



COMMITTEE ASSIGNMENTS

CHAIR

- Licenses Committee

VICE-CHAIR

- Community and Economic Development Committee

MEMBER

- Steering and Rules Committee
- Zoning, Neighborhoods, and Development Committee

JoCasta ZAMARRIPA ALDERWOMAN, 8TH DISTRICT

December 11, 2025

To the Honorable, the Common Council

Honorable Members:

Re: Common Council File Number 251331

Attached are written objections to file number 251331 of the Licenses Committee relative to licenses:

Nonrenewal of the Class B Tavern, Public Entertainment Premises and Food Dealer licenses for Angel Gutierrez Garnica, based upon the preponderance of the evidence in the police report and aldermanic testimony that demonstrates the operations results in a threat to health, safety or welfare of the public for the failure to comply with the approved plan of operations, for the premises located at 2106 W NATIONAL Av. ("EL JALAPENO RESTAURANT LLC") in the 8th aldermanic district.

This matter will be heard by the full Council at its Tuesday, December 16, 2025 meeting. Pursuant to City Ordinances, a roll call vote will be taken to confirm that all members have read the attached statement and materials.

Sincerely,

JoCasta Zamarripa
Chairperson Licenses Committee

cc: All Council Members
City Attorney's Office
Common Council/City Clerk – License Division
CCF 251331



Melendez, Yadira

From: Michael Maistelman <msm@maistelmanlaw.com>
Sent: Tuesday, December 9, 2025 4:27 PM
To: Melendez, Yadira; Owczarski, Jim
Cc: Cooney, Jim; Angel Gutierrez Garnica; Arieli Gutierrez; Zamarripa, JoCasta; 8e9d1873a+matter1747406918@maildrop.clio.com
Subject: El Jalapeño Restaurant, LLC - 2106 W. National Ave., Milwaukee, WI 53204
Attachments: Untitled attachment 00115.pdf; Untitled attachment 00118.htm

Yadira & Jim,

Please accept this correspondence as my client's formal objection to the proposed Findings of Fact and Conclusions of Law in this matter.

My client respectfully requests an opportunity to be heard before the Common Council on December 16, 2025.

Attached are materials outlining the steps my client is implementing in good faith to address the concerns raised by Alderman Zamarripa and the neighboring property owners.

Thank you for your consideration.

Best regards,

Michael

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APPLICATION AMENDMENT

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

Date: 12/9/2025

To the License Division of the City of Milwaukee:

I, Angel Gutierrez-Garnica - Agent of El Jalapeño Restaurant, LLC, wish to amend my answer(s) on the application for a
(full legal name)

Class B, PEP & Food Dealer license at 2106 W. National Ave., Milwaukee, WI 53204 ;
(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 Operation shall be amended to: Sunday-Thursday 6:00AM - 10:00PM. Friday-Saturday 6:00am-11:00pm.

Agent or his staff shall attend MPD District 2 Crime and Safety Meetings & join VIA Community Development Corporation.

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

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

El Jalapeño Restaurant, LLC

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