



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

Thursday, January 15, 2015

COMMITTEE MEETING NOTICE

AD 03

Eric J Schultz
902 E Chambers St
Milwaukee, WI 53212

You are requested to attend a hearing which is to be held in Council Chambers, Third Floor, City Hall on:

Wednesday, January 21, 2015 at 08:45 AM

Regarding: Your Public Entertainment Premises License Application Requesting Instrumental Musicians, Bands, Comedy Acts, Poetry Readings, 12 Motion Pictures, Concerts, and Theatrical Performances for "The Cocoon Room" at 820 E Locust St.

There is a possibility that your application may be denied for one or more of the following reasons: There is a possibility that your application may be denied. 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.

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 in City Hall is available at reduced rates (5 hour limit) at the Milwaukee Center on the southwest corner of East Kilbourn and North Water Street. Parking tickets must be validated in the first floor information booth in City Hall.

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: _____

Jason Schunk
License Division Manager

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



**PUBLIC ENTERTAINMENT PREMISES
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

TYPES OF ENTERTAINMENT (CHOOSE ALL THAT APPLY)

<input checked="" type="checkbox"/> Instrumental Musicians	<input checked="" type="checkbox"/> Bands	<input type="checkbox"/> Battle of the Bands	<input checked="" type="checkbox"/> Comedy Acts
<input type="checkbox"/> Disc Jockey	<input type="checkbox"/> Magic Shows	<input checked="" type="checkbox"/> Poetry Readings	<input type="checkbox"/> Dancing by Performers
<input type="checkbox"/> Adult Entertainment/ Strippers/Erotic Dance	<input type="checkbox"/> Wrestling	<input type="checkbox"/> Patron Contests	<input type="checkbox"/> Patrons Dancing
<input type="checkbox"/> Jukebox	<input type="checkbox"/> Karaoke	<input type="checkbox"/> Bowling Alley	<input type="checkbox"/> Pool Tables
<input checked="" type="checkbox"/> Motion Pictures How many? <u>12</u>	<input type="checkbox"/> Amusement Machines – How many? _____	<input checked="" type="checkbox"/> Concerts Approx. # per year? <u>50</u>	<input type="checkbox"/> Theatrical Performances Approx. # per year? <u>2</u>
<input type="checkbox"/> Other: _____			

WILL PROMOTERS EVER BE USED FOR ANY OF THE ENTERTAINMENT?

No Yes, describe: In the case in which a promoter also plays in a band.

LEGAL CAPACITY OF PREMISES

49 (Call the Milwaukee Development Center at 414-286-8211 w questions.) Your legal capacity will determine the license fee for your Public Entertainment Premise License. If you would like to request that the license be approved with a lower capacity than that listed above, indicate lower capacity _____. If approved, this lower capacity will print on your license and override the capacity listed on your Occupancy Permit.

IDENTIFY IF SOUND AMPLIFICATION IS USED

No Yes, describe: Amplified instruments

DECLARATIONS, ACKNOWLEDGEMENTS, & DISCLOSURES

The undersigned understands 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.
The undersigned agrees to inform the City Clerk within 10 days of any substantial changes in the information supplied in this application.
The undersigned understands that applicants 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.
The undersigned has knowledge of the City Ordinances currently regulating public entertainment, and understands that the license may be subject to suspension, non-renewal or revocation, if the applicant violates any rule, law or regulation of the city of Milwaukee and State of Wisconsin.

60 DAY WAIVER (FOR APPLICANTS ALSO APPLYING FOR OTHER LICENSES AT THIS TIME)

I request that my Public Entertainment Premises LICENSE application be HELD subject to the review requirements of the other licenses for which I am applying. I THEREFORE waive the requirement of Milwaukee Code of Ordinances SECTION 108-5-1-b requiring THAT THE COMMON COUNCIL DENY OR GRANT MY Public Entertainment Premises application within 60 days after certification.
Signature of Applicant: _____

NOTARIZED SIGNATURES OF APPLICANTS

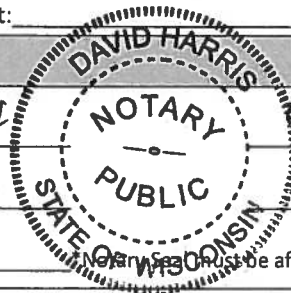
SUBSCRIBED AND SWORN TO BEFORE ME

This 18th day of November, 20 14

David Harris

(Clerk/Notary Public)

My Commission Expires 2/19/17



[Signature]
Agent/Owner/Partner

Additional Owner/Partner

Office Use Only: Initials: _____ Filed: _____ App: _____ Waiver Signed License # _____
 Only PEP or Waiver Not Signed: Email Mgr: _____ Granted _____



ALCOHOL BEVERAGE & PUBLIC ENTERTAINMENT PREMISES SUPPLEMENTAL PLAN OF OPERATION

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: Eric Schultz

Premise Address: 820 E. Locust St., Milwaukee, WI 53212

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

Is there at least 300 feet between the building and any church, school, daycare center or hospital? Yes No

Building & Business Information

a) Property Owners Name: Locust/Bremen LLC Phone Number: (414) 963-2041

Address: 1719 E. Locust St., Milwaukee, WI 53211

b) Are you taking out this application for anyone that may not be eligible for a license? No Yes

If yes, list name and address: _____

c) 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.

d) Does anyone else have money invested or any other interest in this business? No Yes

If yes, explain: _____

e) 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: _____

f) 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 patrons seated at tables. No stools, chairs or other articles of furniture shall be placed at the service bar for patrons to sit upon.

Proof of Ownership, Lease, or Offer to Purchase (new & transfer applicants only)

Submit proof of ownership, lease, or offer to purchase the building with this application.

A lease or offer to purchase must:

- Be in the same legal entity name as that apply for the license
- Reflect the same address as the premises address on this application
- Reflect current dates and
- Be signed by the lessor/seller and lease/buyer

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.)? N/A

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

d) Total amount paid for business \$ 0

e) Total amount paid for goodwill of the business \$ 0

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

Submit this form with the Business License Application & Business Plan of Operation (additional forms are also required for alcohol establishments)

Lease Information (new & transfer applicants who are leasing the premises only)

- a) Date lease begins Nov. 1, 2014 Ends May 1, 2015
- b) Monthly rental \$ 735
- c) Do you have an option to renew the lease? No Yes
- d) Does your lease allow for assignment to another party without the consent of the owner? No Yes
- e) For what length of time have you been guaranteed occupancy (number of years)? 6 mo
- 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 occupancy 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): Moved furniture

Public Entertainment Premises Applicants Only

Types of Entertainment (Choose all that apply):

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> Instrumental Musicians | <input checked="" type="checkbox"/> Bands | <input type="checkbox"/> Battle of the Bands | <input checked="" type="checkbox"/> Comedy Acts |
| <input type="checkbox"/> Disc Jockey | <input type="checkbox"/> Magic Shows | <input checked="" type="checkbox"/> Poetry Readings | <input type="checkbox"/> Dancing by Performers |
| <input type="checkbox"/> Adult Entertainment/
Strippers/Erotic Dance | <input type="checkbox"/> Wrestling | <input type="checkbox"/> Patron Contests | <input type="checkbox"/> Patrons Dancing |
| <input type="checkbox"/> Jukebox | <input type="checkbox"/> Karaoke | <input type="checkbox"/> Bowling Alley | <input type="checkbox"/> Pool Tables |
| <input checked="" type="checkbox"/> Motion Pictures | <input type="checkbox"/> Amusement Machines – | <input checked="" type="checkbox"/> Concerts | <input checked="" type="checkbox"/> Theatrical Performances |
| How many? <u>12</u> | How many? _____ | Approx. # per year? <u>50</u> | Approx. # per year? <u>2</u> |
| <input type="checkbox"/> Other: _____ | | | |

Will promoters ever be used for any of the entertainment?

No Yes, describe: In the case in which a promoter also plays in a band

Legal Capacity of Premises:

49 (Call the Milwaukee Development Center at 414-286-8211 if you have questions.) Your legal capacity will determine the license fee for your Public Entertainment Premise License. If you would like to request that the license be approved with a lower capacity than that listed above, indicate lower capacity: _____

If approved, this lower capacity will print on your license and override the capacity listed on your Occupancy Permit.

Notarized Signatures of Applicants

SUBSCRIBED AND SWORN TO BEFORE ME

This 18th day of November

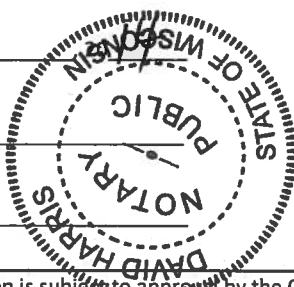
David Harris

(Clerk/Notary Public)

My Commission Expires

*Notary Seal must be affixed.

2/19/17



[Signature]

Sole Proprietor, Partner, 20% or more Shareholder, or Agent – only if there are no 20% or more shareholders

Additional partner or 20% or more shareholder

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 premise applicants must submit the following:

- Proof of ownership, lease or offer to purchase the building
- Detailed floor plan
- If a restaurant, copy of the menu



BUSINESS LICENSE PLAN OF OPERATION

ccl-busplan 11/5/14

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

Is this application for an Extended Hours Establishment License? No Yes

Provide a detailed description of the type of business you plan on operating:

Retail sales of audio recordings and books in artist's studio and occasional live performances

Do you have any experience operating this type of business? No Yes

If yes, explain:

2. Business Operations

- a) Proposed Opening Date: 12-13-14
- 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) What other types of 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: _____
- g) Do you have future plans for other businesses, licenses or permits at this location? No Yes
If yes, explain: _____
- h) Have you previously held an Extended Hours License in Milwaukee? No Yes
If yes, list address(es): _____
- i) Are other businesses operating in the same building? No Yes If yes, describe: _____

3. 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: Locust Street
- c) Nearest Major Cross Street: Bremen 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: Commercial/Residential Mix
- g) Are there off-street parking places? No Yes If yes, how many? 5
- h) Property Owner's Name: Locust/Bremen LLC Phone Number: (414) 963-2041
Address: 1719 E. Locust St., Milwaukee, WI 53212

4. Businesses 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 type="checkbox"/> Cocktail Lounge | <input type="checkbox"/> Teen Club |
| <input type="checkbox"/> Bowling Alley | <input type="checkbox"/> Hotel | <input type="checkbox"/> Banquet Hall | <input type="checkbox"/> Sports Facility |

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"/> Auto Wrecker | |
| <input type="checkbox"/> Used Car Dealer | <input type="checkbox"/> Used Auto Parts | <input type="checkbox"/> Personal Service Establishment | <input type="checkbox"/> Recording Studio |

5. Legal Capacity (only if a Type 1 premises in #4 above)

Capacity 49 (Call the Milwaukee Development Center at 414-286-8211 if you have questions.)

6. Percentage of Sales (must total 100%)

Alcohol _____%	Cigarettes _____%	Secondhand Merchandise <u>10</u> %	Precious Metals & Gems _____%
Food _____%	Entertainment <u>90</u> %		
Pawnbroker Activity _____%	Salvaged Materials _____% (such as scrap metal)	Other _____% Describe: _____	

7. Litter and Noise Control

- How are grounds kept clean? Sweep Pressure Wash Pick Up Litter Other: _____
- How often will grounds be cleaned? Daily Weekly Other: Any time needed
- Grounds cleaned by: Licensee Building Owner Employees Hired Maintenance Other: Volunteers
- Number of Garbage Cans: Inside: 2 Locations: NEAR EMERGENCY EXIT
Outside: 3 Locations: REAR AREA OF PARKING LOT
- Describe sanitation facilities (restrooms): Single restroom w/ sink and toilet
- Name of solid waste contractor: Landlord has contractor
- How are noise issues prevented and/or addressed? Security Manager approaches customer(s) Call Police
 Signs Posted Other: _____
- Will a sound amplification system be used? No Yes If yes, describe: Vocal PA

8. Customers

- Will customers be entering the premises? No Yes
- Are there designated outdoor smoking areas? No Yes If yes, describe: outside on sidewalk
- Is a crowd control barrier used? No Yes If yes, describe: _____

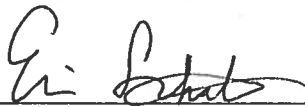
9. Hours of Operation

Day of the Week	Proposed Hours of Operation:		Number of Customers expected each day	Potential Age Range of Customers	Class B Applicants: Age Restriction (If none, write 'None')
	Open (include a.m. or p.m.)	Close (include a.m. or p.m.)			
Sunday	10am	12am	50	0-100	
Monday	7pm	12am	20		
Tuesday	7pm	12am	1		
Wednesday	7pm	12am	1		
Thursday	7pm	12am	20		
Friday	7pm	12am	50		
Saturday	10am	12am	50		

Entertainment Indoor Closing Hours - If alcohol beverage establishment, same as alcohol license hours.
If non-alcohol establishment 1:00 am Sunday to Thursday; 1:30 am Friday and Saturday.

Entertainment Outdoor Closing Hours - 10:00 pm Sunday – Thursday; 12:00 am Friday and Saturday, unless otherwise approved by Common Council in licensee's plan of operation.

10. Required Signature(s)



Sole Proprietor, Partner, 20% or more Shareholder, or Agent - only if there are no 20% or more shareholders

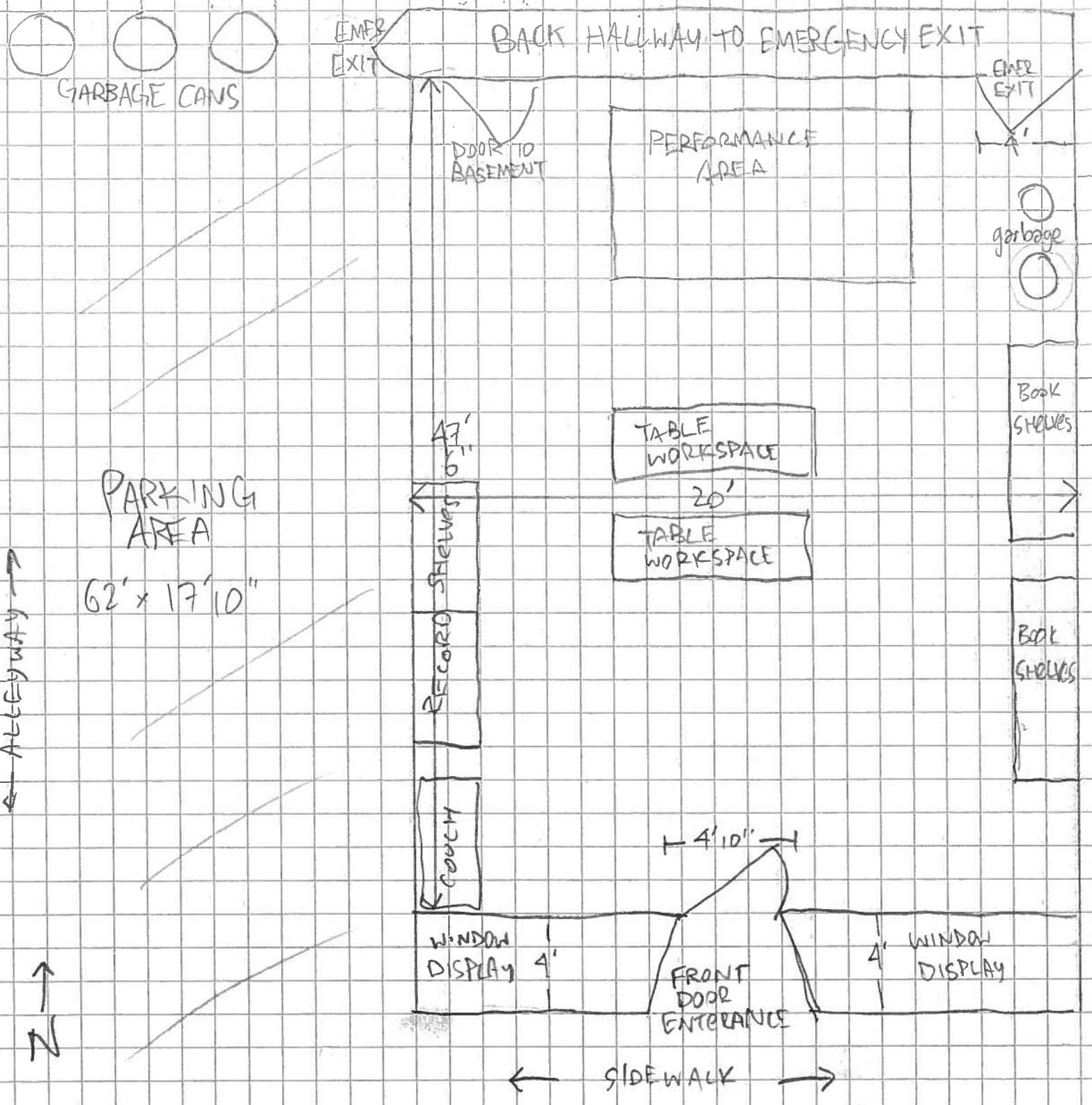
Signature of additional partner or 20% or more shareholder

SUBMIT THIS FORM WITH:

BUSINESS LICENSE APPLICATION &

SUPPLEMENTAL PLAN OF OPERATION

FOR THE SPECIFIC LICENSE TYPE FOR WHICH YOU ARE APPLYING



ERIC SCHULTZ
 "THE COCOON ROOM"
 820 E. LOCUST ST.
 MILWAUKEE, WI 53212

← LOCUST ST. →

TOTAL SQUARE FOOTAGE = 950 SQ. FT.

NOV. 18, 2014