



CITY OF MILWAUKEE  
OFFICE OF THE CITY CLERK

Thursday, October 08, 2020

COMMITTEE MEETING NOTICE

AD 10

HARRIS-WIMSATT, William C, Agent  
North Avenue Market, LLC  
2015 N 52nd St  
Milwaukee, WI 53208

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

**Tuesday, October 20, 2020 at 09:00 AM**

**Regarding:** Your Class B Tavern, Public Entertainment Premises, Food Dealer and Sidewalk Dining License Applications Requesting Instrumental Musicians, Bands, Comedy Acts, Disc Jockey, Magic Shows, Poetry Readings, Patron Contests, and Karaoke as agent for "North Avenue Market, LLC" for "North Avenue Market" at 5900 W North Av.

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/675254709>. If you wish to call in, please call +1 (646) 749-3122 and use Access Code: 675-254-709.

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

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

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

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

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

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

JIM OWCZARSKI, CITY CLERK

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

Jessica Celella

License Division Manager

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

Date: 09/14/2020  
Officer: PO Finkley

City of Milwaukee Police Department  
90-5-1.5 Crime Prevention Survey  
Convenience Store/Liquor Store Inspection

Name of Premise: North Ave Market  
Address: 5900 W North Ave  
Phone: 262-823-2306

Owner: Harris-Wimsatt, William Christopher  
Owner address: 2015 N 52<sup>nd</sup> St  
City State Zip: Milwaukee WI, 53208  
Owner Phone: 269-823-2306  
Owner email: ChrisH@northavemkt.com

Manager:  
Home Address:  
City State Zip:  
Phone:  
Email:

Preferred contact: Owner: Owner

Location currently open:  YES  NO

Projected open date: 3/1/2021 or by 4/15/2021

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

Hours of Operation: Sun: 7am-7pm 24 hours Y N  
Mon: 6am – 9pm  
Tue: “  
Wed: “  
Thu: 6am-11pm  
Fri: “  
Sat: 7am-11pm

Premise Type: Liquor Store  
Convenience Store  
Other: Food Market

Licenses currently held:

- Alcohol:  Yes  No Class: #:  
Tobacco:  Yes  No #:  
Food:  Yes  No #:  
Extended Hours:  Yes  No #:  
Secondhand Dealer:  Yes  No Type: #:  
Other:  Yes  No Type: #:  
Other:  Yes  No Type: #:

**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
  - f.  Residential
  - g.  Other businesses
  - h.  Other:
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. Is the parking lot well lit?  Yes  No
9. Are there areas where a person could conceal themselves  Yes  No
10. Is there exterior lighting?  Yes  No. Does it appears to be adequate  Yes  No
11. Exterior Payphone?  Yes  No
12. Are there No Loitering Signs posted?  Yes  No
13. Are there exterior security cameras  Yes  No How Many:
14. Are the address numbers prominently displayed and easy to see  Yes  No

**Camera Survey:**

15. Does this location have security cameras?  Yes  No
16. Are they in working order?  Yes  No
17. What format are the cameras?
  - a. Color  Yes  No
  - b. Digital  Yes  No
  - c. VCR  Yes  No
  - d. Recorded  Yes  No
18. How long is footage stored for later viewing:
19. Are there exterior cameras  Yes  No How many:
20. Are there interior cameras  Yes  No How many:
21. Do all employees know how to retrieve recorded digital images/footage?  Yes  No

**Interior Survey:**

22. 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
23. Is the interior of the location neat and clean?  Yes  No
24. Does an interior camera face the entrance/exit?  Yes  No
25. Is there a lockable area that separates employees from customers?  Yes  No
26. Does the store sell single chore boy?  Yes  No
27. Does the store sell blunt wraps?  Yes  No
28. Does the store sell scales?  Yes  No
29. Does the store sell items that may be used as crack pipes?  Yes  No  
a. Describe item
30. Does the store have an over abundance of sandwich baggies:  Yes  No
31. Does the owner understand that these items are often used for drug use?  Yes  No
32. Do the products in the store appear to be new and rotated often?  Yes  No
33. Are emergency and non-emergency numbers posted near the phone?  Yes  No
34. 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

**Complete this section if alcohol establishment is a convenience store:**

(\*\* Read full ordinance for all details "68-4.3 Convenience Food Stores")

All convenience food stores not exempted under sub. 3 shall:

1. Is the cash register located in a manner so that at the time of a sales transaction, the employee and customer are both visible from the sidewalk?  Yes  No \*\*
2. Are the glass entrance and exit doors clear of any signs or advertisements with the exception of a sign which states that the cash register contains \$50 or less and that the safe is no accessible to employees?  Yes  No
3. Does the store maintain one of the following on the licensed premise:
  - a. A safe that was in use at the convenience food store on August 17, 1994?  Yes  No
  - b. A drop-safe or time release safe that weighs at least 500 pounds or which is attached to or set into the floor in a manner approved by the police department?  Yes  No
4. Is lighting provided for the store's parking area during all hours of darkness when employees or customers are on the premises at a minimum average of 2-foot candles per square foot, unless the store is not open for business after sunset and before sunrise?  Yes  No  N/A
5. Are at least two high-resolution surveillance security cameras installed?  Yes  No
6. Are the security cameras in working order?  Yes  No
7. Does one camera show an overall view of the counter and register area?  Yes  No
8. Does one camera show a clear, identifiable, full frame image of the face of each person entering and leaving the store?  Yes  No
9. Are the camera views obstructed by fixtures or displays?  Yes  No
10. Is the recorded footage stored for at least 30 days?  Yes  No
11. Do all store employees know how to record footage from the camera system to media capable of being transferred to police custody?  Yes  No

12. Are customer entrances/exits made of glass or other transparent material?  Yes  No  
a. Exception: A store that does not have such doors on August 17, 1994 shall not be required to install such doors until the holder of the store's food dealer license changes.
13. Has the owner and their employees attended the Robbery Prevention Training within 120 days of ownership or employment?  Yes  No  
a. Contact Community Outreach and Education at 935-7836 for schedule.

**Sub 3. Exemptions.** The requirements of this section do not apply to a convenience food store that conforms to either of the following descriptions:

- a-1. The store is located in an enclosed shopping structure, enclosed commercial building or hospital. A convenience food store is not in an enclosed structure or building if a customer can enter it directly from the outside.  
Does store conform to a-1  Yes  No
- a-2. The store physically separates employees from customers with a solid partition that bars a person from entering the employee area from the customer area, has a secure lock on the employee side of any door between the employee area and the customer, and conducts all transactions through a service window or similar arrangement.  
Does store conform to a-2  Yes  No
- a. At the commissioner's discretion, a convenience store may be exempted from any or all of the regulations specified in sub 2.  
Does this location hold an exemption from the commissioner regarding any of the requirements of Sub 2?  Yes  No

**ADDITIONAL COMMENTS/RECOMMENDATIONS:**

- Currently in process of obtaining licenses.
- Recommended No loitering Signs be posted.
- Completed Standing Complaint Form on site.
- Cameras to be placed outside of business as well as inside.

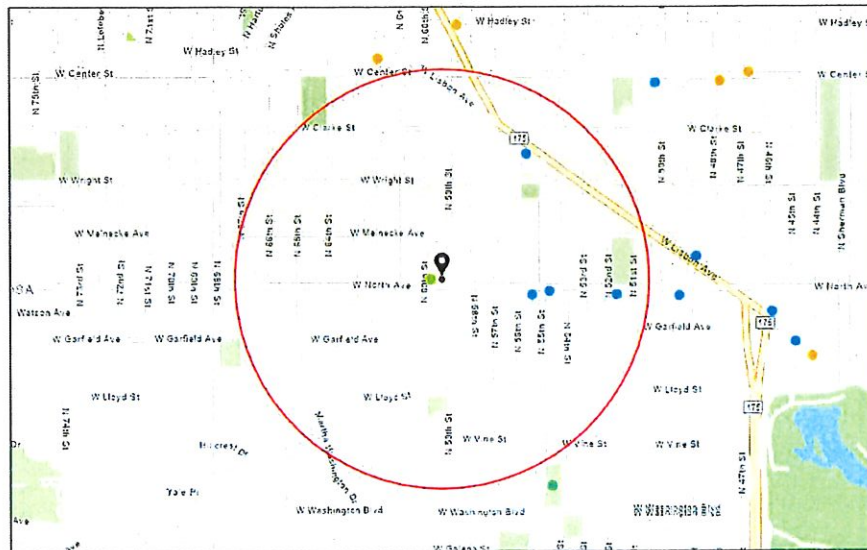


# Concentration Map

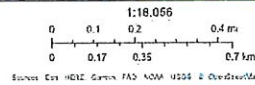
## Area of Interest (AOI) Information

Area : 21,862,585.64 ft<sup>2</sup>

Aug 26 2020 13:29:52 Central Daylight Time



- Alcohol Licenses
  - Class A Fermented Malt Beverage
  - Class B Fermented Malt Beverage
  - Class B Tavern
  - Class C Wine Retailer



## Summary

Name	Count	Area(ft <sup>2</sup> )	Length(mi)
Alcohol Licenses	6		

## Alcohol Licenses

#	Legal Entity	Trade Name	Licensee	Address	License Type Name	Total Capacity	Expiration Date	Count
1	Paloma LLC	Paloma Taco & Tequila	PATTIE L FORD, Agt	5419 W NORTH AV	Class B Tavern License		6/27/2021, 7:00 PM	1
2	MEKONG CAFE, LLC	MEKONG CAFE	SICHANH Volp, Agt	5930 W NORTH AV	Class B Fermented Malt Beverage Retailer's License	300	3/11/2021, 6:00 PM	1
3	MEKONG CAFE, LLC	MEKONG CAFE	SICHANH Volp, Agt	5930 W NORTH AV	Class C Wine Retailer's License	300	3/11/2021, 6:00 PM	1
4	McBobs Pub & Grill Inc	Tusk	CHRISTINE R MCROBERTS, Agt	5513 W North AV	Class B Tavern License		11/13/2020, 6:00 PM	1
5	CHINA TOWN, INC	CHINA TOWN RESTAURANT	LENNY CHU, Agt	5125 W NORTH AV	Class B Tavern License	25	12/9/2020, 6:00 PM	1
6	Wally's Pub	Wally's Pub	Dennis J Jahnke, SP	5525 W Lisbon AV	Class B Tavern License	75	6/29/2021, 7:00 PM	1

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



Thursday, October 08, 2020

## Licenses Committee Notice of Hearing

Associated Bank NA  
433 Main St Stop 8227  
Green Bay, WI 54301

The Licenses Committee will consider the following license application:

Class B Tavern, Public Entertainment Premises, Food Dealer, and Sidewalk Dining License Applications Requesting Instrumental Musicians, Bands, Comedy Acts, Disc Jockey, Magic Shows, Poetry Readings, Patron Contests, and Karaoke.  
HARRIS-WIMSATT, William C, Agent  
North Avenue Market at 5900 W North Av

Date: 10/20/2020

Time: 09:00 AM

Location: The hearing before the Licenses Committee will take place virtually on Tuesday, October 20, 2020. This is a public hearing. Those wishing to view the proceeding are able to do so via the City Channel – Channel 25 on Spectrum Cable – or on the Internet at <http://city.milwaukee.gov/citychannel>. Those wishing to provide oral testimony will be asked to do so by phone or internet and are asked to contact the staff assistant, Molly Kuether-Steele at (414) 286-2775 or [molly.kuether-steele@milwaukee.gov](mailto:molly.kuether-steele@milwaukee.gov) for necessary information. Please make such requests no later than one business day prior to the start of the meeting. You are not required to attend the hearing, but please see the information below if you would like to provide testimony.

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







Thursday, October 08, 2020

## Licenses Committee Notice of Hearing

North Avenue Market, LLC  
2015 N 52nd St  
Milwaukee, WI 53208

The Licenses Committee will consider the following license application:

Class B Tavern, Public Entertainment Premises, Food Dealer, and Sidewalk Dining License Applications Requesting Instrumental Musicians, Bands, Comedy Acts, Disc Jockey, Magic Shows, Poetry Readings, Patron Contests, and Karaoke  
HARRIS-WIMSATT, William C, Agent  
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Thursday, October 8, 2020



# Notice of Public Hearing

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notice

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HARRIS-WIMSATT, William C, Agent  
North Avenue Market at 5900 W North Av  
Class B Tavern, Public Entertainment Premises, Food Dealer, and Sidewalk Dining License  
Applications Requesting Instrumental Musicians, Bands, Comedy Acts, Disc Jockey, Magic  
Shows, Poetry Readings, Patron Contests, and Karaoke

**Tuesday, October 20, 2020 at 9:00 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 10/20/2020 at 9:00 AM. This is a public hearing. Those wishing to view the proceeding are able to do so via the City Channel – Channel 25 on Spectrum Cable – or on the Internet at <http://city.milwaukee.gov/citychannel>. Those wishing to provide oral testimony will be asked to do so by phone or internet and are asked to contact the staff assistant, Molly Kuether-Steele at (414) 286-2775 or [molly.kuether-steele@milwaukee.gov](mailto:molly.kuether-steele@milwaukee.gov) for necessary information. Please make such requests no later than one business day prior to the start of the meeting. You are not required to attend the hearing, but please see the information below if you would like to provide testimony. Once the Licenses Committee makes its recommendation, this recommendation is forwarded to the full Common Council for approval at its next regularly scheduled hearing.

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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.)  
**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.**
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.

OCCUPANT	MAIL ADDRESS	CITY, STATE ZIP
CURRENT OCCUPANT	2256 N 60TH ST	MILWAUKEE, WI 53208
CURRENT OCCUPANT	2258 N 59TH ST	MILWAUKEE, WI 53208
CURRENT OCCUPANT	2269 N 59TH ST	MILWAUKEE, WI 53208
CURRENT OCCUPANT	2328 N 59TH ST	MILWAUKEE, WI 53210
CURRENT OCCUPANT	2338 N 60TH ST	MILWAUKEE, WI 53210
CURRENT OCCUPANT	2320 N 60TH ST	MILWAUKEE, WI 53210
CURRENT OCCUPANT	2333 N 58TH ST	MILWAUKEE, WI 53210
CURRENT OCCUPANT	2338 N 59TH ST	MILWAUKEE, WI 53210
CURRENT OCCUPANT	2243 N 58TH ST	MILWAUKEE, WI 53208
CURRENT OCCUPANT	2275 N 59TH ST	MILWAUKEE, WI 53208
CURRENT OCCUPANT	5920 W NORTH AVE 1	MILWAUKEE, WI 53208
CURRENT OCCUPANT	2344A N 59TH ST	MILWAUKEE, WI 53210
CURRENT OCCUPANT	2268 N 59TH ST	MILWAUKEE, WI 53208
CURRENT OCCUPANT	2326 N 59TH ST	MILWAUKEE, WI 53210
CURRENT OCCUPANT	2345 N 59TH ST	MILWAUKEE, WI 53210
CURRENT OCCUPANT	2266 N 60TH ST	MILWAUKEE, WI 53208
CURRENT OCCUPANT	2323 N 59TH ST	MILWAUKEE, WI 53210
CURRENT OCCUPANT	2320 N 59TH ST	MILWAUKEE, WI 53210
CURRENT OCCUPANT	2326 N 60TH ST	MILWAUKEE, WI 53210
CURRENT OCCUPANT	2329 N 59TH ST	MILWAUKEE, WI 53210
CURRENT OCCUPANT	2332 N 59TH ST	MILWAUKEE, WI 53210
CURRENT OCCUPANT	2337 N 58TH ST	MILWAUKEE, WI 53210
CURRENT OCCUPANT	2339 N 58TH ST	MILWAUKEE, WI 53210
CURRENT OCCUPANT	2344 N 60TH ST	MILWAUKEE, WI 53210
CURRENT OCCUPANT	2344 N 59TH ST	MILWAUKEE, WI 53210
CURRENT OCCUPANT	2350 N 59TH ST	MILWAUKEE, WI 53210
CURRENT OCCUPANT	2262 N 59TH ST	MILWAUKEE, WI 53208
CURRENT OCCUPANT	2274 N 59TH ST	MILWAUKEE, WI 53208
CURRENT OCCUPANT	2334 N 59TH ST	MILWAUKEE, WI 53210
CURRENT OCCUPANT	2335 N 58TH ST	MILWAUKEE, WI 53210
CURRENT OCCUPANT	2345A N 59TH ST	MILWAUKEE, WI 53210
CURRENT OCCUPANT	2349 N 59TH ST	MILWAUKEE, WI 53210
CURRENT OCCUPANT	2257 N 59TH ST	MILWAUKEE, WI 53208
CURRENT OCCUPANT	2260 N 60TH ST	MILWAUKEE, WI 53208
CURRENT OCCUPANT	5803 W NORTH AVE	MILWAUKEE, WI 53208
CURRENT OCCUPANT	5920 W NORTH AVE 2	MILWAUKEE, WI 53208
CURRENT OCCUPANT	5920 W NORTH AVE 3	MILWAUKEE, WI 53208
CURRENT OCCUPANT	2335 N 59TH ST	MILWAUKEE, WI 53210
CURRENT OCCUPANT	2350 N 60TH ST	MILWAUKEE, WI 53210
CURRENT OCCUPANT	2261 N 59TH ST	MILWAUKEE, WI 53208
CURRENT OCCUPANT	2272 N 60TH ST	MILWAUKEE, WI 53208
CURRENT OCCUPANT	5920 W NORTH AVE 4	MILWAUKEE, WI 53208
CURRENT OCCUPANT	2327 N 58TH ST	MILWAUKEE, WI 53210
CURRENT OCCUPANT	2332 N 60TH ST	MILWAUKEE, WI 53210
CURRENT OCCUPANT	2333 N 59TH ST	MILWAUKEE, WI 53210
CURRENT OCCUPANT	2339 N 59TH ST	MILWAUKEE, WI 53210

CURRENT OCCUPANT	2351 N 59TH ST	MILWAUKEE, WI 53210
CURRENT OCCUPANT	2348 N 59TH ST	MILWAUKEE, WI 53210
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Total Records: 48

Radius: 250.0 feet and Center of Circle: 5900 W North Ave



# BUSINESS LICENSE PLAN OF OPERATION

ccl-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: license@milwaukee.gov

## 1. Type of Business

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

Provide a detailed description of the type of business you plan on operating: North Ave. Market is a food/retail hall with up to 18 vendors

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

## 2. Business Operations

- a. Proposed Opening Date: March 1, 2021
- b. Is this premise under construction?  No  Yes If yes, list estimated completion date: March 1, 2021
- 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: Shared kitchen & individual vendor spaces
- 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: Food + Retail businesses (Food, Retail, Hall)

## 3. Litter & Noise

- a. How are grounds kept clean?  Sweep  Pressure Wash  Pick Up Litter  Other: Snow Removal
- 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: Indoor Speaker System

## 4. Smoking & Sanitation

- a. Are there designated outdoor smoking areas?  No  Yes If yes, describe: \_\_\_\_\_
- b. Number of Garbage Cans: Inside: 10 Locations: 4(1 in each bathroom), 4 main floor, 2 lower level  
Outside: 3 Locations: 1 east of building, 1 west of building, 1 north of building
- c. Is a crowd control barrier used?  No  Yes If yes, describe: \_\_\_\_\_
- d. How many restrooms are on the premises? 4
- 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? 9 and describe the parking security plan: Outdoor lights and security cameras will be installed
- 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? 10 and list locations: 4 outside, 3 on main level, and 3 on lower level
- e. Will searches/identification checks be done upon entry?  No  Yes If yes, describe \_\_\_\_\_

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

Alcohol <u>20</u> %	Food <u>65</u> %	Secondhand Merchandise <u>0</u> %	Precious Metals & Gems <u>0</u> %
Entertainment <u>5</u> %	Cigarettes <u>0</u> %	Personal Services (such as tattoo, body piercing, salon, tailor, tanning, etc.) <u>0</u> %	Other <u>15</u> % Describe: <u>Retail Items</u>
Pawnbroker Activity <u>0</u> %	Salvaged Materials <u>0</u> % (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: \_\_\_\_\_      Rooming House: Number of Floors: \_\_\_\_\_  
 Number of Rooms: \_\_\_\_\_     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: Food Dealer

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

Capacity TBD (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: Excluding vendor stalls & drivethrough
- b. Describe Location:  Major Thoroughfare  Secondary Street  Other: \_\_\_\_\_
- c. Nearest Major Cross Street: N. 60th Street
- d. Describe Building:  Free Standing Building  Strip Mall  Other: \_\_\_\_\_
- e. Describe Premises Structure:  Single Story  Multi-Story - # of Stories \_\_\_\_\_  Other: with Basement
- f. Describe Surrounding Area:  Commercial  Residential  Industrial  Other: \_\_\_\_\_
- g. Building Owner Name: North Avenue Market, LLC Phone Number: \_\_\_\_\_  
 Building Owner Address: 2015 N. 52nd Street, Milwaukee, WI 53208

## 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	5:00am	2:00am	500	birth - 99	None
Monday	5:00am	2:00am	500	birth - 99	None
Tuesday	5:00am	2:00am	500	birth - 99	None
Wednesday	5:00am	2:00am	500	birth - 99	None
Thursday	5:00am	2:00am	700	birth - 99	None
Friday	5:00am	2:30am	700	birth - 99	None
Saturday	5:00am	2:30am	700	birth - 99	None

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

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

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

## 11. Signature(s)

W.C. Kim-Winsor  
 Signature of Sole Proprietor, Partner, or 20% or more Shareholder  
 (If there are no 20% or more shareholders,  
 Corporate Officer-print name/title and sign)

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

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



## ALCOHOL BEVERAGE & PUBLIC ENTERTAINMENT PREMISES SUPPLEMENTAL APPLICATION

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

Legal Entity Name: North Avenue Market, LLC

Premise Address: 5900 W. North Avenue, Milwaukee, WI 53208

### 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.)? North Avenue Market, LLC

c) Are you purchasing the stock and/or fixtures?  No  Yes If yes, amount paid \$ 347,500

d) Total amount paid for business \$ 1,500,000

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 \_\_\_\_\_ Ends \_\_\_\_\_

b) Monthly rental \$ \_\_\_\_\_

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)? \_\_\_\_\_



**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**

*W.C. [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



# PUBLIC ENTERTAINMENT PREMISES LICENSE SUPPLEMENTAL APPLICATION

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

**PREMISES ADDRESS: 5900 W. North Avenue, Milwaukee, WI 53208**

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

- |   |   |   |   |
|---|---|---|---|
| <input checked="" 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 checked="" type="checkbox"/> Bands   | <input checked="" 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 checked="" 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 checked="" type="checkbox"/> Magic Shows     | <input checked="" type="checkbox"/> Patron Contests                     | <input type="checkbox"/> Jukebox  |
| <input type="checkbox"/> Motion Pictures (movies by<br>admission) - How many? _____ | <input checked="" type="checkbox"/> Poetry Readings | <input type="checkbox"/> Patrons Dancing                                | <input checked="" type="checkbox"/> Karaoke                                   |
| <input type="checkbox"/> Other: _____   |   |   |   |

*Entertainment Outdoor Closing Hours: 10:00pm Sunday-Thursdays; 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: **Internal Business Sound System**

**LEGAL CAPACITY OF PREMISES**

TBD (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.

W. C. [Signature]  
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: \_\_\_\_\_

Only PEP?  No  Yes If Yes,  Queue to MPD and  Email Mgrs/Team Lead (must be heard w/in 60 days)



# 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: **North Avenue Market, LLC**

Premises Address: **5900 W. North Avenue, Milwaukee, WI 53208**

## 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: ice cream, fish, poultry, milk, cheese, beef

**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 (ccl-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: Converting a bank building into food/retail hall  
 Start date: November 1, 2020  
 Name, Address & Phone Number of Architect: Galbraith, Carnahan, & Associates, 6404 W. North Avenue, Milwaukee, WI 53208; 414-291-0772 (Joe Galbraith)  
 Name, Address & Phone Number of Contractor: 53 Builds, LLC, 2014 N. 53rd St., Milwaukee, WI 53208 414-788-8741/414-324-6743 (Andy Farrel)

**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:

W.C.H. I understand the Health Department must conduct an inspection and advise the License Division of their approval before the license may be issued.  
W.C.H. 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.  
W.C.H. 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.  
W.C.H. 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.  
W.C.H. 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: W.C. H. W. W. W. W.  
 Signature of Additional Partner: \_\_\_\_\_



# Sidewalk Dining Facility Supplemental Application

ccl-side1 2/21/18

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

Business Name: <u>NORTH AVENUE MARKET LLC</u>	Aldermanic District # <u>1D</u>
---	---------------------------------

Premises Address: 5900 W. NORTH AVENUE

### Business Operations

Check one:  I/we are also applying for Food/Alcohol license(s) at this time.  
 I/we currently hold Food/Alcohol license(s) AND ....

confirm that the Business Plan of Operation on file which was previously submitted with the Food and/or Alcohol application has not changed, except for the addition of this sidewalk dining facility.

have included a new Business Plan of Operation reflecting requested changes.

Sidewalk Dining Facility will operate from: Start Date: MARCH 1 to End Date: NOVEMBER 30

Will any food preparation be done outdoors?  No  Yes

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

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 provided below (REQUIRED):

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

Property Owner's Signature: \_\_\_\_\_

### Signature(s)

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

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

### Office Use Only:

Initials \_\_\_\_\_ Filed \_\_\_\_\_ App # \_\_\_\_\_

Processing LS: Queue to:  HD  DNS  CC Email To:  DPW  Primary LS

Also:  holds  is applying for:  Food  Alcohol  Perm Ext



