



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

Wednesday, February 02, 2022

COMMITTEE MEETING NOTICE

AD 15

COLEMAN, Wanetta M, Agent
WC's Rhythm and Blues LLC
4852 N 26th St
Milwaukee, WI 53209

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

Wednesday, February 16, 2022 at 11:10 AM

Regarding: Your Class B Tavern, Rooming House and Public Entertainment Premises License Applications Requesting Patrons Dancing and One Pool Table as agent for "V [redacted] Rhythm and Blues LLC" for "WC's Rhythm and Blues" at 1201 W Wright St.

This meeting will be held via GoToMeeting. Please see the enclosed best practices document for further instructions. The access code is <https://global.gotomeeting.com/join/541053989>. If you wish to call in, please call **+1 (872) 240-3412** and use Access Code: **541-053-989**

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

Notice for applicants with warrants or unpaid fines:

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

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

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

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

JIM OWCZARSKI, CITY CLERK

BY: _____

Jim Cooney
License Division Manager

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

MILWAUKEE POLICE DEPARTMENT LICENSING

CRIMINAL RECORD/ORDINANCE VIOLATION/INCIDENTS SYNOPSIS

DATE: 11/16/21

LICENSE TYPE: Class B Tavern

NEW:

RENEWAL:

No. 331007

Application Date: 11/12/21

License Location: 1201 W. Wright Street

Business Name: WC's Rhythm and Blues

Licensee/Applicant: COLEMAN, Wanetta M
(Last Name, First Name, MI)

Date of Birth: 05/13/1960

Home Address: 4852 N. 26th Street

City: Milwaukee

State: WI **Zip Code:** 53209

Home Phone: 414-241-2610

This report is written by Police Officer Corstan D. COURT, assigned to the License Investigation Unit, Days.

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

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

14037791	Building Code Violations	\$355.00 due 09/19/17
14038371	Building Code Violations	\$455.00 due 09/19/17
17016125	Building Code Violations	\$280.00 due 11/20/17
18067992	Zoning Violations	\$130.00 due 01/02/19
18069519	Zoning Violations	\$130.00 due 01/14/19
19031109	Zoning Violations	\$259.00 due 11/11/19

MILWAUKEE POLICE DEPARTMENT LICENSING

CRIMINAL RECORD/ORDINANCE VIOLATION/INCIDENTS SYNOPSIS

DATE: 09/04/2020
LICENSE TYPE: Class B Tavern
NEW:
RENEWAL:

No. 313561
Application Date: 09/03/2020

License Location: 1201 W Wright St
Business Name: Uncle Bo's Penthouse

Licensee/Applicant: JACKSON, Connie E
(Last Name, First Name, MI)
Date of Birth: 09/16/1962

Home Address: 3340 S 113th St #4
City: West Allis
Home Phone: **State:** WI **Zip Code:** 53227

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

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

1. On 03/17/2020 at 11:10pm officers conducted a license premise check at Uncle Bo's Penthouse, 1201 W. Wright St. When the officers entered the business they observed several people inside the location. The applicant was the bartender and he was advised the business could only be open for carryout orders by order of the Governor. The applicant was advised to close the bar until the order was lifted. The applicant was cooperative with the officers.

=====
Previous Premise

Date:12/01/2021
Officer: Carloni

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

Name of Premise: WC'S Rhythm and Blues
Address: 1201 W Wright Street
Phone: 414-241-2610

Owner: Wanetta M COLEMAN
Owner address: 4852 N 26th Street
City State Zip: Milwaukee, Wisconsin 53209
Owner Phone: 414-241-2610
Owner email: wanetta51360@live.com

Manager: Wanetta M COLEMAN
Home Address: 4852 N 26th Street
City State Zip: Milwaukee, Wisconsin 53209
Phone: 414-241-2610
Email: wanetta51360@live.com

Preferred contact: Wannetta COLEMAN

Location currently open: YES NO

Projected open date: January 15th

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

Hours of Operation: Sun: 6:00AM-2:00AM 24 hours Y N
Mon: 6:00AM-2:00AM
Tue: 6:00AM-2:00AM
Wed: 6:00AM-2:00AM
Thu: 6:00AM-2:00AM
Fri: 6:00AM-2:30AM
Sat: 6:00AM-2:30AM

Premise Type: Tavern/Bar
 Restaurant
 Other:

Licenses currently held:

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

Exterior Survey:

1. Is the area around the location clean? Yes No
2. What surrounds the location? (Check all the apply)
 - a. Park
 - b. School
 - c. Youth Center
 - d. Church
 - e. Tavern(s) If so, how many
 - f. Residential
 - g. Other businesses
 - h. Other:
3. Can you see from the outside of the location into the interior Yes No
4. Can you see the employees inside of the location from the outside Yes No
5. Are exterior windows free of signage Yes No
6. Is there a parking lot Yes No
7. Is the parking lot clean? Yes No
8. Is the parking lot well lit? Yes No
9. Are there areas where a person could conceal themselves Yes No
10. Is there exterior lighting? Yes No. Does it appear to be adequate Yes No
11. Exterior Payphone? Yes No
12. Are there No Loitering Signs posted? Yes No
13. Are there exterior security cameras Yes No How Many: 4
14. Are the address numbers prominently displayed and easy to see Yes No

Camera Survey:

15. Does this location have security cameras? Yes No
16. Are they in working order? Yes No
17. What format are the cameras?
 - a. Color Yes No
 - b. Digital Yes No
 - c. VCR Yes No
 - d. Recorded Yes No
18. How long is footage stored for later viewing: approximately 2 weeks
19. Are there exterior cameras Yes No How many: 4
20. Are there interior cameras Yes No How many: 3
21. Do all employees know how to retrieve recorded digital images/footage? Yes No
22. Cameras located in parking lot? Yes No

Interior Survey:

- 23. What is the planned capacity? 25-79
- 24. What is the minimum number of employees that will be on the premise? 2
- 25. Is the storeowner willing to be a standing complainant regarding loitering? Yes No
 - a. If yes have them fill out the standing complaint form and give them two of the commercial signs Yes No
- 26. Is the interior of the location neat and clean? Yes No
- 27. Does an interior camera face the entrance/exit? Yes No
- 28. Is there a lockable area that separates employees from customers? Yes No
- 29. Are emergency and non-emergency numbers posted near the phone? Yes No
- 30. Does the owner know how to contact their police district directly? Yes No
 - a. Did you provide a district contact guide to the owner? Yes No

Security:

- 1. How many security personnel are going to be employed: 1
- 2. How will they be deployed: Interior 1 Exterior 0
- 3. What days will they be deployed Mon Tue Wed Thu Fri Sat Sun
- 4. Will the security be managed by business or contracted
- 5. Will they be armed Yes No
- 6. What type of security measures to be used:
 - Wanding/metal detector
 - ID Scanner
 - Dress Code
 - Cover Charge
 - Age restriction
 - Other

ADDITIONAL COMMENTS/RECOMMENDATIONS:



Wednesday, February 02, 2022



Notice of Public Hearing

Blank Notice

COLEMAN, Wanetta M
WC's Rhythm and Blues at 1201 W Wright St.
Class B Tavern, Rooming House and Public Entertainment Premises License Applications
Requesting Patrons Dancing and One Pool Table

Wednesday, February 16, 2022 at 11:10 AM

To whom it may concern:

The above application has been made by the above named applicant(s). This requires approval from the Licenses Committee and the Common Council of the City of Milwaukee. The hearing before the Licenses Committee will take place virtually on 2/16/2022 at 11:10 AM. This is a public hearing. Those wishing to view the proceeding are able to do so via the City Channel – Channel 25 on Spectrum Cable – or on the Internet at <http://city.milwaukee.gov/citychannel>. Those wishing to provide oral testimony will be asked to do so by phone or internet and are asked to contact the staff assistant, Yadira Melendez at (414) 286-2775 or stasst5@milwaukee.gov for necessary information. Please make such requests no later than one business day prior to the start of the meeting. You are not required to attend the hearing, but please see the information below if you would like to provide testimony. Once the Licenses Committee makes its recommendation, this recommendation is forwarded to the full Common Council for approval at its next regularly scheduled hearing.

Important details for those wishing to provide information for the Licenses Committee to consider when making its recommendation:

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

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

OCCUPANT	MAIL ADDRESS	CITY STATE ZIP
CURRENT OCCUPANT	1107 W WRIGHT ST	MILWAUKEE, WI 53206-3105
CURRENT OCCUPANT	1122 W WRIGHT ST	MILWAUKEE, WI 53206-3104
CURRENT OCCUPANT	1128 W WRIGHT ST	MILWAUKEE, WI 53206-3104
CURRENT OCCUPANT	1205 W WRIGHT ST	MILWAUKEE, WI 53206-2541
CURRENT OCCUPANT	1207 W WRIGHT ST	MILWAUKEE, WI 53206-2541
CURRENT OCCUPANT	1209 W WRIGHT ST	MILWAUKEE, WI 53206-2541
CURRENT OCCUPANT	1211 W WRIGHT ST	MILWAUKEE, WI 53206-2541
CURRENT OCCUPANT	1215 W WRIGHT ST	MILWAUKEE, WI 53206-2541
CURRENT OCCUPANT	1217 W WRIGHT ST	MILWAUKEE, WI 53206-2541
CURRENT OCCUPANT	1300 W WRIGHT ST	MILWAUKEE, WI 53206-2542
CURRENT OCCUPANT	1300A W WRIGHT ST	MILWAUKEE, WI 53206-2542
CURRENT OCCUPANT	1305 W WRIGHT ST	MILWAUKEE, WI 53206-2543
CURRENT OCCUPANT	1307 W WRIGHT ST	MILWAUKEE, WI 53206-2543
CURRENT OCCUPANT	2444 N 12TH ST	MILWAUKEE, WI 53206-2503
CURRENT OCCUPANT	2448 N 12TH ST	MILWAUKEE, WI 53206-2503
CURRENT OCCUPANT	2448A N 12TH ST	MILWAUKEE, WI 53206-2503
CURRENT OCCUPANT	2449 N 11TH ST	MILWAUKEE, WI 53206-3126
CURRENT OCCUPANT	2451 N 11TH ST	MILWAUKEE, WI 53206-3126
CURRENT OCCUPANT	2459 N 11TH ST	MILWAUKEE, WI 53206-3126
CURRENT OCCUPANT	2459A N 11TH ST	MILWAUKEE, WI 53206-3126
CURRENT OCCUPANT	2464 N 12TH ST	MILWAUKEE, WI 53206-2503
CURRENT OCCUPANT	2468 N 12TH ST	MILWAUKEE, WI 53206-2503
CURRENT OCCUPANT	2468A N 12TH ST	MILWAUKEE, WI 53206-2503
CURRENT OCCUPANT	2470 N 12TH ST	MILWAUKEE, WI 53206-2503
CURRENT OCCUPANT	2470A N 12TH ST	MILWAUKEE, WI 53206-2503
CURRENT OCCUPANT	2478 N 12TH ST	MILWAUKEE, WI 53206-2503
CURRENT OCCUPANT	2478A N 12TH ST	MILWAUKEE, WI 53206-2503
CURRENT OCCUPANT	2506 N 12TH ST	MILWAUKEE, WI 53206-2506
CURRENT OCCUPANT	2508 N 12TH ST	MILWAUKEE, WI 53206-2506
CURRENT OCCUPANT	2510 N 12TH ST	MILWAUKEE, WI 53206-2506
CURRENT OCCUPANT	2512 N 12TH ST	MILWAUKEE, WI 53206-2506
CURRENT OCCUPANT	2516 N 12TH ST	MILWAUKEE, WI 53206-2506
CURRENT OCCUPANT	2517 N 13TH ST	MILWAUKEE, WI 53206-2510
CURRENT OCCUPANT	2517 N 13TH ST, A	MILWAUKEE, WI 53206-2510
CURRENT OCCUPANT	2518 N 12TH ST	MILWAUKEE, WI 53206-2506
CURRENT OCCUPANT	2522 N 12TH ST	MILWAUKEE, WI 53206-2506

Blank Notice

Total Records: 36

Radius: 250.0 feet and Center of Circle: 1201 W Wright St



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:

TAVERN / BAR

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

2. Business Operations

- a. Proposed Opening Date: 11/26/2021
- b. Is this premise under construction? No Yes If yes, list estimated completion date: _____
- c. Is this a franchise? No Yes
- d. Is this premises currently licensed? No Yes If yes, list type of license: _____
- e. Is the current licensee operating? No Yes If no, list date closed: _____
- f. Do you have future plans for other businesses, licenses or permits at this location? No Yes
If yes, explain: Rooming House
- g. Have you previously held an Extended Hours License in Milwaukee? No Yes
If yes, list address(es): _____
- h. Are other businesses operating in the same building? No Yes If yes, describe: _____

3. Litter & Noise

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

4. Smoking & Sanitation

- a. Are there designated outdoor smoking areas? No Yes If yes, describe: BACK YARD
- b. Number of Garbage Cans: Inside: 4 Locations: BOTH BATHROOM, BAR AREA, & KITCHEN
Outside: 2 Locations: INSIDE GATE AND DUMPTER
- c. Is a crowd control barrier used? No Yes If yes, describe: _____
- d. How many restrooms are on the premises? 2 DOWN STAIRS 1 UPSTAIRS - TOTAL 3
- e. Name of solid waste contractor: Advanced Disposal Waste Management Other: _____

5. Security

- a. Are there onsite parking spaces? No Yes If yes, how many? _____ and describe the parking security plan: _____
- b. Is there a loading zone? No Yes If yes, describe the loading area security plan: _____
- 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? 7 and list locations: 5 CAMERAS SHOWING
(3) INSIDE BAR, BACK OF BAR, FRONT OF BAR
- e. Will searches/identification checks be done upon entry? No Yes If yes, describe ID CHECKS & A BUZZER TO EXI

6. Percentage of Sales (must total 100%)

Alcohol <u>100</u> %	Food _____ %	Secondhand Merchandise _____ %	Precious Metals & Gems _____ %
Entertainment _____ %	Cigarettes _____ %	_____ %	_____ %
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: _____ Rooming House: Number of Floors: 1
 Number of Rooms: _____ Number of Rooms: _____

Type 2

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

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

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

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

Capacity 25+ (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: WRIGHT

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: WANGITA Coleman Phone Number: 414-241-2610

Building Owner Address: 4852 N. 26 MILWAUKEE, WI 53209

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	6:00 AM	2:00 AM	25	25-75	OVER 25
Monday	6:00 AM	2:00 AM	25	25-75	OVER 25
Tuesday	6:00 AM	2:00 AM	25	25-75	OVER 25
Wednesday	6:00 AM	2:00 AM	25	25-75	OVER 25
Thursday	6:00 AM	2:00 AM	25	25-75	25 AND OVER
Friday	6:00 AM	2:30 AM	25	25-75	25 AND OVER
Saturday	6:00 AM	2:30 AM	25	25-75	25 AND OVER

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)

Wangita Coleman
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: WC'S RHYTHM AND BLUES LLC

Premise Address: 1201 W. WRIGHT ST MILWAUKEE, WI 53206

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

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

"Service Bar Only" Designation

If applying for Class B or C license, are you applying for "Service Bar Only"? No Yes
Service Bar Only means customers cannot sit at the bar. Alcohol is served to employees who serve patrons seated at tables. No stools, chairs or other articles of furniture shall be placed at the service bar for patrons to sit upon.

Business Information

- a) Are you taking out this application for anyone that may not be eligible for a license? No Yes
If yes, list their name and address: _____
- b) Will the agent, a partner or the individual licensee be conducting the day-to-day operations of the business? No Yes
If no, list the name and address of the person(s) who will: _____

Class B Applicants: If the agent, a partner or the individual licensee will not be conducting the day-to-day operations of the business, the person(s) listed above must obtain a Class B Managers license.
- c) Does anyone else have money invested or any other interest in this business? No Yes
If yes, explain: _____
- d) Have you made an agreement with anyone to repay any loan or any other payments based upon income from the business?
 No Yes If yes, list name and address: _____

Property Information (New & Transfer Applicants Only)

- a) Do you own or lease the building? Own Lease
- b) Who owns the fixtures (for example, coolers, etc.)? MYSELF (WANETA COLEMAN)
- c) Are you purchasing the stock and/or fixtures? No Yes If yes, amount paid \$ _____
- d) Total amount paid for business \$ 150,000
- e) Total amount paid for goodwill of the business \$ 0
Goodwill comprises the reputation and customer relationships of an existing business. If the price you pay for the business exceeds the fair market value of all of the rest of the assets of the business, the excess may be considered goodwill.
- f) Have you made arrangements with the seller for payment of personal property taxes? No Yes

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

- a) Date lease begins _____ Ends _____
- b) Monthly rental \$ _____
- c) Do you have an option to renew the lease? No Yes
- d) Does your lease allow for assignment to another party without the consent of the owner? No Yes
- e) For what length of time have you been guaranteed occupancy (number of years)? _____

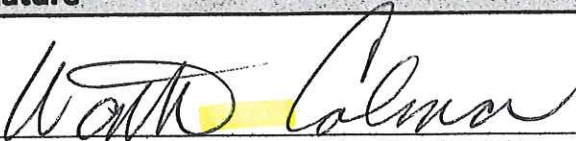
Lease Information (Continued)

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

Change of Agent Applicants Only

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

Signature



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

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

New and transfer of premises applicants must submit the following:

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



PUBLIC ENTERTAINMENT PREMISES LICENSE SUPPLEMENTAL APPLICATION

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

PREMISES ADDRESS: 1201 W. WRIGHT ST. MILWAUKEE, WI 53204

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 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 checked="" type="checkbox"/> Pool Tables
How many? <u>1</u> | <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 type="checkbox"/> Poetry Readings | <input checked="" type="checkbox"/> Patrons Dancing | <input type="checkbox"/> Karaoke |
| <input type="checkbox"/> Other: _____ | | | |

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

PROMOTERS/SOUND AMPLIFICATION

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

At any time will sound amplification be used? No Yes If Yes, Describe: SPEAKERS

LEGAL CAPACITY OF PREMISES

_____ (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.

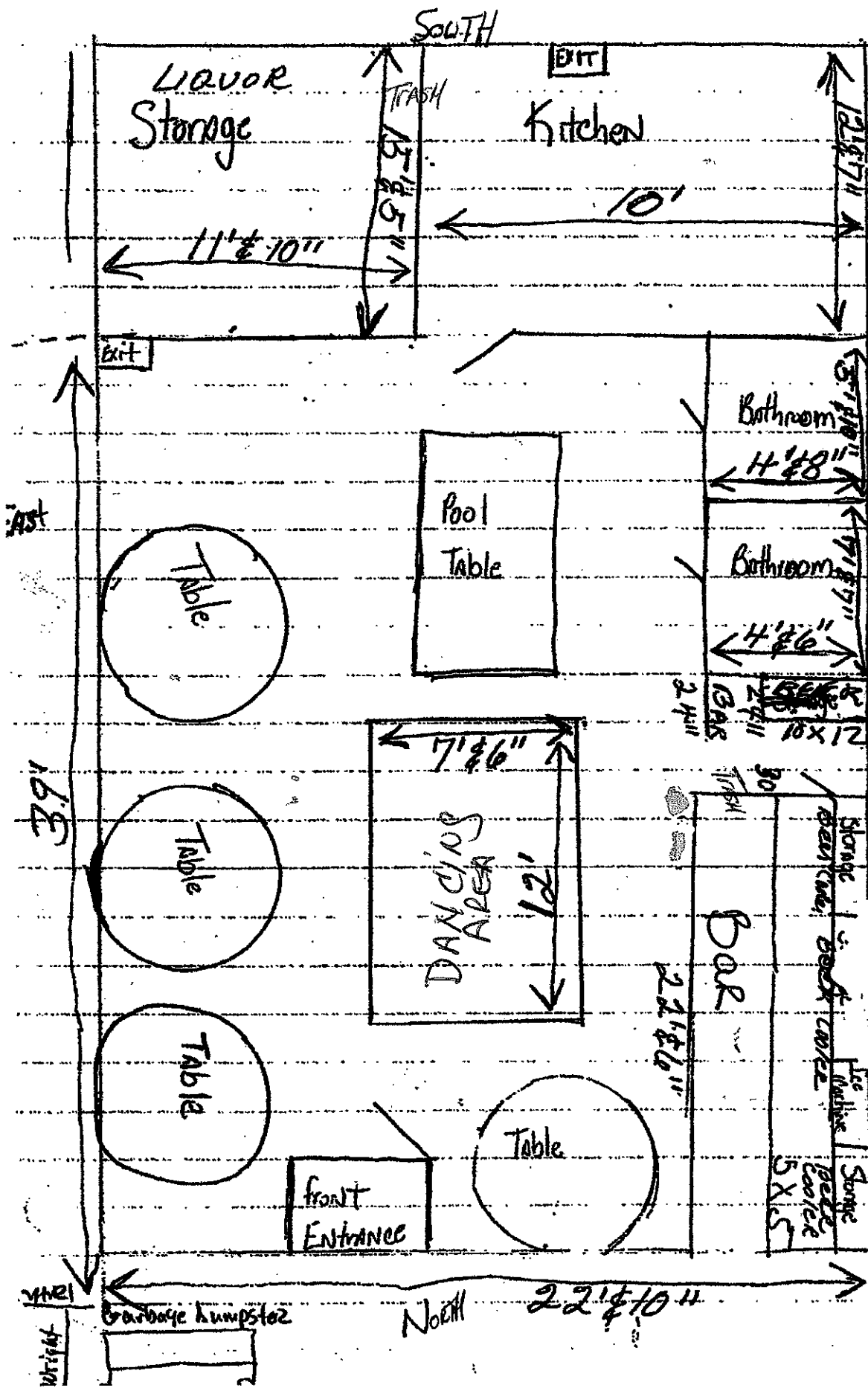
Walter Calmer
Signature of Sole Proprietor, Partner or 20% or More Shareholder

(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)



WC'S RHYTHM & BLUES LLC
 1201 WRIGHT ST.
 MILWAUKEE, WI 53206
 WANNETA COLEMAN



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:

Rooming House

Do you have any experience operating this type of business? No Yes If yes, explain: WORKED AS CNA/OWN RENTALS

2. Business Operations

- a. Proposed Opening Date: 11/1/2021
- b. Is this premise under construction? No Yes If yes, list estimated completion date: _____
- c. Is this a franchise? No Yes
- d. Is this premises currently licensed? No Yes If yes, list type of license: _____
- e. Is the current licensee operating? No Yes If no, list date closed: _____
- f. Do you have future plans for other businesses, licenses or permits at this location? No Yes
If yes, explain: TAVERN (LOWER LEVEL)
- 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: NOT AS OF YET

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: 8 Locations: 1 garbage can in each room & 1 in Bathroom
Outside: 1 Locations: DUMPSTER IN BACK OF BUILDING
- c. Is a crowd control barrier used? No Yes If yes, describe: _____
- d. How many restrooms are on the premises? 1 IN UPPER AREA -
- e. Name of solid waste contractor: Advanced Disposal Waste Management Other: _____

5. Security

a. Are there onsite parking spaces? No Yes If yes, how many? _____ and describe the parking security plan: _____

b. Is there a loading zone? No Yes If yes, describe the loading area security plan: _____

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 CAMERAS INSTALLED AND WORKING

List their licensing, certification, or training credentials _____

d. Will there be security cameras? No Yes If yes, how many? 5+ and list locations: CAMERAS SHOWS

BACK & FRONT OF BUILDING

e. Will searches/identification checks be done upon entry? No Yes If yes, describe _____

6. Percentage of Sales (must total 100%)

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

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

Type 1

- Full Service Restaurant Cafe/Coffee Shop Deli or Fast Food Restaurant Private/Fraternal/Veterans Club
 Night Club Tavern Cocktail Lounge Teen Club
 Banquet Hall Sports Facility Bowling Alley
 Hotel/Motel : Number of Floors: _____ Rooming House: Number of Floors: 1
 Number of Rooms: _____ Number of Rooms: 7

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: 12th
- 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: WANETA COLEMAN Phone Number: 414-241-2610
 Building Owner Address: 4852 N. 26 MILWAUKEE, WI 53209

10. Hours of Operation & Customers

Will customers be entering the premises? No Yes

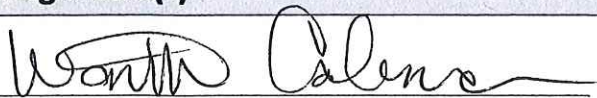
Day of the Week	Proposed Hours of Operation:		Estimated Number of Customers expected each day	Potential Age Range of Customers	Class B Tavern Applicant Only: Age Restriction (If none, write 'None')
	Open Time (include a.m. or p.m.)	Close Time (include a.m. or p.m.)			
Sunday	24 Hours		0	40+	
Monday	24 Hours		0	40+	
Tuesday	24 Hours		0	40+	
Wednesday	24 Hours		0	40+	
Thursday	24 Hours		0	40+	
Friday	24 Hours		0	40+	
Saturday	24 Hours		0	40+	

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)

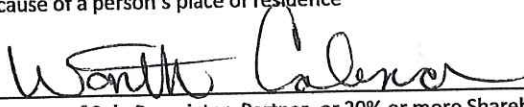
Signature of additional partner or 20% or more shareholder

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



DWELLING FACILITIES LICENSE 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:	WANETTA COLEMAN	
Premises Address:	1201 W. WRIGHT ST. MILWAUKEE, WI 53206	
Plan of Operation		
Is the applicant (sole proprietor, partners, or agent of Corp/LLC) a resident of Milwaukee County? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If NO, a local representative (natural person) residing in Milwaukee County must be appointed. Provide the person's name and street address. P.O. Boxes are not acceptable.		
Name of Person:	WANETTA COLEMAN	
Street Address: (include city and zip code)	4852 N. 26 th STREET MILWAUKEE, WI 53209	
Please describe your plans to train employees to recognize and report guest or resident behaviors that are indicative of human trafficking at the premises:		
HAVE NO EMPLOYEES		
Signature		
I shall not willfully refuse to provide those services offered under this license or add charges or require deposits not required of the general public because of a person's place of residence		
 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

184" - 15.0
EAST-WEST

West

N.W

Steps

NORTHWAY

Attic Storage Room

North

Rm 7

Rm 5

Rm 3 / Rm 4

Fire Hallway

DOOR EX

13th STREET

EAST → 534 SOFT.

ROOM 2

ROOM 1

18 Steps

EXIT

11/12/2021

1201 W. WRIGHT ST. MILLWAUKEE, WI 53204

WALTERA COLEMAN
WLC'S RHYTHM & BLUES LLC

