



CITY OF MILWAUKEE  
OFFICE OF THE CITY CLERK

Thursday, June 23, 2022


COMMITTEE MEETING NOTICE

AD 02

HANNIBLE, Lafreddria A, Agent  
Revive Family Homes LLC  
PO BOX 270744  
Milwaukee, WI 53227

You are requested to attend a virtual hearing to be held on:

**Monday, July 18, 2022 at 09:00 AM**

**Regarding:** Your Rooming House License Application as agent for "Revive Family Homes LLC" for "Revive Family Homes LLC" at 6929 W Hampton Av. 

This meeting will be held via GoToMeeting. Please see the enclosed best practices document for further instructions. The access code is <https://meet.goto.com/293357997>. If you wish to call in, please call [+1 \(312\) 757-3121](tel:+13127573121) and use Access Code: 293-357-997.

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 attend this meeting may result in the denial of your license. Individual applicants and partnership applicants must attend or attend by an attorney. The agent or attorney for corporate or limited liability applicants must attend. 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 attend the virtual hearing and are 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 request an interpreter attend the meeting with you, at your expense, so that you can answer questions and participate in your hearing.

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 meeting, please contact the staff assistant, Yadira Melendez at (414) 286-2775 or [stas5@milwaukee.gov](mailto:stas5@milwaukee.gov)



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Milwaukee, WI 53218

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Jim Cooney  
License Division Manager

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Thursday, June 23, 2022



# Notice of Public Hearing

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HANNIBLE, Lafreddria A  
Revive Family Homes LLC at 6929 W Hampton Av.  
Rooming House License Application

**Monday, July 18, 2022 at 09:00 AM**

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 virtually on 07/18/2022 at 09:00 AM. 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 will be asked to do so by phone or internet and are asked to contact the staff assistant, Yadira Melendez at (414) 286-2775 or [stasst5@milwaukee.gov](mailto: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.

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## 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 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 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	4734 N 70TH ST	MILWAUKEE, WI 53218-4849
CURRENT OCCUPANT	4735 N 69TH ST	MILWAUKEE, WI 53218-4846
CURRENT OCCUPANT	4740 N 70TH ST	MILWAUKEE, WI 53218-4849
CURRENT OCCUPANT	4741 N 69TH ST	MILWAUKEE, WI 53218-4846
CURRENT OCCUPANT	4746 N 70TH ST	MILWAUKEE, WI 53218-4849
CURRENT OCCUPANT	4747 N 69TH ST	MILWAUKEE, WI 53218-4846
CURRENT OCCUPANT	4747 N 70TH ST	MILWAUKEE, WI 53218-4850
CURRENT OCCUPANT	4748 N 69TH ST	MILWAUKEE, WI 53218-4845
CURRENT OCCUPANT	4750 N 70TH ST	MILWAUKEE, WI 53218-4849
CURRENT OCCUPANT	4751 N 69TH ST	MILWAUKEE, WI 53218-4846
CURRENT OCCUPANT	4753 N 70TH ST	MILWAUKEE, WI 53218-4850
CURRENT OCCUPANT	4756 N 69TH ST	MILWAUKEE, WI 53218-4845
CURRENT OCCUPANT	4756 N 70TH ST	MILWAUKEE, WI 53218-4849
CURRENT OCCUPANT	4757 N 70TH ST	MILWAUKEE, WI 53218-4850
CURRENT OCCUPANT	4759 N 69TH ST	MILWAUKEE, WI 53218-4846
CURRENT OCCUPANT	4762 N 69TH ST	MILWAUKEE, WI 53218-4845
CURRENT OCCUPANT	4762 N 70TH ST	MILWAUKEE, WI 53218-4849
CURRENT OCCUPANT	4763 N 70TH ST	MILWAUKEE, WI 53218-4850
CURRENT OCCUPANT	4776 N 69TH ST	MILWAUKEE, WI 53218-4845
CURRENT OCCUPANT	4777 N 70TH ST	MILWAUKEE, WI 53218-4850
CURRENT OCCUPANT	6909 W HAMPTON AVE, 1	MILWAUKEE, WI 53218-4807
CURRENT OCCUPANT	6909 W HAMPTON AVE, 2	MILWAUKEE, WI 53218-4807
CURRENT OCCUPANT	6909 W HAMPTON AVE, 3	MILWAUKEE, WI 53218-4807
CURRENT OCCUPANT	6909 W HAMPTON AVE, 4	MILWAUKEE, WI 53218-4807
CURRENT OCCUPANT	6909 W HAMPTON AVE, 5	MILWAUKEE, WI 53218-4807
CURRENT OCCUPANT	6909 W HAMPTON AVE, 6	MILWAUKEE, WI 53218-4807
CURRENT OCCUPANT	6910 W HAMPTON AVE	MILWAUKEE, WI 53218-4806
CURRENT OCCUPANT	6921 W HAMPTON AVE	MILWAUKEE, WI 53218-4807
CURRENT OCCUPANT	6923 W HAMPTON AVE	MILWAUKEE, WI 53218-4807
CURRENT OCCUPANT	6924 W HAMPTON AVE, 101	MILWAUKEE, WI 53218-4809
CURRENT OCCUPANT	6924 W HAMPTON AVE, 102	MILWAUKEE, WI 53218-4809
CURRENT OCCUPANT	6924 W HAMPTON AVE, 103	MILWAUKEE, WI 53218-4809
CURRENT OCCUPANT	6924 W HAMPTON AVE, 104	MILWAUKEE, WI 53218-4809
CURRENT OCCUPANT	6924 W HAMPTON AVE, 105	MILWAUKEE, WI 53218-4809
CURRENT OCCUPANT	6924 W HAMPTON AVE, 106	MILWAUKEE, WI 53218-4809
CURRENT OCCUPANT	6924 W HAMPTON AVE, 107	MILWAUKEE, WI 53218-4809
CURRENT OCCUPANT	6924 W HAMPTON AVE, 108	MILWAUKEE, WI 53218-4834
CURRENT OCCUPANT	6924 W HAMPTON AVE, 201	MILWAUKEE, WI 53218-4834
CURRENT OCCUPANT	6924 W HAMPTON AVE, 202	MILWAUKEE, WI 53218-4834
CURRENT OCCUPANT	6924 W HAMPTON AVE, 203	MILWAUKEE, WI 53218-4834
CURRENT OCCUPANT	6924 W HAMPTON AVE, 204	MILWAUKEE, WI 53218-4834
CURRENT OCCUPANT	6924 W HAMPTON AVE, 205	MILWAUKEE, WI 53218-4834
CURRENT OCCUPANT	6924 W HAMPTON AVE, 206	MILWAUKEE, WI 53218-4834
CURRENT OCCUPANT	6924 W HAMPTON AVE, 207	MILWAUKEE, WI 53218-4834
CURRENT OCCUPANT	6924 W HAMPTON AVE, 208	MILWAUKEE, WI 53218-4834
CURRENT OCCUPANT	6927 W HAMPTON AVE	MILWAUKEE, WI 53218-4807

CURRENT OCCUPANT	6929 W HAMPTON AVE	MILWAUKEE, WI 53218-4807
CURRENT OCCUPANT	6933 W HAMPTON AVE	MILWAUKEE, WI 53218-4807
CURRENT OCCUPANT	6939 W HAMPTON AVE	MILWAUKEE, WI 53218-4807
CURRENT OCCUPANT	6943 W HAMPTON AVE	MILWAUKEE, WI 53218-4807
CURRENT OCCUPANT	6945 W HAMPTON AVE	MILWAUKEE, WI 53218-4807
CURRENT OCCUPANT	6946 W HAMPTON AVE	MILWAUKEE, WI 53218-4806
CURRENT OCCUPANT	6954 W HAMPTON AVE	MILWAUKEE, WI 53218-4806
CURRENT OCCUPANT	7001 W HAMPTON AVE	MILWAUKEE, WI 53218-4811
CURRENT OCCUPANT	7002 W HAMPTON AVE	MILWAUKEE, WI 53218-4810
CURRENT OCCUPANT	7009 W HAMPTON AVE	MILWAUKEE, WI 53218-4811

Blank Notice

Total Records: 56

Radius 250.0 feet and Center of Circle: 6929 W Hampton 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](mailto: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:

Rooming Homes For Women & Children

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

**2. Business Operations**

- a. Proposed Opening Date: 06/01/2022
- 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: Day Care In Duplex "lower"

**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: 2 Locations: kitchen / Bathroom  
Outside: 2 Locations: near garage / Recycle & garbage
- 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: city

### 5. Security

- a. Are there onsite parking spaces?  No  Yes If yes, how many? 3 and describe the parking security plan: 2 slabs and street parking available / NO security
- b. Is there a loading zone?  No  Yes If yes, describe the loading area security plan: "
- c. Will you have security personnel on premise?  No  Yes If yes, how many? \_\_\_\_\_ and answer the following:  
 What are their responsibilities? \_\_\_\_\_  
 Is security equipment used?  No  Yes If yes, describe \_\_\_\_\_  
 List their licensing, certification, or training credentials \_\_\_\_\_
- d. Will there be security cameras?  No  Yes If yes, how many? 2 and list locations: Outside back and front door.
- e. Will searches/identification checks be done upon entry?  No  Yes If yes, describe ID and Application/Background

### 6. Percentage of Sales (must total 100%)

Alcohol _____%	Food _____%	Secondhand Merchandise _____%	Precious Metals & Gems _____%
Entertainment _____%	Cigarettes _____%		
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: \_\_\_\_\_     Rooming House: Number of Floors: 1  
 Number of Rooms: \_\_\_\_\_    Number of Rooms: 3

#### 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
- Secondhand Dealer     Precious Metal & Gem     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):  
 1<sup>st</sup> Floor  2<sup>nd</sup> Floor  Basement Storage  Patio  Beer Garden  Sidewalk Café  Deck  Rooftop  
 Other: Describe: Patio when daycare is closed.
- b. Describe Location:  Major Thoroughfare  Secondary Street  Other: \_\_\_\_\_
- c. Nearest Major Cross Street: Hampton
- d. Describe Building:  Free Standing Building  Strip Mall  Other: Multi-Family
- e. Describe Premises Structure:  Single Story  Multi-Story - # of Stories \_\_\_\_\_  Other: \_\_\_\_\_
- f. Describe Surrounding Area:  Commercial  Residential  Industrial  Other: \_\_\_\_\_
- g. Building Owner Name: La Fiedra Humble Phone Number: (662) 510-3784  
 Building Owner Address: 6927 W Hampton Ave

## 10. Hours of Operation & Customers

Will customers be entering the premises?  No  Yes 2 children per 1 adult


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	<u>24<sup>hr</sup> 3pm-</u>	<u>8am</u>	<u>9 Inc. Children</u>	<u>0 weeks 3-40</u>	
Monday	<u>24<sup>hr</sup> 3pm-</u>	<u>8am</u>	<u>9 Inc. Children</u>	<u>0 weeks 3-40</u>	
Tuesday	<u>24<sup>hr</sup> 3pm</u>	<u>8am</u>	<u>9 Inc. Children</u>	<u>0 weeks 3-40</u>	
Wednesday	<u>24<sup>hr</sup> 3pm</u>	<u>8am</u>	<u>9 Inc. Children</u>	<u>0 weeks 3-40</u>	
Thursday	<u>2 3pm</u>	<u>8am</u>	<u>9 Inc. Children</u>	<u>0 weeks 3-40</u>	
Friday	<u>3pm</u>	<u>8am</u>	<u>9 Inc. Children</u>	<u>0 weeks 3-40</u>	
Saturday	<u>3pm</u>	<u>8am</u>	<u>9 Inc. Children</u>	<u>0 weeks 3-40</u>	

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 Permitted Hours of Operation: Class A: 8:00 am to 9:00 pm Sunday thru Saturday  
 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

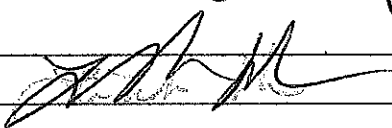
See Application Information for a complete list of all required application forms.





**DWELLING FACILITIES LICENSE SUPPLEMENTAL APPLICATION**

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

<b>Legal Entity Name:</b>	Revive Family Homes LLC		
<b>Premises Address:</b>	6929 W Hampton Avenue Milwaukee WI 53227		
<b>Plan of Operation</b>			
Is the applicant (sole proprietor, partners, or agent of Corp/LLC) a resident of Milwaukee County? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If NO, a local representative (natural person) residing in Milwaukee County must be appointed. Provide the person's name and street address. P.O. Boxes are not acceptable.			
<b>Name of Person:</b>	LaFreddra Hannibke		
<b>Street Address:</b> (include city and zip code)	PO Box 270744 Milwaukee WI 53227		
<b>Please describe your plans to train employees to recognize and report guest or resident behaviors that are indicative of human trafficking at the premises:</b>	I will be the only employee, however, if needed I will go over trafficking information as described on website. Ethical referral will be provided.		
<b>Signature</b>			
I shall not willfully refuse to provide those services offered under this license or add charges or require deposits not required of the general public because of a person's place of residence			
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	

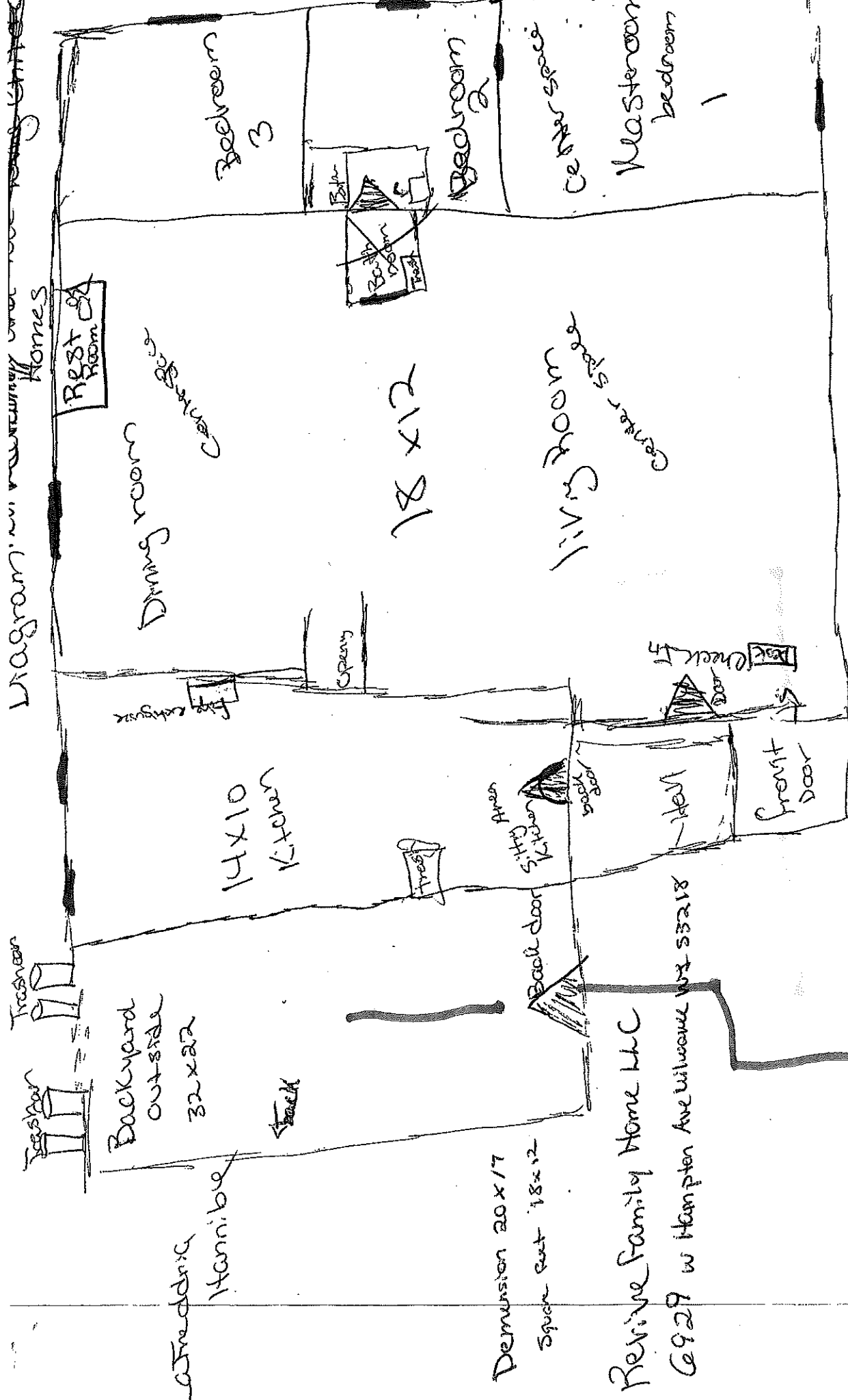


Diagram: w/ measurements

Trash area

Backyard outside 32x22

Back door

Trash

Well

Front Door

Living Room 18x12

Dining room

Rest of Room

Center space

Center space

Bedroom 3

Bedroom 2

Master bedroom 1

Bedroom

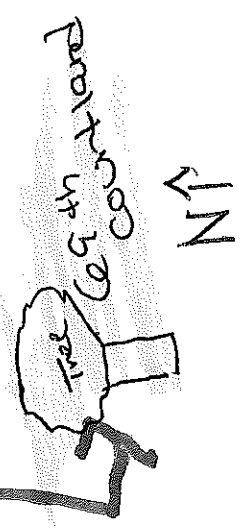
69th Court yard

North Arrow

Windows

Primary Escape Path

Secondary Escape Path



Demension 20x17

Space out 18x12

Revine Family Home LLC

6929 w Hampton Ave Wilmore NC 27388

Date

04-04-22

MEVIVE FAMILY HOME WAX

PIA PIA

Backyard outside 32 x 22

Kitchen

Bedroom 3

Bedroom

11 x 10

Dining Room

18 x 12

Living Room

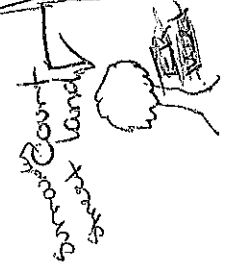
Hall

Master Room 1

Bed room 2

Converted Workshop

Agent  
Lafayette  
Humble



Count  
land

Dem's Square ft.

1780150

Address

Co9 29 W

Hampton Ave

Wilmington NC

53 218

Main Street

Window

N

Hampton

Date 04-11-23

