

CITY OF MILWAUKEE OFFICE OF THE CITY CLERK

Wednesday, May 28, 2025

COMMITTEE MEETING NOTICE

AD 15

GRANT, Bria S, Agent THE SOCIAL INC. 5135 W KEEFE AV Milwaukee, WI 53216

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, June 10, 2025 at 02:00 PM

The access code is https://meet.goto.com/614813941. Please see the enclosed best practices document for further instructions.

Regarding:

Your Class B Tavern, Public Entertainment Premises and Food Dealer Licenses Application Requesting Instrumental Musicians, Disc Jockey, Jukebox, Karaoke, Bands, Poetry Readings and Comedy Acts as agent for "THE SOCIAL INC." for "Fishbone Seafood Restaurant" at 2 W North Av.

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 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, May 28, 2025

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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

Roman, Carmen

From:

License

Sent:

Tuesday, April 30, 2024 10:39 AM

To: Subject: Roman, Carmen FW: 2501 W North Ave

Please add objection

Marissa Milano
She/her/hers
License Coordinator
City Clerk-License Division
200 E Wells St #105
www.milwaukee.gov/license



Take Our Survey!

From: c

Sent: Monday, April 29, 2024 1:18 PM To: License <LICENSE@milwaukee.gov>

Subject: 2501 W North Ave

I am reaching out to you because we received a letter that a liquor license might be permitted at 2501 W North Ave. We as a family are requesting that this does not get approved. This is a neighborhood with many small children on every block. We have St Ann's across the street, we have Starms ECC 3-5 year school 1 block away, 2 churches within 1 block from premises and they want to allow liquor consumption during hours where all these children are present. We also have Matt Talbage Lodge 1 block away that is a rehab center for men. This will also give them the opportunity to come in and consume alcohol which can trigger them back into addiction. In our society today with an opportunity to become intoxicated, may arise more crime. The area that is in question is already a high crime area and they want to add fuel to the fire. We are objecting the liquor license.



Date: September 27, 2024 Officer: HUDSON

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

Name of Premise: Address: Phone:	The Soc 2501 W 414-793	North Avenue		*
Owner: Owner address: City State Zip: Owner Phone: Owner email:	Milwau 414-793	North Avenue kee, Wisocnsin 53208		
Licensee/Agent: Home Address: City State Zip: Phone: Email:	Milwau 414-79	V North Avenue akee, Wisconsin 53208		
Preferred contact: Br	ia Grant	* .		
Location currently of	en:	☐ YES ⊠	NO	
Projected open date:	Novemb	er 1 st , 2024		
Day's open: S	М □Т [□W □Th □F □SA	⊠ALL	
Hours of Operation:	Sun: Mon: Tue: Wed: Thu: Fri: Sat:	7 AM – 11 PM 7 AM – 11 PM		□24 hours □Y ☑N
Premise Type:		ern/Bar taurant er:		
Licenses currently h Alcohol: Tobacco:	eld:	☐Yes ⊠No Class: ☐Yes ⊠No #:	#:	

	Food: Yes No #:
	Extended Hours: Yes No #:
	Secondhand Dealer: Yes No Type: #:
	Other: Yes No Type: #:
	Other: Yes No Type: #:
Exter	ior Survey:
	Is the area around the location clean? Yes No
	What surrounds the location? (Check all the apply)
4.	a. Park
	b. School
	c. Youth Center
	d. Church
	e. ☐ Tavern(s) If so, how many f. ☐ Residential
	g. Other businesses
0	h. Other:
3.	Can you see from the outside of the location into the interior Yes No
4.	
5.	
6.	
7.	
8.	
9.	
1	0. Valet Parking Yes No
	a. Will this lot have a guard? Yes No
	b. Will this lot have cameras? ☐ Yes ☒ No
1	1. Are there areas where a person could conceal themselves ☐ Yes ☒No
1:	2. Is there exterior lighting? \(\subseteq Yes \subseteq No. \) Does it appears to be adequate \(\subseteq Yes \subseteq No. \)
1	3. Exterior Payphone? ☐ Yes ☑No
1	4. Are there No Loitering Signs posted? Yes No
1	5. Are there exterior security cameras ⊠Yes □No How Many: 4
1	6. Are the address numbers prominently displayed and easy to see ⊠Yes ☐No
Cam	era Survey:
1	7. Does this location have security cameras? ∑Yes ☐No
1	8. Are they in working order? ⊠Yes □No
	9. What format are the cameras?
26	a. Color Yes \(\sumber\) No
	b. Digital Yes No
	c. Recorded Yes No
2	Q. How long is footage stored for later viewing: The footage is in a cloud so it's stored until
	it's deleted
2	1. Are there exterior cameras Yes \sum No How many: 4
	3. Do all employees know how to retrieve recorded digital images/footage? Yes No
2	4. Cameras located in parking lot Yes No How many

Interior Survey:

2

25. What is the planned capacity 75
26. What is the minimum number of employees That will be on premise 5
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 \(\sigma \) Yes \(\sigma \) No
28. Is the interior of the location neat and clean? Yes \[\sum No
29. Does an interior camera face the entrance/exit? \(\times \) Yes \(\times \) 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?
Security
33. How many security personnel are going to be employed: N/A
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:

- Security will be deployed based on the type of event that is being held.

 O Also if that security guard will be armed is depending on the type of event.
- This location isn't open and has a projected open date of November 1st, 2024.

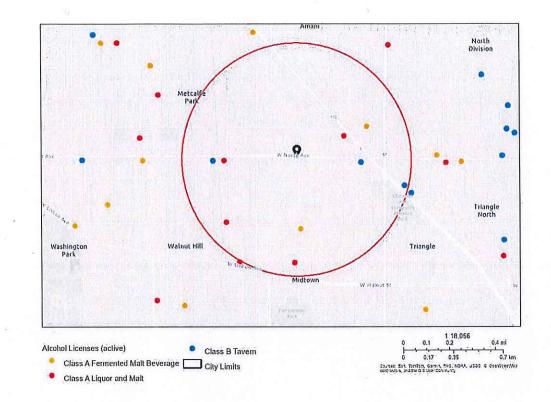


City Concentration Map for 2501 W North Ave

Area of Interest (AOI) Information

Area: 21,862,585.97 ft2

May 29 2025 9:12:31 Central Daylight Time



Summary

Name	Count	Area(ft²)	Length(mi)	
Alcohol Licenses	9		, A	

Alcohol Licenses

#	Legal Entity	Trade Name	Licensee	Address	License Type Name	Total Capacity	Expiration Date	Count
1	1700 Pull Up LLC	1700 Pull up	Rosetta M Bond, Agt	1848 W Fond Du Lac AV	Class B Tavern License		5/30/2025, 7:00 PM	1
2	NORTH AVENUE LIQUOR, INC	NORTH AVENUE LIQUOR & FOOD MART	GURPIAR SINGH, Agt	3013 W NORTH AV	Class A Malt & Class A Liquor License		6/18/2025, 7:00 PM	1
3	Lucky Sam Food Mart Inc	Lucky Sam Food Mart	Parminder Kaur, Agt	2401 N 21st ST	Class A Fermented Malt Beverage Retailer's License		7/12/2025, 7:00 PM	1
4	30th Street Inc	30th St Liquor	Ashok Kumar Verma, Agt	2001 N 30TH ST	Class A Malt & Class A Liquor License		11/24/2025, 6:00 PM	1 .
5	NEA, LLC	TIME FOOD MART	ODAI N ASSAD, Agt	1835 S 25TH ST	Class A Malt & Class A Liquor License		12/17/2025, 6:00 PM	1
6	Candell Properties, LLC	Evone's Fine Liquors	EVONE THOMAS, Agt	2229 W Fond du Lac AV	Class A Malt & Class A Liquor License		1/21/2026, 6:00 PM	1
7	BROWN STREET FOODS	BROWN STREET FOODS	MOHAMMED M HASAN, SP	2485 W BROWN ST	Class A Fermented Malt Beverage Retailer's License		4/12/2026, 7:00 PM	1
8	Julian's Hall and Lounge LLC	Julian's Hall and Lounge	Julian L Nelson, Agt	2125 W North AV	Class B Tavern License		4/6/2026, 7:00 PM	1
9	3041 West North Avenue, LLC	3041North	Keith B Terry, Agt	3041 W North AV	Class B Tavern License	480	3/31/2026, 7:00 PM	1

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







Notice of Public Hearing

Blank Notice

GRANT, Bria S, Agent
Fishbone Seafood Restaurant at 2501 W North Av

Class B Tavern, Public Entertainment Premises and Food Dealer Licenses Application Requesting Instrumental Musicians, Disc Jockey, Jukebox, Karaoke, Bands, Poetry Readings and Comedy Acts

Tuesday, June 10, 2025 at 2:00 PM

To whom it may concern:

The above application has been made by the above named applicant(s). This requires approval from the Licenses Committee and the Common Council of the City of Milwaukee. The hearing before the Licenses Committee will take place on 6/10/2025 at 2:00 PM in Room 301-B, Third Floor, City Hall. 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 via internet are asked to contact the staff assistant, Yadira Melendez at (414) 286-2775 or stasst5@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. Once the Licenses Committee makes its recommendation, this recommendation is forwarded to the full Common Council for approval at its next regularly scheduled hearing.

Important details for those wishing to provide information for the Licenses Committee to consider when making its recommendation:

- 1. The license application is scheduled to be heard at the above time. Due to other hearings running longer than scheduled, you may have to wait some time to provide your testimony.
- 2. You must appear in person and testify as to matters that you have personally experienced or seen. (You cannot provide testimony for your neighbor, parent or anyone else; this is considered hearsay and cannot be considered by the committee.)
- 3. No letters or petitions can be accepted by the committee (unless the person who wrote the letter or the persons who signed the petition are present at the committee hearing and willing to testify).
- 4. Persons opposed to the license application are given the opportunity to testify first; supporters may testify after the opponents have finished.
- 5. When you are called to testify, you will be sworn in and asked to give your name, and address. (If your first and/or last names are uncommon please spell them.)

- 6. You may then provide testimony.
- a. Include only information relating to the above license application.
- b. Include only information you have personally witnessed or seen.
- c. Provide concise and relevant information detailing how this business has affected or may affect the peaceful enjoyment of your neighborhood.
- d. If by the time you have the opportunity to testify, the information you wish to share has already been provided to the committee, you may state that you agree with the previous testimony. Redundant or repetitive testimony will not assist the committee in making its recommendation.
- 7. After giving your testimony, the members of the Licenses Committee and the licensee may ask questions regarding the testimony you have given or other factors relating to the license application.
- 8. Business Competition is not a valid basis for denial or non-renewal of a license.

Please Note: If you have submitted an objection to the above application your objection cannot be considered by the committee unless you personally testify at the hearing.

OCCUPANT	MAIL ADDRESS	CITY STATE ZIP
CURRENT OCCUPANT	2221 N 24TH PL	MILWAUKEE, WI 53205-1020
CURRENT OCCUPANT	2223 N 25TH ST	MILWAUKEE, WI 53205-1028
CURRENT OCCUPANT	2227 N 24TH PL	MILWAUKEE, WI 53205-1020
CURRENT OCCUPANT	2229 N 25TH ST	MILWAUKEE, WI 53205-1028
CURRENT OCCUPANT	2230 N 25TH ST	MILWAUKEE, WI 53205-1027
CURRENT OCCUPANT	2230 N 26TH ST	MILWAUKEE, WI 53205-1033
CURRENT OCCUPANT	2231 N 24TH PL	MILWAUKEE, WI 53205-1020
CURRENT OCCUPANT	2232 N 26TH ST	MILWAUKEE, WI 53205-1033
CURRENT OCCUPANT	2233 N 25TH ST	MILWAUKEE, WI 53205-1028
CURRENT OCCUPANT	2234 N 25TH ST	MILWAUKEE, WI 53205-1027
CURRENT OCCUPANT	2234 N 26TH ST	MILWAUKEE, WI 53205-1033
CURRENT OCCUPANT	2235 N 24TH PL	MILWAUKEE, WI 53205-1020
CURRENT OCCUPANT	2239 N 24TH PL	MILWAUKEE, WI 53205-1020
CURRENT OCCUPANT	2245 N 26TH ST	MILWAUKEE, WI 53205-1034
CURRENT OCCUPANT	2247 N 26TH ST	MILWAUKEE, WI 53205-1034
CURRENT OCCUPANT	2476 W GARFIELD AVE	MILWAUKEE, WI 53205-1038
CURRENT OCCUPANT	2480 W GARFIELD AVE	MILWAUKEE, WI 53205-1038
CURRENT OCCUPANT	2503 W NORTH AVE	MILWAUKEE, WI 53205-1055
CURRENT OCCUPANT	2512 W GARFIELD AVE	MILWAUKEE, WI 53205-1040
CURRENT OCCUPANT	2513 W NORTH AVE	MILWAUKEE, WI 53205-1055
CURRENT OCCUPANT	2514 W GARFIELD AVE	MILWAUKEE, WI 53205-1040
CURRENT OCCUPANT	2514A W GARFIELD AVE	MILWAUKEE, WI 53205-1040
CURRENT OCCUPANT	2521 W NORTH AVE	MILWAUKEE, WI 53205-1055
CURRENT OCCUPANT	2521A W NORTH AVE	MILWAUKEE, WI 53205-1055
CURRENT OCCUPANT	2524 W GARFIELD AVE	MILWAUKEE, WI 53205-1040
CURRENT OCCUPANT	2524A W GARFIELD AVE	MILWAUKEE, WI 53205-1040
CURRENT OCCUPANT	2531 W NORTH AVE	MILWAUKEE, WI 53205-1055
Blank Notice		

Total Records: 27

Radius 250 feet and Center of the Circle: 2501 W North Av



APPLICATION AMENDMENT

238

MILWAUKEE	200 E. Wells Street, Room 105, Milwaukee, WI 53202 (414) 286-22
Date: 4 1 203	

	ne License Division of the City of Milwaukee:
	, wish to amend my answer(s) on the application for a
Ta	
10	(type of license) license at 3501 W NovUh (premises address, if applicable)
v ad	dding or amending the following information (complete only those sections being amended):
fil.	
•	Answer to Question(s) # 5 should be: Change of hours Agent should be (full legal name): Also complete 3, 4, 5 & 6
	Agent should be (full legal name): Also complete 3, 4, 5 & 6
	Date of birth should be:
	Home address should be (include city/state/zip):
8	Phone number should be (include area code):
e	Driver's License Number/State ID Number should be:
	Corporation/LLC name should be (full legal name):
ij	Business name should be: 7182 bone Seafood Resparant
	Premises address should be (include city/state/zip):
0.	Business phone number should be (include area code):
1.	Mailing address should be (include city/state/zip):
2.	Email address should be:
3.	Recycling/Salvaging/Towing: Location where vehicle will be parked should be (include city/state/zip):
4.	
5.	other: Hours of operation Sunday - Saturday 7am-10
	0 0
	(Check with the License Division before submitting "Other" amendments using this form.)
	PUL
	Signature of Licensee (Individual, Partner, or Agent of Corp/LLC)
	ce Use Only: Application #: 304715 Date: 4.4.25 Initials: TP To LC:
)ffi	
	LC Email: MPD NS HD Initials:



MILWAUKEE

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-mail address: <u>license@milwaukee.gov</u>

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:					
FOOD SELVICE and ENTERTAINMENT HALL					
Do you have any experience operating this type of business? \(\bar{\pi} \) No \(\bar{\pi} \) Yes If yes, explain: \(\bar{\pi} \) So \(\bar{\pi} \) So \(\bar{\pi} \) So \(\bar{\pi} \)					
2. Business Operations					
a. Proposed Opening Date: 02-02-2024					
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:					
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? 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: Kicensee 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: 66					
e. Will a sound amplification system be used? No Yes If yes, describe:					
4. Smoking & Sanitation					
a. Are there designated outdoor smoking areas? \(\sum \) No \(\sum \) Yes If yes, describe: \(\text{Port 10} \) Space					
b. Number of Garbage Cans: Inside: 7 Locations: THEOUGHOUT THE PREST PLOR					
Outside: Locations: Rear dompster					
c. Is a crowd control barrier used? 🔀 No 🗌 Yes If yes, describe:					
d. How many restrooms are on the premises?					
e. Name of solid waste contractor: Advanced Disposal Waste Management Other:					

5. Security						
a.						
	plan:					
b.	Is there a loading zone? No Yes If yes, describe the loading area security plan:					
c.	Will you have security per	sonnel on premise? No	Yes	If yes, how many? ar	nd answer the following:	
				Messynsules for		
	Is security equipme	nt used? No 🗖 Yes If	yes, de	scribe wind held se	revery ward	
	List their licensing,	certification, or training cred	lentials			
d.	Will there be security cam	eras? 🗌 No 💢 Yes If yes	s, how r	many? and list locations:	Inside, over	
	register, from	entrances	lexi	ts		
e.	Will searches/identification	on checks be done upon entr	y? 🔲 ۱	No X Yes If yes, describe after	of 8pm	
	ercentage of Sales					
Alcoh		Food <u>72</u> %	5	Secondhand Merchandise %	Precious Metals & Gems	
Enter	tainment%	Cigarettes%	ó		_ 	
Pawn	broker Activity%	Salvaged Materials	_%	Personal Services (such as tattoo, body piercing, salon, tailor, tanning, etc.)%	Other% Describe:	
7. B	usinesses/Licenses	on the Premises (ch	neck a	all that apply):		
Туре	1 Full Service Restaurant	☐ Cafe/Coffee Shop ☐ [Deli or F	ast Food Restaurant Private	:/Fraternal/Veterans Club	
	Night Club	Tavern	Cocktail	Lounge Teen C	lub	
	Banquet Hall	Sports Facility	Bowling	Alley		
	Hotel/Motel: Number of Flo	ors:	Roomin	g House: Number of Floors:		
	Number of Ro	oms:		Number of Rooms:		
Type	2 Liquor Store	Corner Store	Superma	arket Conver	nience Store	
	Gas Station	Amusement/Phonograph [Distribut	tor Recycli	ng, Salvage or Towing	
Used Car Dealer Personal Service Establishment Recording Studio (such as tattoo business, hair salon, tailor, etc.)						
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:						
8. Legal Capacity (only if a Type 1 premises in #7 above)						
Capa	Capacity 80 people (Call the Milwaukee Development Center at 414-286-8211 if you have questions.)					

Çè

- 1							
9. Premises D	escription		×				
a. Identify all area	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 □ Patio □ Beer Garden □ Sidewalk Café □ Deck □ Rooftop						
☐Other: Descr	El	***************************************					
	ion: Major Thoroughfare	2	her:				
c. Nearest Major	Cross Street: North	m John	0.40				
d. Describe Buildi	ing: Free Standing Buildin	g Strip Mall Other:					
e. Describe Prem	ises Structure: Single Sto	ry Multi-Story - # of Sto	ries Other	:	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
	unding Area: 🔲 Commercia	I ☐ Residential ☐ Industr	rial Other: MyCe				
g. Building Owne	r Nam MOLEN	we:	Phone Number:	4-435-6	0) 06		
Building Owne	er Address: 1433 N.	wester st	mis con				
10. Hours of C	Operation & Custor	mers					
Will customers be ent	ering the premises? 🔁 No	Yes		7			
Day of the Week	Proposed Hours of Operation:		Estimated Number	Potential Age Range	Class B Tavern Applicant Only:		
bay of the week	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	loan	5pm	40	Byrs - 95414			
Monday	An .	12pm	40	4415-95M			
Tuesday	Fan	11 pm	44	Syrs-9545			
Wednesday	7am	11 pm	45	5415-954B	6		
Thursday	Tan	Jan	50	Syrs-954	3		
Friday	Thin	2130An	50	5/105-95/10			
Saturday	8 an 8an	2:30 pm	20	Syrs- 9540			
	stablishment License is requir , tanning, etc.), recording stud			al service establish	ment (such as tattoo, body		
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)							
(If there are no 2	prietor, Partner, or 20% or m	ore Shareholder	Signature of additional	partner or 20% or	more shareholder		
Corporate Office	er-print name/title and sign)						



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: THE SOCIAL (AC						
Premise Address: 250) W. NOOTH AVE, MILWOWKEE,	WI 53205					
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 so No stools, chairs or other articles of furniture shall be placed at the service bar for patrons to sit upon.	eated at tables.					
Business Information						
a). Are you taking out this application for anyone that may not be eligible for a license?	Yes					
If yes, list their name and address:	2					
b) Will the agent, a partner or the individual licensee be conducting the day-to-day operations of the busin If no, list the name and address of the person(s) who will:	ess? No X Yes					
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? X No Yes	"					
If yes, explain:						
d) Have you made an agreement with anyone to repay any loan or any other payments based upon income	e 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? Qwn Lease						
b) Who owns the fixtures (for example, coolers, etc.)? OWNER - BELAS. GRAN						
c) Are you purchasing the stock and/or fixtures? No Yes If yes, amount paid \$						
d) Total amount paid for business \$						
e) Total amount paid for goodwill of the business \$ N\A	i pr					
Goodwill comprises the reputation and customer relationships of an existing business. If the price you fair market value of all of the rest of the assets of the business, the excess may be considered goodwill.	pay for the business exceeds the					
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 MI Joga Ends Ends						
b) Monthly rental \$ 3000	H					
c) Do you have an option to renew the lease? \(\begin{align*}\text{No}\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\						
d) Does your lease allow for assignment to another party without the consent of the owner? No 🗌 Ye	25					
e) For what length of time have you been guaranteed occupancy (number of years)?						

Lease	e Information (Continued)
g) [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 Does the present owner or occupant object to the granting of your license? If yes, explain
Chan	nge of Agent Applicants Only
	there been any changes to the floor plan since the last application was submitted? No Yes a new floor plan is not required. If yes, submit a new floor plan and explain the change(s):
Signa	ature
	lre of Sole Proprietor, Partner or 20% or More Shareholder 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
Ill fa 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

Legal Entity Name: THE SOCIAL INC.
Premises Address: 250) W. NORTH AVE, MILWANKES, WI 53205
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 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.
☐ Bed & 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:
· · · · · · · · · · · · · · · · · · ·

ccl-foodplan 2/28/19

SECTION 4 DETAILS OF OPERATION			
Will you have seating on site for dining? \(\simeg \)\(\simeg \)\(\simeg \)\(\simeg \)			
Will you be doing any catering? Yes			
Will you be doing any delivery? No Yes			
Will you have outdoor activities?			
Will you have a drive thru window? Yes - Are hours different from inside? No			
If Yes, provide drive thru hours:			
Will scales or barcode scanners be used? 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 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?			
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:			
I understand the Health Department must conduct an inspection and advise the License Division of their approval			
before the license 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 license 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 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.			
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:			

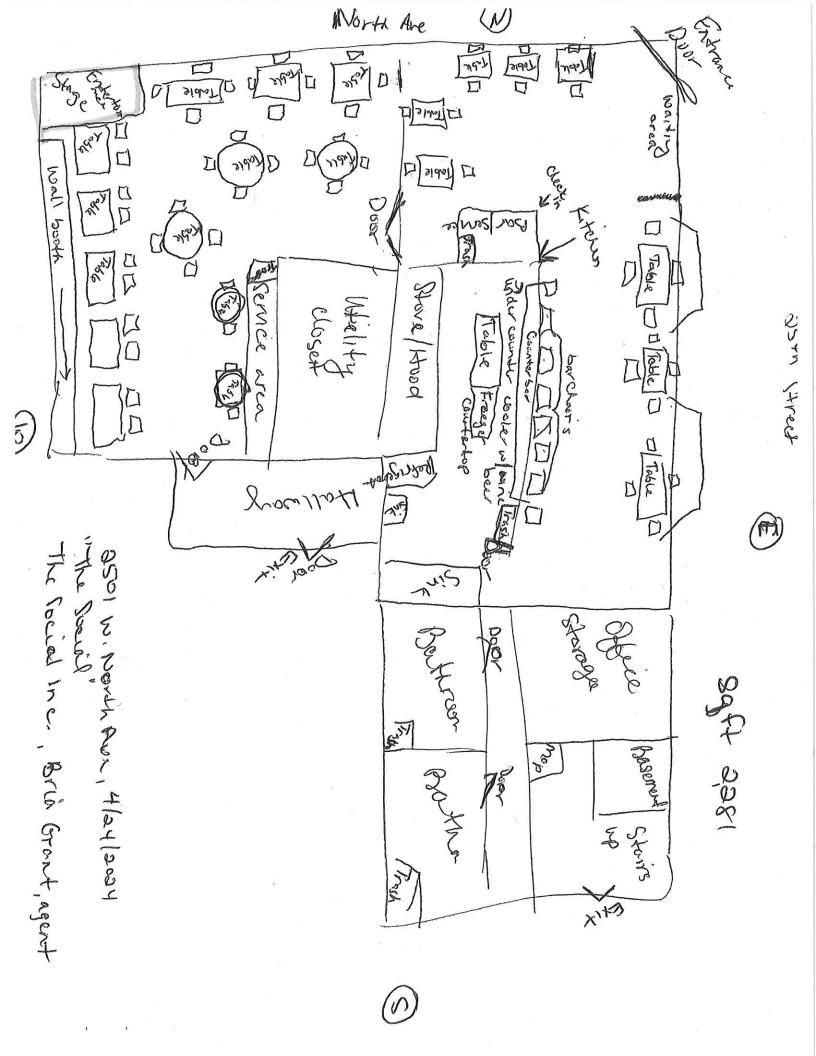


PUBLIC ENTERTAINMENT PREMISES LICENSE SUPPLEMENTAL APPLICATION

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

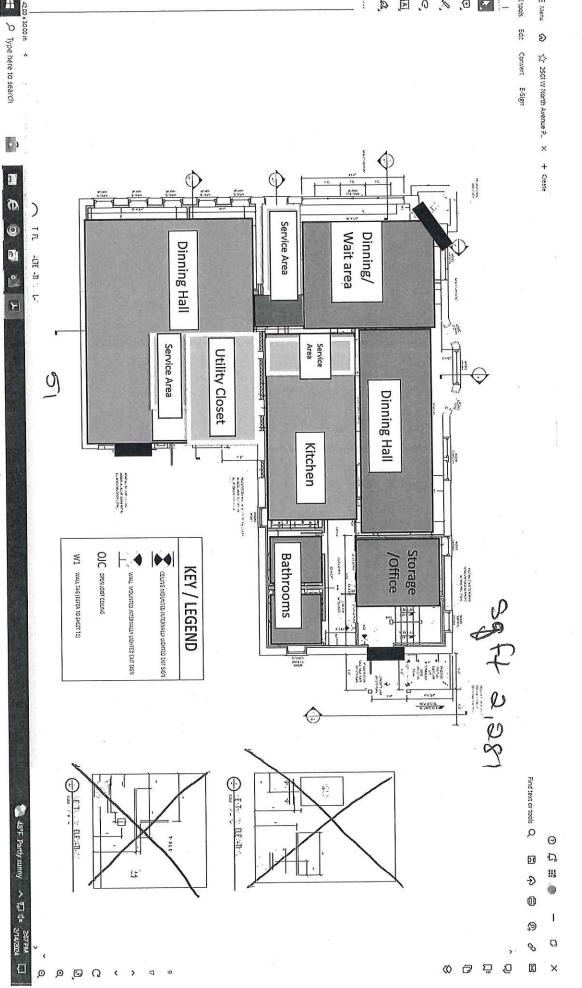
PREMISES ADDRESS: 2501 W. NOOTH AVE MINNOWKEE, WI 53'205				
TYPES OF ENTERTAINMENT (CHI	ECK ALL THAT APPLY)	The state of the s	-	
Instrumental Musicians	Battle of the Bands	Dancing by Performers	Amusement Machines How many?	
Bands	Comedy Acts	☐ Adult Entertainment/ Strippers/Erotic Dance	Concerts Approx. # per year?	
☐ Bowling Alley How many?	Disc Jockey	Wresting	☐ Theatrical Performances Approx. # per year?	
Pool Tables How many?	Magic Shows	Patron Contests	Jukebox	
Motion Pictures (movies by admission) - How many?	Poetry Readings	. Patrons Dancing	Karaoke	
Other:		u - 8	·	
Entertainment Outdoor Closing Hours:	10:00pm Sunday-Thursday; 12:00o Is established by the Common Cou	am Friday & Saturday; unless a different time, ncil in its approval of the licensee's plan of op	either earlier or later, eration.	
PROMOTERS/SOUND AMPLIFICA			. 9	
Will promoters ever be used for any of t	,			
At any time will sound amplification be t	used? No 🗌 Yes If Yes, D	escribe:		
LEGAL CAPACITY OF PREMISES	· · · · · · · · · · · · · · · · · · ·	7 7 7 7		
(Call the Development Center at 414-286-8211 with questions.) Legal capacity determines the fee for your Public Entertainment Premises License. If you would like to request the license be approved with a lower capacity than that listed above, indicate the lower capacity here: If approved, this lower capacity will print on your license and override the capacity listed on your Occupancy Permit.				
ACKNOWLEDGEMENT/SIGNATU				
I understand that after the license has been issued, a change to the plan of operation will require a written request to change and approval from the Common Council. I agree to inform the City Clerk within 10 days of any substantial changes in the information supplied in this application. I understand that I shall not willfully refuse to provide the services offered under this license, or add charges or require deposits not required of the general public because of race, color, sex, religion, national origin or ancestry, age, handicap, lawful source of income, marital status, sexual orientation, gender identity or expression, familial status or the fact that a person is now or has been a member of the military service, whether dressed in uniform or not; and shall not seek such information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion on the basis of such information.				
I have knowledge of the City Ordinances currently regulating public entertainment, and understand that the license may be subject to suspension, non-renewal or revocation, if I violate any rule, law or regulation of the city of Milwaukee and State of Wisconsin.				
Signature of Sole Proprietor, Partner or 20% or More Shareholder (If no 20% or more Shareholder, Corporate Officer - print name/title and sign)				
Office Use Only:	Ann ·	a)		

Only PEP? No Yes If Yes, Queue to MPD and Email Mgrs/Team Lead (must be heard w/in 60 days)



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Menu

Morning Energizers

- Hot/Cold Cereal
- Muffins
 - Yogurt Parfait with Granola and Fruit
 - Fried Plantains
 - Fresh Fruits

Appetizers

Jerk Chicken Eggroll	\$4.75
Veggie Eggroll	\$3.50
Shrimp Eggroll	\$ 5.50
Party Wings(6pc)	\$8
Jerk Chicken Taco	\$3.75
Shrimp Tacos	\$4.50
Loaded Fries	\$12
Cheese Fries	\$5
Jerk Chicken Nachos	\$11
Elote Bowl	\$5.50

Pizza

Cheese	
Pepperoni Pizza:	\$8/15
Jerk Chicken Pizza	\$9/15
Elote Pizza:	\$9/15

THE

Lunch/Dinners

Lunch/Dinners	
(Served with rice & beans, cabbag	ge or Fries)
Jerk Chicken	\$10/\$15
Brown Stew Chicken	\$10/\$15
Oxtails	\$13/\$25.5
Catfish	\$10/\$14
Jerk Catfish	\$10/\$16
Jerk Chicken Philly	\$8/\$13

Rasta Pasta	\$10/\$17
(served your choice of Chicken, roll)	Catfish filet, or Shrimp and a
Jerk Catfish Po'Boy	\$8/\$15
Whole wing (6pc	\$11

Sides

Rice & Beans	200	\$5
Fries		\$4.50
Cabbage		\$5.00

Drinks

Soft Drinks	\$2.75
Juices	\$2.25
Lemonade	\$2.75
Ice Tea	\$2.65
Can Soda	\$1.65

Spirits/Beers/Hookahs

Tequila Sunrise	\$10	Miller High Life	\$3.50
Jack and Coke	\$11	Corona	\$3.50
Margaritas	\$12	Heineken	\$3.50
Long Island	\$10	Modelo	\$3.50
Rum Punch	\$6	Coors	\$3.50
Tropical Long Island	\$10	Coors light	\$3.50
MGD	\$3.50		

Hookahs \$25