

Eff: 9/26/06

CITY OF MILWAUKEE NA

CITY CLERK'S COPY

DATE: 07/21/2006

MONTAL L HINTON

NO: B - 0012707
BTAVN
ALD-DIST
ST 06

ADDRESS: 2525 N HOLTON
FOR
TYPE OF LICENSE: CLASS "B" TAVERN
BTAVN 600.00

NOTAR 3.00

TOTAL: \$ 603.00

FIRST FLOOR AND BASEMENT STORAGE

CITY OF MILWAUKEE

CITY CLERK'S COPY

DATE: 07/21/2006

MONTAL L HINTON

NO: TR - 0012707
BTAVN
ALD-DIST
ST 06

ADDRESS: 2525 N HOLTON
FOR
TYPE OF LICENSE:

PHONO 7120 55.00 -
POOL 7849 40.00 -
RS 652 40.00 -

TOTAL: \$ 135.00

CITY OF MILWAUKEE

CITY CLERK'S COPY

DATE: 07/21/2006

MONTAL L HINTON

NO: B - 0013820
PBFEE

TYPE OF LICENSE: PUBLICATION FEE
FOR: BTAVN 12707
ADDRESS: 2525 N HOLTON ST

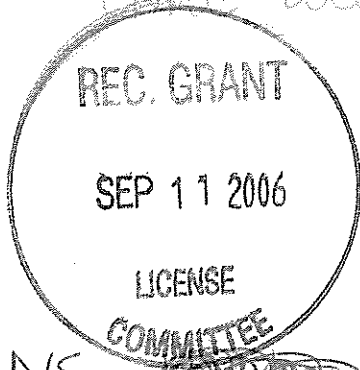
TOTAL: \$ 10.00

ett: 9/29/06 . IVA

BTAVN 12707 AD-6
2525 N. HOLTON ST.

**FEE NOT PAID AT
TIME OF
APPLICATION**

case area - no



↑ NS
Hold

*Case
11/30/06
AW*

N.O.
AST

WRITTEN NOTICE OF CHANGES OF FACT ON APPLICATION

ccl-109b (11/08)

Whenever any fact set forth in the application changes, the licensee shall file a written notice of the change with the City Clerk License Division within 10 days of such change. Complete and return to the City Clerk License Division, City Hall, 200 E. Wells St., Room 105, Milwaukee, WI, 53202.

Date: 2-28-07

License Type: B-TAVERN

Premises Address: (if applicable) 2525 N Holton St

Corporation/LLC Name: (if applicable) _____

TO THE LICENSE DIVISION OF THE CITY OF MILWAUKEE:

I, Montal L. Hinton wish to file notice of the
(your name - print or type)
following change(s) of fact in my application:

X Business/Trade Name Change: Montal's Lounge

Home Address Change: (Include City, State, Zip Code) ~~3439 N 40th St Milwaukee WI 53212~~

Home Phone Number Change: _____

Other: Business # change 414-265-2525

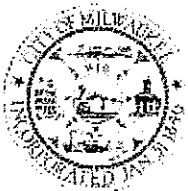
Montal L. Hinton
Signature (Individual/Partner/Agent/Officer/Member)

Office Use Only:

License Number: BTAUN 12707

Date entered in system 3-1-07 Initials ZP

Date copy sent to LIU 3-1-07 Initials ZP



CITY OF MILWAUKEE
OFFICE OF THE CITY CLERK

Thursday, August 31, 2006

COMMITTEE MEETING NOTICE

AD 06

Montal L. Hinton
3439 N 48th St
Milwaukee, WI 53216

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

Monday, September 11, 2006 at 8:45 AM

Regarding: Your Class 'B' Tavern application for "Luther's" at 2525 N. Holton St.

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

See attached police report. Neighborhood Objections to littering, loitering, loud music and noise, parking and traffic problems, and conduct which is detrimental to the health, safety, and welfare of the neighborhood.

Notice for applicants on probation/parole:

A letter from your probation officer indicating his/her support or opposition to your receiving your license must be presented at the hearing on the above date and time. (The letter must indicate the type of license for which you are applying.) Failure to comply with this requirement may result in a delay of the granting/denial of your application.

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. Barron
Rebecca N. Barron
License Division Manager

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

MILWAUKEE POLICE DEPARTMENT LICENSE REPORT DATE OF FILING 07/21/2006

LICENSE TYPE BTAVN LICENSE NUMBER 12707 NEW X RENEWAL OTHER WARD 06

ADD'L INFO:

POOL RS PHONO
APPLICANT HINTON, MONTAL L PARTNER:
ADDRESS: 3439 N 48TH ST ADDRESS:
CITY: MILWAUKEE CITY:
STATE: WI ZIP: 53216 STATE: ZIP:
PHONE: (414) 975-4509 DOB: 02/20/1971 PHONE: DOB:
MAIDEN/OTHER:
BUSINESS: LUTHER'S
ADDRESS: 2525 N HOLTON ST PARTNER2
CITY: MILWAUKEE CITY:
STATE: WI ZIP: 53212 STATE: ZIP:
PHONE: (414) 263-2525 PHONE: DOB:

DOB: BUILDING OWNER:
DOES APPLICANT HAVE INTEREST IN ANY OTHER CLASS 'A'/'B'/'C' PREMISES? N Y (Explain) May do land contract in future.
LENGTH OF RESIDENCE AT ABOVE: 4 yrs IN STATE: 36 yrs PREVIOUS ADDRESS:

CORPORATION NAME:

STATE OF INCORPORATION: DATE OF INCORPORATION:

CORPORATE OFFICERS:

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

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

NAME: ADDRESS: ZIP: DOB:
ADDRESS: CITY: STATE: PHONE: OFFICE:
NAME: ADDRESS: ZIP: DOB:
ADDRESS: CITY: STATE: PHONE: 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: 45601 CHECKED WITH ID DIVISION: N Y
ADDITIONAL INFORMATION: 7-28-06 KR

INVESTIGATING OFFICER: PO Tracy Dulum REVIEWED BY:
DATE: AUG 01 2006 DATE:

AUG 03 2006

MILWAUKEE POLICE DEPARTMENT
LICENSE INVESTIGATION UNIT

CRIMINAL RECORD/ORDINANCE VIOLATION/INCIDENTS
SYNOPSIS

DATE: 08/01/06
LICENSE TYPE BTAVN

No. 12707

NEW : X
RENEWAL:

Application Date: 07/21/06
Expiration Date:

License Location: 2525 N. Holton St.
Business Name: Luther's

Aldermanic District:

Licensee/Applicant: Hinton, Montal L.
(Last Name, First Name, MI)

Date of Birth: 02/20/71

Male: X

Female:

Home Address: 3439 N. 48th St.
City: Milwaukee
Home Phone: (414) 975-4509

State: WI **Zip Code:** 53216

This report is written by Police Officer Mary SIKORA, assigned to the License Investigation Unit; Days:

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

1. On 08/16/02 the applicant was cited by the City of Milwaukee for a Building and Zoning Violation-Exterior Wood Surface Protection, No further information available.

Charge : Exterior Wood Surface Protection
Finding : Guilty, Municipal Court
Sentence : \$100.00 fine
Date : 07/31/03
Case : 02149463



Thursday, August 31, 2006



Notice of Public Hearing

Montal L. Hinton
Luther's at 2525 N Holton St
Class 'B' Tavern application

Monday, September 11, 2006 at 8:45 AM

To Whom it may concern:

Class 'B' Tavern application for Luther's at 2525 N Holton St has been made by the above named applicant. 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 9/11/2006 at 8:45 AM, in Room 301-B, Third Floor, City Hall, 200 East Wells Street. 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.

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.

**Please Note:
Attendance is not required.**

CURRENT RESIDENT	2513 N HOLTON ST	MILWAUKEE, WI 53212-0000
CURRENT RESIDENT	2514 N HOLTON ST	MILWAUKEE, WI 53212-0000
CURRENT RESIDENT	2515 N HOLTON ST	MILWAUKEE, WI 53212-0000
CURRENT RESIDENT	2516 N HOLTON ST	MILWAUKEE, WI 53212-0000
CURRENT RESIDENT	2517 N HOLTON ST	MILWAUKEE, WI 53212-0000
CURRENT RESIDENT	2519 N HOLTON ST	MILWAUKEE, WI 53212-0000
CURRENT RESIDENT	2520 N HOLTON ST LWER	MILWAUKEE, WI 53212-0000
CURRENT RESIDENT	2520 N HOLTON ST	MILWAUKEE, WI 53212-0000
CURRENT RESIDENT	2521 N HOLTON ST	MILWAUKEE, WI 53212-0000
CURRENT RESIDENT	2522 N HOLTON ST	MILWAUKEE, WI 53212-0000
CURRENT RESIDENT	2524 A N HOLTON ST	MILWAUKEE, WI 53212-0000
CURRENT RESIDENT	2524 N HOLTON ST	MILWAUKEE, WI 53212-0000
CURRENT RESIDENT	2525 A N HOLTON ST	MILWAUKEE, WI 53212-0000
CURRENT RESIDENT	2531 N HOLTON ST	MILWAUKEE, WI 53212-0000
CURRENT RESIDENT	2532 A N HOLTON ST	MILWAUKEE, WI 53212-0000
CURRENT RESIDENT	2532 N HOLTON ST	MILWAUKEE, WI 53212-0000
CURRENT RESIDENT	2533 N HOLTON ST	MILWAUKEE, WI 53212-0000
CURRENT RESIDENT	2538 N HOLTON ST	MILWAUKEE, WI 53212-0000
CURRENT RESIDENT	2539 N HOLTON ST 1	MILWAUKEE, WI 53212-0000
CURRENT RESIDENT	2539 N HOLTON ST 2	MILWAUKEE, WI 53212-0000
CURRENT RESIDENT	2539 N HOLTON ST 3	MILWAUKEE, WI 53212-0000
CURRENT RESIDENT	2541 N HOLTON ST	MILWAUKEE, WI 53212-0000
CURRENT RESIDENT	2542 A N HOLTON ST	MILWAUKEE, WI 53212-0000
CURRENT RESIDENT	2542 N HOLTON ST	MILWAUKEE, WI 53212-0000
CURRENT RESIDENT	2543 N HOLTON ST	MILWAUKEE, WI 53212-0000
CURRENT RESIDENT	2548 N HOLTON ST	MILWAUKEE, WI 53212-0000
CURRENT RESIDENT	2549 N HOLTON ST	MILWAUKEE, WI 53212-0000
CURRENT RESIDENT	2552 A N HOLTON ST	MILWAUKEE, WI 53212-0000
CURRENT RESIDENT	2552 N HOLTON ST	MILWAUKEE, WI 53212-0000
CURRENT RESIDENT	2555 N HOLTON ST	MILWAUKEE, WI 53212-0000
CURRENT RESIDENT	2559 N HOLTON ST	MILWAUKEE, WI 53212-0000
CURRENT RESIDENT	2564 A N HOLTON ST	MILWAUKEE, WI 53212-0000
CURRENT RESIDENT	2564 N HOLTON ST	MILWAUKEE, WI 53212-0000
CURRENT RESIDENT	412 E WRIGHT ST	MILWAUKEE, WI 53212-0000
CURRENT RESIDENT	422 E WRIGHT ST	MILWAUKEE, WI 53212-0000
CURRENT RESIDENT	508 E WRIGHT ST	MILWAUKEE, WI 53212-0000
CURRENT RESIDENT	512 E WRIGHT ST	MILWAUKEE, WI 53212-0000
CURRENT RESIDENT	520 E WRIGHT ST	MILWAUKEE, WI 53212-0000
CURRENT RESIDENT	520 E WRIGHT ST	MILWAUKEE, WI 53212-0000
Number of addresses: 90		

MILWAUKEE POLICE DEPARTMENT LICENSE REPORT

DATE OF FILING 07/21/2006

LICENSE TYPE BTAVN LICENSE NUMBER 12707 NEW X RENEWAL OTHER WARD 06

ADD'L INFO:

PHONO

APPLICANT HINTON, MONTAL L

ADDRESS: 3439 N 48TH ST

CITY: MILWAUKEE

STATE: WI

PHONE: (414)975-4509

DOB: 02/20/1971

MAIDEN/OTHER:

BUSINESS: LUTHER'S

ADDRESS: 2525 N HOLTON ST

CITY: MILWAUKEE

STATE: WI

PHONE: (414)263-2525

ZIP: 53212

DOB:

SPOUSE:

DOES APPLICANT HAVE INTEREST IN ANY OTHER CLASS 'A','B','C' PREMISES? N Y (Explain)

LENGTH OF RESIDENCE AT ABOVE: 4 yrs

IN STATE: 35 yrs

PREVIOUS ADDRESS:

CORPORATION NAME:

DATE OF INCORPORATION:

DATE OF INCORPORATION:

CORPORATE OFFICERS:

NAME:

ADDRESS:

CITY:

STATE:

PHONE:

OFFICE:

ZIP:

DOB:

NAME:

ADDRESS:

CITY:

STATE:

PHONE:

OFFICE:

ZIP:

DOB:

***** 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: H-245601 CHECKED WITH ID DIVISION: N Y

ADDITIONAL INFORMATION: 7-28-06

INVESTIGATING OFFICER: PO Tracy Shlem

DATE: AUG 01 2006

REVIEWED BY:

DATE:

1-7-7 A. bn

May do land contract in future.

AUG 08 2006

MILWAUKEE POLICE DEPARTMENT
LICENSE INVESTIGATION UNIT

CRIMINAL RECORD/ORDINANCE VIOLATION/INCIDENTS
SYNOPSIS

DATE: 08/01/06
LICENSE TYPE BTAVN

No. 12707

NEW : X
RENEWAL:

Application Date: 07/21/06
Expiration Date:

License Location: 2525 N. Holton St.
Business Name: Luther's

Aldermanic District:

Licensee/Applicant: Hinton, Montal L.
(Last Name, First Name, MI)
Date of Birth: 02/20/71

Male: X

Female:

Home Address: 3439 N. 48th St.
City: Milwaukee
Home Phone: (414) 975-4509

State: WI **Zip Code:** 53216

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

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

1. On 08/16/02 the applicant was cited by the City of Milwaukee for a Building and Zoning Violation-Exterior Wood Surface Protection. No further information available.

Charge : Exterior Wood Surface Protection
Finding : Guilty, Municipal Court
Sentence : \$100.00 fine
Date : 07/31/03
Case : 02149463

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning 2006 ;
ending 2007

TO THE GOVERNING BODY of the CITY OF MILWAUKEE, MILWAUKEE COUNTY
Aldermanic District No. 6

1. The named INDIVIDUAL PARTNERSHIP LIMITED LIABILITY COMPANY
 CORPORATION NONPROFIT ORGANIZATION

hereby makes application for the alcohol beverage license(s) checked above.

2. Name (individual /partners give last name, first, middle; corporations/ limited liability companies give registered name): HINTON, Montal LAVAL

An " Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the name, title, and place of residence for each person.

Title	Name	Home Address	Post Office & Zip Code
President/Member			
Vice President/Member			
Secretary /Member			
Treasurer/Member			
Agent			
Directors/ Managers			

3. Trade Name Luther's Business Phone Number 414-263-2525
4. Address of Premises 2525 N Holton Post Office & Zip Code Mil, WI 53212

5. Is individual, partners or agents of corporation/ limited liability company subject to completion of the responsible beverage server training course for this license period? Yes No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? Yes No
8. (a) Corporate/limited liability company applicants only: Insert state _____ and date _____ of registration.
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? N/A Yes No
(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? N/A Yes No

(NOTE: All applicants explain fully on reverse side of this form every YES answer in section 5, 6, 7 and 8 above.)

9. 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 storage. (Alcohol beverages may be sold and stored only on the premises described.) FIRST FLOOR and Basement Storage
10. Legal description (omit if street address is given above): _____
11. (a) Was this premises licensed for the sale of liquor or beer during this past license year? Yes No
(b) If yes, under what name was license issued? Luther's
12. Does the applicant understand a Special Occupational Tax must be paid to the Federal Bureau of Alcohol, Tobacco and Firearms before beginning business? [phone (414) 297-3991] Yes No
13. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in Section 2, above? [(608) 266-2776] Yes No
14. 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.) 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 27th day of SEP, 2006

Phillip
(Clerk/Notary Public)

My Commission Expires _____

Montal L. Hinton
(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)

TO BE COMPLETED BY CLERK:

Date received and filed with municipal clerk <u>7-21-06 ZP</u>	License number issued <u>BTAUN 12707</u>	Date license granted <u>SEP 26 2006</u>
---	---	--

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

INDIVIDUAL'S FULL NAME (Please Print) (Last Name) (First Name) (Middle Name) HINTON Montal LAUAL			MAIDEN NAME/FORMER NAME N.A.		SOCIAL SECURITY NUMBER 389-80-5283	
HOME ADDRESS (Street/Route) 3439 N 48th St			POST OFFICE Milwaukee		STATE WI	ZIP CODE 53216
HOME PHONE NUMBER 414-975-4509		AGE 35	DATE OF BIRTH Feb. 20, 1971		PLACE OF BIRTH MIL, WISCONSIN	

The above name individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an individual.
- A member of a partnership which is making application for an alcohol beverage license.
- _____ of _____
(Officer/Director/Member/Manager/Agent) (NAME OF CORPORATION, LIMITED LIABILITY COMPANY OR NON PROFIT ORGANIZATION)
which is making application for an alcohol beverage license.

The above name individual provides the following information to the licensing authority:

1. (a) How long have you continuously resided in Wisconsin prior to this date? 35 years
- (b) Have you resided in the City of Milwaukee continuously for one year immediately prior to this date? Yes No
2. (a) Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, or laws of any other states? Yes No
- (b) Have you ever been convicted of any violations of any municipal ordinances? Yes No
(If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending.) (If more room is needed, continue on reverse side of this form.)
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any municipality? Yes No
(If yes, describe status of charges pending.)
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
(If yes, identify.) _____
(NAME, LOCATION AND TYPE OF LICENSE/PERMIT)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer license, brewery permit or wholesale liquor permit in the State of Wisconsin? Yes No
(If yes, identify.) _____ (NAME OF WHOLESALE LICENSEE OR PERMITEE) _____ (ADDRESS BY CITY AND COUNTY)

READ CAREFULLY BEFORE SIGNING: I, The undersigned, 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; I shall not seek information as a condition of employment, or penalize any employe or discriminate in the selection of personnel for training or promotion solely on the basis of such information. I also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me
this 21 day of July, 2006
Laurel A. Phillip
(CLERK/NOTARY PUBLIC)
STATE OF WISCONSIN
My commission expires 8-5-07

Montal A. Hinton
(SIGNATURE OF NAMED INDIVIDUAL)

ADDENDUM TO ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

To be completed by the individual, all partners, or the agent of a corporation/limited liability company: →

Wisconsin State Statutes require that all new applicants complete a Responsible Beverage Server Training Course.

You do not need to take the course if you answer yes to one of the following questions and provide proof of such:

1. Within the last 2 years have you held a bartender's license in the state of Wisconsin?
 Yes No
2. Within the last 2 years have you held a Class "A" or Class "B" alcohol beverage license, or a Class "B" manager's license in the state of Wisconsin? Yes No
3. Within the last 2 years have you completed a Responsible Beverage Server Training Course in the state of Wisconsin? Yes No

IF YOU ANSWERED NO TO ALL OF THE ABOVE QUESTIONS, PROOF OF COURSE COMPLETION MUST BE PROVIDED BY SUBMITTING YOUR COURSE CERTIFICATE TO THE LICENSE DIVISION.

For course enrollment information, contact MATC at (414) 297-8370 or the Professional Bartending School at (414) 302-5050.

I understand that a license will not be issued without a copy of the course certificate or proof of the license held within the last two years being submitted to the License Division.

SUBSCRIBED AND SWORN TO BEFORE ME THIS

Montal L. Hinton
Print name of Individual/Partner/Agent

21 day of July 2006

Phillip
Notary Public, State of Wisconsin

My Commission expires 8-5-07

Montal L. Hinton
Signature of Individual/Partner/Agent

Office Use Only

Initials LP Date Filed 7-21-06 LICENSE TYPE & NO. BTAUN
12707



Plan of Operation Supplement for Retail Alcohol Beverage License 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 for renewal applicants.

Check Type of License Applied for: <input type="checkbox"/> Class A <input checked="" type="checkbox"/> Class B <input type="checkbox"/> Class C	
Check Box in this section that applies to your ownership structure: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Non Profit Organization	
Full Legal Name of Individual, Partner(s) or Agent: <u>HINTON Montal LAVAL</u>	
Individual, Partner(s) or Agent: List other names by which you have been known on official records: <u>N/A</u>	
Name of Corporation, Limited Liability Company or Non Profit Organization: <u>N/A</u>	
State where Corporation, Limited Liability Company or Non Profit Organization was formed: <u>N/A</u>	
Year Corporation or Limited Liability Company was formed: _____	
<i>*Please note: No license may be issued to a corporation or limited liability company that has not registered with the Wisconsin Department of Financial Institutions.</i>	
Address of Premises: <u>2525 N Holton, Mil, WI 53212</u>	Business Telephone Number: <u>414-263-2525</u>
Business Mailing Address - if different from address of premises (include City, State, Zip Code): _____	
Business Internet/E-mail Address: _____	Business Fax Number: <u>N/A</u>
Property Owner's Name: <u>Luther & Donna Mitchell</u>	Property Owner's Phone Number: <u>414-507-2523</u>
Property Owner's Address (include City, State, Zip Code): <u>2525 N Holton, M.I, WI 53212</u>	
Are you taking out this application for anyone that may not be eligible for a license? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list name and address: _____	
Will you be conducting the day-to-day operations of the business? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, list name and address of person who will: _____	
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If so, list name and address: _____	

HOURS OF OPERATION

Examples:	Current Days and Hours of Operation:	Proposed Days and Hours of Operation: If same as current, write "same"	Number of Customers expected each day
Sunday Open: 8:00 AM Monday Close: 2:00 AM Monday: Closed	3:00 p.m 2:00 A.M	Same	50 Capacity
Tues. Open: 9:00 AM Tues. Close: 9:00 PM	3:00 p.m 2:00 A.M	Same	50 Capacity
Wed. Open: 6:00 AM Thurs. Close: 1:00 AM	3:00 p.m 2:00 A.M	Same	50 Capacity
Thurs. Open: 6:00 AM Friday Close: 2:00 AM	3:00 p.m 2:00 A.M	Same	50 Capacity
Friday Open: 9:00 AM Sat. Close: 2:30 AM	3:00 p.m 2:30 A.M	Same	100 Capacity
Saturday Open: Noon Sunday Close: 2:30 AM	3:00 p.m 2:30 A.M	Same	100 Capacity

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) 80

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

Number of Parking Spaces on the Premises:
(do not include street parking) 0

What are your plans to maintain an orderly appearance and operation of the premises with respect to:
LITTER: every day of operation, first open clean all litter in front side and all areas clean during business hours and after closing

What are your plans to maintain an orderly appearance and operation of the premises with respect to:
NOISE: Keep all customer inside of business, mention what is going on outside. Not allow customer hanging out after hours.

Are any other types of businesses currently conducted at this location? (i.e. grocery store, restaurant, art gallery, gas station, convenience store) Yes No If yes, explain:

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

Are any other types of licenses or permits currently issued at this location (i.e. cigarettes, food)?
 Yes No If yes, explain: This is license to sell cigarettes.

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

Is the building less than 300 feet from a church, school or hospital? Yes No

Detailed Floor Plan

- A detailed floor plan must be included with each alcohol beverage application.
- 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 included in the premises description.
- A separate floor plan is required for the basement - even if it is used only for storage.

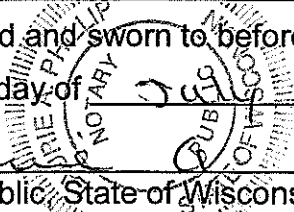
The floor plan must include all of the following items:

- Dimensions of the premise and total square feet (length x width = square feet)
- Label locations of all entrances and exits
- Label locations of all seating areas, bars, and food preparation areas (Class B and C applicants only)
- Label locations of all alcohol beverage storage areas (coolers, etc.) and provide dimensions of all alcohol beverage storage areas (length x width)
- Label locations of all alcohol beverage display areas (behind the bar, shelves, etc.) and provide dimensions of all alcohol beverage display areas (length x width)
- Label locations of all outdoor areas used for the sale or service of alcohol beverages and provide dimensions of all outdoor areas used for the sale or service of alcohol beverages (length x width)
- Label locations of all parking areas on the premises (do not include street parking) and 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.
- Mark the North point (N ↑) on each page
- Date each page of the floor plan
- Write the legal entity name (and agent's name if a corporation or LLC), trade name and address on each page (see sample)

PLEASE NOTE:

**** All applications submitted without the detailed floor plan (including all items required) will be returned, and may be subject to a late fee and a lapse in the operation of the business.**

**** A sample floor plan is available online at www.milwaukee.gov/license. Handwritten plans are acceptable. Plans do not need to be architectural drawings. Plans need not be to scale.**

Subscribed and sworn to before me
 this 21 day of July, 2006

Philip
 Notary Public, State of Wisconsin
 My commission expires 8-5-07

M. Antel 2. Phil
 Signature of Individual/Partner/President/Member

 Signature of Partner/Secretary/Member

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

Any applications filed without all of the required items and/or notarized signatures will be returned. This may result in a late fee and a lapse in your license for renewal applicants.

NEW APPLICANTS ONLY

Do you own or lease the building? Check one: Own Lease Contingent on issues of Liquor License.

Who owns the fixtures (ie. Coolers, etc.)? ME OWNER Montel LAVAL Hinton

If you are purchasing the stock and/or fixtures, what did you pay for them? Included in Price

Total Amount Paid for the Business: \$ 142,000.00

Amount Paid for the Goodwill of the Business: \$ —

Goodwill comprises the reputation and customer relationships of an existing business. If the price you pay for the business exceeds the fair market value of all of the rest of the assets of the business, the excess may be considered goodwill.

Have you made arrangements with the seller for payment of the personal property taxes?

Yes No

IF YOU LEASE THE BUILDING, ANSWER THE FOLLOWING QUESTIONS:

Is the lease verbal or written?

Date lease begins: _____ Expires: _____

Monthly rental: \$ _____

Do you have an option to renew the lease? Yes No

Does your lease allow for the assignment to another party without the consent of the owner?

Yes No

For what length of time have you been guaranteed occupancy? (number of years) _____

In addition to paying monthly rental, will you have to pay anything additional to the owner of the building to guarantee performance of the lease? Yes No

If yes, explain: _____

Does the present owner or occupant object to the granting of your license? Yes No

If yes, explain: _____

Subscribed and sworn to before me
this 21 day of July, 2006

Laura A. Phillip
Notary Public, State of Wisconsin
My commission expires: 8-5-07

Montel Laval Hinton
Signature of Individual/Partner/President/Member

Signature of Partner/Secretary/Member

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

Any applications filed without all of the requirements and/or signatures will be returned.



City of Milwaukee

CITY OF MILWAUKEE ALCOHOL BEVERAGE RELATED LICENSES APPLICATION

ccl-122c (11/05)

Business Name: <u>Luther's</u>		Business Address: <u>2525 N Holton Mil, WI 53218</u>	
Check One: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corp/LLC - Name of Corp/LLC: _____			
Name of Individual, Partners or Agent of Corp/LLC: <u>Hinton Montal, Laval</u>			
Home Address: <u>3439 N 48th St, mil, WI 53216</u>			
Phone Number: <u>414-975-4509</u>		Date of Birth: <u>2/20/71</u>	
Check Licenses You Are Applying For:		Fees:	
<input type="checkbox"/> Amusement/Cabaret	\$1,500.00	\$	
<input type="checkbox"/> Dance	\$250.00	\$	
<input type="checkbox"/> Instrumental Music	\$165.00	\$	
<input type="checkbox"/> Billiard Hall (3 or more pool tables)	\$125.00	\$	
<input type="checkbox"/> Bowling Alley-How many? _____ x \$25.00 each		\$	
6 GAME MACHINES OR MORE ON THE PREMISES			
<input type="checkbox"/> Video Game Center	\$450.00	\$	
<input type="checkbox"/> If you OWN the games, list how many _____ AND pay an additional \$25.00 for each \$			
<input type="checkbox"/> If the distributor owns the games, list how many _____ AND name of distributor _____			
<i>All of the above licenses (this column only) require License Committee action and should be applied for at the same time as the Class "B" or "C" license.</i>			
<input type="checkbox"/> Amusement Game Premises	\$55.00	\$	
<input type="checkbox"/> If you OWN the games, list how many _____ AND pay an additional \$25.00 for each \$			
<input type="checkbox"/> If the distributor owns the games, list how many _____ AND name of distributor _____			
Total of Column A: \$		Total of Column B: \$	
Total of Column A + Column B = _____ + fee for Class "B" or "C" license			
Please make ONE check payable to City of Milwaukee			
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 those services offered under this license, permit, or franchise, or refuse to employ, or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry; 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			
<u>21</u> day of <u>July</u> 20 <u>06</u>		<u>Montal L. Laval</u>	
<u>[Signature]</u> Notary Public, State of Wisconsin		Signature of Individual, Partner or Officer of Corp/Member of LLC	
My Commission expires <u>8-5-07</u>		Additional Partner _____	
OFFICE USE ONLY			
INITIALS <u>XP</u>	License# <u>12707</u>	FILED <u>7-21-06</u>	AD# <u>6</u> TAG(S)# _____
IF ANY PRIMARY LICENSE(S), LIST TYPE AND NUMBER		GRANTED	ISSUED

Responsible Beverage Service

Course Completion Certificate

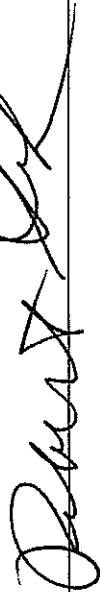
Student Name: MONTAL LORAK HINTON

Address: 3439 N 48th St
Street

Milwaukee WI 53216
City State Zip Code

4 Hours Satisfactorily Completed

Course Number: 472-503 Completion Date: 8-31-2006

Instructor: 

License Number: _____ (for City Clerk)

WHITE — City Clerk PINK — MATC/WorkForce Development Institute YELLOW — Student

AN ECONOMIC DEVELOPMENT SERVICE OF MILWAUKEE AREA TECHNICAL COLLEGE

MATC is an Affirmative Action/Equal Opportunity Institution and complies with all requirements of the Americans With Disabilities Act.



12707e
State of Wisconsin • DEPARTMENT OF REVENUE

819 NORTH 6TH STREET • MILWAUKEE, WISCONSIN 53203-1682
FAX (414) 227-4405 • <http://www.dor.state.wi.us>

August 29, 2006

LICENSE DIVISION
CITY CLERKS OFFICE
MILWAUKEE WI 53202

This is to certify that **Montal Laval Hinton, d/b/a Luther's**, at **2525 N. Holton Ave**, in Milwaukee, Wisconsin, has paid the registration fee and has met the security requirements.

A Seller's Permit will be issued.

Amida Beppauer

Milwaukee District Compliance Supervisor
Wisconsin Department of Revenue

12707
ADU

Monday, July 24, 2006

TO: REBECCA BARRON LICENSE DIVISION
ROOM 105 CITY HALL

FR: PANDORA BENDER NEIGHBORHOOD SERVICES

RE: LICENSE APPLICATION DATED 7/21/06

OBJECTIONS

TYPE	ADDRESS	REASON
<i>class "B" tavern</i>	<i>2525 N Holton St</i>	<i>occupancy</i>
<i>Secondhand Motor Vehicle Dealer</i>	<i>2201 S. 13th St.</i>	<i>Inspection required</i>

DEPARTMENT OF NEIGHBORHOOD SERVICES

Commercial Code Enforcement Division
841 N. Broadway Room 105 Milwaukee WI 53202
(414) 286-3874

ADDRESS 2525 N. Holton Ave.

September 11, 2006

APPLICANT Montal L. Hinton

Please be advised that your Class "B" Tavern license for the above address being held by the Department of Neighborhood Services. To release this hold, you must comply with the item(s) checked below:

Certificate of occupancy required (See below)

THE APPLICANT NAME AND THE SUBJECT ADDRESS ON THE CERTIFICATE OF OCCUPANCY APPLICATION MUST BE THE SAME AS THAT INDICATED ON THE LICENSE APPLICATION. (BRING A COPY OF YOUR APPLICATION TO 809 N BROADWAY, DEVELOPMENT CENTER, WHEN APPLYING FOR YOUR PERMIT)

Completion of existing orders dated:

9/9/06

Other

IMPORTANT

Please Note: The hold will not be released until written notification is faxed from our office to the License division

school
11-30-06



City

of Milwaukee

Department of Neighborhood Services
Inspectional services for health and neighborhood improvement

Martin G. Collins
Commissioner
Tracy Williams
Chief Operations Officer

Important

**ATTENTION: PATRICIA PROFFIT
JANE JANSEN**
Fax # 286-3057

Neighborhood Services is releasing the hold on the following:

- Alcohol Beverage Used Car Dealers
- 2nd Hand Dealers Junk Collectors
- _____ Home Improvement Contractor
- Extension of Premises _____
- Other _____

ADDRESS 2525 N. Holton

If you have any questions, please call

Randona Bender 11/30/06 at ext. 3154

Remarks _____