

CITY OF MILWAUKEE OFFICE OF THE CITY CLERK

Tuesday, October 25, 2022

COMMITTEE MEETING NOTICE

AD 03

SCARDINA, Damien, Agent SASIZZAMKE LLC 715 E LOCUST St Milwaukee, WI 53212

You are requested to attend a hearing which is to be held in Room 301-B, Third Floor, City Hall or you may attend virtually using the link below. The hearing will be held at:

Wednesday, November 09, 2022 at 10:20 AM

https://meet.goto.com/353410661. If you wish to call in, please call +1 (646) 749-3122 and use Access Code: 353-410-661.

Please see the enclosed best practices document for further instructions.

Regarding:

Your Class B Beer, Class C Wine, Food Dealer, Sidewalk Dining and Websel & Measures License Applications as agent for "SASIZZAMKE LLC" for "SCARDINA SPECIALT" at 715 E LOCUST St.

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 appear at this meeting may result in the denial of your license. Individual applicants must appear only in person or by an attorney. Corporate or Limited Liability applicants must appear only by the agent designated on the application or by an attorney. Partnership applicants must appear by a partner listed on the application or by an attorney. 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 are present at the committee hearing and 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 bring an interpreter with you, at your expense, so that you can answer questions and participate in your hearing.

You may examine the application file at this office during regular business hours prior to the hearing date. Inquiries regarding this matter may be directed to the person whose signature appears below.

Limited parking for persons attending meetings in City Hall is available at reduced rates (5 hour limit) at the Milwaukee Center on the southwest corner of East Kilbourn and North Water Street. Parking tickets must be validated in the first floor information booth in City Hall.

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 notice, please contact the License Division at (414) 286-2238.



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JIM OWCZARSKI, CITY CLERK

BY: _____ Jim Cooney

License Division Manager

If you have questions regarding this notice, please contact the License Division at (414) 286-2238.

Date: 06/30/22

Officer: Xavier Benitez

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

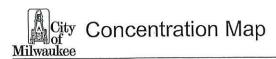
Name of Premise: Address: Phone:	Scardina Specialties 715 E. Locust St					
Owner: Owner address: City State Zip: Owner Phone: Owner email:	Scardina, Damien 713 E. Locust St Milwaukee WI 53212 414 395-3369 scarpaci75@gmail.com	·				
Licensee/Agent: Home Address: City State Zip: Phone: Email:	Same					
Preferred contact: Sar	me					
Location currently op	Location currently open: YES NO					
Projected open date: 1	Fall 2022					
Day's open: S	M □T □W □Th □F □SA ⊠AL	L				
Hours of Operation:	Sun: 9am-3pm Mon: 9am-7pm Tue: 9am-7pm Wed: 9am-7pm Thu: 9am-7pm Fri: 9am-7pm Sat: 9am-5pm	□24 hours □Y □N				
Premise Type:	☐Tavern/Bar ☐Restaurant ☑Other: Deli					
Licenses currently he	ld:					

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? XYes	No
	ocation? (Check all the ap	
a. Park		1-07
b. School		
c. Youth Cent	ter	
d. Church		
The state of the s	f so, how many	•
f. Residential		
		
∀ ⊨=	lesses	
	antaida af the leastion is	nto the interior Yes No_
3. Can you see from the	ouiside of the location in	on from the outside Ves No
		on from the outside ☐Yes ☐No
	s free of signage Yes	INO
6. Is there a parking lot		
7. Is the parking lot clear		
8. Off-Street parking ✓		
9. Is the parking lot wel		
10. Valet Parking Yes		XT
		No
	ave cameras? Yes	
11. Are there areas where	e a person could conceal	themselves Yes No
		es it appears to be adequate Yes No
13. Exterior Payphone?	☐Yes ⊠No	F
14. Are there No Loiterin	ng Signs posted? Yes	∐No
15. Are there exterior sec	curity cameras \(\subseteq \text{Yes} \(\subseteq \)	No How Many:
16. Are the address numl	oers prominently displaye	ed and easy to see ⊠Yes ⊡No
Camera Survey:		cr Nh r
17. Does this location ha	ve security cameras?	Yes ⊠No
18. Are they in working		
19. What format are the		
a. Color	∐Yes ∐No	•
b. Digital	Yes No	
c. Recorded	☐Yes ☐No	•
20. How long is footage		
21. Are there exterior car		·
22. Are there interior car	neras Yes No H	
23. Do all employees kn	ow how to retrieve record	ded digital images/footage? Yes No

24. Cameras located in parking lot Yes No How many	
Interior Survey: 25. What is the planned capacity 25 26. What is the minimum number of employees That will be on premise 3 27. Is the storeowner willing to be a standing complainant regarding loitering? ☐ Yes ☒ a. If yes have them fill out the standing complaint form and give them two of the commercial signs ☐ Yes ☐ No 28. Is the interior of the location neat and clean? ☐ Yes ☐ No 29. Does an interior camera face the entrance/exit? ☐ Yes ☐ No 30. Is there a lockable area that separates employees from customers? ☐ Yes ☐ No 31. Are emergency and non-emergency numbers posted near the phone? ☐ Yes ☐ No 32. 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	
33. How many security personnel are going to be employed: N/A 34. How ill they be deployed: Interior Exterior 35. What days will they be deployed Mon Tue Wed Thu Fri Sat Sun 36. Will the security be managed by business or contracted 37. Will they be armed Yes No 38. What type of security measures to be used: Wanding/metal detector ID Scanner Dress Code Cover Charge Age restriction Other	

ADDITIONAL COMMENTS/RECOMMENDATIONS:

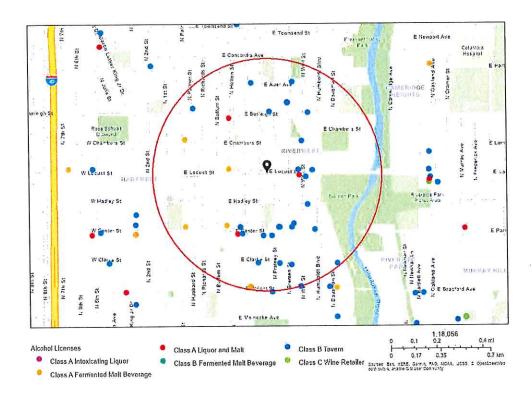
The location is still under remolding and is hoping to be open late summer. The agent stated that his deli will have limited seating and designed for to go orders, and is planning to have a camera system. The agent



715 E Locust St

Area: 21,862,585.3 ft2

May 20 2022 11:23:00 Central Daylight Time



Summary

Name	Count	Area(ft²)	Length(mi)
Alcohol Licenses	36	es 9	

Alcohol Licenses

#	Legal Entity	Trade Name	Licensee	Address	License Type Name	Total Capacity	Expiration Date	Count
1	CAFE CORAZON INC		GEORGE MIRELES, Agt	3129 N BREMEN ST	Class B Tavern License	49	*	1
2	CAFE CORAZON INC	CAFE CORAZON	GEORGE MIRELES, Agt	3129 N BREMEN ST	Class B Tavern License	49		1
3	CAFE CORAZON INC	CAFE CORAZON	GEORGE MIRELES, Agt	3129 N BREMEN ST	Class B Tavern License	49	2*	1
4	LINNCO, INC	LINNEMAN'S RIVERWEST INN	JAMES A LINNEMAN, Agt	1001 E LOCUST ST	Class B Tavern License	160	12/16/2021, 6:00 PM	1
5	Center Street Liquor Store Inc	Center Street Liquor Store	Charanjit Kaur, Agt	513 E Center ST	Class A Malt & Class A Liquor License	*	12/15/2021, 6:00 PM	1
6	ILLUMINATI, LLC	BREMEN CAFE	DAVID A KOPP, Agt	901 E CLARKE ST	Class B Tavern License	80	12/9/2021, 6:00 PM	1
7	ACD PRODUCTIO N, INC	ART BAR CAFE & GALLERY	DONALD R KRAUSE, Agt	722-732 E BURLEIGH ST	Class B Tavern License	217	12/17/2021, 6:00 PM	1
8	LIL WIL'S TAP	LIL WIL'S TAP	Lori N Liddell, SP	3200 N BOOTH ST	Class B Tavern License	25	1/22/2022, 6:00 PM	1
9	KISMAYO, LLC	CLUB TIMBUKTU	YOUSSOUF KOMARA, Agt	520 E CENTER ST	Class B Tavern License	160	12/19/2021, 6:00 PM	1
10	RIVERWEST ENTERPRISE S, LLC	RIVERWEST TAVERN	JOHN W STREGE, Agt	900 E AUER AV	Class B Tavern License	25	12/15/2021, 6:00 PM	1
11	Gee Willickers LLC	Gee Willickers	Susan A Strege, Agt	2578 N DOUSMAN ST	Class B Tavern License	25	2/3/2022, 6:00 PM	1
12	Club 99	Club 99	GEORGE L ORTIZ, SP	2579 N Pierce ST	Class B Tavern License	54	3/1/2022, 6:00 PM	1
13	Tittu Rehmat Food Inc	Tittu Rehmat Food	Parminder Kaur, Agt	418 E CENTER ST	Class A Fermented Malt Beverage Retailer's License		2/15/2022, 6:00 PM	1
14	Sunrise Food & Liquor, LLC	Sunrise Food	Bharat Bansal, Agt	2879 N Weil ST	Class A Malt & Class A Liquor License		3/22/2022, 7:00 PM	1
15	UPTOWNER	UPTOWNER	STEPHEN A JOHNSON, SP	1032 E CENTER ST	Class B Tavern License	99	2/28/2022, 6:00 PM	1
16	BALVINDER JASPAL, INC.	Freedom Grocery	Balvinder Singh, Agt	2909 N HOLTON ST	Class A Fermented Malt Beverage Retailer's License		4/15/2022, 7:00 PM	1
17	Mann Family, LLC	Palmer Center Foods	Jatinder K Mann, Agt	200 E Center ST	Class A Fermented Malt Beverage Retailer's License		4/11/2022, 7:00 PM	1

18	Company Brewing LLC	Company Brewing	George D Bregar, Agt	735 E Center ST	Class B Tavern License	150	4/11/2022, 7:00 PM	1
19	Chamber East Food Market LLC	Chamber East Food	Davinderjit Kaur, Agt	200 E Chambers ST	Class A Fermented Malt Beverage Retailer's License		4/20/2022, 7:00 PM	1
20	Star Grocery, LLC	Star Grocery	Mohamad M Dahir, Agt	2500 N Booth ST	Class A Retailer's Intoxicating Liquor License		4/21/2022, 7:00 PM	1
21	Star Grocery, LLC	Star Grocery	Mohamad M Dahir, Agt	2500 N Booth ST	Class A Fermented Malt Beverage Retailer's License		4/21/2022, 7:00 PM	1
22	FOUNDATION BAR, INC	THE FOUNDATION	CHARLES JORDAN, Agt	2718 N BREMEN ST	Class B Tavern License	80	5/7/2022, 7:00 PM	1
23	Two P's in a Pod Inc	Bar Centro	MARGARET M KARPFINGER , Agt	804 E Center ST	Class B Tavern License		5/23/2022, 7:00 PM	1
24	TRACK'S OF MILWAUKEE, INC	THE TRACKS	Michael D Rebers, Agt	1020 E LOCUST ST	Class B Tavern License	99	6/29/2022, 7:00 PM	1
25	METRO ENTERPRISE S, INC	QUARTERS	DANIEL FISCHER, Agt	900 E CENTER ST	Class B Tavern License	80	6/29/2022, 7:00 PM	1
26	Sutrick Family LLC	Nessun Dorma	Emily E Sutrick, Agt	2778 N Weil ST	Class B Tavern License	47	6/14/2022, 7:00 PM	1
27	KLINGER'S EAST, LLC	KLINGER'S EAST	GLEN F KLINGER, Agt	920 E LOCUST ST	Class B Tavern License	140	7/9/2022, 7:00 PM	1
28	Falcon Bowl	Falcon Bowl	R Lynn Okopinski, SP	801 E Clarke ST	Class B Tavern License	220	6/29/2022, 7:00 PM	1
29	BOSCO'S ON BURLEIGH, LLC	BOSCO'S ON BURLEIGH	LOUIS J FRAGASSI, Agt	1000 E BURLEIGH ST	Class B Tavern License	80	6/13/2022, 7:00 PM	1
30	Mad Planet 2, LLC	The Mad Planet	ROSEMARY S SILAGY, Agt	533 E Center ST	Class B Tavern License		7/14/2022, 7:00 PM	1
31	Fly By Night LLC	High Dive	JASON R MC BRADY, Agt	701 E Center ST	Class B Tavern License	67	7/26/2022, 7:00 PM	1
32	CAFE CORAZON INC	CAFE CORAZON	GEORGE MIRELES, Agt	3129 N BREMEN ST	Class B Tavern License	49	9/14/2022, 7:00 PM	1
33	INDERPRI CORPORATIO N	CORNER LIQUOR II	AMANDEEP K DHINDSA, Agt		Class A Malt & Class A Liquor License		10/5/2022, 7:00 PM	1
34	TWO PS IN A POD, INC	CENTRO CAFE	MARGARET M KARPFINGER , Agt	808 E CENTER ST	Class B Tavern License	40	10/11/2022, 7:00 PM	1
35	ACD PRODUCTIO N INC	TWO	DONALD R KRAUSE, Agt	718 E BURLEIGH ST	Class B Tavern License	25	10/5/2022, 7:00 PM	1

36	CIRCLE A	CIRCLE A	JENNIFER A MUELLER, SP	932 E CHAMBERS ST	Class B Tavern License	49	10/11/2022, 7:00 PM	1
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Establishments within a 0.5 miles radius centered on area of interest.





Notice of Public Hearing

Blank Notice

SCARDINA, Damien, Agent
SCARDINA SPECIALTIES at 715 E LOCUST St
Class B Beer, Class C Wine, Food Dealer, Sidewalk Dining and Weights & Measures License
Applications

Wednesday, November 09, 2022 at 10:20 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 on 11/9/2022 at 10:20 AM in Room 301-B, Third Floor, City Hall. 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 via phone or internet 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 appear in person and 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 present at the committee hearing and 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 **CURRENT OCCUPANT CURRENT OCCUPANT CURRENT OCCUPANT CURRENT OCCUPANT CURRENT OCCUPANT** CURRENT OCCUPANT **CURRENT OCCUPANT CURRENT OCCUPANT** CURRENT OCCUPANT CURRENT OCCUPANT CURRENT OCCUPANT **CURRENT OCCUPANT** CURRENT OCCUPANT CURRENT OCCUPANT **CURRENT OCCUPANT CURRENT OCCUPANT** CURRENT OCCUPANT **CURRENT OCCUPANT CURRENT OCCUPANT** CURRENT OCCUPANT CURRENT OCCUPANT CURRENT OCCUPANT CURRENT OCCUPANT CURRENT OCCUPANT

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731B E LOCUST ST

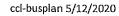
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CURRENT OCCUPANT 802 E LOCUST ST MILWAUKEE, WI 53212-2634
CURRENT OCCUPANT 805 E LOCUST ST# 1 MILWAUKEE, WI 53212-2633
CURRENT OCCUPANT 805 E LOCUST ST# 2 MILWAUKEE, WI 53212-2633
CURRENT OCCUPANT 805 E LOCUST ST# 3 MILWAUKEE, WI 53212-2633

Blank Notice

Total Records: 97

Radius 250.0 feet and Center of Circle: 715 E Locust St





BUSINESS LICENSE PLAN OF OPERATION

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: <u>license@milwaukee.gov</u>

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: DEL(/ CAFE
Do you have any experience operating this type of business? □ No 山 Yes If yes, explain: しい BEEN い BUSINESS FOR 9
2. Business Operations
a. Proposed Opening Date: 61522
b. Is this premise under construction? \(\sum \text{No } \sum \text{Yes if yes, list estimated completion date:} \(\frac{6}{10} \sum \frac{2022}{2022} \)
c. Is this a franchise? 💋 No 🔲 Yes
d. (s 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?
b. How often will grounds be cleaned? Daily Weekly As Needed Monthly Other:
c. Grounds cleaned by: Licensee Duilding 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: 2 Locations: KITCHEN AND DELI AREA
Outside: 1 Locations: TO THE RIGHT OF THE MAIN ENTRANCE
c. Is a crowd control barrier used? 📝 No 🗌 Yes 🛽 If yes, describe:
d. How many restrooms are on the premises?
e. Name of solid waste contractor: Advanced Disposal Waste Management Other: FAGLE

5. Security							
a.	Are there onsite parking s	paces? No Yes	If yes, how	many? and descri	be the parking security		
	plan: SURVEILLA	,					
b.	•	,		pading area security plan:			
c.	Will you have security personnel on premise? 🗹 No 🗌 Yes If yes, how many? and answer the following:						
	What are their resp						
				scribe			
	List their licensing,	certification, or training	g credentials		0 - 0		
d.	Will there be security cam	neras? No Yes	If yes, how r	many? and list locations	2 IN THE ACEY		
		•	,	3 INSIDE THE (
e.				No Yes If yes, describe			
6. P	ercentage of Sales	(2)	, The same of the				
Alcoh	ol <u>20</u> %	Food &	<u>/_</u> %	Secondhand Merchandise	Precious Metals & Gems		
Enter	ainment %	Cigarettes	%	%	%		
	Salvaged Materials			Personal Services (such as tattoo, body piercing, salon, tailor, tanning, etc.)%	Other% Describe:		
7 B	usinesses/Licenses	on the Dremises	s Ichack s				
Туре		Of the Fichinses	· CHECK C	all that apply).	**************************************		
		Cafe/Coffee Shop	Deli or F	ast Food Restaurant Priva	te/Fraternal/Veterans Club		
	light Club	☐ Tavern	Cocktail	Lounge Teen	Club		
□	Banquet Hall	Sports Facility	Bowling	Alley			
	lotel/Motel: Number of Flo	ors:	Rooming	g House: Number of Floors:			
	Number of Ro	oms:		Number of Rooms:			
Туре							
	iquor Store	Corner Store	-		enience Store		
	Sas Station	Amusement/Phonog	raph Distribut	or Recyc	cling, Salvage or Towing		
	Used Car Dealer Personal Service Establishment Recording Studio (such as tattoo business, halr salon, tailor, etc.)						
Wha	t other licenses/permits will y	ou hold at this location? ((check all that	apply)	,		
	Occupancy Permit C	igarette & Tobacco 🔲 Ga	as Station E	extended Hours Class "B" Tavern	Weights & Measures		
	Secondhand Dealer Precious Metal & Gem Other: FOOD SELCERS PERMIT						
8. I	egal Capacity (only						
Capac	1 4			4-286-8211 if you have questions.)			

i

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☐1 st Floor ☐2 ☐Other: Describ b. Describe Location	Ploor Jasement Stora		a. Identify all area(s) of the pramises that will be used in operating this business (include areas used only for storage):						
b. Describe Location		☐1st Floor ☐2nd Floor ☐3sement Storage ☐Patio ☐Beer Garden ☐Sidewalk Café ☐Deck ☐Rooftop							
	,								
a Nammast Major C									
	Cross Street: HUMPO								
d. Describe Buildin	ng: Free Standing Buildin	g Strip Mall Other:	£						
	ses Structure: Single Sto	6							
f. Describe Surrou	ınding Area: 🔲 Commercia	Residential Industr	ial Other:	1 220 2	1 216				
g. Building Owner	Name: DAMIEN Address: 7(3 E.	JCARDINA	Phone Number: 41	771-6	1624 1624				
Building Owner	Address: <u>FID E.</u>	Locust 31	PICOAUK	EF WI	<u> </u>				
10. Hours of O	peration & Custor	mers							
Will customers be ente	ering the premises? No	√ Yes							
	Proposed Hour	of Operation:	Estimated Number	Potential	Class B Tavern				
Day of the Week		•	Estimated Number of Customers expected each day	Age Range of Customers	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	BAM TO 3PM	3PH	<i>20</i> 0	18-75					
Monday	CLOSED		•						
Tuesday	9 AM TO	7pm	150	18-75					
Wednesday	9A4 TO	ZpM	200	18-75					
Thursday	PANTO.	FPM	200	18-75					
Friday	9 AM TO	FPM	250	18-73					
Saturday	GAM TO	5 PM	250	18-75					
	ablishment License is requir	ed for any convenience stor							
Alcohol Establishments		am to 9:00 pm Sunday thru			·				
Permitted Hours of Op		am to 2:00 am Sunday thru							
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	٤								



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: SAS122AMKE LLC
Premise Address: 715 E. LOCUST ST. MILWAUKEE, WI 53212
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? ZNO 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?
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) Haye 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?
b) Who owns the fixtures (for example, coolers, etc.)? DAMIEN SCAPDINA
c) Are you purchasing the stock and/or fixtures? No Yes If yes, amount paid \$
d) Total amount paid for business \$ 147,000.00
e) Total amount paid for goodwill of the business $$250,000-\infty$$
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 beginsEnds
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
d) Does your lease allow for assignment to another party without the consent of the owner? L_I No L_I Yes e) For what length of time have you been guaranteed occupancy (number of years)?
c) 13. That is ignored for some gamenteed observation (nation of Jease).

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 B) 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



FOOD DEALER LICENSE PLAN OF OPERATION

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: SASI ZZAMKE LLC				
Premises Address: 715 E. LOCUST ST KILWAUKEE, WI 53212				
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?				
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? \(\bigcap \text{No } \bigcap \frac{1}{2} \text{Yes}\) (includes dairy products such as milk, cheese, and ice cream, fish, shellfish, meat, poultry)				
If yes, list the types of food items: Y HOMEHADE SAUSAGE, STUFFED MEDTS CHICKEN POLK, & BEEF				

ccl-foodplan 2/28/19

SECTION 4 DETAILS OF OPERATION	
Will you have seating on site for dining? No Yes	
Will you be doing any catering?	
Will you be doing any delivery?	
Will you have outdoor activities?	
Will you have a drive thru window? No Yes - Are hours different from inside? No Yes	
If Yes, provide drive thru hours:	T
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: CONVERTING A CHILOPLACTIC CLINIC IN TO A Start date: Name, Address & Phone Number of Architect: DREAM BUILDERS LLC 4708 W. OKLAHOMA AJE MILW, WT 53219 474-	CHEN
Name Address & Dhana Number of Architects DO F AM PULL NEPS 11 C	
Name, Address & Phone Number of Architect: <u>DREAM BUILDERS LLC</u> 4708 VI DRIADADA AVE MILLI UT 532, 9 474-	.731-718
Name, Address & Phone Number of Contractor: GEOFF GURGEL 2503 N. PACHER ST	
MILWAUKEE WI 53212 414704-1006	
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:	
I understand the Health Department must conduct an inspection and advise the License Division of their approval before the license may be issued.	
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.	
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 feet 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 oriening 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 of Additional Partner:	



WEIGHTS & MEASURES LICENSE SUPPLEMENTAL APPLICATION

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

Office U	Jse Only:
App#	
Filed	
Initials	
Paid	
Lic#	

Legal Entity Name:	SASIZZAMKE LLC				
Premise Address:	715 E. LOCUST ST MILWAUKEE, WIT 53212				
Device Type(s)					
 Check all de 	vice types for which you need a license.				
 For each dev 	vice/type checked, indicate how many you have in the Number of Devices column (b).				
 Calculate the 	e Total Fee Per Device Type by multiplying the Fee Per Device Type (a) by the Number of Devices (b).				
 Add all Tota 	 Add all Total Fee Per Device Type amounts together and that will be your Total Fee Due. 				

* Exception: The Scanner fee is not per device. Check the box for the appropriate range. If you have 1-3 scanners, the total due is \$130. If you have 4 or more scanners, the total due is \$250. Check the Number of Devices (b).

,	Device Type	License Period	Fee Per Device Type (a)	Number of Devices (b)	Total Fee Per Device Type (a x b)
Liau	id Measuring Devices				
	Retail Petroleum Meters	12 months	\$60		
	0 to 30 gallons per minute	24 months	\$60		· ·
	31 to 200 gallons per minute	24 months	\$250		
	Over 200 gallons per minute	24 months	\$250		
Scal	es				
7	Measuring any weight amount	24 months	\$55	1	
Scar	ners		Fee for scanners Is by range	Check how many scanners you have	
	Up to 3 scanners	24 months	\$130 total*	□1 □2 □3	
	Four or more scanners	24 months	\$250 total*	□4 □Other	
"Oth	er Devices				
	Length Measuring Device	24 months	\$60		
	Timing Device	24 months	\$30		
				Total Fee Due	147100

Signature

I hereby agree that I will comply with the applicable sections of the Wisconsin State Statutes, Administrative Code and the Milwaukee Code of Ordinances regarding the operation of weighing and measuring devices.

I understand that all devices must be operated within the specifications, tolerances and other technical requirements set forth in the National Institute of Standards and Technology Handbook 44. I understand that the license for which I am applying must be posted on the premises or in my vehicle prior to opening for business or operating the device.

I understand that these device licenses are not transferable (with the exception of scanners). If the device is replaced or needs to be resealed, I must apply for and receive a new license so that an inspection of the device can be performed prior to its use. I acknowledge that as a condition of being issued this license, I must allow the Health Department into the establishment to test the device to validate its specifications/tolerances. If my devices are found out of compliance, I may be charged inspection fees. I have read, understand, and will adhere to all the above acknowledgments.

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

This form must be submitted with the Business License Application, Weights & Measures Plan of Operation, and appropriate fee. Forms can be obtained online at www.milwaukee.gov/licenses.



Sidewalk Dining Facility Supplemental Application

ccl-side1 2/21/18

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

Business Name: SCARDINA SPECIALTIES	Aldermanic District # 5
Premises Address: 715 E. LOCUST ST MILWAUKEE, WIL S	3212
Business Operations	
Check one: // I/we are also applying for Food/Alcohol license(s) at this time.	
I/we currently hold Food/Alcohol license(s) AND	•
confirm that the Business Plan of Operation on file which was previously sub Alcohol application has not changed, except for the addition of this sidewalk	omitted with the Food and/or dining facility.
have included a new Business Plan of Operation reflecting requested change	25.
Sidewalk Dining Facility will operate from: Start Date:	10/22
If yes, describe: 10551 BLY (SRILLING	
Will any sidewalk dining facility improvements be physically attached to public structures?	Yes
If yes, describe:	
Property Owner	
Check one: Applicant owns the property Property owner's information/signature provided below (REQUIRED): Name: DANIEN SARDINA Phone # 414: Address: #13 F Locust ST Miwaukee, WT S3 Property Owner's Signature:	3 196634 3212
Signature (s) Signature of Sole Proprietor, Parlner or 20% or more Shareholder (If there are no 20% or more shareholders, Corporate Officer-print name/title and sign) Signature of additional partner of additional partn	or 20% or more shareholder
Office Use Only: Initials FiledApp #	·
Processing LS: Queue to: HD DNS CC Email To: DPW Primary LS	
Also: holds is applying for: Food Alcohol Perm Ext	

CLIENT 53212 1 - 1 3) ; BEER AND WINE STORED IN OFFICE GARAGE OWNED BY NEIGHBOR STAIRS TO 2ND FLOOR LIVING 15,-0_k 81 BATH NO STORAGE OFFICE $\bar{\sigma}$ DELI GARAGE 2,-0, SEATING AREA PANIEN SCAPOINA 21,-0)(cof TRASH DEER COOLER NOO SHI'I TAP BEBRICCATION DLI SHI'I H 35 TR'II 34'-0" DELI KITCHEN TRI -KITCHEN EXIT FI ENTRANCE TRASH (60) TRASH RECEPTACLE ピログ 15.0 ALLEY BIKE HACK 715 E. LOCUST ST しているってに不可ってい OFF STREET DELI PARKING PLEASE NOTE-1. Dimensions accurate to aprox 3" 2. Max Occupancy 50 EXISTING GARDEN ARÉA SIDEWALK 19'-0" 48,-53/4, ,8/1 4,21

437 E. Stewart St. Sait Bay View/ MKE 53207 KIJ BOYD ENTRPRISE STATYBA LTD. 2503 N. PALMER ST MKE WI Scardina Specialities RIVERWEST/ MKE 53212 statyba ASSOCIATE 2 PROJECT A beautiful deli ASSOCIATE 1 Mae's Bluebird 71**3**E. Locust mke 1158 Sq. PT. EXCLUDING GARAGE -TRASH RECEPTACLE ,9·£ LOCUST STREET