



CITY OF MILWAUKEE
OFFICE OF THE CITY CLERK

Monday, May 11, 2020

COMMITTEE MEETING NOTICE

AD 10

GRAY, Stephanie M, Agent
SSA Group, LLC
4624 Central Park Bl

Denver, CO 80238

You are requested to attend a virtual hearing to be held on:



Friday, May 22, 2020 at 11:30 AM

Regarding: Your Class B Tavern, 2 Additional Food Site, and 11 Food Dealer License Applications as agent for "SSA Group, LLC" for "Milwaukee County Zoo Concessions" at 10001 W BLUE MOUND Rd.

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

Notice for applicants with warrants or unpaid fines:

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

Failure to attend this meeting may result in the denial of your license. Individual applicants and partnership applicants must attend or attend by an attorney. The agent or attorney for corporate or limited liability applicants must attend. 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 attend the virtual hearing and are 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 request an interpreter attend the meeting with you, at your expense, so that you can answer questions and participate in your hearing.

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: _____

Jessica Celella
License Division Manager

If you have questions regarding this meeting, please contact the staff assistant, Molly Kuether-Steele at (414) 286-2775 or molly.kuether-steele@milwaukee.gov.



CITY OF MILWAUKEE
OFFICE OF THE CITY CLERK

Monday, May 11, 2020

COMMITTEE MEETING NOTICE

AD 10

GRAY, Stephanie M, Agent
SSA Group, LLC
2534 N 69th St

Wauwatosa, WI 53213

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Friday, May 22, 2020 at 11:30 AM

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JIM OWCZARSKI, CITY CLERK

BY: _____

Jessica Ceella

License Division Manager

If you have questions regarding this meeting, please contact the staff assistant, Molly Kuether-Steele at (414) 286-2775 or molly.kuether-steele@milwaukee.gov.

Date: 02/29/20
Officer: Whittenberger

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

Name of Premise: Milwaukee County Zoo
Address: 10001 W Bluemound Rd
Phone: 414-256-5412

Owner: SSA Group LLC
Owner address: 4624 Central Park Blv STE 100
City State Zip: Denver, CO 80238
Owner Phone: 303-945-2139
Owner email: N/A

Licensee/Agent: Stephanie Gray
Home Address: 2534 N 69th St
City State Zip: Wauwatosa, WI 53213
Phone: 303-625-3848
Email: Stephaniegray@kmssa.com

Preferred contact: Stephanie Gray

Location currently open: YES NO

Projected open date: ASAP

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

Hours of Operation: Sun: 9A-12A 24 hours Y N
Mon: 9A-12A
Tue: 9A-12A
Wed: 9A-12A
Thu: 9A-12A
Fri: 9A-12A
Sat: 9A-12A

Premise Type: Tavern/Bar
 Restaurant
 Other: County zoo with stands/events that sell alcohol

Licenses currently held:

Alcohol: Yes No Class: B #: 207135
 Tobacco: Yes No #:
 Food: Yes No #: 12677
 Extended Hours: Yes No #:
 Secondhand Dealer: Yes No Type: #:
 Other: Yes No Type: #:
 Other: Yes No Type: #:

Exterior Survey:

1. Is the area around the location clean? Yes No
2. What surrounds the location? (Check all the apply)
 - a. Park
 - b. School
 - c. Youth Center
 - d. Church
 - e. Tavern(s) If so, how many
 - f. Residential
 - g. Other businesses
 - h. Other:
3. Can you see from the outside of the location into the interior Yes No
4. Can you see the employees inside of the location from the outside Yes No
5. Are exterior windows free of signage Yes No
6. Is there a parking lot Yes No
7. Is the parking lot clean? Yes No
8. Off-Street parking Yes No
9. Is the parking lot well lit? Yes No
10. Valet Parking Yes No
 - a. Will this lot have a guard? Yes No
 - b. Will this lot have cameras? Yes No
11. Are there areas where a person could conceal themselves Yes No
12. Is there exterior lighting? Yes No. Does it appears to be adequate Yes No
13. Exterior Payphone? Yes No
14. Are there No Loitering Signs posted? Yes No
15. Are there exterior security cameras Yes No How Many: Unknown
16. Are the address numbers prominently displayed and easy to see Yes No

Camera Survey:

17. Does this location have security cameras? Yes No
18. Are they in working order? Yes No
19. What format are the cameras?
 - a. Color Yes No
 - b. Digital Yes No
 - c. Recorded Yes No
20. How long is footage stored for later viewing: Unknown
21. Are there exterior cameras Yes No How many: Unknown
22. Are there interior cameras Yes No How many: Unknown
23. Do all employees know how to retrieve recorded digital images/footage? Yes No

24. Cameras located in parking lot Yes No How many: Unkown

Interior Survey:

25. What is the planned capacity N/A
26. What is the minimum number of employees That will be on premise : For example of serving alcohol – slow days 8-9, fast days 20
27. 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
28. Is the interior of the location neat and clean? Yes No
29. Does an interior camera face the entrance/exit? Yes No
30. Is there a lockable area that separates employees from customers? Yes No
31. Are emergency and non-emergency numbers posted near the phone? Yes No
32. Does the owner know how to contact their police district directly? Yes No
- a. Did you provide a district contact guide to the owner? Yes No

Security

33. How many security personnel are going to be employed: Unknown
34. How ill they be deployed: Interior N/A Exterior N/A
35. What days will they be deployed MonTueWedThuFriSatSun
36. Will the security be managed by business or contracted
37. Will they be armed Yes No
38. What type of security measures to be used:
- Wanding/metal detector
 - ID Scanner
 - Dress Code
 - Cover Charge
 - Age restriction
 - Other

ADDITIONAL COMMENTS/RECOMMENDATIONS:

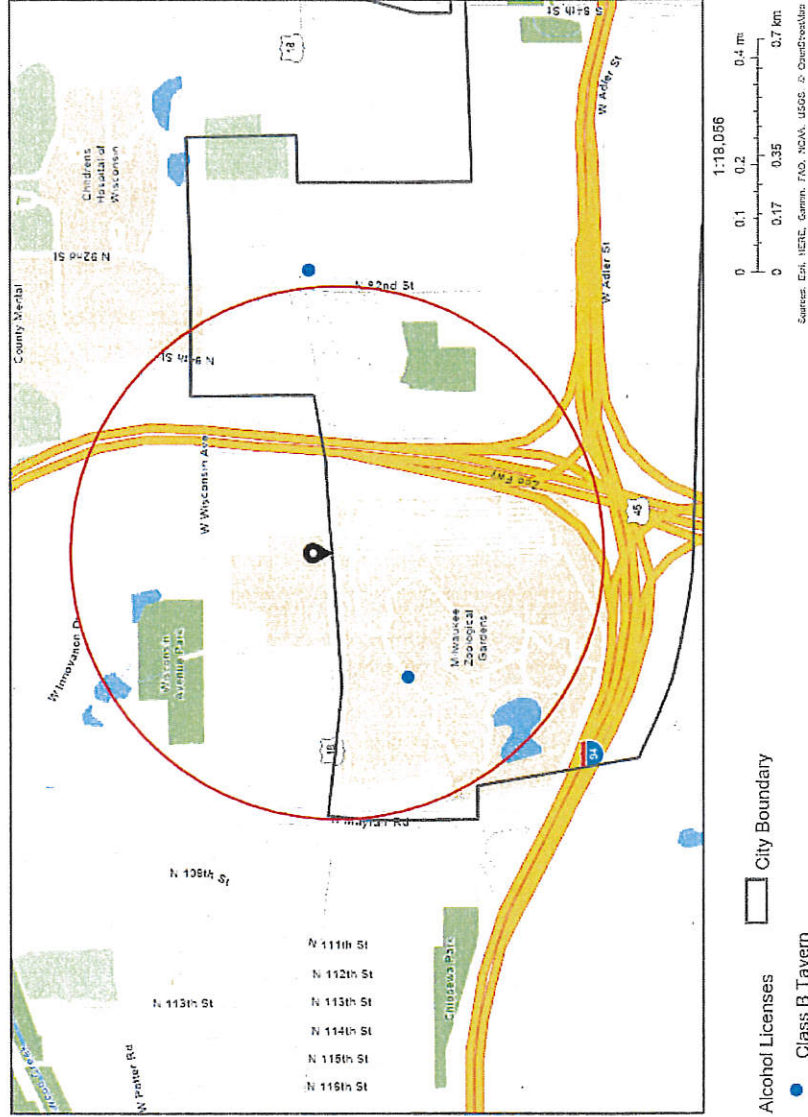
This location is the Milwaukee County Zoo. The security and trash is managed by zoo personnel and the County of Milwaukee. SSA Group LLC is in charge of the food, beverages, alcohol, catering, events, and gift shops inside the zoo.

City of Milwaukee Concentration Map

Area of Interest (AOI) Information

Area : 21,862,586.1 ft²

Feb 12 2020 12:21:21 Central Standard Time



Summary

Name	Count	Area(ft ²)	Length(mi)
Alcohol Licenses	1		

Alcohol Licenses

#	Legal Entity	Trade Name	Licensee	Address	License Type Name	Total Capacity	Expiration Date	Count
1	Service Systems Associates Inc	Service Systems Associates Inc	Stephanie M Gray, Agt	10001 W BLUE MOUND RD	Class B Tavern License		6/7/2020, 7:00 PM	1

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



Monday, May 11, 2020

Licenses Committee Notice of Hearing

MILWAUKEE COUNTY
10733 W BLUEMOUND Rd

Milwaukee, WI 53226

The Licenses Committee will consider the following license application:

Class B Tavern, 2 Additional Food Site, and 11 Food Dealer License Applications
GRAY, Stephanie M, Agent
Milwaukee County Zoo Concessions at 10001 W BLUE MOUND Rd

Date: 5/22/2020

Time: 11:30 AM

Location: The hearing before the Licenses Committee will take place virtually on Friday, May 22, 2020. This is a public hearing. Those wishing to view the proceeding are able to do so via the City Channel – Channel 25 on Spectrum Cable – or on the Internet at <http://city.milwaukee.gov/citychannel>. Those wishing to provide oral testimony will be asked to do so by phone or internet and are asked to contact the staff assistant, Molly Kuether-Steele at (414) 286-2775 or molly.kuether-steele@milwaukee.gov for necessary information. Please make such requests no later than one business day prior to the start of the meeting. You are not required to attend the hearing, but please see the information below if you would like to provide testimony.

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.





Monday, May 11, 2020

Licenses Committee Notice of Hearing

MILWAUKEE COUNTY ZOO
10001 W BLUEMOUND Rd

Milwaukee, WI 53226

The Licenses Committee will consider the following license application:

Class B Tavern, 2 Additional Food Site, and 11 Food Dealer License Applications
GRAY, Stephanie M, Agent
Milwaukee County Zoo Concessions at 10001 W BLUE MOUND Rd

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BUSINESS LICENSE PLAN OF OPERATION

ccl-busplan 3/15/18

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

1. Type of Business

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

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

Campus setting concessions

Do you have any experience operating this type of business? No Yes If yes, explain: 50+ years, 50 zoo's

2. Business Operations

- a. Proposed Opening Date: N/A - currently operating
- b. Is this premise under construction? No Yes If yes, list estimated completion date: _____
- c. Is this a franchise? No Yes
- d. Is this premises currently licensed? No Yes If yes, list type of license: Class B Tavern License, Food Dealer License
- e. Is the current licensee operating? No Yes If no, list date closed: _____
- f. Do you have future plans for other businesses, licenses or permits at this location? No Yes
If yes, explain: _____
- g. Have you previously held an Extended Hours License in Milwaukee? No Yes
If yes, list address(es): _____
- h. Are other businesses operating in the same building? No Yes If yes, describe: _____

3. Litter & Noise

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

4. Smoking & Sanitation

- a. Are there designated outdoor smoking areas? No Yes If yes, describe: In parking lot only
- b. Number of Garbage Cans: Inside: 8 Locations: Throughout dining room
Outside: 12 Locations: Throughout outside seating area
- c. Is a crowd control barrier used? No Yes If yes, describe: _____
- d. How many restrooms are on the premises? 12 Responsibility of Milwaukee County
- e. Name of solid waste contractor: Advanced Disposal Waste Management Other: _____

5. Security

- a. Are there onsite parking spaces? No Yes If yes, how many? 2470 and describe the parking security plan: Responsibility of Milwaukee County
- b. Is there a loading zone? No Yes If yes, describe the loading area security plan: Shared with Milwaukee County
- c. Will you have security personnel on premise? No Yes If yes, how many? As many as necessary* and answer the following:
 What are their responsibilities? Responsibility of Milwaukee County (County Sheriffs)
 Is security equipment used? No Yes If yes, describe *
 List their licensing, certification, or training credentials _____
- d. Will there be security cameras? No Yes If yes, how many? * and list locations: Responsibility of Milwaukee County
- e. Will searches/identification checks be done upon entry? No Yes If yes, describe _____

6. Percentage of Sales (must total 100%)

Alcohol <u>8.0</u> %	Food <u>65.0</u> %	Secondhand Merchandise <u>0</u> %	Precious Metals & Gems <u>0</u> %
Entertainment <u>N/A</u> %	Cigarettes <u>0</u> %	Personal Services (such as tattoo, body piercing, salon, tailor, tanning, etc.) <u>0</u> %	Other <u>27.0</u> %
Pawnbroker Activity <u>0</u> %	Salvaged Materials <u>0</u> % (such as scrap metal)		Describe: <u>Non alcohol beverages</u>

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

Type 1

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

Type 2

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

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

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

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

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

*Security is handled by Milwaukee County (Sheriff's Department) and not by the catering company.

9. Premises Description

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

- 1st Floor 2nd Floor Basement Storage Patio Beer Garden Sidewalk Café Deck Rooftop

Alcohol beverages stored in a warehouse and sold from various concession stands throughout the zoo premises and the Peck Welcome Center, Records kept in Zoo Administration offices

Other: Describe: _____

b. Describe Location: Major Thoroughfare Secondary Street Other: _____

c. Nearest Major Cross Street: Highway 100 and West Bluemound Road

d. Describe Building: Free Standing Building Strip Mall Other: _____

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

f. Describe Surrounding Area: Commercial Residential Industrial Other: _____

g. Building Owner Name: Milwaukee County Zoo Phone Number: (414) 256-5404

Business Owner Address: 10001 W Bluemound Road, Milwaukee, WI 53226

10. Hours of Operation & Customers

Will customers be entering the premises? No Yes

Day of the Week	Proposed Hours of Operation:		Estimated Number of Customers expected each day	Potential Age Range of Customers	Class B Tavern Applicant Only: Age Restriction (if none, write 'None')
	Open Time (include a.m. or p.m.)	Close Time (include a.m. or p.m.)			
Sunday	9:00 A.M.	11:59 P.M.	10,000	0-70+	21+
Monday	9:00 A.M.	11:59 P.M.	4,000	0-70+	21+
Tuesday	9:00 A.M.	11:59 P.M.	4,000	0-70+	21+
Wednesday	9:00 A.M.	11:59 P.M.	4,000	0-70+	21+
Thursday	9:00 A.M.	11:59 P.M.	4,000	0-70+	21+
Friday	9:00 A.M.	11:59 P.M.	6,000	0-70+	21+
Saturday	9:00 A.M.	11:59 P.M.	10,000	0-70+	21+

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

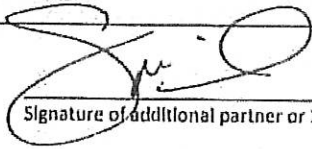
Alcohol Establishments Class A: 8:00 am to 9:00 pm Sunday thru Saturday
 Permitted Hours of Operation: Class B: 6:00 am to 2:00 am Sunday thru Thursday, 6:00 am to 2:30 am Friday & Saturday

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

11. Signature(s)

Sean K. McNicholas, President

Signature of Sole Proprietor, Partner, or 20% or more Shareholder
 (If there are no 20% or more shareholders,
 Corporate Officer-print name/title and sign)


 Signature of additional partner or 20% or more shareholder

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



ALCOHOL BEVERAGE & PUBLIC ENTERTAINMENT PREMISES SUPPLEMENTAL APPLICATION

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

Legal Entity Name: SSA Group, LLC	
Premise Address: 10001 W. Bluemound Road, Milwaukee, WI 53226	
Proximity of Premises to Church, School, Daycare Center or Hospital	
Is the building within 300 feet of any church, school, daycare center or hospital? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
"Service Bar Only" Designation	
If applying for Class B or C license, are you applying for "Service Bar Only"? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Service Bar Only means customers cannot sit at the bar. Alcohol is served to employees who serve patrons seated at tables. No stools, chairs or other articles of furniture shall be placed at the service bar for patrons to sit upon.	
Business Information	
a) Are you taking out this application for anyone that may not be eligible for a license? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, list their name and address: _____	
b) Will the agent, a partner or the individual licensee be conducting the day-to-day operations of the business? <input type="checkbox"/> No <input checked="" type="checkbox"/> 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.	
c) Does anyone else have money invested or any other interest in this business? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain: _____	
d) Have you made an agreement with anyone to repay any loan or any other payments based upon income from the business? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, list name and address: _____	
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:	
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 lessee/buyer	
Property Information (New & Transfer Applicants Only)	
a) Do you own or lease the building?	<input type="checkbox"/> Own <input checked="" type="checkbox"/> Lease Responsibility of Milwaukee County
b) Who owns the fixtures (for example, coolers, etc.)?	<u>Milwaukee County</u>
c) Are you purchasing the stock and/or fixtures?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, amount paid \$ _____
d) Total amount paid for business	\$ <u>See attached Section 4 of Lease.</u>
e) Total amount paid for goodwill of the business	\$ <u>See attached Section 4 of Lease.</u>
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?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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

Lease Information (New & Transfer Applicants who are leasing the premises only)

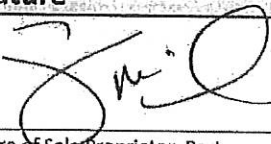
- a) Date lease begins May 24, 2017 Ends December 31, 2027
- b) Monthly rental \$ See attached for rent detail.
- c) Do you have an option to renew the lease? No Yes
- d) Does your lease allow for assignment to another party without the consent of the owner? No Yes
- e) For what length of time have you been guaranteed occupancy (number of years)? 10
- 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 See attached for rent detail.
- g) Does the present owner or occupancy object to the granting of your license? No Yes
If yes, explain _____

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): _____

Signature



Sean K. McNicholas/President

Signature of Sole Proprietor, Partner or 20% or More Shareholder
(If no 20% or more Shareholder, Corporate Officer - print name/title and sign)

Note: All information contained in this application is subject to approval by the Common 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 premises 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



FOOD DEALER LICENSE PLAN OF OPERATION

cd-foodplan 2/28/19

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

Legal Entity Name:	SSA Group, LLC	Nourish 414 n/k/a Lakeview
Premises Address:	10001 W. Blue Mound Road, Milwaukee, WI 53226	
SECTION 1 TYPE OF BUSINESS		
What will be the majority of your food sales? (check one)		
<input checked="" type="checkbox"/> Restaurant Items (meals): MEALS include, but are not limited to, chicken, ribs, sandwiches, roasted corn, baked potatoes, hot dogs, brats, tacos, nachos w/ cheese and meat, French fries, cooked or deep fried vegetables/fruit, cooked cheese curds, corn dogs, egg rolls, salads.		
<input type="checkbox"/> Retail Items (snacks and beverages): RETAIL Items include, but are not limited to, ice cream/soft serve, lemonade, snow cones, coffee, espresso, cappuccino, tea, fruit juice, smoothies, candy, dispensed soda, fruit cups, bakery, cookies, kettle corn, cotton candy, funnel cakes, fritters, tortilla chips w/ cheese.		
Will it be a convenience store? <input type="checkbox"/> Yes <input type="checkbox"/> No - A convenience store contains less than 5,000 square feet of retail space and has, as its primary business, the sale of basic food items and in addition, sells household products or is a filling station that sells basic food items and household products.		
<input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Micro Market		
All Applicants: Submit a menu or a list of food items that will be sold.		
Will any wholesale business be done? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, what percentage of food sales will be wholesale? <input type="checkbox"/> Less than 25% <input type="checkbox"/> 25% or More AND: <input type="checkbox"/> Restaurant Items (meals) will be sold - Complete this application and also contact DATCP. <input type="checkbox"/> NO restaurant items (meals) will be sold - Do NOT complete this application. Contact DATCP only.		
SECTION 2 FOOD PROCESSING		
Will any food processing be done? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Processing is defined as assembling, grinding, cutting, mixing, baking, coating, stuffing, packing, bottling, grilling, canning, extracting, fermenting, distilling, pickling, freezing, drying, smoking, or packaging.		
SECTION 3 FOOD REQUIRING TEMPERATURE CONTROL		
Will any food that requires temperature control be sold? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (includes dairy products such as milk, cheese, and ice cream, fish, shellfish, meat, poultry)		
If yes, list the types of food items: <u>Dairy products, fish, meat, poultry</u>		

SECTION 4 DETAILS OF OPERATION

Will you have seating on site for dining? No Yes

Will you be doing any catering? No Yes

Will you be doing any delivery? No Yes

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

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

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

SECTION 5 ADDITIONAL SITES

Where will food be prepared and/or sold?

At a single site At multiple sites: How many? 1 (for example, a hotel with several dining rooms or bars)

If multiple sites, attach a Food Dealer Additional Site Addendum (ccl-foodadd) for each additional site.

SECTION 6 CONSTRUCTION OR CHANGES

Are you planning any construction, remodeling or equipment changes?

No If No, SKIP to Section 8

Yes If Yes, check all that apply: New construction of a building Renovation or remodeling
 Construction changes to existing building Equipment changes only

Provide a brief description of the changes: _____

Start date: _____

Name, Address & Phone Number of Architect: _____

Name, Address & Phone Number of Contractor: _____

SECTION 7 ALCOHOL BEVERAGES

Are you applying for an alcohol beverage license?

No If No, SKIP to Section 9

Yes If YES, if your food license is approved prior to the alcohol license, when do you want the food license issued?
 Immediately At the same time as the alcohol license

SECTION 8 ACKNOWLEDGEMENTS & SIGNATURE

You must initial each item confirming your understanding:

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

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

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

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

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

Signature of Sole Proprietor, Partner, or 20% Shareholder: _____

Signature of Additional Partner: _____



FOOD DEALER LICENSE PLAN OF OPERATION

ccl-foodplan 2/28/19

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

Legal Entity Name:	SSA Group, LLC	West Entrance n/k/a West End
Premises Address:	10001 W. Blue Mound Road, Milwaukee, WI 53226	
SECTION 1 TYPE OF BUSINESS		
What will be the majority of your food sales? (check one)		
<input type="checkbox"/> Restaurant Items (meals): MEALS include, but are not limited to, chicken, ribs, sandwiches, roasted corn, baked potatoes, hot dogs, brats, tacos, nachos w/ cheese and meat, French fries, cooked or deep fried vegetables/fruit, cooked cheese curds, corn dogs, egg rolls, salads.		
<input checked="" type="checkbox"/> Retail Items (snacks and beverages): RETAIL Items include, but are not limited to, ice cream/soft serve, lemonade, snow cones, coffee, espresso, cappuccino, tea, fruit juice, smoothies, candy, dispensed soda, fruit cups, bakery, cookies, kettle corn, cotton candy, funnel cakes, fritters, tortilla chips w/ cheese.		
Will it be a convenience store? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No A convenience store contains less than 5,000 square feet of retail space and has, as its primary business, the sale of basic food items and in addition, sells household products or is a filling station that sells basic food items and household products.		
<input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Micro Market		
All Applicants: Submit a menu or a list of food items that will be sold.		
Will any wholesale business be done? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, what percentage of food sales will be wholesale?		
<input type="checkbox"/> Less than 25%		
<input type="checkbox"/> 25% or More AND:		
<input type="checkbox"/> Restaurant Items (meals) will be sold - Complete this application and also contact DATCP.		
<input type="checkbox"/> NO restaurant Items (meals) will be sold - Do NOT complete this application. Contact DATCP only.		
SECTION 2 FOOD PROCESSING		
Will any food processing be done? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Processing is defined as assembling, grinding, cutting, mixing, baking, coating, stuffing, packing, bottling, grilling, canning, extracting, fermenting, distilling, pickling, freezing, drying, smoking, or packaging.		
SECTION 3 FOOD REQUIRING TEMPERATURE CONTROL		
Will any food that requires temperature control be sold? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (Includes dairy products such as milk, cheese, and ice cream, fish, shellfish, meat, poultry)		
If yes, list the types of food items: <u>Dairy products</u>		

SECTION 4 DETAILS OF OPERATION

- Will you have seating on site for dining? No Yes
- Will you be doing any catering? No Yes
- Will you be doing any delivery? No Yes
- Will you have outdoor activities? No Yes - Check all that apply: Bar Cooking/Grilling Dining
- Will you have a drive thru window? No Yes - Are hours different from inside? No Yes
 If Yes, provide drive thru hours: _____
- Will scales or barcode scanners be used? No Yes - You must also apply for a Weights & Measures License.

SECTION 5 ADDITIONAL SITES

Where will food be prepared and/or sold?
 At a single site At multiple sites: How many? 8 (for example, a hotel with several dining rooms or bars)
 If multiple sites, attach a Food Dealer Additional Site Addendum (ccf-foodadd) for each additional site.

SECTION 6 CONSTRUCTION OR CHANGES

Are you planning any construction, remodeling or equipment changes?
 No If No, SKIP to Section 8
 Yes If Yes, check all that apply: New construction of a building Renovation or remodeling
 Construction changes to existing building Equipment changes only

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

SECTION 7 ALCOHOL BEVERAGES

Are you applying for an alcohol beverage license?
 No If No, SKIP to Section 9
 Yes If YES, if your food license is approved prior to the alcohol license, when do you want the food license issued?
 Immediately At the same time as the alcohol license

SECTION 8 ACKNOWLEDGEMENTS & SIGNATURE

You must initial each item confirming your understanding:

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

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

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

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

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

Signature of Sole Proprietor, Partner, or 20% Shareholder: [Signature]

Signature of Additional Partner: _____



FOOD DEALER LICENSE PLAN OF OPERATION

cd-foodplan 2/28/19

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

Legal Entity Name:	SSA Group, LLC	Dairy Store
Premises Address:	10001 W. Blue Mound Road, Milwaukee, WI 53226	
SECTION 1 TYPE OF BUSINESS		
What will be the majority of your food sales? (check one)		
<input type="checkbox"/> Restaurant Items (meals): MEALS include, but are not limited to, chicken, ribs, sandwiches, roasted corn, baked potatoes, hot dogs, brats, tacos, nachos w/ cheese and meat, French fries, cooked or deep fried vegetables/fruit, cooked cheese curds, corn dogs, egg rolls, salads.		
<input checked="" type="checkbox"/> Retail Items (snacks and beverages): RETAIL items include, but are not limited to, ice cream/soft serve, lemonade, snow cones, coffee, espresso, cappuccino, tea, fruit juice, smoothies, candy, dispensed soda, fruit cups, bakery, cookies, kettle corn, cotton candy, funnel cakes, fritters, tortilla chips w/ cheese.		
Will it be a convenience store? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No A convenience store contains less than 5,000 square feet of retail space and has, as its primary business, the sale of basic food items and in addition, sells household products or is a filling station that sells basic food items and household products.		
<input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Micro Market		
All Applicants: Submit a menu or a list of food items that will be sold.		
Will any wholesale business be done? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, what percentage of food sales will be wholesale?		
<input type="checkbox"/> Less than 25%		
<input checked="" type="checkbox"/> 25% or More AND:		
<input type="checkbox"/> Restaurant Items (meals) will be sold - Complete this application and also contact DATCP.		
<input type="checkbox"/> NO restaurant items (meals) will be sold - Do NOT complete this application. Contact DATCP only.		
SECTION 2 FOOD PROCESSING		
Will any food processing be done? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Processing is defined as assembling, grinding, cutting, mixing, baking, coating, stuffing, packing, bottling, grilling, canning, extracting, fermenting, distilling, pickling, freezing, drying, smoking, or packaging.		
SECTION 3 FOOD REQUIRING TEMPERATURE CONTROL		
Will any food that requires temperature control be sold? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (Includes dairy products such as milk, cheese, and ice cream, fish, shellfish, meat, poultry)		
If yes, list the types of food items: <u>Dairy products</u>		

SECTION 4: DETAILS OF OPERATION	
Will you have seating on site for dining?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Will you be doing any catering?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Will you be doing any delivery?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Will you have outdoor activities?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - Check all that apply: <input type="checkbox"/> Bar <input type="checkbox"/> Cooking/Grilling <input type="checkbox"/> Dining
Will you have a drive thru window?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - Are hours different from inside? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, provide drive thru hours: _____
Will scales or barcode scanners be used?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - You must also apply for a Weights & Measures License.
SECTION 5: ADDITIONAL SITES	
Where will food be prepared and/or sold?	
<input type="checkbox"/> At a single site <input checked="" type="checkbox"/> At multiple sites: How many? <u>8</u> (for example, a hotel with several dining rooms or bars)	
If multiple sites, attach a Food Dealer Additional Site Addendum (ccl-foodadd) for each additional site.	
SECTION 6: CONSTRUCTION OR CHANGES	
Are you planning any construction, remodeling or equipment changes?	
<input checked="" type="checkbox"/> No If No, SKIP to Section 8	
<input type="checkbox"/> Yes If Yes, check all that apply: <input type="checkbox"/> New construction of a building <input type="checkbox"/> Renovation or remodeling	
<input type="checkbox"/> Construction changes to existing building <input type="checkbox"/> Equipment changes only	
Provide a brief description of the changes: _____	
Start date: _____	
Name, Address & Phone Number of Architect: _____	
Name, Address & Phone Number of Contractor: _____	
SECTION 7: ALCOHOL BEVERAGES	
Are you applying for an alcohol beverage license?	
<input type="checkbox"/> No If No, SKIP to Section 9	
<input checked="" type="checkbox"/> Yes If YES, if your food license is approved prior to the alcohol license, when do you want the food license issued?	
<input checked="" type="checkbox"/> Immediately <input type="checkbox"/> At the same time as the alcohol license	
SECTION 8: ACKNOWLEDGEMENTS & SIGNATURE	
You must initial each item confirming your understanding:	
<u>SKM</u>	I understand the Health Department must conduct an inspection and advise the License Division of their approval before the license may be issued.
<u>SKM</u>	I understand I must obtain an occupancy permit from the Department of Neighborhood Services and an inspection may be required. Neighborhood Services must advise the License Division of their approval before the license may be issued.
<u>SKM</u>	I understand the district alderperson will review and either support or object to my application. If he/she objects, I may appeal and be scheduled to appear before the Licenses Committee. The Licenses Committee will then make a recommendation to the Common Council. The Common Council must grant the license before it may be issued.
<u>SKM</u>	I understand proof of payment for all license fees must be on file in the License Division before the license may be issued and the license must be issued and posted in my establishment prior to opening for business.
<u>SKM</u>	I will not operate my food business until the license has been issued and posted in the establishment.
Signature of Sole Proprietor, Partner, or 20% Shareholder: <u>[Signature]</u>	
Signature of Additional Partner: _____	



FOOD DEALER LICENSE PLAN OF OPERATION

OFFICE OF THE CITY CLERK, LICENSE DIVISION
 CITY HALL, 200 E. WELLS ST, ROOM 109, MILWAUKEE, WI 53202
 (414) 286-2238 • license@milwaukee.gov • www.milwaukee.gov/license

ccj-foodplan 2/28/19

Legal Entity Name:	SSA Group, LLC, Dippin Dots Oasis n/k/a Bear Garden
Premises Address:	10001 W. Blue Mound Road, Milwaukee, WI 53226
SECTION 1 TYPE OF BUSINESS	
What will be the majority of your food sales? (check one)	
<input type="checkbox"/> Restaurant Items (meals): MEALS include, but are not limited to, chicken, ribs, sandwiches, roasted corn, baked potatoes, hot dogs, brats, tacos, nachos w/ cheese and meat, French fries, cooked or deep fried vegetables/fruits, cooked cheese curds, corn dogs, egg rolls, salads.	
<input checked="" type="checkbox"/> Retail Items (snacks and beverages): RETAIL items include, but are not limited to, ice cream/soft serve, lemonade, snow cones, coffee, espresso, cappuccino, tea, fruit juice, smoothies, candy, dispensed soda, fruit cups, bakery, cookies, kettle corn, cotton candy, funnel cakes, fritters, tortilla chips w/ cheese.	
Will it be a convenience store? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No A convenience store contains less than 5,000 square feet of retail space and has, as its primary business, the sale of basic food items and in addition, sells household products or is a filling station that sells basic food items and household products.	
<input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Micro Market	
All Applicants: Submit a menu or a list of food items that will be sold.	
Will any wholesale business be done? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, what percentage of food sales will be wholesale?	
<input type="checkbox"/> Less than 25%	
<input type="checkbox"/> 25% or More AND:	
<input type="checkbox"/> Restaurant Items (meals) will be sold - Complete this application and also contact DATCP.	
<input type="checkbox"/> NO restaurant items (meals) will be sold - Do NOT complete this application. Contact DATCP only.	
SECTION 2 FOOD PROCESSING	
Will any food processing be done? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Processing is defined as assembling, grinding, cutting, mixing, baking, coating, stuffing, packing, bottling, grilling, canning, extracting, fermenting, distilling, pickling, freezing, drying, smoking, or packaging.	
SECTION 3 FOOD REQUIRING TEMPERATURE CONTROL	
Will any food that requires temperature control be sold? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (Includes dairy products such as milk, cheese, and ice cream, fish, shellfish, meat, poultry)	
If yes, list the types of food items: <u>Dairy products</u>	

SECTION 4 DETAILS OF OPERATION	
Will you have seating on site for dining?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Will you be doing any catering?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Will you be doing any delivery?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Will you have outdoor activities?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - Check all that apply: <input type="checkbox"/> Bar <input type="checkbox"/> Cooking/Grilling <input type="checkbox"/> Dining
Will you have a drive thru window?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - Are hours different from inside? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, provide drive thru hours: _____
Will scales or barcode scanners be used?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - You must also apply for a Weights & Measures License.
SECTION 5 ADDITIONAL SITES	
Where will food be prepared and/or sold?	
<input type="checkbox"/> At a single site	<input checked="" type="checkbox"/> At multiple sites: How many? <u>8</u> (for example, a hotel with several dining rooms or bars)
If multiple sites, attach a Food Dealer Additional Site Addendum (ccl-foodadd) for each additional site.	
SECTION 6 CONSTRUCTION OR CHANGES	
Are you planning any construction, remodeling or equipment changes?	
<input checked="" type="checkbox"/> No	If No, SKIP to Section 8
<input type="checkbox"/> Yes	If Yes, check all that apply: <input type="checkbox"/> New construction of a building <input type="checkbox"/> Renovation or remodeling <input type="checkbox"/> Construction changes to existing building <input type="checkbox"/> Equipment changes only
Provide a brief description of the changes: _____	
Start date: _____	
Name, Address & Phone Number of Architect: _____	
Name, Address & Phone Number of Contractor: _____	
SECTION 7 ALCOHOL BEVERAGES	
Are you applying for an alcohol beverage license?	
<input type="checkbox"/> No	If No, SKIP to Section 9
<input checked="" type="checkbox"/> Yes	If YES, if your food license is approved prior to the alcohol license, when do you want the food license issued? <input checked="" type="checkbox"/> Immediately <input type="checkbox"/> At the same time as the alcohol license
SECTION 8 ACKNOWLEDGEMENTS & SIGNATURE	
You must initial each item confirming your understanding:	
<u>SKM</u>	I understand the Health Department must conduct an inspection and advise the License Division of their approval before the license may be issued.
<u>SKM</u>	I understand I must obtain an occupancy permit from the Department of Neighborhood Services and an inspection may be required. Neighborhood Services must advise the License Division of their approval before the license may be issued.
<u>SKM</u>	I understand the district alderperson will review and either support or object to my application. If he/she objects, I may appeal and be scheduled to appear before the Licenses Committee. The Licenses Committee will then make a recommendation to the Common Council. The Common Council must grant the license before it may be issued.
<u>SKM</u>	I understand proof of payment for all license fees must be on file in the License Division before the license may be issued and the license must be issued and posted in my establishment prior to opening for business.
<u>SKM</u>	I will not operate my food business until the license has been issued and posted in the establishment.
Signature of Sole Proprietor, Partner, or 20% Shareholder: _____ <i>[Signature]</i>	
Signature of Additional Partner: _____	



FOOD DEALER LICENSE PLAN OF OPERATION

cci-foodplan 2/28/19

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

Legal Entity Name:	SSA Group, LLC	Sea Lion Snacks
Premises Address:	10001 W, Blue Mound Road, Milwaukee, WI 53226	
SECTION 1 TYPE OF BUSINESS		
What will be the majority of your food sales? (check one)		
<input type="checkbox"/> Restaurant Items (meals): MEALS include, but are not limited to, chicken, ribs, sandwiches, roasted corn, baked potatoes, hot dogs, brats, tacos, nachos w/ cheese and meat, French fries, cooked or deep fried vegetables/fruit, cooked cheese curds, corn dogs, egg rolls, salads.		
<input checked="" type="checkbox"/> Retail Items (snacks and beverages): RETAIL items include, but are not limited to, ice cream/soft serve, lemonade, snow cones, coffee, espresso, cappuccino, tea, fruit juice, smoothies, candy, dispensed soda, fruit cups, bakery, cookies, kettle corn, cotton candy, funnel cakes, fritters, tortilla chips w/ cheese.		
Will it be a convenience store? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No A convenience store contains less than 5,000 square feet of retail space and has, as its primary business, the sale of basic food items and in addition, sells household products or is a filling station that sells basic food items and household products.		
<input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Micro Market		
All Applicants: Submit a menu or a list of food items that will be sold.		
Will any wholesale business be done? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, what percentage of food sales will be wholesale?		
<input type="checkbox"/> Less than 25%		
<input type="checkbox"/> 25% or More AND:		
<input type="checkbox"/> Restaurant Items (meals) will be sold - Complete this application and also contact DATCP.		
<input type="checkbox"/> NO restaurant items (meals) will be sold - Do NOT complete this application. Contact DATCP only.		
SECTION 2 FOOD PROCESSING		
Will any food processing be done? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Processing is defined as assembling, grinding, cutting, mixing, baking, coating, stuffing, packing, bottling, grilling, canning, extracting, fermenting, distilling, pickling, freezing, drying, smoking, or packaging.		
SECTION 3 FOOD REQUIRING TEMPERATURE CONTROL		
Will any food that requires temperature control be sold? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (Includes dairy products such as milk, cheese, and ice cream, fish, shellfish, meat, poultry)		
If yes, list the types of food items: <u>Dairy products</u>		

SECTION 4 DETAILS OF OPERATION

Will you have seating on site for dining? No Yes

Will you be doing any catering? No Yes

Will you be doing any delivery? No Yes

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

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

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

SECTION 5 ADDITIONAL SITES

Where will food be prepared and/or sold?

At a single site At multiple sites: (How many? 8) (for example, a hotel with several dining rooms or bars)

If multiple sites, attach a Food Dealer Additional Site Addendum (ccl-foodadd) for each additional site.

SECTION 6 CONSTRUCTION OR CHANGES

Are you planning any construction, remodeling or equipment changes?

No If No, SKIP to Section 8

Yes If Yes, check all that apply: New construction of a building Renovation or remodeling
 Construction changes to existing building Equipment changes only

Provide a brief description of the changes: _____

Start date: _____

Name, Address & Phone Number of Architect: _____

Name, Address & Phone Number of Contractor: _____

SECTION 7 ALCOHOL BEVERAGES

Are you applying for an alcohol beverage license?

No If No, SKIP to Section 9

Yes If YES, if your food license is approved prior to the alcohol license, when do you want the food license issued?
 Immediately At the same time as the alcohol license

SECTION 8 ACKNOWLEDGEMENTS & SIGNATURE

You must initial each item confirming your understanding:

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

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

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

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

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

Signature of Sole Proprietor, Partner, or 20% Shareholder: [Signature]

Signature of Additional Partner: _____



FOOD DEALER LICENSE PLAN OF OPERATION

cd-foodplan 2/28/19

OFFICE OF THE CITY CLERK, LICENSE DIVISION
CITY HALL, 200 E. WELLS ST, ROOM 105, MILWAUKEE, WI 53202
(414) 286-2738 • license@milwaukee.gov • www.milwaukee.gov/license

Legal Entity Name:	SSA Group, LLC	Flamingo Cafe
Premises Address:	10001 W. Blue Mound Road, Milwaukee, WI 53226	
SECTION 1 TYPE OF BUSINESS		
What will be the majority of your food sales? (check one)		
<input checked="" type="checkbox"/> Restaurant Items (meals): MEALS include, but are not limited to, chicken, ribs, sandwiches, roasted corn, baked potatoes, hot dogs, brats, tacos, nachos w/ cheese and meat, French fries, cooked or deep fried vegetables/fruit, cooked cheese curds, corn dogs, egg rolls, salads.		
<input type="checkbox"/> Retail Items (snacks and beverages): RETAIL Items include, but are not limited to, ice cream/soft serve, lemonade, snow cones, coffee, espresso, cappuccino, tea, fruit juice, smoothies, candy, dispensed soda, fruit cups, bakery, cookies, kettle corn, cotton candy, funnel cakes, fritters, tortilla chips w/ cheese.		
Will it be a convenience store? <input type="checkbox"/> Yes <input type="checkbox"/> No A convenience store contains less than 5,000 square feet of retail space and has, as its primary business, the sale of basic food items and in addition, sells household products or is a filling station that sells basic food items and household products.		
<input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Micro Market		
All Applicants: Submit a menu or a list of food items that will be sold.		
Will any wholesale business be done? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, what percentage of food sales will be wholesale?		
<input type="checkbox"/> Less than 25%		
<input type="checkbox"/> 25% or More AND:		
<input type="checkbox"/> Restaurant Items (meals) will be sold -- Complete this application and also contact DATCP.		
<input type="checkbox"/> NO restaurant Items (meals) will be sold - Do NOT complete this application. Contact DATCP only.		
SECTION 2 FOOD PROCESSING		
Will any food processing be done? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
Processing is defined as assembling, grinding, cutting, mixing, baking, coating, stuffing, packing, bottling, grilling, canning, extracting, fermenting, distilling, pickling, freezing, drying, smoking, or packaging.		
SECTION 3 FOOD REQUIRING TEMPERATURE CONTROL		
Will any food that requires temperature control be sold? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (Includes dairy products such as milk, cheese, and ice cream, fish, shellfish, meat, poultry)		
If yes, list the types of food items: <u>Dairy products, fish, meat, poultry</u>		

SECTION 4 DETAILS OF OPERATION

Will you have seating on site for dining? No Yes

Will you be doing any catering? No Yes

Will you be doing any delivery? No Yes

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

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

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

SECTION 5 ADDITIONAL SITES

Where will food be prepared and/or sold?

At a single site At multiple sites: How many? 8 (for example, a hotel with several dining rooms or bars)

If multiple sites, attach a Food Dealer Additional Site Addendum (ccl-foodadd) for each additional site.

SECTION 6 CONSTRUCTION OR CHANGES

Are you planning any construction, remodeling or equipment changes?

No If No, SKIP to Section 8

Yes If Yes, check all that apply: New construction of a building Renovation or remodeling
 Construction changes to existing building Equipment changes only

Provide a brief description of the changes: _____

Start date: _____

Name, Address & Phone Number of Architect: _____

Name, Address & Phone Number of Contractor: _____

SECTION 7 ALCOHOL BEVERAGES

Are you applying for an alcohol beverage license?

No If No, SKIP to Section 9

Yes If YES, if your food license is approved prior to the alcohol license, when do you want the food license issued?
 Immediately At the same time as the alcohol license

SECTION 8 ACKNOWLEDGEMENTS & SIGNATURE

You must initial each item confirming your understanding:

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

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

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

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

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

Signature of Sole Proprietor, Partner, or 20% Shareholder: [Signature]

Signature of Additional Partner: _____



FOOD DEALER LICENSE PLAN OF OPERATION

cd-foodplan 2/28/19

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

Legal Entity Name:	SSA Group, LLC	Woodland Retreat n/k/a Wild Burger
Premises Address:	10001 W. Blue Mound Road, Milwaukee, WI 53226	
SECTION 1 TYPE OF BUSINESS		
What will be the majority of your food sales? (check one)		
<input checked="" type="checkbox"/> Restaurant Items (meals): MEALS include, but are not limited to, chicken, ribs, sandwiches, roasted corn, baked potatoes, hot dogs, brats, tacos, nachos w/ cheese and meat, French fries, cooked or deep fried vegetables/fruit, cooked cheese curds, corn dogs, egg rolls, salads.		
<input type="checkbox"/> Retail Items (snacks and beverages): RETAIL Items include, but are not limited to, ice cream/soft serve, lemonade, snow cones, coffee, espresso, cappuccino, tea, fruit juice, smoothies, candy, dispensed soda, fruit cups, bakery, cookies, kettle corn, cotton candy, funnel cakes, fritters, tortilla chips w/ cheese.		
Will it be a convenience store? <input type="checkbox"/> Yes <input type="checkbox"/> No A convenience store contains less than 5,000 square feet of retail space and has, as its primary business, the sale of basic food items and in addition, sells household products or is a filling station that sells basic food items and household products.		
<input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Micro Market		
All Applicants: Submit a menu or a list of food items that will be sold.		
Will any wholesale business be done? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, what percentage of food sales will be wholesale?		
<input type="checkbox"/> Less than 25%		
<input type="checkbox"/> 25% or More AND:		
<input type="checkbox"/> Restaurant Items (meals) will be sold - Complete this application and also contact DATCP.		
<input type="checkbox"/> NO restaurant Items (meals) will be sold - Do NOT complete this application. Contact DATCP only.		
SECTION 2 FOOD PROCESSING		
Will any food processing be done? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
Processing is defined as assembling, grinding, cutting, mixing, baking, coating, stuffing, packing, bottling, grilling, canning, extracting, fermenting, distilling, pickling, freezing, drying, smoking, or packaging.		
SECTION 3 FOOD REQUIRING TEMPERATURE CONTROL		
Will any food that requires temperature control be sold? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (Includes dairy products such as milk, cheese, and ice cream, fish, shellfish, meat, poultry)		
If yes, list the types of food items: <u>Dairy products, fish, meat, poultry</u>		

SECTION 4 DETAILS OF OPERATION

Will you have seating on site for dining? No Yes

Will you be doing any catering? No Yes

Will you be doing any delivery? No Yes

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

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

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

SECTION 5 ADDITIONAL SITES

Where will food be prepared and/or sold?

At a single site At multiple sites: How many? 8 (for example, a hotel with several dining rooms or bars)

If multiple sites, attach a Food Dealer Additional Site Addendum (ccl-foodadd) for each additional site.

SECTION 6 CONSTRUCTION OR CHANGES

Are you planning any construction, remodeling or equipment changes?

No If No, SKIP to Section 8

Yes If Yes, check all that apply: New construction of a building Renovation or remodeling
 Construction changes to existing building Equipment changes only

Provide a brief description of the changes: _____

Start date: _____

Name, Address & Phone Number of Architect: _____

Name, Address & Phone Number of Contractor: _____

SECTION 7 ALCOHOL BEVERAGES

Are you applying for an alcohol beverage license?

No If No, SKIP to Section 9

Yes If YES, if your food license is approved prior to the alcohol license, when do you want the food license issued?
 Immediately At the same time as the alcohol license

SECTION 8 ACKNOWLEDGEMENTS & SIGNATURE

You must initial each item confirming your understanding:

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

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

Signature of Sole Proprietor, Partner, or 20% Shareholder: _____

Signature of Additional Partner: _____



FOOD DEALER LICENSE PLAN OF OPERATION

ccl-foodplan 2/28/19

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

Legal Entity Name:	SSA Group, LLC	Family Farm/Bean Sprouts
Premises Address:	10001 W. Blue Mound Road, Milwaukee, WI 53226	
SECTION 1: TYPE OF BUSINESS		
What will be the majority of your food sales? (check one)		
<input checked="" type="checkbox"/> Restaurant Items (meals): MEALS include, but are not limited to, chicken, ribs, sandwiches, roasted corn, baked potatoes, hot dogs, brats, tacos, nachos w/ cheese and meat, French fries, cooked or deep fried vegetables/fruit, cooked cheese curds, corn dogs, egg rolls, salads.		
<input type="checkbox"/> Retail Items (snacks and beverages): RETAIL items include, but are not limited to, ice cream/soft serve, lemonade, snow cones, coffee, espresso, cappuccino, tea, fruit juice, smoothies, candy, dispensed soda, fruit cups, bakery, cookies, kettle corn, cotton candy, funnel cakes, fritters, tortilla chips w/ cheese.		
Will it be a convenience store? <input type="checkbox"/> Yes <input type="checkbox"/> No - A convenience store contains less than 5,000 square feet of retail space and has, as its primary business, the sale of basic food items and in addition, sells household products or is a filling station that sells basic food items and household products.		
<input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Micro Market		
All Applicants: Submit a menu or a list of food items that will be sold.		
Will any wholesale business be done? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, what percentage of food sales will be wholesale?		
<input type="checkbox"/> Less than 25%		
<input type="checkbox"/> 25% or More AND:		
<input type="checkbox"/> Restaurant Items (meals) will be sold - Complete this application and also contact DATCP.		
<input type="checkbox"/> NO restaurant items (meals) will be sold - Do NOT complete this application. Contact DATCP only.		
SECTION 2: FOOD PROCESSING		
Will any food processing be done? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
Processing is defined as assembling, grinding, cutting, mixing, baking, coating, stuffing, packing, bottling, grilling, canning, extracting, fermenting, distilling, pickling, freezing, drying, smoking, or packaging.		
SECTION 3: FOOD REQUIRING TEMPERATURE CONTROL		
Will any food that requires temperature control be sold? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (includes dairy products such as milk, cheese, and ice cream, fish, shellfish, meat, poultry)		
If yes, list the types of food items: <u>Dairy products, fish, meat, poultry</u>		

SECTION 4 DETAILS OF OPERATION

Will you have seating on site for dining? No Yes

Will you be doing any catering? No Yes

Will you be doing any delivery? No Yes

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

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

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

SECTION 5 ADDITIONAL SITES

Where will food be prepared and/or sold?

At a single site At multiple sites: How many? 8 (for example, a hotel with several dining rooms or bars)

If multiple sites, attach a Food Dealer Additional Site Addendum (ccl-foodadd) for each additional site.

SECTION 6 CONSTRUCTION OR CHANGES

Are you planning any construction, remodeling or equipment changes?

No If No, SKIP to Section 8

Yes If Yes, check all that apply: New construction of a building Renovation or remodeling
 Construction changes to existing building Equipment changes only

Provide a brief description of the changes: _____

Start date: _____

Name, Address & Phone Number of Architect: _____

Name, Address & Phone Number of Contractor: _____

SECTION 7 ALCOHOL BEVERAGES

Are you applying for an alcohol beverage license?

No If No, SKIP to Section 9

Yes If YES, if your food license is approved prior to the alcohol license, when do you want the food license issued?
 Immediately At the same time as the alcohol license

SECTION 8 ACKNOWLEDGEMENTS & SIGNATURE

You must initial each item confirming your understanding:

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

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

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

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

Signature of Sole Proprietor, Partner, or 20% Shareholder: [Signature]

Signature of Additional Partner: _____



FOOD DEALER LICENSE PLAN OF OPERATION

ccl-foodplan 2/28/19

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

Penguin Cart

Legal Entity Name:	SSA Group, LLC
Premises Address:	10001 W. Blue Mound Road, Milwaukee, WI 53226
SECTION 1 TYPE OF BUSINESS	
<p>What will be the majority of your food sales? (check one)</p> <p>Restaurant Items (meals): MEALS include, but are not limited to, chicken, ribs, sandwiches, roasted corn, baked potatoes, hot dogs, brats, tacos, nachos w/ cheese and meat, French fries, cooked or deep fried vegetables/fruit, cooked cheese curds, corn dogs, egg rolls, salads.</p> <p><input checked="" type="checkbox"/> Retail Items (snacks and beverages): RETAIL items include, but are not limited to, ice cream/soft serve, lemonade, snow cones, coffee, espresso, cappuccino, tea, fruit juice, smoothies, candy, dispensed soda, fruit cups, bakery, cookies, kettle corn, cotton candy, funnel cakes, fritters, tortilla chips w/ cheese.</p> <p>Will it be a convenience store? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No A convenience store contains less than 5,000 square feet of retail space and has, as its primary business, the sale of basic food items and in addition, sells household products or is a filling station that sells basic food items and household products.</p> <p><input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Micro Market</p> <p>All Applicants: Submit a menu or a list of food items that will be sold.</p>	
<p>Will any wholesale business be done? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, what percentage of food sales will be wholesale?</p> <p><input type="checkbox"/> Less than 25%</p> <p><input type="checkbox"/> 25% or More AND: <input type="checkbox"/> Restaurant items (meals) will be sold – Complete this application and also contact DATCP. <input type="checkbox"/> NO restaurant items (meals) will be sold – Do NOT complete this application. Contact DATCP only.</p>	
SECTION 2 FOOD PROCESSING	
<p>Will any food processing be done? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Processing is defined as assembling, grinding, cutting, mixing, baking, coating, stuffing, packing, bottling, grilling, canning, extracting, fermenting, distilling, pickling, freezing, drying, smoking, or packaging.</p>	
SECTION 3 FOOD REQUIRING TEMPERATURE CONTROL	
<p>Will any food that requires temperature control be sold? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (includes dairy products such as milk, cheese, and ice cream, fish, shellfish, meat, poultry)</p> <p>If yes, list the types of food items: <u>Icee, cheese cup, Dippin Dots</u></p>	

SECTION 4 DETAILS OF OPERATION

Will you have seating on site for dining? No Yes

Will you be doing any catering? No Yes

Will you be doing any delivery? No Yes

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

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

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

SECTION 5 ADDITIONAL SITES

Where will food be prepared and/or sold?

At a single site At multiple sites: How many? 10 (for example, a hotel with several dining rooms or bars)

If multiple sites, attach a Food Dealer Additional Site Addendum (ccl-foodadd) for each additional site.

SECTION 6 CONSTRUCTION OR CHANGES

Are you planning any construction, remodeling or equipment changes?

No If No, SKIP to Section 8

Yes If Yes, check all that apply: New construction of a building Renovation or remodeling
 Construction changes to existing building Equipment changes only

Provide a brief description of the changes: _____

Start date: _____

Name, Address & Phone Number of Architect: _____

Name, Address & Phone Number of Contractor: _____

SECTION 7 ALCOHOL BEVERAGES

Are you applying for an alcohol beverage license?

No If No, SKIP to Section 9

Yes If YES, if your food license is approved prior to the alcohol license, when do you want the food license issued?
 Immediately At the same time as the alcohol license

SECTION 8 ACKNOWLEDGEMENTS & SIGNATURE

You must initial each item confirming your understanding:

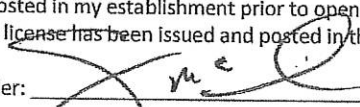
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SKM I will not operate my food business until the license has been issued and posted in the establishment.

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

Signature of Additional Partner: _____



FOOD DEALER LICENSE PLAN OF OPERATION

ccl-foodplan 2/28/19

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

ICEE Mix It Up

Legal Entity Name:	SSA Group, LLC
Premises Address:	10001 W. Blue Mound Road, Milwaukee, WI 53226
SECTION 1 TYPE OF BUSINESS	
What will be the majority of your food sales? (check one)	
<p>Restaurant Items (meals): MEALS include, but are not limited to, chicken, ribs, sandwiches, roasted corn, baked potatoes, hot dogs, brats, tacos, nachos w/ cheese and meat, French fries, cooked or deep fried vegetables/fruit, cooked cheese curds, corn dogs, egg rolls, salads.</p>	
<p><input checked="" type="checkbox"/> Retail Items (snacks and beverages): RETAIL items include, but are not limited to, ice cream/soft serve, lemonade, snow cones, coffee, espresso, cappuccino, tea, fruit juice, smoothies, candy, dispensed soda, fruit cups, bakery, cookies, kettle corn, cotton candy, funnel cakes, fritters, tortilla chips w/ cheese.</p>	
<p>Will it be a convenience store? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No A convenience store contains less than 5,000 square feet of retail space and has, as its primary business, the sale of basic food items and in addition, sells household products or is a filling station that sells basic food items and household products.</p>	
<p><input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Micro Market</p>	
All Applicants: Submit a menu or a list of food items that will be sold.	
<p>Will any wholesale business be done? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, what percentage of food sales will be wholesale?</p> <p><input type="checkbox"/> Less than 25%</p> <p><input type="checkbox"/> 25% or More AND: <input type="checkbox"/> Restaurant items (meals) will be sold – Complete this application and also contact DATCP. <input type="checkbox"/> NO restaurant items (meals) will be sold - Do NOT complete this application. Contact DATCP only.</p>	
SECTION 2 FOOD PROCESSING	
<p>Will any food processing be done? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Processing is defined as assembling, grinding, cutting, mixing, baking, coating, stuffing, packing, bottling, grilling, canning, extracting, fermenting, distilling, pickling, freezing, drying, smoking, or packaging.</p>	
SECTION 3 FOOD REQUIRING TEMPERATURE CONTROL	
<p>Will any food that requires temperature control be sold? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (includes dairy products such as milk, cheese, and ice cream, fish, shellfish, meat, poultry)</p>	
<p>If yes, list the types of food items: <u>Icee, cheese cup</u></p>	

SECTION 4 DETAILS OF OPERATION

- Will you have seating on site for dining? No Yes
- Will you be doing any catering? No Yes
- Will you be doing any delivery? No Yes
- Will you have outdoor activities? No Yes - Check all that apply: Bar Cooking/Grilling Dining
- Will you have a drive thru window? No Yes - Are hours different from inside? No Yes
 If Yes, provide drive thru hours: _____
- Will scales or barcode scanners be used? No Yes - You must also apply for a Weights & Measures License.

SECTION 5 ADDITIONAL SITES

- Where will food be prepared and/or sold?
- At a single site At multiple sites: How many? 10 (for example, a hotel with several dining rooms or bars)
- If multiple sites, attach a Food Dealer Additional Site Addendum (ccl-foodadd) for each additional site.

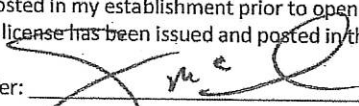
SECTION 6 CONSTRUCTION OR CHANGES

- Are you planning any construction, remodeling or equipment changes?
- No If No, SKIP to Section 8
- Yes If Yes, check all that apply: New construction of a building Renovation or remodeling
 Construction changes to existing building Equipment changes only
- Provide a brief description of the changes: _____
- Start date: _____
- Name, Address & Phone Number of Architect: _____
- Name, Address & Phone Number of Contractor: _____

SECTION 7 ALCOHOL BEVERAGES

- Are you applying for an alcohol beverage license?
- No If No, SKIP to Section 9
- Yes If YES, if your food license is approved prior to the alcohol license, when do you want the food license issued?
 Immediately At the same time as the alcohol license

SECTION 8 ACKNOWLEDGEMENTS & SIGNATURE

- You must initial each item confirming your understanding:
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FOOD DEALER LICENSE PLAN OF OPERATION

ccl-foodplan 2/28/19

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

Lakeview Cart

Legal Entity Name:	SSA Group, LLC
Premises Address:	10001 W. Blue Mound Road, Milwaukee, WI 53226
SECTION 1 TYPE OF BUSINESS	
<p>What will be the majority of your food sales? (check one)</p> <p>Restaurant Items (meals): MEALS include, but are not limited to, chicken, ribs, sandwiches, roasted corn, baked potatoes, hot dogs, brats, tacos, nachos w/ cheese and meat, French fries, cooked or deep fried vegetables/fruit, cooked cheese curds, corn dogs, egg rolls, salads.</p> <p><input checked="" type="checkbox"/> Retail Items (snacks and beverages): RETAIL items include, but are not limited to, ice cream/soft serve, lemonade, snow cones, coffee, espresso, cappuccino, tea, fruit juice, smoothies, candy, dispensed soda, fruit cups, bakery, cookies, kettle corn, cotton candy, funnel cakes, fritters, tortilla chips w/ cheese.</p> <p>Will it be a convenience store? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No A convenience store contains less than 5,000 square feet of retail space and has, as its primary business, the sale of basic food items and in addition, sells household products or is a filling station that sells basic food items and household products.</p> <p><input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Micro Market</p> <p>All Applicants: Submit a menu or a list of food items that will be sold.</p>	
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SECTION 2 FOOD PROCESSING	
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SECTION 3 FOOD REQUIRING TEMPERATURE CONTROL	
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SECTION 4 DETAILS OF OPERATION

Will you have seating on site for dining? No Yes
 Will you be doing any catering? No Yes
 Will you be doing any delivery? No Yes
 Will you have outdoor activities? No Yes - Check all that apply: Bar Cooking/Grilling Dining
 Will you have a drive thru window? No Yes - Are hours different from inside? No Yes
 If Yes, provide drive thru hours: _____
 Will scales or barcode scanners be used? No Yes - You must also apply for a Weights & Measures License.

SECTION 5 ADDITIONAL SITES

Where will food be prepared and/or sold?
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Are you planning any construction, remodeling or equipment changes?
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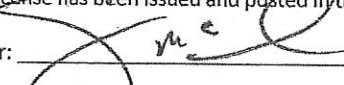
SECTION 7 ALCOHOL BEVERAGES

Are you applying for an alcohol beverage license?
 No If No, SKIP to Section 9
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SECTION 8 ACKNOWLEDGEMENTS & SIGNATURE

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

Signature of Sole Proprietor, Partner, or 20% Shareholder: 
 Signature of Additional Partner: _____



Food Dealer Additional Site Addendum

ccl-foodadd 6/9/15

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

Each separate food establishment must have its own license. In the case where there are multiple restaurants in a building under the control of the same operator an additional site license can be obtained in lieu of separate restaurant licenses. An example would be a hotel with a main restaurant and several satellite restaurants. Additional site licenses cannot be obtained for franchised restaurants at different locations or for retail food establishments such as gift shops selling food or a location selling primarily beverages.
 Complete one addendum for each additional site.

Legal Entity Name:	SSA Group, LLC
Premises Address:	10001 W. Blue Mound Road, Milwaukee, WI 53226
Premises Description of Additional Site: Ex. First Floor Northwest Corner	OOZ

Section 1 Does the plan for litter, noise and security for this site differ from the main site?
 No, skip to hours Yes, complete section below

a. How are grounds kept clean? Sweep Pressure Wash Pick Up Litter Other: _____

b. How often will grounds be cleaned? Daily Weekly Other: _____

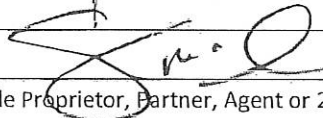
c. Grounds cleaned by: Licensee Building Owner Employees Hired Maintenance Other: _____

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

e. Will you have security personnel on premise? No Yes If yes, how many? _____
 What are their responsibilities? _____
 Is security equipment used? No Yes If yes, describe _____
 List their licensing, certification, or training credentials _____

Section 2 Do the hours of operation for this site differ from the main site?
 No, sign form and return it with main site application Yes, complete section below

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 (include a.m. or p.m.)	Close (include a.m. or p.m.)			
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

Signature Required: 
 Sole Proprietor, Partner, Agent or 20% or More Shareholder

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



Food Dealer Additional Site Addendum

ccl-foodadd 6/9/15

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

Each separate food establishment must have its own license. In the case where there are multiple restaurants in a building under the control of the same operator an additional site license can be obtained in lieu of separate restaurant licenses. An example would be a hotel with a main restaurant and several satellite restaurants. Additional site licenses cannot be obtained for franchised restaurants at different locations or for retail food establishments such as gift shops selling food or a location selling primarily beverages.
Complete one addendum for each additional site.

Legal Entity Name:	SSA Group, LLC
Premises Address:	10001 W. Blue Mound Road, Milwaukee, WI 53226
Premises Description of Additional Site: Ex. First Floor Northwest Corner	The Coop

Section 1 Does the plan for litter, noise and security for this site differ from the main site?
 No, skip to hours Yes, complete section below

a. How are grounds kept clean? Sweep Pressure Wash Pick Up Litter Other: _____

b. How often will grounds be cleaned? Daily Weekly Other: _____

c. Grounds cleaned by: Licensee Building Owner Employees Hired Maintenance Other: _____

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

e. Will you have security personnel on premise? No Yes If yes, how many? _____
 What are their responsibilities? _____
 Is security equipment used? No Yes If yes, describe _____
 List their licensing, certification, or training credentials _____

Section 2 Do the hours of operation for this site differ from the main site?
 No, sign form and return it with main site application Yes, complete section below

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 (include a.m. or p.m.)	Close (include a.m. or p.m.)			
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

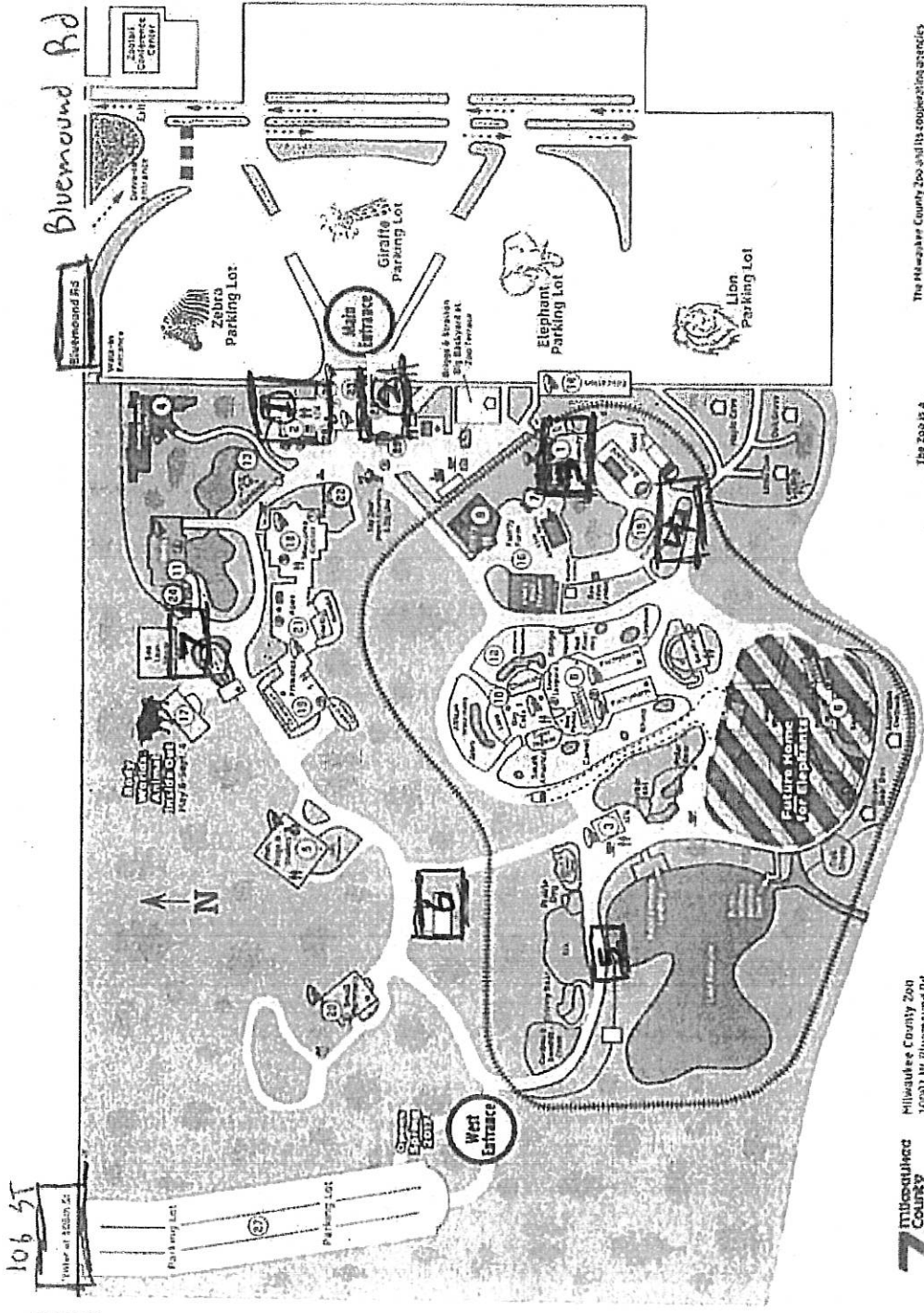
Signature Required:
 Sole Proprietor, Partner, Agent or 20% or More Shareholder

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

Service Systems Associates, Inc

10001 W. Bluemound Rd. Milwaukee, WI 53226

5-23-17



MAP LEGEND

- Legend Key**
 (S) U.S. State and/or Tribe
 (A) Amphibian
 (B) Bird
 (C) Carnivore
 (D) Deer
 (E) Elephant
 (F) Fish
 (G) Giraffe
 (H) Horse
 (I) Insect
 (J) Jaguar
 (K) Kangaroo
 (L) Lion
 (M) Monkey
 (N) Numbat
 (O) Otter
 (P) Penguin
 (Q) Quail
 (R) Reptile
 (S) Snake
 (T) Tortoise
 (U) Ungulate
 (V) Vulture
 (W) Wolf
 (X) X-ray Fish
 (Y) Yucca
 (Z) Zebra
- Buildings**
 (1) Animal Health Center
 (2) Aquatic & Reptile Center (ARC)
 (3) Aviary
 (4) Butterfly
 (5) Dairy Complex
 (6) DeWorm Family Foundation
 (7) Family Room
 (8) Family Room
 (9) Learning Center
 (10) Learning Center
 (11) Learning Center
 (12) Learning Center
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- Zoo Rides**
 (1) Henry's Spots
 (2) Camel
 (3) Jerry's Shark Bait
 (4) Safari Train
 (5) Safari
 (6) The City of Milwaukee
 (7) The Train
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- Zoo Food**
 (1) Dairy Store
 (2) Flamingo Cafe & Coffee Shop
 (3) Learning Center
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- Zoo Gift Shops**
 (1) Flamingo Cafe
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MILWAUKEE COUNTY ZOO
 Milwaukee County Zoo
 10001 W. Bluemound Rd.
 Milwaukee, WI 53226
 milwaukeezoo.org
 414-771-3040

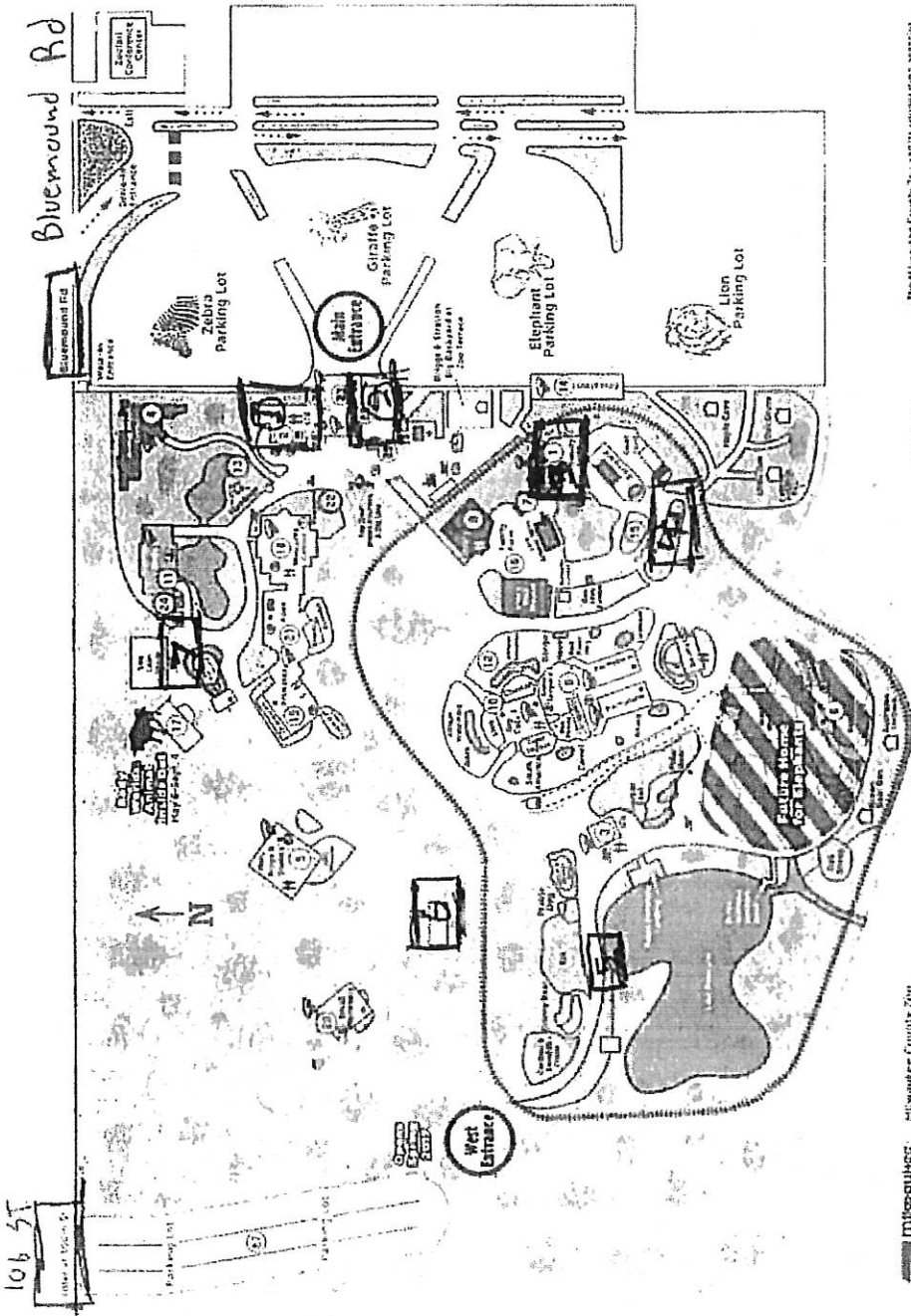
The Zoo is a smoke-free attraction (including caregivers). Smoking is allowed only in the zoo parking lot.

The Milwaukee County Zoo and its cooperating agencies adhere to the ADA. We request 72 hours prior notice to arrange to accept accessible visitors with disabilities. Please call the Zoo at 414-771-3040 for the necessary arrangements.



1. Flamingo Cafe
2. Snack Depot
3. Train Store
4. Farmer's Market
5. Pippin Pops Sundae
6. Woodland Retreat
7. Sea Lion Snack

Service Systems Associates, Inc
 10001 W. Bluemound Rd Milwaukee, WI 53226
 5-23-17



The Milwaukee County Zoo is a 120-acre zoo located in Milwaukee, Wisconsin. It is the largest zoo in the state and is home to over 1,000 animals. The zoo is open from 10:00 AM to 5:00 PM, and admission is \$12.00 for adults, \$8.00 for children, and \$5.00 for seniors. For more information, please call the zoo at 414-771-5376.

The Zoo is a member of the Association of Zoos and Aquariums (AZA). It is accredited by the AZA and is committed to the highest standards of animal care and conservation. The zoo is also a member of the World Association of Zoos and Aquariums (WAZA). For more information, please call the zoo at 414-771-5376.

1. Flamingo Cafe ✓
2. Snack Depot ✓
3. ~~Flamingo Cafe~~ No alcohol
4. ~~Flamingo Cafe~~ No alcohol
5. Pippin Dot, Sundae/Oasis ✓
6. Woodland Retreat ✓
7. Sea Lion snack ✓



Milwaukee County Zoo

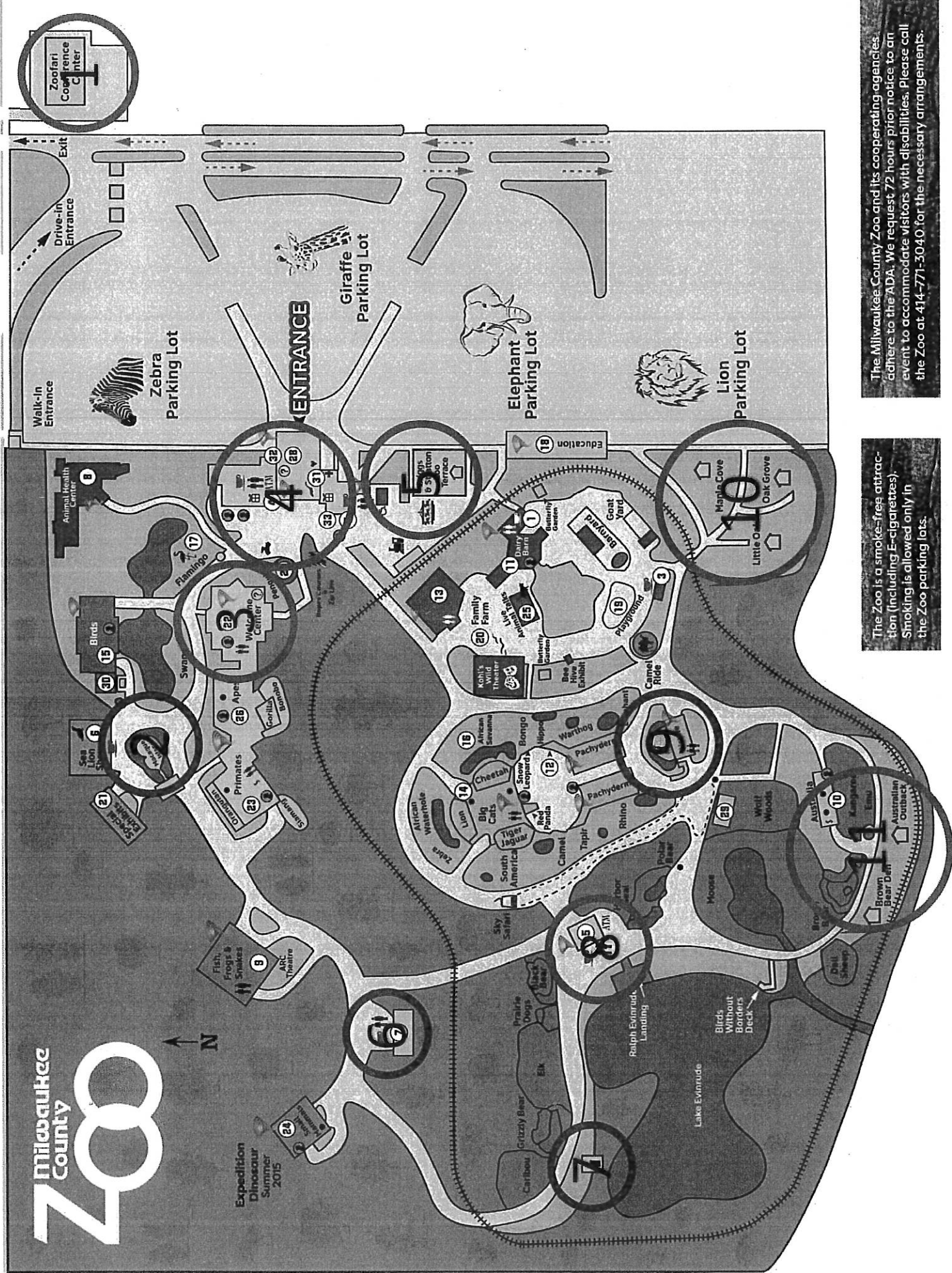
414-771-3040 www.milwaukeezoo.org

Milwaukee County ZOO

Expedition
Dinosaur
Summer
2015



Bluemoor Rd.



The Zoo is a smoke-free attraction (including E-cigarettes). Smoking is allowed only in the Zoo parking lots.

The Milwaukee County Zoo and its cooperating agencies adhere to the ADA. We request 72 hours prior notice to an event to accommodate visitors with disabilities. Please call the Zoo at 414-771-3040 for the necessary arrangements.

	AREA NAME ON THIS MAP	AREA NAME ON BUSINESS LICENSE MAP	STORAGE	TYPE OF SERVICE
Node 1	Zoofari Conference Center	n/a (special events)	Same	Special Events
Node 2	Sealion	Sea Lion Snack (7)	Same	Beer Only
Node 3	Peck Welcome Center	n/a (special events)	Flamingo Café	Beer/Wine/Liquor
Node 4	Gathering Place Flamingo Café Snack Depot	n/a (special events) Flamingo Café (1) Snack Depot (2)	Flamingo Café Same Flamingo Café	Beer/Wine/Liquor Beer Only Beer Only
Node 5	Zoo Terrace	n/a (special events)	Zoofari Conference Center	Beer/Wine/Liquor
Node 6	Woodland Retreat	Woodland Retreat (6)	Same	Beer Only
Node 7	Oasis	Dippin Dots Sundae (5)	Same	Beer Only
Node 8	Lakeview	n/a	n/a	Beer/Wine/Liquor
Node 9	Giraffes	n/a	n/a	Beer Only
Node 10	Picnic Grove East	n/a (special events)	Zoofari Conference Center	Beer/Wine/Liquor
Node 11	Picnic Grove West	n/a (special events)	Zoofari Conference Center	Beer/Wine/Liquor

Service Systems Associates, Inc.

10001 W. Bluemound Rd. Milwaukee, WI 53226

Flamingo Cafe/Zoological Society Office

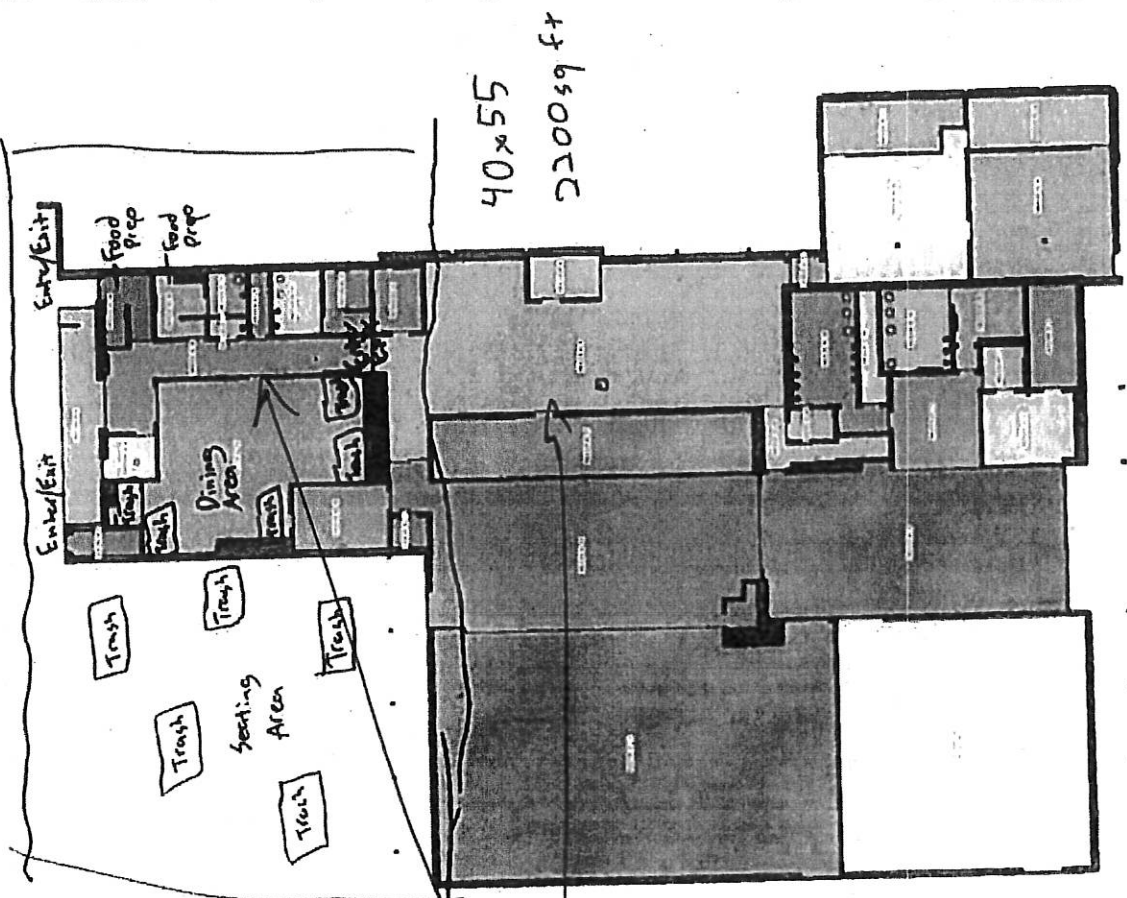
- Directions for Rough Draft Floor Plans**
- Check for **TOILETS** and assign room IDs to these spaces
 - Check for spaces without IDs and assign room IDs, if the room does not have a room ID please make note of it.
 - Check for **STORAGE** IDs and assign correct/unique IDs.
 - Verify existing room IDs and room descriptions.
 - Check for spaces without room description and assign room description if necessary.
 - Check for any **HAZARD** (rooms, walls, etc) and draw in accurate geometry.
 - Verify location and type of all equipment points (doors, walls, etc).
 - Add any equipment points that are missing.
 - On unknown/other equipment points, label with correct type of equipment.
 - Verify building and floor names.
 - Please check off everything that is verified above.
 - Give any other suggestions to make the process easier.

Legend	
○	Toilet
□	Urinal
●	Sink
■	Floor Drain
⊞	Electrical Panel

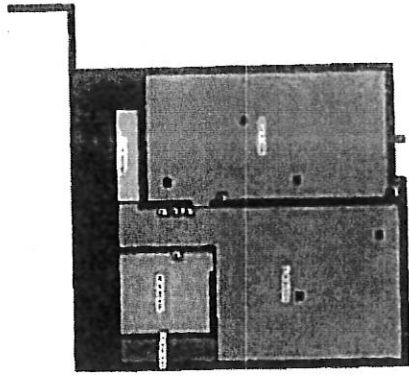


0 15 30 60 Feet

Malt beverage sales
Storage & Records



First Floor



Basement

5-23-17

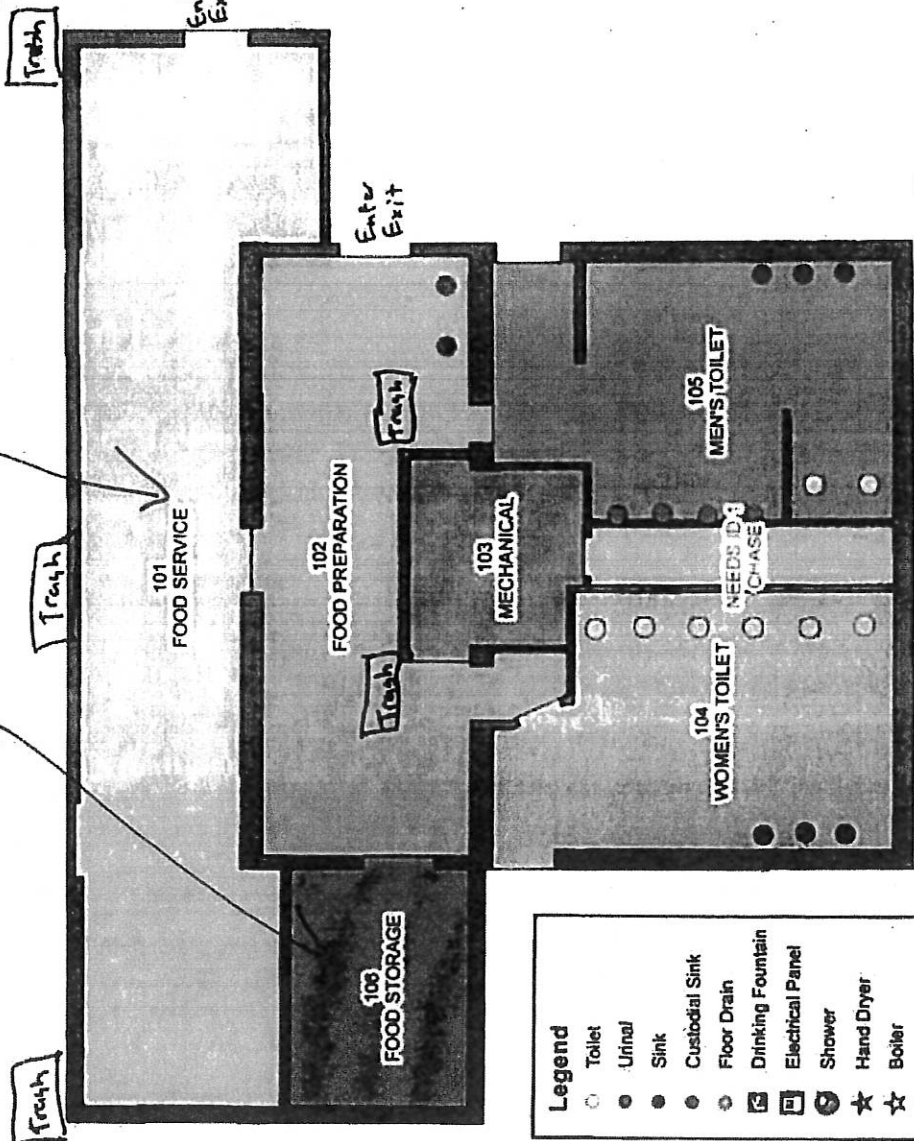
Service Systems Associates, Inc. **Woodland Comfort and Concession**
 10001 W. Bluemound Rd
 Milwaukee, WI 53226

n/k/a Wild Burger

Daytime malt beverage sales
 and storage

- Directions for Rough Draft Floor Plans**
- Check for NEEDS IDs and assign room IDs to these spaces.
 - Check for spaces without IDs and assign room IDs. If the room does not have a room ID please make note of it.
 - Check for duplicate IDs and assign correct/unique IDs.
 - Verify existing room IDs and room descriptions.
 - Check for spaces without room description and assign room description if necessary.
 - Check for any issues with geometry (rooms, walls, etc) and draw in accurate geometry.
 - Verify location and type of all equipment points (toilets, sinks, etc.).
 - Add any equipment points that are missing.
 - On unknown/other equipment points, label with correct type of equipment.
 - Verify building and floor names.
 - Please check off everything that is verified above.
 - Give any other suggestions to make the process easier.

511' x 12'10" 10.4 x 29.10 105 x 7.7
 1046 sq ft



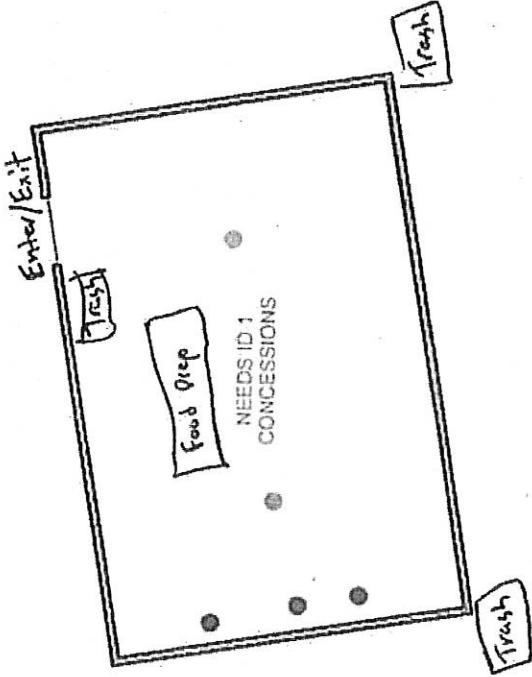
Legend	
○	Toilet
●	Urinal
●	Sink
●	Custodial Sink
○	Floor Drain
☒	Drinking Fountain
☒	Electrical Panel
☒	Shower
★	Hand Dryer
☆	Boiler
☆	Furnace
☆	Water Heater
▲	Other/Unknown

Service Systems Associates, Inc.

ZOO

Heritage Farm - Concessions

Farmer's Market n/k/a Bean Sprouts



Legend

Equipment Type

● Floor Drain

● Sink

Directions for Rough Draft Floor Plans

- Verify all area IDs and descriptions
- Check for Duplicate IDs and assign correct/unique IDs.
- Check for NEEDS IDs and assign IDs to these spaces (leave a note if there isn't an ID)
- If an area is labeled as UNKNOWN provide a description
- Check for any issues with geometry (rooms, walls, etc) and draw in accurate geometry.
- Verify location and type of all equipment points (toilets, sinks, etc.)
- Draw in and label any equipment points that are missing.
- For unknown equipment points, label with equipment type.
- Verify building and floor names.
- If no corrections are needed mark it as "Final Approval"

12.8 x 30

Sq Ft - 384 sq ft

Service Systems Associates, Inc.

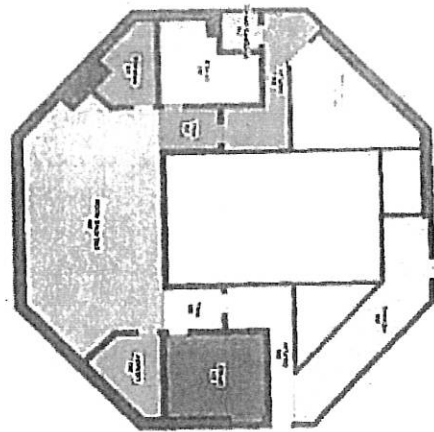
Zoo - Heritage Farm Horse Barn and Silo

Dairy Store

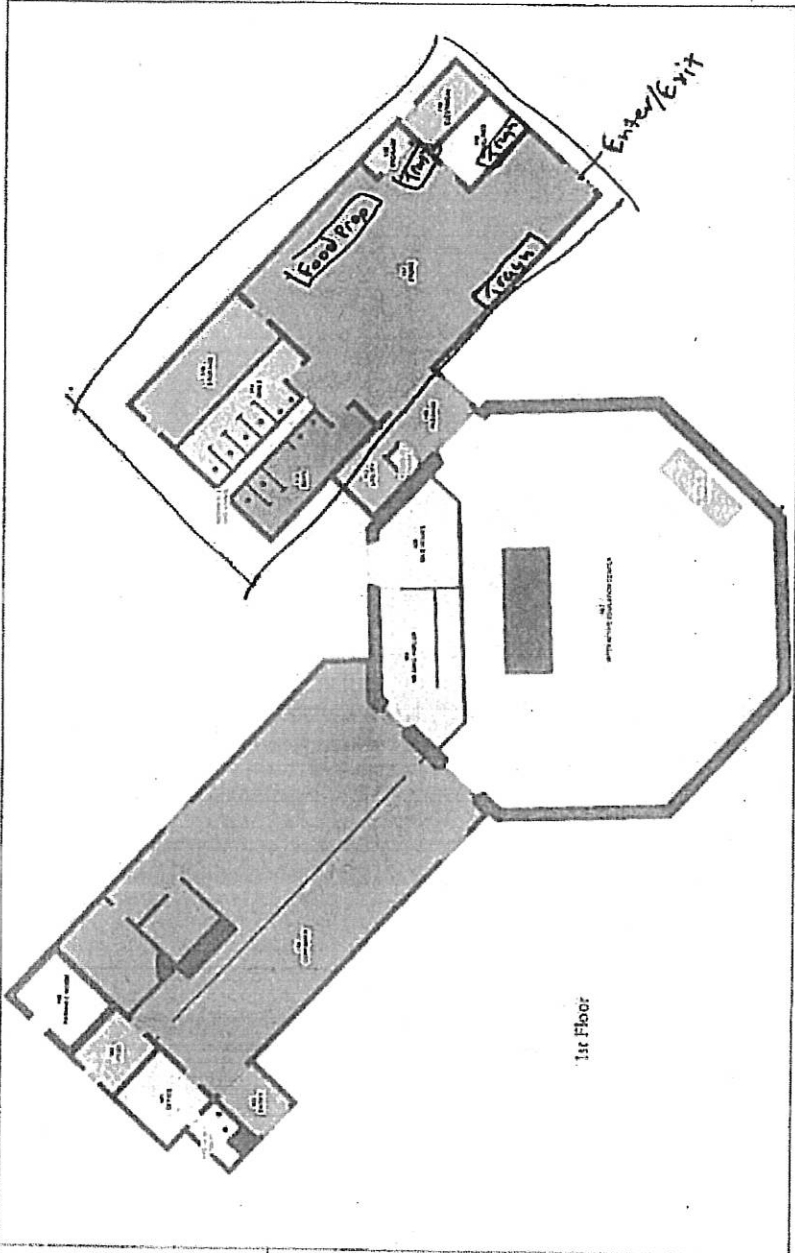
Legend

Equipment Type	Symbol
Hand Dryer	□
Churning Machine	○
Sink	△
Case/Sink	◇
Stove	▽
Refr. Case	◇
Sink	△
Drinking Water	○
Drinking Water	○
Drinking Water	○

- Directions for Booth Dairy Floor Plans
- Check for correct and complete dimensions.
 - Check for correct and complete notes.
 - Check for correct and complete notes.
 - Check for correct and complete notes.
 - Check for correct and complete notes.
 - Check for correct and complete notes.
 - Check for correct and complete notes.
 - Check for correct and complete notes.



2nd Floor

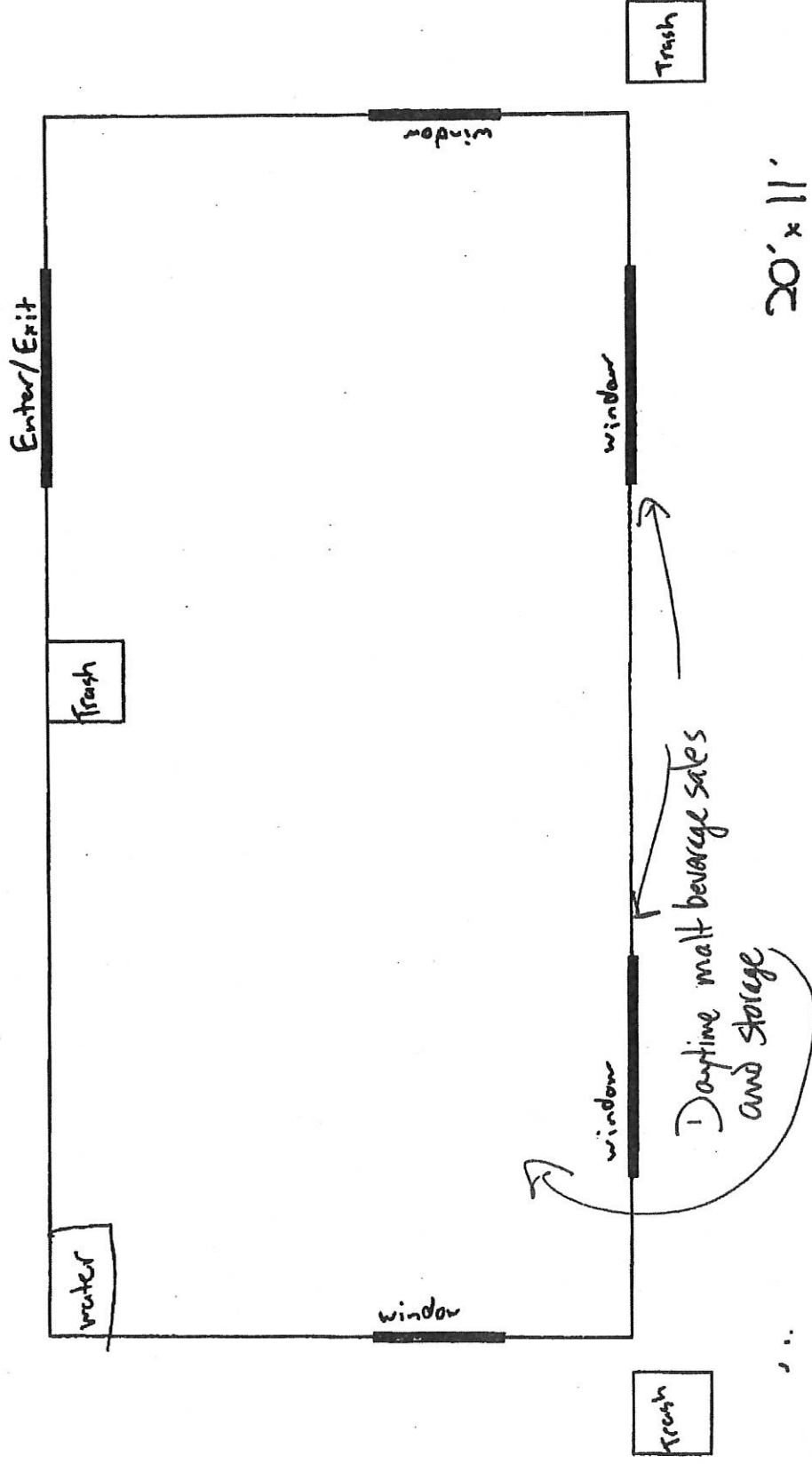


1st Floor

12.4 x 7.2
 52 x 26
 23.4 x 8.10
 - 59ft - 1684 sqft



Oasis
Dippin Dots Sundae - Concessions - Service Systems Associates
n/k/a Bear Garden



20' x 11'
220 sqft

5-23-17

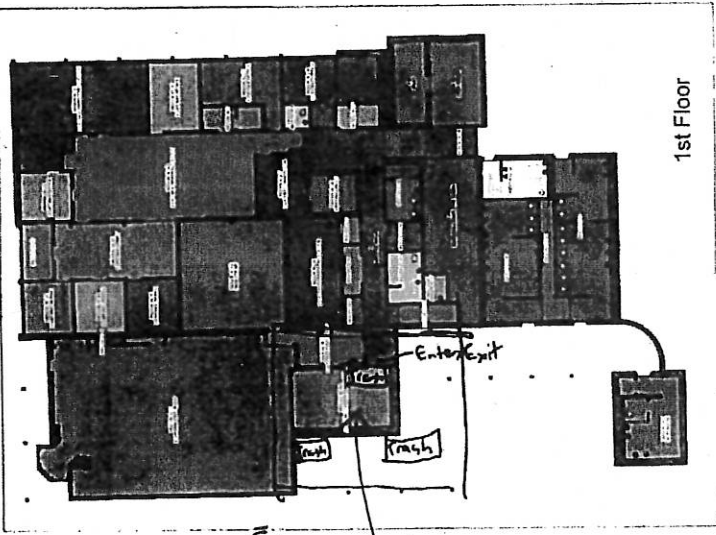
10001 W Al... | 01 ...

Service Systems Associates, Inc.
10001 W Blumound Rd. Milwaukee, WI 53226

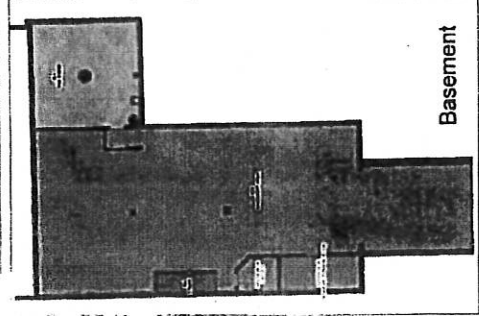
SNACK DEPOT

Administration Building (South)

30'8" x 22'10"
660 sq ft



"Snack Depot"
Daytime malt beverage sales and storage



- Directions for Rough Draft Floor Plans
- Check for any structural or site conditions that may affect the layout.
 - Check for any existing conditions, such as columns, walls, or floors that may be difficult to move.
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 - Check for any existing conditions, such as columns, walls, or floors that may be difficult to move.

Legend

●	Light
●	Door
●	Stair
●	Certholical Sink
●	Floor Drain
□	Drinking Fountain
□	Electrical Panel



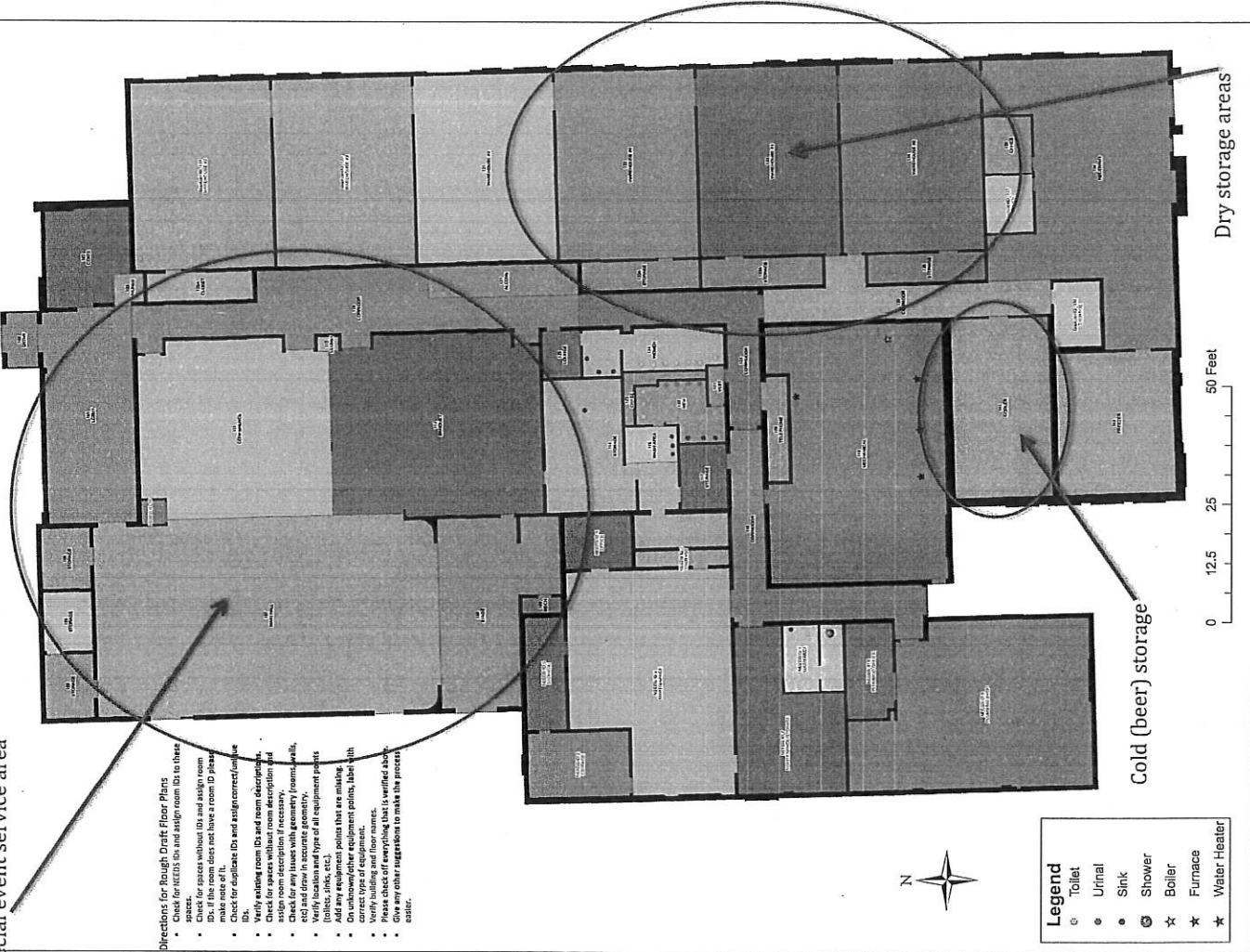
5-23-17

Service Systems Associates, Inc.
1001 W. Bluemound Road
Milwaukee, WI 53226
Rebecca J. Glass, Agent

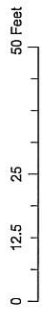
Zoofari Conference Center & Mtc. Shop

Special event service area

- Directions for Rough Draft Floor Plans**
- Check for NEEDS (in and assign room IDs to these spaces.
 - Check for spaces without IDs and assign room IDs to these spaces.
 - Check for spaces with IDs and assign room IDs to these spaces.
 - Check for duplicate IDs and assign correct/unique IDs.
 - Verify room IDs and room descriptions.
 - Check for missing room descriptions and assign room descriptions (if necessary).
 - Check for any issues with geometry (room walls, etc) and draw in accurate geometry.
 - Add any equipment points that are missing (boilers, sinks, etc).
 - Add any equipment points that are missing (on unknown/other equipment points, label with room numbers).
 - Verify building and floor names.
 - Please check off everything that is verified above.
 - Give any other suggestions to make the process easier.



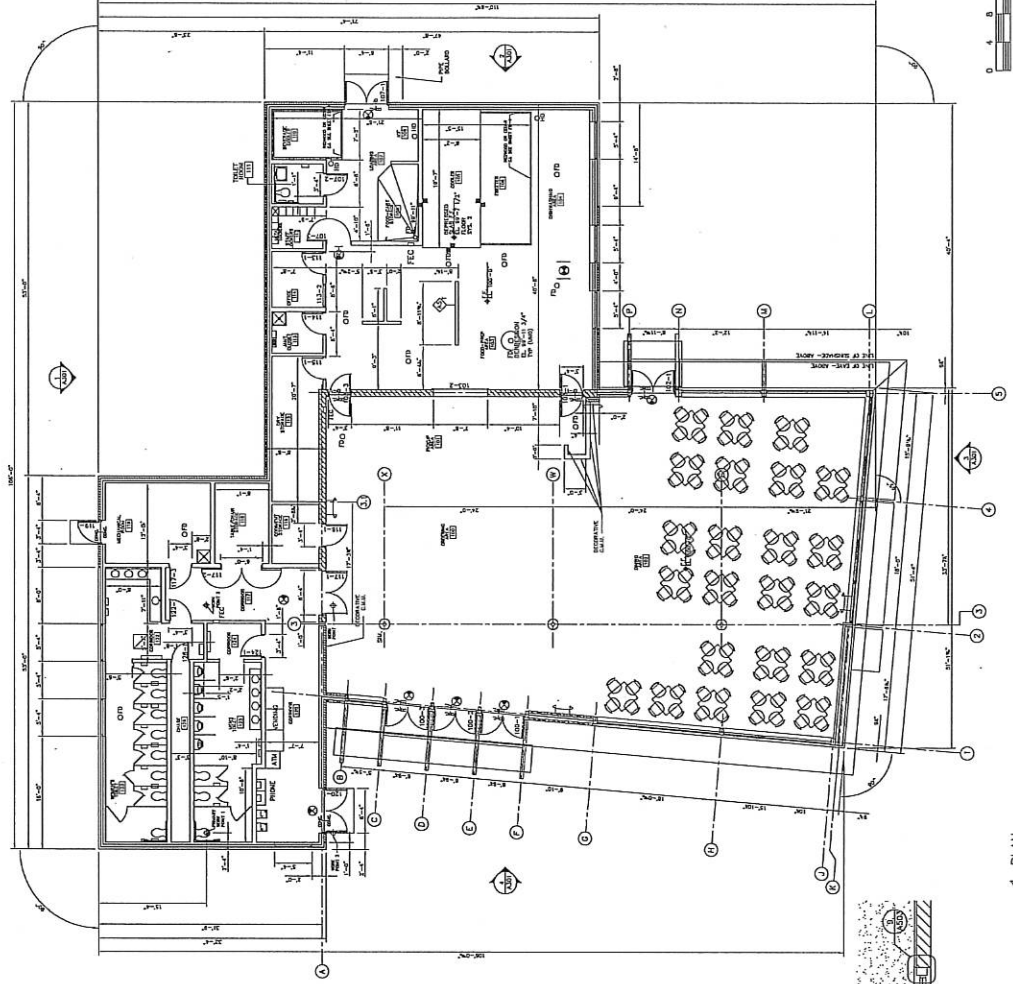
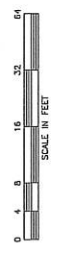
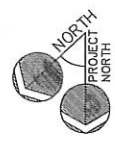
Legend	
○	Toilet
●	Urinal
●	Sink
☼	Shower
☆	Boiler
★	Furnace
★	Water Heater



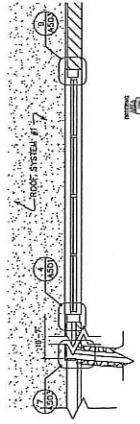
Dry storage areas

Cold (beer) storage

4460 — ZOO LAKEVIEW CONCESSIONS BUILDING



1 PLAN 1/8"=1'-0"



2 PLAN @ CLERESTORY 1/4"=1'-0"

SHEET NO. 4460	BUILDING NO. 4460	SHEET DESCRIPTION FLOOR PLAN
FILE NO. 4460	DATE: 12/20/06	SCALE: 1/8"=1'-0"
A-1	DESIGNED BY: [blank]	CHECKED BY: [blank]
	DRAWN BY: [blank]	DATE: [blank]
BUILDING NAME AND ADDRESS: LAKEVIEW CONCESSIONS BUILDING 271 WEST WELLS STREET MILWAUKEE, WISCONSIN 53203		
CIVIL ENGINEER: MILWAUKEE COUNTY DEPARTMENT OF PARKS AND PUBLIC INFRASTRUCTURE ARCHITECTURE, ENGINEERING AND ENVIRONMENTAL SERVICES SECTION		

- Keynote List**
- Keynote Text
- 01100A OWNER PROVIDED FURNISHED & INSTALLED - AS NOTED
 - 01500A STEEL SHAPE - AS NOTED
 - 02000A GLEBE UNFINISHED - SEE NOTED
 - 02500A SHEET METAL DOWNSPOUT
 - 03000A DYPHUSIA BOARD - 5/8 IN. LULU.
 - 03500A PAINT - AS SCHEDULED
 - 04000A PAINT - AS SCHEDULED
 - 04500A STAIN TRANSPARENT FINISH - AS SCHEDULED
 - 05000A 1/2" X 1/2" X 1/2" SQUARE BRACKET
 - 11400P FOOD SERVICE EQUIPMENT - BY OWNER
 - 22000A MISCELLANEOUS HVAC EQUIPMENT
 - 25000A LIGHT FIXTURES - REF. ELEC.

10001 W. BLUEMOUND ROAD, MILWAUKEE, WISCONSIN 53226
MILWAUKEE COUNTY ZOO
ZOO NEW WEST ENTRANCE & OTTER EXHIBIT

Milwaukee County Dept. of Administrative Services
 Architectural, Engineering & Environmental Services
 1000 W. WISCONSIN AVE., SUITE 1000 MILWAUKEE, WI 53233

REVISION:
 C. 02/27/15
 F. 02/02/15

DATE: 02/27/15
 Z150-14452
 (PHASE 2)
 Z150-14453
 Z150-14455

SITE NUMBER: 305
 BUILDING NO.: 4272
 SHEET NO.: 4272

A72.301

PG&V DESTINATIONS

4272 RETAIL & RESTAURANT PLANS

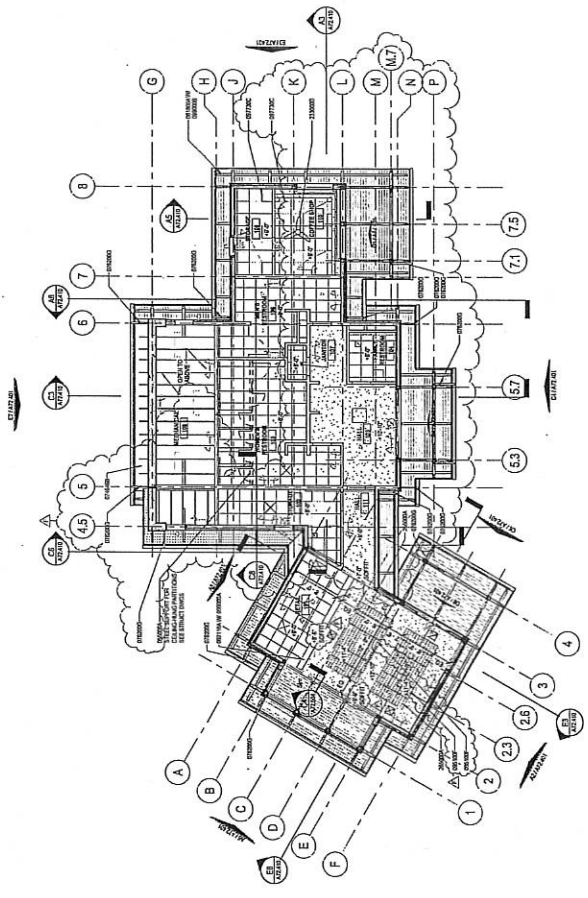
DATE: 02/27/15
 SHEET NO.: 4272

ISSUE FOR PERMIT

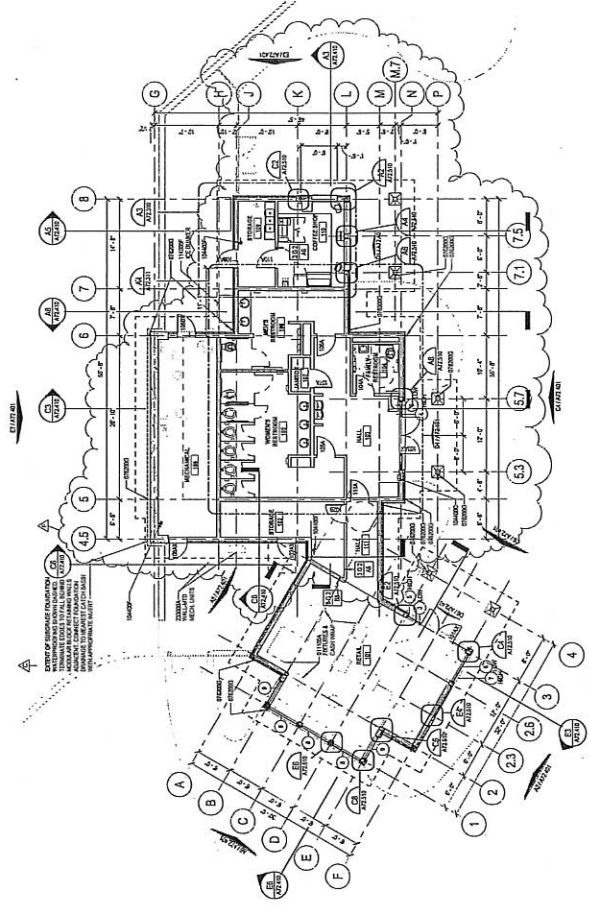
4272 RETAIL & RESTAURANT PLANS

DATE: 02/27/15
 SHEET NO.: 4272

- REFLECTED CEILING & GENERAL NOTES**
1. REFER TO ARCHITECTURAL GENERAL NOTES FOR ALL MATERIALS AND FINISHES.
 2. REFER TO ELECTRICAL GENERAL NOTES FOR ALL ELECTRICAL SYMBOLS AND NOTATIONS.
 3. REFER TO MECHANICAL GENERAL NOTES FOR ALL MECHANICAL SYMBOLS AND NOTATIONS.
 4. REFER TO PLUMBING GENERAL NOTES FOR ALL PLUMBING SYMBOLS AND NOTATIONS.
- FLOOR & GENERAL NOTES**
1. REFER TO ARCHITECTURAL GENERAL NOTES FOR ALL MATERIALS AND FINISHES.
 2. REFER TO ELECTRICAL GENERAL NOTES FOR ALL ELECTRICAL SYMBOLS AND NOTATIONS.
 3. REFER TO MECHANICAL GENERAL NOTES FOR ALL MECHANICAL SYMBOLS AND NOTATIONS.
 4. REFER TO PLUMBING GENERAL NOTES FOR ALL PLUMBING SYMBOLS AND NOTATIONS.



D5 4272 RETAIL & R.R. - REFLECTED CEILING PLAN
 1/8" = 1'-0"
 A72.311



A5 4272 RETAIL & R.R. FLOOR PLAN
 1/8" = 1'-0"
 A72.311