



Office of the City Clerk
License Division

Ronald D. Leonhardt
City Clerk

Rebecca N. Grill
License Division Manager

October 7, 2008

Jennie M. Nuell, Agent
Maximum Capacity, LLC
4001 W. Fond du Lac Avenue
Milwaukee, WI 53216

Dear Ms. Nuell:

On October 7, 2008 the Common Council voted to renew your Class "B" Tavern license for 4001 W. Fond du Lac Avenue with a warning letter.

This course of action was taken based upon testimony given at your hearing of September 23, 2008. The warning is being given with the expectation that you will take appropriate action to ensure that incidents such as those addressed at the License Committee hearing do not reoccur.

Sincerely,

Richard G. Pfaff
Assistant Manager License Division

RGP/jw

cc: MPD-LIU
License Coordinator
File



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October 7, 2008

Jennie M. Nuell, Agent
Maximum Capacity, LLC
4001 W. Fond du Lac Avenue
Milwaukee, WI 53216

RE: Class B Tavern Age Distinction

Dear Ms. Nuell:

Your request for an age distinction of 25 years and older 7 days per week was granted by the Common Council on October 7, 2008.

You must post this information in a conspicuous place in your establishment along with your Class B Tavern license.

If you wish to change or remove the age distinction, you must complete an Application Amendment form. Any changes will not be effective until approved by the Licenses Committee and granted by the Common Council.

If you have any questions, please contact our office at (414) 286-2238.

Sincerely,

Rebecca N. Grill
License Division Manager

cc: LIU



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

Thursday, September 11, 2008

COMMITTEE MEETING NOTICE

AD 07

Jennie M. Nuell, Agt.
Maximum Capacity, LLC
8135 W Muriel Pl
Milwaukee, WI 53218

You are requested to attend a hearing which is to be held in Room 301-B, Third Floor, City Hall on:

Tuesday, September 23, 2008 at 9:00 AM

Regarding: Your Class 'B' Tavern renewal application with an age distinction of 25 and older as agent for "Maximum Capacity, LLC" for "All Star Sports Bar" at 4001 W Fond Du Lac Av.

There is a possibility that your application may be denied for the following reasons:

See attached police report.

Notice for applicants with warrants: Proof of warrant satisfaction 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 application. 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 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. If you have difficulty with the English language, you should bring an interpreter with you, at your own 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 Room 205, (City Clerk's Office) or 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.

RONALD D. LEONHARDT, CITY CLERK

By Rebecca N. Grill

Rebecca N. Grill
License Division Manager

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

LICENSE TYPE BTAVN LICENSE NUMBER 14950 NEW RENEWAL X OTHER WARD 07
ADD'L INFO: CC 7-30-08 OK EXPAND NW SEC 1ST FL-NS HD
AMUSE CIG POOL PHONO
APPLICANT NUEL, JENNIE M PARTNER:
ADDRESS: 8135 W MURIEL ADDRESS:
CITY: MILWAUKEE CITY:
STATE: WI ZIP: 53218 STATE: ZIP:
PHONE: (414)659-5792 DOB: 09/01/1959 DOB:
MAIDEN/OTHER: KAISHIAN
BUSINESS: ALL STAR SPORTS BAR PARTNER2
ADDRESS: 4001 W FOND DU LAC AV ADDRESS:
CITY: MILWAUKEE CITY:
STATE: WI ZIP: 53216 STATE: ZIP:
PHONE: (414)444-2050 DOB: DOB:
SPOUSE: BUILDING OWNER:
DOES APPLICANT HAVE INTEREST IN ANY OTHER CLASS 'A'/'B'/'C' PREMISES? N Y (Explain)
LENGTH OF RESIDENCE AT ABOVE: IN STATE: PREVIOUS ADDRESS:

CORPORATION NAME: MAXIMUM CAPACITY, LLC

STATE OF INCORPORATION: DATE OF INCORPORATION:

CORPORATE OFFICERS:

NAME: ADDRESS: ZIP:
CITY: CITY: DOB:
STATE: STATE: DOB:
PHONE: PHONE:
OFFICE: OFFICE:

NAME: ADDRESS: ZIP:
CITY: CITY: DOB:
STATE: STATE: DOB:
PHONE: PHONE:
OFFICE: OFFICE:

***** POLICE USE ONLY *****

HAS APPLICANT BEEN DENIED A LICENSE IN THE PAST YEAR: N Y PREVIOUS PREMISES RECORD: N Y
EXPLAIN:

PROOF OF LEASE/OWNERSHIP/OFFER TO BUY: N Y N/A

DOES APPLICANT HOLD ANY OTHER CITY LICENSES: N Y TYPE AND NUMBER:

A-NUMBER: CHECKED WITH ID DIVISION: N Y

ADDITIONAL INFORMATION:

INVESTIGATING OFFICER: *KA* REVIEWED BY: *CM*
DATE: DATE:

JUL 31 2008

**MILWAUKEE POLICE DEPARTMENT
LICENSE INVESTIGATION UNIT**

**CRIMINAL RECORD/ORDINANCE VIOLATION/INCIDENTS
SYNOPSIS**

DATE: 07/31/08

LICENSE TYPE: BTAVN

NEW:

RENEWAL: X

No. 14950

Application Date: 07/30/08

Expiration Date:

License Location: 4001 W Fond Du Lac Avenue

Aldermanic District: 07

Business Name: All Star Sports Bar

Licensee/Applicant: Nuell, Jennie M

(Last Name, First Name, MI)

Date of Birth: 09-01-59

Male:

Female: X

Home Address: 8135 W. Muriel Pl

City: Milwaukee

State: Wi

Zip Code: 53218

Home Phone: (414) 464-6719

This report is written by Police Officer Kristyn Kukowski, assigned to the License Investigation Unit, Days.

The Milwaukee Police Department's investigation regarding this application revealed the following:

1. On 04-03-85, applicant was arrested by Milwaukee Police Department for Possession of Controlled Substance.

Charge: Possession of Controlled Substance

Finding: Guilty

Sentence: 1 yr. Probation

Date: 07-02-85

Case: L-1575

2. On 11-15-89, applicant was arrested by Milwaukee Police Department for Possession With Intent to Deliver/Manufacture.

Charge: Poss. W/Intent to Deliver/Manufacture

Finding: Guilty

Sentence: 3 yr's Probation

Date: 06-06-90

Case: F893652

Continue on page 2

3. On 11-18-03 at 7:33am, applicant was issued two citations for Animals at Large at 10904 W. Florist.

Charge: Animals at Large
Finding: Guilty
Sentence: Fined \$75.00/ 2nd citation was dismissed
Date: 03-15-04
Case: 03174416
03174417

NOTE: Applicants license is suspended for 6 months for a BAC violation on 03-06-06.

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4. On 03/24/07, applicant received a citation for Permitting Animal At Large at 8134 W Muriel Place.

Charge: Permitting Animals At Large
Finding: Guilty
Sentence: Fined \$130.00
Date: 05/16/07
Case: 07040172

5. On 03/04/08 at 8:36 pm, Milwaukee police were dispatched to Shots Fired at 4001 W. Fond Du Lac Avenue. Police spoke to Jennie Nuell who stated she heard a couple of gunshots and that a bullet had entered the bar through a window near the main entrance and struck several bottles that were on a shelf behind the bar. Officers observed a bullet hole in the octagonal window next to the main door of the bar and saw several bottles that were broken. Police also recovered a bullet on the floor behind the bar. No injuries were reported.

6. On 06/29/08 at 1:58 pm, Milwaukee police were dispatched to 4001 W Fond Du Lac for a Battery complaint. Officers spoke to a security guard identified as James Perry who stated a patron was escorted out of the bar early by another guard. Perry was standing outside the bar when this patron approached him and started to argue with him and spit in face. Perry stated he grabbed the subject because he was going to handcuff him and call police when a female jumped on his back and grabbed his badge that was around his neck. The male subject then ran away. Police were able to identify the subject and a citation was issued to this patron for Assault and Battery.

7. On 07/14/08, Milwaukee police were dispatched to 4001 W Fond Du Lac for a Fight complaint. Investigation found the presence of an underage inside the tavern. The underage patron was issued a citation for Presence of Underage as well as the licensee, Jennie Nuell.

Charge: Presence of Underage
Finding: Court date 09/04/08
Sentence:
Date:
Case:

*NOT CONSIDERED
BY LC 9-23-08*

8. On 07/24/08 at 1:15 am, Milwaukee police were flagged down by security for All Stars Sports Bar located at 4001 W Fond Du Lac. The guards stated they had detained two subjects who entered the tavern after being told they couldn't because the tavern was closed. The subjects had to be physically removed from the tavern and were detained outside of the bar. Officers issued trespassing citations to both subjects.

9. On 07/27/08 at 12:45 am, Milwaukee police were dispatched to 4001 W Fond Du Lac for a report of a Fight. Officers spoke to the security guards who stated there had been an argument between several patrons that escalated into a physical fight. All of the subjects were physically removed from inside the tavern and were being detained by security until police arrived. Citations for disorderly conduct were issued to five of the patrons and they were released from the scene.

MILWAUKEE, POLICE DEPARTMENT LICENSE REPORT DATE OF FILING 07/30/2008

LICENSE TYPE BTAVN LICENSE NUMBER 14950 NEW RENEWAL X OTHER WARD 07
ADD'L INFO: CC 7-30-08 OK EXPAND NW SEC 1ST FL-NS HD

AMUSE CIG POOL PARTNER: PHONO
APPLICANT NUEL, JENNIE M ADDRESS: 8135 W MURIEL PL

CITY: MILWAUKEE STATE: WI ZIP: 53218
PHONE: (414)659-5792 DOB: 09/01/1959

MAIDEN/OTHER: KAISHIAN BUSINESS: ALL STAR SPORTS BAR

ADDRESS: 4001 W FOND DU LAC AV CITY: MILWAUKEE

STATE: WI ZIP: 53216
PHONE: (414)444-2050

SPOUSE: DOB: BUILDING OWNER:
DOES APPLICANT HAVE INTEREST IN ANY OTHER CLASS 'A'/'B'/'C' PREMISES? N Y (Explain)

LENGTH OF RESIDENCE AT ABOVE: IN STATE: PREVIOUS ADDRESS:

CORPORATION NAME: MAXIMUM CAPACITY, LLC

STATE OF INCORPORATION: DATE OF INCORPORATION:

CORPORATE OFFICERS:

NAME: ADDRESS: ZIP: DOB:
CITY: STATE: PHONE: OFFICE:

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CITY: STATE: PHONE: OFFICE:

NAME: ADDRESS: ZIP: DOB:
CITY: STATE: PHONE: OFFICE:

JUL 31 2008

INVESTIGATING OFFICER: *[Signature]*
DATE:

REVIEWED BY: *[Signature]*
DATE:

AUG 07 2008

MILWAUKEE POLICE DEPARTMENT
LICENSE INVESTIGATION UNIT

CRIMINAL RECORD/ORDINANCE VIOLATION/INCIDENTS
SYNOPSIS

DATE: 07/31/08

LICENSE TYPE: BTAVN

NEW:

RENEWAL: X

No. 14950

Application Date: 07/30/08

Expiration Date:

License Location: 4001 W Fond Du Lac Avenue

Aldermanic District: 07

Business Name: All Star Sports Bar

Licensee/Applicant: Nuell, Jennie M

(Last Name, First Name, MI)

Date of Birth: 09-01-59

Male:

Female: X

Home Address: 8135 W. Muriel Pl

City: Milwaukee

State: Wi

Zip Code: 53218

Home Phone: (414) 464-6719

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Continue on page 2

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Charge: Presence of Underage
Finding: Court date 09/04/08
Sentence:
Date:
Case:

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RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

BTAVN13901

For the license period beginning **10/23/2008**; ending **10/22/2009**

TO THE GOVERNING BODY of the CITY OF MILWAUKEE, MILWAUKEE COUNTY

Aldermanic District No. **07**

Type of Legal Entity: **Limited Liability Company**

JENNIE M NUEL, AGENT

MAXIMUM CAPACITY, LLC

Complete A or B. All must complete C.

Age Dist. 25 +

Need cis App returned

Applicant's Wisconsin Seller's Permit Number:	
Federal Employer Identification Number (FEIN):	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Wholesale beer	\$
<input type="checkbox"/> Class C Wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
	\$
Publication Fee	\$
TOTAL FEE	\$

A. INDIVIDUAL OR PARTNERSHIPS ONLY:

Full Name(s) (Last, First and Middle Name)

Home Address

Post Office & Zip Code

B. CORPORATIONS OR LLC ONLY:

MAXIMUM CAPACITY, LLC

Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶

All Officer(s), Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Full Name(s) (Last, First and Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>JENNIE M NUEL</u>	<u>8135 W. MURIEL PL.</u>	<u>Mil 53218</u>

Vice President/Member

Secretary /Member

Treasurer/Member

Agent ▶ JENNIE NUEL

(If the agent has changed Forms AT-104 and AT-103a must also be filed. The new agent is subject to fingerprinting requirements and a police investigation. If an officer has changed form AT-103 must be filed. The new officer(s) must be fingerprinted. The fingerprinting requirement does not apply to officers of non-profit organizations.) Call 414-286-2238 to have the forms mailed to you or view the forms link at www.milwaukee.gov/license

Directors/ Managers

C. ALL APPLICANTS:

1. Trade Name ▶ All STAR SPORTS BAR Business Phone Number 414-444-2050

2. Address of Premises ▶ 4001 W FOND DU LAC AV Post Office & Zip Code ▶ Mil 53218

3. Is agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? Yes No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

FIRST FLOOR

5. Legal description (omit if street address is given above):

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, ordinances of any municipality? If yes, complete the reverse side Yes No

b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, complete the reverse side Yes No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? Yes No

If yes, explain.

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax Return of the licensee? Yes No

If not, explain.

9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above?

[phone (608) 266-2776] Yes No

10. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864] Yes No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the Signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

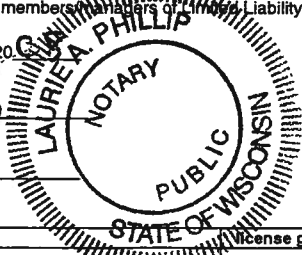
This 30 day of July

(Clerk/Notary Public)

My Commission Expires 7-3-11
*Notary Seal must be affixed.

TO BE COMPLETED BY CLERK:

Date received and filed with municipal clerk	License number	License granted	Issued Date
<u>7-30-08</u>	<u>14950</u>		



Jennie Nuell
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)

(Additional Partner(s)/Member/Manager of Limited Liability Company If Any)

WDL

INSTRUCTIONS FOR RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION (AT-115A)

THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e. individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company).
2. Partners are added or dropped.
3. Application is made in a different municipality.

PARTNERSHIPS:

Indicate full name and home address of each partner. Each partner must sign application. **Reminder:** If partners have been added or dropped since your last application, you must use Form AT-106 (Original Alcohol Beverage License Application).

CORPORATIONS:

The Officer(s) must sign application. Be sure to answer Question No. 6 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103a (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Form AT-104 (Schedule for Appointment of Agent) AND AT-103a (Auxiliary Questionnaire) in addition to this (AT-115a) form.

LIMITED LIABILITY COMPANY:

Members/managers must sign application. Follow procedure under Corporations for any change of members/managers or agent.

NOTE: Application must be signed where indicated on all copies in the presence of a notary public. Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

Complete, sign and return this form to the clerk.

DISCRIMINATION CLAUSE:

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry; the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

If answer to Question No. 5a and/or 5b on the reverse side is "YES," outline details below"

CONVICTIONS

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
CHARGE _____ WHERE CONVICTED _____
DATE _____ PENALTY _____ MISDEMEANOR FELONY
2. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
CHARGE _____ WHERE CONVICTED _____
DATE _____ PENALTY _____ MISDEMEANOR FELONY
3. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
CHARGE _____ WHERE CONVICTED _____
DATE _____ PENALTY _____ MISDEMEANOR FELONY

PENDING CHARGE

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
PENDING CHARGE _____ DATE _____

ALCOHOL BEVERAGE CORPORATIONS/LIMITED LIABILITY COMPANY - STATEMENT OF STOCK OWNERSHIP

This statement is required of all corporations or limited liability companies applying for an Alcohol Beverage License in the City of Milwaukee (see Sec. 90-7(2) Milwaukee Code). All persons who individually own 10% or more of the total or voting stock, or proxies for that amount of stock, together with the amount of stock and/or proxies held by each such person or persons, must be listed below. **NOTE: Penalties for submitting false statements or affidavits are provided in Sec. 90-5(2) of the MCO.**
 Print Legibly or Type

Name of Corporation/LLC: **MAXIMUM CAPACITY, LLC**

Address of Licensed Premises: **4001 W FOND DU LAC AV**

STOCKHOLDERS

Stockholder #1

Full Legal Name (First, Middle & Last)	Date of Birth	Percentage of Shares Held
JENNIE M. NUEL	9-1-59	100 %
Home Street Address (Not business or office)	Home City, State, Zip Code:	
8135 W. Muriel Place	Milwaukee, Wisconsin 53218	

Stockholder #2

Full Legal Name (First, Middle & Last)	Date of Birth	Percentage of Shares Held
		%
Home Street Address (Not business or office)	Home City, State, Zip Code:	

Stockholder #3

Full Legal Name (First, Middle & Last)	Date of Birth	Percentage of Shares Held
		%
Home Street Address (Not business or office)	Home City, State, Zip Code:	

Stockholder #4

Full Legal Name (First, Middle & Last)	Date of Birth	Percentage of Shares Held
		%
Home Street Address (Not business or office)	Home City, State, Zip Code:	

Stockholder #5

Full Legal Name (First, Middle & Last)	Date of Birth	Percentage of Shares Held
		%
Home Street Address (Not business or office)	Home City, State, Zip Code:	

(if more space is required, attach additional sheets in duplicate)

We understand that transfers of stock must be reported to the City Clerk within 10 days after such transfer.

Subscribed and sworn to before me this

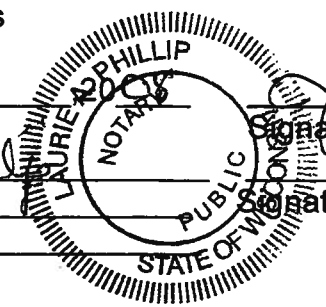
30 day of July

Laurie A. Phillip

Notary Public, State of Wisconsin

My Commission expires: 7-3-11

NOTARY SEAL MUST BE AFFIXED



Jennie Nuell
 Signature of Officer of Corporation/Member of LLC

Signature of Officer of Corporation/Member of LLC



Plan of Operation Supplement for Retail Alcohol Beverage License Renewal Application

OFFICE OF THE CITY CLERK LICENSE DIVISION
200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202
(414) 286-2238 EMAIL: LICENSE@MILWAUKEE.GOV

Your application will be returned for failure to fill out this form completely and correctly, and submit the required documents. This may result in a late fee and a lapse in your license.

Type of License applied for: Class 'B' Tavern	Type of Ownership Structure: Limited Liability Company	Name of Corporation, Limited Liability Company or Non Profit Organization: MAXIMUM CAPACITY, LLC
---	--	---

Full Legal Name of Individual, Partners or Agent:
JENNIE MARIE NUEL

(If the agent has changed Forms AT-104 and AT-103a must also be filed, call 414-286-2238 to have the forms mailed to you or view the forms link at www.milwaukee.gov/license. The new agent is subject to fingerprinting requirements and a police investigation.)

Has Individual, Partners or Agent been known on official records by any other name(s)? Yes No
If yes, list name(s):

Address of Premises: **4001 W FOND DU LAC AV** Business Telephone Number: **414.444.2050**

Business Mailing Address - if different from address of premises (include City, State, Zip Code):

Business Internet/E-mail Address: Business Fax Number:

Property Owner's Name: **JENNIE NUEL** Property Owner's Phone Number: **414.659.5792**

Property Owner's Address (include City, State, Zip Code):
8135 W. Muriel Place Mil. Wis 53218

Are you taking out this application for anyone that may not be eligible for a license? Yes No
If yes, list name and address:

Will you be conducting the day-to-day operations of the business? Yes No
If no, list name and address of person who will: **Eddie J. Nuell**

Class B Applicants: If you will not be conducting the day-to-day operations of the business, the person listed above must obtain a Class B Manager's license.

Does anyone else have money invested or any other interest in this business? Yes No
If yes, explain:

Have you made an agreement with anyone to repay any loan or any other payments based upon income from the business? Yes No If yes, list name and address:

What types of business do you conduct at this location? (check all that apply):
 Full Service Restaurant Bowling Center Billiard Center Comedy Club Hotel Indoor Golf Facility
 Night Club (requires Dance or Cabaret license) Veterans Club Cafe/Coffee Shop Brew Pub Tavern Fraternal Club
 Bed & Breakfast Volleyball Court Theater Wine Tasting Room Grocery Store Private Sports Club Liquor Store
 Department Store Convenience Market Center for the Visual and Performing Arts Drug Store Gift Shop Museum

What other types of licenses or permits do you currently hold at this location? (check all that apply):
 Occupancy Permit (All premises should have) Cigarette Food (Restaurant) Gas Station
 Extended Hours License Other(s): **Record Spin**

If applying for a Class B or C license, what type of food service do you have at this location?
 None Prepackaged Foods Appetizers Snacks Catered Events
 Full Meals - Hours of Food Service - From: To:
 (attach additional sheets as necessary)

What percentage of your total sales is from sales of alcohol beverages? **100 %**

Do you have any future plans for other businesses, licenses or permits at this location? Yes No
If yes, explain:

HOURS OF OPERATION FOR ALCOHOL BEVERAGE SALES/SERVICE ONLY

***** IMPORTANT:** If the PROPOSED HOURS OF OPERATION will remain the same as the CURRENT HOURS OF OPERATION, you must write "SAME" in the PROPOSED HOURS OF OPERATION OPEN and CLOSE columns for each DAY OF THE WEEK. All boxes must be filled in. Failure to do so will result in your application being returned to you.

Day of the Week	Current Hours of Operation: ("same" is not acceptable) Include a.m. or p.m.		Proposed Hours of Operation: (If same as current hours, write "same" in each column & row) Include a.m. or p.m.		Number of Customers expected each day	Class B Taverns: Age Distinction for each day (If no age distinction, write "none")
	Open	Close	Open	Close		
Sunday	10:30 AM	2:00 AM	SAME	SAME	100	25+
Monday	12:00 noon	2:00 AM	SAME	SAME	30	25+
Tuesday	12:00 noon	2:00 AM	SAME	SAME	125	25+
Wednesday	12:00 noon	2:00 AM	SAME	SAME	100	25+
Thursday	10:30 AM	2:00 AM	SAME	SAME	75	25+
Friday	10:30 AM	2:30 AM	SAME	SAME	150	25+
Saturday	10:30 AM	2:30 AM	SAME	SAME	150	25+
Examples:	10:00 a.m.	1:00 a.m.	Same	2:00 a.m.	100	35+
	CLOSED	CLOSED	Same	Same	0	None

Prohibited Hours of Operation: Class A: 9:00 PM to 8:00 AM

Class B/C: Monday thru Friday 2:00 AM – 6:00 AM; Class B/C: Saturday thru Sunday 2:30 AM – 6:00 AM

Legal Capacity/Occupancy of Premises:

(does not include Class A)

Call (414) 286-8211 if you have questions.

80

Number of Parking Spaces on the Premises:

(do not include street parking)

(if none, write "0")

15

LITTER/GARBAGE: What are your plans to keep the grounds clean (check all that apply):

Sweep Pressure Wash Pick Up Litter Hired Maintenance

Building Owner's Responsibility Garbage Cans Outside Other: _____

Who is responsible to keep the grounds clean? Licensee Building Owner Employees Hired Maintenance

Other: _____

How often? Daily Weekly Other: _____

NOISE: How are noise issues addressed (check all that apply): Security Manager approaches customer(s)

Call police Signs posted Other: Communicate with Neighbors

Please Note: It is not acceptable to write "same" or "same as last year" or "not a problem" or leave blank.

DETAILED FLOOR PLAN

Is there any change in any information reported in the floor plan submitted with the original or previous renewal application?

No, a new floor plan is not required.

Yes - Describe the change _____

and submit a new floor plan. Instructions regarding the detailed floor plan are located on page three of this document.

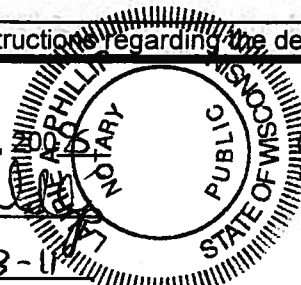
Subscribed and sworn to before me

this 30 day of July

Laurie A. Yell

Notary Public, State of Wisconsin

My commission expires: 7-3-17



Jessie Nuell
Signature of Individual/Partner/Officer/Member

Signature of Partner/Officer/Member

Warning: Penalty provided for submitting false statements and affidavits with this application.
(Section 90-5(2), Milwaukee Code of Ordinances.)

**ONLY REQUIRED IF CHANGES HAVE BEEN MADE
SINCE YOUR LAST APPLICATION WAS SUBMITTED.**

DETAILED FLOOR PLAN

Please read all instructions before preparing the floor plan.

- The floor plan must be filed on 8 ½ x 11 inch sized paper.
- A separate sheet of paper must be filed for each floor where alcohol will be stored, displayed, sold, given away and/or consumed.
- Even if the basement is being used for alcohol storage only, a floor plan is still required for the basement.
- Handwritten plans are acceptable.
- Plans do not need to be architectural drawings and need not be to scale.
- A sample floor plan is available online at www.milwaukee.gov/license.

THE FLOOR PLAN MUST INCLUDE ALL OF THE FOLLOWING ITEMS:

1. Dimensions of the Premises and
2. Total Square Feet of the Premises (length x width = square feet)
3. Label all entrances and exits
4. Label all alcohol storage areas (coolers, etc.) and
5. Provide dimensions of all alcohol storage areas (length x width)
6. Label all alcohol display areas (behind the bar, shelves, etc.) and
7. Provide dimensions of all alcohol display areas (length x width)
8. Class B & C Applicants Only: Label all seating areas, bars, and food preparation areas (kitchen)
9. Class B & C Applicants Only: Label all outdoor areas used for the sale or service of alcohol beverages (for example, patios, beer gardens, sidewalk cafes) and
10. Class B & C Applicants Only: Provide dimensions of all outdoor areas used for the sale or service of alcohol beverages (length x width)
11. Label all parking areas on the premises (do not include street parking) (This is required even if the parking is shared, for example, a strip mall.) and
12. Provide dimensions of all parking areas available on the premises (length x width). The parking area(s) should be marked on the floor plan for the first floor showing the relation to the building.
13. Mark the North point (N ↑) on each page
14. Write the Date on each page
15. Write the Legal Entity Name (and Agent's Name if a corporation or LLC) on each page
16. Write the Trade (Business) Name on each page
17. Write the Premises address on each page

PLEASE NOTE:

If you checked "yes" there has been a change in the floor plan and a detailed floor plan (including all items required) is not submitted, your application will be returned, and may be subject to a late fee and a lapse in the operation of the business.



ALCOHOL BEVERAGE RELATED LICENSES RENEWAL APPLICATION

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

Business Address: **4001 W FOND DU LAC AV**

Check the License Type(s) for which you are applying:

<input checked="" type="checkbox"/> Amusement/Cabaret <i>Includes Dance, Instrumental Music & Record Spin. No separate license required. Complete Form ccl-122e.</i>	\$1,500.00	\$
<input type="checkbox"/> Dance <i>Includes instrumental Music & Record Spin. No separate license required. Complete Form ccl-122e.</i>	\$250.00	\$
<input type="checkbox"/> Instrumental Music <i>Complete Form ccl-122e.</i>	\$165.00	\$
<input type="checkbox"/> Billiard Hall <i>Required for premises with 3 or more pool tables. Record number of pool tables below.</i>	\$125.00	\$
<input type="checkbox"/> Bowling Alley(s) How many? _____ x \$25.00 each		\$
<input type="checkbox"/> Video Game Center (required for premises with 6 or more games) <i>(Amusement Machine Premises license not needed)</i> List # _____ of games you own X \$25.00 for each List # _____ of games owned by a distributor; and Distributor Name: _____	\$450.00	\$
		\$
Tag Fee Paid by Distributor		

Please Note: The above licenses require Licenses Committee approval if you do not currently hold them.

<input checked="" type="checkbox"/> Cigarette & Tobacco <i>Must also complete the Application for Cigarette and Tobacco Products License</i>	\$100.00	\$
<input checked="" type="checkbox"/> Pool Tables <i>Premises with 3 or more pool tables must also apply for a Billiard Hall license; see above.</i>	How many? <u>1</u> x \$40.00 each	\$
<input checked="" type="checkbox"/> Record Spin – No Dancing Allowed <i>Includes DJs/Karaoke/CD Players; not required for those who have Amusement/Cabaret or Dance licenses.</i>	Complete Form ccl-122e. \$40.00	\$
<input checked="" type="checkbox"/> Phonograph/Jukebox Premises List # _____ of jukebox(es) you own X \$25.00 for each List # <u>1</u> of jukebox(es) owned by a distributor; and Distributor Name: <u>Northern Novelty</u>	\$55.00	\$
		\$
Tag Fee Paid by Distributor		
<input checked="" type="checkbox"/> Amusement Machine Premises (required for premises with 5 or less games) <i>(Video Game Center license not needed)</i> List # _____ of games you own X \$25.00 for each List # <u>2</u> of games owned by a distributor; and Distributor Name: <u>Northern Novelty</u>	\$55.00	\$
		\$
Tag Fee Paid by Distributor		

***Only the publication fee must be paid when the renewal application is submitted. Checks may be made payable to the City of Milwaukee. Other fees may be paid at any time prior to the issuance of the license. You may pay your license fees online via a checking or savings account. (Publication fees cannot be paid online.) Go to www.milwaukee.gov/license and click on License E-Payment for details. Please note: it is your responsibility to pay the fee so that your license may be issued in a timely manner. No additional notices will be sent.

Total of Related License Fees:	\$
Fee for Class B \$600 or C \$100:	\$
Publication Fee:	\$10.00***
Total Fees Due:	\$

The undersigned agrees to inform the City Clerk within ten days of any substantial changes in the information supplied in this application. The undersigned 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 (except Class "B" Taverns), 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 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 the license applied for herein and being duly sworn under oath, depose and say that I am the person named above and that all statements made in the foregoing application are true and correct.

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ day of _____, 2008. My Name of Individual, Partner, or Officer/Member:

30 day of July
Liane a. [Signature]
Notary Public, State of Wisconsin

My Commission expires 7-3-08
NOTARY SEAL MUST BE AFFIXED

ANNIE M. NUELL
Signature of Individual, Partner, or Officer/Member:

Annie M. Nuell

OFFICE USE ONLY: INITIALS YP License 14950 FILED 7-30-08 AD# 7

TAG(S) # _____ GRANTED _____ ISSUED _____



RENEWAL ALCOHOL BEVERAGE RELATED SUPPLEMENT FOR CABARET/DANCE/INSTRUMENTAL MUSIC/ RECORD SPIN APPLICANTS ONLY

BUSINESS ADDRESS: 4001 W FOND DU LAC AV

Chapter 90-35 of the Milwaukee Code of Ordinances requires that you describe the type and general nature of entertainment that you will have under the following licenses:

CHECK THE LICENSE BEING APPLIED FOR: (CHECK ONLY ONE)

Amusement/Cabaret – COMPLETE SECTIONS A & B

Allows entertainment or exhibitions consisting of music, dancing, singing, floorshows and cabaret performances.

Dance – COMPLETE SECTION A ONLY

Allows dancing on the premises by patrons only. Dancing by performers is not allowed. This license also allows the playing of pre-recorded music machines and instrumental music by musicians. Singing is permitted if done by the persons actually engaged in the playing of the musical instruments.

Instrumental Music – COMPLETE SECTION A ONLY

Permits the playing of instrumental music only, with singing on the part of and only by persons actually engaged in the playing of such musical instruments. No dancing allowed.

Record Spin – COMPLETE SECTION A ONLY

Permits DJ's, karaoke and CD players. No dancing allowed.

SECTION A: CHECK THE TYPE(S) OF MUSIC THAT APPLY: ("Variety" is not an acceptable answer.)

- | | | | | |
|---|---|--------------------------------------|--|--------------------------------|
| <input type="checkbox"/> Blues | <input checked="" type="checkbox"/> Dance – R&B | <input type="checkbox"/> Jazz | <input type="checkbox"/> Reggae | <input type="checkbox"/> Polka |
| <input checked="" type="checkbox"/> Classic R&B | <input type="checkbox"/> Easy Listening | <input type="checkbox"/> Latin Pop | <input type="checkbox"/> Techno | <input type="checkbox"/> Irish |
| <input type="checkbox"/> Classic Rock | <input type="checkbox"/> Folk | <input type="checkbox"/> Mexican | <input checked="" type="checkbox"/> Top 40 | |
| <input type="checkbox"/> Contemporary R&B | <input type="checkbox"/> Hard Rock | <input type="checkbox"/> Modern Rock | <input type="checkbox"/> Tropical | |
| <input type="checkbox"/> Country | <input type="checkbox"/> Heavy Metal | <input type="checkbox"/> New Age | <input type="checkbox"/> _____ | |
| <input type="checkbox"/> Dance – Pop | <input type="checkbox"/> Hip – Hop | <input type="checkbox"/> Rap | <input type="checkbox"/> _____ | |

SECTION B: AMUSEMENT/CABARET LICENSE APPLICANTS ONLY - CHECK ALL THAT APPLY:

- | | | |
|---|---|----------------------------|
| <input type="checkbox"/> Battle of the Bands | <input type="checkbox"/> Dancing by performer(s) → | Description required _____ |
| <input type="checkbox"/> Comedy Acts | <input type="checkbox"/> Fashion Shows → | Description required _____ |
| <input type="checkbox"/> Disc Jockey | <input type="checkbox"/> Exotic Dancers/Strippers/
Adult Entertainment → | Description required _____ |
| <input type="checkbox"/> Live Musicians | <input type="checkbox"/> Wrestling → | Description required _____ |
| <input type="checkbox"/> Magic Shows | <input type="checkbox"/> Patron Contests → | Description required _____ |
| <input type="checkbox"/> Poetry Readings | | |
| <input type="checkbox"/> Rapping/Rap Contests | | |
| <input type="checkbox"/> Solo Singers/Groups | | |

Attach additional pages if necessary.

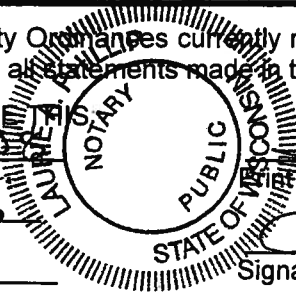
If the type of entertainment is not listed above, please describe the type of entertainment you will have:

IF, AFTER THE LICENSE HAS BEEN GRANTED OR ISSUED, YOU WISH TO DEVIATE FROM THE TYPE(S) OF ENTERTAINMENT LISTED ON YOUR CERTIFICATE OF AUTHORIZED ENTERTAINMENT, YOU MUST SUBMIT A "REQUEST TO CHANGE THE PLAN OF OPERATION FOR AN AMUSEMENT LICENSE". NO CHANGES IN ENTERTAINMENT SHALL TAKE PLACE UNTIL THE REQUEST HAS BEEN APPROVED BY THE COMMON COUNCIL AND A NEW CERTIFICATE OF AUTHORIZED ENTERTAINMENT HAS BEEN ISSUED.

I, the undersigned have knowledge of the City Ordinances currently regulating these licenses and being duly sworn under oath, depose and say that I am the person and that all statements made in the foregoing application are true and correct.

SUBSCRIBED AND SWORN TO BEFORE ME THIS 30 day of July, 2011

Laurie A. Pilep
Notary Public, State of Wisconsin
My Commission expires 7-3-11
Notary Seal must be affixed



JENNIE M. NUEL
Name of Individual, Partner, or Officer/Member
Jennie Nuell
Signature of Individual, Partner, or Officer/Member

Application for Cigarette and Tobacco Products License

MUNICIPAL USE ONLY

License Number
Period Covered
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number
X

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) MAXIMUM CAPACITY, LLC		Federal Employer Identification No. (FEIN) K
Trade or Business Name (if different than Legal Name) All STAR SPORTS BAR		Telephone Number 414 659-5792
Business Address (Permit Location) 4001 W FOND DU LAC AV		Business Telephone 414 444-2050
Business Located in <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of: Milwaukee	City MILWAUKEE	County MILWAUKEE
State WI	ZIP Code 53216	
Mailing Address (if different than Business Address)		State WI
		ZIP Code 53216

Organization (check one)

- Sole Proprietor
- Partnership
- Wisconsin Corporation/LLC – Enter date incorporated: 9-1-07
- Out-of-State Corporation – Are you registered to do business in Wisconsin? YES NO

Other (describe) _____

- YES NO 1. Does the applicant understand that they must purchase cigarettes only from manufacturers, distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- YES NO 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435.)
- YES NO 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- YES NO 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health and Family Services? (SmokeCheck.org)
- YES NO 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products to minors?
- YES NO 6. Does the applicant understand that they may not sell single cigarettes?
- YES NO 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- YES NO 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco/index.html may be sold in Wisconsin?

Cigarettes/Tobacco will be sold over counter through vending machine both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

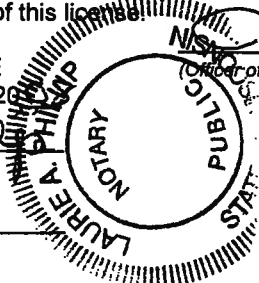
SUBSCRIBED AND SWORN TO BEFORE ME

This 30 day of July, 2007

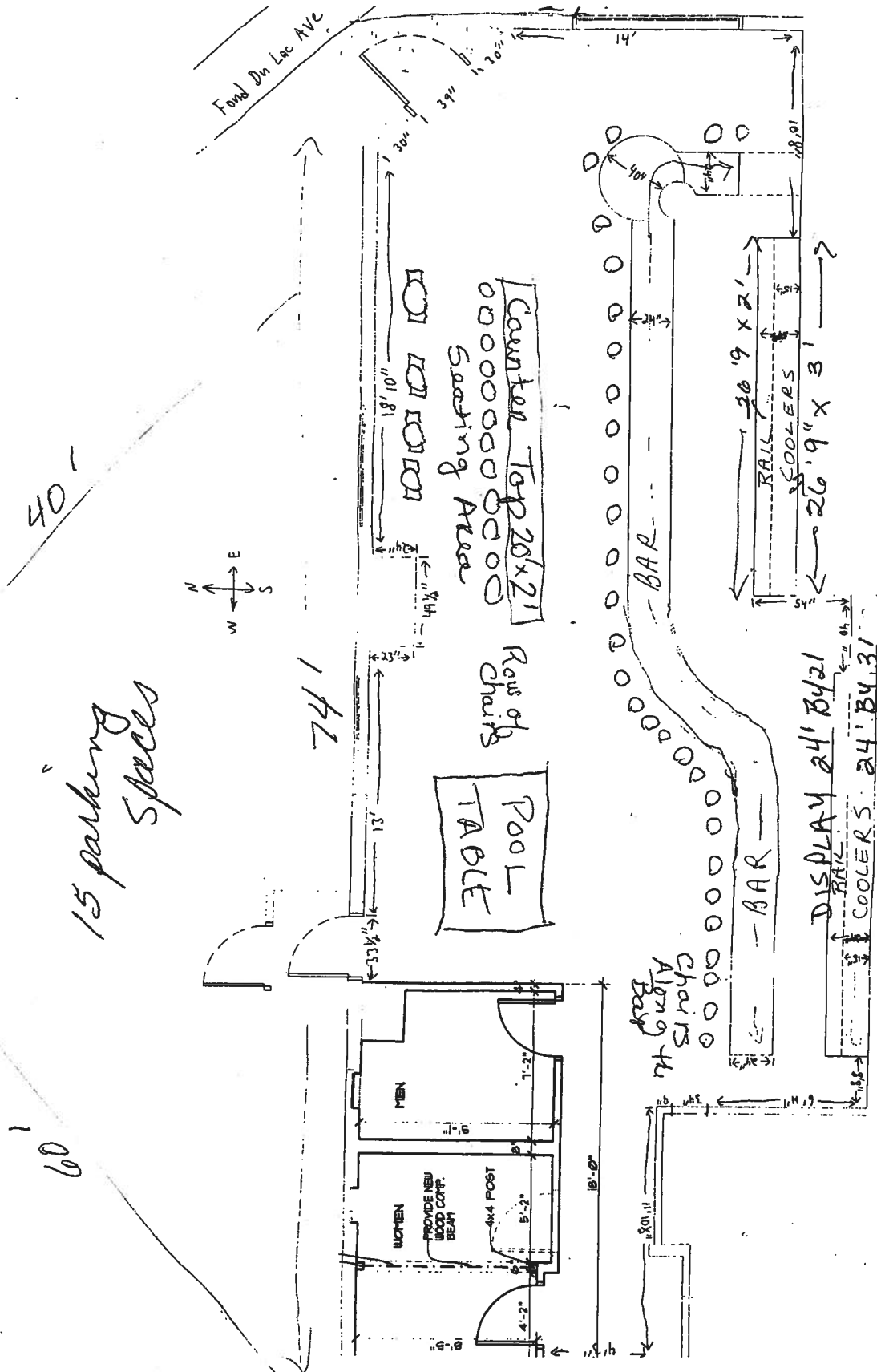
Laurie A. Philpott

(Clerk / Notary Public)

My commission expires 7-3-11



Jennie Nuell
 (Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)



Jennie NueLL, AGT
 Maximum Capacity, LLC
 4001 W. Fond du Lac Ave
 Total Sq Ft 1776

8-17-07



Office of the City Clerk
License Division

Ronald D. Leonhardt
City Clerk

Rebecca N. Barron
License Division Manager

July 30, 2008

Jeannie M. Nuell, Agent
Maximum Capacity, LLC
4001 W. Fond du Lac Avenue
Milwaukee, WI 53216

RE: Permanent Extension of Premises
All Star Sports Bar at 4001 W. Fond du Lac Avenue

Dear Ms. Nuell:

In accordance with City of Milwaukee Code of Ordinances Chapter 90.13, on July 30, 2008, the Milwaukee Common Council voted to approve your request for a permanent extension of the Class "B" Tavern premises to include expansion of the northwest section of the first floor.

You must contact the following:

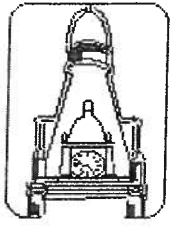
- Development Center – Permit Desk at 809 N. Broadway, 1st floor, (414) 286-8211 to inquiry if any additional permits are required. Should you go to the office, please take along the enclosed copy of your extension request.
- Neighborhood Services at 414-286-3874 to inquiry if the permanent extension needs their further approval.

It is illegal to sell, serve or consume alcohol in this area until our office receives approval from the above departments and a new license showing this area as part of the premises description is issued and posted in your establishment.

Rebecca N. Grill
License Division Manager

per *J. Wagner*

cc: Health Department
Neighborhood Services
Permit Desk



**City
of
Milwaukee**

Office of the City Clerk
License Division
200 E. Wells St., Room 105
Milwaukee, Wisconsin 53202

ccl-153 7/07

July 1, 2008

Aldermanic District: 7

13901

TO THE LICENSES COMMITTEE:

NAME: ^{Nuell} Jeannie M. Neull, Agent
Maximum Capacity, LLC



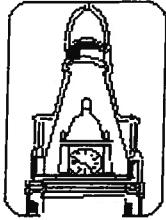
ADDRESS: 4001 W Fond du Lac Avenue (16)

REGARDING: Request for a permanent extension of the Class "B" Tavern premises All Star Sports Bar at 4001 West Fond du Lac Avenue to include expansion of the northwest section of the first floor.

CURRENT PREMISES DESCRIPTION: First Floor

A.O.

REMARKS:



City
of

Milwaukee

ccl-153b (4/08)

PERMANENT EXTENSION APPLICATION FORM

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

Date: 7.1.08

AD: 7th

CHECK ONE:

Individual

Corporation

Limited Liability Company

Partnership

Nonprofit Organization

Name of Legal Entity:

Maximum Capacity LLC
(Individual, Partnership, Corp, LLC, or Nonprofit Organization name)

Agent's Name:

Jennie Nuell
(Corporations, LLCs or Nonprofit Organizations only)

Trade (Business) Name:

ALL STAR SPORTS BAR

Business Address:

4001 W. Fond Du Lac Avenue

Mailing Address:

Same

Business Phone Number:

444.2050 / 639.5792

Description of Proposed Extension:

Expanded NW Section of 1st floor.

Print Name:

Jennie Nuell

Signature:

Jennie Nuell
Individual, Partner or Agent

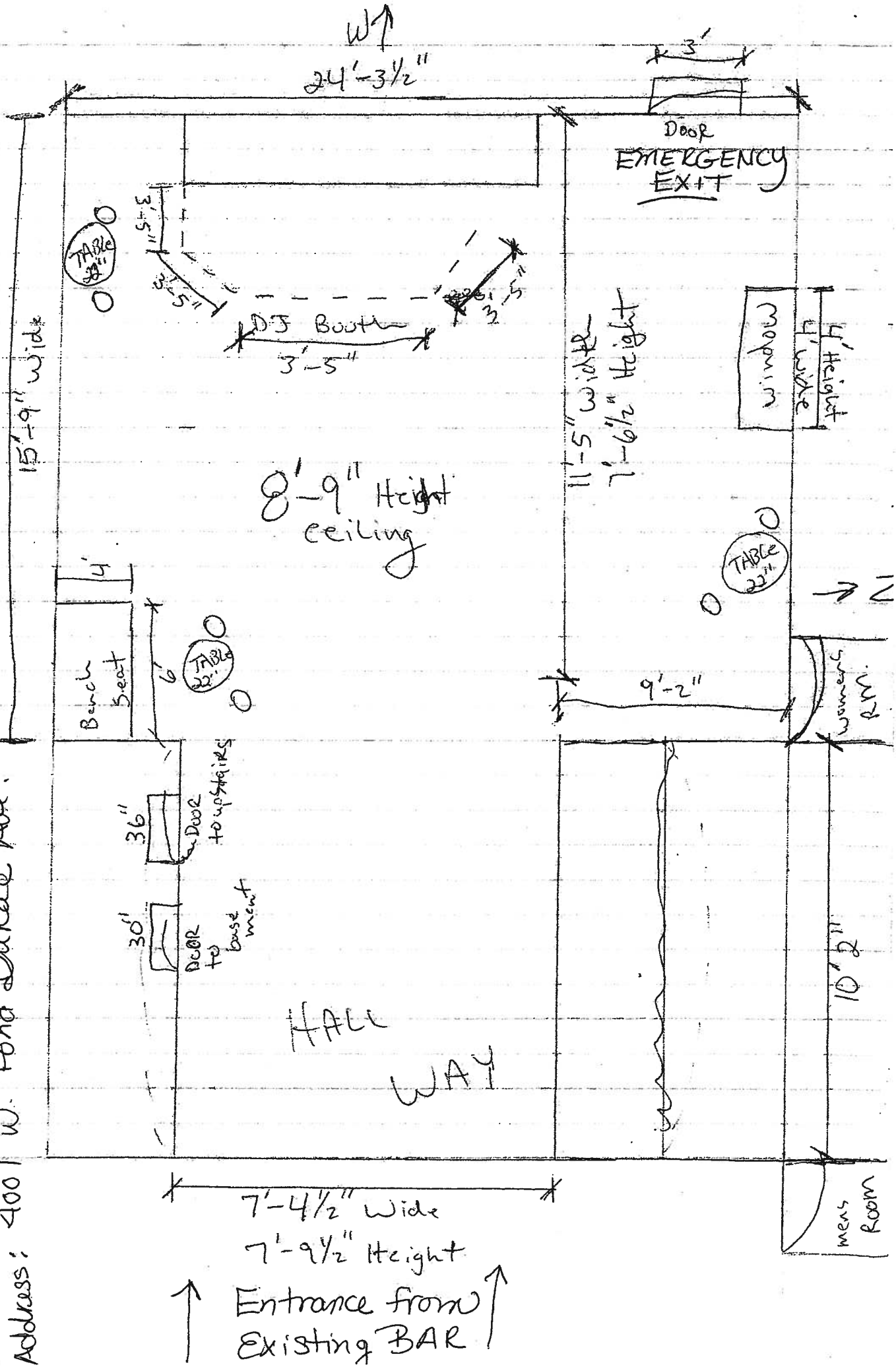
A drawing showing the existing premises and the proposed addition must be attached to this form.

Show adjacent streets and building entrances/exits.

Drawing must be on 8 1/2 x 11 paper.

For: Maximum Capacity LLC
 Agent: JENNIE NUELLE
 Trade: ALL STAR SPORTS BAR
 Address: 4001 W. Fond Du Lac Ave.

7.1.08 $18' \times 24' = 1332 \text{ sq. ft.}$
 8'-9" H
 15'-9" wide



7'-4 1/2" wide
 7'-9 1/2" height
 Entrance from Existing BAR

10' 2" mens ROOM
 9'-2" women's R.M.
 4' Height 4' wide window
 11'-5" wide 7'-6 1/2" height
 8'-9" Height ceiling