

Melendez-Hagedorn, Yadira

From: Cooney, Jim
Sent: Monday, January 24, 2022 2:10 PM
To: Melendez-Hagedorn, Yadira
Cc: Aaron DeKosky; oce312@gmail.com
Subject: FW: License Hearing - Uppa Yard Documents
Attachments: Permit Documents.pdf; 2021.11.15 Email Exchange w Original App.pdf

Yadira,

Can you add these attachments to the file for Uppa Yard please?

Jim Cooney
License Division Manager
City Clerk-License Division
200 E Wells St #105
414-286-2238
www.milwaukee.gov/license



From: Aaron DeKosky <adekosky@padwaylaw.net>
Sent: Monday, January 24, 2022 12:16 PM
To: Cooney, Jim <Jim.Cooney@milwaukee.gov>
Cc: oce312@gmail.com
Subject: License Hearing - Uppa Yard Documents

Hi Jim,

I was reviewing the licensing hearing docs and there is a communication that is not in the hearing docs (my email with the original application) that may be helpful for the committee to have in the record. The attached email exchange between us contains the original application and demonstrates that Uppa's initial application for a tavern license included both sides of the building (both addresses), and it was approved by the City. This is why Uppa was operating in both spaces and believed it was legally permitted to do so.

I also included a copy of the construction permits that were approved by the City prior to construction beginning that demonstrates Uppa received approval from the City for the current restaurant configuration, before construction began.

The second, subsequent application that the committee may be relying on to believe that one side is not licensed was withdrawn and never took effect. Uppa believed that it was operating with a permit (for both sides) because the second, subsequent permit was withdrawn and Uppa believed that the original, approved application was still in effect.

Can you provide the attached documents to the committee and/or include them in the record [(1) the construction permit documents, and (2) the attached email exchange with the initial application attached to the committee]?

I think these documents will help the Committee understand why Uppa believes/d that it was operating legally and with the City's consent, but submitted a follow-up application per the licensing committee's request to ensure the City's full satisfaction.

Thank you,
Aaron

--

Aaron DeKosky
Padway & Padway, Ltd.
5150 N. Port Washington Rd.
Suite 151
Milwaukee, WI 53217
www.padwaylaw.net

P: 414.277.9800
F: 414.277.0189
adekosky@padwaylaw.net

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City of Milwaukee

Department of Neighborhood Services
Commercial Alteration Permit

Permit Number: COM-ALT-18-01021 **Issue Date:** 07/17/2019

Project Location: 4947 W FOND DU LAC AV, MILWAUKEE, WI 532162324

Application Name: Uppa Yard Remodel A-9

Description of Work: Level II alteration, Selected demo to basement, 1st and, 2nd. Reconfigure 1st restaurant and 2nd floors to create new offices on 2nd floor, install new stairs in basement, construct new rear exterior stairs and deck.

Vacant several years

Prior dental office upstairs and restaurant 1st floor and basement. Alteration of entire for restaurant 1st floor A-2 and future tenants will be a white box space for future build out.

Issued to:

Darrell Mercer Sr.
1849 N MLK Dr suite 210
MILWAUKEE, WI 53212

Owner:

CITY OF MILW
809 N BROADWAY
MILWAUKEE, WI 53202

Issued By: TRICHA

**Permits are non-transferrable.
There is no refund for a minimum fee permit.**



No asbestos project, as defined in Ch. 66 of the Milwaukee Code of Ordinances, is included in the work performed under this permit. I understand that any falsification or misinformation may result in penalties prescribed in the Milwaukee Code of Ordinances

NOTE: The building owner/operator must conduct a thorough inspection for asbestos-containing material BEFORE WORK BEGINS. A State-certified asbestos inspector is required for this inspection. Check on the State of Wisconsin website for a list of certified companies. For more information, call (414) 286-3280.

**To obtain more information about this permit or to schedule a required inspection
log on to: www.Milwaukee.gov/LMS or call (414) 286-2513**

**Permits expire if work is not started within 6 months of issuance or if new
construction ceases more than 3 months.**

**Permits are non-transferrable.
There is no refund for a minimum fee permit.**



**THE INFRASTRUCTURE SERVICES DIVISION HAS REVIEWED AN
APPLICATION FOR A BUILDING PERMIT AT**

4947 West Fond Du Lac Avenue

COM-ALT-18-01021

OUR RECOMMENDATIONS FOLLOW

This permit application is ONLY for a building permit and ONLY covers work done within the property limit lines. A Department of Public Works permit must be obtained prior to the start of ANY work in the public right-of-way, such as the walk that connects to the main sidewalk.

Please see Attached Environment, Water, and Field Engineers comments.

Any walk, curb, driveway, street pavement or alley pavement constructed, or any portion of the public way disturbed or damaged due to construction, shall be constructed or reconstructed according to City of Milwaukee Department of Public Works and ADA specifications. This also applies to sidewalk area or street alterations necessary to accommodate new or modified pedestrian and vehicular access points, or changes in first floor elevations. Significant changes in elevation may require sidewalk, curb and gutter, and pavement replacement. Limits of construction shall be determined solely by the Commissioner of Public Works or his representative, in order that the City's design standards are adhered to. The developer will be responsible for all costs associated with the necessary alteration and/or reconstruction. This includes any costs the City may incur in designing, staking, and inspecting the work, and any alterations of City utilities to accommodate the work.

If any portion of the alley or abutting street right-of-way is to be occupied by the contractors for the subject project, for reasons such as, but not limited to, site security fencing, barricades, silt fences, walkways, equipment and/or supplies, a Department of Public Works occupancy permit shall be obtained prior to beginning that activity.

Existing driveways which are no longer needed as a result of this development shall be removed, and proper restoration of the right-of-way shall be undertaken. (Section (115-25), Milwaukee Code of Ordinances).

Any questions regarding these comments should be directed to Mr. Anthony Smith at (414) 286-2487.

Signed



Date

4-8-2019

S

City of
Milwaukee
Development Center



Request for plan review

809 N. Broadway/Milwaukee, WI 53202-3617/414-286-8210

ROUTE TO: **DPW**
DATE: March 25, 2019
RECORD: **COM-ALT-18-01021**
PLAN EXAMINER: TBD

Please review the plans for the following project: **4943-4947 W Fond Du Lac Av/Uppa Yard**

When you have completed your review, please:

- 1) Check the "Review Complete" box on the appropriate routing screen in LMS.
- 2) Enter the results of the review in Record:
- 3) Return the plans to the Development Center. Completed plans may be placed in the drawer marked "From Routing" at the Development Center.

Thank you for your assistance.

Additional project information	
	Architect Nathan Remitz Patera LLC 2601 Sunnyslope Rd New Berlin, WI 53151 nathan@paterallc.com
BOZA status	Historic code:

self route

Name: UPPA YARD REMODEL
Address: 4947 W. FOND DU LAC AVE.
Type: COM-ALT-18-01021

Received :04/05/2019

**REPORT ON APPLICATION FOR BUILDING PERMIT
BY
INFRASTRUCTURE SERVICES DIVISION
ENVIRONMENTAL ENGINEERING SECTION
CITY OF MILWAUKEE**

Address: 4947 W. FOND DU LAC AVE.

Sanitary Sewer(s)
Available in: W. FOND DU LAC AVE.

Other:

Storm Sewer(s)
Available in: W. FOND DU LAC AVE.

Other:

Combined Sewer(s)
Available in :

Other:

Report based on:

- Plat of survey only:
- Plat of survey showing proposed building:
- Site plan of proposed building & improvements:
- Building plans:
- Plumbing site plan:
- Deferred sewer charge: Yes No

Storm Water Management Plan (SWMP)

- | | Yes | No | N/A |
|------------------------------------|--------------------------|-------------------------------------|-------------------------------------|
| SWMP required: | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| SWMP submitted to CE for approval: | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| SWMP approved by CE: | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Remarks:

1. This building permit is for commercial alteration only.
2. A Storm Water Management Plan (SWMP) is not required for this development as long as:
 - 1) The cumulative area of all land disturbing activity is less than one acre over a 3-year period.
 - 2) No additional impervious surface of 0.5 acre or more is added.
 - 3) The cumulative area of all land disturbing activity is less than two acres.

There is no known occurrence of surcharge sewers or backwater on record.

C: Owner
Commissioner of Building Inspection
Supervisor of Plumbing Inspection

Nadya
Environmental Engineering Section

4/8/19
Date:

NA
MR

W

City of
Milwaukee
Development Center



Request for plan review

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Additional project information	
	Architect Nathan Remitz Patera LLC 2601 Sunnyslope Rd New Berlin, WI 53151 nathan@paterallc.com
BOZA status	Historic code:

Reviewed

MMA
3/29/19

[Handwritten signature]

DEPARTMENT OF PUBLIC WORKS
 Infrastructure Services Division - Construction Section
 Design and Survey Services - Field Engineer 3850 North 35th Street
 286-2484 or 286-2485

LOCATION: 4943 - 4947 West Fond du Lac Avenue
COM-ALT-18-01021

Development Name: UPPA NEW STAIRS
 Developer / Contractor Name: PATERA

Type of Plan Reviewed: Building Permit DPW Permit Land Development

Lot Grades: Use existing CW for grade.
 Lot grade is _____ above the top of the existing curb.
 Lot grade is marked in red on the plat of survey.

Stormwater Drainage: Must be self-contained.
 To follow natural drainage contours.
 Drainage plan &/or Erosion control plan required.

Future Driveways: *(A separate City of Milwaukee driveway permit is required.)*
 Construct regular flared driveways per City of Milwaukee specifications.
 Construct depressed driveways per City of Milwaukee specifications.
 Culvert required.
 Driveways in excess of 30' wide require Aldermanic approval.
 Close unused driveways per City of Milwaukee specifications.

Type of Work: Curb: New Replace Type: —
 Walk: New Replace Width: —
 Pavement: New Replace Patch Type: —
 Grading: _____

Design and Survey Assistance Required: Yes No Deposit: _____

Utility Interference, Contact:
 Forestry (286-3531) Sewer Department (286-2479)
 Street Lighting (286-5435) Water Department (286-2813)
 Traffic Engineering (286-3632) Other:

Note A separate DPW permit is needed for ANY work in the right of way.

Note All Sidewalk and Pedestrian Ramps must meet ADA Specifications.

Remarks: NO IMPACT ON R/W

Reviewed by: Burt [Signature] Date: 4/21/19

self route

Name: UPPA YARD REMODEL
Address: 4947 W. FOND DU LAC AVE.
Type: COM-ALT-18-01021

Received :04/05/2019

**REPORT ON APPLICATION FOR BUILDING PERMIT
BY
INFRASTRUCTURE SERVICES DIVISION
ENVIRONMENTAL ENGINEERING SECTION
CITY OF MILWAUKEE**

Address: 4947 W. FOND DU LAC AVE.

Sanitary Sewer(s)
Available in: W. FOND DU LAC AVE.

Other:

Storm Sewer(s)
Available in: W. FOND DU LAC AVE.

Other:

Combined Sewer(s)
Available in :

Other:

Report based on:		Storm Water Management Plan (SWMP)		
		Yes	No	N/A
Plat of survey only:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Plat of survey showing proposed building:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Site plan of proposed building & improvements:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Building plans:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Plumbing site plan:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deferred sewer charge:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

Remarks:

- This building permit is for commercial alteration only.
- A Storm Water Management Plan (SWMP) is not required for this development as long as:
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Commissioner of Building Inspection
Supervisor of Plumbing Inspection

Nadya
Environmental Engineering Section

4/8/19
Date:

NA
MR



SHEETS
7/27/18 SHEET #1
11/27/18 SHEET #2
11/27/18 SHEET #3
11/27/18 SHEET #4

DATE: MAY 29TH, 2018

PROJECT NUMBER: 18-278

UPPA YARD REMODEL

SHEET INDEX:

SHEET #4: UPPE FIRST FLOOR OCCUPANCY PLAN
SHEET #3: GENERAL BUILDING BLOCKS
SHEET #2: PROPOSED FIRST FLOOR OCCUPANCY AND PRE-EXISTING BUILDINGS
SHEET #1: SECOND FLOOR OCCUPANCY
SHEET #5: SECOND FLOOR OCCUPANCY
SHEET #6: SECOND FLOOR OCCUPANCY
SHEET #7: PROPOSED SECOND FLOOR PLAN, ELEVATIONS & DETAILS
SHEET #8: PROPOSED SECOND FLOOR PLAN, ELEVATIONS & DETAILS
SHEET #9: PROPOSED SECOND FLOOR PLAN, ELEVATIONS & DETAILS
SHEET #10: PROPOSED SECOND FLOOR PLAN, ELEVATIONS & DETAILS

GENERAL NOTES:

- 1. ALL WORK SHALL BE DONE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE 2018 IBC, AND ALL APPLICABLE CODES AND ORDINANCES.
- 2. THE CONTRACTOR SHALL VERIFY THE EXISTING CONDITIONS AND CONDITIONS OF THE SITE PRIOR TO COMMENCEMENT OF WORK.
- 3. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE APPLICABLE AGENCIES.
- 4. THE CONTRACTOR SHALL MAINTAIN ACCESS TO ALL ADJACENT PROPERTIES AT ALL TIMES.
- 5. THE CONTRACTOR SHALL BE RESPONSIBLE FOR PROTECTING ALL EXISTING UTILITIES AND STRUCTURES.
- 6. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE DISPOSAL OF ALL DEBRIS AND WASTE MATERIALS.
- 7. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE PROTECTION OF ALL ADJACENT PROPERTIES.
- 8. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE PROTECTION OF ALL EXISTING UTILITIES AND STRUCTURES.
- 9. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE PROTECTION OF ALL ADJACENT PROPERTIES.

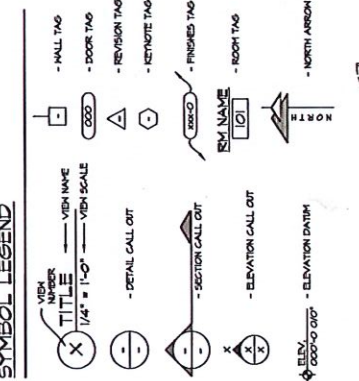
PLAN NOTES:

- 1. ALL DIMENSIONS ARE TO FACE UNLESS NOTED OTHERWISE.
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BUILDING DATA:

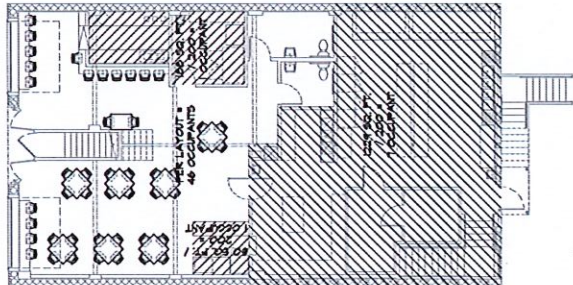
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CONTRACTOR TO FIELD VERIFY ALL DIMENSIONS AND THE EXACT LOCATION OF EXISTING PLUMBING, MECHANICAL, AND STRUCTURAL COMPONENTS AND ADJUST THE PLANS AS NECESSARY TO ACCOMMODATE.

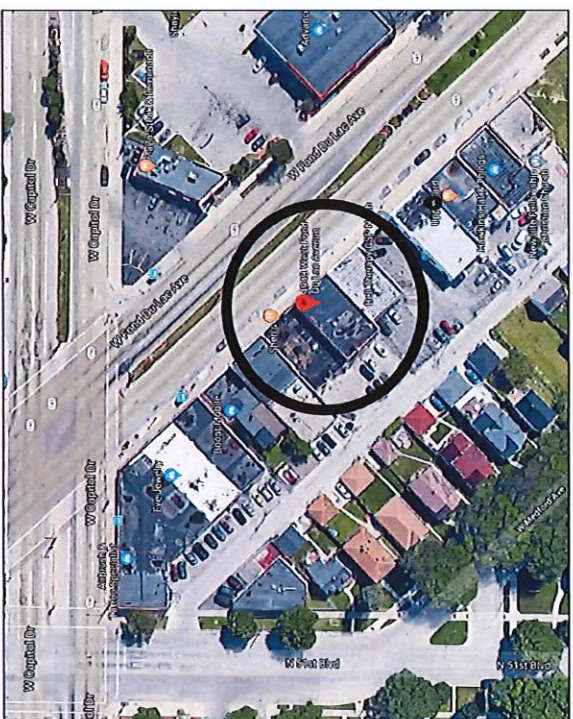


ABBREVIATIONS

Abbreviation	Description	Abbreviation	Description
AC	Above Finished Floor	GR	Gravel
AD	Aluminum	HD	Hardwood
AGN	Anchor	IN	Interior
BLDG	Building	INT	Insulation
BRG	Bearing	IS	Iron
CLG	Ceiling	JT	Joint
CON	Construction	LD	Lead
CONC	Concrete	LAV	Landing
COR	Corner	LD	Lead
CORR	Corrosion	LT	Lift
CRT	Curtain	LN	Linen
CRT	Curtain	LN	Linen
DR	Door	MAX	Maximum
DR	Door	MC	Metallic Coated
DR	Door	ME	Metallic Electrolytic
DR	Door	MET	Metallic
DR	Door	MFR	Manufacturer
DR	Door	MIN	Minimum
DR	Door	MOR	Maximum Overlap
DR	Door	PLC	Plastic Laminated
DR	Door	PLC	Plastic Laminated
DR	Door	PLC	Plastic Laminated



PROPOSED FIRST FLOOR OCCUPANCY PLAN



SATELLITE IMAGE



REVISIONS:
7/27/18: PRELIM #1
7/27/18: PRELIM #2
7/27/18: PRELIM #3
7/27/18: CO. 5.0 ISSUED

302.1 Perforated Approach. Allowance shall be 60 inches (1525 mm) side extension where the depth exceeds 15 inches (381 mm).

302.2 Inset Approach. Allowance shall be 60 inches (1525 mm) side extension where the depth exceeds 15 inches (381 mm).

302.3 Measuring Clearance in an Aisle, Forward Approach

302.4 Side and End Clearances

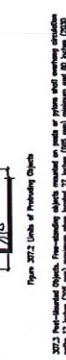
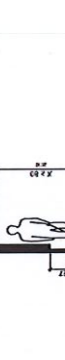
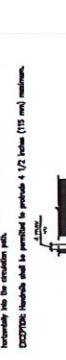
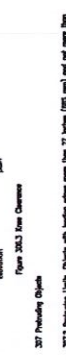
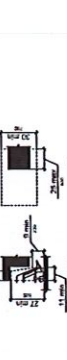
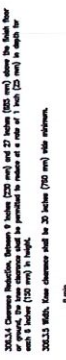
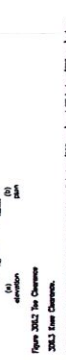
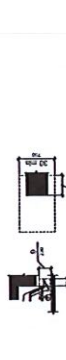
302.5 The Clearance

302.6 Minimum Depth

302.7 Minimum Backed Depth

302.8 Additional Clearance

302.9 Width



302.10 Clearances

302.11 Clearances

302.12 Clearances

302.13 Clearances

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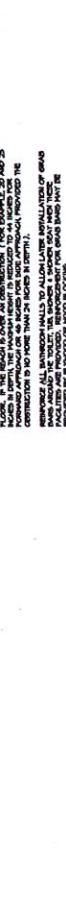
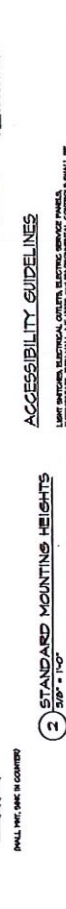
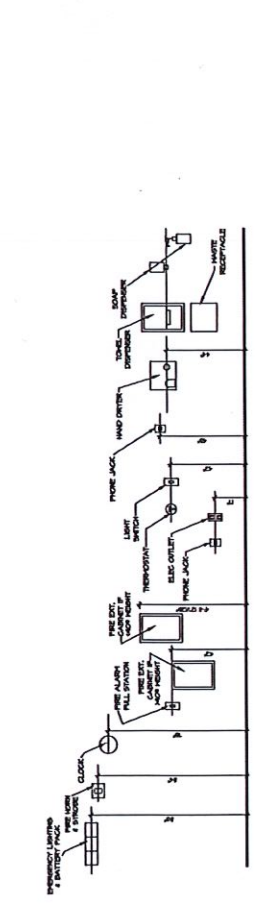
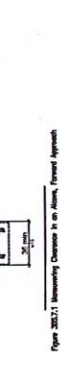
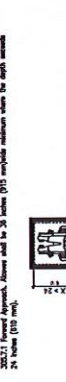
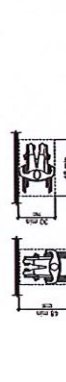
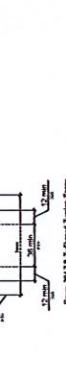
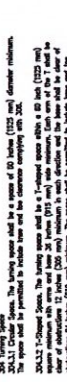
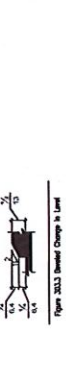
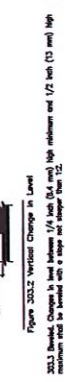
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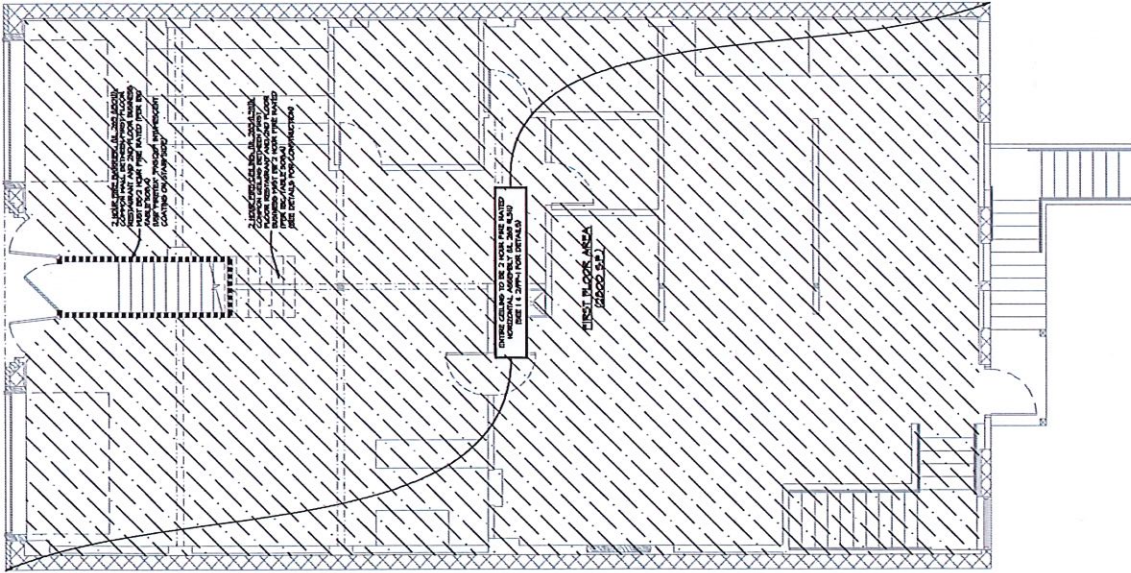
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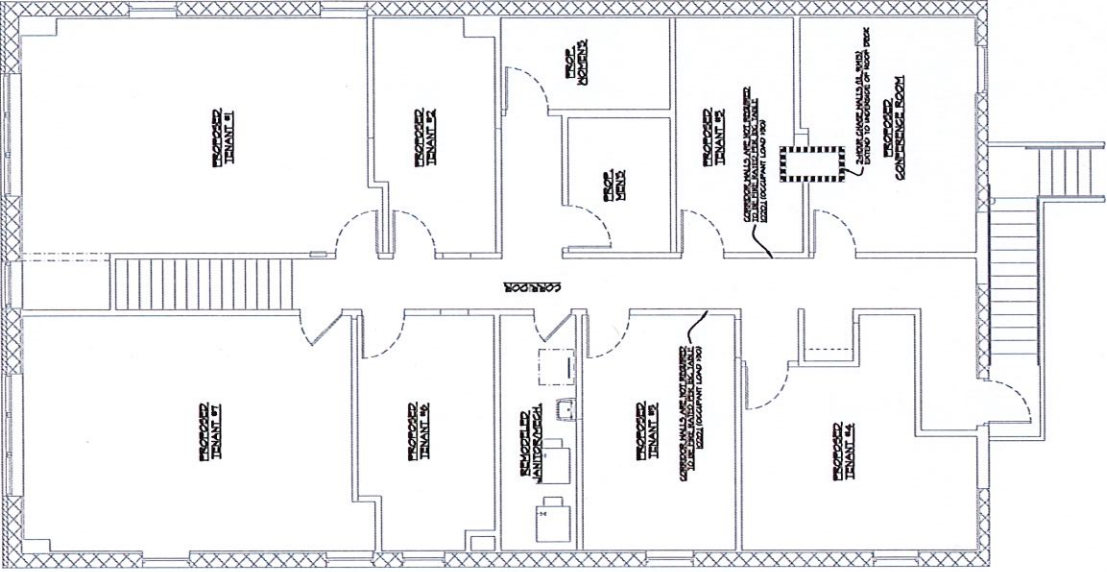
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303.00 Clearances



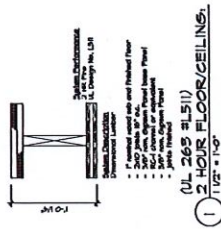


**PROPOSED FIRST FLOOR
FIRE RATING PLAN**
1/4" = 1'-0"



**PROPOSED SECOND FLOOR
FIRE RATING PLAN**
1/4" = 1'-0"

FIRE RETARDANT PRODUCTS	
<p>Protective & Marine Coatings 100% Solvent Free UL Classified UL Class: 1B1</p>	<p>FIRETEX FX5120 WATERBASED INTUMESCENT COATING 100% Solvent Free UL Classified UL Class: 1B1</p>
<p>Product Information</p> <p>1. Approved for use on steel, aluminum, and copper.</p> <p>2. Approved for use on steel, aluminum, and copper.</p> <p>3. Approved for use on steel, aluminum, and copper.</p> <p>4. Approved for use on steel, aluminum, and copper.</p> <p>5. Approved for use on steel, aluminum, and copper.</p>	<p>Product Information</p> <p>1. Approved for use on steel, aluminum, and copper.</p> <p>2. Approved for use on steel, aluminum, and copper.</p> <p>3. Approved for use on steel, aluminum, and copper.</p> <p>4. Approved for use on steel, aluminum, and copper.</p> <p>5. Approved for use on steel, aluminum, and copper.</p>



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REVISIONS:	
5/29/18: PRELIM #1	
7/21/18: PRELIM #2	
11/27/18: CIP 5, USDB	

CONSENT: PATARA LLC... IT IS GRANTED BY ANY AND ALL PARTIES TO USE OR REPRODUCE IN ANY MANNER OR FOR ANY PURPOSE IN THIS CONTRACT PROJECTS AT THE EXPIRED AFTER REVISION OR FINAL LC.

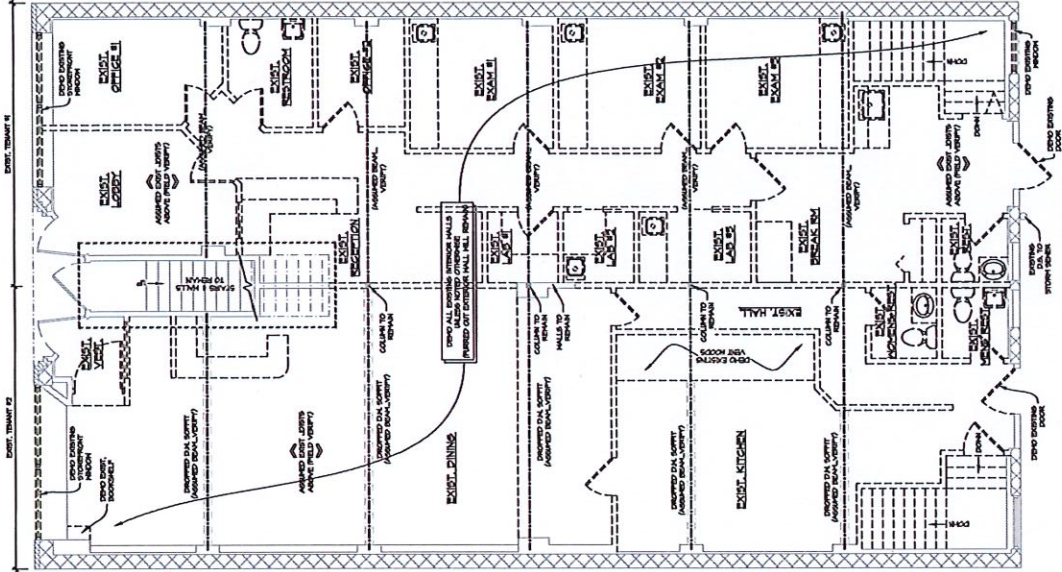
UPPA YARD REMODEL
 443 - 4527 N 90N DR LAC AVE
 WILKESHARE, WI
 EXISTING BASEMENT & FIRST FLOOR PLANS

EX-1

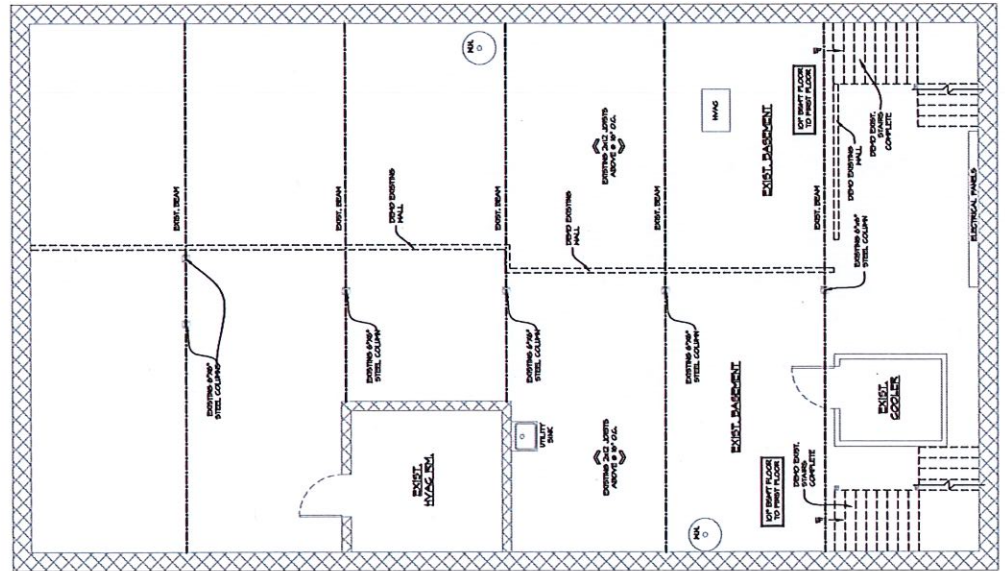
DATE: MAY 27TH 2018
 PROJECT NUMBER: 18-029

WALL KEY:

---	EXIST. WALL TO REMAIN
- - - -	EXIST. WALL TO BE REMOVED
---	NEW STUD WALL



EXISTING/DEMO FIRST FLOOR PLAN
 1/4" = 1'-0"



EXISTING/DEMO BASEMENT PLAN
 1/4" = 1'-0"



REVISIONS:

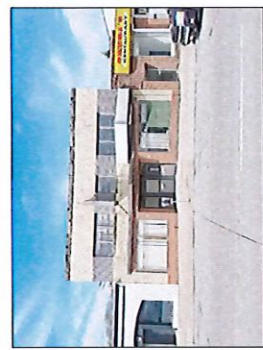
NO.	DATE	DESCRIPTION
1	05/07/18	PHLHM #1
2	05/07/18	PHLHM #2
3	05/07/18	PHLHM #3
4	05/07/18	PHLHM #4
5	05/07/18	PHLHM #5

EX-2

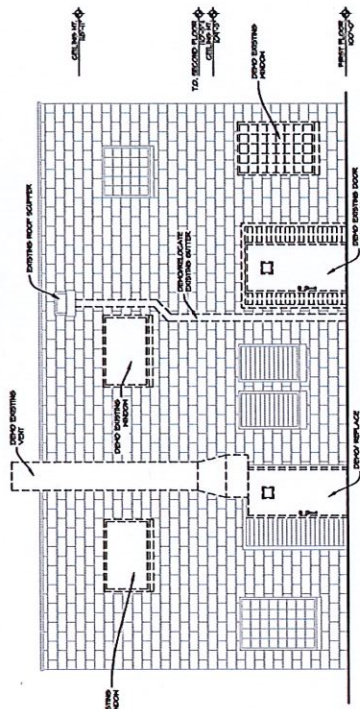
SHEET NUMBER: 14-375
 DATE: MAY 20TH 2018
 PROJECT NUMBER: 14-375



5 EXISTING SOUTH PHOTO
N.T.S.

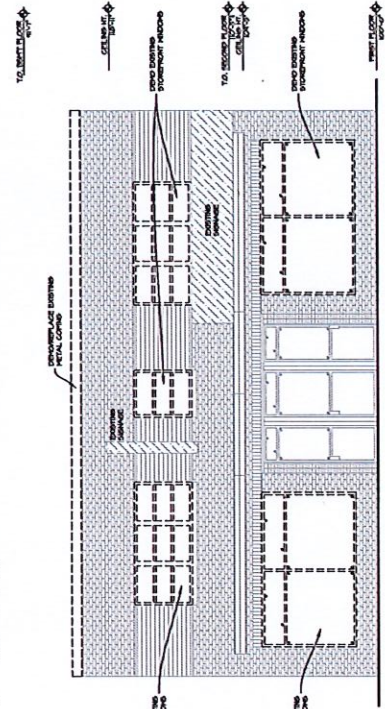


4 EXISTING NORTH PHOTO
N.T.S.



EXISTING/DEMO SOUTH ELEVATION

1/4" = 1'-0"

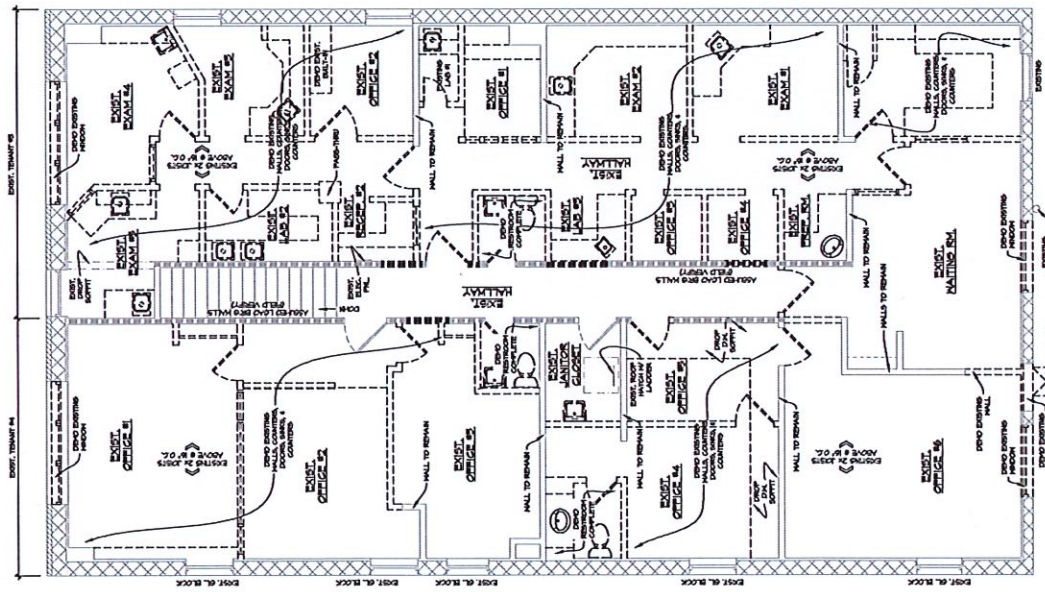


EXISTING/DEMO NORTH ELEVATION

1/4" = 1'-0"

WALL KEY:

(Pattern: Dotted)	EXIST. MULL TO REMAIN
(Pattern: Horizontal Lines)	EXIST. MULL TO BE REMOVED
(Pattern: Vertical Lines)	NEW STUD MULL



EXISTING/DEMO SECOND FLOOR PLAN

1/4" = 1'-0"



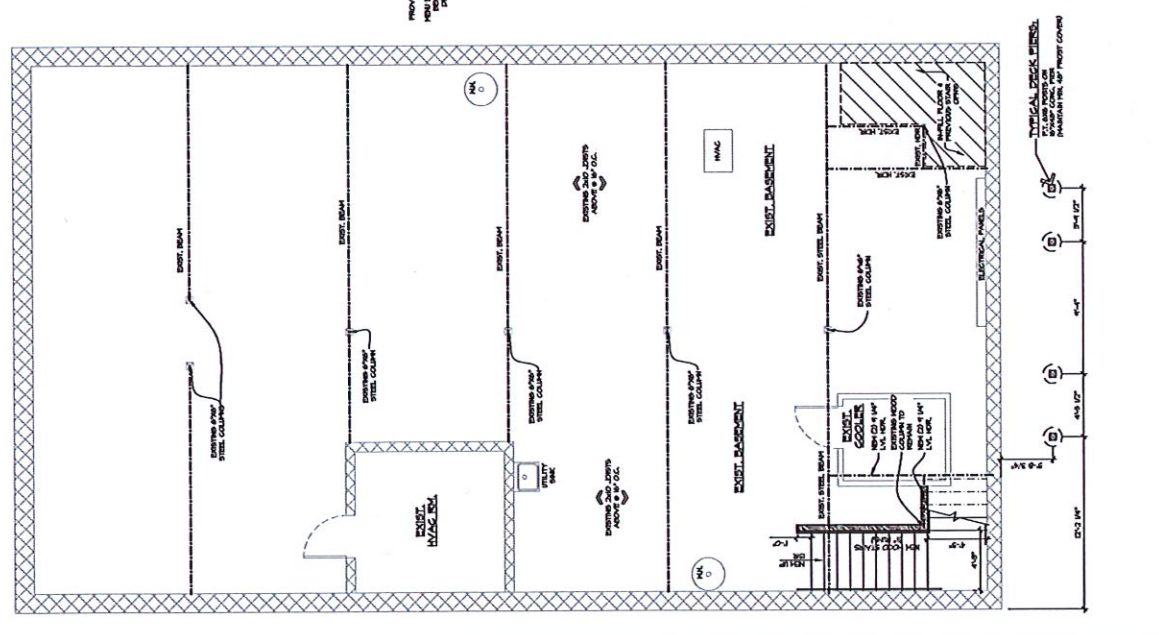
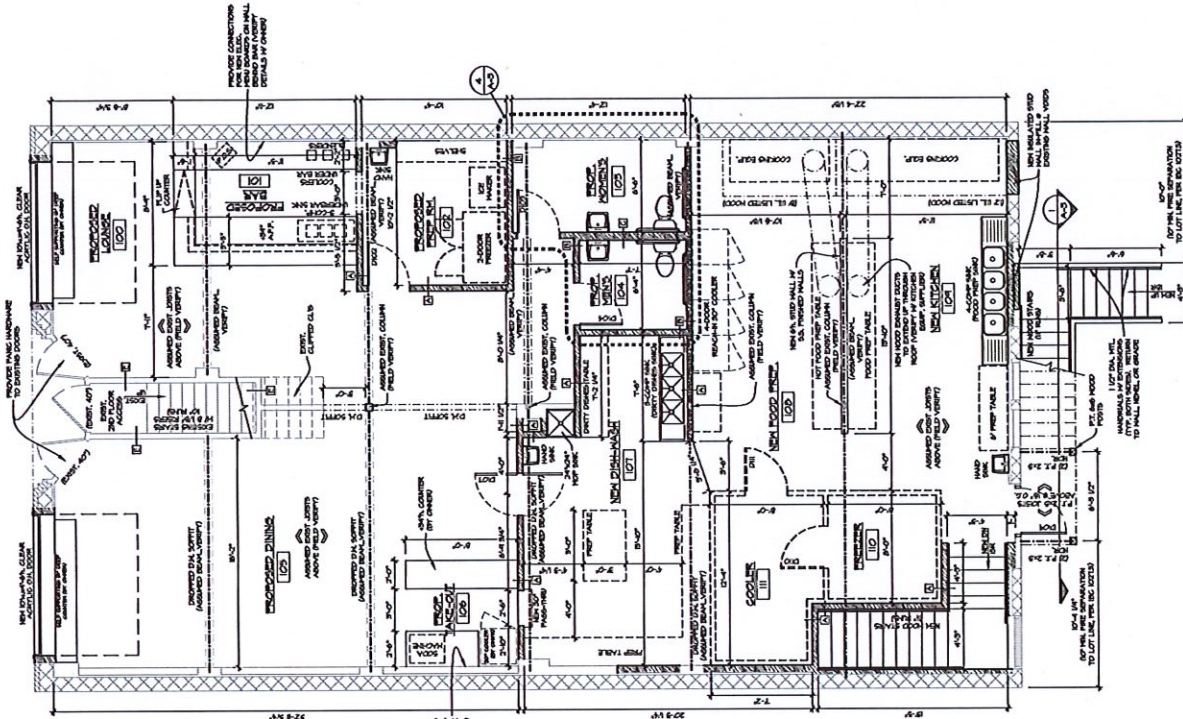
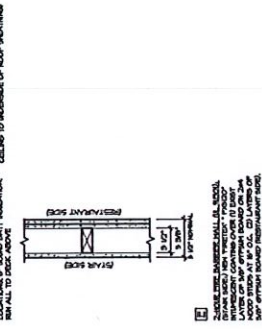
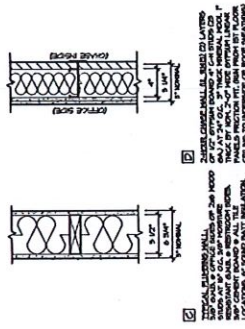
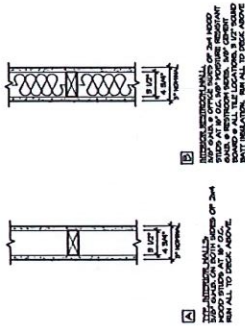
DATE:	11/27/17
BY:	PHILIP J. PHILIP
CHECKED BY:	PHILIP J. PHILIP
SCALE:	AS SHOWN
PROJECT:	UPPA YARD REMODEL
SHEET:	PROPOSED BASEMENT & FIRST FLOOR PLANS

A-1

DATE: MAY 27TH 2018
 PROJECT NUMBER: 18-0278

WALL KEY:

(Symbol)	EXIST. WALL TO REMAIN
(Symbol)	EXIST. WALL TO BE REMOVED
(Symbol)	NEW STUD WALL



PROPOSED FOUNDATION PLAN
 1/4" = 1'-0"

PROPOSED FIRST FLOOR PLAN
 1/4" = 1'-0"



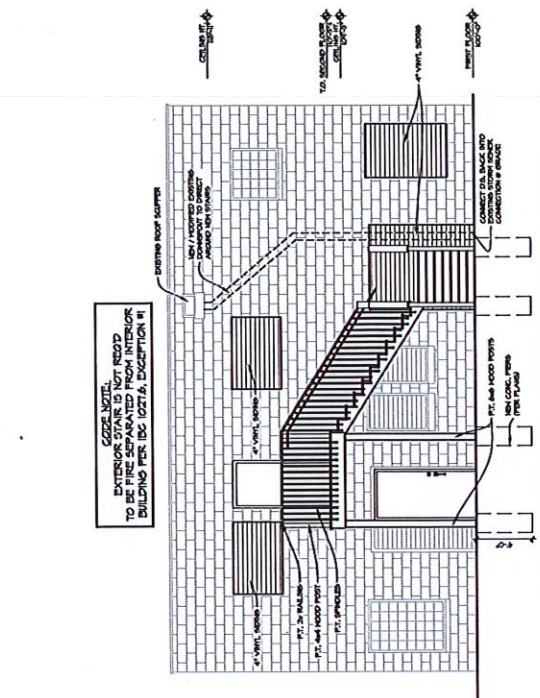
REVISIONS:

1/27/18: PRELIM #1
7/27/18: PRELIM #2
11/27/18: PRELIM #3
11/27/18: CIP 1 ISSUED

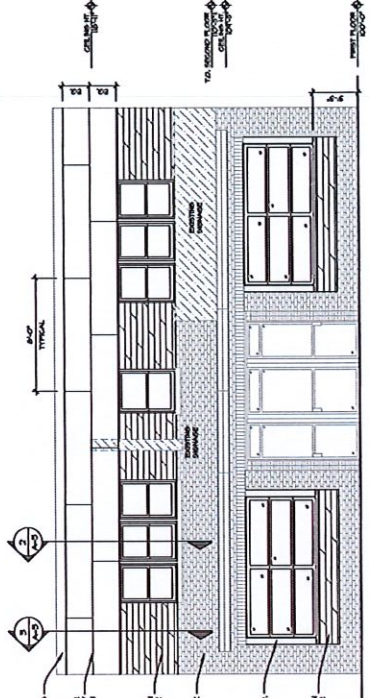
A-2

WALL KEY:

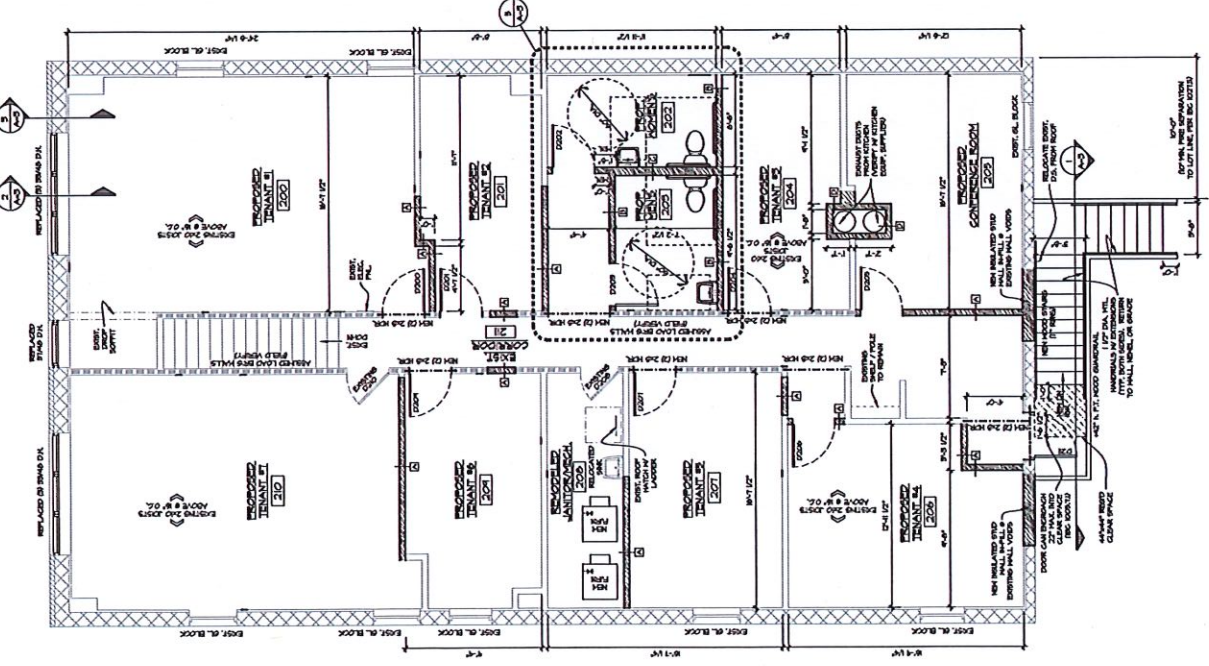
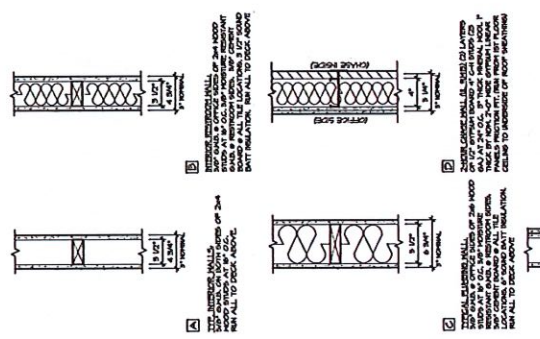
(Symbol)	EXIST'G WALL TO REMAIN
(Symbol)	EXIST'G WALL TO BE REMOVED
(Symbol)	NEW STUD WALL



PROPOSED SOUTH ELEVATION
 1/4" = 1'-0"



PROPOSED NORTH ELEVATION
 1/4" = 1'-0"



PROPOSED SECOND FLOOR PLAN
 1/4" = 1'-0"



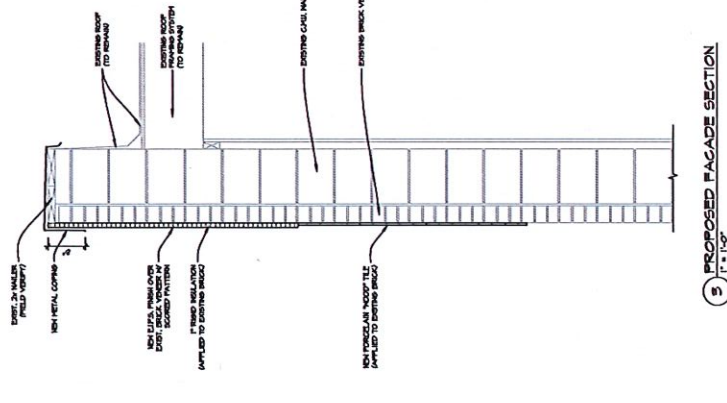
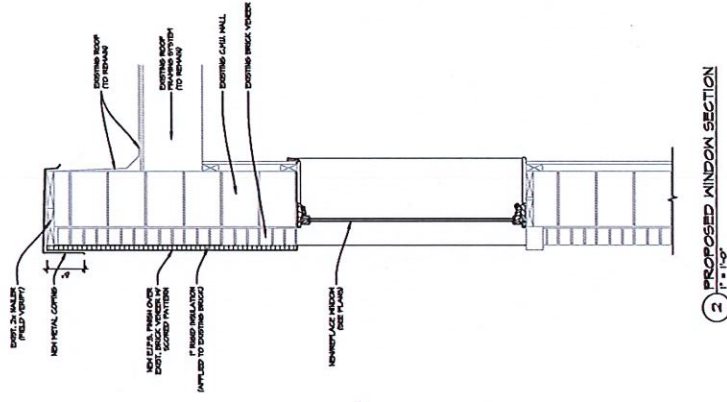
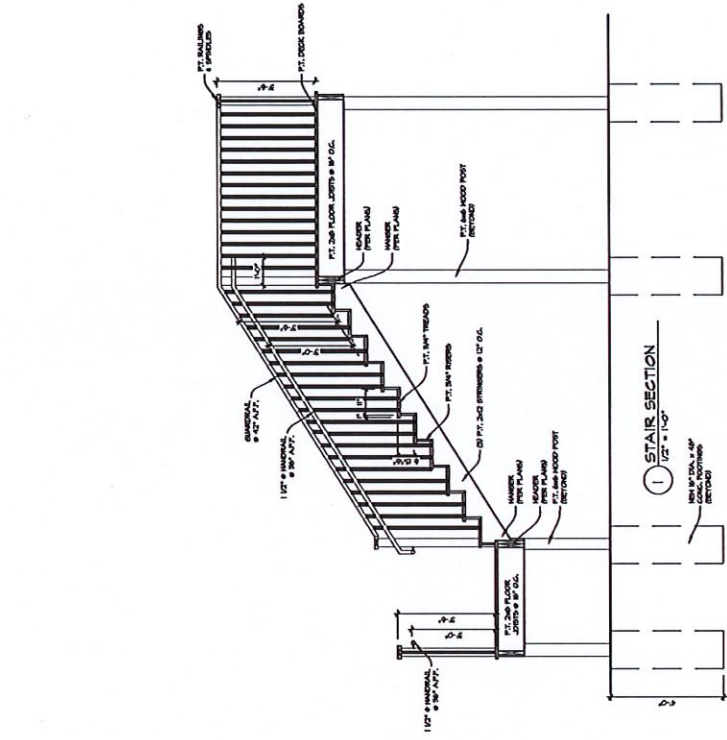
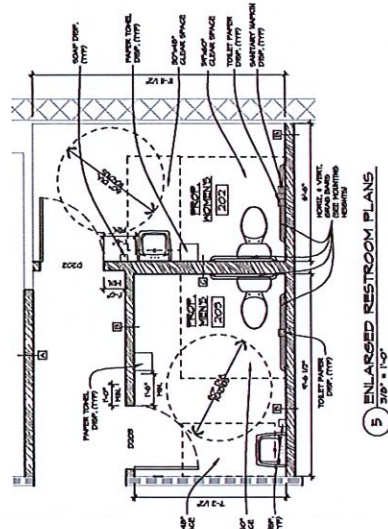
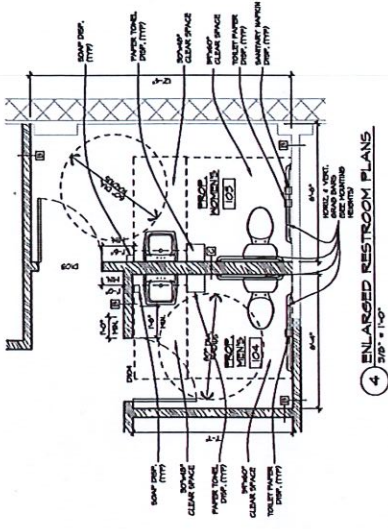
REVISIONS:
5/27/18: PRELIM #1
7/31/18: PRELIM #2
11/27/18: CP 5, ISSUED

UPPA YARD REMODEL

SECTIONS & DETAILS
 SHEET TITLE:
 433 - 4377 W FOM DR LDC AVE
 WILMINGTON, DE

A-3

DATE: MAY 20TH 2018
 PROJECT NUMBER: 18-275





Statement of Plan Submittal Status

809 N. Broadway / Milwaukee, WI 53202-3617 / 414-286-8210

03/22/2019

Hyacinth Nembhardt

Owner

Concoctions

(262) 725-1525

www.concoctionsmke.com

Nathan Remitz

Patera LLC.

(262) 786-6776

Nathan@paterallc.com

Regarding: 4943 W. Fond Du Lac Ave., Milwaukee WI 43216 - Uppa Yard Remodel: currently on HOLD for additional items required.

Project ID: COM-ALT-18-01021

Description 5,600 s.f., 2 stories. Level 3 Interior Alteration and Addition of Egress Stair. Type VB of work: construction, unsprinklered. A-2 Occupancy: Restaurant and Tavern.

A review of the plan submittal status for the subject premises.

1. 12/10/2018: Partial plan submission provided by Architect Nathan Remitz to the City of Milwaukee Development Center. Permit Tech. Kim Kellbach sent an email correspondence to Mr. Remitz requesting property surveys showing the stair addition, accessibility disproportionality worksheets and the Plan Review fee of \$675.64. Explanation was provided to Mr. Remitz that the plans would not be assigned for review until a full submittal had been made.
2. 03/06/2019: A note is added to the Project Record that the Plan Review Fee had not been paid and that we have still not yet received the required property surveys. The project remained unassigned for review.
3. 03/07/2019: The Plan Review fee was paid online. The required surveys have not been provided. The project remained unassigned for review.
4. 03/22/2019: The required surveys have not been provided. The project remains unassigned for review.

A plan review cannot be conducted until all portions of the required submittal are provided. The plan review will ensure that the proposed design will meet the applicable requirements of the zoning code as well as building code. A permit cannot be issued until a plan review has been completed. No permit fees have been invoiced as a permit has not been approved.

It is difficult to estimate when a permit will be issued. Once we receive the full plan submittal, the plans will be assigned to a plan examiner for review. This is a particularly busy time of the year for our plan exam staff so we are currently estimating 21 business days for review. Bearing the design is code compliant and we do not require re-submittal, we could foreseeably issue permit at that time.

Thank You,

Mary Wilkinson-Church

Permit and Development Center Manager: Dept. of Neighborhood Services



Aaron DeKosky <adekosky@padwaylaw.net>

Re: Uppa Yard

1 message

Aaron DeKosky <adekosky@padwaylaw.net>
To: "Cooney, Jim" <Jim.Cooney@milwaukee.gov>
Cc: "oce312@gmail.com" <oce312@gmail.com>

Mon, Nov 15, 2021 at 1:38 PM

Hi Jim,

I attached the original applications for Uppa that include both the 4943 and 4947 addresses on the single application. Every reference in the applications is for Uppa to operate both 4943 and 4947. The application notes that construction is a gut and remodel that will combine the spaces. I also attached the revised architect plans that were submitted to the city and approved before construction started.

I'll call to follow-up so we can discuss the implications of the documents and find out solutions so I can ensure that Uppa does everything it needs to do in order to operate lawfully.

Thanks

On Mon, Nov 15, 2021 at 12:45 PM Aaron DeKosky <adekosky@padwaylaw.net> wrote:

Hi Jim,

My understanding is that the full premises were licensed and that the bar was moved from the middle of the premises to the side because there was not enough room for the order counter with the bar in the middle. My understanding is that the city was aware of the changes in plans and that the relocation of the bar did not have any effect on the licensing of the premises. My understanding is that Hyacinth filed the application with the pink highlights in an attempt to 'legally separate' the premises even though there is no wall/divider, but that the application to separate was withdrawn and did not take effect.

If it becomes necessary to file an emergency application we will do so, but it will be very difficult to close off the 4943 side of the restaurant because the 4947 side is very narrow, the bathrooms are located on the 4943 side, and the space is an open area where a divider will need to be erected. Uppa agreed to withhold serving alcohol pending the City's investigation into the alcohol issue. I received a letter from Hyacinth copied to her attorney (Attorney Samantha Huddleston) and other city officials concerning her liquor license that is attached. I'm following up with my client to gather more facts and confirm how to proceed and will provide a response shortly.

Thanks,
Aaron

On Mon, Nov 15, 2021 at 11:39 AM Cooney, Jim <Jim.Cooney@milwaukee.gov> wrote:

Good morning,

I'm following up to see if you will be filing a permanent extension or closing off the 4943 side of the building.

Thanks,

Jim Cooney
License Division Manager

City Clerk-License Division

200 E Wells St #105

414-286-2238

www.milwaukee.gov/license



From: Cooney, Jim
Sent: Friday, November 12, 2021 12:20 PM
To: Aaron DeKosky <adekosky@padwaylaw.net>
Cc: oce312@gmail.com
Subject: RE: Uppa Yard

Good afternoon,

I apologize that the Public Works Committee went much longer than intended.

I was looking at the photos in Mr. Bean's objection and at the approved floor plan and it appears that Uppa Yard is operating outside of the licensed premises. The photos on page 8 and 10 of Mr. Bean's objection show that the business is operating in the space to the left of the staircase and that the dividing wall shown on the floor plan is not present. The left most area was excluded when the floor plan was revised January 10, 2020.

Uppa Yard may apply for a permanent extension to add the space. The unlicensed space needs to be separated and may not be used until that extension is approved.

Jim Cooney

License Division Manager

City Clerk-License Division

200 E Wells St #105

414-286-2365

www.milwaukee.gov/license



From: Aaron DeKosky <adekosky@padwaylaw.net>
Sent: Wednesday, November 10, 2021 10:39 AM
To: Cooney, Jim <Jim.Cooney@milwaukee.gov>
Subject: Re: Uppa Yard

I have meetings this afternoon. I can do Friday anytime between 10 and 3 if that works for you.

On Wed, Nov 10, 2021 at 10:39 AM Cooney, Jim <Jim.Cooney@milwaukee.gov> wrote:

I need to cancel this morning. Do you have any availability this afternoon?

Get [Outlook for iOS](#)

From: Cooney, Jim <Jim.Cooney@milwaukee.gov>
Sent: Wednesday, November 10, 2021 10:21:46 AM
To: adekosky@padwaylaw.net <adekosky@padwaylaw.net>
Subject: Uppa Yard

I'm running late

Get [Outlook for iOS](#)

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Aaron DeKosky

Padway & Padway, Ltd.
5150 N. Port Washington Rd.
Suite 151
Milwaukee, WI 53217
www.padwaylaw.net

P: 414.277.9800
F: 414.277.0189
adekosky@padwaylaw.net

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Suite 151
Milwaukee, WI 53217
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2 attachments

 **application-.pdf**
8030K

 **bar layout 1_21_20.pdf**
447K

Original Alcohol Beverage Retail License Application

Submit to municipal clerk.

For the license period beginning _____ 20 _____ ;
ending _____ 20 _____

TO THE GOVERNING BODY of the: Town of } Milwaukee
 Village of }
 City of }

County of Milwaukee Aldermanic Dist. No. 7 (if required by ordinance)

1. The named Individual Partnership Limited Liability Company
 Corporation / Nonprofit Organization

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

2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): U.P.P.A. VAPOR LLC.

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

Title	Name (Last, First, M.I.)	Home Address	Post Office & Zip Code
President/Member	<u>owner</u>	<u>Edwards, Oliver C.</u>	<u>5148 N. Lyndell Ave Whitefish Bay WI 53217</u>
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<u>HYACINTH E. Nambhardat</u>	<u>4054 N. 92nd Street</u>	<u>WAUKESHA, WI 53222</u>
Directors/Managers			

3. Trade Name U.P.P.A. VAPOR Business Phone Number 414-517-2446
4. Address of Premises 4943 4947 W. Fond Du Lac Ave Post Office & Zip Code 53216

5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? Yes No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? Yes No
8. (a) Corporate/limited liability company applicants only: Insert state Wisconsin and date 07/23/13 of registration.
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? Yes No
(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? Yes No

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

9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) FIRST FLOOR
10. Legal description (omit if street address is given above): _____
11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No
(b) If yes, under what name was license issued? _____
12. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277]. Yes No
13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]. Yes No
14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants, or one member of a partnership applicant must sign; one corporate officer, one member/manager of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

[Signature]
(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>9/23/14</u>	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

BTAUN 299 344
FREST 299 348

PEP 299 347



BUSINESS LICENSE APPLICATION

SEE INFORMATION SHEET FOR THE TYPE OF LICENSE FOR WHICH YOU ARE APPLYING FOR ADDITIONAL FORMS REQUIRED

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

ccl-busapp 12/14/17

BUSINESS CONTACT INFORMATION

Section 1

Sole Proprietor Corporation LLC Partnership Nonprofit Organization

Legal Entity Name (sole proprietor, partnership, LLC or Corporation): **UPPA YARD LLC.**

Business/Trade Name: **UPPA YARD**

Phone: **414-807-2446**

E-mail: **ocp312@gmail.com**

Premises Address (include city, state, zip code): **4943 and 4947 W. Fond Du Lac Ave**

Mailing Address: Same as premises address Same as home address in Section 2
 Other (include city, state, zip code):

AGENT / SOLE PROPRIETOR / 1ST PARTNER INFORMATION

Section 2

FULL LEGAL NAME (Last, First & Middle Initial): **Nemhard, Hyacinth E.** Date of Birth: **12-9-80**

Home Address (include city, state, and zip code): **4054 N. 93rd Street Wauwatosa, WI 53222**

Driver's License Number/State ID #: **MS16-3258-0949-03** State: **WI**

Home Phone: **414-517-7089** Cell Phone:

Percent % of Ownership Interest (Corp/LLC only): **0%** Email: **CONCOCTDRUMKE@gmail.com**

LIST ALL PERSONS WITH 20% OR MORE OWNERSHIP INTEREST / ADDITIONAL PARTNER(S)

Section 3

FULL LEGAL NAME (Last, First & Middle Initial): **Edwards, Oliver C.** Date of Birth: **3-28-73**

Home Address (include city, state, and zip code): **5148 N. Lydell Ave Whitefish Bay, WI 53217**

Driver's License Number/State ID #: **5363-6437-3108-05** State: **WI**

Home Phone: **414-807-2446** Cell Phone: **414-807-2446**

Percent % of Ownership Interest: **100%** Email:

FULL LEGAL NAME (Last, First & Middle Initial): Date of Birth:

Home Address (include city, state, and zip code):

Driver's License Number/State ID #: State: _____

Home Phone: Cell Phone

Percent % of Ownership Interest: Email:

Check if there are additional partners or persons with 20% or more ownership interest. Complete additional sheets as necessary.

OCCUPANCY PERMIT STATUS AND SIGNATURE(S)

Section 4

CHECK ONE: An occupancy permit has been obtained has been applied for will be obtained before operating
 is not needed (will obtain home occupation statement) is not needed-reason: _____

I/we understand that I am/we are required to inform the City Clerk within 10 days of 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.

The undersigned understands that the filing of an application does not entitle applicants to permits, and that granting of permits is in the sole discretion of the Common Council. I/we state that this application for a license is not made for and behalf of any other person and that the applicant is not acting as an agent for, or in the employ of another. I/we certify that I am/we are the applicant and all statements are true and correct.

[Signature]

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: **(EN)** Filed: **9/24/19** Applications: **BEAUN 299346 PEP 299347**
 NL or NA: Last Lic New or Renewal Granted w/ No Issues or DBA _____ Exp Date _____
Paid: _____ MPD _____ Granted _____ License # _____ Note Other Lics

PEP 299348

SCHEDULE FOR APPOINTMENT OF AGENT BY CORPORATION/NONPROFIT ORGANIZATION OR LIMITED LIABILITY COMPANY

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by the officer(s) of the corporation/organization or members/managers of a limited liability company and the recommendation made by the proper local official.

To the governing body of: Town Village of Milwaukee County of Milwaukee
 City

The undersigned duly authorized officer(s)/members/managers of UPPA YARD LLC.
(registered name of corporation/organization or limited liability company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as UPPA YARD
(trade name)

located at 4943 and 4947 W. Find Du Lac Ave Milw, WI 53216

appoints Hyacinth Nembhard
(name of appointed agent)
4054 N. 93rd Street Wauwatosa, WI 53222
(home address of appointed agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

Yes No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course? Yes No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 30 years

Place of residence last year 4054 N. 93rd Street Wauwatosa, WI 53222

For: UPPA YARD LLC.
(name of corporation/organization/limited liability company)

By: Hyacinth Nembhard
(signature of Officer/Member/Manager)

And: Don E...
(signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

I, Hyacinth Nembhard, hereby accept this appointment as agent for the
(print/type agent's name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

Hyacinth Nembhard 9-23-19 Agent's age 38
(signature of agent) (date)
4054 N. 93rd Street Wauwatosa, WI 53222 Date of birth 12-9-80
(home address of agent)

**APPROVAL OF AGENT BY MUNICIPAL AUTHORITY
(Clerk cannot sign on behalf of Municipal Official)**

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on _____ by _____ Title _____
(date) (signature of proper local official) (town chair, village president, police chief)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Nembhardt		Hyacinth		E	
Home Address (street/route)	Post Office	City	State	Zip Code	
4054 N. 93rd Street	53222	WAUWATOSA	WI	53222	
Home Phone Number	Age	Date of Birth	Place of Birth		
414-517-7089	38	12-9-80	New York		

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

- Applying for an alcohol beverage license as an Individual.
- A member of a partnership which is making application for an alcohol beverage license.
- Hyacinth Nembhardt of UPPA YARD LLC.
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
 which is making application for an alcohol beverage license.

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

1. (a) How long have you continuously resided in Wisconsin prior to this date? 30
- (b) Have you resided in the City of Milwaukee continuously for one year immediately prior to this date? Yes No
2. (a) Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, or laws of any other states? Yes No
- (b) Have you ever been convicted of any violations of any county or municipal ordinances? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. _____
(Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 (If yes, identify.) _____
(Name of Wholesale Licensee or Permittee) (Address by City and County)

READ CAREFULLY BEFORE SIGNING: I, The undersigned, shall not willfully refuse to provide those services offered under this license, or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry; I shall not seek information as a condition of employment, or penalize any employe or discriminate in the selection of personnel for training or promotion solely on the basis of such information. I also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named on the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Hyacinth Nembhardt
(Signature of Named Individual)



ADDENDUM TO ORIGINAL ALCOHOL BEVERAGE ESTABLISHMENT LICENSE APPLICATION

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

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

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

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

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

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

For course enrollment information, contact MATC at (414) 297-8370 or for similar approved courses see "Training" on the Wisconsin Department of Revenue's website at www.dor.state.wi.us.

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

Hyacinth Nembarat

Print Name of Individual/Partner/Agent

Hyacinth Nembarat

Signature of Individual/Partner/Agent

Office Use Only

Initials _____ Date Filed _____ Application # _____

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name) Edwards		(first name) Oliver		(middle name) C.	
Home Address (street/route) 5148 N Lydell Ave		Post Office	City Whitefish Bay WI	State WI	Zip Code 53217
Home Phone Number 414-807-2446		Age 46	Date of Birth 03/28/1973	Place of Birth JAMAICA	

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

- Applying for an alcohol beverage license as an individual.
- A member of a partnership which is making application for an alcohol beverage license.

Member of ULPPA YARD LLC
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

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

1. (a) How long have you continuously resided in Wisconsin prior to this date? 38 years
- (b) Have you resided in the City of Milwaukee continuously for one year immediately prior to this date? Yes No
2. (a) Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, or laws of any other states? Yes No
- (b) Have you ever been convicted of any violations of any county or municipal ordinances? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. _____
(Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 (If yes, identify.) _____
(Name of Wholesale Licensee or Permittee) (Address by City and County)

READ CAREFULLY BEFORE SIGNING: I, The undersigned, shall not willfully refuse to provide those services offered under this license, or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry; I shall not seek information as a condition of employment, or penalize any employe or discriminate in the selection of personnel for training or promotion solely on the basis of such information. I also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named on the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Oliver Edwards
(Signature of Named Individual)



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:

Jamaican Restaurant: Sit down and take out

Do you have any experience operating this type of business? No Yes If yes, explain: *operating for 5+ years*

2. Business Operations

- a. Proposed Opening Date: *12-1-19*
- b. Is this premise under construction? No Yes If yes, list estimated completion date: *11-25-19*
- 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: *CONCOCTIONS LLC TO OPERATE BAR*
- 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: *CONCOCTIONS LLC.*

3. Litter & Noise

- a. How are grounds kept clean? Sweep Pressure Wash Pick Up Litter Other: _____
- b. How often will grounds be cleaned? Daily Weekly As Needed Monthly Other: _____
- c. Grounds cleaned by: Licensee Building Owner Employees Hired Maintenance Other: _____
- d. How are noise issues prevented and/or addressed? Security Manager approaches customer(s) Call Police
 Signs Posted Other: _____
- e. Will a sound amplification system be used? No Yes If yes, describe: _____

4. Smoking & Sanitation

- a. Are there designated outdoor smoking areas? No Yes If yes, describe: _____
- b. Number of Garbage Cans: Inside: *6* Locations: *see floor plan*
Outside: *1* Locations: *by entrance / dumpster in the back*
- 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? 6 and describe the parking security plan: lighting and security cameras
- 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? _____ and list locations: _____
- 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>80</u> %	Secondhand Merchandise _____ %	Precious Metals & Gems _____ %
Entertainment _____ %	Cigarettes _____ %	Personal Services (such as tattoo, body piercing, salon, tailor, tanning, etc.) _____ %	Other _____ % Describe: _____
Pawnbroker Activity _____ %	Salvaged Materials _____ % (such as scrap metal)		

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

Type 1

- Full Service Restaurant Cafe/Coffee Shop Deli or Fast Food Restaurant Private/Fraternal/Veterans Club
- Night Club Tavern Cocktail Lounge Teen Club
- Banquet Hall Sports Facility Bowling Alley
- Hotel/Motel: Number of Floors: _____ Number of Rooms: _____
 Rooming House: Number of Floors: _____ Number of Rooms: _____

Type 2

- Liquor Store Corner Store Supermarket Convenience Store
- Gas Station Amusement/Phonograph Distributor Recycling, Salvage or Towing
- Used Car Dealer Personal Service Establishment
(such as tattoo business, hair salon, tailor, etc.) Recording Studio

What other licenses/permits will you hold at this location? (check all that apply)

- Occupancy Permit Cigarette & Tobacco Gas Station Extended Hours Class "B" Tavern Weights & Measures
- Secondhand Dealer Precious Metal & Gem Other: _____

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

Capacity _____ (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 AVE + CAPITAL DRIVE

d. Describe Building: Free Standing Building Strip Mall Other: _____

e. Describe Premises Structure: Single Story Multi-Story - # of Stories 3 Other: _____

f. Describe Surrounding Area: Commercial Residential Industrial Other: _____

g. Building Owner Name: UPPA YARA LLC / Oliver Edwards Phone Number: 414-807-2446

Business Owner Address: 4943 W. FOND DU LAC AVE.

10. Hours of Operation & Customers

Will customers be entering the premises? No Yes

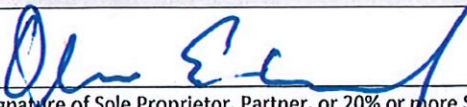
Day of the Week	Proposed Hours of Operation:		Estimated Number of Customers expected each day	Potential Age Range of Customers	Class B Tavern Applicant Only: Age Restriction (If none, write 'None')
	Open Time (include a.m. or p.m.)	Close Time (Include a.m. or p.m.)			
Sunday	11 AM	10 PM	250	15-65	none
Monday	11 AM	10 PM	250	15-65	none
Tuesday	11 AM	10 PM	250	15-65	none
Wednesday	11 AM	10 PM	250	15-65	none
Thursday	11 AM	10 PM	250	15-65	none
Friday	11 AM	10 PM	250	15-65	none
Saturday	11 AM	10 PM	250	15-65	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 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)


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>UPPA YARD LLC</u>
Premise Address:	<u>4943 4947 W. Fond Du Lac Ave</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 checked="" type="checkbox"/> No <input 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 type="checkbox"/> No <input checked="" 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>UPPA YARD LLC</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>0</u>
e) Total amount paid for goodwill of the business	\$ <u>N/A</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 checked="" type="checkbox"/> No <input 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



FOOD DEALER LICENSE PLAN OF OPERATION

ccl-foodplan 2/28/19

OFFICE OF THE CITY CLERK, LICENSE DIVISION
CITY HALL, 200 E. WELLS ST, ROOM 105, MILWAUKEE, WI 53202
(414) 286-2238 • license@milwaukee.gov • www.milwaukee.gov/license

Legal Entity Name:	UPPA YARD LLC
Premises Address:	4943 4947 W. FOND DU LAC AVE
SECTION 1 TYPE OF BUSINESS	
What will be the majority of your food sales? (check one)	
<input checked="" type="checkbox"/> 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.	
<input type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.	
<input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Micro Market	
All Applicants: Submit a menu or a list of food items that will be sold.	
Will any wholesale business be done? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, what percentage of food sales will be wholesale?	
<input type="checkbox"/> Less than 25%	
<input type="checkbox"/> 25% or More AND: <input type="checkbox"/> Restaurant Items (meals) will be sold – Complete this application and also contact DATCP. <input type="checkbox"/> 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? <input type="checkbox"/> No <input checked="" type="checkbox"/> 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? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (includes dairy products such as milk, cheese, and ice cream, fish, shellfish, meat, poultry)	
If yes, list the types of food items: <u>meat, produce, fish</u>	

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: gut and remodel

Start date: 5-1-19

Name, Address & Phone Number of Architect: Patera
2601 S. Sunny Slope Rd. New Berlin

Name, Address & Phone Number of Contractor: JCP Construction
1899 W. MLK Drive. Milwaukee

SECTION 7 ALCOHOL BEVERAGES

Are you applying for an alcohol beverage license?

No If No, SKIP to Section 9

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:

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

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.

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.

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.

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: [Signature]

Signature of Additional Partner: _____



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 e-mail address: license@milwaukee.gov

PREMISES ADDRESS: <u>4943 4947 W. Fond Du Lac Ave</u>			
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 How many? _____
<input checked="" type="checkbox"/> Bands	<input type="checkbox"/> Comedy Acts	<input type="checkbox"/> Adult Entertainment/ Strippers/Erotic Dance	<input type="checkbox"/> Concerts Approx. # per year? _____
<input type="checkbox"/> Bowling Alley How many? _____	<input type="checkbox"/> Disc Jockey	<input type="checkbox"/> Wrestling	<input type="checkbox"/> Theatrical Performances Approx. # per year? _____
<input type="checkbox"/> Pool Tables How many? _____	<input type="checkbox"/> Magic Shows	<input type="checkbox"/> Patron Contests	<input type="checkbox"/> Jukebox
<input type="checkbox"/> Motion Pictures (movies by admission) - How many? _____	<input checked="" type="checkbox"/> Poetry Readings	<input type="checkbox"/> Patrons Dancing	<input type="checkbox"/> Karaoke
<input type="checkbox"/> Other: _____			
<i>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.</i>			
PROMOTERS/SOUND AMPLIFICATION			
Will promoters ever be used for any of the entertainment? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Describe: _____			
At any time will sound amplification be used? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If Yes, Describe: _____			
LEGAL CAPACITY OF PREMISES			
<u>50</u> (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.			
 _____ 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)

9-23-19 UPPA YARD

N ↑

UPPA YARD LLC / Agent, Hyacinth Nembhard

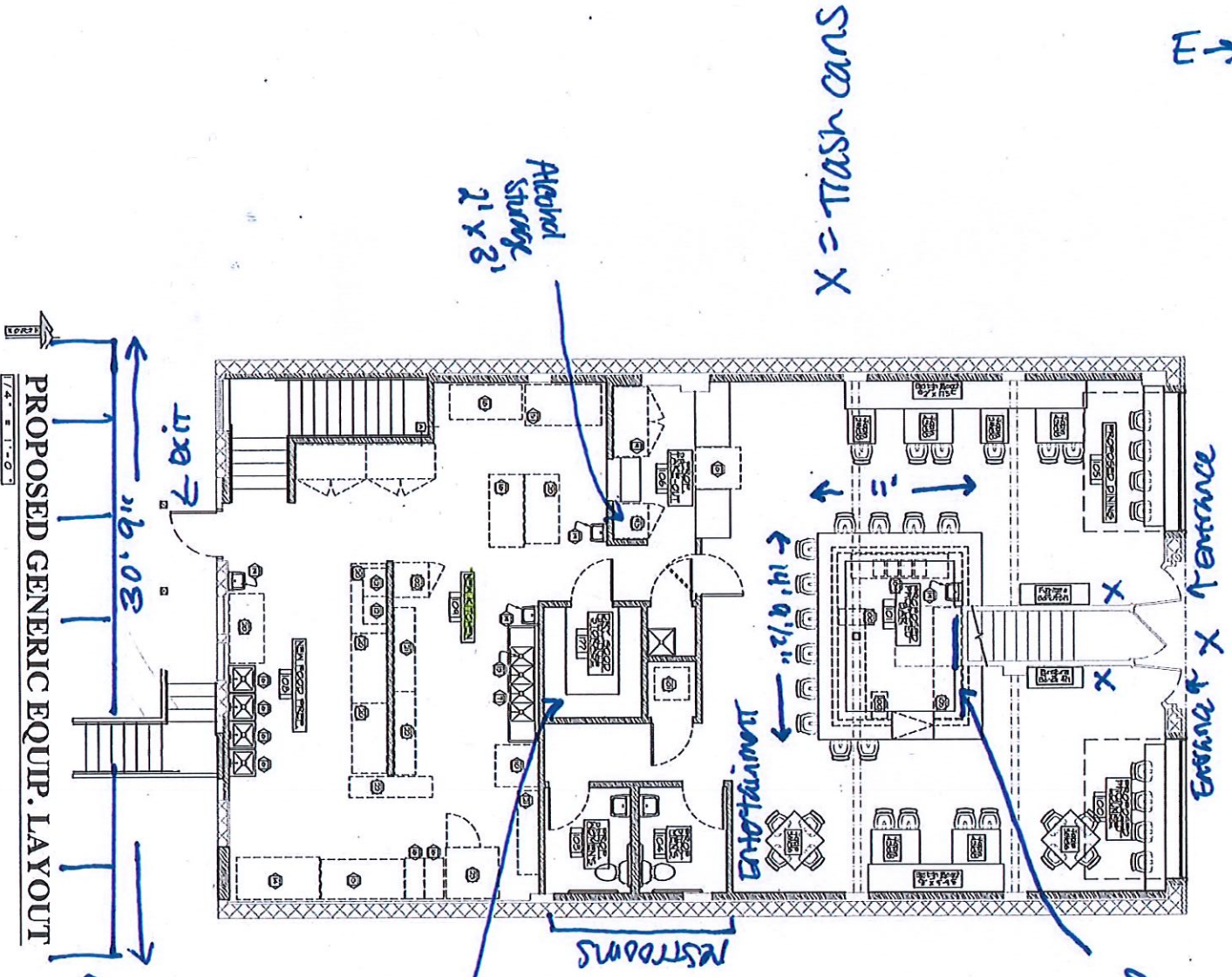
4943 4947 W Fond Du Lac Ave

Total Sq. Ft = 2,600

Milwaukee, WI 53216

3 ↓

E →



PROPOSED GENERIC EQUIP. LAYOUT

7'4" x 11'-0"

21'0" →

21'6.05" →

←

Equipment removed

Alcohol Storage 7'11" x 7'1"

Alcohol dispensing 4'6"

NO.	DESCRIPTION	QTY	UNIT	REMARKS
01	BAR	1	LINEAR	
02	BAR SEATING	1	LINEAR	
03	BAR BACK	1	LINEAR	
04	BAR STOVE	1	LINEAR	
05	BAR SINK	1	LINEAR	
06	BAR REFRIG	1	LINEAR	
07	BAR WASH	1	LINEAR	
08	BAR DRAIN	1	LINEAR	
09	BAR LIGHTING	1	LINEAR	
10	BAR SIGNAGE	1	LINEAR	
11	BAR DECOR	1	LINEAR	
12	BAR ACCESSORIES	1	LINEAR	
13	BAR FIXTURES	1	LINEAR	
14	BAR PARTS	1	LINEAR	
15	BAR SUPPLIES	1	LINEAR	
16	BAR TOOLS	1	LINEAR	
17	BAR UTENSILS	1	LINEAR	
18	BAR CLEANING	1	LINEAR	
19	BAR MAINTENANCE	1	LINEAR	
20	BAR REPAIRS	1	LINEAR	
21	BAR REPLACEMENTS	1	LINEAR	
22	BAR UPGRADES	1	LINEAR	
23	BAR MODIFICATIONS	1	LINEAR	
24	BAR EXPANSIONS	1	LINEAR	
25	BAR RECONSTRUCTIONS	1	LINEAR	
26	BAR DEMOLITIONS	1	LINEAR	
27	BAR DISMANTLING	1	LINEAR	
28	BAR MOVING	1	LINEAR	
29	BAR STORAGE	1	LINEAR	
30	BAR DELIVERY	1	LINEAR	
31	BAR INSTALLATION	1	LINEAR	
32	BAR TESTING	1	LINEAR	
33	BAR COMMISSIONING	1	LINEAR	
34	BAR OPERATIONAL	1	LINEAR	
35	BAR MAINTENANCE	1	LINEAR	
36	BAR REPAIRS	1	LINEAR	
37	BAR REPLACEMENTS	1	LINEAR	
38	BAR UPGRADES	1	LINEAR	
39	BAR MODIFICATIONS	1	LINEAR	
40	BAR EXPANSIONS	1	LINEAR	
41	BAR RECONSTRUCTIONS	1	LINEAR	
42	BAR DEMOLITIONS	1	LINEAR	
43	BAR DISMANTLING	1	LINEAR	
44	BAR MOVING	1	LINEAR	
45	BAR STORAGE	1	LINEAR	
46	BAR DELIVERY	1	LINEAR	
47	BAR INSTALLATION	1	LINEAR	
48	BAR TESTING	1	LINEAR	
49	BAR COMMISSIONING	1	LINEAR	
50	BAR OPERATIONAL	1	LINEAR	

SV ↓



UPPA YARD

Served Everyday

JERK CHICKEN \$9.99SMALL \$11.99LARGE
 CURRY CHICKEN \$8.99SMALL \$10.99LARGE
 BROWN STEW CHICKEN \$8.99SM \$10.99LG
 CURRY GOAT 11.99SMALL \$13.99LARGE
 OX TAIL \$12.99SMALL \$14.99LARGE

Wings (ASK OR SEE DAILY BOARD)

FRIED CHICKEN WINGS 6 PC \$6.99
 FRIED CHICKEN WINGS 10 PC \$9.99
 FRIED CHICKEN DINNER \$10.99

Specialty

COW FEET \$8.99 (NOT DAILY, SEE BOARD)
 JERK PORK \$12.99 (FRIDAYS ONLY)
 STEW PEAS & RICE \$10.99SM \$12.99LARGE

Fish (ONE HOUR COOK TIME)

ESKOVITCH \$15.99
 STEAM FISH \$15.99
 FRIED FISH \$15.99
 FRIED FISH & FESTIVAL \$15.99

Combos

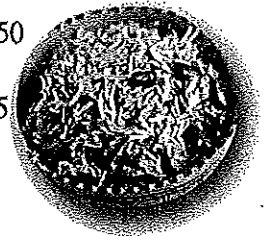
OX TAIL OR GOAT \$16.99
 TWO CHICKEN COMBO \$13.99



Curry Goat
 \$11.99

Sides

BEEF/CHICKEN PATTY \$2.50
 STEAM CABBAGE \$3.50
 GUNGO PEAS & RICE \$3.75
 PLANTAIN \$3.50
 FESTIVALS \$2.50
 SALAD \$4.00
 WHITE RICE \$2.00
 COCOA BREAD \$2.00
 RICE & PEAS \$3.75



Soup (ASK OR SEE DAILY BOARD)

CHICKEN SOUP \$3.50SMALL \$4.50LARGE
 GOAT SOUP \$4.75SMALL \$5.75LARGE
 OX TAIL SOUP \$4.75SMALL \$5.75LARGE
 RED PEA SOUP \$4.75SMALL \$5.75LARGE

Drinks

TROPICAL RHYTHM \$2.50
 JAMAICAN SODA \$2.00
 GINGER BEER \$2.50
 WATER \$1.00
 12oz CAN \$1.00
 TING \$2.65



Ox tail
 \$12.99

RESTAURANT HOURS:
 MONDAY-SATURDAY 11:30AM-9:00PM
 SUNDAYS OPEN AT NOON

Wisconsin Department of Financial Institutions

Strengthening Wisconsin's Financial Future

Search for:

Uppa Yard

Search Records

[Search](#)
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[Name Availability](#)

Corporate Records

Result of lookup for U019856 (at 9/23/2019 11:29 AM)

UPPA YARD LLC

You can: [File an Annual Report](#) - [Request a Certificate of Status](#) - [File a Registered Agent/Office Update Form](#)

Vital Statistics

Entity ID U019856

Registered Effective Date 07/23/2013

Period of Existence PER

Status Restored to Good Standing [Request a Certificate of Status](#)

Status Date 07/10/2018

Entity Type Domestic Limited Liability Company

Annual Report Requirements Limited Liability Companies are required to file an Annual Report under s. 183.0120, WI Statutes.

Addresses

Registered Agent Office OLIVER EDWARDS
4925 W FOND DU LAC AVE
MILWAUKEE , WI 53216-2324

[File a Registered Agent/Office Update Form](#)

Principal Office 4925 W FOND DU LAC AVE
MILWAUKEE , WI 53216-2324

Historical Information

Annual Reports

Year	Reel	Image	Filed By	Stored On
2018	000	0000	online	database
2016	000	0000	online	database

[File an Annual Report](#) - [Order a Document Copy](#)

None

Certificates of
Newly-elected
Officers/Directors

Old Names None

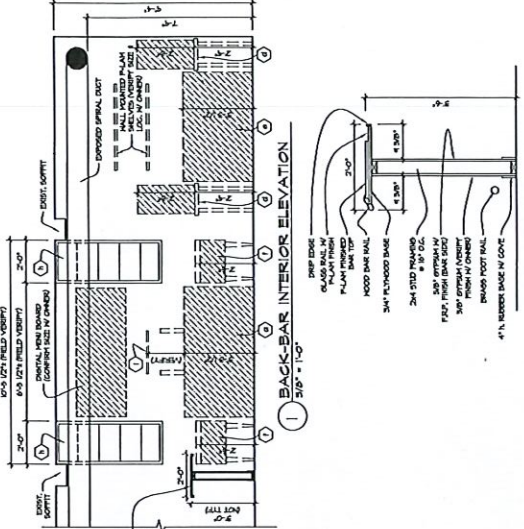
Chronology

Effective Date	Transaction	Filed Date	Description
07/23/2013	Organized	07/23/2013	E-Form
07/01/2015	Delinquent	07/01/2015	
06/08/2017	Restored to Good Standing	06/08/2017	OnlineForm 5
07/01/2018	Delinquent	07/01/2018	
07/10/2018	Change of Registered Agent	07/10/2018	OnlineForm 5
07/10/2018	Restored to Good Standing	07/10/2018	OnlineForm 5

[Order a Document Copy](#)



- REVISIONS:**
- 7/7/18: PRELIM #1
 - 7/7/18: PRELIM #2
 - 7/7/18: PRELIM #3
 - 5/2/18: CD'S ISSUED
 - 4/17/17: UPDATED CD'S
 - 7/27/17: UPDATED CD'S
 - 10/16/15: EXTENSIVE CHANGES
 - 12/15/15: OWNER REVIEW & SET

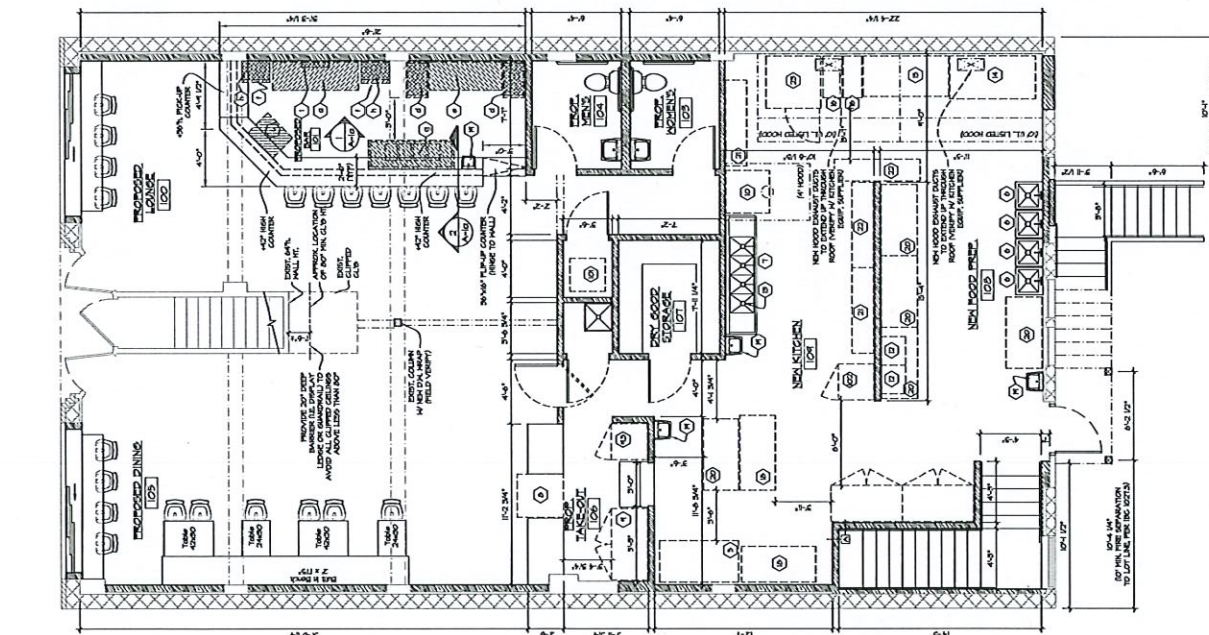


GENERIC EQUIPMENT SCHEDULE / LOCATIONS
 (REFERENCE TOOLBOX EQUIPMENT GUIDE 6/4/14)

MARK	ITEM QTY	EQUIPMENT NAME
1	1	MALE IN COOLER, MODULAR REFRIG
2	1	MALE IN COOLER, MODULAR REFRIG
3	1	MALE IN FREEZER, MODULAR REFRIG
4	1	PIZZA PREPARATION REFRIGERATION
5	4	CHEF COMPARTMENT SINK
6	1	FOUR COMPARTMENT SINK
7	1	DISPLAY CASE, REFRIGERATED DAIRY
8	1	REFRIGERATED MERCHANDISER
9	1	REFRIGERATED MERCHANDISER
10	1	DISHWASHER, INT/PAN/TUBUL, DOOR TYPE
11	2	MESAS/ME OVEN
12	1	DISPOSER
13	1	BANKS LOT 10 OPEN ISLANDS
14	1	CANISTER/GRILL FLOOR MODEL
15	2	GRILL FLOOR MODEL
16	2	SERVING CARTS, HOT FOOD, ELECTRIC
17	4	HAND SINK
18	3	WORK-TABLE, HOT STAINLESS STEEL, TOP
19	1	WIRE SHELVING
20	1	WIRE SHELVING
21	1	COVER OVEN, GAS
22	1	COVER OVEN, GAS
23	1	NOT USED
24	1	ICE CUBES MTR BIN
25	1	REACH-IN FREEZER
26	1	NOT USED
27	1	NOT USED

REFERENCE: EQUIPMENT OFFERINGS BY VENDOR (WOOD SERVICE)

1	1	BEER DISPENSER, 25" X 20" X 20" "MUSTACHE" BY MASTIC AIR
2	1	NOT USED
3	1	NOT USED
4	1	PIZZA STATION ON 24" X 60" COUNTER
5	1	GRINDER STATION, GRINDS IN BUSH STATION ON 18" WIDE X 48" DEEP COUNTER
6	1	REFRIGERATED MERCHANDISER, "MORNING" BY MASTIC AIR IN COUNTER / 72" X 24" DEEP
7	1	REFRIGERATED MERCHANDISER, "MORNING" BY MASTIC AIR IN COUNTER / 72" X 24" DEEP
8	1	REFRIGERATED MERCHANDISER, "MORNING" BY MASTIC AIR IN COUNTER / 72" X 24" DEEP
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PROPOSED GENERIC EQUIP. LAYOUT
 1/4" = 1'-0"