



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 12/10/19

BUSINESS CONTACT INFORMATION

☐ Sole Proprietor ☐ Corporation ☒ LLC ☐ Partnership ☐ Nonprofit Organization

Legal Entity Name (sole proprietor, partnership, LLC or Corporation): Solace Management LLC

Business/Trade Name: Smokin Jack's BBQ

Phone: 262 420 4216

E-mail: Jack@smokinjackbbq.com

Premises Address (include city, state, zip code): 6807 W Brown Deer, Milwaukee WI 53224

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

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

Jack Holt Holt, Jack A

Date of Birth: 11-5-1977

Home Address (include city, state, and zip code): 3839 N 98th Street, Milwaukee WI 53224

Driver's License Number/ ID #: H4304217740500

Issuer: WI

Home Phone: 414 306 5194

Cell Phone: 414 306 5194

Percent % of Ownership Interest (Corp/LLC only): 100

Email: Jack@smokinjackbbq.com

LIST ANY ADDITIONAL PARTNER(S) OR OWNER(S) WITH 20% OR MORE INTEREST

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

Date of Birth:

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

Driver's License Number/ ID #:

Issuer: _____

Home Phone:

Cell Phone:

Percent % of Ownership Interest:

Email:

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

Date of Birth:

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

Driver's License Number/ ID #:

Issuer: _____

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)

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 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:

☐ NL or ☐ NA: Last Lic ☒ New or ☐ Renewal Granted w/ ☐ No Issues or ☐
Paid: _____ MPD _____ Granted _____ Applications: 350749 DBA _____ Exp Date _____
License # _____ ☐ Note Other Lics



BUSINESS LICENSE PLAN OF OPERATION

ccl-busplan 5/12/2020

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

1. Type of Business

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

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

B Smoked Meats Restaurant - Pickup - Cashless

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

2. Business Operations

- a. Proposed Opening Date: 11/5/2027
- 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: CAM-Lessee
- 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: 4 Locations: 2 Kitchen 2 Back (storage) Lobby
Outside: 1 Locations: 1 Dumpster (Back) Trash can (front)
- c. Is a crowd control barrier used? ☒ No ☐ Yes If yes, describe: _____
- d. How many restrooms are on the premises? 0
- e. Name of solid waste contractor: ☒ Advanced Disposal ☐ Waste Management ☐ Other: 1

5. Security

- a. Are there onsite parking spaces? ☐ No ☒ Yes If yes, how many? _____ and describe the parking security plan: Building Owner
- b. Is there a loading zone? ☐ No ☒ Yes If yes, describe the loading area security plan: Daytime orders. Bell for back door. Eventually Video Surveillance.
- 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? 8 and list locations: Lobby, Kitchen, Office, Storage room, Back Door
- e. Will searches/identification checks be done upon entry? ☒ No ☐ Yes If yes, describe _____

6. Percentage of Sales (must total 100%)

Alcohol <u>0</u> %	Food <u>100</u> %	Secondhand Merchandise _____%	Precious Metals & Gems _____%
Entertainment <u>0</u> %	Cigarettes <u>0</u> %		
Pawnbroker Activity _____%	Salvaged Materials _____% (such as scrap metal)	Personal Services (such as tattoo, body piercing, salon, tailor, tanning, etc.) _____%	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: _____
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.)



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:

Solace Management LLC

Premises Address:

6807 W Brown Deer Road, Milwaukee WI 53222

SECTION 1 TYPE OF BUSINESS

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

☒ Restaurant Items (meals):

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

☐ Retail Items (snacks and beverages):

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

Will it be a convenience store? ☐ Yes ☐ No

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

☐ Bed & Breakfast

☐ Micro Market

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

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

☐ Less than 25%

☐ 25% or More AND:

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

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

SECTION 2 FOOD PROCESSING

Will any food processing be done? ☐ No ☒ Yes

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

SECTION 3 FOOD REQUIRING TEMPERATURE CONTROL

Will any food that requires temperature control be sold? ☐ No ☒ Yes

(includes dairy products such as milk, cheese, and ice cream, fish, shellfish, meat, poultry)

If yes, list the types of food items:

Meat, Cheese, Poultry, Milk

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 7☒ 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:

Start date:

Name, Address & Phone Number of Architect: _____

Name, Address & Phone Number of Contractor: Blair Construction**SECTION 7 ALCOHOL BEVERAGES**

Are you applying for an alcohol beverage license?

☒ No If No, SKIP to Section 8☐ Yes If YES, if your food license is approved prior to the alcohol license, when do you want the food license issued?☐ Immediately ☐ At the same time as the alcohol license**SECTION 8 ACKNOWLEDGEMENTS & SIGNATURE**

You must initial each item confirming your understanding:

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

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: Strip mall

c. Nearest Major Cross Street: 68th Brown Deer Road

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: Baseline Phone Number: _____

Building Owner Address: 511 Broadway Denver, CO 80203

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	10:30	6	20	25-60	none
Monday	11	7	20	25-60	none
Tuesday	11	7	20	25-60	none
Wednesday	11	7	20	25-60	none
Thursday	11	7	20	25-60	none
Friday	11	9	30	25-60	none
Saturday	11	9	30	25-60	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)

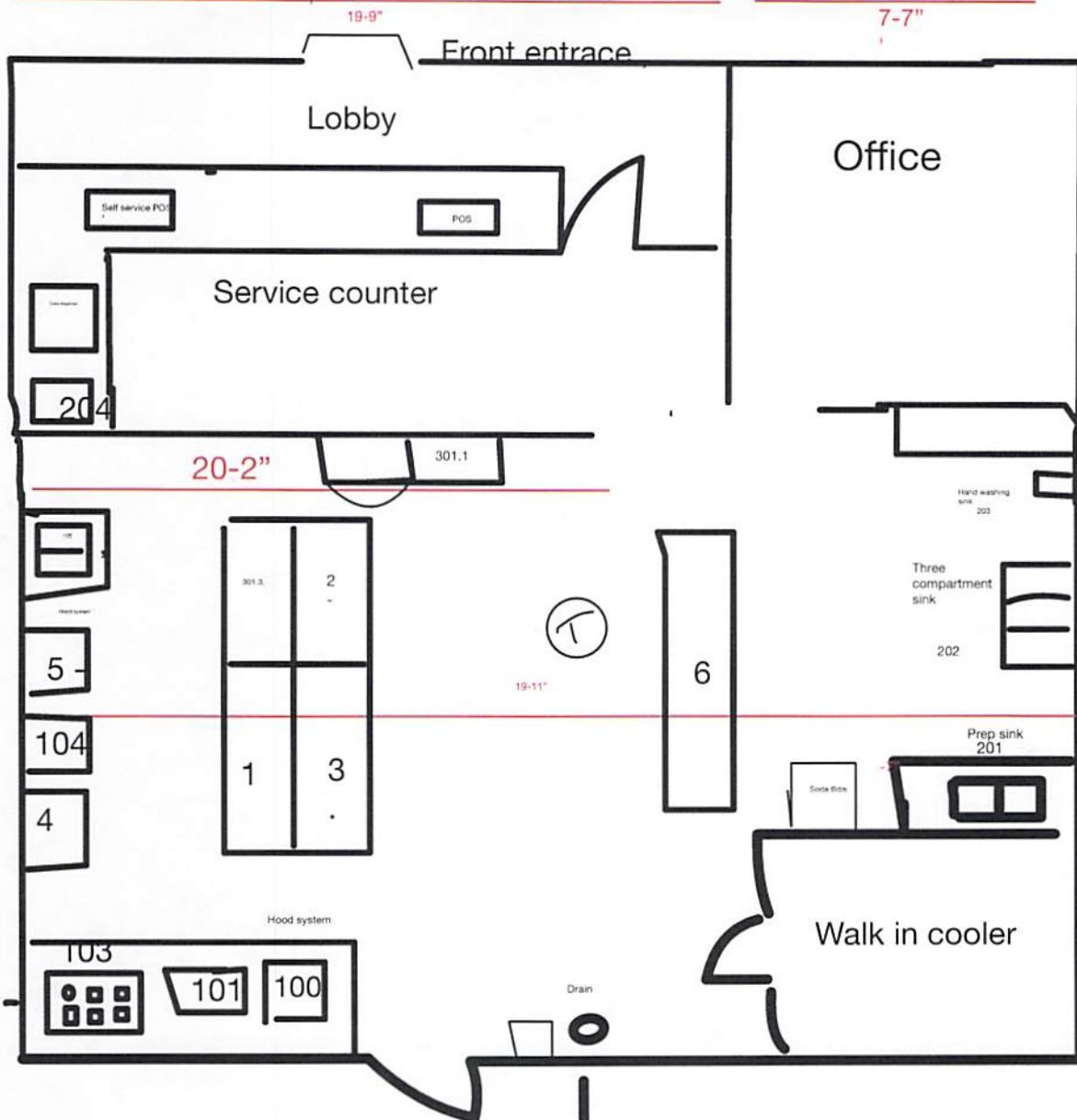
Signature of Sole Proprietor, Partner, or 20% or more Shareholder
(If there are no 20% or more shareholders,
Corporate Officer-print name/title and sign)

Signature of additional partner or 20% or more shareholder

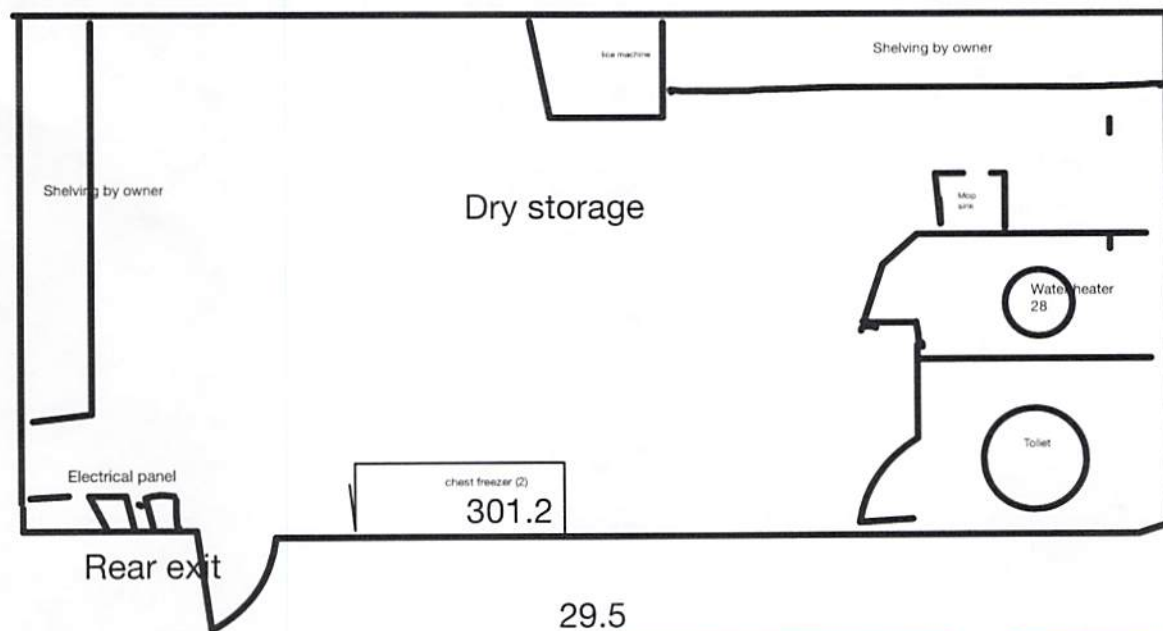
See Application Information for a complete list of all required application forms.

Smokin Jack's BBQ

Brown Deer Road



21"-3"



9/22/20

Solace Mangeme
LLC
Jack Holt

Solace Management LLC
Jack Host

6807 W. Brow Deer Rd
Milwaukee, WI 53224

Equipment List- Smokin' Jack's BBQ

9/21/23

- 101 CTO Smoker (Old Hickory)
- 102 CTO Smoker (Old Hickory)
- 103 Royal 6 Burner Gas Range
- 104 Vulcan Cook/Hold
- 105 Gas fryer (Fries)
- 106 Gas Fryer

- 201- 60" 2 compartment Sink
- 202 - 60" 3 compartment Sink
- 203- Hand washing sink

- 301.1 – 2 Door Commercial Freezer
- 301.2 – Chest freezers
- 301.3- Salad Prep Cooler

- 1 – Prep Table
- 2- Prep Table with Heat Lamp
- 3 – Prep Table
- 4 - Prep Table
- 5 – Prep Table (fry warmer)