

CITY OF MILWAUKEE OFFICE OF THE CITY CLERK



Wednesday, October 08, 2025

COMMITTEE MEETING NOTICE

AD 13

HANSEN, Richard A, Agent SSP AMERICA, INC. 20408 BASHAN DR #300 ASHBURN, VA 20147

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

Tuesday, October 21, 2025 at 01:45 PM

The access code is https://meet.goto.com/479852445. Please see the enclosed best practices document for further instructions.

Regarding:

Your Class B Fermented Malt, Food Dealer and Weights & Measures Licenses Application as agent for "SSP AMERICA, INC." for "CENTRAL STANDARD DISTILLERY" at 5300 S HOWELL Av #ConcourseC.

There is a possibility that your application may be denied for one or more of the following pasons: failure of the applicant to meet the statutory and municipal license qualifications; pending charges against or the conviction or any felony, misdemeanor, municipal offense or other offense, the circumstances of which substantially relate to the circumstances of the particular licensed activity, on behalf of the licensee, his or her employes, or patrons (if the licensee is a corporation or licensed limited partnership, the conviction of the corporate agent, officers, directors, members or any shareholder holding 20% or more of the corporation's total or voting stock, or proxies for that amount of stock, of any of the offenses enumerated in s. 125.12(2)(ag),Wis. Stats., as amended); the appropriateness of tavern location and premises; neighborhood problems due to management or location; failure of the licensee to operate the premise in accordance with the floor plan and plan of operation submitted pursuant to s. 90-5-1-c.of the Milwaukee Code of Ordinances; and any factors which reasonably relate to the public health, safety and welfare. See attached police report and/or written correspondence regarding this application. Please be advised the public will be able to provide information to the committee in person. The committee will receive and consider evidence regarding the above mentioned criteria.

Notice for applicants with warrants or unpaid fines:

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

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

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

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

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

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

JIM OWCZARSKI, CITY CLERK

BY:

Jim Cooney

License Division Manager

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



CITY OF MILWAUKEE OFFICE OF THE CITY CLERK

Wednesday, October 08, 2025

COMMITTEE MEETING NOTICE

AD 13

HANSEN, Richard A, Agent SSP AMERICA, INC. 6030 N IRONWOOD LN GLENDALE, WI 53217

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

Tuesday, October 21, 2025 at 01:45 PM

The access code is https://meet.goto.com/479852445. Please see the enclosed best practices document for further instructions.

Regarding:

Your Class B Fermented Malt, Food Dealer and Weights & Measures Licenses Application as agent for "SSP AMERICA, INC." for "CENTRAL STANDARD DISTILLERY" at 5300 S HOWELL Av #ConcourseC.

There is a possibility that your application may be denied for one or more of the following reasons: failure of the applicant to meet the statutory and municipal license qualifications; pending charges against or the conviction of any felony, misdemeanor, municipal offense or other offense, the circumstances of which substantially relate to the circumstances of the particular licensed activity, on behalf of the licensee, his or her employes, or patrons (if the licensee is a corporation or licensed limited partnership, the conviction of the corporate agent, officers, directors, members or any shareholder holding 20% or more of the corporation's total or voting stock, or proxies for that amount of stock, of any of the offenses enumerated in s. 125.12(2)(ag), Wis. Stats., as amended); the appropriateness of tavern location and premises; neighborhood problems due to management or location; failure of the licensee to operate the premise in accordance with the floor plan and plan of operation submitted pursuant to s. 90-5-1-c.of the Milwaukee Code of Ordinances; and any factors which reasonably relate to the public health, safety and welfare. See attached police report and/or written correspondence regarding this application. Please be advised the public will be able to provide information to the committee in person. The committee will receive and consider evidence regarding the above mentioned criteria.

Notice for applicants with warrants or unpaid fines:

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

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

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

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

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

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

JIM OWCZARSKI, CITY CLERK

BY:

Jim Cooney

License Division Manager

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

Date: 9-19-2025 Officer: P.O. Ward

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

Address: 5300 S Howell Ave. Concourse C Phone:				
Owner: SSP Inc. Owner address: 20408 Bashan Dr. City State Zip: Ashburn VA 21407 Owner Phone: Owner email:				
Licensee/Agent: Richard Hansen Home Address: 6030 N Ironwood Ln City State Zip: Milwaukee WI 53217 Phone: 414-803-3237 Email: Richard.Hansen@foodtravelexperts.com				
Preferred contact:				
Location currently open: YES NO				
Projected open date: December 2025/Early 2026				
Day's open: SMTTWThFSAXALL				
Hours of Operation: Sun: 4am-9pm Mon: 4am-9pm Tue: 4am-9pm Wed: 4am-9pm Thu: 4am-9pm Fri: 4am-9pm Sat: 4am-9pm	1			
Premise Type: Tavern/Bar Restaurant Other:				
Licenses currently held: Alcohol: Yes No Class: #:				

		Tobacco:	YesNo #:
		Food:	Yes No #:
		Extended Hours:	Yes No #:
		Secondhand Dealer:	Yes No Type: #:
		Other:	Yes No Type: #:
		Other:	Yes No Type: #:
E	xteri	or Survey:	
	1.	Is the area around the	location clean? XYes No
	2.	What surrounds the lo	cation? (Check all the apply)
		a. 🔲 Park	
		b. School	
		c. Youth Cent	er
		d. Church	
		e. Tavern(s) If	so, how many 2
		f. Residential	,
		g. Other busin	esses
		h. Other:	
	3.		outside of the location into the interior XYes \(\square\)No
			yees inside of the location from the outside Yes No
			free of signage Yes No
		Is there a parking lot [
		Is the parking lot clear	
		Off-Street parking	
		Is the parking lot well	
		Valet Parking Yes	
			ve a guard? Yes No
			ve cameras? Yes No
	11.		a person could conceal themselves Yes No
			g? Yes No. Does it appears to be adequate Yes No
		Exterior Payphone?	TYes No
			Signs posted? Yes No
			rity cameras Yes No How Many: See Notes
		address	rs prominently displayed and easy to see ☐Yes ☒No – No
	•	address	
α.		a Chimeronia	
<u>C</u>		a Survey:	
			e security cameras? Yes No See Notes
	18.	Are they in working or	der? Yes No
	19.	What format are the ca	meras?
		a. Color	Yes No
		b. Digital	Yes No
		c. Recorded	Yes No
		How long is footage st	
	21.	Are there exterior came	eras Yes No How many:
		Are there interior came	
	23.	Do all employees knov	v how to retrieve recorded digital images/footage? ☐Yes ☒No -
		Management	

24. Cameras located in parking lot Yes No How many
Interior Survey: 25. What is the planned capacity? Not sure at this time
 26. What is the minimum number of employees That will be on premise 2 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: See Notes 34. How will they be deployed: Interior Exterior 35. What days will they be deployed Mon Tue Wed Thu Fri Sat Sun 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 Dress Code Cover Charge Age restriction Other

ADDITIONAL COMMENTS/RECOMMENDATIONS:

These additional notes are written by Police Officer Michael Ward, assigned to District 6.

This location is located inside Mitchell Airport, Concourse C. Due to this unique location, there is built-in security at the location, TSA and MCSO. Patrons of the tavern have to go through TSA security check point prior to entering Concourse C. The tavern is located at the end of concourse C and is an open concept with no walls enclosing the business within the concourse. The exterior windows of the location overlook the runway. The tavern consists of a square bar with approximately 37 seats.

The location was still under construction. The cameras were not installed at the time of the inspection. The location will have 6 interior cameras, which will be monitored and controlled by the business. There will be a camera that captures the bar and register area of the business. The business has an internal lost prevention officers who monitors the cameras. The concourse has additional cameras located outside of the business that captures the immediate area as well, which are monitored by MCSO and TSA. We recommend at least several days of storage for the camera's footage.

A discussion regarding the Standing Complainant form was had, but due to the location's jurisdiction, a response will fall under the MCSO. A community contact list was provided to the agent.

This concludes the additional notes.

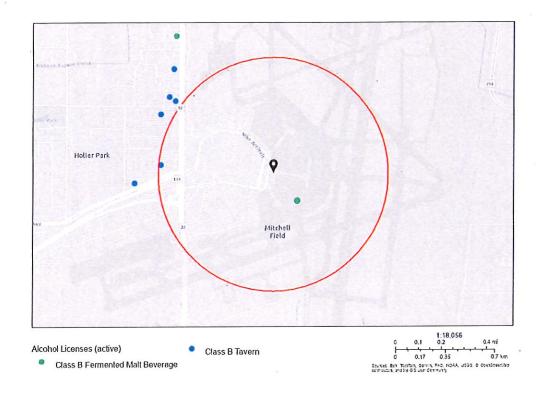


City Concentration Map for 5300 S Howell Ave

Area of Interest (AOI) Information

Area: 21,862,585.64 ft2

Sep 5 2025 15:13:06 Central Daylight Time



Summary

Name	Count	Area(ft²)	Length(mi)
Alcohol Licenses	7		

Alcohol Licenses

#	Legal Entity	Trade Name	Licensee	Address	License Type Name	Total Capacity	Expiration Date	Count
1	Taste Inc	Vino Volo	Nikeisha Riseling, Agt	5300 S HOWELL AV C-3	Class B Fermented Malt Beverage Retailer's License		4/11/2026, 7:00 PM	1
2	SSP America, Inc.	Pizzeria Piccola	RICHARD A HANSEN, Agt	5300 S HOWELL AV	Class B Fermented Malt Beverage Retailer's License		5/10/2026, 7:00 PM	1
3	HOST INTERNATIO NAL, INC	Dunkin "C' Concourse	DARIN R IVERSON, Agt	5300 S HOWELL AV	Class B Fermented Malt Beverage Retailer's License		5/28/2026, 7:00 PM	1
4	SSP AMERICA, INC	Nonna Bartolotta's	RICHARD A HANSEN, Agt	5300 S HOWELL AV	Class B Fermented Malt Beverage Retailer's License		5/11/2026, 7:00 PM	1
5	SSS Milwaukee LLC	Four Points by Sheraton Milwaukee Airport	Mark S Diaz, Agt	5311 S HOWELL AV	Class B Tavern License		6/9/2026, 7:00 PM	1
6	Delta Sky Club, Inc	Delta Sky Club	Lisa M Butow, Agt	5300 S HOWELL AV	Class B Fermented Malt Beverage Retailer's License	×	9/1/2026, 7:00 PM	1
7	SSP AMERICA, INC	Mitchell Market	RICHARD A HANSEN, Agt	5300 S HOWELL AV	Class B Fermented Malt Beverage Retailer's License		7/29/2026, 7:00 PM	1

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





BUSINESS LICENSE PLAN OF OPERATION

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

1, 1	ype of Business
Applyl	Ing for: Extended Hours (12AM to 5AM) - If a food establishment, check all that apply: Delivery Drive Thru Dining Room
	Self Service Laundry Massage Establishment Filling Station
	Other (supplemental application for specific license also required)
Provid	le a detailed description of the type of business you plan on operating: Restaurant with food and alcoholic beverage service
	u have any experience operating this type of business? 🔲 No 🔳 Yes 🔝 If yes, explain:
2. B	Business Operations
a.	Proposed Opening Date: 12/1/25
b.	Is this premise under construction? No 🛛 No 🔯 Yes If yes, list estimated completion date:
c.	Is this a franchise? 🔳 No 🔲 Yes
d.	Is this premises currently licensed? X No Yes If yes, list type of license:
e.	Is the current licensee operating? No Yes If no, list date closed: N/A
f.	Do you have future plans for other businesses, licenses or permits at this location?
	If yes, explain:
	Have you previously held an Extended Hours License in Milwaukee? ☐ No ■ Yes
	If yes, list address(es): 5300 S. Howell Ave., Milwaukee, WI 53207
	Are other businesses operating in the same building? No Yes If yes, describe: Airport with multiple businesses
	tter & Noise
	How are grounds kept clean? Sweep Pressure Wash Pick Up Litter Other:
	How often will grounds be cleaned?
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 a sound amplification system be used? 🔳 No 🔲 Yes - If yes, describe:
4. Sn	noking & Sanitation
а.	Are there designated outdoor smoking areas? No Yes If yes, describe:
b. I	Number of Garbage Cans: Inside: 6 Locations: Amort locations
	Outside: Locations:
c.	ls a crowd control barrier used? 🔳 No 🗌 Yes 🔝 If yes, describe:
	How many restrooms are on the premises? 0 (airport)
e. I	Name of solid waste contractor: Advanced Disposal Waste Management Other: Airport manages collection.
	i i i i i i i i i i i i i i i i i i i

5. Security						
a. Are there onsite parking plan: Airport parking	spaces? No 🔳 Yes	s If yes, how	many?	and describ	e the parking security	
b. is there a loading zone?	■ No ☐ Yes If yes, o	describe the	loading area security p	lan:		
What are their res	sponsibilities?				nd answer the following:	
Describe equipme			<u></u>			
	lumber (s)					
d. Will there be security car	neras? [No E Yes	If yes, how	many? and fis	t locations:		
e. Will searches/identificati	on checks be done upo	n entry? 🔳 !	No 🔲 Yes If yes, desc	ribe		
6. Percentage of Sales	(must total 100	%)				
Alcohol 60 %	Food 40 Cigarettes, Electronic Vape Devices,	%	Secondhand Merchand	ise	Precious Metals & Gems %	
Entertainment%	Tobacco Products	%				
Pawnbroker Activity%	Salvaged Materials (such as scrap metal)	%	Personal Services (such body piercing, salon, tal tanning, etc.)	lior,	Other% Describe:	
7. Businesses/Licenses	on the Premise	s (check a	all that apply):	· ·		
Type 1 Full Service Restaurant	Cafe/Coffee Shop	Dell or Fa	ast Food Restaurant	☐ Private	/Fraternal/Veterans Club	
☐ Night Club	☐ Tavern	Cocktall Lounge		☐ Teen C] Teen Club	
Banquet Hall	Sports Facility	Bowling.	Alley			
☐ Hotel/Motel: Number of Flo	ors:	Rooming	House: Number of Flo	ors:	MANA MANAGAMA	
Number of Ro	oms:		Number of Ro	oms:		
Type 2						
Liquor Store	Corner Store	Superma	rket	Conven	lence Store	
Gas Station	Amusement/Phonogr	raph Distribute	or	Recycling, Salvage or Towing		
Used Car Dealer	Personal Service Est (such as tattoo busin		, tailor, etc.)	Recordi	ng Studio	
What other licenses/permits will y	ou hold at this location? (check all that a	pply)	•		
⊠Occupancy Permit ☐ C	igarette, Tobacco, Ga:	s Station 🔲 Ex	ktended Hours 🔲 Class "	B" Tavern 🛚 🗵	Weights & Measures	
Secondhand Dealer	lectronic Vape Products Precious Metal & Gem	Other:				
8. Legal Capacity (only	if a Type 1 prem	nises in #:	7 above)			
103	Milwaukee Development			estions.)		

9. Premises D	Pescription						
a. Identify all area(s) of the premises that will be used in operating this business (include areas used only for storage): □1 st Floor ■2 nd Floor □Basement Storage □Pallo □Beer Garden □Sidewalk Café □Deck □Rooftop							
Flother: Describe: CONCINCO							
• •	- circuit						
c. Nearest Major	· Cross Street:						
d. Describe Duild	ing: 🔲 Free Standing Dulldi	ng 🗌 Strip Mall 📵 Other	: alrport				
e. Describe Prem	ilses Structure; 🔲 Single Sto	ory 🔳 Multi-Story - II of Sto	orles 2 Other	;			
f. Describe Surro	unding Area; 🔳 Commerci	al 🔲 Residential 🔲 indust	rlal 🔲 Other:		10A-1-100000		
g. Building Owne	r Name: Mllwaukee Cou	nly Airport Aviation De	Phone Number: 414-7	47-5775	THE CONTRACT OF THE CONTRACT O		
Building Owne	r Address: 5300 South H	owell Ave., Milwaukee,	WI 53207				
10. Hours of C	Operation & Custo	mers					
Will customers be ent	ering the premises? 🔲 No	Yes Yes					
	Proposed Hou	s of Operation:	Estimated Number	Potential Age Range of Customers	Class B Tavern Applicant Only: Age Restriction (If none, write 'None')		
Day of the Week	Open Time (include p.m. or p.m.)	Close Time (Include a.m. or p.m.)	of Customers expected each day				
Sunday 4am		10pm	270	all ages	N/A		
		-	2,0				
Monday	4am	10pm	270	all ages	N/A		
Tuesday	4am	10pm	270	all ages	N/A		
Wednesday	4am	10pm	270	ell ages	N/A		
Thursday	4am	10pm	270	all ages	N/A		
Friday	4am	10pm	270	all ages	N/A		
Saturday	4am	10pm	270	all ages	N/A		
		ed for any convenience store io or restaurant which is ope					
Alcohol Establishment Permitted Hours of Op		am to 9:00 pm Sunday thru S am to 2:00 am Sunday thru 1) am Friday & Sat	urday		
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)						
	and: 1						
(If there are no 20	letor, Partner, or 10% or mo % or more shareholders, print name/title and sign)	re Shareholder	Signature of additional pa	ortner or 20% or r	nore shareholder		

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

				W		
9. Premises D	escription					
🗆 1 st Floor 🗏	ra(s) of the premises that will 12 nd Floor □Basement Stor	ll be used in operating this bu rage □Patio □Beer Garde	ısiness (include areas use en □Sidewalk Café □I	d only for storage Deck □Rooftop	e):	
b. Describe Location: Major Thoroughfare Secondary Street Other:						
c. Nearest Major Cross Street:						
d. Describe Building: Free Standing Building Strip Mall Other: airport						
		ory Multi-Story - II of Sto		`` <u> </u>		
		ial Residential Industr				
g. Building Owner	r Name: Milwaukee Cour	nty Airport Aviation De	Phone Number: 414-7	47-5775		
Building Owner	r Address: 5300 South Ho	lowell Ave., Milwaukee, \	WI 53207			
10. Hours of C	peration & Custon	mers				
****	ering the premises? No					
Day of the Week	Proposed Hour	Estimated Number of Customers	Potential Age Range	Class B Tavern Applicant Only:		
	Open Time (include a.m. or p.m.)	Close Time (include a.m. or p.m.)	expected each day	of Customers	Age Restriction (If none, write 'None')	
Sunday	4am	last flight	270	all ages	N/A	
Monday	4am	last flight	270	all ages	N/A	
Tuesday	4am	last flight	270	all ages	N/A	
Wednesday	4am	last flight	270	ali ages	N/A	
Thursday	4am	last flight	270	all ages	N/A	
Friday	4am	last flight	270	all ages	N/A	
Saturday	4am	last flight	270	all ages	N/A	
		ed for any convenience store Ilo or restaurant which is ope				
Alcohol Establishments Permitted Hours of Ope	eration: Class B: 6:00 a	am to 9:00 pm Sunday thru S am to 2:00 am Sunday thru T) am Friday & Sat	urday	
Entertainment Outdoor		Opm Sunday-Thursday; 12:00: ablished by the Common Cou			•	
11. Signature(s	ş) [*]					
(and 1				·	
(if there are no 20%	letor, Partner, or 70% or mon % or more shareholders, print name/title and sign)	re Shareholder S	Signature of additional pa	rtner or 20% or r	nore shareholder	



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

Lega	al Entity Name: SSP America, Inc.			
Premise Address: 5300 South Howell Ave., Concourse C, Milwaukee, WI 53207				
Pro	oximity of Premises to Church, School, Daycare Center or Hospital			
ls t	the building within 300 feet of any church, school, daycare center or hospital?			
"Se	ervice Bar Only" Designation			
If a	applying for Class B or C license, are you applying for "Service Bar Only"?			
	rvice Bar Only means customers cannot sit at the bar. Alcohol is served to employees who serve patrons seated at tables. stools, chairs or other articles of furniture shall be placed at the service bar for patrons to sit upon.			
Bus	siness Information			
a)	Are you taking out this application for anyone that may not be eligible for a license? No 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? ☐ No ✓ Yes			
	If no, list the name and address of the person(s) who will:			
	Class B Applicants: If the agent, a partner or the individual licensee will not be conducting the day-to-day operations of the business,			
	the person(s) listed above must obtain a Class B Managers license.			
c)	Does anyone else have money invested or any other interest in this business? V No Yes			
d)	Have you made an agreement with anyone to repay any loan or any other payments based upon income from the business?			
	✓ No Yes If yes, list name and address:			
Pro	perty Information (New & Transfer Applicants Only)			
a)	Do you own or lease the building? ☐Own ☑Lease			
b)	Who owns the fixtures (for example, coolers, etc.)?			
c)	Are you purchasing the stock and/or fixtures?			
d)	Total amount paid for business \$ N/A			
e)	Total amount paid for goodwill of the business \$ <u>N/A</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? 🗹 No 🔲 Yes			
Leas	se Information (New & Transfer Applicants who are leasing the premises only)			
a)	Date lease begins 11/19/08 Ends 10/31/31			
b)	Monthly rental \$ see page 9 of lease regarding percentage rent.			
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 For what length of time have you been guaranteed occupancy (number of years)? 6			
e)	tot what length of this have you been guaranteed occupancy (nothing) of years)?			

f)			
g)	Does the present owner or occupant object to the gran		
Cha	inge of Agent Applicants Only		
	ve there been any changes to the floor plan since the las to, a new floor plan is not required. If yes, submit a new fl		
Sign	nature		
	andy		
	ture of Sole Proprietor, Partner or 20% or More Shareho 20% or more Shareholder, Corporate Officer - print nam		
	Note: All Information contained in this application is sui	bject to approval by the Common Co	ouncil.
	Deviating from approved plan of operation will subject i Contact the License Division for Information on how to r		lon or non-renewal of the license.
1	New and transfer of premises appli	icants must submit the	following:
	new and cianotes of premises appli	cants mast submit the	10110111101
_	Detailed floor plan	cants mast sasmit the	101101111111111111111111111111111111111

ě



FOOD DEALER LICENSE PLAN OF OPERATION

OFFICE OF THE CITY CLERK, LICENSE DIVISION

CITY HALL, 200 E. WELLS ST, ROOM 105, MILWAUKEE, WI 53202

(414) 286-2238 • Icense@milwaukee.gov • www.milwaukee.gov/license

Logal Entity Name: SSP America, Inc.
Premises Address: 5 300 South Howell Ave., Concourse CMilwaukee, WI 53207
SECTION 1 TYPE OF BUSINESS
What will be the majority of your food sales? (check one)
Restaurant Items (meals): MEALS Include, but are not limited to, chicken, ribs, sandwiches, roasted corn, baked potatoes, hot dogs, brots, tacos, nachos W/cheese and meat, French fries, cooked or deep fried vegetables/fruit, cooked cheese curds, corn dogs, egg rolls, salads.
Retail Items (snacks and beverages): RETAIL Items include, but are not limited to, ice cream/soft serve, lemonade, snow cones, coffee, espresso, cappuccino, tea, fruit juice, smoothies, candy, dispensed soda, fruit cups, bakery, cookies, kettle corn, cotton candy, funnel cakes, fritters, tortilla chips w/ cheese.
Will it be a convenience store? Yes No A convenience store contains less than 7,500 square feet of retail space and has, as its primary business, the sale of basic food items and in addition, sells household products or is a filling station that sells basic food items and household products.
☐ Bed & Breekfast ☐ Micro Market
All Applicants: Submit a menu or a list of food items that will be sold.
Will any wholesale business be done? ■ No ☐ Yes If yes, what percentage of food sales will be wholesale?
Less than 25%
25% or More AND: Restaurant Items (meals) will be sold – Complete this application and also contact DATCP.
☐ NO restaurant Items (meals) will be sold - Do NOT complete this application. Contact DATCP only,
SECTION 2 FOOD PROCESSING
Will any food processing he done? No NY Yes
Processing is defined as assembling, grinding, cutting, mixing, baking, coating, stuffing, packing, bottling, grilling, coaning, extracting, fermenting, distilling, pickling, freezing, drying, smoking, or packaging.
SECTION 8 POOD REQUIRING TEMPERATURE CONTROL
Will any food that requires temperature control be sold? \(\begin{align*}\) No \(\begin{align*}\) Yes \((includes dairy products such as milk, cheese, and ice cream, fish, shellfish, meat, potility)
If yes, list the types of food Items: m-ent, cheen-t, el-C.

ccl-foodplan 2/28/19

SECTION 4 DETAILS OF OPERAT	ON						
Will you have seating on site for dining?	No ■ Yes						
Will you be doing any catering?	X No ☐ Yes						
Will you be doing any delivery? X 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 X 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 site	s: How many?(for example, a hotel with several dining rooms or bars)						
If multiple sites, attach a Food Dealer Addit	lional Site Addendum (ccl-foodadd) for each additional site.						
SECTION 6 CONSTRUCTION OR	CHANGES						
Are you planning any construction, remode	ling or equipment changes?						
☐ No If No, SKIP to Section 7							
Yes If Yes, check all that apply:	New construction of a building Renovation or remodeling						
	Construction changes to existing building Equipment changes only						
Provide a brief description of the changes:	New restaurant build within existing airport.						
Start date:	In process						
Name, Address & Phone Number of Archite	Brian Anderson, 10 South Eight St., Minneapolis, MN 55402, 612-594-4228						
·							
Name, Address & Phone Number of Contra	ctor: Jeff Butler, N27W23588.Paul Rd., Ste 100, Pewaukee, WI 53072,						
SECTION 7 ALCOHOL BEVERAGE							
Are you applying for an alcohol beverage lic	enser						
No If No, SKIP to Section 8							
	pproved 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	ınderstanding:						
1 understand the Health Department must conduct an inspection and advise the License Division of their approval							
before the Ilcense may be Issued. I understand I must obtain an occupancy permit from the Department of Neighborhood Services and an inspection may be required. Neighborhood Services must advise the License Division of their approval before the Ilcense may be issued. 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 the license may be Lunderstand proof of payment for all license fees must be on file in the License Division before the license may be							
6 M be issued,							
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 ilcense before it may be issued.							
I understand proof of payment for all license fees must be on file in the License Division before the license may be issued and the license must be issued and posted in my establishment prior to opening for business.							
	ss until the license has been issued and posted in the establishment.						
Signature of Sole Proprietor, Partner, or 20)	6 Shareholder:						
Signature of Additional Partner:							



WEIGHTS & MEASURES LICENSE SUPPLEMENTAL APPLICATION

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

Office U	Ise Only: 1 114325378
Filed	9:5-25
Initials Paid	<u></u>
raid Lic#	
210 //	

Legal Entity Name:	SSP America, Inc.
Premise Address:	5300 South Howell Ave., Concourse C, Milwaukee, WI 53207

Device Type(s)

- · Check all device types for which you need a license.
- For each device type checked, indicate how many you have in the Number of Devices column (b).
- Calculate the Total Fee Per Device Type by multiplying the Fee Per Device Type (a) by the Number of Devices (b).
- Add all Total Fee Per Device Type amounts together and that will be your Total Fee Due.
 - * Exception: The Scanner fee is not per device. Check the box for the appropriate range.

 If you have 1-3 scanners, the total due is \$130. If you have 4 or more scanners, the total due is \$250. Check the Number of Devices (b).

	Device Type	License Period	Fee Per Device Type (a)	Number of Devices (b)	Total Fee Per Device Type (a x b)
Ligu	ild Measuring Devices				
	Retail Petroleum Meters	12 months	\$60		
	0 to 30 gallons per minute	24 months	\$60		
	31 to 200 gallons per minute	24 months	\$250		
	Over 200 galions per minute	24 months	\$250		
Scal	es				
	Measuring any weight amount	24 months	\$55		
Scar	mers		Fee for scanners is by range	Check how many scanners you have	
Ø	Up to 3 scanners	24 months	\$130 total*	□1 □2 <u>ੴ</u> 3	
	Four or more scanners	24 months	\$250 total*	□4 □Other	
Oth	er Devices				
	Length Measuring Device	24 months	\$60		
	Timing Device	24 months	\$30		
				Total Fee Due	

Signature

I hereby agree that I will comply with the applicable sections of the Wisconsin State Statutes, Administrative Code and the Milwaukee Code of Ordinances regarding the operation of weighing and measuring devices.

I understand that all devices must be operated within the specifications, tolerances and other technical requirements set forth in the National Institute of Standards and Technology Handbook 44. I understand that the license for which I am applying must be posted on the premises or in my vehicle prior to opening for business or operating the device.

I understand that these device licenses are not transferable (with the exception of scanners). If the device is replaced or needs to be resealed, I must apply for and receive a new license so that an inspection of the device can be performed prior to its use. I acknowledge that as a condition of being issued this license, I must allow the Health Department into the establishment to test the device to validate its specifications/tolerances. If my devices are found out of compliance, I may be charged inspection fees. I have read, understand, and will adhere to all the above acknowledgments.

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

This form must be submitted with the Business License Application, Weights & Measures Plan of Operation, and appropriate fee. Forms can be obtained online at www.milwaukee.gov/licenses.

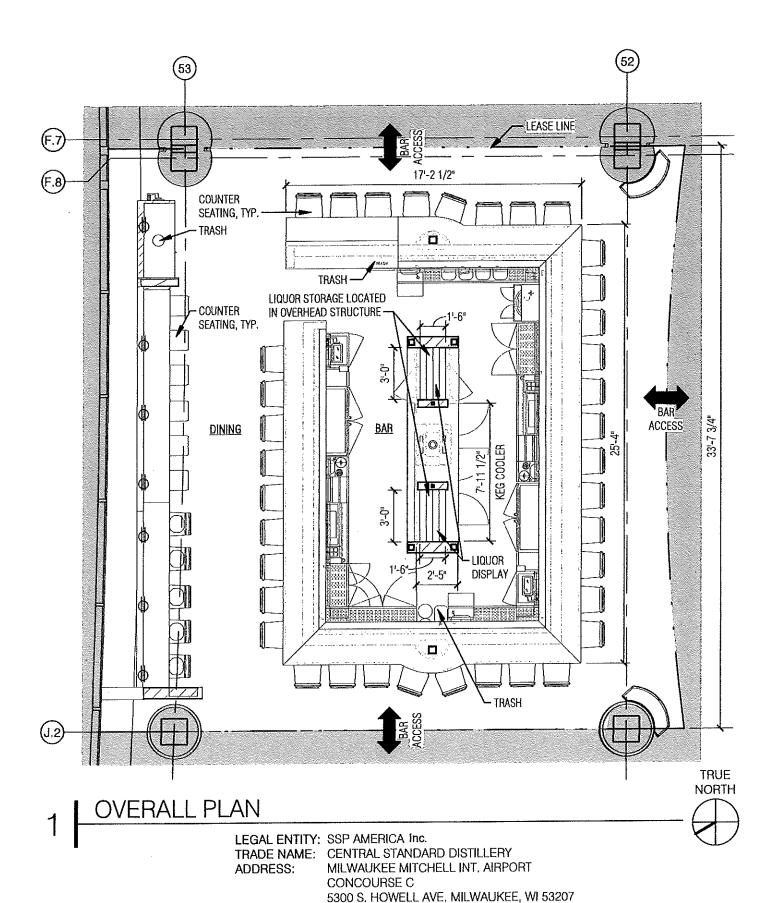


WEIGHTS & MEASURES PLAN OF OPERATION

ccl-wmplan 1/9/18

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

Legal Entity Name: SSP America,	Inc.						
Premise Address: Central Stan							
Type of Business	•						
Provide a brief description of the esta	ablishment/business:						
Restaurant located within airport.							
Other licenses may be required depending on the type of business you are operating.							
Litter & Noise	•						
a. How are grounds kept clean?							
Signature							
GEORGE IMBOYA Signature of Sole Proprietor, Partner, or 2 (If there are no 20% or more shareho Corporate Officer-print name/title an	lders,	Signature of additional partner or 20% or more shareholder					
This form must be submitted with the Business License Application, Weights & Measures License Supplemental Application, and appropriate fee. Forms can be obtained online at www.milwaukee.gov/licenses .							



TOTAL SQUARE FEET: 1,053 SQ FT

Central Standard Distillery (permanent)

BREAKFAST

CLASSIC AMERICAN BREAKFAST

Eggs your way, smoked bacon, fingerling potatoes, and white or wheat toast

BREAKFAST CLUB CROISSANT

Cage-Free Egg, crispy bacon, cheddar, cheese, green leaf lettuce, and plum tomatoes on a croissant.

AVOCADO BRUSCHETTA

Poached eggs, heirloom tomato, watermelon radish, pistachio and smoked paprika on crostini

CARNITAS BREAKFAST BOWL

Slow-cooked pork carnitas, cage-free egg our way, Pico de Gallo, avocado, and queso fresco over cilantro-lime rice.

GREEK YOGURT BOWL

Greek yogurt, seasonal berries, honey, toasted almonds, fresh mint.

APPS

PRETZEL BITES

Beer Cheese, Grain Mustard, Gherkin

BATTERED CHEESE CURDS

House-made ranch dip

APPLEWOOD SMOKED CHICKEN WINGS

Chipotle BBQ Sauce, House-Made Ranch

GRILLED CHICKEN CAESAR SALAD

Romaine, grilled chicken breast, shaved parmesan, crouton, fresh lemon, Caesar dressing.

STRAWBERRY, SPINACH & FETA SALAD

Fresh spinach, Arugula, sliced strawberries, toasted pecans, red onion, and crumbled Feta. Drizzle with a balsamic vinaigrette. Add Chicken \$, Add Salmon \$

SOUP OF THE DAY

PIZZA

Pepperoni Pizza

Margherita Pizza

HANDHELDS

DOUBLE DELUXE BURGER

Double beef patties, American cheese, lettuce, onion, pickle tomato.

BBQ PULLED PORK SANDWICH

Slow cooked pulled pork, buttermilk choppedSlaw, Dill Pickle, Chipotle BBQ Sauce, Toasted Brioche Bun.

KRAUT BRAT

Beer brat, whole grain mustard, kraut, on a pretzel bun, served with chips

TURKEY, TOMATO, MOZZARELLA, AVOCADO