



CITY OF MILWAUKEE
OFFICE OF THE CITY CLERK

Tuesday, June 08, 2021

COMMITTEE MEETING NOTICE

AD 07

STOTTS, Timothy R, Agent
A TASTE OF SOUL MKE LLC
4706 W FOND DU LAC Av
Milwaukee, WI 53216

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

Tuesday, June 22, 2021 at 10:00 AM

Regarding: Your Class B Tavern License Application and Food Dealer License Transfer Application Removing Shareholder as agent for "A TASTE OF SOUL MKE LLC" for "A TASTE OF SOUL MKE" at 4706 W FOND DU LAC 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/743465261>. If you wish to call in, please call +1 (571) 317-3112 and use Access Code: 743-465-261.

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, Molly Kuether-Steele at (414) 286-2775 or molly.kuether-steele@milwaukee.gov.

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



CITY OF MILWAUKEE
OFFICE OF THE CITY CLERK

Tuesday, June 08, 2021

COMMITTEE MEETING NOTICE

AD 07

STOTTS, Timothy R, Agent
A TASTE OF SOUL MKE LLC
6635 N 113TH St
Milwaukee, WI 53224

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

Tuesday, June 22, 2021 at 10:00 AM

Regarding: Your Class B Tavern License Application and Food Dealer License Transfer Application Removing Shareholder as agent for "A TASTE OF SOUL MKE LLC" for "A TASTE OF SOUL MKE" at 4706 W FOND DU LAC 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/743465261>. If you wish to call in, please call +1 (571) 317-3112 and use Access Code: 743-465-261.

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JIM OWCZARSKI, CITY CLERK

BY: _____

Jim Cooney

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.

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

MILWAUKEE POLICE DEPARTMENT LICENSING

CRIMINAL RECORD/ORDINANCE VIOLATION/INCIDENTS SYNOPSIS

DATE: 03/17/2021

LICENSE TYPE: Class B Tavern

NEW:

RENEWAL:

No. 321926

Application Date: 03/16/2021

License Location: 4706 W Fond du lac Av

Business Name: A Taste of Soul

Licensee/Applicant: STOTTS, Timothy R
(Last Name, First Name, MI)

Date of Birth: 04/08/1968

Home Address: 6635 N 113th St

City: Milwaukee

State: WI **Zip Code:** 53224

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 04/25/2012 Samuel STOTTS (20% shareholder) was cited for Operating while Intoxicated. He was convicted on 10/09/2012 and his license was revoked for 225 days.

=====

Date:
Officer: Xavier Benitez

City of Milwaukee Police Department
90-5-1.5 Crime Prevention Survey
Tavern Inspection

Name of Premise: A Taste of Soul
Address: 4706 W. Fond Du Lac Ave
Phone:

Owner: Timothy Stotts
Owner address: 6635 N. 113th St
City State Zip: Milwaukee WI 53224
Owner Phone: 414 975-2645
Owner email: tasteofsoulmke@gmail.com

Licensee/Agent: Same
Home Address:
City State Zip:
Phone:
Email:

Preferred contact: by phone 414 975-2645

Location currently open: YES NO

Projected open date: July 2020

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

Hours of Operation: Sun: 11am-1am 24 hours Y N
Mon: 11am-1am
Tue: 11am-1am
Wed: 11am-1am
Thu: 11am-1am
Fri: 11am-1am
Sat: 11am-1am

Premise Type: Tavern/Bar
Restaurant
Other:

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. 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: 30
21. Are there exterior cameras Yes No How many: 2
22. Are there interior cameras Yes No How many: 4
23. Do all employees know how to retrieve recorded digital images/footage? Yes No

24. Cameras located in parking lot Yes No How many N/A

Interior Survey:

- 25. What is the planned capacity 99
- 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: 2
- 34. How ill they be deployed: Interior Exterior
- 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
 - ID Scanner
 - Dress Code
 - Cover Charge
 - Age restriction
 - Other Check Id s of patrons and check around the location

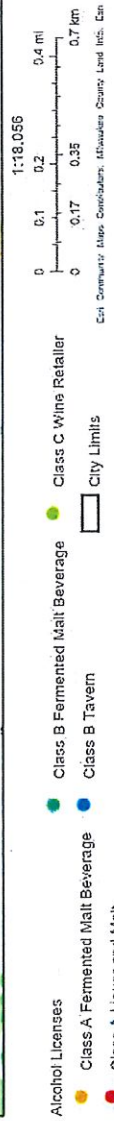
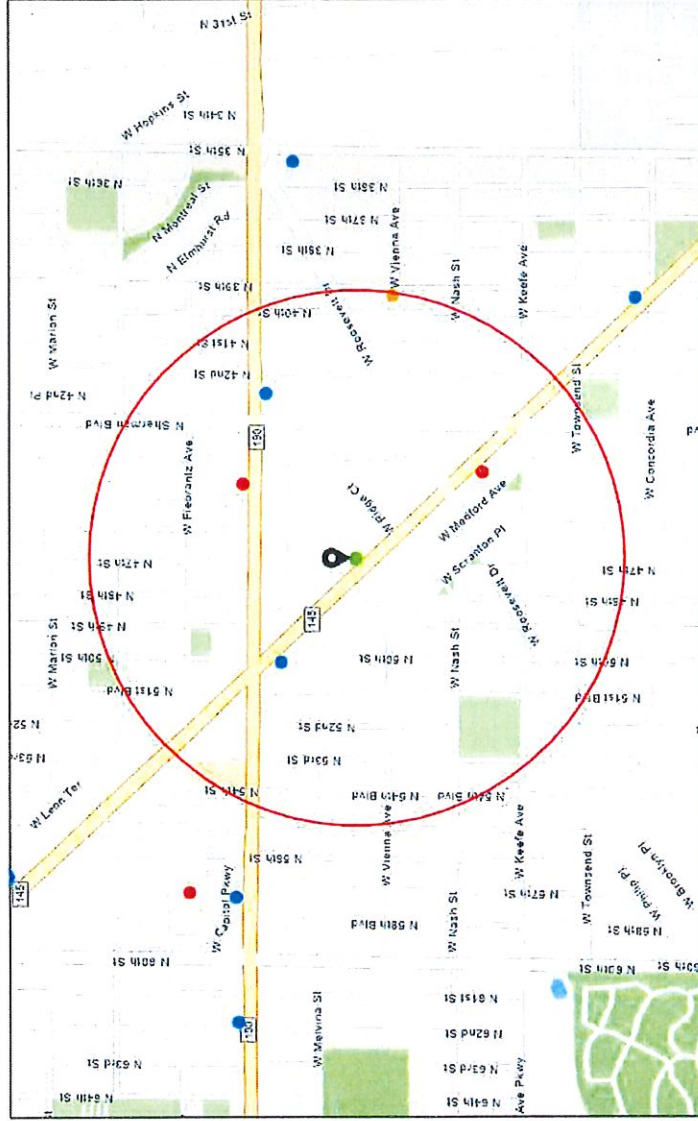
ADDITIONAL COMMENTS/RECOMMENDATIONS:

City of Milwaukee Alcohol Concentration for 4706 W Fond Du Lac Ave

Area of Interest (AOI) Information

Area : 21,862,585.47 ft²

Mar 16 2021 15:18:18 Central Daylight Time



Licensed alcohol beverage establishments within a half mile radius centered on 4706 W Fond Du Lac Ave on March 16, 2021.

Summary

Name	Count	Area(ft ²)	Length(mi)
Alcohol Licenses	7		

Alcohol Licenses

#	Legal Entity	Trade Name	Licensee	Address	License Type Name	Total Capacity	Expiration Date	Count
1	A TASTE OF SOUL MKE LLC	A TASTE OF SOUL MKE	Timothy R Stotts, Agt	4706 W FOND DU LAC AV	Class B Fermented Malt Beverage Retailer's License		1/2/2022, 6:00 PM	1
2	A TASTE OF SOUL MKE LLC	A TASTE OF SOUL MKE	Timothy R Stotts, Agt	4706 W FOND DU LAC AV	Class C Wine Retailer's License		1/2/2022, 6:00 PM	1
3	Whiskey Still, LLC	BNB Cap Tap	Bill G Farrow, Agt	4221 W Capitol DR	Class B Tavern License	79	1/19/2022, 6:00 PM	1
4	DN Group LLC	Best Buy Liquor	Navneet K Randhawa, Agt	4426 W Capitol DR	Class A Malt & Class A Liquor License		10/23/2021, 7:00 PM	1
5	PARMSAT, INC	NORTHEM BEVERAGE II	SATNAM S KHERA, Agt	4409 W FOND DU LAC AV	Class A Malt & Class A Liquor License		3/3/2022, 6:00 PM	1
6	NADAR AKAL CORP	Vienna Mini Mart	Mandeep K Bhullar, Agt	3801 N 39TH ST	Class A Fermented Malt Beverage Retailer's License		11/7/2021, 6:00 PM	1
7	UPPA YARD LLC	Uppa Yard	HYACINTHE NEMBHARDT, Agt	4947 W FOND DU LAC AV	Class B Tavern License		11/15/2021, 6:00 PM	1

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



Tuesday, June 08, 2021

Licenses Committee Notice of Hearing

Timothy Stotts
PO Box 250865
Milwaukee, WI 53225

The Licenses Committee will consider the following license application:

Class B Tavern License Application and Food Dealer License Transfer Application
Removing Shareholder
STOTTS, Timothy R, Agent
A TASTE OF SOUL MKE at 4706 W FOND DU LAC Av

Date: 6/22/2021

Time: 10:00 AM

Location: The hearing before the Licenses Committee will take place virtually on Tuesday, June 22, 2021. 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 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.





Tuesday, June 08, 2021

Licenses Committee Notice of Hearing

A Taste of Soul MKE, LLC
4706 W Fond Du Lac Ave
Milwaukee, WI 53216

The Licenses Committee will consider the following license application:

Class B Tavern License Application and Food Dealer License Transfer Application
Removing Shareholder
STOTTS, Timothy R, Agent
A TASTE OF SOUL MKE at 4706 W FOND DU LAC Av

Date: 6/22/2021

Time: 10:00 AM

Location: The hearing before the Licenses Committee will take place virtually on Tuesday, June 22, 2021. 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 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.





Tuesday, June 08, 2021



Notice of Public Hearing

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notice

STOTTS, Timothy R, Agent
A TASTE OF SOUL MKE at 4706 W FOND DU LAC Av
Class B Tavern License Application and Food Dealer License Transfer Application Removing
Shareholder

Tuesday, June 22, 2021 at 10:00 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 6/22/2021 at 10:00 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 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.

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	4513 W LEON TER, 1	MILWAUKEE, WI 53216-2430
CURRENT OCCUPANT	4513 W LEON TER, 2	MILWAUKEE, WI 53216-2430
CURRENT OCCUPANT	4525 W LEON TER	MILWAUKEE, WI 53216-2430
CURRENT OCCUPANT	4531 W LEON TER	MILWAUKEE, WI 53216-2430
CURRENT OCCUPANT	4534 W LEON TER	MILWAUKEE, WI 53216-2431
CURRENT OCCUPANT	4535 W LEON TER	MILWAUKEE, WI 53216-2430
CURRENT OCCUPANT	4540 W LEON TER	MILWAUKEE, WI 53216-2431
CURRENT OCCUPANT	4541 W LEON TER	MILWAUKEE, WI 53216-2430
CURRENT OCCUPANT	4544 W LEON TER	MILWAUKEE, WI 53216-2431
CURRENT OCCUPANT	4545 W LEON TER	MILWAUKEE, WI 53216-2430
CURRENT OCCUPANT	4546 W LEON TER	MILWAUKEE, WI 53216-2431
CURRENT OCCUPANT	4603 W LEON TER	MILWAUKEE, WI 53216-2432
CURRENT OCCUPANT	4604 W LEON TER	MILWAUKEE, WI 53216-2433
CURRENT OCCUPANT	4609 W LEON TER	MILWAUKEE, WI 53216-2432
CURRENT OCCUPANT	4609A W LEON TER	MILWAUKEE, WI 53216-2432
CURRENT OCCUPANT	4610 W LEON TER	MILWAUKEE, WI 53216-2433
CURRENT OCCUPANT	4615 W LEON TER	MILWAUKEE, WI 53216-2432
CURRENT OCCUPANT	4617 W LEON TER	MILWAUKEE, WI 53216-2432
CURRENT OCCUPANT	4618 W LEON TER	MILWAUKEE, WI 53216-2433
CURRENT OCCUPANT	4618A W LEON TER	MILWAUKEE, WI 53216-2433
CURRENT OCCUPANT	4619 W LEON TER	MILWAUKEE, WI 53216-2432
CURRENT OCCUPANT	4622 W LEON TER	MILWAUKEE, WI 53216-2433
CURRENT OCCUPANT	4622A W LEON TER	MILWAUKEE, WI 53216-2433
CURRENT OCCUPANT	4623 W FOND DU LAC AVE	MILWAUKEE, WI 53216-2422
CURRENT OCCUPANT	4625 W LEON TER	MILWAUKEE, WI 53216-2432
CURRENT OCCUPANT	4627 W FOND DU LAC AVE	MILWAUKEE, WI 53216-2422
CURRENT OCCUPANT	4628 W LEON TER	MILWAUKEE, WI 53216-2433
CURRENT OCCUPANT	4629 W FOND DU LAC AVE	MILWAUKEE, WI 53216-2422
CURRENT OCCUPANT	4629 W LEON TER	MILWAUKEE, WI 53216-2432
CURRENT OCCUPANT	4633 W FOND DU LAC AVE	MILWAUKEE, WI 53216-2422
CURRENT OCCUPANT	4635 W FOND DU LAC AVE	MILWAUKEE, WI 53216-2422
CURRENT OCCUPANT	4635 W LEON TER	MILWAUKEE, WI 53216-2432
CURRENT OCCUPANT	4635A W LEON TER	MILWAUKEE, WI 53216-2432
CURRENT OCCUPANT	4639 W FOND DU LAC AVE	MILWAUKEE, WI 53216-2422
CURRENT OCCUPANT	4641 W FOND DU LAC AVE	MILWAUKEE, WI 53216-2422
CURRENT OCCUPANT	4645 W FOND DU LAC AVE	MILWAUKEE, WI 53216-2422
CURRENT OCCUPANT	4647 W FOND DU LAC AVE	MILWAUKEE, WI 53216-2422
CURRENT OCCUPANT	4701 W FOND DU LAC AVE	MILWAUKEE, WI 53216-2424
CURRENT OCCUPANT	4703 W FOND DU LAC AVE	MILWAUKEE, WI 53216-2424
CURRENT OCCUPANT	4713 W FOND DU LAC AVE	MILWAUKEE, WI 53216-2424
CURRENT OCCUPANT	4719 W FOND DU LAC AVE	MILWAUKEE, WI 53216-2424
CURRENT OCCUPANT	4725 W FOND DU LAC AVE	MILWAUKEE, WI 53216-2424
CURRENT OCCUPANT	4729 W FOND DU LAC AVE	MILWAUKEE, WI 53216-2424
CURRENT OCCUPANT	4732 W FOND DU LAC AVE	MILWAUKEE, WI 53216-2425
CURRENT OCCUPANT	4735 W FOND DU LAC AVE	MILWAUKEE, WI 53216-2424
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Total Records: 45

Radius: 250.0 feet and Center of Circle: 4706 W Fond Du Lac Ave



BUSINESS LICENSE PLAN OF OPERATION

ccl-busplan 3/15/18

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:

Restaurant, Bar, Hookah Lounge

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

Food service/Bar experience

2. Business Operations

- a. Proposed Opening Date: April 8, 2021
- 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: Sound system for music

4. Smoking & Sanitation

- a. Are there designated outdoor smoking areas? No Yes If yes, describe: _____
- b. Number of Garbage Cans: Inside: 5 Locations: Front by the bar & rear door; kitchen
Outside: 1 Locations: Rear of building
- c. Is a crowd control barrier used? No Yes If yes, describe: Ropes & cones at front entrance
Exterior
- 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? _____ and describe the parking security plan: _____
- b. Is there a loading zone? No Yes If yes, describe the loading area security plan: Loading is in the rear of building
- c. Will you have security personnel on premise? No Yes If yes, how many? 2 and answer the following:
 What are their responsibilities? Crowd control, searching upon entry, parking control
 Is security equipment used? No Yes If yes, describe cameras, metal detectors
 List their licensing, certification, or training credentials Armed Security, Retired police
- d. Will there be security cameras? No Yes If yes, how many? 6 and list locations: Front door, bar, food prep, front & rear exterior
- e. Will searches/identification checks be done upon entry? No Yes If yes, describe ID Check and Search

6. Percentage of Sales (must total 100%)

Alcohol <u>45</u> %	Food <u>55</u> %	Secondhand Merchandise <u>0</u> %	Precious Metals & Gems <u>0</u> %
Entertainment <u>0</u> %	Cigarettes <u>0</u> %		
Pawnbroker Activity <u>0</u> %	Salvaged Materials _____% (such as scrap metal)	Personal Services (such as tattoo, body piercing, salon, tailor, tanning, etc.) <u>0</u> %	Other _____% 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: 1 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: _____

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

Capacity 160 (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):
 1st Floor 2nd Floor Basement Storage Patio Beer Garden Sidewalk Café Deck Rooftop
 Other: Describe: _____
- b. Describe Location: Major Thoroughfare Secondary Street Other: _____
- c. Nearest Major Cross Street: Fond du lac Avenue
- 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: A Taste of Soul MFG LLC Phone Number: (414) 975-2645
 Business Owner Address: 4706 W Fond du lac Ave

10. Hours of Operation & Customers

Will customers be entering the premises? No Yes


Day of the Week	Proposed Hours of Operation:		Estimated Number of Customers expected each day	Potential Age Range of Customers	Class B Tavern Applicant Only: Age Restriction (if none, write 'None')
	Open Time (include a.m. or p.m.)	Close Time (include a.m. or p.m.)			
Sunday	11 AM	1 AM	75	30-65	None
Monday	11 AM	1 AM	75	30-65	None
Tuesday	11 AM	1 AM	75	30-65	None
Wednesday	11 AM	1 AM	75	30-65	None
Thursday	11 AM	1 AM	75	30-65	None
Friday	11 AM	1 AM	175	30-65	None
Saturday	11 AM	1 AM	175	30-65	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 Permitted Hours of Operation: Class A: 8:00 am to 9:00 pm Sunday thru Saturday
 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)


 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

Legal Entity Name: <u>A Taste of Soul NIKE</u>
Premise Address: <u>4706 W. Fond du lac Ave Milwaukee WI</u>
Proximity of Premises to Church, School, Daycare Center or Hospital
Is the building within 300 feet of any church, school, daycare center or hospital? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
"Service Bar Only" Designation
If applying for Class B or C license, are you applying for "Service Bar Only"? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> No <input checked="" type="checkbox"/> 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? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, list name and address: _____
Proof of Ownership, Lease, or Offer to Purchase (New & Transfer Applicants Only)
Submit proof of ownership, lease, or offer to purchase the building with this application. A lease or offer to purchase must: a) Be in the same legal entity name as that apply for the license b) Reflect the same address as the premises address on this application c) Reflect current dates and d) Be signed by the lessor/seller and lessee/buyer
Property Information (New & Transfer Applicants Only)
a) Do you own or lease the building? <input checked="" type="checkbox"/> Own <input type="checkbox"/> Lease
b) Who owns the fixtures (for example, coolers, etc.)? <u>owner</u>
c) Are you purchasing the stock and/or fixtures? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, amount paid \$ _____
d) Total amount paid for business \$ <u>133,000</u>
e) Total amount paid for goodwill of the business \$ <u>0</u>
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? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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

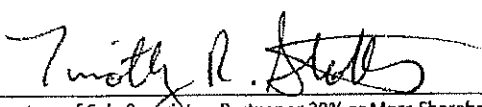
Lease Information (New & Transfer Applicants who are leasing the premises only)

- 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)? _____
- 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:

- Proof of ownership, lease or offer to purchase the building
- Detailed floor plan
- If a restaurant, copy of the menu



BUSINESS TRANSFER APPLICATION

cci-transfer1 2/24/20

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

SECTION 1 CHECK THE TYPE OF TRANSFER:			
<input type="checkbox"/> CHANGE OF LOCATION	<input type="checkbox"/> REORGANIZATION OF LEGAL ENTITY	<input checked="" type="checkbox"/> CHANGE OF AGENT	<input type="checkbox"/> TRANSFER OF STOCK
SECTION 2 LIST ALL LICENSE(S) TO TRANSFER:			
Type/Number: FREST - 0014607	Type/Number:	Type/Number:	Type/Number:
Type/Number:	Type/Number:	Type/Number:	Type/Number:
SECTION 3 LICENSE(S) ARE CURRENTLY ISSUED TO:			
Legal Entity Name:	A Taste of Soul MKE LLC		
Premises Address:	4706 W. Fond Du Lac Ave Milwaukee, WI 53216-2425		
SECTION 4 TRANSFER TO: (ENTER ALL OWNERSHIP INFORMATION WHETHER IT IS CHANGING OR NOT)			
Legal Entity (check one):	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> LLC <input type="checkbox"/> Non Profit
Legal Entity Name:	A Taste of Soul MKE LLC	Trade/DBA Name:	A Taste of Soul MKE
Premises Address (include city/state/zip):	4706 W. Fond Du Lac Ave Milwaukee, WI 53216-2425		
Mailing Address: <input type="checkbox"/> Same as premise <input checked="" type="checkbox"/> Other (include city/state/zip):	P.O. Box 250865 Milwaukee, WI 53225		
Phone: (414) 975-2645	Email:	TasteofSoulMKE@gmail.com	
SECTION 5 AGENT / SOLE PROPRIETOR / 1ST PARTNER			
FULL LEGAL NAME (Last, First & Middle Initial):	Stotts, Timothy R.	Date of Birth:	4/8/1968
Home Address (include city/state/zip):	6635 N. 113th St Milwaukee, WI 53224		
Driver's License Number/State ID #:	5332-8166-8128-08	State:	WI
Home Phone:	Cell Phone:	(414) 975-2645	
Percent of Ownership Interest (if applicable):	100%	Email:	TasteofSoulMKE@gmail.com
SECTION 6 LIST ALL PERSONS WITH 20% OR MORE OWNERSHIP INTEREST / ADDITIONAL PARTNERS			
FULL LEGAL NAME (Last, First & Middle Initial):	Date of Birth:		
Home Address (include city/state/zip):			
Driver's License Number/State ID #:	□□□□-□□□□-□□□□-□□	State:	_____
Home Phone:	Cell Phone:		
Percent of Ownership Interest:	Email:		
FULL LEGAL NAME (Last, First & Middle Initial):	Date of Birth:		
Home Address (include city/state/zip):			
Driver's License Number/State ID #:	□□□□-□□□□-□□□□-□□	State:	_____
Home Phone:	Cell Phone:		
Percent of Ownership Interest:	Email:		
Are there additional persons with 20% or more interest or partners? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, attach additional forms as necessary.			
Office Use Only:			
Initials _____	Filed _____	Application #(s) _____	Paid _____
MPD _____	DNS _____	LC _____	CC _____
Issued _____	License #(s) _____		

SECTION 7 PLAN OF OPERATION & FLOOR PLAN

Are you requesting changes to the current plan of operation or floor plan?

Yes If Yes, you must submit a new Plan of Operation and Floor Plan. Required for all changes of location.

No

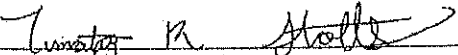
SECTION 8 SIGNATURE(S)

I/we understand that I am/we are required to inform the City Clerk within 10 days of any substantial changes in any of the information supplied in this application.

I/we have knowledge of the City Ordinances currently regulating the license applied for herein, and understand that the license may be subject to suspension, non-renewal or revocation, if I/we violate any rule or regulation relating to this license.

I/we understand that I/we 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/we certify that I am/we are the applicant and all statements are true and correct.



Signature of Agent or 20%+ Owner