



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

Tuesday, November 16, 2021

**COMMITTEE MEETING NOTICE**

AD 10

BROWN, Danicha S, Agent  
Shake N Bake American Soul Kitchen LLC  
7215 N 38<sup>TH</sup> St.  
Milwaukee, WI 53209

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

**Tuesday, November 30, 2021 at 09:45 AM**

**Regarding:** Your Class B Tavern, Public Entertainment Premises and Food Dealer License Applications Requesting Jukebox as agent for "Shake N Bake American Soul Kitchen LLC" for "Shake N Bakez" at 7009 W Capitol DR.

This meeting will be held via GoToMeeting. Please see the enclosed best practices document for further instructions. The access code is <https://global.gotomeeting.com/join/544004957> If you wish to call in, please call [+1 \(872\) 240-3212](tel:+18722403212) and use Access Code: [544-004-957](tel:544004957)

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

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

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

Failure to attend this meeting may result in the denial of your license. Individual applicants and partnership applicants must attend or attend by an attorney. The agent or attorney for corporate or limited liability applicants must attend. If you wish to do so and at your own expense, you may be accompanied by an attorney of your choosing to represent you at this hearing.

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

PLEASE NOTE: Upon reasonable notice, efforts will be made to accommodate the needs of disabled individuals through sign language interpreters or other auxiliary aids. For additional information or to request this service, contact the Council Services Division ADA Coordinator at (414) 286-2998, Fax - (414) 286-3456, TDD - (414) 286-2025.

JIM OWCZARSKI, CITY CLERK

BY: \_\_\_\_\_

Jim Cooney  
License Division Manager

**If you have questions regarding this meeting, please contact the staff assistant, Yadira Melendez at (414) 286-2775 or [stas5@milwaukee.gov](mailto:stas5@milwaukee.gov)**

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



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BROWN, Danicha S, Agent  
Shake N Bake American Soul Kitchen LLC  
7009 W Capitol DR  
Milwaukee, WI 53216

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

# MILWAUKEE POLICE DEPARTMENT LICENSING

## CRIMINAL RECORD/ORDINANCE VIOLATION/INCIDENTS SYNOPSIS

**DATE:** 11/03/2020

**LICENSE TYPE:** Class B Tavern

**NEW:**

**RENEWAL:**

**No. 3170327**

**Application Date:** 11/02/2020

**License Location:** 7009 W Capitol Dr

**Business Name:** Shake N Bake American Soul Kitchen

**Licensee/Applicant:** BROWN, Danicha S  
(Last Name, First Name, MI)

**Date of Birth:** 05/01/1979

**Home Address:** 7215 N 38<sup>th</sup> St

**City:** Milwaukee

**State:** WI **Zip Code:** 53209

**Home Phone:**

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

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

1. On 11/29/2018 the applicant was cited in the City of Milwaukee for Sale of Alcohol to Underaged Person.

**Charge:** Sale of Alcohol to Underaged Person

**Finding:** **WARRANT ISSUED**

**Sentence:**

**Date:**

**Case:** 19001557

2. The applicant has the following past due fines owed to Milwaukee Municipal Court:

**19003795 Owners Liability-Flee/Elude Officer**

**WARRANT ISSUED**

Date: 12/9/2020

Officer: Bowie Buchner

City of Milwaukee Police Department

90-5-1.5 Crime Prevention Survey

Tavern Inspection

Name of Premise: Shake N Bakez

Address: 7009 W Capitol Dr

Phone: Click here to enter text.

Owner: Danicha S Brown

Owner address: 7215 N 38<sup>th</sup> St

City State Zip: Milwaukee, WI, 53209

Owner Phone: 414-419-6457

Owner email: shadale.db@gmail.com

Licensee/Agent: Danicha Brown

Home Address: 7215 N 38<sup>th</sup> St

City State Zip: Milwaukee, WI 53209

Phone: 414-419-6457

Email: shadale.db@gmail.com

Preferred contact: Danicha Brown

Location currently open:  YES  NO

Projected open date: 2/1/2021

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

Hours of Operation: Sun: 9:00A.M. – 1:00 A.M. 24 hours  Y  N  
Mon: 9:00A.M. – 1:00 A.M.  
Tue: 9:00A.M. – 1:00 A.M.  
Wed: 9:00A.M. – 1:00 A.M.  
Thu: 9:00A.M. – 1:00 A.M.  
Fri: 9:00A.M. – 1:00 A.M.  
Sat: 9:00A.M. – 1:00 A.M.

Premise Type:  Tavern/Bar  
 Restaurant  
 Other: Click here to enter text.

Licenses currently held:

Alcohol:  Yes  No Class:B #: BTAVN 317027

Tobacco:  Yes  No #:Click here to enter text.

Food:  Yes  No #: FREST 317030

Extended Hours:  Yes  No #: Click here to enter text.

Secondhand Dealer:  Yes  No Type:Click here to enter text. #: Click here to enter text.

Other: Yes No Type:Public entertainment #: PEP 317028

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

**Exterior Survey:**

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

11. Are there areas where a person could conceal themselves Yes No
12. Is there exterior lighting? Yes No. Does it appears to be adequate Yes No
13. Exterior Payphone? Yes No
14. Are there No Loitering Signs posted? Yes No
15. Are there exterior security cameras Yes No How Many: 2
16. Are the address numbers prominently displayed and easy to see Yes No

**Camera Survey:**

17. Does this location have security cameras? Yes No
18. Are they in working order? Yes No
19. What format are the cameras?
- a. Color Yes No
  - b. Digital Yes No
  - c. Recorded Yes No
20. How long is footage stored for later viewing: Unknown
21. Are there exterior cameras Yes No How many: 4
22. Are there interior cameras Yes No How many: 2
23. Do all employees know how to retrieve recorded digital images/footage? Yes No
24. Cameras located in parking lot Yes No How many 1

**Interior Survey:**

25. What is the planned capacity 47

26. What is the minimum number of employees that will be on premise 2

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

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

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

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

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

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

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

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



## Security

33. How many security personnel are going to be employed: None planned, but may add in future if needed

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

35. What days will they be deployed  Mon  Tue  Wed  Thu  Fri  Sat  Sun

36. Will the security be managed by business  or contracted

37. Will they be armed  Yes  No

38. What type of security measures to be used:

Wanding/metal detector Click here to enter text.

ID Scanner Click here to enter text.

Dress Code Click here to enter text.

Cover Charge Click here to enter text.

Age restriction No children after 9:00 P.M.

Other Click here to enter text.

### ADDITIONAL COMMENTS/RECOMMENDATIONS:

I would like to note that this location was not open at the time of inspection. Therefore, most of the answers given are what is planned. On that note there were security camera on the building at the time of inspection. However, at the time of inspection it was unknown if those camers where going to be used or if a new camera system was going to be installed. When asked it was stated that the operator did not plan to hire security. However, if after opening it was determined that they need security they would look into hiring security guards. Also,

regarding the metal detector, Brown stated that she may have a wand to be used later in the evening. Lastly, Brown stated that she might get an ID scanner, but she was undecided at the time of the inspection.

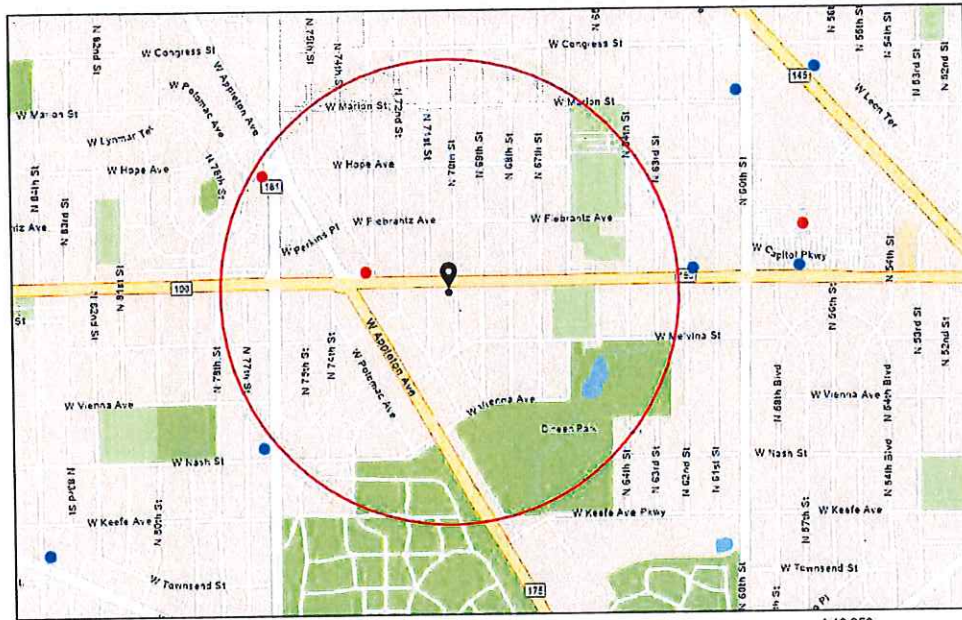


# Concentration Map 7009 W Capitol Dr.

## Area of Interest (AOI) Information

Area : 21,862,585.68 ft<sup>2</sup>

Nov 3 2020 14:17:23 Central Standard Time



- Class B Tavern
- Class A Liquor and Malt

1:18,056  
 0 0.1 0.2 0.4 mi  
 0 0.17 0.55 0.7 km  
 Esri Community Map Creator, Milwaukee County Land Info. Dept.

7009 W Capitol Dr

## Summary

| Name             | Count | Area(ft <sup>2</sup> ) | Length(mi) |
|------------------|-------|------------------------|------------|
| Alcohol Licenses | 2     |                        |            |

## Alcohol Licenses

| # | Legal Entity               | Trade Name             | Licensee            | Address           | License Type Name                     | Total Capacity | Expiration Date    | Count |
|---|----------------------------|------------------------|---------------------|-------------------|---------------------------------------|----------------|--------------------|-------|
| 1 | CAPITOL LIQUOR & BEER, INC | CAPITOL LIQUOR & BEER  | SURJAN S KAMAL, Agt | 7308 W CAPITOL DR | Class A Malt & Class A Liquor License |                | 4/9/2021, 7:00 PM  | 1     |
| 2 | TOTO'S, INC                | OTTO'S BEVERAGE CENTER | JOHN M SEEGER, Agt  | 4163 N 76TH ST    | Class A Malt & Class A Liquor License |                | 1/22/2021, 6:00 PM | 1     |

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



Tuesday, November 16, 2021



# Notice of Public Hearing

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BROWN, Danicha S  
Shake N Bakez at 7009 W Capitol DR.  
Class B Tavern, Public Entertainment Premises and Food Dealer License Applications Requesting  
Jukebox

**Tuesday, November 30, 2021 at 09:45 AM**

To whom it may concern:

The above application has been made by the above named applicant(s). This requires approval from the Licenses Committee and the Common Council of the City of Milwaukee. The hearing before the Licenses Committee will take place virtually on 11/30/2021 at 09:45 AM. This is a public hearing. Those wishing to view the proceeding are able to do so via the City Channel – Channel 25 on Spectrum Cable – or on the Internet at <http://city.milwaukee.gov/citychannel>. Those wishing to provide oral testimony will be asked to do so by phone or internet and are asked to contact the staff assistant, Yadira Melendez at (414) 286-2775 or [stasst5@milwaukee.gov](mailto:stasst5@milwaukee.gov) for necessary information. Please make such requests no later than one business day prior to the start of the meeting. You are not required to attend the hearing, but please see the information below if you would like to provide testimony. Once the Licenses Committee makes its recommendation, this recommendation is forwarded to the full Common Council for approval at its next regularly scheduled hearing.

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

**Please Note: If you have submitted an objection to the above application your objection cannot be considered by the committee unless you personally testify at the hearing.**

| OCCUPANT         | MAIL ADDRESS   | CITY STATE ZIP           |
|------------------|----------------|--------------------------|
| CURRENT OCCUPANT | 3941 N 69TH ST | MILWAUKEE, WI 53216-2015 |
| CURRENT OCCUPANT | 3946 N 70TH ST | MILWAUKEE, WI 53216-2020 |
| CURRENT OCCUPANT | 3947 N 69TH ST | MILWAUKEE, WI 53216-2015 |
| CURRENT OCCUPANT | 3948 N 71ST ST | MILWAUKEE, WI 53216-2022 |
| CURRENT OCCUPANT | 3949 N 70TH ST | MILWAUKEE, WI 53216-2019 |
| CURRENT OCCUPANT | 3951 N 69TH ST | MILWAUKEE, WI 53216-2015 |
| CURRENT OCCUPANT | 3952 N 70TH ST | MILWAUKEE, WI 53216-2020 |
| CURRENT OCCUPANT | 3953 N 70TH ST | MILWAUKEE, WI 53216-2019 |
| CURRENT OCCUPANT | 3954 N 71ST ST | MILWAUKEE, WI 53216-2022 |
| CURRENT OCCUPANT | 3957 N 69TH ST | MILWAUKEE, WI 53216-2015 |
| CURRENT OCCUPANT | 3958 N 70TH ST | MILWAUKEE, WI 53216-2020 |
| CURRENT OCCUPANT | 3958 N 71ST ST | MILWAUKEE, WI 53216-2022 |
| CURRENT OCCUPANT | 3959 N 69TH ST | MILWAUKEE, WI 53216-2015 |
| CURRENT OCCUPANT | 3959 N 70TH ST | MILWAUKEE, WI 53216-2019 |
| CURRENT OCCUPANT | 3964 N 71ST ST | MILWAUKEE, WI 53216-2022 |
| CURRENT OCCUPANT | 3965 N 70TH ST | MILWAUKEE, WI 53216-2019 |
| CURRENT OCCUPANT | 3968 N 70TH ST | MILWAUKEE, WI 53216-2020 |
| CURRENT OCCUPANT | 3971 N 70TH ST | MILWAUKEE, WI 53216-2019 |
| CURRENT OCCUPANT | 3971 N 71ST ST | MILWAUKEE, WI 53216-2021 |
| CURRENT OCCUPANT | 3974 N 70TH ST | MILWAUKEE, WI 53216-2020 |
| CURRENT OCCUPANT | 3974 N 71ST ST | MILWAUKEE, WI 53216-2022 |
| CURRENT OCCUPANT | 3975 N 70TH ST | MILWAUKEE, WI 53216-2019 |
| CURRENT OCCUPANT | 3975 N 71ST ST | MILWAUKEE, WI 53216-2021 |
| CURRENT OCCUPANT | 3976 N 71ST ST | MILWAUKEE, WI 53216-2022 |
| CURRENT OCCUPANT | 3977 N 70TH ST | MILWAUKEE, WI 53216-2019 |
| CURRENT OCCUPANT | 3977 N 71ST ST | MILWAUKEE, WI 53216-2021 |

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Total Records: 26

Radius: 250.0 feet and Center of Circle: 7009 W Capitol Dr.



# BUSINESS LICENSE PLAN OF OPERATION

cel-busplan 5/12/2020

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: [licensing@milwaukee.gov](mailto:licensing@milwaukee.gov)

## 1. Type of Business

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

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

Do you have any experience operating this type of business?  No  Yes If yes, explain: managed bars and ran own kitchen

## 2. Business Operations

- a. Proposed Opening Date: 12/01/2020
- b. Is this premise under construction?  No  Yes if yes, list estimated completion date: \_\_\_\_\_
- c. Is this a franchise?  No  Yes
- d. Is this premises currently licensed?  No  Yes if yes, list type of license: \_\_\_\_\_
- e. Is the current licensee operating?  No  Yes If no, list date closed: \_\_\_\_\_
- f. Do you have future plans for other businesses, licenses or permits at this location?  No  Yes  
If yes, explain: \_\_\_\_\_
- g. Have you previously held an Extended Hours License in Milwaukee?  No  Yes  
If yes, list address(es): \_\_\_\_\_
- 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: jukebox only

## 4. Smoking & Sanitation

- a. Are there designated outdoor smoking areas?  No  Yes If yes, describe: patio
- b. Number of Garbage Cans: Inside: 5 Locations: kitchen, restrooms, behind bar, dining area  
Outside: 2 Locations: entrance, parking area
- 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, how many? 15 and describe the parking security plan: cameras will be in place, also managed by management
- 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, how many? 6 and list locations: kitchen, dining area, outs
- e. Will searches/identification checks be done upon entry?  No  Yes if yes, describe ID checks after 9p.m

## 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 _____ %                  |
| Pawnbroker Activity _____ % | Salvaged Materials _____ %<br>(such as scrap metal) |   | Describe: _____                |

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

### Type 1

- Full Service Restaurant  Cafe/Coffee Shop  Deli or Fast Food Restaurant  Private/Fraternal/Veterans Club
- Night Club  Tavern  Cocktail Lounge  Teen Club
- Banquet Hall  Sports Facility  Bowling Alley
- Hotel/Motel: Number of Floors: \_\_\_\_\_ Number of Rooms: \_\_\_\_\_  
 Rooming House: Number of Floors: \_\_\_\_\_ 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 47 (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  Back Garden  Sidewalk/Cafe  Deck  Rooftop  
 Other Describe: Basement, Back Kitchen

b. Describe Location:  Major Thoroughfare  Secondary Street  Other: \_\_\_\_\_

c. Nearest Major Cross Street: 76th St

d. Describe Building:  Free Standing Building  Strip Mall  Other: \_\_\_\_\_

e. Describe Premises Structure:  Single Story  Multi-Story - # of Stories \_\_\_\_\_  Other: \_\_\_\_\_

f. Describe Surrounding Area:  Commercial  Residential  Industrial  Other: \_\_\_\_\_

g. Building Owner Name: Daniel Groholokl Phone Number: 414-303-3369  
 Building Owner Address: 7009 W. Capital Dr Milwaukee WI 53216

**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          | 9a.m                             | 1a.m                              | 100   | 25-60                            | 21 after 9pm   |
| Monday          | 9a.m                             | 1a.m                              | 50  | 25-60                            | 21 after 9pm   |
| Tuesday         | 9a.m                             | 1a.m                              | 75  | 25-60                            | 21 after 9pm   |
| Wednesday       | 9 a.m                            | 1 a.m                             | 75  | 25-60                            | 21 after 9pm   |
| Thursday        | 9 a.m                            | 1.a.m                             | 80  | 25-60                            | 21 after 9pm   |
| Friday          | 9 a.m                            | 1 a.m                             | 100   | 25-60                            | 21 after 9pm   |
| Saturday        | 9 a.m                            | 1 a.m                             | 100   | 25-60                            | 21 after 9pm   |

An Extended Hours Establishment License is required for any convenience store, filling station, personal service establishment (such as tattoo, body piercing, salon, tailor, tanning, etc.), recording studio or restaurant which is open between the hours of 12:00 a.m. and 5:00 a.m.

Alcohol Establishments Class A: 8:00 am to 9:00 pm Sunday thru Saturday  
 Permitted Hours of Operation: Class B: 6:00 am to 2:00 am Sunday thru Thursday, 6:00 am to 2:30 am Friday & Saturday

Entertainment Outdoor Closing Hours: 10:00pm Sunday-Thursday; 12:00am Friday & Saturday; unless a different time, either earlier or later, is established by the Common Council in its approval of the licensee's plan of operation.

**11. Signature(s)**

Dancho Buzenski Signature of Sole Proprietor, Partner, or 20% or more Shareholder  
 (If there are no 20% or more shareholders, Corporate Officer-print name/title and sign)

Nishella Paris Signature of additional partner or 20% or more shareholder

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



# ALCOHOL BEVERAGE & PUBLIC ENTERTAINMENT PREMISES SUPPLEMENTAL APPLICATION

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

Legal Entity Name: ShakeN Bake American Soul Kitchen LLC

Premise Address: 7009 W. Capital Dr. Milwaukee WI 53216

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

is the building within 300 feet of any church, school, daycare center or hospital?  No  Yes

### "Service Bar Only" Designation

If applying for Class B or C license, are you applying for "Service Bar Only"?  No  Yes

Service Bar Only means customers cannot sit at the bar. Alcohol is served to employees who serve patrons seated at tables. No stools, chairs or other articles of furniture shall be placed at the service bar for patrons to sit upon.

### Business Information

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

If yes, list their name and address: \_\_\_\_\_

b) Will the agent, a partner or the individual licensee be conducting the day-to-day operations of the business?  No  Yes

If no, list the name and address of the person(s) who will: \_\_\_\_\_

Class B Applicants: If the agent, a partner or the individual licensee will not be conducting the day-to-day operations of the business, the person(s) listed above must obtain a Class B Managers license.

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

If yes, explain: \_\_\_\_\_

d) Have you made an agreement with anyone to repay any loan or any other payments based upon income from the business?

No  Yes If yes, list name and address: \_\_\_\_\_

### Property Information (New & Transfer Applicants Only)

a) Do you own or lease the building?  Own  Lease

b) Who owns the fixtures (for example, coolers, etc.)? lessor

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

d) Total amount paid for business \$ 10

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

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

f) Have you made arrangements with the seller for payment of personal property taxes?  No  Yes

### Lease Information (New & Transfer Applicants who are leasing the premises only)

a) Date lease begins 01/01/2021 Ends 12/31/2021

b) Monthly rental \$ 800

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

d) Does your lease allow for assignment to another party without the consent of the owner?  No  Yes

e) For what length of time have you been guaranteed occupancy (number of years)? 2

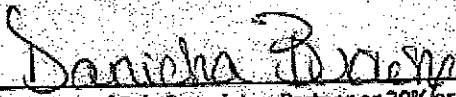
## Lease Information (Continued)

- f) In addition to paying the monthly rental, will you have to pay anything additional to the owner of the building to guarantee performance of the lease?  No  Yes. If yes, explain \_\_\_\_\_
- g) Does the present owner or occupancy object to the granting of your license?  No  Yes  
If yes, explain \_\_\_\_\_

## Change of Agent Applicants Only

Have there been any changes to the floor plan since the last application was submitted?  No  Yes  
If no, a new floor plan is not required. If yes, submit a new floor plan and explain the change(s):  
\_\_\_\_\_

## Signature



Signature of Sole Proprietor, Partner or 20% or More Shareholder  
(If no 20% or more Shareholder, Corporate Officer - print name/title and sign)

Note: All information contained in this application is subject to approval by the Common Council.  
Deviating from approved plan of operation will subject licensee to citations, and/or suspension or non-renewal of the license.  
Contact the License Division for information on how to request changes.

### New and transfer of premises applicants must submit the following:

- Detailed floor plan
- If a restaurant, copy of the menu



# FOOD DEALER LICENSE PLAN OF OPERATION

OFFICE OF THE CITY CLERK, LICENSE DIVISION  
 CITY HALL, 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)

Legal Entity Name: **ShakeN Bake American Soul Kitchen LLC**

Premises Address: **7009 W. Capital Dr. Milwaukee Wi 53216**

## SECTION 1 TYPE OF BUSINESS

What will be the majority of your food sales? (check one)

**Restaurant Items (meals):**

MEALS include, but are not limited to, chicken, ribs, sandwiches, roasted corn, baked potatoes, hot dogs, brats, tacos, nachos w/ cheese and meat, French fries, cooked or deep fried vegetables/fruit, cooked cheese curds, corn dogs, egg rolls, salads.

**Retail Items (snacks and beverages):**

RETAIL items include, but are not limited to, ice cream/soft serve, lemonade, snow cones, coffee, espresso, cappuccino, tea, fruit juice, smoothies, candy, dispensed soda, fruit cups, bakery, cookies, kettle corn, cotton candy, funnel cakes, fritters, tortilla chips w/ cheese.

Will it be a convenience store?  Yes  No

A convenience store contains less than 5,000 square feet of retail space and has, as its primary business, the sale of basic food items and in addition, sells household products or is a filling station that sells basic food items and household products.

**Bed & Breakfast**

**Micro Market**

All Applicants: Submit a menu or a list of food items that will be sold.

Will any wholesale business be done?  No  Yes If yes, what percentage of food sales will be wholesale?

Less than 25%

25% or More AND:

Restaurant items (meals) will be sold – Complete this application and also contact DATCP.

NO restaurant items (meals) will be sold - Do NOT complete this application. Contact DATCP only.

## SECTION 2 FOOD PROCESSING

Will any food processing be done?  No  Yes

Processing is defined as assembling, grinding, cutting, mixing, baking, coating, stuffing, packing, bottling, grilling, canning, extracting, fermenting, distilling, pickling, freezing, drying, smoking, or packaging.

## SECTION 3 FOOD REQUIRING TEMPERATURE CONTROL

Will any food that requires temperature control be sold?  No  Yes  
 (includes dairy products such as milk, cheese, and ice cream, fish, shellfish, meat, poultry)

If yes, list the types of food items: chicken, fish, beef, dairy

**SECTION 4 DETAILS OF OPERATION**

Will you have seating on site for dining?  No  Yes

Will you be doing any catering?  No  Yes

Will you be doing any delivery?  No  Yes

Will you have outdoor activities?  No  Yes - Check all that apply:  Bar  Cooking/Grilling  Dining

Will you have a drive thru window?  No  Yes - Are hours different from inside?  No  Yes  
If Yes, provide drive thru hours: \_\_\_\_\_

Will scales or barcode scanners be used?  No  Yes - You must also apply for a Weights & Measures License.

**SECTION 5 ADDITIONAL SITES**

Where will food be prepared and/or sold?  
 At a single site  At multiple sites: How many? \_\_\_\_\_ (for example, a hotel with several dining rooms or bars)  
 If multiple sites, attach a Food Dealer Additional Site Addendum (cd-foodadd) for each additional site.

**SECTION 6 CONSTRUCTION OR CHANGES**

Are you planning any construction, remodeling or equipment changes?  
 No If No, SKIP to Section 8  
 Yes If Yes, check all that apply:  New construction of a building  Renovation or remodeling  
 Construction changes to existing building  Equipment changes only  
 Provide a brief description of the changes: replacing kitchen hood, painting, decorating  
 Start date: \_\_\_\_\_  
 Name, Address & Phone Number of Architect: \_\_\_\_\_  
 Name, Address & Phone Number of Contractor: \_\_\_\_\_

**SECTION 7 ALCOHOL BEVERAGES**

Are you applying for an alcohol beverage license?  
 No If No, SKIP to Section 8  
 Yes If YES, if your food license is approved prior to the alcohol license, when do you want the food license issued?  
 Immediately  At the same time as the alcohol license

**SECTION 8 ACKNOWLEDGEMENTS & SIGNATURE**

You must initial each item confirming your understanding:

db I understand the Health Department must conduct an inspection and advise the License Division of their approval before the license may be issued.

db I understand I must obtain an occupancy permit from the Department of Neighborhood Services and an inspection may be required. Neighborhood Services must advise the License Division of their approval before the license may be issued.

db I understand the district alderperson will review and either support or object to my application. If he/she objects, I may appeal and be scheduled to appear before the Licenses Committee. The Licenses Committee will then make a recommendation to the Common Council. The Common Council must grant the license before it may be issued.

db I understand proof of payment for all license fees must be on file in the License Division before the license may be issued and the license must be issued and posted in my establishment prior to opening for business.

db I will not operate my food business until the license has been issued and posted in the establishment.

Signature of Sole Proprietor, Partner, or 20% Shareholder: Danische Boudier

Signature of Additional Partner: Michelle Paris



# PUBLIC ENTERTAINMENT PREMISES LICENSE SUPPLEMENTAL APPLICATION

Office of the City Clerk License Division  
200 E. Wells St. Room 105, Milwaukee, WI 53202  
(414) 296-2238 [www.milwaukee.gov/license](http://www.milwaukee.gov/license) e-mail address: [license@milwaukee.gov](mailto:license@milwaukee.gov)

01-2000 1/24/14

PREMISES ADDRESS: 7609 W. Capital Dr Milwaukee WI 53214

### TYPES OF ENTERTAINMENT (CHECK ALL THAT APPLY)

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

Entertainment Outdoor Closing Hours: 10:00pm Sunday-Thursday; 12:00am Friday & Saturday; unless a different time, either earlier or later, is established by the Common Council in its approval of the licensee's plan of operation.

### PROMOTERS/SOUND AMPLIFICATION

Will promoters ever be used for any of the entertainment?  No  Yes If Yes, Describe: \_\_\_\_\_

At any time will sound amplification be used?  No  Yes If Yes, Describe: juke box only

### LEGAL CAPACITY OF PREMISES

47 (Call the Development Center at 414-286-8211 with questions.) Legal capacity determines the fee for your Public Entertainment Premises License. If you would like to request the license be approved with a lower capacity than that listed above, indicate the lower capacity here: \_\_\_\_\_ If approved, this lower capacity will print on your license and override the capacity listed on your Occupancy Permit.

### ACKNOWLEDGEMENT/SIGNATURE

I understand that after the license has been issued, a change to the plan of operation will require a written request to change and approval from the Common Council. I agree to inform the City Clerk within 10 days of any substantial changes in the information supplied in this application. I understand that I shall not willfully refuse to provide the services offered under this license, or add charges or require deposits not required of the general public because of race, color, sex, religion, national origin or ancestry, age, handicap, lawful source of income, marital status, sexual orientation, gender identity or expression, familial status or the fact that a person is now or has been a member of the military service, whether dressed in uniform or not; and shall not seek such information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion on the basis of such information.

I have knowledge of the City Ordinances currently regulating public entertainment, and understand that the license may be subject to suspension, non-renewal or revocation, if I violate any rule, law or regulation of the city of Milwaukee and State of Wisconsin.

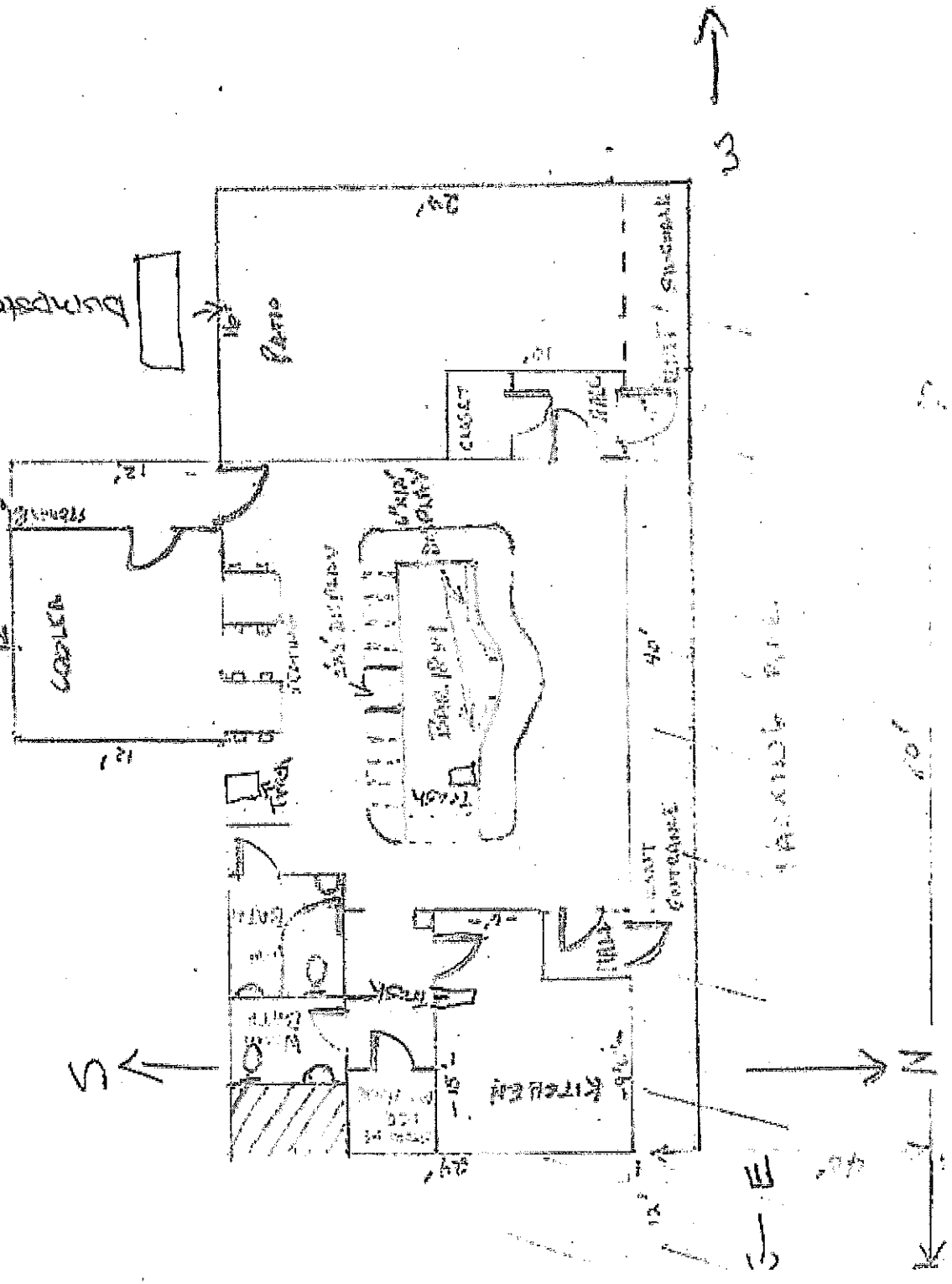
Danisha Dudson  
Signature of Sole Proprietor, Partner or 20% or More Shareholder  
(If no 20% or more Shareholder, Corporate Officer - print name/title and sign)

### Office Use Only:

Initials: \_\_\_\_\_ Filed: \_\_\_\_\_ App: \_\_\_\_\_  
Comments: \_\_\_\_\_

ShakeShake American Saus Kitchen LLC  
 7009 W. Capital Dr. Milwaukee WI, 53214  
 TOTAL SQ FT. 1050'

(Trade Name (ShakeShake))  
 gent: Danica Draen (414) 419-6457



# SHAKE N BAKE AMERICAN SOUL KITCHEN



*Fried Tacos*

*Philly Fries*

*Flavored Wings*

*Stuffed Cornbread Muffins*

*Served with 2 sides*

*Chicken Wings (Fried or Smothered)*

*Pork Chops (Fried or Smothered)*

*Fish (Catfish or Cod)*



*Turkey Burger*  
*Veggie Burger*  
*Philly Cheesesteak*  
*Chicken Breast*

*Bake's Plate (Honey Cornbread Waffle, Smothered  
Chicken with Fried Cabbage)*

*Country Style Meatloaf (Beef Meatloaf and Gravy,  
Mashed Potatoes and String Beans)*

*Variety of Soups and Stews*



*Mashed Potato*

*Green Beans*

*Mac N Cheese*

*Yams*

*Macaroni Salad*

*Potato Salad*

*Cole Slaw*

*Fried Cheesecake*

*Apple Crisp*

**CONTACT US FOR CATERING:**  
**DANICHA: 414-419-6457 VISHALLA: 414-517-6990**  
**EMAIL: SHAKENBAKEAMERICAN@GMAIL.COM**