



APPLICATION AMENDMENT

ccl-amend 9/10/18

Office of the City Clerk License Division
200 E. Wells Street, Room 105, Milwaukee, WI 53202 (414) 286-2238

Date: 08/23/22

To the License Division of the City of Milwaukee:

I, David J Marcus, wish to amend my answer(s) on the application for a
(full legal name)
Food Dealer, Class B Tavern & Public
Entertainment license at 2011 S 1st Street, Unit 4, Milwaukee, WI 53207 (Bridgewater Modern Grill) :
(type of license) (premises address, if applicable)

by adding or amending the following information (complete only those sections being amended):

1. Answer to Question(s) # _____ should be: _____
2. Agent should be (full legal name): _____ Also complete 3, 4, 5 & 6
3. Date of birth should be: _____
4. Home address should be (include city/state/zip): _____

5. Phone number should be (include area code): _____
6. Driver's License Number/State ID Number should be: _____
7. Corporation/LLC name should be (full legal name): _____
8. Business name should be: _____
9. Premises address should be (include city/state/zip): _____

10. Business phone number should be (include area code): _____
11. Mailing address should be (include city/state/zip): _____

12. Email address should be: _____
13. Recycling/Salvaging/Towing: Location where vehicle will be parked should be (include city/state/zip): _____

14. Class B Tavern: Age Distinction should be: _____
15. Other: Hours: Sunday through Saturday hours of 6 am to 2 am

(Check with the License Division before submitting "Other" amendments using this form.)

Signature of Licensee (Individual, Partner, or Agent of Corp/LLC)

Office Use Only: Application #: STAVN FREST 340685 Date: 8/23/22 Initials: (DJM) To LC: _____

LC Email: MPD NS HD Initials: _____

DEP 340686