



**CITY OF MILWAUKEE
OFFICE OF THE CITY CLERK**

Wednesday, March 26, 2025

COMMITTEE MEETING NOTICE

AD 08

ARORA, Gurmeet S, Agent
ARORA RESTAURANT, INC.
3330 W LINCOLN Av
Milwaukee, WI 53215

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, April 08, 2025 at 03:30 PM

The access code is <https://meet.goto.com/902734029>. Please see the enclosed best practices document for further instructions.

Regarding: Your Class B Tavern and Public Entertainment Premises Licenses Application Requesting 5 Amusement Machines as agent for "ARORA RESTAURANT, INC." for "LINCOLN CAFE" at 3330 W LINCOLN 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.

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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ARORA RESTAURANT, INC.
4540 MELISSA CT
Franklin, WI 53132

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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



Crime Prevention Through Environmental Design

CPTED

Date: 01/14/2025

Officer: Felix

Business:

Name: Lincoln Cafe

Location: 3330 W. Lincoln Ave

Phone ☒ N/A:

Agent:

Name: Arora, Gurmeet

Address: 4540 W. Melissa

Phone:

City: Milwaukee

State: WI ZIP: 53132

Email:

Owner of Business: ☒ Yes ☐ No (Add Info if not agent) _____

Phone: _____

Preferred Contact(s): ☒ Agent ☒ Owner ☐ Other _____

Type of business: ☐ Tavern/Bar ☒ Restaurant ☐ Convenience ☐ Other _____

The business is enclosed in a shopping structure, commercial building or hospital:

(Cannot be entered from a Public Street) ☐ Yes

Property is under construction or remodel: ☒ Survey was done by agent explaining plans. (Some items are not functional at time of survey).

Exterior Survey:

Are the address numbers prominently displayed and easy to see? ☒ Yes ☐ No

Is the area around the location clean? ☒ Yes ☐ No

The area is a business district ☐ or/and ☐ mix use (residential)?

Other businesses attached to the same building ☒ Yes ☐ No

Are windows free of signage? ☐ Yes ☒ No

Can the interior clearly be seen from outside? ☐ Yes ☒ No

Can employees see out of the business to the exterior? ☐ Yes ☒ No

Is there exterior lighting? ☒ Yes ☐ No.

Is lighting adequate? ☒ Yes ☐ No

Are there "No Loitering" Signs posted? ☒ Yes ☐ No

Parking:

- Adequate City Street parking ☒ Yes ☐ No
Will valet service be used any time during business hours? ☐ Yes ☒ No
Is there a parking lot? (If no, skip other items in parking section) ☒ Yes ☐ No
Is lot clean? ☒ Yes ☐ No
Is the lot well illuminated? ☒ Yes ☐ No
Is there a security guard or perimeter control? ☐ Yes ☒ No
Are there Cameras? ☒ Yes ☐ No

Other resources or businesses within the area? (If yes, how many)

☐ Park ☐ School ☐ Youth Center or Day care ☐ Community Outreach ☒ Church ☐ Medical

☒ Residential

Convenience Store: ☒ Yes ☐ No 1

Supermarket: ☐ Yes ☒ No

Gas station(s): ☒ Yes ☐ No 1

Tabaco/ Vape Store: ☐ Yes ☒ No

Liquor store(s): ☐ Yes ☒ No

Tavern(s): ☒ Yes ☐ No 3

Other(s): Variety ☒ Yes

Security: (If no security check and skip to next)

- Will there be security ☐ Yes ☒ No Armed? ☐ Yes ☐ No
Employed by: ☐ business ☐ contracted company
Security will monitor: ☐ Interior ☐ Exterior
Security Hours (Add to narrative along with number and how they will be deployed)

Cameras:

- Plans to have a camera system but not installed or operating: ☒ Yes
(If yes, answer next question and skip additional camera section add info to narrative)
Are cameras required by city ordinance at this business? ☐ Yes ☒ No
(If no, and there is no system skip to next section)
Are there working cameras at the business ☐ Yes ☐ No
How many working? Interior Exterior
Is there a camera facing and entrance / exit? ☐ Yes ☐ No
Is a camera facing the register? ☐ Yes ☐ No
Is the data saved on: ☐ local hard drive ☐ Cloud / off site service
How long is footage saved?
Is on site camera hard drive in a secured area? ☐ Yes ☐ No ☐ N/A
Who has access to security footage? ☐ Owner ☐ Manager ☐ Employee(s) ☐ Security/Service

Bar/ Tavern / night club/ Restaurant ☐ N/A (Skip to next section)

☐ Age Restriction ☐ ID Scanner ☐ Dress Code ☐ Metal Detector ☐ Physical search

Planned capacity: 30

Interior:

Is the interior clean and neat? ☐ Yes ☒ No

What is the minimum number of employees during hours of operation? 2

Is there an area employees can secure themselves? ☐ Yes ☐ No

Are emergency and non-emergency numbers posted near the phone? ☐ Yes ☐ NO

Does the store sell? ☒ N/A (Skip to next section)

Single chore boy: ☐ Yes ☐ No

Blunt wraps: ☐ Yes ☐ No

Scale/Grinders: ☐ Yes ☐ No

Items that may be used as crack pipes: ☐ Yes ☐ No

Describe items _____

Overabundance of sandwich baggies: ☐ Yes ☐ No

Does the owner/agent understand that these items are often used for drug use?

☐ Yes ☐ No

Do the products in the store appear to be new and rotated often?

☐ Yes ☐ No

Current License(s): (Held at location by agent or Business)

Alcohol #: _____ ☐ Yes ☐ No Class: ☐ A ☐ B ☐ B-Manager ☐ D-Oper

Extended Hours #: _____ ☐ Yes ☐ No

Filling #: _____ ☐ Yes ☐ No

Food #: _____ ☐ Yes ☐ No Type: ☒ Restaurant ☐ PED ☐ Retail

Hotel/Motel#: _____ ☐ Yes ☐ No

Tobacco #: _____ ☐ Yes ☐ No

Secondhand Dealer #: _____ ☐ Yes ☐ No Type: ☐ Pawn ☐ Vehicle

Parking lot #: _____ ☐ Yes ☐ No

Pub-Enter-Pre# _____ ☐ Yes ☐ No Type: _____

Other #: _____ ☐ Yes ☐ No Type: _____

Plan of Operation:

Currently Open: ☐ Yes ☐ No – Projected open date: ____/____/____

Hours: ☐ 24HRS

Sun: 8AM - 10PM ☐ Closed

Mon: 8AM - 10PM ☐ Closed

Tue: 8AM - 10PM ☐ Closed

Wed: 8AM - 10PM ☐ Closed

Thu: 8AM - 10PM ☐ Closed

Fri: 8AM - 10PM ☐ Closed

Sat: 8AM - 10PM ☐ Closed

Complete this section if alcohol establishment is a convenience store: ☒ **N/A** *(Skip to*

Recommendations)

*(Exemption) Is the store located in an enclosed shopping structure, enclosed commercial building or hospital? A convenience food store is not in an enclosed structure or building if a customer **cannot** enter it directly from the outside.*

- **All convenience food stores not exempted under sub. 3 shall:**

*Have cash register located in a manner so that at the time of a sales transaction, the employee and customer are both visible from the sidewalk? ☐ Yes ☐ No

*Post a sign which states that the cash register contains \$50 or less and that the safe is not accessible to employees? ☐ Yes ☐ No

- **Maintain any of the following at the property?**

*A safe that was in use at the convenience food store on August 17, 1994?

☐ Yes ☐ No

* A drop-safe or time release safe that weighs at least 500 pounds or which is attached to or set into the floor in a manner approved by the police department?

☐ Yes ☐ No

* Has the owner and their employees attended the Robbery Prevention Training within 120 days of ownership or employment? ☐ Yes ☐ No

* Sub 3. Exemptions. The requirements of this section do not apply to a convenience food store that conforms to either of the following descriptions: ☐ Yes ☐ No

(CPTED- A strategy that aims to reduce crime by changing the physical design of buildings and public spaces).

Comments/ Recommendations:

The property houses a convenience store attached. A dividing wall will be added to enclose an area for the cafe with it's own entry door from the parking lot. The applicant plans on opening 60 days after the food license is approved and construction is completed. The two existing exterior cameras are for the neighboring store. The agent plans installing additional cameras.



Area : 21,862,586.14 ft²

Class A Intoxicating Liquor

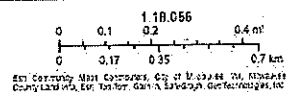
Class A Fermented Malt Beverage

☐ Class A Fermented Malt Beverage ☐ City Limits

Class A Liquor and Malt

Class B Tavern

City Limits



Summary

Name	Count	Area(ft²)	Length(mi)
Alcohol Licenses	13		

Alcohol Licenses

#	Legal Entity	Trade Name	Licensee	Address	License Type Name	Total Capacity	Expiration Date	Count
1	EL SENORIAL, LLC	EL SENORIAL	MIGUEL HUERTA, Agt	1901 S 31ST ST	Class B Tavern License	76	2/25/2025, 6:00 PM	1
2	Villana's Place, LLC	Villana's Place	Juan Manuel Macias Gallardo, Agt	3000 W LINCOLN AV	Class B Tavern License	160	2/7/2025, 6:00 PM	1
3	Lincoln Market Inc	Lincoln Market Inc	MANDEEP DHAWAN, Agt	3530-34 W Lincoln AV	Class A Malt & Class A Liquor License		3/16/2025, 7:00 PM	1
4	REHLEH LLC	The Pressroom MKE	Robert E Holmes, Agt	3105 W Forest Home AV	Class B Tavern License		3/23/2025, 7:00 PM	1
5	OBEROI REAL ESTATE LLC	Quick Pick Food Mart	Meetu Oberoi, Agt	3332 W LINCOLN AV	Class A Malt & Class A Liquor License		7/4/2025, 7:00 PM	1
6	TORY OF MILWAUKEE, INC	MC KIERNANS	GENE M MC KIERNAN, Agt	2066 S 37TH ST	Class B Tavern License	99	7/5/2025, 7:00 PM	1
7	Restaurante El Rinconcito De Rafa LLC	Carnitas De Rafa Restaurante	Rafael Ruiz Rojo, Agt	2344 S 27th ST	Class B Tavern License		7/26/2025, 7:00 PM	1
8	Tu Casa LLC	Tu Casa Mexican Restaurant & Bar	Susana L. Barba-Martin, Agt	3710 W LINCOLN AV	Class B Tavern License		7/26/2025, 7:00 PM	1
9	LA PICA #3, LLC	LA PICA CARR 3 BAR & HALL	WILLIAM RIVERA, Agt	3427-31 W LINCOLN AV	Class B Tavern License	162	7/28/2025, 7:00 PM	1
10	CHILLY WILLYS SALOON	CHILLY WILLYS SALOON	DAVID W OLSON, SP	3301 W GRANT ST	Class B Tavern License	25	7/29/2025, 7:00 PM	1
11	CJ's Pub LLC	CJ's Pub	CORINA L WAGE, Agt	3643 W Rogers ST	Class B Tavern License	49	8/30/2025, 7:00 PM	1
12	Agave Azul	Agave Azul	FRANCISCO RIOS, JR, SP	3316 W Lincoln AV	Class B Tavern License	94	9/23/2025, 7:00 PM	1
13	LINCOLN BEER & LIQUOR INC.	LINCOLN BEER & LIQUOR	Gurjit K Singh, Agt	2717 W Lincoln AV	Class A Malt & Class A Liquor License		10/31/2025, 7:00 PM	1

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



Wednesday, March 26, 2025



Notice of Public Hearing

Blank Notice

ARORA, Gurmeet S, Agent
LINCOLN CAFE at 3330 W LINCOLN Av
Class B Tavern and Public Entertainment Premises Licenses Application Requesting 5
Amusement Machines

Tuesday, April 08, 2025 at 3:30 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 4/8/2025 at 3:30 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	2226 S 34TH ST	MILWAUKEE, WI 53215-2354
CURRENT OCCUPANT	2229 S 33RD ST	MILWAUKEE, WI 53215-2413
CURRENT OCCUPANT	2229 S 34TH ST	MILWAUKEE, WI 53215-2303
CURRENT OCCUPANT	2229A S 33RD ST	MILWAUKEE, WI 53215-2413
CURRENT OCCUPANT	2232 S 34TH ST	MILWAUKEE, WI 53215-2354
CURRENT OCCUPANT	2233 S 33RD ST	MILWAUKEE, WI 53215-2413
CURRENT OCCUPANT	2233A S 33RD ST	MILWAUKEE, WI 53215-2413
CURRENT OCCUPANT	2235 S 34TH ST	MILWAUKEE, WI 53215-2303
CURRENT OCCUPANT	2235A S 34TH ST	MILWAUKEE, WI 53215-2303
CURRENT OCCUPANT	2236 S 35TH ST	MILWAUKEE, WI 53215-2307
CURRENT OCCUPANT	2238 S 34TH ST	MILWAUKEE, WI 53215-2354
CURRENT OCCUPANT	2238A S 34TH ST	MILWAUKEE, WI 53215-2354
CURRENT OCCUPANT	2239 S 33RD ST	MILWAUKEE, WI 53215-2413
CURRENT OCCUPANT	2241 S 34TH ST	MILWAUKEE, WI 53215-2303
CURRENT OCCUPANT	2242 S 34TH ST	MILWAUKEE, WI 53215-2354
CURRENT OCCUPANT	2242 S 35TH ST	MILWAUKEE, WI 53215-2307
CURRENT OCCUPANT	2245 S 33RD ST	MILWAUKEE, WI 53215-2413
CURRENT OCCUPANT	2245 S 34TH ST	MILWAUKEE, WI 53215-2303
CURRENT OCCUPANT	2246 S 35TH ST	MILWAUKEE, WI 53215-2307
CURRENT OCCUPANT	2247 S 33RD ST	MILWAUKEE, WI 53215-2413
CURRENT OCCUPANT	2248 S 34TH ST	MILWAUKEE, WI 53215-2354
CURRENT OCCUPANT	2249 S 34TH ST	MILWAUKEE, WI 53215-2303
CURRENT OCCUPANT	2252 S 34TH ST	MILWAUKEE, WI 53215-2354
CURRENT OCCUPANT	2252A S 34TH ST	MILWAUKEE, WI 53215-2354
CURRENT OCCUPANT	2253 S 33RD ST	MILWAUKEE, WI 53215-2413
CURRENT OCCUPANT	2253A S 33RD ST	MILWAUKEE, WI 53215-2413
CURRENT OCCUPANT	2254 S 34TH ST	MILWAUKEE, WI 53215-2354
CURRENT OCCUPANT	2254 S 35TH ST	MILWAUKEE, WI 53215-2307
CURRENT OCCUPANT	2254A S 35TH ST	MILWAUKEE, WI 53215-2307
CURRENT OCCUPANT	2255 S 34TH ST	MILWAUKEE, WI 53215-2303
CURRENT OCCUPANT	2256 S 34TH ST	MILWAUKEE, WI 53215-2354
CURRENT OCCUPANT	2257 S 33RD ST	MILWAUKEE, WI 53215-2413
CURRENT OCCUPANT	2257A S 33RD ST	MILWAUKEE, WI 53215-2413
CURRENT OCCUPANT	2307 S 33RD ST	MILWAUKEE, WI 53215-2803
CURRENT OCCUPANT	2307 S 33RD ST# A	MILWAUKEE, WI 53215-2803
CURRENT OCCUPANT	2318 S 34TH ST	MILWAUKEE, WI 53215-2809
CURRENT OCCUPANT	2318A S 34TH ST	MILWAUKEE, WI 53215-2809
CURRENT OCCUPANT	2319 S 33RD ST	MILWAUKEE, WI 53215-2803
CURRENT OCCUPANT	2319 S 34TH ST	MILWAUKEE, WI 53215-2808
CURRENT OCCUPANT	2322 S 34TH ST	MILWAUKEE, WI 53215-2809
CURRENT OCCUPANT	2323 S 34TH ST	MILWAUKEE, WI 53215-2808
CURRENT OCCUPANT	2325 S 33RD ST	MILWAUKEE, WI 53215-2803
CURRENT OCCUPANT	3301A W LINCOLN AVE	MILWAUKEE, WI 53215-2350
CURRENT OCCUPANT	3306A W LINCOLN AVE	MILWAUKEE, WI 53215-2351
CURRENT OCCUPANT	3306B W LINCOLN AVE	MILWAUKEE, WI 53215-2351
CURRENT OCCUPANT	3310 W LINCOLN AVE	MILWAUKEE, WI 53215-2351

CURRENT OCCUPANT	3311 W LINCOLN AVE	MILWAUKEE, WI 53215-2350
CURRENT OCCUPANT	3312 W LINCOLN AVE	MILWAUKEE, WI 53215-2351
CURRENT OCCUPANT	3314 W LINCOLN AVE	MILWAUKEE, WI 53215-2351
CURRENT OCCUPANT	3321 W LINCOLN AVE	MILWAUKEE, WI 53215-2350
CURRENT OCCUPANT	3323 W LINCOLN AVE	MILWAUKEE, WI 53215-2350
CURRENT OCCUPANT	3326 W LINCOLN AVE	MILWAUKEE, WI 53215-2351
CURRENT OCCUPANT	3327 W LINCOLN AVE	MILWAUKEE, WI 53215-2350
CURRENT OCCUPANT	3331 W LINCOLN AVE	MILWAUKEE, WI 53215-2350
CURRENT OCCUPANT	3331A W LINCOLN AVE	MILWAUKEE, WI 53215-2350
CURRENT OCCUPANT	3335 W LINCOLN AVE	MILWAUKEE, WI 53215-2350
CURRENT OCCUPANT	3400 W LINCOLN AVE	MILWAUKEE, WI 53215-2353
CURRENT OCCUPANT	3402 W LINCOLN AVE	MILWAUKEE, WI 53215-2353
CURRENT OCCUPANT	3406 W LINCOLN AVE	MILWAUKEE, WI 53215-2353
CURRENT OCCUPANT	3409 W LINCOLN AVE	MILWAUKEE, WI 53215-2352
CURRENT OCCUPANT	3412 W LINCOLN AVE	MILWAUKEE, WI 53215-2353
CURRENT OCCUPANT	3412A W LINCOLN AVE	MILWAUKEE, WI 53215-2353
CURRENT OCCUPANT	3413 W LINCOLN AVE	MILWAUKEE, WI 53215-2352
CURRENT OCCUPANT	3417 W LINCOLN AVE	MILWAUKEE, WI 53215-2352
CURRENT OCCUPANT	3421 W LINCOLN AVE	MILWAUKEE, WI 53215-2352
CURRENT OCCUPANT	3427 W LINCOLN AVE	MILWAUKEE, WI 53215-2352
CURRENT OCCUPANT	3431 W LINCOLN AVE	MILWAUKEE, WI 53215-2352

Blank Notice

Total Records: 67

Radius 250 feet and Center of the Circle: 3332 W Lincoln Av



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:

BAR

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

2. Business Operations

- a. Proposed Opening Date: JUNE 2024 JUNE 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? ☒ No ☐ Yes
If yes, explain: _____
- g. Have you previously held an Extended Hours License in Milwaukee? ☒ No ☐ Yes
If yes, list address(es): _____
- h. Are other businesses operating in the same building? ☐ No ☒ Yes If yes, describe: QUICK PICK FOOD MART

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: 1 Locations: SOUTH EAST
Outside: 1 Locations: SOUTH EAST
- c. Is a crowd control barrier used? ☒ No ☐ Yes If yes, describe: _____
- d. How many restrooms are on the premises? 1
- e. Name of solid waste contractor: ☐ Advanced Disposal ☒ Waste Management ☐ Other: _____

5. Security

- a. Are there onsite parking spaces? ☐ No ☒ Yes If yes, how many? 8 and describe the parking security plan: SOUTH EAST PARKING, IN FRONT OF BUSINESS, CAMERAS OUTSIDE
- 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? 5 and list locations: 2 inside, 3 outside
- e. Will searches/identification checks be done upon entry? ☒ No ☐ Yes If yes, describe: _____

6. Percentage of Sales (must total 100%)

Alcohol <u>95</u> %	Food <u>5</u> % Cigarettes, Electronic Vape Devices, Tobacco Products _____ %	Secondhand Merchandise _____ %	Precious Metals & Gems _____ %
Entertainment _____ %	Salvaged Materials _____ % (such as scrap metal)	Personal Services (such as tattoo, body piercing, salon, tailor, tanning, etc.) _____ %	Other _____ % Describe: _____
Pawnbroker Activity _____ %			

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

Type 1

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

Type 2

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

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

- | | | | | | |
|--|--|---------------------------------------|---|---|---|
| <input type="checkbox"/> Occupancy Permit | <input type="checkbox"/> Cigarette, Tobacco,
Electronic Vape Products | <input type="checkbox"/> Gas Station | <input type="checkbox"/> Extended Hours | <input type="checkbox"/> Class "B" Tavern | <input type="checkbox"/> Weights & Measures |
| <input type="checkbox"/> Secondhand Dealer | <input type="checkbox"/> Precious Metal & Gem | <input type="checkbox"/> Other: _____ | | | |

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

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

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: _____
- b. Describe Location: ☒ Major Thoroughfare ☐ Secondary Street ☐ Other: _____
- c. Nearest Major Cross Street: _____
- d. Describe Building: ☒ Free Standing Building ☐ Strip Mall ☐ Other: _____
- e. Describe Premises Structure: ☒ Single Story ☐ Multi-Story - # of Stories _____ ☐ Other: _____
- f. Describe Surrounding Area: ☒ Commercial ☒ Residential ☐ Industrial ☐ Other: _____
- g. Building Owner Name: WAMEET S. ANOLA Phone Number: 715 892-2886
 Building Owner Address: 4540 W. MELISSA CT, FRANKLIN WI 53132

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	8 AM	9 PM	20	21-60	None
Monday	8 AM	9 PM			
Tuesday	8 AM	9 PM			
Wednesday	8 AM	9 PM			
Thursday	8 AM	9 PM			
Friday	8 AM	9 PM			
Saturday	8 AM	9 PM			

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

 Signature of additional partner or 20% or more shareholder

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



ALCOHOL BEVERAGE & PUBLIC ENTERTAINMENT PREMISES SUPPLEMENTAL APPLICATION

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

Legal Entity Name: AROLA RESTAURANT INC AROLA RESTAURANT INC

Premise Address: 3330 W LINCOLN AVE, MILWAUKEE WI 53215

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

b) Who owns the fixtures (for example, coolers, etc.)? OWNER, GARNETT AROLA

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 \$ —

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 _____ Ends _____

b) Monthly rental \$ _____

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)? _____

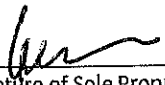
Lease Information (Continued)

- 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



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: 3330 W. LINCOLN AVE, MILWAUKEE, WI 53215

TYPES OF ENTERTAINMENT (CHECK ALL THAT APPLY)

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Instrumental Musicians | <input type="checkbox"/> Battle of the Bands | <input type="checkbox"/> Dancing by Performers | <input checked="" type="checkbox"/> Amusement Machines
How many? <u>5</u> |
| <input type="checkbox"/> Bands | <input type="checkbox"/> Comedy Acts | <input type="checkbox"/> Adult Entertainment/
Strippers/Erotic Dance | <input type="checkbox"/> Concerts
Approx. # per year? _____ |
| <input type="checkbox"/> Bowling Alley
How many? _____ | <input type="checkbox"/> Disc Jockey | <input type="checkbox"/> Wrestling | <input type="checkbox"/> Theatrical Performances
Approx. # per year? _____ |
| <input type="checkbox"/> Pool Tables
How many? _____ | <input type="checkbox"/> Magic Shows | <input type="checkbox"/> Patron Contests | <input type="checkbox"/> Jukebox |
| <input type="checkbox"/> Motion Pictures (movies by
admission) - How many? _____ | <input type="checkbox"/> Poetry Readings | <input type="checkbox"/> Patrons Dancing | <input type="checkbox"/> Karaoke |
| <input type="checkbox"/> Other: _____ | | | |

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.

PROMOTERS/SOUND AMPLIFICATION

Will promoters ever be used for any of the entertainment? ☒ No ☐ Yes If Yes, Describe: _____

At any time will sound amplification be used? ☒ No ☐ Yes If Yes, Describe: _____

LEGAL CAPACITY OF PREMISES

(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/SIGNATURE

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:

Initials: _____ Filed: _____ App: _____

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

