



CITY OF MILWAUKEE  
OFFICE OF THE CITY CLERK

Monday, May 23, 2016

COMMITTEE MEETING NOTICE

AD 10

HUTTERER, James J, Agent  
JJH VALLEY INN, LLC  
4000 W CLYBOURN St

MILWAUKEE, WI 53208

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

**Tuesday, May 31, 2016 at 09:30 AM**

**Regarding:** Your Alcohol and Food Permanent Extension of Premises and Sidewalk Dining Applications as agent for "JJH VALLEY INN, LLC" for "VALLEY INN" at 4000 W CLYBOURN St.

There is a possibility that your application may be denied for one or more of the following reasons: you do not meet the statutory and municipal requirements; the fitness and appropriateness of the location to be licensed and whether the location will create undesirable neighborhood problems (such as disorderly congregations of people, excessive litter, unreasonable noise, and traffic and parking problems), whether or not there is an over-concentration of alcohol beverage establishments in the neighborhood, whether or not you have been charged with or convicted of any felony, misdemeanor, municipal offense or other offense, the circumstances of which substantially relate to the licensed activity; and any other factors which reasonably relate to the public health, safety and welfare. See attached police report and/or written correspondence regarding this application. Please be advised the public will be able to provide information to the committee in person or in writing. The committee will receive and consider evidence regarding the above mentioned criteria.

**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 OW CZARSKI, CITY CLERK

BY:

Jason Schunk  
License Division Manager

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



Monday, May 23, 2016



# Notice of Public Hearing

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HUTTERER, James J, Agent  
VALLEY INN at 4000 W CLYBOURN St  
Alcohol and Food Permanent Extension of Premises and Sidewalk Dining Applications

**Tuesday, May 31, 2016 at 9:30 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 on 5/31/2016 at 9:30 AM, in Room 301-B, Third Floor, City Hall. If you wish, you may provide testimony at the hearing regarding the request; see below for further information. You are not required to attend the hearing. Once the Licenses Committee makes its recommendation, this recommendation is forwarded to the full Common Council for approval at its next regularly scheduled hearing. Please review the information below and if you have further questions regarding this process, please contact the License Division at (414) 286-2238.

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## Important details for those wishing to provide information for the Licenses Committee to consider when making its recommendation:

1. The license application is scheduled to be heard at the above time. Due to other hearings running longer than scheduled, you may have to wait some time to provide your testimony.
2. You must appear in person and testify as to matters that you have personally experienced or seen. (You cannot provide testimony for your neighbor, parent or anyone else; this is considered hearsay and cannot be considered by the committee.)
3. No letters or petitions can be accepted by the committee (unless the person who wrote the letter or the persons who signed the petition are present at the committee hearing and willing to testify).
4. Persons opposed to the license application are given the opportunity to testify first; supporters may testify after the opponents have finished.
5. When you are called to testify, you will be sworn in and asked to give your name, and address. (If your first and/or last names are uncommon please spell them.)
6. You may then provide testimony.
  - a. Include only information relating to the above license application.
  - b. Include only information you have personally witnessed or seen.
  - c. Provide concise and relevant information detailing how this business has affected or may affect the peaceful enjoyment of your neighborhood.
  - d. If by the time you have the opportunity to testify, the information you wish to share has already been provided to the committee, you may state that you agree with the previous testimony. Redundant or repetitive testimony will not assist the committee in making its recommendation.
7. After giving your testimony, the members of the Licenses Committee and the licensee may ask questions regarding the testimony you have given or other factors relating to the license application.
8. Business Competition is not a valid basis for denial or non-renewal of a license.  
**Please Note: If you have submitted an objection to the above application your objection cannot be considered by the committee unless you personally testify at the hearing.**

OCCUPANT	MAIL ADDRESS	CITY AND ZIP CODE
CURRENT OCCUPANT	3940 W CLYBOURN ST	MILWAUKEE, WI 53208-3757
CURRENT OCCUPANT	3926 W CLYBOURN ST 1	MILWAUKEE, WI 53208-3757
CURRENT OCCUPANT	455 N 39TH ST 4	MILWAUKEE, WI 53208-3728
CURRENT OCCUPANT	546 N 40TH ST	MILWAUKEE, WI 53208-3743
CURRENT OCCUPANT	450 N 40TH ST	MILWAUKEE, WI 53208-3741
CURRENT OCCUPANT	3930 W CLYBOURN ST	MILWAUKEE, WI 53208-3757
CURRENT OCCUPANT	4006 W CLYBOURN ST	MILWAUKEE, WI 53208-3758
CURRENT OCCUPANT	449 N 39TH ST	MILWAUKEE, WI 53208-3728
CURRENT OCCUPANT	440 N 40TH ST	MILWAUKEE, WI 53208-3741
CURRENT OCCUPANT	453A N 41ST ST	MILWAUKEE, WI 53208-3751
CURRENT OCCUPANT	3926 W CLYBOURN ST 4	MILWAUKEE, WI 53208-3757
CURRENT OCCUPANT	455 N 39TH ST 1	MILWAUKEE, WI 53208-3728
CURRENT OCCUPANT	453 N 40TH ST	MILWAUKEE, WI 53208-3742
CURRENT OCCUPANT	434 N 41ST ST	MILWAUKEE, WI 53208-3750
CURRENT OCCUPANT	436 N 40TH ST	MILWAUKEE, WI 53208-3741
CURRENT OCCUPANT	3934A W CLYBOURN ST	MILWAUKEE, WI 53208-3757
CURRENT OCCUPANT	528 N 40TH ST	MILWAUKEE, WI 53208-3743
CURRENT OCCUPANT	550 N 40TH ST	MILWAUKEE, WI 53208-3743
CURRENT OCCUPANT	447 N 39TH ST	MILWAUKEE, WI 53208-3728
CURRENT OCCUPANT	3934 W CLYBOURN ST	MILWAUKEE, WI 53208-3757
CURRENT OCCUPANT	529 N 40TH ST	MILWAUKEE, WI 53208-3744
CURRENT OCCUPANT	432 N 40TH ST	MILWAUKEE, WI 53208-3741
CURRENT OCCUPANT	455 N 39TH ST 9	MILWAUKEE, WI 53208-3728
CURRENT OCCUPANT	455 N 39TH ST 11	MILWAUKEE, WI 53208-3728
CURRENT OCCUPANT	455 N 39TH ST 6	MILWAUKEE, WI 53208-3728
CURRENT OCCUPANT	436 N 41ST ST	MILWAUKEE, WI 53208-3750
CURRENT OCCUPANT	525 N 40TH ST	MILWAUKEE, WI 53208-3744
CURRENT OCCUPANT	534A N 40TH ST	MILWAUKEE, WI 53208-3743
CURRENT OCCUPANT	455 N 39TH ST 12	MILWAUKEE, WI 53208-3728
CURRENT OCCUPANT	539 N 40TH ST	MILWAUKEE, WI 53208-3744
CURRENT OCCUPANT	4000A W CLYBOURN ST	MILWAUKEE, WI 53208-3758
CURRENT OCCUPANT	453 N 41ST ST	MILWAUKEE, WI 53208-3751
CURRENT OCCUPANT	439 N 40TH ST	MILWAUKEE, WI 53208-3742
CURRENT OCCUPANT	441 N 40TH ST	MILWAUKEE, WI 53208-3742
CURRENT OCCUPANT	520 N 40TH ST	MILWAUKEE, WI 53208-3743
CURRENT OCCUPANT	437 N 40TH ST	MILWAUKEE, WI 53208-3742
CURRENT OCCUPANT	440 N 41ST ST	MILWAUKEE, WI 53208-3750
CURRENT OCCUPANT	452A N 41ST ST	MILWAUKEE, WI 53208-3750
CURRENT OCCUPANT	440A N 40TH ST	MILWAUKEE, WI 53208-3741
CURRENT OCCUPANT	4014 W CLYBOURN ST	MILWAUKEE, WI 53208-3758
CURRENT OCCUPANT	439A N 40TH ST	MILWAUKEE, WI 53208-3742
CURRENT OCCUPANT	455 N 39TH ST 10	MILWAUKEE, WI 53208-3728
CURRENT OCCUPANT	455 N 39TH ST 5	MILWAUKEE, WI 53208-3728
CURRENT OCCUPANT	457 N 40TH ST	MILWAUKEE, WI 53208-3742
CURRENT OCCUPANT	538 N 40TH ST	MILWAUKEE, WI 53208-3743
CURRENT OCCUPANT	431A N 40TH ST	MILWAUKEE, WI 53208-3742
CURRENT OCCUPANT	440A N 41ST ST	MILWAUKEE, WI 53208-3750
CURRENT OCCUPANT	444 N 40TH ST	MILWAUKEE, WI 53208-3741
CURRENT OCCUPANT	434 N 40TH ST	MILWAUKEE, WI 53208-3741
CURRENT OCCUPANT	3940A W CLYBOURN ST	MILWAUKEE, WI 53208-3757
CURRENT OCCUPANT	530 N 40TH ST	MILWAUKEE, WI 53208-3743
CURRENT OCCUPANT	533 N 40TH ST	MILWAUKEE, WI 53208-3744
CURRENT OCCUPANT	444A N 40TH ST	MILWAUKEE, WI 53208-3741
CURRENT OCCUPANT	455 N 39TH ST 7	MILWAUKEE, WI 53208-3728
CURRENT OCCUPANT	455 N 39TH ST 3	MILWAUKEE, WI 53208-3728

CURRENT OCCUPANT	524 N 40TH ST	MILWAUKEE, WI 53208-3743
CURRENT OCCUPANT	452 N 41ST ST	MILWAUKEE, WI 53208-3750
CURRENT OCCUPANT	534 N 40TH ST	MILWAUKEE, WI 53208-3743
CURRENT OCCUPANT	3926 W CLYBOURN ST 2	MILWAUKEE, WI 53208-3757
CURRENT OCCUPANT	3926 W CLYBOURN ST 3	MILWAUKEE, WI 53208-3757
CURRENT OCCUPANT	447 N 40TH ST	MILWAUKEE, WI 53208-3742
CURRENT OCCUPANT	448 N 41ST ST	MILWAUKEE, WI 53208-3750
CURRENT OCCUPANT	455 N 39TH ST 2	MILWAUKEE, WI 53208-3728
CURRENT OCCUPANT	450 N 41ST ST	MILWAUKEE, WI 53208-3750
CURRENT OCCUPANT	436A N 40TH ST	MILWAUKEE, WI 53208-3741
CURRENT OCCUPANT	431 N 40TH ST	MILWAUKEE, WI 53208-3742
CURRENT OCCUPANT	455 N 39TH ST 8	MILWAUKEE, WI 53208-3728
CURRENT OCCUPANT	542 N 40TH ST	MILWAUKEE, WI 53208-3743
CURRENT OCCUPANT	4010 W CLYBOURN ST	MILWAUKEE, WI 53208-3758
CURRENT OCCUPANT	4018 W CLYBOURN ST	MILWAUKEE, WI 53208-3758
CURRENT OCCUPANT	529A N 40TH ST	MILWAUKEE, WI 53208-3744
CURRENT OCCUPANT	527 N 40TH ST	MILWAUKEE, WI 53208-3744

**Total Records: 73**

**Radius: 250.0 feet and Center of Circle: 4000 W Clybourn ST**



# PERMANENT EXTENSION OF PREMISES APPLICATION FOOD AND ALCOHOL BEVERAGE ESTABLISHMENTS

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](mailto:LICENSE@MILWAUKEE.GOV)  
[WWW.MILWAUKEE.GOV/LICENSE](http://WWW.MILWAUKEE.GOV/LICENSE)

<b>Section A</b>	Date of Application: <u>5-19-16</u>		Aldermanic District: <u>10</u>	
	Licensee (list name of individual; partners, if partnership; or agent, if corporation or LLC): <u>JAMES J. Hutterer</u>			
	Corporation or LLC Name (if applicable): <u>JTH VALLEY INN, LLC</u>		Business Name: <u>VALLEY INN</u>	
	Business Address (include city, state, zip): <u>4000 W CLYBOURN ST MILWAUKEE WISCONSIN 53208</u>			
	(Optional) Mailing Address (include city, state, zip):		Business Telephone Number: <u>414 344-1158</u>	
<b>Section B</b>	This request is for the permanent extension of premise for a: <input checked="" type="checkbox"/> FOOD license <input checked="" type="checkbox"/> ALCOHOL license			
	Current Premises Description: _____			
	Identify the specific area(s) for which the permanent extension of premises is requested. Check (✓) all that apply, and list for each the relationship of the area to the premises (Example: north side, front, etc.)			
	<input checked="" type="checkbox"/> Sidewalk café (public sidewalk) at the <u>FRONT</u> side of the premise in front of the following street address(es) <u>4000 W CLYBOURN ST</u> (area must be contiguous with licensed area and under the licensee's control)			
	<input type="checkbox"/> Patio (concrete surface) at the _____ side of the premise <input type="checkbox"/> Beer garden (soil/grass surface) at the _____ side of the premise <input type="checkbox"/> Deck (attached to building) at the _____ side of the premise <input type="checkbox"/> Addition to the <input type="checkbox"/> basement <input type="checkbox"/> 1 <sup>st</sup> floor <input type="checkbox"/> 2 <sup>nd</sup> floor <input type="checkbox"/> 3 <sup>rd</sup> floor <input type="checkbox"/> Other: _____ at the _____ (indicate location) of the premises. <input type="checkbox"/> Other: Describe proposed area(s) here ▶ _____			
Does extension area have an additional street address? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list address here ▶ _____				
List all type(s) of business(es) that will operate at this location? <input checked="" type="checkbox"/> Tavern <input checked="" type="checkbox"/> Restaurant <input type="checkbox"/> Other: Describe business here ▶ _____				
<b>Section C</b>	SUBSCRIBED & SWORN TO BEFORE ME THIS			
	<u>19TH</u> day of <u>MAY</u> , 20 <u>16</u>		▶ <u>JAMES J. HUTTERER</u> Print name of individual, partner, agent, officer, member	
	Notary Public, State of Wisconsin My commission expires: <u>12/18/18</u>		▶ <u>James J. Hutterer</u> Signature	
Notary Seal must be affixed				

**Office Use Only:**

Upon application queue to: DNS Health (food only) CC (food only)

Additional approval needed from DCD Hold – Sidewalk Cafes (sidewalk dining facility permit required)

Filed 5-19-16 Initials JH Food Perm Ext App # 231095 Alcohol Perm Ext App # 231094

Food Perm Ext Issued \_\_\_\_\_ Initials \_\_\_\_\_ Alcohol Perm Ext Issued \_\_\_\_\_ Initials \_\_\_\_\_

5/31 250'  
~~8:20~~ 8:20



# Sidewalk Dining Facility Supplemental Application

ccl-side1 4/16/15

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

## Business Operations

Check one:

Currently hold Food/Alcohol license(s) # \_\_\_\_\_

Also applying for Food/Alcohol license(s) at this time

Sidewalk Dining Facility will operate from: Start Date \_\_\_\_\_ to End Date \_\_\_\_\_

Will any food prep be done outdoors?  No  Yes If yes, describe: \_\_\_\_\_

and also complete the "Request To Modify Food Establishment/Food Operational Plan" and submit with this application

What type of security will be provided?  Same as Food or Alcohol  Other: \_\_\_\_\_

Will any sidewalk dining facility improvements be physically attached to public structures?  No  Yes

If yes, describe: \_\_\_\_\_

## Property Owner

Check one:

Applicant owns the property

Property Owner's Information/Signature:

Name: DANIEL E WATERS Phone Number: 414 399-0412

Address: 3830 NW WILSON LAKE CIRCLE MERCER WIS 54547

Property Owner's Signature (if other than the applicant) Daniel E Waters

## Detailed Floor Plan

Please read all instructions before preparing the plan.

• You are required to submit a separate floor plan showing only the sidewalk café, including the information below, in addition to any floor plan required as part of an alcohol beverage or food dealer license application.

• If you do not submit a sidewalk dining facility permit at the same time as your food or alcohol license application and you wish to add them later you will be subject to the permanent extension fee and a new application process.

• The plan must be filed on 8 1/2 x 11 inch size paper. Handwritten plans are acceptable. Plans do not need to be architectural drawings and need not be to scale.

### THE PLAN MUST INCLUDE ALL OF THE FOLLOWING:

Dimensions of the sidewalk seating area (length and width)

Total square feet of the sidewalk seating area (length X width)

The curb line, property line and building face

All items (tables, chairs, benches, planters, server stations, umbrellas, heating lamps, other furniture or fixtures.)

Mark the North point (N↑) on each page

The current date

Business name (Legal entity and trade name), premise address, premise phone number

Agent's name (contact person) and phone number

### Additional Forms Needed

- Business License Application (ccl-busapp) - only one copy needed if submitting with other license applications
- Business Plan of Operation (ccl-busplan) - only one copy needed if submitting with other license applications
- Sidewalk Dining Facility Certificate of Insurance (ccl-side4)
- Request To Modify Food Establishment/Food Operational Plan (if food prep outdoors)

Office Use Only:

Initials JH Filed 5-19-16 App # 231100  Floor Plan Recd  Insurance Recd

Food Prep Outdoors  No  Yes If yes, Modification Form Recd and Queue to HD



# BUSINESS LICENSE PLAN OF OPERATION

ccl-busplan 3/7/16

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

## 1. Type of Business

- Applying for:  Extended Hours Establishment  Filling Station  
 Self Service Laundry  Rooming House  Hotel/Motel  Massage Establishment  
 Other (supplemental application for specific license also required)

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

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

## 2. Business Operations

- a. Proposed Opening Date: \_\_\_\_\_
- 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: Class B
- e. Is the current licensee operating?  No  Yes If no, list date closed: \_\_\_\_\_
- f. Do you have future plans for other businesses, licenses or permits at this location?  No  Yes  
If yes, explain: \_\_\_\_\_
- g. Have you previously held an Extended Hours License in Milwaukee?  No  Yes  
If yes, list address(es): \_\_\_\_\_
- h. Are other businesses operating in the same building?  No  Yes If yes, describe: \_\_\_\_\_

## 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: Front Porch
- b. Number of Garbage Cans: Inside: 5 Locations: 2 Bathrooms, Dining Room, Kitchen, Behind Bar  
Outside: 0 Locations: \_\_\_\_\_
- c. Is a crowd control barrier used?  No  Yes If yes, describe: \_\_\_\_\_
- d. How many restrooms are on the premises? 2
- e. Name of solid waste contractor:  Advanced Disposal  Waste Management  Other: \_\_\_\_\_

## 5. Security

- a. Are there onsite parking spaces?  No  Yes If yes, indicate how many? \_\_\_\_\_ and describe the parking security plan: \_\_\_\_\_
- b. Is there a loading zone?  No  Yes If yes, describe the loading area security plan: \_\_\_\_\_
- c. Will you have security personnel on premise?  No  Yes If yes, how many? \_\_\_\_\_ and answer the following:  
 What are their responsibilities? \_\_\_\_\_  
 Is security equipment used?  No  Yes If yes, describe \_\_\_\_\_  
 List their licensing, certification, or training credentials \_\_\_\_\_
- d. Will there be security cameras?  No  Yes If yes, where? \_\_\_\_\_
- e. Will searches/identification checks be done upon entry?  No  Yes If yes, describe \_\_\_\_\_

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

Alcohol <u>40</u> %	Food <u>60</u> %	Secondhand Merchandise _____ %	Precious Metals & Gems _____ %
Entertainment _____ %	Cigarettes _____ %	Personal Services (such as tattoo, body piercing, salon, tailor, tanning, etc.) _____ %	Other _____ % Describe: _____
Pawnbroker Activity _____ %	Salvaged Materials _____ % (such as scrap metal)		

## 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: \_\_\_\_\_ 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 "B" Tavern  Weights & Measures
- Secondhand Dealer  Precious Metal & Gem  Other: \_\_\_\_\_

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

Capacity 72 (Call the Milwaukee Development Center at 414-286-8211 if you have questions.)



## 9. Premises Description

- a. Identify all area(s) of the premises that will be used in operating this business (include areas used only for storage):  
 1<sup>st</sup> Floor  2<sup>nd</sup> Floor  Basement Storage  Patio  Beer Garden  Sidewalk Café  Deck  Rooftop  
 Other: Describe: \_\_\_\_\_
- b. Describe Location:  Major Thoroughfare  Secondary Street  Other: \_\_\_\_\_
- c. Nearest Major Cross Street: 35<sup>th</sup> ST PAUL
- d. Describe Building:  Free Standing Building  Strip Mall  Other: \_\_\_\_\_
- e. Describe Premises Structure:  Single Story  Multi-Story - # of Stories 3  Other: \_\_\_\_\_
- f. Describe Surrounding Area:  Commercial  Residential  Industrial  Other: \_\_\_\_\_
- g. Building Owner Name: DANIEL E WATERS Phone Number: 414 399-0412  
 Business Owner Address: 4000 W CRYSTAL ST

## 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	11:00 AM	2:00 AM	25	25-75	NONE
Monday	11:00 AM	2:00 AM	50	25-75	
Tuesday	11:00 AM	2:00 AM	50	25-75	
Wednesday	11:00 AM	2:00 AM	75	25-75	
Thursday	11:00 AM	2:00 AM	75	25-75	
Friday	11:00 AM	2:00 AM	75	25-75	
Saturday	11:00 AM	2:30 AM	35	25-75	

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 a.m. and 5 a.m.

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.

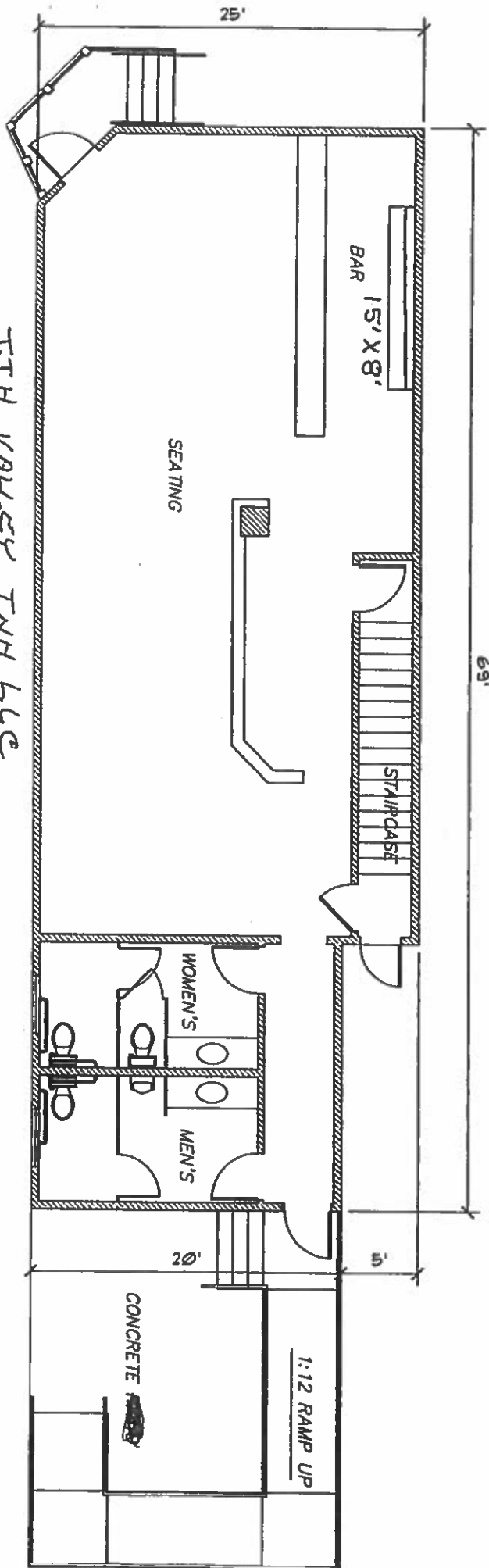
Entertainment Outdoor Closing Hours : 10:00 pm Sunday – Thursday; 12:00 am Friday and Saturday,  
 unless otherwise approved by Common Council in licensee's plan of operation.

## 11. Signature(s)

James J. Hutterer  
 Sole Proprietor, Partner, Agent, or 20% or more Shareholder

\_\_\_\_\_  
 Signature of additional partner or 20% or more Shareholder

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

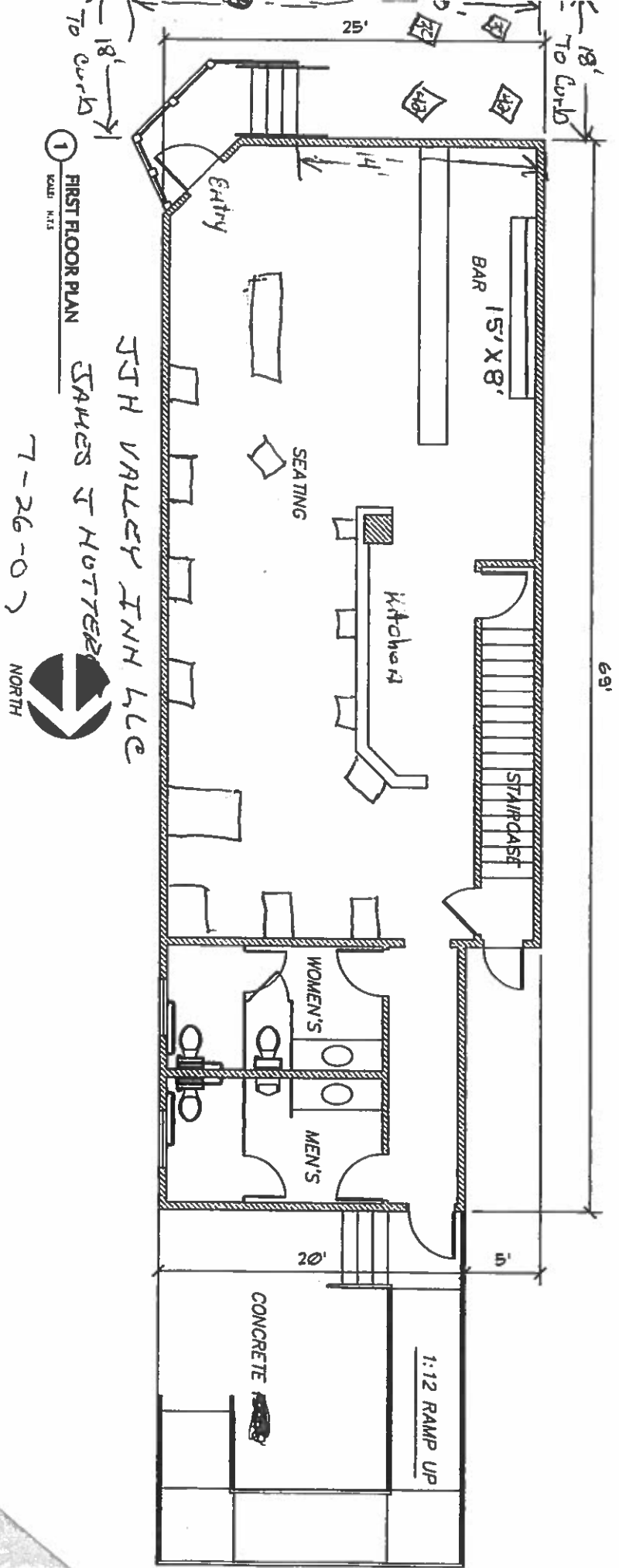


1 FIRST FLOOR PLAN  
SCALE N.T.S.

5TH VALLEY INN LLC  
JAMES J HUTTEN  
7-26-07  
NORTH



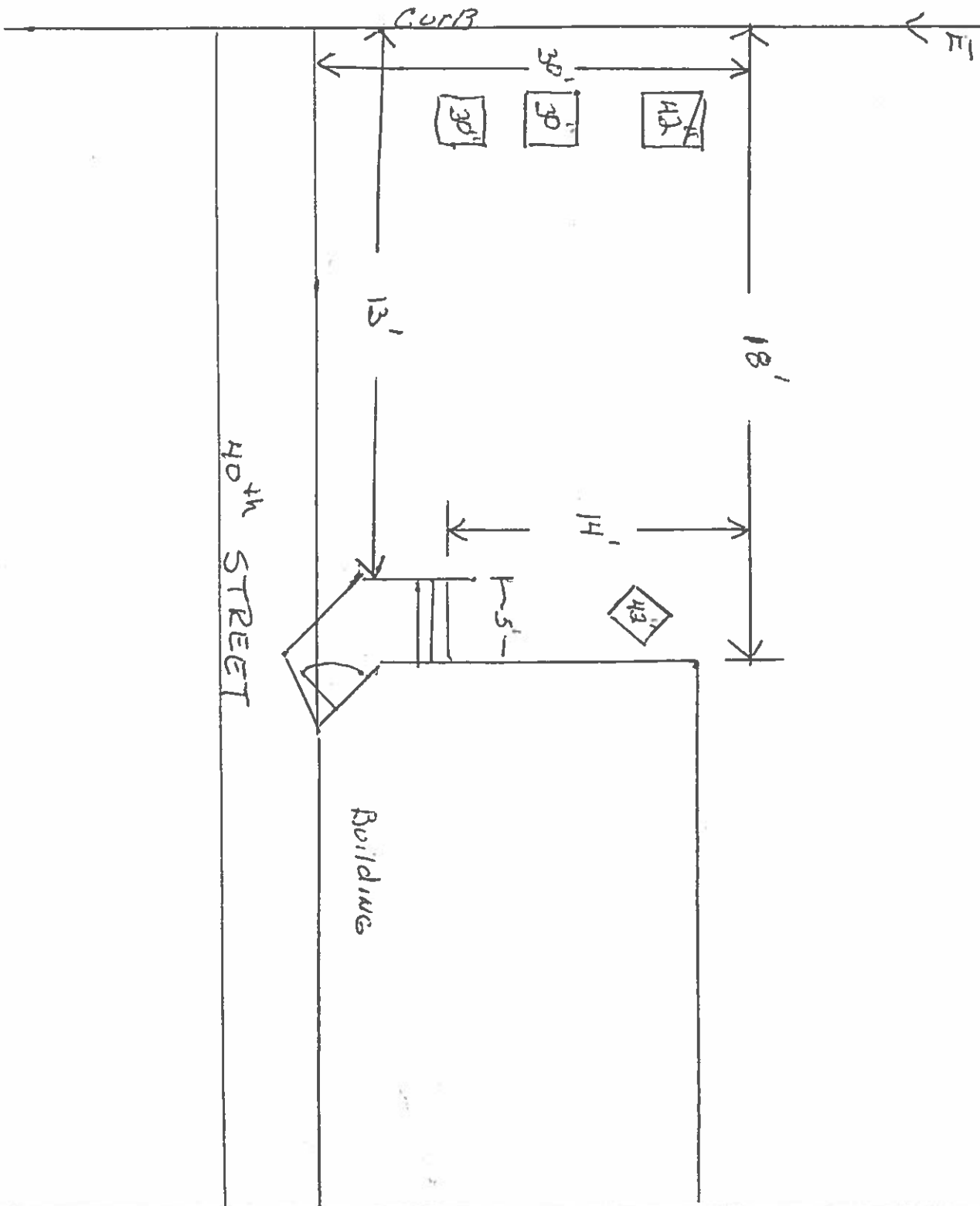
North →



Clyboorn Street

W  
N  
5  
N  
414 344-1158  
53308  
MILWAUKEE WISCONSIN  
HODD W CLYBOORN ST  
JH VALLEY INN LLC

5-19-16  
JONES HOTTEIER  
4789 W BELLS ST  
MILWAUKEE WISCONSIN  
53308  
414 257-2419





CITY OF MILWAUKEE  
OFFICE OF THE CITY CLERK

Wednesday, May 18, 2016

COMMITTEE MEETING NOTICE

AD 15

Paris S Crossley

3716 W Vliet St

Milwaukee, WI 53208

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

**Tuesday, May 31, 2016 at 09:30 AM**

**Regarding:** Your Tattoo and Body Piercing Renewal Application for "Paris SC Crossley" at 3716 W Vliet St.

There is a possibility that your application may be denied for one or more of the following reasons: The recommendation of the committee regarding the application shall be based on evidence presented at the hearing. Per MCO 85-2.7-4, probative evidence concerning whether or not a new license should be granted may be presented on the following subjects: whether or not the applicant meets the municipal requirements, the appropriateness of the location and premises where the licensed premises is to be located and whether use of the premises for the purposes or activities permitted by the license would tend to facilitate a public or private nuisance or create undesirable neighborhood problems such as disorderly patrons, unreasonably loud noise, litter, and excessive traffic and parking congestion. Probative evidence relating to these matters may be taken from the plan of operation submitted with the license application, if any, but shall not include the content of any music. Evidence regarding the fitness of the location of the premises to be maintained as the principal place of business, including but not limited to whether there is an overconcentration of businesses of the type for which the license is sought, whether the proposal is consistent with any pertinent neighborhood business or development plans, or the location's proximity to areas where children are typically present. The applicant's record in operating similarly licensed premises, and whether or not the applicant has been charged with or convicted of any felony, misdemeanor, municipal offense or other offense, the circumstances of which substantially relate to the activity to be permitted by the license being applied for or any other factor which reasonably relates to the public health, safety or welfare may also be considered. See attached police report or correspondence.

**Notice for applicants with warrants or unpaid fines:**

Proof of warrant satisfaction or payment of fines must be submitted at the hearing on the above date and time. Failure to comply with this requirement may result in a delay of the granting/denial of your application.

Failure to appear at this meeting may result in the denial of your license. Individual applicants must appear only in person or by an attorney. Corporate or Limited Liability applicants must appear only by the agent designated on the application or by an attorney. Partnership applicants must appear by a partner listed on the application or by an attorney. If you wish to do so and at your own expense, you may be accompanied by an attorney of your choosing to represent you at this hearing.

You will be given an opportunity to speak on behalf of the application and to respond and challenge any charges or reasons given for the denial. No petitions can be accepted by the committee, unless the people who signed the petition are present at the committee hearing and willing to testify. You may present witnesses under oath and you may also confront and cross-examine opposing witnesses under oath. If you have difficulty with the English language, you should bring an interpreter with you, at your expense, so that you can answer questions and participate in your hearing.

You may examine the application file at this office during regular business hours prior to the hearing date. Inquiries regarding this matter may be directed to the person whose signature appears below.

Limited parking for persons attending meetings 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 OW CZARSKI, CITY CLERK

BY:

Jason Schunk

License Division Manager

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

**MILWAUKEE POLICE DEPARTMENT  
LICENSE INVESTIGATION UNIT**

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

**DATE:** 05/03/16

**LICENSE TYPE:** TATTOO/BODY PIERCING

**NEW :**

**RENEWAL:** X

**No.** 229258

**Application Date:**

**Expiration Date:**

**License Location:** 3714 W Vliet Street

**Aldermanic District:**

**Business Name:** Hustlin Hands Tobacco And Accessories

**Licensee/Applicant:** CROSSLEY, Paris SC

(Last Name, First Name, MI)

**Date of Birth:** 03/07/76

**Male:**

**Female:**

**Home Address:** 5114 W Lisbon Avenue

**City:** Milwaukee

**State:** WI

**Zip Code:** 53210

**Home Phone:**

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

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

1. On 10/01/94 the applicant was convicted in Milwaukee County of Operating While Intoxicated-1<sup>st</sup> offense.
2. On 1/02/95 the applicant was charged in Milwaukee County with Possession of Cocaine §161.41(3m) (misd).

**Charge :** Possession of Cocaine  
**Finding :** Guilty, Circuit Court  
**Sentence :** 20 days House of Correction  
**Date :** 02/08/96  
**Case :** 1995CM013828

3. On 04/05/96 the applicant was charged in Milwaukee County with Possession of Drug Paraphernalia §161.573 (felony) and Resisting or Obstructing an Officer §946.41(1) (misd).

**Charge 1 :** Possession of Drug Paraphernalia  
**2 :** Resisting or Obstructing an Officer  
**Finding :** Guilty, Circuit Court-both counts

Sentence 1: 2 years probation, 60 days House of Correction-stayed  
2: 2 years probation-concurrent, 9 months House of Correction-stayed  
Date : 10/29/96  
Case : 1996CF001877

4. On 07/08/96 the applicant was charged in Milwaukee County with Battery-DV §940.19(1) (misd).

Charge : Battery-DV  
Finding : Guilty, Circuit Court  
Sentence : 3 days House of Correction  
Date : 03/11/97  
Case : 1996CM008208

5. On 08/23/96 the applicant was charged in Milwaukee County with Disorderly Conduct §947.01 (misd) and Bail Jumping §946.49(1)(a) (misd).

Charge 1 : Disorderly Conduct  
2 : Bail Jumping  
Finding : Guilty, Circuit Court-both counts  
Sentence : 1 day and 10 days House of Correction-respectively  
Date : 03/19/97  
Case : 1996CM010594

6. On 04/22/97 the applicant was charged in Ozaukee County with Possession of Cocaine §961.41(3g) (felony), Possession of Crack §961.41(1m) (felony), and Resisting/Obstructing an Officer §946.41(1) (misd).

Charge 1 : Possession of Cocaine  
2 : Possession of Crack w/Intent to Deliver  
3 : Resisting/Obstructing an Officer  
Finding 1 : Dismissed on Prosecutor's motion  
2 & 3: Guilty, Circuit Court  
Sentence 2: State Prison-unknown length  
3: 3 years probation  
Date : 06/30/98  
Case : 1997CF000075

7. On 02/03/98 the applicant was charged in Milwaukee County with Possession of THC-2<sup>nd</sup> Subsequent §961.41(3g) (felony) and Carrying a Concealed Weapon §941.23 (misd).

Charge 1 : Possession of THC-2<sup>nd</sup> Subsequent  
2 : Carrying a Concealed Weapon  
Finding : Guilty, Circuit Court-both counts

Sentence 1: 1 year State Prison, 6 month license suspension  
2: 60 days House of Correction

Date : 11/05/98

Case : 1998CF000546

8. On 04/14/98 the applicant was charged in Milwaukee County with Resisting or Obstructing an Officer §946.41(1) (misd).

Charge : Resisting/Obstructing an Officer

Finding : Guilty, Circuit Court

Sentence : 30 days State Prison

Date : 11/05/98

Case : 1998CM004080

9. On 06/06/98 the applicant was cited by the Franklin Police Department for Obstructing an Officer.

Charge : Obstructing an Officer

Finding : Guilty, Municipal Court

Sentence : Fine

Date : 07/22/98

Case : M742943

10. On 08/24/00 the applicant was charged in Milwaukee County with Neglecting a Child- 2 counts §948.21(1) (misd).

Charge : Neglecting a Child

Finding : Guilty, Circuit Court-1 count, 1 count dismissed

Sentence : 139 days House of Correction

Date : 02/14/01

Case : 2000CM007460

11. On 09/21/00 the applicant was charged in Milwaukee County with Possession w/Intent to Deliver Cocaine §961.41(1m) (felony) and Tax Stamp Violation §139.89 (felony)

Charge 1 : Possession w/Intent to Deliver Cocaine

2 : Tax Stamp Violation

Finding : Guilty, Circuit Court-both counts

Sentence 1: \$1000.00 fine, 6 years State Prison, 5 years extended supervision, 6 month license suspension

2: 2 years State Prison, 2 years extended supervision, 6 month license suspension

Date : 09/10/01

Case : 2000CF004766



**The applicant is on Parole until 07/26/17 for Possession of Cocaine w/Intent to Deliver.**

12. On 10/21/2009 the applicant was cited at 5114 W. Lisbon Ave. in the city of Milwaukee for Tattoo/Offer to Tattoo Person < 16 years.

Charge: Tattoo/Offer to Tattoo Person < 16 years  
Finding: Guilty  
Sentence: Fine  
Date: 12/28/2010  
Case: 10127524

=====

13. On 09/30/15 at 3:32 pm, Milwaukee police investigated a complaint of possible synthetic marijuana being sold at Hustlin Hands Tobacco and Accessories at 3714 W Vliet Street. Undercover police officers entered the establishment and requested to purchase single cigarettes from an employee that was behind a partially enclosed counter. The undercover officer purchased two Newport brand cigarettes, which were fifty cents apiece. Another UC entered and approached the same store employee and requested to purchase synthetic marijuana. The employee advised the UC that it would be \$15.00 for his request. The UC purchased a package with the brand name "Wolfpack" on the front. Uniformed officers, as well as agents from the Department of Revenue, entered the business and conducted a license premise check. The store employee, identified as Rico Townsend, was very agitated and uncooperative, refusing to answer questions. Investigation found that Townsend was found to be in possession of suspected marijuana. Officers also recovered evidence of the earlier buys, as well as two spiral notebooks with information noted on the daily transactions of the business which also included documentation of the purchase of K2 for \$15.00 and single cigarettes for \$1.00 by the UC officers. Agents confiscated a box that contained several packages of "Wolfpack" that was found on a table behind the counter. An officer contacted the licensee, Paris S Crossley and advised him of the situation at his establishment with Crossley stating he was on his way to the business. Crossley never showed up. Agents KING and UHLIG confiscated all cigarette and tobacco products as there were no invoices on the premises. The clerk, Rico TOWNSEND, was cited for Unlawful Sale of Cigarettes and currently has a warrant for said citation. (15058516)

# MILWAUKEE POLICE DEPARTMENT

## REPORT OF INCIDENTS INVOLVING LICENSED PERSONS OR PREMISES

TO: CAPTAIN OF POLICE: Jason SMITH

Business Name: Huslin Hands Tobacco and Accessories

Address of Licensed Premises: 3714 W. Vliet St

Business Phone: 414-519-3362

Type of License: Cigarette and Tobacco

District: 3

Violation /  Incident # 152730121

Date of Incident: 09-30-15

Licensee or Manager on premises at time of violation / Incident?  Yes  No

Licensee cooperative?  Yes  No (If no, explain in narrative section)

Licensee Notified by Officer: P.O. Scott LESNIEWSKI

Date: 09-30-15 Time: 4:15PM

Licensee or Agent's Name: Paris S. CROSSLEY

Home Address: 5114 W. Lisbon Ave

City, State and Zip code: Milwaukee, WI 53210

Date of Birth: 03-07-76

Home Phone: 414-519-3362

Co-Licensee Name:

Home Address:

City, State and Zip code:

Date of Birth:

Home Phone:

Bartender Name:

Home Address:

City, State and Zip code:

Date of Birth:

Home Phone:

Licensed Person (Public Pass. Veh. Oper., etc):

Home Address:

City, State and Zip code:

Date of Birth:

Home Phone:

### VIOLATION/INCIDENT - DESCRIBE FACTS AND CIRCUMSTANCES IN NARRATIVE SECTION

Name of Person Cited: Rico D. TOWNSEND

Date of Birth: 11-02-91

Citation Number:

J980XVNO15

Violation & Ord. / Statue No.: 106-30-3-c Unlawful sale of cigarette

Court Date: 11-11-15

Name of Person Cited: Rico D. TOWNSEND

Date of Birth: 11-02-91

Citation Number: 152730121

Violation & Ord. / Statue No.: 961.41(1M)(H)1 Poss w/int of THC

Court Date: pending

Name of Person Cited: Rico D. TOWNSEND

Date of Birth: 11-02-91

Citation Number: 152730121

Violation & Ord. / Statue No.: 961.41(3G)(EM) Poss of Synthetic Marijuana

Court Date: pending

Name of Person Cited: Rico D. TOWNSEND

Date of Birth: 11-02-91

Citation Number: 152730121

Violation & Ord. / Statue No.: 961.41(1)(EM) Mf/Dist/DI Cannabis

Court Date: pending

Name of Person Cited:

Date of Birth:

Citation Number:

Violation & Ord. / Statue No.:

Court Date:

Investigating Officer: P.O. Ashley VAN DRISSE

District / Bureau: 32

Date: 10-01-15

*A/c [Signature]*  
Commanding Officer

10-01-15  
Date

### DISPOSITION - FOR LIU ONLY

Citation No.	Case Number	Disposition	Judge	Date
		LICENSE INVESTIGATION UNIT		
		Received	<i>[Signature]</i>	
		Referred		
		By	<i>[Signature]</i>	

**NARRATIVE SECTION:** This report is written by P.O. Ashley VAN DRISSE, assigned to District 3, early power shift.

On Wednesday, September 30th, 2015 the Milwaukee Police Department conducted an undercover operation in response to neighborhood complaints of the illegal sale of single cigarettes at various "convenience store" type establishments in or near the Washington Park Neighborhood. In conjunction with these buys, the Milwaukee Police Department further investigated a complaint of possible synthetic marijuana being sold at 3714 W. Vliet St., "Hustlin Hands Tobacco and Accessories", which does hold a valid Cigarette and Tobacco license through the City of Milwaukee.

At 3.32PM, undercover police employees, Herbert L. DAVIS III and Melvin FINKLEY entered the listed location with the purpose of purchasing single cigarettes and possibly synthetic marijuana. While inside this establishment, FINKLEY requested to purchase two single cigarettes from an employee that was behind a partially enclosed counter. Using a predetermined dollar bill (Serial # L42580204R), FINKLEY gave said dollar to the employee in exchange for two "Newport brand" cigarettes, which were fifty cents apiece. FINKLEY then exited the establishment. Shortly after, DAVIS approached the same employee and requested to purchase synthetic marijuana. The employee advised DAVIS that it would be \$15.00 for his request. Using two predetermined ten-dollar bills (Serial # JD 18172784B and GK 35158769A) DAVIS gave said U.S. currency to the employee in exchange for a package with the brand name of "Wolfpack" on the front. Also indicated on said package was that it was "incense" and that it was "not for human consumption". However through training, this particular package is believed to be "K2" or synthetic marijuana but will need to be sent to the Wisconsin State Crime Lab for further testing. Upon a positive test for synthetic cannabinoids, additional charges will be sought for the employee.

Just before DAVIS left the location, the employee also gave him a \$5.00 bill in change, which was later placed on MPD AC# 15035016

DAVIS and FINKLEY both described the employee that sold the single cigarettes and suspected synthetic marijuana as a black male, skinny build, dark complexion, wearing a blue hooded zip-up sweatshirt, standing behind the partially enclosed counter. DAVIS and FINKLEY also advised that during the time that they were on the premises of the establishment there were no other employees observed.

A few minutes after DAVIS and FINKLEY exited the location, squad 3265, P.O.'s Stephen OSMANSKI and Scott LESNIEWSKI, squad 3282, P.O. Eric ROM, squad 3217, Sgt. Teresa JANICK, and Department of Revenue Agents Georgeann KING and Rick UHLIG entered the establishment and conducted a licensed premise investigation/inspection. (Squad 3267, P.O. Thomas GUTHRIE and myself entered the location approximately 20 minutes later). As officers entered the business, the described employee was located sitting behind the partially enclosed counter and identified as Rico D. TOWNSEND, B/M 11-2-91 of 4311 N. 65th St., ph# 414-263-4690. During this investigation, TOWNSEND was very agitated and uncooperative refusing to answer questions. P.O. LESNIEWSKI did inquire if he had any weapons on his person, at which time TOWNSEND made what appeared to be a security check of his right pants pocket. P.O. LESNIEWSKI then noticed a bulge in said pocket and immediately conducted a pat-down search for weapons. P.O. LESNIEWSKI then recovered a prescription pill bottle containing a green leafy plant-like substance suspected to be marijuana inside. This substance did later test positive for THC and was placed on MPD inventory

While on the premises, P.O. OSMANSKI located a makeshift register, which was a drawer to a desk just to the right of where TOWNSEND was sitting. Located and recovered inside this drawer was all three predetermined bills used by undercover personnel. Additionally, officers located two spiral notebooks with information noted on the daily transactions of the business some of which included documentation (04-08-15) of the purchase of "K2" for "\$15.00" and single cigarettes for "\$1.00". These notebooks were later placed on MPD AC# 15035010. Agent UHLIG also discovered a box containing several packages of "Wolfpack" on a table behind the counter. The packages in this box are the same as the package given to DAVIS when he requested to purchase the synthetic marijuana. These items were also placed on MPD inventory by P.O. ROM.

P.O. LESNIEWSKI did contact the licensee, Paris S. CROSSLEY and advised him of the situation at his establishment. CROSSLEY advised P.O. LESNIEWSKI that he would be enroute to the premises. However, after approximately 30 minutes CROSSLEY was still not the business. P.O. LESNIEWSKI then called CROSSLEY once again, however at this time P.O. LESNIEWSKI believed that he turned off his phone as the call went straight to his voicemail. Law enforcement personnel waited for CROSSLEY for another 30 minutes then left. CROSSLEY never showed up.

\*\*Agents KING and UHLIG did confiscate all cigarette and tobacco products as there were no invoices on the premises. See attached report for further information.

Officers will update reports as information becomes available i.e. results from the State Crime Lab

# CIGARETTE & TOBACCO PRODUCTS FIELD REPORT

Wisconsin Department of Revenue  
 Alcohol & Tobacco Enforcement  
 Post Office Box 8933  
 Madison, Wisconsin 53708-8933  
 (608) 266-3969

Date	09/30/15	County	MKE
Licensee	PARIS S. CROSSLEY		
Address of premises	3714 W VLIET ST 53208		
Municipality	a.mke	Date of issuance	02/05/15
Trade name	HH TATTOO		

Seller's permit number PARIS S. CROSSLEY

Seller's permit to 456-1026814066-03

## Licensing Cigarettes / Tobacco Products

- |                                     |                                     |   |                             |
|-------------------------------------|-------------------------------------|---|-----------------------------|
| Yes                                 | No                                  |   |                             |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 1. License properly issued?                         | <u>Employee</u>             |
| <input type="checkbox"/>            | <input type="checkbox"/>            | 2. License issued to actual operator of premises?   | <u>RICO DWAYNE TOWNSEND</u> |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 3. Cigarette machine(s)?                            | <u>11/02/91</u>             |
|                                     |                                     | 4. Owner  |                             |
|                                     |                                     | 5. Cigarette vending machine number (if applicable) | <u>4311 N 65TH ST</u>       |
|                                     |                                     | 6. Machine serviced by                              | <u>MKE WI</u>               |

## Stock Inspection

- |                                     |                                     |  |  |
|-------------------------------------|-------------------------------------|--|--|
| Yes                                 | No                                  |  |  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 7. Location of cigarette stock                     | <u>NONE</u>  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 8. Cardboard box markings?                         | * ILLEGAL TO SELL SINGLE CIGARETTES & SINGLE CIGARS, |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 9. Carton markings?                                |  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 10. Line / spot gluing?                            |  |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 11. Is tax indicia visible?                        |  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 12. Verify stamp placement in cartons?             |  |
|                                     |                                     | 13. Type of indicia                                | <u>SK1</u>   |
|                                     |                                     | 14. Color of indicia                               | <u>BLUE</u>  |
|                                     |                                     | 15. Indicia numbers                                | <u>71887 / 71699</u>                                 |
|                                     |                                     | 16. Name of distributor                            | <u>ADHAM LIQUIDATION / CITY DEPOT</u>                |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 17. Verify stamp authenticity?                     |  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 18. Were any cigarettes / tobacco products seized? |  |

## Invoicing

- |                                     |                                     |   |   |
|-------------------------------------|-------------------------------------|---|---|
| Yes                                 | No                                  |   |   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 19. Invoices on premises?   | * ALL CIGARETTE & TOBACCO PRODUCTS INVOICES MUST BE ON LICENSED PREMISES FOR 2 YRS - NO EXCEPTIONS. |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 20. Retained for 2 years on premises?                                 |   |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 21. Do invoices comply with form / format requirements?               |   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 22. Do invoices cover size of stock?                                  |   |
|                                     |                                     | 23. Frequency of purchases  |   |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 24. Do purchase dates conform with dates stamps sold to distributors? |   |

Referral: ALL CIGARETTES & TOBACCO PRODUCTS

Comments: CONFISCATED = NO INVOICES - UNTAXED.

Signature of person in charge: DETAINED

Investigator: KING / UHLIG AT-5/20

GEORGEANNA KING-414-227-4260

# PROPERTY RECEIPT

Wisconsin Department of Revenue  
 Alcohol & Tobacco Enforcement  
 PO Box 8933  
 Madison WI 53708-8933  
 (608) 266-2776

BY AUTHORITY OF WISCONSIN STATUTE 139/134.65

CASE NUMBER \_\_\_\_\_

Date	09/30/15	County	WIKE
Licensee	PARIS S. CROSSLEY		
Address of premises	3714 W VLIET		
Municipality	C. WIKE		
Trade name	HH TATTOO		

> The following article(s) were confiscated from: \_\_\_\_\_

Ident. No.	Quantity	Size	Description of Article(s) (Brand, container size, content level, stamp number)	Opened	Sealed
1	1	PK	NEWPORT 100 BOX <input type="checkbox"/> Untaxed <input type="checkbox"/> Unauthorized source <input checked="" type="checkbox"/> Other: SINGLE CIG STICKS	X	
2	1	PK	SHOW MENTHOL FILTERED CIGARS <input type="checkbox"/> Untaxed <input type="checkbox"/> Unauthorized source <input checked="" type="checkbox"/> Other: SINGLE CIG STICKS	X	
3	1	PK	SHOW NATURAL FILTERED CIGARS <input type="checkbox"/> Untaxed <input type="checkbox"/> Unauthorized source <input checked="" type="checkbox"/> Other: SINGLE CIG STICKS	X	
4	1	PK	SHOW WHITE GUIN 3/99F <input type="checkbox"/> Untaxed <input type="checkbox"/> Unauthorized source <input checked="" type="checkbox"/> Other: SINGLE CIG STICKS	X	
5	13	PKS	SHOW LITTLE CIGARS - FILTERED - VARIOUS FLAVOR <input type="checkbox"/> Untaxed <input type="checkbox"/> Unauthorized source <input checked="" type="checkbox"/> Other:	X	
6	111	PKS	GOOD TIME FLAT WRAP - VARIOUS FLAVORS <input type="checkbox"/> Untaxed <input type="checkbox"/> Unauthorized source <input checked="" type="checkbox"/> Other:	X	
7	63	PKS	SHOW - 4 PK CIGARS - VARIOUS FLAVORS <input type="checkbox"/> Untaxed <input type="checkbox"/> Unauthorized source <input checked="" type="checkbox"/> Other:	X	
8	115	PKS	SHOW - 3 PK CIGARETTES - VARIOUS FLAVORS <input type="checkbox"/> Untaxed <input type="checkbox"/> Unauthorized source <input checked="" type="checkbox"/> Other:	X	

Signature of Agent [Signature] Witness [Signature]  
 Signature of party from whom articles were obtained DETAINED

> Chain of Custody

Ident. No.	Quantity	Lab No.	Relinquished by (Signature)	Received by (Signature)	Date	Placement

> Final Disposition

- Article(s) with Identification Number(s) \_\_\_\_\_  
 Returned to owner by Agent \_\_\_\_\_ Date \_\_\_\_\_  
 Received by \_\_\_\_\_ Date \_\_\_\_\_
- Ownership relinquished by \_\_\_\_\_ Date \_\_\_\_\_
- Article(s) with Identification Number(s) \_\_\_\_\_  
 Destroyed by \_\_\_\_\_ Date \_\_\_\_\_  
 Witnessed by \_\_\_\_\_ Title \_\_\_\_\_

# PROPERTY RECEIPT

Wisconsin Department of Revenue  
 Alcohol & Tobacco Enforcement  
 PO Box 8933  
 Madison WI 53708-8933  
 (608) 266-2776

BY AUTHORITY OF WISCONSIN STATUTE 139 / 134.65

CASE NUMBER \_\_\_\_\_

Date	<u>09/30/15</u>	County	<u>MKE</u>
Licensee	<u>P. CROSSLEY</u>		
Address of premises			
Municipality			
Trade name			

> The following article(s) were confiscated from: \_\_\_\_\_

Ident. No.	Quantity	Size	Description of Article(s) (Brand, container size, content level, stamp number)	Opened	Sealed
9	38	PKS	<u>SWISHERS SWEETS - 5 PER PK</u> <input type="checkbox"/> Untaxed <input type="checkbox"/> Unauthorized source <input checked="" type="checkbox"/> Other:	X	
10	74	PKS	<u>WHITE OUL - 2/99 - VARIOUS FLAVORS</u> <input type="checkbox"/> Untaxed <input type="checkbox"/> Unauthorized source <input checked="" type="checkbox"/> Other:	X	
11	71	PKS	<u>ZIG ZAG - 2 PK - VARIOUS FLAVORS</u> <input type="checkbox"/> Untaxed <input type="checkbox"/> Unauthorized source <input checked="" type="checkbox"/> Other:	X	
12	93	CIGARS	<u>DOUBLE PLATINUM - VARIOUS FLAVORS</u> <input type="checkbox"/> Untaxed <input type="checkbox"/> Unauthorized source <input checked="" type="checkbox"/> Other:	X	
13	4	PKS	<u>BOGEY BUTTS - 2 PER PK</u> <input type="checkbox"/> Untaxed <input type="checkbox"/> Unauthorized source <input checked="" type="checkbox"/> Other:	X	
14	62	PKS	<u>SWISHER SWEETS - 2 PK - VARIOUS FLAVORS</u> <input type="checkbox"/> Untaxed <input type="checkbox"/> Unauthorized source <input checked="" type="checkbox"/> Other:	X	
15	103	PKS	<u>JACKPOT - VARIOUS FLAVORS - 3 PK</u> <input type="checkbox"/> Untaxed <input type="checkbox"/> Unauthorized source <input checked="" type="checkbox"/> Other:	X	
16	150	CIGARS	<u>BLACK MILD</u> <input type="checkbox"/> Untaxed <input type="checkbox"/> Unauthorized source <input type="checkbox"/> Other:		

Signature of Agent [Signature] Witness [Signature]  
 Signature of party from whom articles were obtained X RETAINED

> Chain of Custody

Ident. No.	Quantity	Lab No.	Relinquished by (Signature)	Received by (Signature)	Date	Placement

> Final Disposition

- Article(s) with Identification Number(s) \_\_\_\_\_  
 Returned to owner by Agent \_\_\_\_\_ Date \_\_\_\_\_  
 Received by \_\_\_\_\_ Date \_\_\_\_\_
- Ownership relinquished by \_\_\_\_\_ Date \_\_\_\_\_
- Article(s) with Identification Number(s) \_\_\_\_\_  
 Destroyed by \_\_\_\_\_ Date \_\_\_\_\_  
 Witnessed by \_\_\_\_\_ Title \_\_\_\_\_

# PROPERTY RECEIPT

Wisconsin Department of Revenue  
 Alcohol & Tobacco Enforcement  
 PO Box 8933  
 Madison WI 53708-8933  
 (608) 266-2776

BY AUTHORITY OF  
 WISCONSIN STATUTE 139.134.C5

CASE NUMBER \_\_\_\_\_

Date	<u>09/30/15</u>	County	<u>MKE</u>
Licensee	<u>P. CROSSLEY</u>		
Address of premises			
Municipality			
Trade name			

> The following article(s) were confiscated from: \_\_\_\_\_

Ident. No.	Quantity	Size	Description of Article(s) (Brand, container size, content level, stamp number)	Opened	Sealed
17	330	PKS	<u>SITOW - 4 PKCS (BSMT)</u> <input type="checkbox"/> Untaxed <input type="checkbox"/> Unauthorized source <input checked="" type="checkbox"/> Other:		X
18	30	PKS	<u>JACKPOT - 3 PKCS</u> <input type="checkbox"/> Untaxed <input type="checkbox"/> Unauthorized source <input checked="" type="checkbox"/> Other:		X
19	15	PK	<u>BOGEY BLUNT</u> <input type="checkbox"/> Untaxed <input type="checkbox"/> Unauthorized source <input checked="" type="checkbox"/> Other:		X
20	15	PK	<u>SUNSHINE SWEETS</u> <input type="checkbox"/> Untaxed <input type="checkbox"/> Unauthorized source <input checked="" type="checkbox"/> Other:		X
21	52	PKS	<u>DOUBLE PLATINUM WETS</u> <input type="checkbox"/> Untaxed <input type="checkbox"/> Unauthorized source <input checked="" type="checkbox"/> Other:		X
22	1	PK	<u>NEWPORT 100 BOX</u> <input type="checkbox"/> Untaxed <input type="checkbox"/> Unauthorized source <input checked="" type="checkbox"/> Other:		X
23	7	CIGARS	<u>MISCELLANEOUS FLAVORS</u> <input type="checkbox"/> Untaxed <input type="checkbox"/> Unauthorized source <input checked="" type="checkbox"/> Other:	X	
24	5	PKS	<u>ZIG ZAG / DBLE PLATINUM - Single PAKCS</u> <input type="checkbox"/> Untaxed <input type="checkbox"/> Unauthorized source <input checked="" type="checkbox"/> Other:	X	

Signature of Agent [Signature] SAS Witness [Signature] 10-20 LAST ITEM  
 Signature of party from whom articles were obtained Y RETAINED

> Chain of Custody

Ident. No.	Quantity	Lab No.	Relinquished by (Signature)	Received by (Signature)	Date	Placement

> Final Disposition

- Article(s) with Identification Number(s) \_\_\_\_\_  
 Returned to owner by Agent \_\_\_\_\_ Date \_\_\_\_\_  
 Received by \_\_\_\_\_ Date \_\_\_\_\_
- Ownership relinquished by \_\_\_\_\_ Date \_\_\_\_\_
- Article(s) with Identification Number(s) \_\_\_\_\_  
 Destroyed by \_\_\_\_\_ Date \_\_\_\_\_  
 Witnessed by \_\_\_\_\_ Title \_\_\_\_\_



Wednesday, May 18, 2016



# Notice of Public Hearing

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CROSSLEY, Paris S  
Paris SC Crossley at 3716 W Vliet St  
Tattoo and Body Piercing Renewal Application

**Tuesday, May 31, 2016 at 9:30 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 on 5/31/2016 at 9:30 AM, in Room 301-B, Third Floor, City Hall. If you wish, you may provide testimony at the hearing regarding the request; see below for further information. You are not required to attend the hearing. Once the Licenses Committee makes its recommendation, this recommendation is forwarded to the full Common Council for approval at its next regularly scheduled hearing. Please review the information below and if you have further questions regarding this process, please contact the License Division at (414) 286-2238.

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## Important details for those wishing to provide information for the Licenses Committee to consider when making its recommendation:

1. The license application is scheduled to be heard at the above time. Due to other hearings running longer than scheduled, you may have to wait some time to provide your testimony.
2. You must appear in person and testify as to matters that you have personally experienced or seen. (You cannot provide testimony for your neighbor, parent or anyone else; this is considered hearsay and cannot be considered by the committee.)
3. No letters or petitions can be accepted by the committee (unless the person who wrote the letter or the persons who signed the petition are present at the committee hearing and willing to testify).
4. Persons opposed to the license application are given the opportunity to testify first; supporters may testify after the opponents have finished.
5. When you are called to testify, you will be sworn in and asked to give your name, and address. (If your first and/or last names are uncommon please spell them.)
6. You may then provide testimony.
  - a. Include only information relating to the above license application.
  - b. Include only information you have personally witnessed or seen.
  - c. Provide concise and relevant information detailing how this business has affected or may affect the peaceful enjoyment of your neighborhood.
  - d. If by the time you have the opportunity to testify, the information you wish to share has already been provided to the committee, you may state that you agree with the previous testimony. Redundant or repetitive testimony will not assist the committee in making its recommendation.
7. After giving your testimony, the members of the Licenses Committee and the licensee may ask questions regarding the testimony you have given or other factors relating to the license application.
8. Business Competition is not a valid basis for denial or non-renewal of a license.  
**Please Note: If you have submitted an objection to the above application your objection cannot be considered by the committee unless you personally testify at the hearing.**



OCCUPANT	MAIL ADDRESS	CITY AND ZIP CODE
CURRENT OCCUPANT	1415 N 37TH ST	MILWAUKEE, WI 53208-2317
CURRENT OCCUPANT	1448 N 38TH ST	MILWAUKEE, WI 53208-2326
CURRENT OCCUPANT	1429 N 37TH ST	MILWAUKEE, WI 53208-2317
CURRENT OCCUPANT	1413 N 37TH ST	MILWAUKEE, WI 53208-2317
CURRENT OCCUPANT	1428 N 37TH ST	MILWAUKEE, WI 53208-2316
CURRENT OCCUPANT	1430 N 38TH ST	MILWAUKEE, WI 53208-2326
CURRENT OCCUPANT	1434 N 37TH ST	MILWAUKEE, WI 53208-2316
CURRENT OCCUPANT	1427 N 37TH ST	MILWAUKEE, WI 53208-2317
CURRENT OCCUPANT	1426 N 38TH ST	MILWAUKEE, WI 53208-2326
CURRENT OCCUPANT	1440 N 38TH ST	MILWAUKEE, WI 53208-2326
CURRENT OCCUPANT	1349A N 37TH PL	MILWAUKEE, WI 53208-2835
CURRENT OCCUPANT	1447 N 37TH ST	MILWAUKEE, WI 53208-2317
CURRENT OCCUPANT	3712 W VLIET ST	MILWAUKEE, WI 53208-2845
CURRENT OCCUPANT	1435 N 38TH ST	MILWAUKEE, WI 53208-2327
CURRENT OCCUPANT	1423 N 38TH ST	MILWAUKEE, WI 53208-2327
CURRENT OCCUPANT	1441 N 38TH ST	MILWAUKEE, WI 53208-2327
CURRENT OCCUPANT	1419 N 37TH ST	MILWAUKEE, WI 53208-2317
CURRENT OCCUPANT	3606 W VLIET ST	MILWAUKEE, WI 53208-2831
CURRENT OCCUPANT	1423A N 38TH ST	MILWAUKEE, WI 53208-2327
CURRENT OCCUPANT	1420 N 37TH ST	MILWAUKEE, WI 53208-2316
CURRENT OCCUPANT	3718A W VLIET ST	MILWAUKEE, WI 53208-2845
CURRENT OCCUPANT	1434A N 37TH ST	MILWAUKEE, WI 53208-2316
CURRENT OCCUPANT	1420A N 37TH ST	MILWAUKEE, WI 53208-2316
CURRENT OCCUPANT	1418 N 38TH ST	MILWAUKEE, WI 53208-2326
CURRENT OCCUPANT	1349 N 37TH PL	MILWAUKEE, WI 53208-2835
CURRENT OCCUPANT	1442A N 37TH ST	MILWAUKEE, WI 53208-2316
CURRENT OCCUPANT	1433 N 37TH ST A	MILWAUKEE, WI 53208-2317
CURRENT OCCUPANT	1421 N 37TH ST	MILWAUKEE, WI 53208-2317
CURRENT OCCUPANT	1420 N 38TH ST	MILWAUKEE, WI 53208-2326
CURRENT OCCUPANT	1442 N 38TH ST	MILWAUKEE, WI 53208-2326
CURRENT OCCUPANT	1350 N 37TH PL	MILWAUKEE, WI 53208-2834
CURRENT OCCUPANT	1442 N 37TH ST	MILWAUKEE, WI 53208-2316
CURRENT OCCUPANT	1449 N 37TH ST	MILWAUKEE, WI 53208-2317
CURRENT OCCUPANT	3604 W VLIET ST	MILWAUKEE, WI 53208-2831
CURRENT OCCUPANT	1433 N 37TH ST	MILWAUKEE, WI 53208-2317
CURRENT OCCUPANT	1424 N 38TH ST	MILWAUKEE, WI 53208-2326

**Total Records: 37**  
**Radius: 250.0 feet and Center of Circle: 3716 W Vliet ST**



# TATTOO & BODY PIERCING ESTABLISHMENT LICENSE SUPPLEMENTAL RENEWAL APPLICATION

Office of the City Clerk License Division

200 E. Wells St. Room 105, Milwaukee, WI 53202  
(414) 286-2238 [license@milwaukee.gov](mailto:license@milwaukee.gov) [www.milwaukee.gov/license](http://www.milwaukee.gov/license)

Paris S Crossley  
Paris SC Crossley  
3716 W VLIET ST  
Milwaukee WI 53208

AD 15

Current License Expiration Date: 6/30/2016

Tattoo, Body Piercing Application  
Due Date: April 14, 2016  
Renewal Fee: \$325  
\$54 Late Fee Begins: 4/15/2016

SERVICES OFFERED (check all that apply)	
<b>TATTOO SERVICES</b> <input type="checkbox"/> Braiding <input type="checkbox"/> Branding <input type="checkbox"/> Permanent Makeup <input type="checkbox"/> Scarification <input type="checkbox"/> Subdermal Implants <input checked="" type="checkbox"/> Tattoo <input type="checkbox"/> Tattoo Removal <input type="checkbox"/> Other:	<b>PIERCING SERVICES</b> <input checked="" type="checkbox"/> Body Piercing <input type="checkbox"/> Ear Piercing <input type="checkbox"/> Other:
<b>HOURS OF OPERATION</b>	
Are there any changes to the current hours of operation? <input checked="" type="checkbox"/> NO IF NO, SKIP THIS SECTION <input type="checkbox"/> YES IF YES, DESCRIBE: _____	
Your current hours of operation are listed on your current license. An Extended Hours Establishment License is required to operate during the hours of 12:00 a.m. and 5:00 a.m.	
<b>LITTER &amp; NOISE</b>	
Are there any changes to your Litter/Noise plan? <input checked="" type="checkbox"/> NO IF NO, SKIP THIS SECTION <input type="checkbox"/> YES IF YES, ANSWER QUESTIONS BELOW	
What are your plans to keep the grounds clean? <input type="checkbox"/> Sweep <input type="checkbox"/> Pressure Wash <input checked="" type="checkbox"/> Pick Up Litter <input type="checkbox"/> Hired Maintenance <input type="checkbox"/> Building Owner's Responsibility <input type="checkbox"/> Garbage Cans Outside <input type="checkbox"/> Other: _____	
How often will the grounds be cleaned? <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> As Needed <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____	
Who will keep the grounds clean? <input type="checkbox"/> Licensee <input type="checkbox"/> Building Owner <input checked="" type="checkbox"/> Employees <input type="checkbox"/> Hired Maintenance <input type="checkbox"/> Other: _____	
How are noise issues prevented/addressed? <input type="checkbox"/> Security <input type="checkbox"/> Manager approaches customer(s) <input checked="" type="checkbox"/> Call police <input type="checkbox"/> Signs posted <input type="checkbox"/> Other: _____	
<b>ACKNOWLEDGEMENT &amp; SIGNATURE</b>	
By signing below, I certify that all the information on this application is correct and acknowledge that any change in the information on the application shall be reported to the City Clerk's License Division within 10 days of the change. I shall promptly notify the City Clerk's License Division in writing if my establishment ceases operation.	
Signature of Sole Proprietor, Partner, Agent or 20% or More Shareholder _____ 