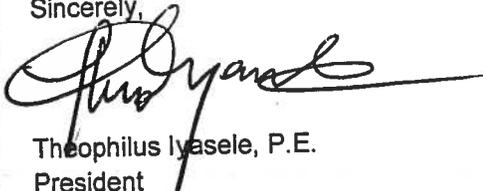
- 1.) Be proactive with the police in notifying them of event with large crowd dispersing.
- 2.) Screening process includes having police review applications to prevent potential trouble rentals.
- 3.) If renter not meeting agreements to notify the police before shutting down the event.
- 4.) Recommend professional security company instead of individual security persons.
- 5.) Apply for Entertainment Licenses (Done).
- 6.) Talk to Alderman Bohl to notify him of our meeting with officers at the 7<sup>th</sup> District Police Station.

We are working very hard to improve our methods of weeding out trouble makers from signing up to use our facilities. We want to work diligently with you and the officers at the 7<sup>th</sup> District Police Station to minimize any future occurrences.

It is our intention that the Nigerian Community In Milwaukee will continue to be a positive influence in the community and a good neighbor.

Thank you for working with us on these issues.

Sincerely,



Theophilus Iyasele, P.E.  
President  
Nigerian Community In Milwaukee, Inc.

Cc: Captain Jackson, District 7

**MAILING ADDRESS**

8310 W. Appleton Ave  
Milwaukee, WI 53218

Phone: (414) 939-0700

Fax: (414) 463-3366

<http://www.ncimusa.org>

Email: [ncim@ncimusa.org](mailto:ncim@ncimusa.org)



NCIM

# NIGERIAN COMMUNITY IN MILWAUKEE

8310 W. APPLETON AVENUE, MILWAUKEE, WI 53218

## Facility Security & Operations– NCCC Building Committee Report

### CONTEXT:

*December 18<sup>th</sup>, 2013*

Even with the increased screening and rejection of most persons wanting to rent our Nigerian Community Center Conference facility, NCCC has had 2 incidents in the last six months involving young guests of patrons renting our facility for events. Such negative incidents must stop and are unacceptable. We jeopardize our special use permit, if NCIM cannot put in place preventive measures to minimize and avoid these type of incidents. The Alderman for the district has indicated as such in his letter.

### GOALS:

- NCCC will put in place a more vigorous and comprehensive approach to prevent disruptive type events and to deal with related issues before they become problems.
- Work with the Police in District 7, to help us put together a viable initial strategy and work closely with them on a continuing basis.  
NCIM executives met with District 7 Community Liaison Officers Lisa Saffold, Darcie Trunkel and Nat Tharpe on Dec 11<sup>th</sup> 2013. We found the discussions very useful and informative and are incorporating suggestions made into our plan of action .
- Focus of NCIM is to continue to make a positive contribution to this community, and this focus should drive our decisions on the operation of this facility.

### ISSUES:

1. Applicants lying on their rental applications about intended use of facility
2. Having unauthorized guest – especially teenagers as part of certain type events.
3. Patrons not following the rental agreement rules they signed
4. Loitering in front of the building before, during and after event activities.
5. Control of traffic access into facility and parking lot during events.
6. Measures to enhance Event security.
7. Entertainment activities that are not covered by our permits

### PLAN OF ACTION:

- Revise Rental Application to reflect police suggestions & lessons learned.
- Avoid rental to a broader category of events and demographics.
- Notify potential renters that we may request police review to screen applications.
- Work with District 7... Inform ahead of time for certain types of event;
  - Notify police when large crowd dispersing or
  - If event is shut down due to renters non-compliance.
- Hire Professional Security company, instead of using individual security persons.
  - Duties of the Security company will include enforcement related to issues 2 through 5.
- Add relevant activities to entertainment permit application.
- Reach out to the neighbors to keep them informed of our activities.
- Give formal response to Alderman Bohl's letter.

## Koberstein, Jonathan

---

**From:** Wessel, Thomas  
**Sent:** Thursday, February 27, 2014 10:30 AM  
**To:** Koberstein, Jonathan  
**Subject:** FW: Nigerian Community Center

Add to file - it does not appear that an updated police report will be forthcoming.

-----Original Message-----

**From:** Bohl, James  
**Sent:** Thursday, February 27, 2014 9:41 AM  
**To:** Jackson, Jutiki; Raden, Chad  
**Cc:** Peterson, Todd; Wessel, Thomas; Laroque, Brian; Howard, Regina  
**Subject:** RE: Nigerian Community Center

Capt. Jackson,

Whether or not citations were issued, usually those matters would go on a MPD LIU report to the committee as an incident report (which would note in the synopsis that no citations were issued).

I've met with the NCC leaders on a couple occasions (including yesterday again) and understand that they've met with Off's Saffold and Trunkle. I believe they've presented a good plan to address the couple of earlier snafus they had with renters of their facility who lied to them. As such, I am supportive of their efforts. I did believe it important however that the committee have a complete picture of everything and that is why I've been a stickler on the police reports. Sorry, I guess I've always been a stickler for protocol and legal procedure with this body (i.e., Licenses Committee).

If MPD doesn't place matters of these circumstances into report form as part of their Licensed Investigative Report, then so be it.

I'm satisfied with the NCC's plan as it was shaped with your CLO officers.

Thanks, jb

-----Original Message-----

**From:** Jackson, Jutiki  
**Sent:** Thu 2/27/2014 8:06 AM  
**To:** Bohl, James; Raden, Chad  
**Cc:** Peterson, Todd; Wessel, Thomas; Laroque, Brian; Howard, Regina  
**Subject:** RE: Nigerian Community Center

Hello Alderman Bohl,

My apologies for the delay in responding, I wanted to gather as many of the facts as possible before replying to your inquiry.

Officer Brian Laroque has looked into the matter and has summarized his findings below. Citations were not issued from the previous disturbance because the responding officers focused their investigation on the disturbance that took place in the parking lot.

Going forward, I have instructed Officer Laroque to reinvestigate the matter from a PEP perspective and determine if any violations occurred. If violations are discovered citations will then be issued.

We are also following up with DNS on several issues that were discovered from a historical search. DNS orders were issued a few years ago and we are waiting on a response from DNS regarding the outcome of the orders.

A meeting will be scheduled with members from the Nigerian Community Center and District Seven officers to establish expectations and provide information on how to avoid problems in the future.

I will keep you posted.

Respectfully,

Captain Jutiki Jackson

Summary of Officer Laroque's investigation.

In regards to the Nigerian Community Center (8310 W Appleton Ave and 8028 W Appleton Ave);

I have searched the LIRA site and found that they do not have any type of license that would allow any food sale, alcohol sale, music DJ, etc. I have emailed Mary with DNS regarding both properties and requested that she contact me regarding and to provide the previous three years of data for both locations. I have learned that 8310 W Appleton Ave has a current valid occupancy permit (#1078063) issued 6/21/13, but I am unable to see what the occupancy limit is and or any other restrictions that may be required. I have found a permit for 8028 W Appleton Ave in the system (#797111) issued on 8/5/08.

You should be advised that I located information regarding 8310 being a nuisance property for garbage, leaking oil from a dumpster (dated 5/4/09), and for a nuisance vehicle parked on the property (dated 9/1/11). I also found that on 12/13/10 they were advised to apply for occupancy and zoning for special use.

I will wait for additional information from Mary (DNS) regarding any other violations and the restrictions that they have in place. I will forward you the information as soon as I get it. If you have any additional information that you would like for me to obtain please let me know. As stated before I believe that we should have a sit down with representatives from the location to establish a positive rapport and to establish a set of expectations moving forward.

---

From: Bohl, James  
Sent: Wed 2/26/2014 10:33 AM  
To: Raden, Chad; Jackson, Jutiki  
Cc: Peterson, Todd; Wessel, Thomas  
Subject: Nigerian Community Center

Capt. Jackson & Sgt. Raden,

I'm writing to see if there is any news on an updated police report for the PEP license by the Nigerian Community Center? An update would be appreciated when you can.

Thanks, jb



# PUBLIC ENTERTAINMENT PREMISES SUPPLEMENTARY APPLICATION

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) TYPES OF ENTERTAINMENT (CHOOSE ALL THAT APPLY)**

<input checked="" type="checkbox"/> Instrumental Musicians	<input checked="" type="checkbox"/> Bands	<input type="checkbox"/> Battle of the Bands	<input checked="" type="checkbox"/> Comedy Acts
<input checked="" type="checkbox"/> Disc Jockey	<input checked="" type="checkbox"/> Magic Shows	<input checked="" type="checkbox"/> Poetry Readings	<input checked="" type="checkbox"/> Dancing by Performers
<input type="checkbox"/> Adult Entertainment/ Strippers/Erotic Dance	<input type="checkbox"/> Wrestling	<input checked="" type="checkbox"/> Patron Contests	<input checked="" type="checkbox"/> Patrons Dancing
<input type="checkbox"/> Jukebox	<input checked="" type="checkbox"/> Karaoke	<input type="checkbox"/> Bowling Alley	<input type="checkbox"/> Pool Tables
<input type="checkbox"/> Motion Pictures	<input type="checkbox"/> Amusement Machines –	<input type="checkbox"/> Concerts	<input type="checkbox"/> Theatrical Performances
How many? _____	How many? _____	Approx. # per year? _____	Approx. # per year? _____
<input checked="" type="checkbox"/> Other: <u>WEDDINGS RECEPTIONS</u>			

**(2) WILL PROMOTERS EVER BE USED FOR ANY OF THE ENTERTAINMENT?**

No  Yes, describe: \_\_\_\_\_

**(3) LEGAL CAPACITY OF PREMISES**

270 (Call the Milwaukee Development Center at 414-286-8211 if you have questions.) Your legal capacity will determine the license fee for your Public Entertainment Premise License. If you would like to request that the license be approved with a lower capacity than that listed above, indicate lower capacity \_\_\_\_\_. If approved, this lower capacity will print on your license and override the capacity listed on your Occupancy Permit.

**(4) IDENTIFY IF SOUND AMPLIFICATION IS USED**

No  Yes, describe: SPEAKERS

**(5) DECLARATIONS, ACKNOWLEDGEMENTS, AND DISCLOSURES**

- The undersigned understands that after the license has been issued, a change to the plan of operation will require a written request to change and approval from the Common Council.
- The undersigned agrees to inform the City Clerk within 10 days of any substantial changes in the information supplied in this application.
- The undersigned understands that applicants shall not willfully refuse to provide the services offered under this license, or add charges or require deposits not required of the general public because of race, color, sex, religion, national origin or ancestry, age, handicap, lawful source of income, marital status, sexual orientation, gender identity or expression, familial status or the fact that a person is now or has been a member of the military service, whether dressed in uniform or not; and shall not seek such information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion on the basis of such information.
- The undersigned has knowledge of the City Ordinances currently regulating the public entertainment, and understands that the license may be subject to suspension, non-renewal or revocation, if the applicant violates any rule, law or regulation of the city of Milwaukee and State of Wisconsin.

**(6) NOTARIZED SIGNATURES OF APPLICANTS**

SUBSCRIBED AND SWORN TO BEFORE ME  
This 12<sup>th</sup> day of December, 20 14

Stacia Smith  
(Clerk/Notary Public)

My Commission Expires March 15, 2015

*[Signature]*  
Agent/Owner/Partner

*[Signature]*  
Additional Owner/Partner

*[Notary Seal: STACIA SMITH, NOTARY PUBLIC, STATE OF WISCONSIN]*



**PLAN OF OPERATION**

<b>1. Premises Location</b>
<input checked="" type="checkbox"/> Free Standing Building <input type="checkbox"/> Strip Mall <input type="checkbox"/> Other _____
<b>2. Describe Premises Structure</b>
<input type="checkbox"/> Single Story <input checked="" type="checkbox"/> Multi-Story - # of Stories <u>2</u> <input type="checkbox"/> Other _____
<b>3. Describe Surrounding Area</b>
<input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Other _____
<b>4. Premises Location</b>
a) <input checked="" type="checkbox"/> Major Thoroughfare <input type="checkbox"/> Secondary Street <input type="checkbox"/> Other _____ b) Nearest Cross Street <u>HAMPTON AVENUE AND APPLETON AVENUE</u>
<b>5. Proximity of Premises to Church, School, or Hospital</b>
Is there at least 300 feet between the building and any church, school or hospital? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>6. Miscellaneous Business Questions</b>
a) Proposed Opening Date: <u>AS SOON AS POSSIBLE</u> b) Is this premise under construction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                    If yes, list estimated completion date: _____ c) Is this a franchise? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No d) Is this premises currently licensed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                    If yes, list type of license: _____ e) Is the current licensee operating? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                    If no, list date closed: _____ f) What other types of licenses/permits will you or do you hold at this location? (check all that apply) <input checked="" type="checkbox"/> Occupancy Permit <input type="checkbox"/> Cigarette & Tobacco <input type="checkbox"/> Gas Station <input type="checkbox"/> Extended Hours <input type="checkbox"/> Other: _____ g) Do you have future plans for other businesses, licenses or permits at this location? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain: _____
<b>7. Food</b>
Will food be served on the premises? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes                    If yes, a Food Dealer license is required. Check all that apply: <input type="checkbox"/> Prepackaged Food <input type="checkbox"/> Snacks <input type="checkbox"/> Appetizers <input checked="" type="checkbox"/> Catered Events <input type="checkbox"/> Full Meals – Hours of Food Service: From _____ To _____ A menu must be submitted with this Plan of Operation for all restaurants.
<b>8. Type of Business</b>
Briefly describe the type of business you plan to operate if granted a license (attached additional sheets as necessary.) <u>COMMUNITY CENTER - HALL RENTAL FOR SEMINARS, REPASS, WEDDINGS, RECEPTIONS, CULTURAL ACTIVITIES, FAMILY CELEBRATIONS, MEETINGS, CONFERENCES, ETC.</u>

<b>9. Litter and Noise</b>			
How are the grounds kept clean? <input type="checkbox"/> Sweep <input type="checkbox"/> Pressure Wash <input checked="" type="checkbox"/> Pick Up Litter <input type="checkbox"/> Other: _____			
How often will grounds be cleaned? <input type="checkbox"/> Daily <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Other: _____			
Grounds Cleaned By: <input type="checkbox"/> Licensee <input checked="" type="checkbox"/> Building Owner <input type="checkbox"/> Employees <input checked="" type="checkbox"/> Hired Maintenance <input type="checkbox"/> Other: _____			
How are noise issues prevented and/or addressed? <input checked="" type="checkbox"/> Security <input type="checkbox"/> Manager approaches customer(s) <input type="checkbox"/> Call Police <input type="checkbox"/> Signs Posted <input checked="" type="checkbox"/> Other: <u>KEEP ACTIVITY INDOORS</u>			
<b>10. Smoking and Sanitation</b>			
Are there designated outdoor smoking areas? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe the area(s) and provide location(s): _____			
Number of Garbage Cans: Inside: <u>12</u> Locations: <u>RESTROOMS AND HALL SPACES</u> Outside: <u>1</u> Locations: <u>DUMPSTER LOCATED NE OF LOT</u>			
Is a Crowd Control Barrier used? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe: _____			
Describe sanitation facilities (restrooms): <u>SEPARATE MEN AND WOMEN RESTROOMS</u>			
Provide name of solid waste contractor: <u>WASTE MANAGEMENT</u>			
<b>11. Security</b>			
Are there parking spaces on the premises? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, number of spaces: <u>85</u> and describe security provisions: <u>FENCED IN WITH CONTROLLED ACCESS</u>			
Are there designated loading areas? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe security provisions _____			
Do you have security personnel on the premise? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, how many? <u>2</u> AND What are their responsibilities? <u>PARKING CONTROL, GUEST SAFETY, PREVENT TRESPASSING</u> What security equipment do they use? <u>HAND-HELD RADIOS &amp; FLASHLIGHTS</u> List their licensing, certification or training credentials: <u>NONE</u>			
Are there security cameras? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, list all locations: _____			
Are searches and/or identification checks conducted upon entry? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe: _____			
<b>12. Percentage of Sales (must total 100%)</b>			
Alcohol _____ %	Food Sales _____ %	Entertainment _____ %	Other <u>100</u> %
<b>13. Businesses On The Premise (choose all that apply):</b>			
<b>Type 1</b>			
<input type="checkbox"/> Full Service Restaurant	<input type="checkbox"/> Cafe/Coffee Shop	<input type="checkbox"/> Deli or Fast Food Restaurant	<input type="checkbox"/> Private/Fraternal/Veterans Club
<input type="checkbox"/> Night Club	<input type="checkbox"/> Tavern	<input type="checkbox"/> Cocktail Lounge	<input type="checkbox"/> Teen Club
<input type="checkbox"/> Bowling Alley	<input type="checkbox"/> Hotel	<input checked="" type="checkbox"/> Banquet Hall / <u>COMMUNITY CENTER</u>	<input type="checkbox"/> Sports Facility
<b>Type 2</b>			
<input type="checkbox"/> Liquor Store	<input type="checkbox"/> Corner Store	<input type="checkbox"/> Supermarket	<input type="checkbox"/> Convenience Store
<input type="checkbox"/> Gas Station	<input type="checkbox"/> Other _____		
<b>14. Legal Capacity of Premises (Only premises identified as Type I in Question #13)</b>			
<u>270</u> (Call the Milwaukee Development Center at 414-286-8211 if you have questions.)			

### 15. Hours of Operation - HALL RENTALS

Day of the Week	Proposed Hours of Operation:		Number of Customers expected each day	Potential Age Range of Customers	Class B Applicants: Age Restriction (If none, write 'None')
	Open	Close			
Sunday	8 AM	1 AM	0-50	ALL AGES	
Monday	8 AM	1 AM	0-50		
Tuesday	8 AM	1 AM	0-50		
Wednesday	8 AM	1 AM	0-50		
Thursday	8 AM	1 AM	0-50		
Friday	8 AM	1:30 AM	0-100		
Saturday	8 AM	1:30 AM	0-270		

Entertainment Indoor Closing Hours - If alcohol beverage establishment, same as alcohol license hours.  
 If non-alcohol establishment 1:00 am Sunday to Thursday; 1:30 am Friday and Saturday.

Entertainment Outdoor Closing Hours - 10:00 pm Sunday - Thursday; 12:00 am Friday and Saturday,  
 unless otherwise approved by Common Council in licensee's plan of operation.

### 16. This Section to be Completed by Alcohol Applicants Only

a) Property Owners Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_

b) Are you taking out this application for anyone that may not be eligible for a license?  No  Yes

If yes, list name and address: \_\_\_\_\_

c) Will the agent, a partner or the individual licensee be conducting the day-to-day operations of the business?  No  Yes

If no, list the name and address of the person(s) who will: \_\_\_\_\_

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.

d) Does anyone else have money invested or any other interest in this business?  No  Yes

If yes, explain: \_\_\_\_\_

e) 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: \_\_\_\_\_

f) Will any of the following types of businesses be conducted at this location? (check all that apply)

- Bed & Breakfast  Billiard/Pool Hall  Comedy Club  Indoor Golf Facility  
 Video Game Center(6 or more games)  Brew Pub  Volleyball Court  Theater  Wine Tasting Room  
 Department Store  Pharmacy  Gift Shop  Museum  Center for the Visual & Performing Arts

g) If applying for Class B or C license, are you applying for "Service Bar Only"?  No  Yes

Service Bar Only means customers cannot sit at the bar. Alcohol is served to patrons seated at tables. No stools, chairs or other articles of furniture shall be placed at the service bar for patrons to sit upon.

### 17. Proof of Ownership, Lease, or Offer to Purchase (new & transfer applicants only)

Submit proof of ownership, lease, or offer to purchase the building with this application.

A lease or office to purchase must:

- a) Be in the same legal entity name as that apply for the license
- b) Reflect the same address as the premises address on this application
- c) Reflect current dates and
- d) Be signed by the lessor/seller and lease/buyer

**18. Property Information (new & transfer applicants only)**

- a) Do you own or lease the building?  Own  Lease
  - b) Who owns the fixtures (for example, coolers, etc.)? NIGERIAN COMMUNITY IN MILWAUKEE, INC.
  - c) Are you purchasing the stock and/or fixtures?  No  Yes If yes, amount paid \$ \_\_\_\_\_
  - d) Total amount paid for business \$ N/A
  - e) Total amount paid for goodwill of the business \$ N/A
- 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

**19. Lease 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?  No  Yes
- e) For what length of time have you been guaranteed occupancy (number of years)? \_\_\_\_\_
- f) In addition to paying the monthly rental, will you have to pay anything additional to the owner of the building to guarantee performance of the lease?  No  Yes If yes, explain \_\_\_\_\_
- g) Does the present owner or occupancy object to the granting of your license?  No  Yes  
If yes, explain \_\_\_\_\_

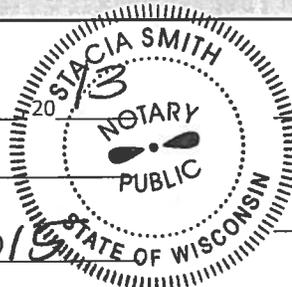
**20. Change of Agent Applicants Only**

Have there been any changes to the floor plan since the last application was submitted?  No  Yes  
If no, a new floor plan is not required. If yes, submit a new floor plan and explain the change(s): \_\_\_\_\_

**21. Notarized Signatures of Applicants**

SUBSCRIBED AND SWORN TO BEFORE ME

This 12<sup>th</sup> day of December  
Stacia Smith  
(Clerk/Notary Public)



[Signature]  
Agent/Owner/Partner

My Commission Expires March 15, 2013  
\*Notary Seal must be affixed. Additional Owner/Partner

Note: All information contained in this application is subject to approval by the Common Council. Deviating from approved plan of operation will subject licensee to citations, and/or suspension or non-renewal of the license. Contact the License Division for information on how to request changes.

**New and transfer of premise applicants must submit the following:**

- Proof of ownership, lease or offer to purchase the building
- Detailed floor plan
- If a restaurant, copy of the menu

If you do not provide all required information, your application will be returned to you.







CITY OF MILWAUKEE  
OFFICE OF THE CITY CLERK

Thursday, September 18, 2014

COMMITTEE MEETING NOTICE

AD 13

AHRENS, Chad M, Agent  
Crefii Waramaug Milwaukee Airport Lessee LLC  
545 W Layton Av

Milwaukee, WI 53207

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

**Monday, September 29, 2014 at 08:30 AM**

**Regarding:** Your Class B Tavern and Food Dealer License Applications as agent for "Crefii Waramaug Milwaukee Airport Lessee LLC" for "Holiday Inn & Suites Milwaukee Airport" at 545 W Layton Av.

There is a possibility that your application may be denied for one or more of the following reasons: you do not meet the statutory and municipal requirements; the fitness and appropriateness of the location to be licensed and whether the location will create undesirable neighborhood problems (such as disorderly congregations of people, excessive litter, unreasonable noise, and traffic and parking problems), whether or not there is an over-concentration of alcohol beverage establishments in the neighborhood; whether or not you have been charged with or convicted of any felony, misdemeanor, municipal offense or other offense, the circumstances of which substantially relate to the licensed activity; and any other factors which reasonably relate to the public health, safety and welfare. See attached police report and/or written correspondence regarding this application. Please be advised the public will be able to provide information to the committee in person or in writing. The committee will receive and consider evidence regarding the above mentioned criteria.

**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 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 the first floor information booth in City Hall.

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: Rebecca N. Grill  
Rebecca N. Grill  
Deputy City Clerk

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



CITY OF MILWAUKEE  
OFFICE OF THE CITY CLERK

Thursday, September 18, 2014

COMMITTEE MEETING NOTICE

AD 13

AHRENS, Chad M, Agent  
Crefii Waramaug Milwaukee Airport Lessee LLC  
W328S8232 Memory Ln

Mukwonago, WI 53149

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

**Monday, September 29, 2014 at 08:30 AM**

**Regarding:** Your Class B Tavern and Food Dealer License Applications as agent for "Crefii Waramaug Milwaukee Airport Lessee LLC" for "Holiday Inn & Suites Milwaukee Airport" at 545 W Layton Av.

There is a possibility that your application may be denied for one or more of the following reasons: you do not meet the statutory and municipal requirements; the fitness and appropriateness of the location to be licensed and whether the location will create undesirable neighborhood problems (such as disorderly congregations of people, excessive litter, unreasonable noise, and traffic and parking problems), whether or not there is an over-concentration of alcohol beverage establishments in the neighborhood; whether or not you have been charged with or convicted of any felony, misdemeanor, municipal offense or other offense, the circumstances of which substantially relate to the licensed activity; and any other factors which reasonably relate to the public health, safety and welfare. See attached police report and/or written correspondence regarding this application. Please be advised the public will be able to provide information to the committee in person or in writing. The committee will receive and consider evidence regarding the above mentioned criteria.

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JIM OW CZARSKI, CITY CLERK

BY: Rebecca N. Grill  
Rebecca N. Grill  
Deputy City Clerk

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

Date:09/15/14  
Officer: Klein

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

Name of Premise: Bistro 545 (Holiday Inn)  
Address: 545 W. Layton Ave  
Phone: 414-482-4444

Owner: Chad Ahrens  
Owner address: W328S8232 Memory Ln  
City State Zip: Mukwonago, Wi 53149  
Owner Phone: 815-561-5111  
Owner email: chad.ahrens@interstatehotel.com

Licensee/Agent: Same  
Home Address:  
City State Zip:  
Phone:  
Email:

Preferred contact: Same

Location currently open:  YES  NO

Projected open date: 10-01-14

Day's open: S M T W Th F SA ALL

Hours of Operation: Sun: 4:00pm-Midnight 24 hours Y N  
Mon: 4:00pm-Midnight  
Tue: 4:00pm-Midnight  
Wed: 4:00pm-Midnight  
Thu: 4:00pm-Midnight  
Fri: 4:00pm-Midnight  
Sat: 4:00pm-Midnight

Premise Type: Tavern/Bar  
Restaurant  
Other: Hotel

Licenses currently held:

Alcohol:  Yes  No Class: #: 0201793  
Tobacco:  Yes  No #:   
Food:  Yes  No #:   
Occupancy:  Yes  No #: 1110738  
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  No
5. Are exterior windows free of signage  Yes  No
6. Is there a bus stop?  Yes  No
7. Is there a bus shelter?  Yes  No  N/A
8. Street parking  Yes  No
9. Is there a parking lot  Yes  No
10. Is the parking lot clean?  Yes  No  N/A
11. Is the parking lot well lit?  Yes  No  N/A
12. Valet Parking  Yes  No
  - a. Will this lot have a guard?  Yes  No  N/A
  - b. Will this lot have cameras?  Yes  No  N/A
13. Are there areas where a person could conceal themselves  Yes  No
14. Is there exterior lighting?  Yes  No. Does it appears to be adequate  Yes  No
15. Exterior Payphone?  Yes  No
16. Are there No Loitering Signs posted?  Yes  No
17. Are there exterior security cameras  Yes  No How Many: 5
18. Are the address numbers prominently displayed and easy to see  Yes  No

Exterior Comments: They are in the process of upgrading their camera system both inside and outside. The tavern is located inside of the hotel.

**Camera Survey:**

19. Does this location have security cameras?  Yes  No
20. Are they in working order?  Yes  No
21. What format are the cameras?
  - a. Color  Yes  No
  - b. Digital  Yes  No

- c. VCR  Yes  No  
 d. Recorded  Yes  No

22. How long is footage stored for later viewing: 30 days  
 23. Are there exterior cameras  Yes  No How many: 4  
 24. Are there interior cameras  Yes  No How many: 2  
 25. Do all employees know how to retrieve recorded digital images/footage?  Yes  No  
 26. Cameras located in parking lot  Yes  No  N/A How many: 4

Camera Survey Comments: They are in the process of upgrading the camera system to add more outside as well as inside.

**Interior Survey:**

27. What is the planned/posted capacity 61  
 28. What is the minimum number of employees that will be on premise 3  
 29. Is the storeowner willing to be a standing complainant regarding loitering?  Yes  No  
 a. If yes have them fill out the standing complaint form and give them two of the commercial signs  Yes  No  
 30. Is the interior of the location neat and clean?  Yes  No  
 31. Does an interior camera face the entrance/exit?  Yes  No  
 32. Are emergency and non-emergency numbers posted near the phone?  Yes  No  
 33. 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  No

Interior Comments: They will be installing cameras to cover all of the exit/entrances

**Security**

34. How many security personnel are going to be employed:  N/A  
 35. How will they be deployed: Interior Exterior  N/A  
 36. What days will they be deployed  Mon  Tue  Wed  Thu  Fri  Sat  Sun  ALL  
 37. Will the security be managed by business  or contracted   
 38. Will they be armed  Yes  No  N/A  
 39. What type of security measures will be used:  N/A  
 Wanding/metal detector  
 ID Scanner  
 Dress Code  
 Cover Charge  
 Age restriction  
 Other  
 40. When at capacity, how will the overflow crowd be managed?  
 41. Will a guard monitor the overflow crowd at all times?  Yes  No

Security Comments: No security

**ADDITIONAL COMMENTS/RECOMMENDATIONS:**

This is a functioning bar from the prior owner. New management is the reason for this CPTED.



Licensed Alcohol Beverage Establishments within a .5 Mile Radius Centered on 545 W Layton Ave 08/15/2014

Expiration date	Legal entity	Trade name	Licensee	House number	Street direction	Street name	Street type	License type name	Total capacity	Room capacity
10/6/2014	AIRPORT LIQUOR, LLC	GARDENS WINE & SPIRITS	TARLOK BHATIA, Agt	1010	W	LAYTON	AV	Class A Malt & Class A Liquor License		
4/16/2015	AIRPORT PIZZA ROC, INC	Rocky Rococo Pizza & Pasta	EARL W RAMBO, Agt	4849	S	HOWELL	AV	Class B Fermented Malt Beverage Retailer's License	98	
9/23/2014	Koi Japanese Cuisine, LLC	Koi Japanese Cuisine	Zhou W Ni, Agt	552	W	Layton	AV	Class B Fermented Malt Beverage Retailer's License		
9/3/2014	PHO HAI TUYET	PHO HAI TUYET	DAVID JONSON, SP	204	W	Layton	AV	Class B Fermented Malt Beverage Retailer's License	99	
6/30/2015	703 CLUB, INC	703 CLUB	THERESA R SOLLAZO, Agt	703	W	LAYTON	AV	Class B Tavern License	61	
10/28/2014	EL FUEGO, LTD	EL FUEGO	ANDREAS BOURAXIS, Agt	909	W	LAYTON	AV	Class B Tavern License	500	
7/25/2015	GMF Hotel, LLC	Courtyard By Marriott	DARYL R JOHNSON, Agt	4620	S	5th	ST	Class B Tavern License	115	
6/23/2015	KRAZO, INC	BEERBELLY'S	JANE DICHRISTOPHER STOLTZ, Agt	512	W	LAYTON	AV	Class B Tavern License	80	
3/3/2015	Milwaukee Grill LLC	Wild Bill's Sports Saloon	Branden G Warner, Agt	789	W	Layton	AV	Class B Tavern License	216	
2/27/2015	NMG-MILWAUKEE OPERATING, LLC	Holiday Inn & Suites Milwaukee/Runway 12	Chad M Ahrens, Agt	545	W	LAYTON	AV	Class B Tavern License		
9/23/2014	Koi Japanese Cuisine, LLC	Koi Japanese Cuisine	Zhou W Ni, Agt	552	W	Layton	AV	Class C Wine Retailer's License		
9/3/2014	PHO HAI TUYET	PHO HAI TUYET	DAVID JONSON, SP	204	W	Layton	AV	Class C Wine Retailer's License		

Total  
1  
3  
6  
2  
Grand Total = 12



Thursday, September 18, 2014



# Notice of Public Hearing

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AHRENS, Chad M, Agent  
Holiday Inn & Suites Milwaukee Airport at 545 W Layton Av  
Class B Tavern and Food Dealer License Applications

**Monday, September 29, 2014 at 8:30 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 9/29/2014 at 8:30 AM, in Room 301-B, Third Floor, City Hall. If you wish, you may provide testimony at the hearing regarding the request; see below for further information. You are not required to attend the hearing. Once the Licenses Committee makes its recommendation, this recommendation is forwarded to the full Common Council for approval at its next regularly scheduled hearing. Please review the information below and if you have further questions regarding this process, please contact the License Division at (414) 286-2238.

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## 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.**

RESIDENT	MAIL ADDRESS	CITY AND ZIP CODE
CURRENT RESIDENT	4719 S 6TH ST	MILWAUKEE, WI 53221-2440
CURRENT RESIDENT	4720 S 7TH ST	MILWAUKEE, WI 53221-2443
CURRENT RESIDENT	4725 S 6TH ST	MILWAUKEE, WI 53221-2440
CURRENT RESIDENT	4726 S 7TH ST	MILWAUKEE, WI 53221-2443
CURRENT RESIDENT	4731 S 6TH ST	MILWAUKEE, WI 53221-2440
CURRENT RESIDENT	4732 S 7TH ST	MILWAUKEE, WI 53221-2443
CURRENT RESIDENT	4737 S 6TH ST	MILWAUKEE, WI 53221-2440
CURRENT RESIDENT	4737A S 6TH ST	MILWAUKEE, WI 53221-2440
CURRENT RESIDENT	4740 S 7TH ST	MILWAUKEE, WI 53221-2443
CURRENT RESIDENT	4744 S 7TH ST	MILWAUKEE, WI 53221-2443
CURRENT RESIDENT	4745 S 6TH ST	MILWAUKEE, WI 53221-2440
CURRENT RESIDENT	4745A S 6TH ST	MILWAUKEE, WI 53221-2440
CURRENT RESIDENT	4750 S 7TH ST	MILWAUKEE, WI 53221-2443
CURRENT RESIDENT	4756 S 7TH ST	MILWAUKEE, WI 53221-2443
CURRENT RESIDENT	4758 S 7TH ST	MILWAUKEE, WI 53221-2443
CURRENT RESIDENT	4759 S 6TH ST	MILWAUKEE, WI 53221-2440
CURRENT RESIDENT	4763 S 6TH ST	MILWAUKEE, WI 53221-2440
CURRENT RESIDENT	4770 S 7TH ST	MILWAUKEE, WI 53221-2443
CURRENT RESIDENT	4771 S 6TH ST	MILWAUKEE, WI 53221-2440
CURRENT RESIDENT	4800 S 7TH ST	MILWAUKEE, WI 53221-2445
CURRENT RESIDENT	4801 S 6TH ST	MILWAUKEE, WI 53221-2441
CURRENT RESIDENT	4807 S 6TH ST	MILWAUKEE, WI 53221-2441
CURRENT RESIDENT	4808 S 7TH ST	MILWAUKEE, WI 53221-2445
CURRENT RESIDENT	4812 S 7TH ST	MILWAUKEE, WI 53221-2445
CURRENT RESIDENT	4813 S 6TH ST	MILWAUKEE, WI 53221-2441
CURRENT RESIDENT	4813A S 6TH ST	MILWAUKEE, WI 53221-2441
CURRENT RESIDENT	4823 S 6TH ST	MILWAUKEE, WI 53221-2441

**Total Records: 28**  
**Radius: 250.0 feet and Center of Circle: 545 W Layton AV**



Thursday, September 18, 2014

# Licenses Committee Notice of Hearing

Crefii Waramaug Milwaukee Airport, LLC  
2500 N Military Tr #275

Boca Raton, FL 33431

Date: 9/29/2014  
Time: 08:30 AM  
Location: Room 301-B, Third Floor, City Hall

The Licenses Committee will consider the following license application:

Class B Tavern and Food Dealer License Applications  
AHRENS, Chad M, Agent  
Holiday Inn & Suites Milwaukee Airport at 545 W Layton Av

Please note this application may be recommended for denial based on fitness of the location due to concentration of alcohol beverage outlets in the area. If the application is denied for this reason, no other application for an alcohol beverage license for this location shall be recommended for approval by the Licenses Committee within three years of the date of denial unless the applicant has demonstrated a change of circumstances since the prior denial.

If you have any questions, please call (414) 286-2238.





**PLAN OF OPERATION**

<b>1. Premises Location</b>
<input checked="" type="checkbox"/> Free Standing Building <input type="checkbox"/> Strip Mall <input type="checkbox"/> Other _____
<b>2. Describe Premises Structure</b>
<input type="checkbox"/> Single Story <input checked="" type="checkbox"/> Multi-Story - # of Stories _____ <input type="checkbox"/> Other _____
<b>3. Describe Surrounding Area</b>
<input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Other _____
<b>4. Premises Location</b>
a) <input checked="" type="checkbox"/> Major Thoroughfare <input type="checkbox"/> Secondary Street <input type="checkbox"/> Other _____ b) Nearest Cross Street <u>6th Street</u>
<b>5. Proximity of Premises to Church, School, or Hospital</b>
Is there at least 300 feet between the building and any church, school or hospital? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>6. Miscellaneous Business Questions</b>
a) Proposed Opening Date: <u>CURRENTLY OPEN</u> b) Is this premise under construction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                    If yes, list estimated completion date: _____ c) Is this a franchise? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No d) Is this premises currently licensed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                    If yes, list type of license: <u>CLASS B TAVERN</u> e) Is the current licensee operating? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                    If no, list date closed: _____ f) What other types of licenses/permits will you or do you hold at this location? (check all that apply) <input checked="" type="checkbox"/> Occupancy Permit <input type="checkbox"/> Cigarette & Tobacco <input type="checkbox"/> Gas Station <input type="checkbox"/> Extended Hours <input checked="" type="checkbox"/> Other: <u>HOTEL, FOOD DEALER</u> g) Do you have future plans for other businesses, licenses or permits at this location? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain: _____
<b>7. Food</b>
Will food be served on the premises? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes                    If yes, a Food Dealer license is required. Check all that apply: <input type="checkbox"/> Prepackaged Food <input checked="" type="checkbox"/> Snacks <input checked="" type="checkbox"/> Appetizers <input type="checkbox"/> Catered Events <input checked="" type="checkbox"/> Full Meals – Hours of Food Service: From _____ To _____ A menu must be submitted with this Plan of Operation for all restaurants.
<b>8. Type of Business</b>
Briefly describe the type of business you plan to operate if granted a license (attach additional sheets as necessary.) <u>HOTEL WITH FULL SERVICE RESTAURANT</u> _____ _____ _____

**9. Litter and Noise**

How are the grounds kept clean?  Sweep  Pressure Wash  Pick Up Litter  Other: \_\_\_\_\_

How often will grounds be cleaned?  Daily  Weekly  Other: \_\_\_\_\_

Grounds Cleaned By:  Licensee  Building Owner  Employees  Hired Maintenance  Other: \_\_\_\_\_

How are noise issues prevented and/or addressed?  Security  Manager approaches customer(s)  Call Police  
 Signs Posted  Other: \_\_\_\_\_

**10. Smoking and Sanitation**

Are there designated outdoor smoking areas?  No  Yes  
 If yes, describe the area(s) and provide location(s): OUTSIDE MAIN ENTRANCE

Number of Garbage Cans: Inside: 4 Locations: LOBBY, COFFEE AREA, RESTAURANT, ELEVATOR AREA  
 Outside: 4 Locations: MAIN ENTRANCE AND OTHER ENTRANCES

Is a Crowd Control Barrier used?  No  Yes If yes, describe: \_\_\_\_\_

Describe sanitation facilities (restrooms): MEN'S ROOM AND WOMEN'S ROOM OUTSIDE RESTAURANT

Provide name of solid waste contractor: VEOLIA

**11. Security**

Are there parking spaces on the premises?  No  Yes If yes, number of spaces: 150 and describe security provisions:  
SECURITY CAMERAS

Are there designated loading areas?  No  Yes If yes, describe security provisions LOCKED - DOORBELL OR CARD ENTRY

Do you have security personnel on the premise?  No  Yes If yes, how many? \_\_\_\_\_  
 AND What are their responsibilities? \_\_\_\_\_  
 What security equipment do they use? \_\_\_\_\_  
 List their licensing, certification or training credentials: \_\_\_\_\_

Are there security cameras?  No  Yes If yes, list all locations: PUBLIC AREAS INSIDE BUILDING PLUS PARKING LOT

Are searches and/or identification checks conducted upon entry?  No  Yes If yes, describe: \_\_\_\_\_

**12. Percentage of Sales (must total 100%)**

Alcohol 3 % Food Sales 4 % Entertainment \_\_\_\_\_ % Other 93 %

**13. Businesses On The Premise (choose 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  
 Bowling Alley  Hotel  Banquet Hall  Sports Facility

**Type 2**  
 Liquor Store  Corner Store  Supermarket  Convenience Store  
 Gas Station  Other \_\_\_\_\_

**14. Legal Capacity of Premises (Only premises identified as Type I in Question #13)**

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

### 15. Hours of Operation

Day of the Week	Proposed Hours of Operation:		Number of Customers expected each day	Potential Age Range of Customers	Class B Applicants: Age Restriction (If none, write 'None')
	Open	Close			
Sunday	4:00 PM	12:00 AM	30	21+	21+
Monday	4:00 PM	12:00 AM	30	21+	21+
Tuesday	4:00 PM	12:00 AM	30	21+	21+
Wednesday	4:00 PM	12:00 AM	30	21+	21+
Thursday	4:00 PM	12:00 AM	30	21+	21+
Friday	4:00 PM	12:00 AM	30	21+	21+
Saturday	4:00 PM	12:00 AM	30	21+	21+

Entertainment Indoor Closing Hours - If alcohol beverage establishment, same as alcohol license hours.  
If non-alcohol establishment 1:00 am Sunday to Thursday; 1:30 am Friday and Saturday.

Entertainment Outdoor Closing Hours - 10:00 pm Sunday – Thursday; 12:00 am Friday and Saturday,  
unless otherwise approved by Common Council in licensee's plan of operation.

### 16. This Section to be Completed by Alcohol Applicants Only

- a) Property Owners Name: CREFII WARAMAUG MILWAUKEE AIRPORT LLC Phone Number: (203) 629-1977  
Address: 2500 N. MILITARY TRAIL, SUITE 275, BOCA RATON, FL 33431
- b) Are you taking out this application for anyone that may not be eligible for a license?  No  Yes  
If yes, list name and address: \_\_\_\_\_
- c) Will the agent, a partner or the individual licensee be conducting the day-to-day operations of the business?  No  Yes  
If no, list the name and address of the person(s) who will: \_\_\_\_\_

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.

- d) Does anyone else have money invested or any other interest in this business?  No  Yes  
If yes, explain: \_\_\_\_\_
- e) 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: \_\_\_\_\_
- f) Will any of the following types of businesses be conducted at this location? (check all that apply)  
 Bed & Breakfast  Billiard/Pool Hall  Comedy Club  Indoor Golf Facility  
 Video Game Center(6 or more games)  Brew Pub  Volleyball Court  Theater  Wine Tasting Room  
 Department Store  Pharmacy  Gift Shop  Museum  Center for the Visual & Performing Arts
- g) If applying for Class B or C license, are you applying for "Service Bar Only"?  No  Yes  
Service Bar Only means customers cannot sit at the bar. Alcohol is served to patrons seated at tables. No stools, chairs or other articles of furniture shall be placed at the service bar for patrons to sit upon.

### 17. Proof of Ownership, Lease, or Offer to Purchase (new & transfer applicants only)

Submit proof of ownership, lease, or offer to purchase the building with this application.

A lease or offer to purchase must:

- Be in the same legal entity name as that apply for the license
- Reflect the same address as the premises address on this application
- Reflect current dates and
- Be signed by the lessor/seller and lease/buyer

**18. Property Information (new & transfer applicants only)**

- a) Do you own or lease the building?  Own  Lease
- b) Who owns the fixtures (for example, coolers, etc.)? LANDLORD
- c) Are you purchasing the stock and/or fixtures?  No  Yes If yes, amount paid \$ \_\_\_\_\_
- d) Total amount paid for business \$ N/A
- e) Total amount paid for goodwill of the business \$ N/A

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

**19. Lease Information (new & transfer applicants who are leasing the premises only)**

- a) Date lease begins 6/24/2014 Ends 12/31/2019
- b) Monthly rental \$ Base rent, Percentage Rent and Additional Charges (as provided in Lease)
- 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?  No  Yes
- e) For what length of time have you been guaranteed occupancy (number of years)? 4-1/2 years
- f) In addition to paying the monthly rental, will you have to pay anything additional to the owner of the building to guarantee performance of the lease?  No  Yes If yes, explain \_\_\_\_\_
- g) Does the present owner or occupancy object to the granting of your license?  No  Yes  
If yes, explain \_\_\_\_\_

**20. Change of Agent Applicants Only**

- Have there been any changes to the floor plan since the last application was submitted?  No  Yes
- If no, a new floor plan is not required. If yes, submit a new floor plan and explain the change(s): \_\_\_\_\_

**21. Notarized Signatures of Applicants**

SUBSCRIBED AND SWORN TO BEFORE ME

This 15<sup>th</sup> day of AUGUST, 2014

[Signature]

(Clerk/Notary Public)

[Signature]  
Agent/Owner/Partner

My Commission Expires MARCH 22, 2015

\*Notary Seal must be affixed.

Additional Owner/Partner

Note: All information contained in this application is subject to approval by the Common Council. Deviating from approved plan of operation will subject licensee to citations, and/or suspension or non-renewal of the license. Contact the License Division for information on how to request changes.

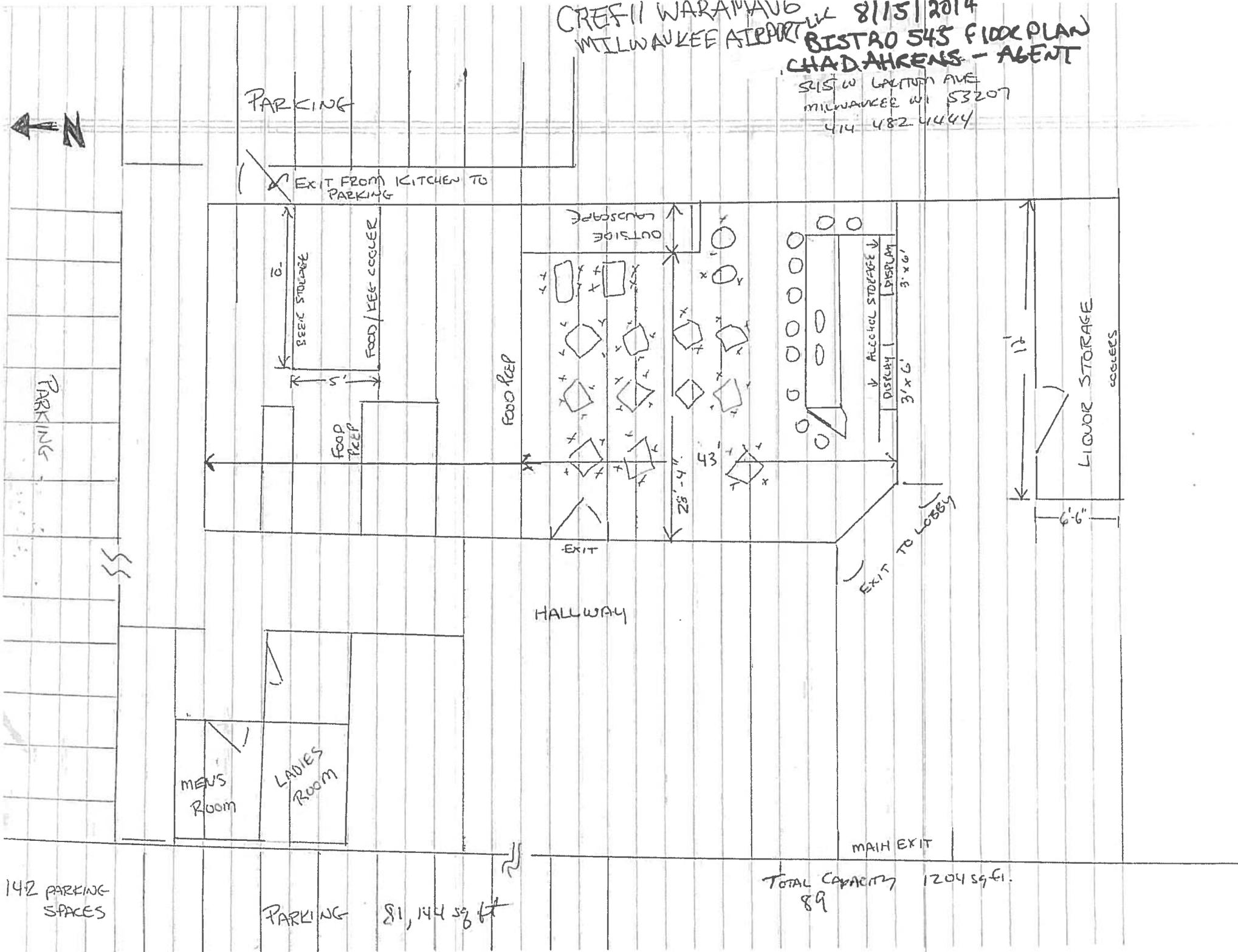
**New and transfer of premise applicants must submit the following:**

- Proof of ownership, lease or offer to purchase the building
- Detailed floor plan
- If a restaurant, copy of the menu

If you do not provide all required information, your application will be returned to you.



CREF II WARAMAUB 8/15/2014  
 MILWAUKEE AIRPORT BISTRO 545 FLOOR PLAN  
 CHAD AHRENS - AGENT  
 515 W LANTANA AVE  
 MILWAUKEE WI 53207  
 414 482 4444



142 PARKING SPACES

PARKING 81,144 sq ft

TOTAL CAPACITY 1204 sq ft.  
89



# FOOD DEALER SUPPLEMENTAL APPLICATION / FOOD OPERATION PLAN

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)

## 1. Application Type

Indicate the application type and complete the corresponding section.

**New application** (fee is \$300). For new applications, answer questions below and then continue on to section 2.

Is this a simple change of ownership (no change in food operation) or a new establishment?

- Taking over existing operating licensed food business
- New establishment (anything other than a simple change of ownership)

Provide a brief description of the food establishment

RESTAURANT AND SIT IN DINING - Full menu

What is the anticipated opening date or date of change of ownership:

**Site Evaluation - Optional** (fee is \$100) Site evaluations are optional, and done only upon request. The purpose of the site evaluation is to assess the suitability of a prospective site for use as a food establishment.

**Modification or amendment** to an existing food license or public health approved operational plan. For modifications/amendments to existing establishments, both the operator and establishment cannot be different than on existing license or the application is considered new. Answer the two questions below (including the follow up detail if applicable) and then continue on to section 2.

What facilities (equipment or building) change(s) are you planning (check all that apply):

- Construction or renovation (fee is \$200)
- Significant equipment change without construction or renovation (fee is \$50)
- Adding an additional site at the same premises where food will be prepared/processed or sold (fee is \$100 per additional site)
- No equipment or renovations are being planned

What changes are being proposed to the food operation or specialized approvals are being requested (Note: \$75 operational change fee is charged only once even if multiple items are checked):

- Substantial changes to the menu including the type or complexity of food processing (fee is \$75)

Briefly describe proposed changes

- Adding processing when no processing was previously performed, or adding additional types of processing (fee is \$75)
- Requests for modifications or variances to public health food code requirements or the review of a specialized process requiring health department approval prior to implementation (fee is \$75)

Indicate specialized processes/variances requested (check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Acidified Rice                          | <input type="checkbox"/> Sale without Consumer Advisory  |
| <input type="checkbox"/> Bare Hand Contact to Ready to Eat Foods | <input type="checkbox"/> Shellfish - Comingling          |
| <input type="checkbox"/> Curing                                  | <input type="checkbox"/> Shellfish -Display Tanks        |
| <input type="checkbox"/> Dogs in Outside Dining Areas            | <input type="checkbox"/> Smoking                         |
| <input type="checkbox"/> Non-continuous Cooking                  | <input type="checkbox"/> Sprouting                       |
| <input type="checkbox"/> Peddler Base                            | <input type="checkbox"/> Time as a Public Health Control |
| <input type="checkbox"/> Reduced Oxygen Packaging                | <input type="checkbox"/> Wild Game                       |
| <input type="checkbox"/> Other, specify                          |  |

- Amending existing license to reflect an increase in annual gross sales or change in food operation (fee is the difference in the cost between the food licenses plus \$25 for transfer fee)
- No significant changes are being proposed in how food is prepared/processed or substantial menu changes. No addition of specialized process or activities requiring approval is being requested (no fee)

## 2. Premises Description

Will food be prepared or sold at a single or multiple food preparation and/or sale sites:  Single  Multiple

If multiple sites will be used, how many distinct sites will be used?

List all sites and briefly describe the nature of the food activities at each site:

Note: Multiple sites may require more than one license or an additional site license depending upon the food activity conducted at any one site.

Indicate where on the premises food will be sold, served, consumed and/or stored:  1<sup>st</sup> Floor  2<sup>nd</sup> Floor  Rooftop  Basement

Other Floor, specify \_\_\_\_\_

Other location, specify \_\_\_\_\_

Are any outdoor operations planned?  Yes  No  Unknown

What activities will be conducted outdoors (check all that apply)

Bar

Cooking/grilling

Dining – Patio

Dining – Sidewalk (DPW permit required)

Storage

Other, specify

Seating provided on site for dining?  Yes  No

If yes, what is the seating capacity both inside and outside?

If yes, are there additional banquet facilities other than the main dining area?  Yes  No

Total square footage of the establishment (exclude space utilized for other purposes other than food)

Annual Gross Food Sales:  Sales Based on:  Previous Year  Previous Establishment  Best Estimate

Note: Inspector will request to review receipts periodically to validate if establishment has the appropriate license.

Number of Full Time Employees

Number of Part Time Employees

The following items must be included with a new application:

Site Plan/Floor Plan: Site plan must identify the building in relation to streets, sidewalks, parking & garbage area.

Shared Kitchen Agreement, if applicable: If not using your own establishment as your base, provide a written and signed commissary agreement. The agreement must include a list of all services provided by the commissary, such as restroom use, dry goods storage, use of refrigerator space (including the number of cubic feet of refrigeration space allocated to you), etc.

The following items must be submitted to inspector, prior to approval of inspection.

Floor Plan: The plan must show the location of all equipment (sinks, refrigeration, stoves, ware-washing, etc.), plumbing, electrical services, mechanical ventilation, storage areas and restrooms. Plans must be a minimum of 11 X 14 inches in size including the layout of the floor plan accurately drawn to a minimum scale of 1/4 inch = 1 foot. Plans may be submitted in an electronic format.

Equipment List: Provide the make and model number of all significant equipment (cooking, cooling, warewashing, etc.) All food equipment must be ANSI/NSF certified. No home-style equipment is allowed. Equipment specification sheets do not have to be provided at the time of submission, but must be provided upon Health Department request

Finish Materials List: Provide a list of all finish materials (floors, walls, ceilings, counter tops). Surfaces must be smooth, nonabsorbent and easily cleanable, and ceramic, porcelain or quarry tile must have set in base cove.

Lighting Plan: Provide a list of all light fixtures to be used in the food establishment. All light used in any food prep or storage areas must be shielded or covered and flush or integral to the ceiling. Lighting in food preparation area must meet minimum illumination standards defined in the WI Food Code.

Pest Management Plan: Describe the establishments integrated pest management plan. Describe strategies to prevent pest entry into the food establishment & harborage of pests Identify if a licensed pest control service has been contracted, provide the name of the company and frequency of service.

### 3. Construction, Renovations, Kitchen Equipment Changes or Remodeling

Any construction, remodeling or equipment changes planned?  Yes  No If no, skip to section 4.

Scope of the planned project?

- New construction or conversion of an existing structure to be used as a food establishment
- Renovation/remodeling impacting 300ft<sup>2</sup> or more than of food preparation or display area
- Renovation/remodeling impacting less than 300ft<sup>2</sup> of food preparation or display area
- Renovation/remodeling limited to the installation/change/replacement of food equipment

Provide a brief summary of the proposed construction, remodeling and/or equipment change:

Note: Building permits may be required, contact the Department of Neighborhood Services

Date alterations/changes planned to begin \_\_\_\_\_

Contact information for general contractor \_\_\_\_\_

Contact information for architect \_\_\_\_\_

### 4. BUSINESS TYPE

Overall Establishment Type (select the one that best describes the proposed business)

- Bed and Breakfast
- Commissary or Mobile Food Peddler Base – a commercial kitchen used for the production of food to be served or sold at another location; a base of operations for a mobile food peddler where the vehicle, cart or unit which is used at a minimum for the service or cleaning of the peddler vehicle, cart or container. A base of operations for a caterer or seasonal market vendor for the preparation of food.
- Community Food Program – free meal site or food pantry. Any site in which all food is provided free of cost to those in need or to organizations who serve person's in need.
- Distiller or Brewer – facilities that are primarily engaged in the production of alcoholic beverages
- Food Distributor – a business that transports food for sale to retail and wholesale establishments and does not perform any processing or repacking of food items  
Is food stored on site  Yes  No
- Food Manufacturer - commercial operation that produces, packages, labels, or stores food for human consumption, but primarily does not provide food directly to a consumer, food is sold to distributors, retailers or restaurants, there may be a small store on site where only the manufacturers products are sold, but the majority of product is sold to other licensed food establishments  
Is there a retail store onsite?  Yes  No
- Food Store – a food establishment either mobile or permanent in which the majority of food sales consist of beverages or multi-serving food products requiring further preparation prior to consumption, examples of food stores include bakeries, grocery stores, convenience stores, coffee shops, liquor stores. Food stores include business whose primary business is other than food, but offer convenience food items.  
Are you considered a convenience food store?  Yes  No  
A convenience food store contains less than 5,000 sq ft of retail sales space AND has as its primary business the sale of basic food items and in addition sells household products. Basic food items may include, but are not limited to, milk and dairy products, bread products, prepared sandwiches, frozen entrees, refrigerated food and baby food. Household products may include, but are not limited to, cleaning products, paper products, baby products and pet food
- School – educational institution including elementary, middle and high schools, technical schools, colleges and university, where food service is limited to students (no sales to faculty or general public)
- Restaurant – a food establishment either mobile or permanent in which the majority food sales consist of meals

### 5. FOOD OPERATION SCOPE

Type of Sales (check all that apply, even if it reflects a small percentage of the proposed business)

- Made directly to the general public or end consumer (includes internet sales)
- Made to other food establishments (wholesaler, distributors, retail or restaurants) who will resell your product(s)

What percentage of your planned food sales will be meals versus grocery items?

150 % from meals (ready-to-eat food sold to in single portions)

50 % from grocery items (multi-serving food products, typically requiring preparation before serving, includes beverages, bakery items and raw produce)

Will 25% or more of your sales be to highly susceptible populations (defined as persons with medical conditions, elderly, or preschool age children)?

Yes  No

Will customers be able to purchase food through a drive through?  Yes  No

Will customers be able to purchase food from a self-service salad or food bar?  Yes  No

Will food be prepared on site and then transported for sale or consumption at another location?  Yes  No

If yes, check all the reason why the food will be transported

Catering  Delivery  Base for Mobile Food Peddler  Base for temporary or seasonal food stand

Other, specify

## 6. FOOD, FOOD PREPERATION, FOOD PROCESSING

For restaurants provide a copy of the proposed menu or a detailed menu of all the foods and drinks you will be serving.

For all other establishments provide a summary below of the brief types of food products being sold.

Will any potentially hazardous food (food that requires temperature control) be offered for sale?  Yes  No

*Examples of potentially hazardous foods are meats, dairy, poultry, eggs, cut tomatoes or leafy greens, cut melons, cooked rice, beans or potatoes, or garlic in oil.*

Will food be prepared or processed on site (see list below for examples of food processing)?  Yes  No

If performing ANY processing, check the types of food processing that will be conducted:

If performing processing, will there be any processing of potentially hazardous food?  Yes  No

## 7. WEIGHTS AND MEASURES

Will any items be offered for sale by weight or by volume?  Yes  No

If yes, describe number and type of devices used:

A separate weights and measures license is required for each scale.

Will electronic scanning devices be used for pricing/check out?  Yes  No

If yes, how many devices will be used

A scanner license is required if using an electronic scanning device.

## 8. LITTER/GARBAGE/NOISE

What are your plans to keep the grounds clean (check all that apply):

<input checked="" type="checkbox"/> Sweep	<input checked="" type="checkbox"/> Pressure Wash	<input checked="" type="checkbox"/> Pick Up Litter
<input checked="" type="checkbox"/> Hired Maintenance	<input checked="" type="checkbox"/> Building Owner's Responsibility	<input checked="" type="checkbox"/> Garbage Cans Outside
<input type="checkbox"/> Other		

Who is responsible to keep the grounds clean?

<input type="checkbox"/> Licensee	<input checked="" type="checkbox"/> Building Owner	<input checked="" type="checkbox"/> Employees
<input checked="" type="checkbox"/> Hired Maintenance	<input type="checkbox"/> Other	

How often will the grounds be cleaned?

<input checked="" type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Other
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How are noise issues addressed (check all that apply):

<input type="checkbox"/> Security	<input checked="" type="checkbox"/> Manager approaches customer(s)	<input checked="" type="checkbox"/> Call police
<input type="checkbox"/> Signs posted	<input type="checkbox"/> Other	

Do you purchase, sell or exchange any secondhand articles of personal property (including used cell phones)?

NO  YES IF YES, YOU MUST ALSO APPLY FOR A SECONDHAND DEALER LICENSE.

## 9. HOURS OF OPERATION

Day of the Week	Proposed Hours of Operation (include a.m. or p.m.) (if closed on any days, write "closed")		Number of Customers expected each day	Drive Thru Hours (if not applicable, write "n/a")	
	Open	Close		Open	Close
Sunday	4:00 AM	12:00 AM	60		
Monday	6:00 AM	12:00 AM	60		
Tuesday	6:00 AM	12:00 AM	60		
Wednesday	4:00 AM	12:00 AM	60		
Thursday	6:00 AM	12:00 AM	60		
Friday	6:00 AM	12:00 AM	60		
Saturday	6:00 AM	12:00 AM	60		

## 10. ISSUANCE OF LICENSE

Will any alcohol or intoxicating beverages be sold at the establishment?  Yes  No

If yes, what type of license do you have or will you be applying for (check all that apply)?

- Class A fermented malt beverage licenses
- Class A liquor licenses
- Class B fermented malt beverage licenses
- Class B liquor licenses
- Class C wine licenses

If yes, if your food license is approved prior to the alcohol license, would you like the food license issued (check one)

immediately so you can open your food business  at the same time as the alcohol license

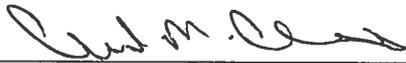
**SUBMIT THIS FORM ALONG WITH THE "BUSINESS LICENSE APPLICATION"**

## Affirmation of Understanding – Permit Needed to Operate

ALL NEW APPLICANTS – PLEASE READ AND INITIAL EACH ITEM CONFIRMING YOUR UNDERSTANDING:

1. CA I understand that an inspection and sign off by the Health Department is required before my permit may be issued.
2. CA I understand that an occupancy permit must be issued and an inspection may be required from the Department of Neighborhood Services before my permit may be issued.
3. CA I understand that the Department of Neighborhood Services must sign off on my application with the License Division before my permit may be issued.
4. CA I understand the local council member must approve or deny my request before my permit is eligible to be issued. If denied, I understand that I may be scheduled for a hearing before the License Committee of the Common Council.
5. CA I understand that I must pay and the License Division must have proof of payment for the associated permit fees before my permit may be issued.
6. CA I understand that all of the above must be complete before my permit is eligible to be issued.
7. CA I understand that the license/permit for which I am applying must be issued and posted in my business premises prior to opening for business.

I, Chao Atkins, will not operate my food business, until the permit has been issued and posted in the establishment.

Signature of Applicant:  Date: 7/29/14