



CITY OF MILWAUKEE
OFFICE OF THE CITY CLERK

Thursday, April 29, 2021

COMMITTEE MEETING NOTICE

AD 06

LATHERIN, JR, Thomas, Agent
SATURNLTJR, LLC
2685 WARDEN Ct

Aurora, IL 60504

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

Tuesday, May 11, 2021 at 10:30 AM

Regarding: Your Extended Hours Establishments and Food Dealer License Applications Requesting to be Open 24 Hours as agent for "SATURNLTJR, LLC" for "McDonald's" at 420 E CAPITOL DR.

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/820945093>. If you wish to call in, please call +1 (646) 749-3122 and use Access Code: 820-945-093.

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.

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

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



Thursday, April 29, 2021



Notice of Public Hearing

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notice

LATHERIN, JR, Thomas, Agent
Mc Donald's at 420 E CAPITOL DR
Extended Hours Establishments and Food Dealer License Applications Requesting to be Open 24
Hours

Tuesday, May 11, 2021 at 10:30 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 5/11/2021 at 10:30 AM. This is a public hearing. Those wishing to view the proceeding are able to do so via the City Channel – Channel 25 on Spectrum Cable – or on the Internet at <http://city.milwaukee.gov/citychannel>. Those wishing to provide oral testimony will be asked to do so by phone or internet and are asked to contact the staff assistant, Molly Kuether-Steele at (414) 286-2775 or molly.kuether-steele@milwaukee.gov for necessary information. Please make such requests no later than one business day prior to the start of the meeting. You are not required to attend the hearing, but please see the information below if you would like to provide testimony. Once the Licenses Committee makes its recommendation, this recommendation is forwarded to the full Common Council for approval at its next regularly scheduled hearing.

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

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

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

OCCUPANT	MAIL ADDRESS	CITY, STATE ZIP
CURRENT OCCUPANT	4117 N RICHARDS ST	MILWAUKEE, WI 53212
CURRENT OCCUPANT	4135 N RICHARDS ST	MILWAUKEE, WI 53212
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Total Records: 2

Radius: 1000.0 feet and Center of Circle: 420 E Capitol Dr



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:

McDonald's Restaurant (400 E. Capitol Drive Milwaukee, WI 53212)

Do you have any experience operating this type of business? No Yes If yes, explain: I worked for Mcd for 29 years

2. Business Operations

- a. Proposed Opening Date: 12/23/20
- 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: Extended Hours License Food Dealer 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: The restaurant is projected to have the lobby updated in 2021.
- 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: _____
- b. Number of Garbage Cans: Inside: 3 Locations: at entrances and near restrooms
Outside: 2 Locations: On parking lot
- 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: _____

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: North Holton Street
- 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: _____ Phone Number: _____
 Building Owner Address: _____

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 hrs		1200	All Ages	none
Monday	24 hrs		1200	All Ages	none
Tuesday	24 hrs		1200	All Ages	none
Wednesday	24 hrs		1200	All Ages	none
Thursday	24 hrs		1200	All Ages	none
Friday	24 hrs		1200	All Ages	none
Saturday	24 hrs		1200	All Ages	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)

Latherin Thomas Jr. / Owner Operator
 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.



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:	SATURNLTJR LLC
Premises Address:	400 E. Capitol Drive Milwaukee, WI 53212
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 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>milk, cheese, ice cream, meat, fish, poultry</u>	

SECTION 4 DETAILS OF OPERATION	
Will you have seating on site for dining?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Will you be doing any catering?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Will you be doing any delivery?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Will you have outdoor activities?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - Check all that apply: <input type="checkbox"/> Bar <input type="checkbox"/> Cooking/Grilling <input type="checkbox"/> Dining
Will you have a drive thru window?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - Are hours different from inside? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If Yes, provide drive thru hours: <u>24hrs</u>
Will scales or barcode scanners be used?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - You must also apply for a Weights & Measures License.
SECTION 5 ADDITIONAL SITES	
Where will food be prepared and/or sold?	
<input checked="" type="checkbox"/> At a single site <input type="checkbox"/> 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?	
<input type="checkbox"/> No If No, SKIP to Section 8	
<input checked="" type="checkbox"/> Yes If Yes, check all that apply: <input type="checkbox"/> New construction of a building <input checked="" type="checkbox"/> Renovation or remodeling	
<input checked="" type="checkbox"/> Construction changes to existing building <input type="checkbox"/> Equipment changes only	
Provide a brief description of the changes:	<u>This restaurant is projected for a lobby remodel in 2021.</u>
Start date:	<u>McDonald's Corp.</u>
Name, Address & Phone Number of Architect:	<u>Undecided</u>
Name, Address & Phone Number of Contractor:	
SECTION 7 ALCOHOL BEVERAGES	
Are you applying for an alcohol beverage license?	
<input checked="" type="checkbox"/> No If No, SKIP to Section 8	
<input type="checkbox"/> Yes If YES, if your food license is approved prior to the alcohol license, when do you want the food license issued?	
<input type="checkbox"/> Immediately <input type="checkbox"/> At the same time as the alcohol license	
SECTION 8 ACKNOWLEDGEMENTS & SIGNATURE	
You must initial each item confirming your understanding:	
<u>LDJ</u>	I understand the Health Department must conduct an inspection and advise the License Division of their approval before the license may be issued.
<u>LDJ</u>	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.
<u>LDJ</u>	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.
<u>LDJ</u>	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.
<u>LDJ</u>	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:	<u>Nathan [Signature]</u>
Signature of Additional Partner:	_____

12/1/2020

SATURNITE LLC (McDonald's) 420 E. Capitol Drive

TRANS VEHICLE HURON

Carriage Can

Carriage Can

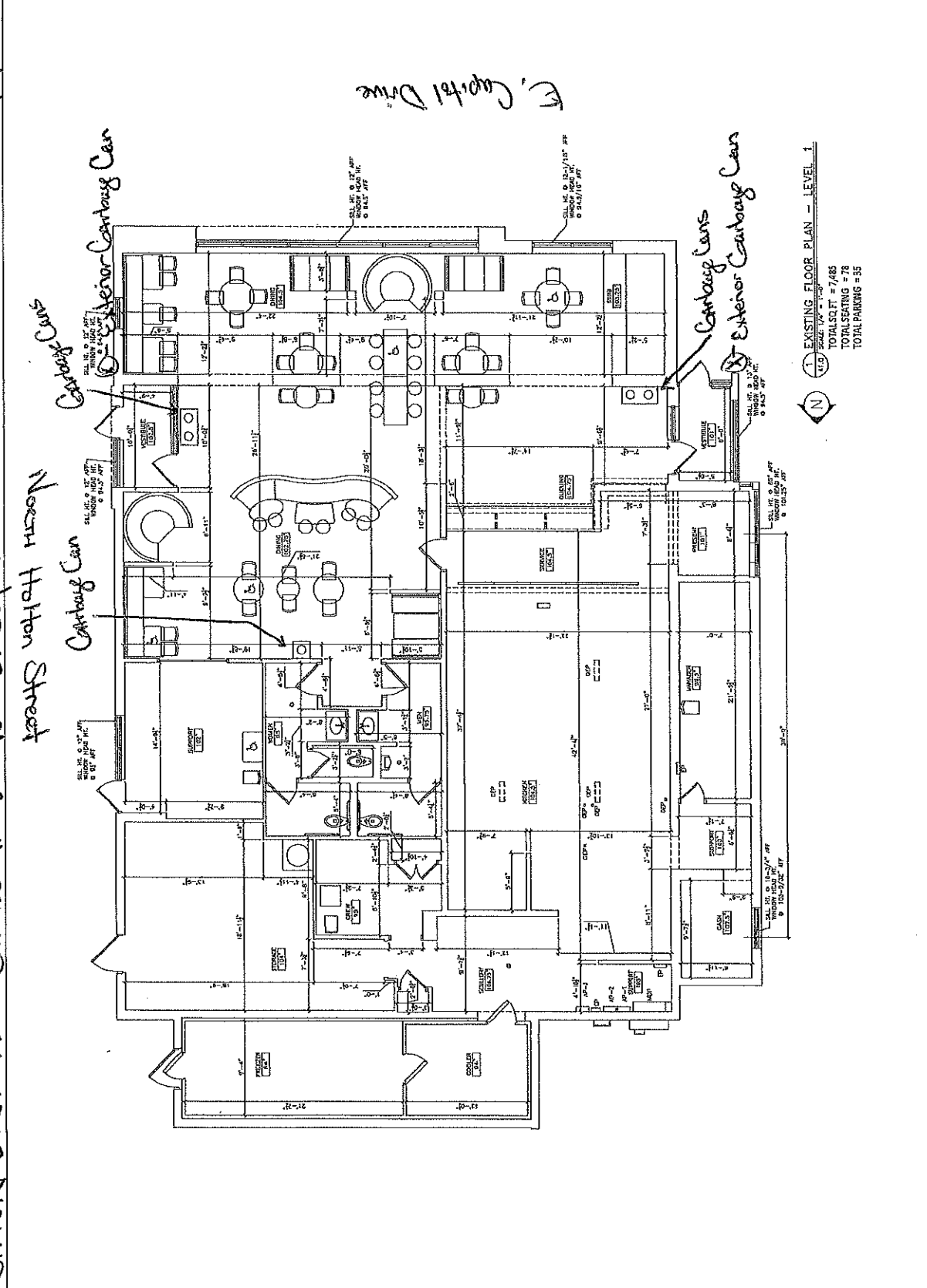
Carriage Can

Carriage Cans

Exterior Carriage Cans

E. Capitol Drive

sevan MULTI-SITE SOLUTIONS 2774 N. WISCONSIN DRIVE MILWAUKEE, WI 53222 TEL: 414-224-1111 FAX: 414-224-1112 www.sevan.com		PROJECT NO. 2020-002 DATE 12/1/2020 DRAWN BY JACOB CHECKED BY PROJECT MANAGER 30233 SHEET NUMBER	A1.0 1 ST FLOOR PLAN
CLIENT SATURNITE LLC 420 E. CAPITOL DRIVE MILWAUKEE, WI 53222	PROJECT LOCATION McDonald's 420 E. CAPITOL MILWAUKEE, WI 53222-2212	EXISTING CONDITIONS EXISTING CONDITIONS	FLOOR PLAN
CONTRACTOR McDonald's USA LLC Three, eleven and one-half floors above and one-half floors below ground level, this building is a multi-story, multi- unit structure. The building is located on the east side of Capitol Drive, between Wisconsin and Huron Streets, in the City of Milwaukee, WI. The building is a multi-story, multi-unit structure. The building is located on the east side of Capitol Drive, between Wisconsin and Huron Streets, in the City of Milwaukee, WI. The building is a multi-story, multi-unit structure. The building is located on the east side of Capitol Drive, between Wisconsin and Huron Streets, in the City of Milwaukee, WI.	PROJECT DESCRIPTION EXISTING CONDITIONS	PROJECT LOCATION McDonald's 420 E. CAPITOL MILWAUKEE, WI 53222-2212	FLOOR PLAN



1. EXISTING FLOOR PLAN - LEVEL 1
 SCALE: 1/8" = 1'-0"
 TOTAL SQ. FT. = 7,485
 TOTAL SEATING = 78
 TOTAL PARKING = 55



APPLICATION AMENDMENT

Office of the City Clerk License Division
200 E. Wells Street, Room 105, Milwaukee, WI 53202 (414) 286-2238

Date: _____ 5/3/21 _____

To the License Division of the City of Milwaukee:

I, _____ Latherin Thomas Jr. _____, wish to amend my answer(s) on the application for a
(full legal name)

_____ Occupancy _____ license at _____ 420 E. Capitol Drive Milwaukee, WI 53212 _____
(type of license) (premises address, if applicable)

by adding or amending the following information (complete only those sections being amended):

1. Answer to Question(s) # _____ should be: _____
2. Agent should be (full legal name): _____ Also complete 3, 4, 5 & 6
3. Date of birth should be: _____
4. Home address should be (include city/state/zip): _____

5. Phone number should be (include area code): _____
6. Driver's License Number/State ID Number should be: _____
7. Corporation/LLC name should be (full legal name): _____
8. Business name should be: _____
9. Premises address should be (include city/state/zip): _____

10. Business phone number should be (include area code): _____
11. Mailing address should be (include city/state/zip): _____

12. Email address should be: _____
13. Recycling/Salvaging/Towing: Location where vehicle will be parked should be (include city/state/zip): _____

14. Class B Tavern: Age Distinction should be: _____
15. Other: _____ Hours of operations should be: Lobby - Monday thru Sunday (6am-9pm)/ Drive Thru - Monday thru Sunday (24 hours) _____

(Check with the License Division before submitting "Other" amendments using this form.)



Signature of Licensee (Individual, Partner, or Agent of Corp/LLC)

Office Use Only: Application #: _____ Date: _____ Initials: _____ To LC: _____
LC Email: MPD NS HD Initials: _____