



CITY OF MILWAUKEE
OFFICE OF THE CITY CLERK

Thursday, December 17, 2020

COMMITTEE MEETING NOTICE

AD 05


ELIADES, Ted, Agent
JID LLC
8501 W CAPITOL DR

Milwaukee, WI 53222

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

Tuesday, January 05, 2021 at 09:10 AM

Regarding: Your Class B Tavern License Application as agent for "JID LLC" for "Mykonos Restaurant" at 8501 W CAPITOL DR.

This meeting will be held via GoToMeeting. Please see the enclosed  practices document for further instructions. The access code is <https://global.gotomeeting.com/join/306018541>. If you wish to call in, please call +1 (408) 650-3123 and use Access Code: 306-018-541.

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: _____

Jessica Celella
License Division Manager

If you have questions regarding this meeting, please contact the staff assistant, Molly Kuether-Steele at (414) 286-2775 or molly.kuether-steele@milwaukee.gov.

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



CITY OF MILWAUKEE
OFFICE OF THE CITY CLERK

Thursday, December 17, 2020

COMMITTEE MEETING NOTICE

AD 05

ELIADES, Ted, Agent
JID LLC
7721 W Burdick Ave

Milwaukee, WI 53219

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

Tuesday, January 05, 2021 at 09:10 AM

Regarding: Your Class B Tavern License Application as agent for "JID LLC" for "Mykonos Restaurant" at 8501 W CAPITOL DR.

This meeting will be held via GoToMeeting. Please see the enclosed best practices document for further instructions. The access code is <https://global.gotomeeting.com/join/306018541>. If you wish to call in, please call +1 (408) 650-3123 and use Access Code: 306-018-541.

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JIM OWCZARSKI, CITY CLERK

BY: _____

Jessica Ceella
License Division Manager

If you have questions regarding this meeting, please contact the staff assistant, Molly Kuether-Steele at (414) 286-2775 or molly.kuether-steele@milwaukee.gov.

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

Date: 11/16/2020

Officer: Bowie Buchner

City of Milwaukee Police Department

90-5-1.5 Crime Prevention Survey

Tavern Inspection

Name of Premise: Mykonos Restaurant

Address: 8501 W Capitol Dr

Phone: 414-438-1939

Owner: Ted Eliades

Owner address: 7721 W Burdick Av

City State Zip: Milwaukee, WI 53219

Owner Phone: 262-844-5510

Owner email: Click here to enter text.

Licensee/Agent: Ted Eliades

Home Address: 7721 W Burdick Av

City State Zip: Milwaukee, WI 53219

Phone: 262-844-5510

Email: Click here to enter text.

Preferred contact: Click here to enter text.

Location currently open: YES NO

Projected open date: [Click here to enter a date.](#)

Day's open: S M T W Th F SA ALL

Hours of Operation: Sun: 6:30A.M. – 3:00P.M. 24 hours Y N

Mon: 6:30A.M. – 2:00P.M.

Tue: 6:30A.M. – 2:00P.M.

Wed: 6:30A.M. – 2:00P.M.

Thu: 6:30A.M. – 2:00P.M.

Fri: 6:30A.M. – 2:00P.M.

Sat: 6:30A.M. – 3:00P.M.

Premise Type: Tavern/Bar

Restaurant

Other: [Click here to enter text.](#)

Licenses currently held:

Alcohol: Yes No Class:[Click here to enter text.](#) #: [Click here to enter text.](#)

Tobacco: Yes No #: [Click here to enter text.](#)

Food: Yes No #: FREST 14671

Extended Hours: Yes No #: [Click here to enter text.](#)

Secondhand Dealer: Yes No Type:[Click here to enter text.](#) #: [Click here to enter text.](#)

Other: Yes No Type:BTAVN 316260 #: Class B Tavern License

Other: Yes No Type:Click here to enter text... #: Click here to enter text...

Exterior Survey:

1. Is the area around the location clean? Yes No
2. What surrounds the location? (Check all the apply)
 - a. Park
 - b. School
 - c. Youth Center
 - d. Church
 - e. Tavern(s) If so, how many Click here to enter text.
 - f. Residential
 - g. Other businesses
 - h. Other: Click here to enter text.
3. Can you see from the outside of the location into the interior Yes No
4. Can you see the employees inside of the location from the outside Yes No
5. Are exterior windows free of signage Yes No
6. Is there a parking lot Yes No
7. Is the parking lot clean? Yes No
8. Off-Street parking Yes No
9. Is the parking lot well lit? Yes No
10. Valet Parking Yes No
 - a. Will this lot have a guard? Yes No
 - b. Will this lot have cameras? Yes No

11. Are there areas where a person could conceal themselves Yes No

12. Is there exterior lighting? Yes No. Does it appear to be adequate Yes No

13. Exterior Payphone? Yes No

14. Are there No Loitering Signs posted? Yes No

15. Are there exterior security cameras Yes No How Many: 4

16. Are the address numbers prominently displayed and easy to see Yes No

Camera Survey:

17. Does this location have security cameras? Yes No

18. Are they in working order? Yes No

19. What format are the cameras?

a. Color Yes No

b. Digital Yes No

c. Recorded Yes No

20. How long is footage stored for later viewing: Owner was not sure

21. Are there exterior cameras Yes No How many: 4

22. Are there interior cameras Yes No How many: 6

23. Do all employees know how to retrieve recorded digital images/footage? Yes No

24. Cameras located in parking lot Yes No How many 4

Interior Survey:

25. What is the planned capacity 202

26. What is the minimum number of employees that will be on premise 6-8

27. Is the storeowner willing to be a standing complainant regarding loitering? Yes No

a. If yes have them fill out the standing complaint form and give them two of the commercial signs Yes No

28. Is the interior of the location neat and clean? Yes No

29. Does an interior camera face the entrance/exit? Yes No

30. Is there a lockable area that separates employees from customers? Yes No

31. Are emergency and non-emergency numbers posted near the phone? Yes No

32. Does the owner know how to contact their police district directly? Yes No

a. Did you provide a district contact guide to the owner? Yes No

Security

33. How many security personnel are going to be employed: 0

34. How ill they be deployed: Interior Click here to enter text. Exterior Click here to enter text.

35. What days will they be deployed MonTueWedThuFriSatSun

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 Click here to enter text.

ID Scanner Click here to enter text.

Dress Code Click here to enter text.

Cover Charge Click here to enter text.

Age restriction Click here to enter text.

Other Click here to enter text.

ADDITIONAL COMMENTS/RECOMMENDATIONS:

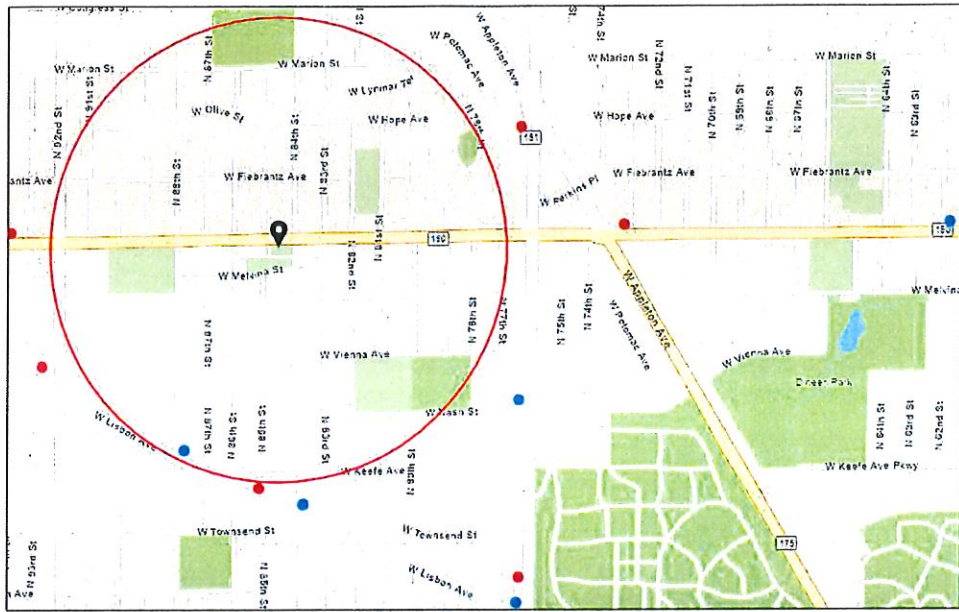
Owner stated the the security footage is stored, but that as the hard drive gets full the new video overrides the oldest video. However, the owner was not sure how long video was stored on the system before it was erased.

City of Milwaukee Concentration Map

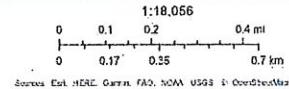
8501 W Capitol Dr

Area : 21,862,585.76 ft²

Oct 23 2020 13:45:22 Central Daylight Time



Alcohol Licenses
● Class A Liquor and Malt
● Class B Tavern



Summary

Name	Count	Area(ft ²)	Length(mi)
Alcohol Licenses	1		

Alcohol Licenses

#	Legal Entity	Trade Name	Licensee	Address	License Type Name	Total Capacity	Expiration Date	Count
1	Champion Chicken 87 LLC	Champion Chicken	AHMAD KADADHA, Agt	8718 W Lisbon AV	Class B Tavern License		7/21/2021, 7:00 PM	1

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



Thursday, December 17, 2020

Licenses Committee Notice of Hearing

ILIAS DEMOLAS
2916 CRYSTAL BAY DR
LAS VEGAS, NV 89117

The Licenses Committee will consider the following license application:

Class B Tavern License Application
ELIADES, Ted, Agent
Mykonos Restaurant at 8501 W CAPITOL DR

Date: 1/5/2021

Time: 09:10 AM

Location: The hearing before the Licenses Committee will take place virtually on Tuesday, January 5, 2021. 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, Molly Kuether-Steele at (414) 286-2775 or molly.kuether-steele@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

Please note this application may be recommended for denial based on fitness of the location due to concentration of alcohol beverage outlets in the area. If the application is denied for this reason, no other application for an alcohol beverage license for this location shall be recommended for approval by the Licenses Committee within three years of the date of denial unless the applicant has demonstrated a change of circumstances since the prior denial.





Thursday, December 17, 2020



Notice of Public Hearing

blank
notice

ELIADES, Ted, Agent
Mykonos Restaurant at 8501 W CAPITOL DR
Class B Tavern License Application

Tuesday, January 5, 2021 at 9:10 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 1/5/2021 at 9:10 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, Molly Kuether-Steele at (414) 286-2775 or molly.kuether-steele@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 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	8332 W CAPITOL DR	MILWAUKEE, WI 53222
CURRENT OCCUPANT	8325 W MELVINA ST	MILWAUKEE, WI 53222
CURRENT OCCUPANT	8333 W MELVINA ST	MILWAUKEE, WI 53222
CURRENT OCCUPANT	8319 W CAPITOL DR 4	MILWAUKEE, WI 53222
CURRENT OCCUPANT	3944 N 86TH ST	MILWAUKEE, WI 53222
CURRENT OCCUPANT	8419 W MELVINA ST	MILWAUKEE, WI 53222
CURRENT OCCUPANT	8319 W CAPITOL DR 3	MILWAUKEE, WI 53222
CURRENT OCCUPANT	8319 W CAPITOL DR 2	MILWAUKEE, WI 53222
CURRENT OCCUPANT	3950 N 86TH ST	MILWAUKEE, WI 53222
CURRENT OCCUPANT	8324 W MELVINA ST	MILWAUKEE, WI 53222
CURRENT OCCUPANT	8318 W MELVINA ST	MILWAUKEE, WI 53222
CURRENT OCCUPANT	8324 W CAPITOL DR	MILWAUKEE, WI 53222
CURRENT OCCUPANT	3946 N 86TH ST	MILWAUKEE, WI 53222
CURRENT OCCUPANT	8427 W MELVINA ST	MILWAUKEE, WI 53222
CURRENT OCCUPANT	8409 W MELVINA ST	MILWAUKEE, WI 53222
CURRENT OCCUPANT	3928 N 85TH ST	MILWAUKEE, WI 53222
CURRENT OCCUPANT	8319 W CAPITOL DR 1	MILWAUKEE, WI 53222
CURRENT OCCUPANT	3956 N 86TH ST	MILWAUKEE, WI 53222
CURRENT OCCUPANT	8411 W MELVINA ST	MILWAUKEE, WI 53222
CURRENT OCCUPANT	8401 W MELVINA ST	MILWAUKEE, WI 53222
CURRENT OCCUPANT	3933 N 84TH ST	MILWAUKEE, WI 53222
blank	notice	

Total Records: 21

Radius: 250.0 feet and Center of Circle: 8501 W Capitol Dr



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/licenses e-mail address: licenses@milwaukee.gov

ccl-bus-plan 5/12/2016

1. Type of Business

Applying for: Extended Hours (12AM to 5AM) - If a food establishment, check all that apply: Delivery Drive Thru Dining Room
 Self Service Laundry Massage Establishment Filling Station
 Other (supplemental application for specific license also required)

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

Do you have any experience operating this type of business? No Yes If yes, explain: 40 YEARS

2. Business Operations

a. Proposed Opening Date: 10/1/2020

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): 8501 W CAPITAL DR MIL WI 53227 / N. VAN BUREN MIL WI

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: 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: BATHROOMS (2) (1 FRONT TRUST STAND)
 Outside: 3 Locations: 2 IN FRONT DOORS (1 IN BACK DOOR)

c. Is a crowd control barrier used? No Yes If yes, describe: _____

d. How many restrooms are on the premises? 3

e. Name of solid waste contractor: Advanced Disposal Waste Management Other: FAIRBANKS

THY
LIT
RUST
Rocks

5. Security

- a. Are there onsite parking spaces? No Yes If yes, how many? 65 and describe the parking security plan: BY OWNER / SECURITY MONITORING WITH CONCRETE STONE 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 CAMERA
 List their licensing, certification, or training credentials _____
- d. Will there be security cameras? No Yes If yes, how many? 9 and list locations: DOOR TO REST ROOM (KITCHEN) (NEXT TO HOST STAND) (LIVIN ROOM) (KITCHEN) BOTH SIDES OF BUILDING
- e. Will searches/identification checks be done upon entry? No Yes If yes, describe _____

6. Percentage of Sales (must total 100%)

Alcohol <u>14</u> %	Food <u>85</u> %	Secondhand Merchandise _____ %	Precious Metals & Gems _____ %
Entertainment _____ %	Cigarettes _____ %	Personal Services (such as tattoo, body piercing, salon, tailor, tanning, etc.) _____ %	Other _____ %
Amusement/Entertainment _____ %	Salvaged Materials (such as scrap metal) _____ %	Describe: _____	

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

- Type 1**
- Full Service Restaurant Cafe/Coffee Shop Deli or Fast Food Restaurant Private/Fraternal/Veterans Club
- Night Club Tavern Cocktail Lounge Teen Club
- Banquet Hall Sports Facility Bowling Alley
- Hotel/Motel: Number of Floors: _____ Number of Rooms: _____
- Rooming House: Number of Floors: 4 Number of Rooms: _____
- Type 2**
- Liquor Store Corner Store Supermarket Convenience Store
- Gas Station Amusement/Phonograph Distributor Recycling, Salvage or Towing
- Used Car Dealer Personal Service Establishment (such as tattoo business, hair salon, tailor, etc.) Recording Studio
- What other licenses/permits will you hold at this location? (check all that apply)
- Occupancy Permit Cigarette & Tobacco Gas Station Extended Hours Class "D" Tavern Weights & Measures
- Secondhand Dealer Precious Metal & Gems Other: _____

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

Capacity 200 [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 Rear Garden Sidewalk Café Deck Rooftop
 Other: Describe: _____

b. Describe location: Major Thoroughfare Secondary Street Other: _____

c. Nearest Major Cross Street: CAPITOL DRIVE

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: JIAS DEMOVAS Phone Number: 414 438-2889
 Building Owner Address: 2916 COLONY PARK L.V. NC 27117

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	6:30 A.M.	4 P.M.	200	1-100	NONE
Monday	6:30 A.M.	4 P.M.	150	1-100	NONE
Tuesday	6:30 A.M.	4 P.M.	150	1-100	NONE
Wednesday	6:30 A.M.	4 P.M.	150	1-100	NONE
Thursday	6:30 A.M.	4 P.M.	150	1-100	NONE
Friday	6:30 A.M.	4 P.M.	170	1-100	NONE
Saturday	6:30 A.M.	4 P.M.	180	1-100	NONE

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)

Jias Demovas
 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 305, Milwaukee, WI 53202
(414) 286-2238 e-mail address: license@milwaukee.gov www.milwaukee.gov/license

Legal Entity Name:	JTD LLC
Premise Address:	8501 W CAPITAL DR MIL WI 53222
Proximity of Premises to Church, School, Daycare Center or Hospital	
Is the building within 300 feet of any church, school, daycare center or hospital?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
"Service Bar Only" Designation	
If applying for Class B or C license, are you applying for "Service Bar Only"?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<input type="checkbox"/> No <input checked="" type="checkbox"/> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, list name and address: _____
Property Information (New & Transfer Applicants Only)	
a) Do you own or lease the building?	<input checked="" type="checkbox"/> Own <input type="checkbox"/> Lease
b) Who owns the fixtures (for example, coolers, etc.)?	JTD LLC
c) Are you purchasing the stock and/or fixtures?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, amount paid \$ <u>200,000</u>
d) Total amount paid for business	\$ <u>35,000</u>
e) Total amount paid for goodwill of the business	\$ <u>35,000</u>
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?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Lease Information (New & Transfer Applicants who are leasing the premises only)	
a) Date lease begins	sdg/sdg
b) Monthly rental	\$ dg/dgally
c) Do you have an option to renew the lease?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
d) Does your lease allow for assignment to another party without the consent of the owner?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
e) For what length of time have you been guaranteed occupancy (number of years)?	sdg

Lease Information (Continued)
<p>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? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. If yes, explain: _____</p> <p>g) Does the present owner or occupancy object to the granting of your license? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. If yes, explain: _____</p>
Change of Agent Applicants Only
<p>Have there been any changes to the floor plan since the last application was submitted? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. If no, a new floor plan is not required. If yes, submit a new floor plan and explain the change(s): _____ _____</p>
Signature
<p> _____ Signature of Sole Proprietor, Partner or 20% or More Shareholder (If no 20% or more Shareholder, Corporate Officer - print name/title and sign)</p>

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

5-14-20
 JID LLC
 MYKONOS RESTAURANT
 8501 W. CAPITOL DR. MILW, WI 53222

