



**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 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 employees, 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.

200 E. Wells Street, Room 105, City Hall, Milwaukee, WI 53202. www.milwaukee.gov/license
Phone: (414) 286-2238 Fax: (414) 286-3057 Email Address: License@milwaukee.gov



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OFFICE OF THE CITY CLERK**

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COMMITTEE MEETING NOTICE

AD 13

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

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License Division Manager**

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200 E. Wells Street, Room 105, City Hall, Milwaukee, WI 53202. www.milwaukee.gov/license
Phone: (414) 286-2238 Fax: (414) 286-3057 Email Address: License@milwaukee.gov

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

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

Name of Premise: Central Standard
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: ☐S ☐M ☐T ☐W ☐Th ☐F ☐SA ☒ALL

Hours of Operation: Sun: 4am-9pm ☐24 hours ☐Y ☐N
Mon: 4am-9pm
Tue: 4am-9pm
Wed: 4am-9pm
Thu: 4am-9pm
Fri: 4am-9pm
Sat: 4am-9pm

Premise Type: ☒Tavern/Bar
☒Restaurant
☐Other:

Licenses currently held:
Alcohol: ☐Yes ☐No Class: #:

Tobacco: ☐ Yes ☐ No #:
 Food: ☐ Yes ☐ No #:
 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 **2**
 - 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: **See Notes**
16. Are the address numbers prominently displayed and easy to see ☐ Yes ☒ No – No address

Camera Survey:

17. Does this location have security cameras? ☐ Yes ☐ No **See Notes**
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:
21. Are there exterior cameras ☐ Yes ☐ No How many:
22. Are there interior cameras ☒ Yes ☐ No How many:
23. Do all employees know 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

☐ ID Scanner

☐ 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.

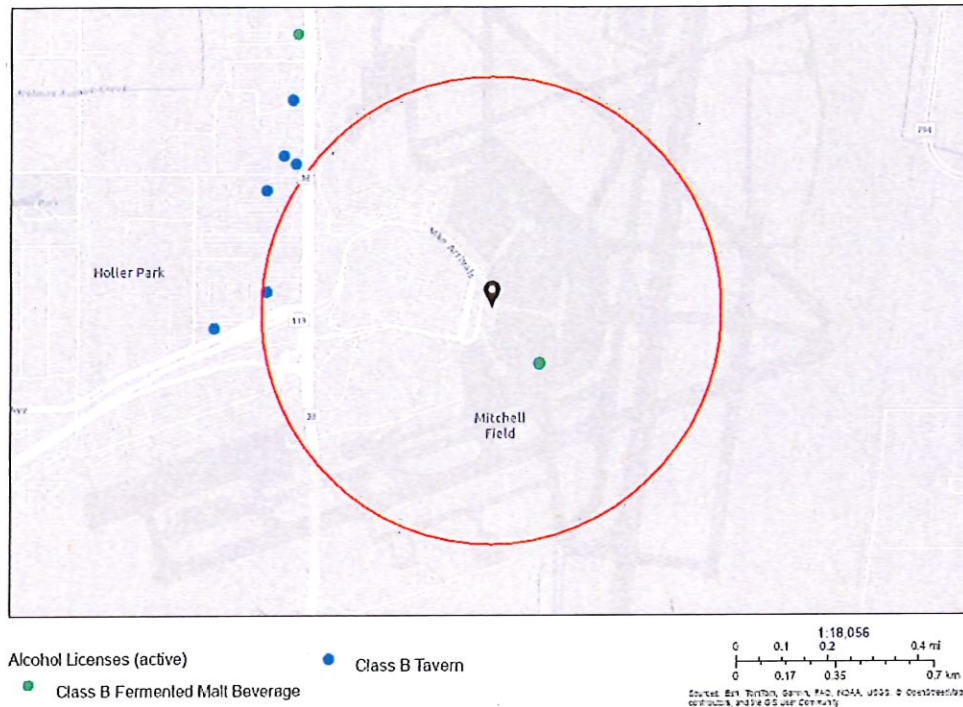


Concentration Map for 5300 S Howell Ave

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 INTERNATIONAL, 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

ccl-busplan 5/12/2020

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:

Restaurant with food and alcoholic beverage service

Do you have any experience operating this type of business? ☐ No ☒ Yes If yes, explain:

2. Business Operations

- a. Proposed Opening Date: 12/1/25
- b. Is this premise under construction? ☐ No ☒ Yes If yes, list estimated completion date: 11/17/25
- c. Is this a franchise? ☒ No ☐ Yes
- d. Is this premises currently licensed? ☒ 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? ☒ No ☐ Yes
If yes, explain: _____
- g. Have you previously held an Extended Hours License in Milwaukee? ☐ No ☒ Yes
If yes, list address(es): 5300 S. Howell Ave., Milwaukee, WI 53207
- h. Are other businesses operating in the same building? ☐ No ☒ Yes If yes, describe: Airport with multiple businesses

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: _____
- 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: _____
- b. Number of Garbage Cans: Inside: 6 Locations: Airport locations
Outside: — Locations: N/A
- c. Is a crowd control barrier used? ☒ No ☐ Yes If yes, describe: _____
- d. How many restrooms are on the premises? 0 (airport)
- e. Name of solid waste contractor: ☐ Advanced Disposal ☐ Waste Management ☒ Other: Airport manages collection.

5. Security

- a. Are there onsite parking spaces? ☐ No ☒ Yes If yes, how many? _____ and describe the parking security plan: Airport parking
- b. Is there a loading zone? ☒ No ☐ Yes If yes, describe the loading area security plan: _____
- c. Will you have licensed security on premise? ☒ No ☐ Yes If yes, how many? _____ and answer the following:
What are their responsibilities? _____
Describe equipment used _____
List their License Number (s) _____
- d. Will there be security cameras? ☐ No ☒ Yes If yes, how many? TBD and list locations: _____
- e. Will searches/identification checks be done upon entry? ☒ No ☐ Yes If yes, describe _____

6. Percentage of Sales (must total 100%)

Alcohol <u>60</u> %	Food <u>40</u> % Cigarettes, Electronic Vape Devices, Tobacco Products _____ %	Secondhand Merchandise _____ %	Precious Metals & Gems _____ %
Entertainment _____ %	Pawnbroker Activity _____ %	Salvaged Materials _____ % (such as scrap metal)	Personal Services (such as tattoo, body piercing, salon, tailor, tanning, etc.) _____ %
			Other _____ % Describe: _____

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: _____ Number of Rooms: _____ ☐ Rooming House: Number of Floors: _____ 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
Electronic Vape Products
- ☐ Secondhand Dealer ☐ Precious Metal & Gem ☐ Other: _____

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

Capacity 103 (Call the Milwaukee Development Center at 414-286-8211 if you have questions.)

9. Premises Description

a. 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

☒ Other: Describe: Concessions

b. Describe Location: ☐ Major Thoroughfare ☐ Secondary Street ☒ Other: airport

c. Nearest Major Cross Street: _____

d. Describe Building: ☐ Free Standing Building ☐ Strip Mall ☒ Other: airport

e. Describe Premises Structure: ☐ Single Story ☒ Multi-Story - # of Stories 2 ☐ Other: _____

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

g. Building Owner Name: Milwaukee County Airport Aviation De Phone Number: 414-747-5775

Building Owner Address: 5300 South Howell Ave., Milwaukee, WI 53207

10. Hours of Operation & Customers

Will customers be entering the premises? ☐ No ☒ Yes

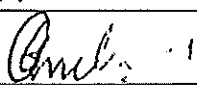
Day of the Week	Proposed Hours of Operation:		Estimated Number of Customers expected each day	Potential Age Range of Customers	Class B Tavern Applicant Only: Age Restriction (If none, write 'None')
	Open Time (Include a.m. or p.m.)	Close Time (Include a.m. or p.m.)			
Sunday	4am	10pm	270	all ages	N/A
Monday	4am	10pm	270	all ages	N/A
Tuesday	4am	10pm	270	all ages	N/A
Wednesday	4am	10pm	270	all 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

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)


Signature of Sole Proprietor, Partner, or 70% 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.

9. Premises Description

- a. 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

☒ Other: Describe: Concourse C

- b. Describe Location: ☐ Major Thoroughfare ☐ Secondary Street ☒ Other: airport

- c. Nearest Major Cross Street: _____

- d. Describe Building: ☐ Free Standing Building ☐ Strip Mall ☒ Other: airport

- e. Describe Premises Structure: ☐ Single Story ☒ Multi-Story - # of Stories 2 ☐ Other: _____

- f. Describe Surrounding Area: ☒ Commercial ☐ Residential ☐ Industrial ☐ Other: _____

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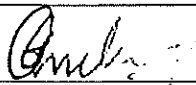
Day of the Week	Proposed Hours of Operation:		Estimated Number of Customers expected each day	Potential Age Range of Customers	Class B Tavern Applicant Only: Age Restriction (If none, write 'None')
	Open Time (include a.m. or p.m.)	Close Time (include a.m. or p.m.)			
Sunday	4am	last flight	270	all ages	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	all 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

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)


Signature of Sole Proprietor, Partner, or 70% 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: SSP America, Inc.

Premise Address: 5300 South Howell Ave., Concourse C, Milwaukee, WI 53207

Proximity of Premises to Church, School, Daycare Center or Hospital

Is the building within 300 feet of any church, school, daycare center or hospital? ☒ No ☐ Yes

"Service Bar Only" Designation

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

Service Bar Only means customers cannot sit at the bar. Alcohol is served to 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? ☒ 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? ☒ No ☐ 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?

☒ No ☐ Yes If yes, list name and address: _____

Property Information (New & Transfer Applicants Only)

a) Do you own or lease the building? ☐ Own ☒ Lease applicant

b) Who owns the fixtures (for example, coolers, etc.)? _____

c) Are you purchasing the stock and/or fixtures? ☒ No ☐ Yes If yes, amount paid \$ _____

d) Total amount paid for business \$ N/A

e) Total amount paid for goodwill of the business \$ N/A

Goodwill comprises the reputation and customer relationships of an existing business. If the price you pay for the business exceeds the fair market value of all of the rest of the assets of the business, the excess may be considered goodwill.

f) Have you made arrangements with the seller for payment of personal property taxes? ☒ No ☐ Yes

Lease 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

e) For what length of time have you been guaranteed occupancy (number of years)? 6

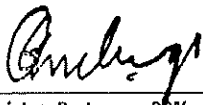
Lease Information (Continued)

- f) In addition to paying the monthly rental, will you have to pay anything additional to the owner of the building to guarantee performance of the lease? ☒ No ☐ Yes If yes, explain _____
- g) Does the present owner or occupant 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



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:

- ☐ Detailed floor plan
☐ If a restaurant, copy of the menu



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 • license@milwaukee.gov • www.milwaukee.gov/license

ccj-foodplan 2/28/19

Legal Entity Name: SSP America, Inc.

Premises Address: 5 300 South Howell Ave., Concourse C Milwaukee, 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, brats, 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.

☐ Deli & Breakfast

☐ 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 be done? ☐ No ☒ 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? ☐ No ☒ Yes
(includes dairy products such as milk, cheese, and ice cream, fish, shellfish, meat, poultry)

If yes, list the types of food items: meat, cheese, etc.

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? _____ (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 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 Architect:

Brian Anderson, 10 South Eight St., Minneapolis, MN 55402, 612-594-4228

Name, Address & Phone Number of Contractor:

Jeff Butler, N27W23588 Paul Rd., Ste 100, Pewaukee, WI 53072,
414-406-5537**SECTION 7 ALCOHOL BEVERAGES**

Are you applying for an alcohol beverage license?

- ☐ No If No, SKIP to Section 8

- ☒ 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:

GM

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

GM

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.

GM

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.

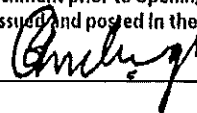
GM

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.

GM

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: _____



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 Use Only:

App# WM35378
Filed 9-5-25
Initials RC
Paid _____
Lic # _____

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)
Liquid 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 gallons per minute	24 months	\$250		
Scales				
☐ Measuring any weight amount	24 months	\$55		
Scanners				
		Fee for scanners is by range	Check how many scanners you have	
☒ Up to 3 scanners	24 months	\$130 total*	☐ 1 ☐ 2 ☒ 3	
☐ Four or more scanners	24 months	\$250 total*	☐ 4 ☐ Other _____	
Other 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.

GEORGE MBOYA
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-wmpln 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 Standard Distillery

Type of Business

Provide a brief description of the establishment/business:

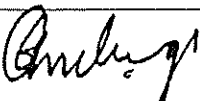
Restaurant located within airport.

Other licenses may be required depending on the type of business you are operating.

Litter & Noise

- a. How are grounds kept clean? ☒ 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: _____
- d. How are noise issues prevented and/or addressed? ☐ Security ☒ Manager approaches customer(s) ☐ Call Police
☐ Signs Posted ☐ Other: _____

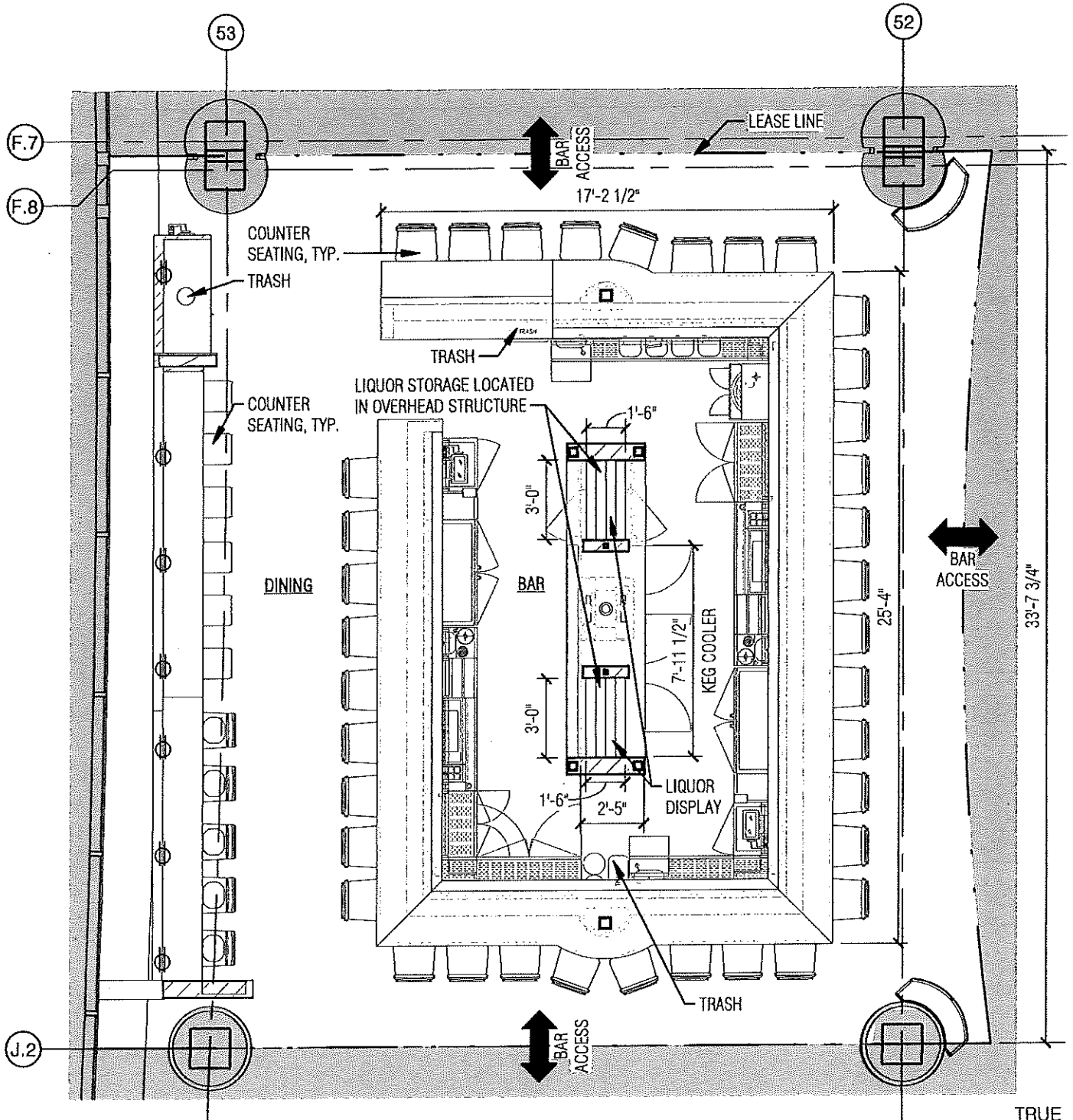
Signature


GEORGE MBOYA

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 License Supplemental Application, and appropriate fee. Forms can be obtained online at www.milwaukee.gov/licenses.



1 OVERALL PLAN

LEGAL ENTITY: SSP AMERICA Inc.
 TRADE NAME: CENTRAL STANDARD DISTILLERY
 ADDRESS: MILWAUKEE MITCHELL INT. AIRPORT
 CONCORSE C
 5300 S. HOWELL AVE. MILWAUKEE, WI 53207

TOTAL SQUARE FEET: 1,053 SQ FT



10 South Eighth Street
 Minneapolis, MN 55402
 1 612_339_2257
 sheadesign.com

CENTRAL STANDARD DISTILLERY

8775.02

FOOD SERVICE AND ALCOHOL PLAN

2025-08-20

© 2025 SNA, INC.

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 chopped Slaw, 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