



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

Monday, May 12, 2025

COMMITTEE MEETING NOTICE

AD 02

JACKSON, Jacquelynn M, Agent
JACKSON'S SOUL FOOD REDEFINED LLC
8575 W APPLETON AV
Milwaukee, WI 53225

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.

Tuesday, May 20, 2025 at 09:05 AM

The access code is <https://meet.goto.com/724980021>. Please see the enclosed best practices document for further instructions.

Regarding: Your Class B Tavern and Public Entertainment Premises Licenses Application Requesting Instrumental Musicians, Bands, Poetry Readings, Patrons Dan [redacted] as agent for "Jackson's Soul Food Redefined LLC" for "Jackson's Soul Food Redefined" at 6137 W Fond du Lac Av.

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 during normal business hours is available at reduced rates (5 hour limit) at the Milwaukee Center on the southwest corner of Kilbourn Avenue and Water Street. You must present a copy of the meeting notice to the parking cashier.

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.

200 E. Wells Street, Room 105, City Hall, Milwaukee, WI 53202. www.milwaukee.gov/license
Phone: (414) 286-2238 Fax: (414) 286-3057 Email Address: License@milwaukee.gov

Cox, Andrew

From: License
Sent: Monday, April 14, 2025 12:03 PM
To: Cox, Andrew
Subject: FW: Objections/Denial 6137 W Fond Du Lac Ave Milwaukee, WI

Follow Up Flag: Follow up
Flag Status: Flagged

Please add objection

Marissa Milano
She/her/hers
License Coordinator
City Clerk-License Division
200 E Wells St #105
www.milwaukee.gov/license



[Take Our Survey!](#)

From:
Sent: Friday, April 11, 2025 8:36 PM
To: License <LICENSE@milwaukee.gov>
Subject: Objections/Denial 6137 W Fond Du Lac Ave Milwaukee, WI

Contact info:

I currently reside: _____ rm this business. The impact that this business will have on the neighborhood:

1. The drive thru will cause congestion on Fond Du Lac Ave creating accidents; this is a safety issue
2. Extended hours will cause loud noise and unwanted chaotic behavior during late hours of the night causing safety issue
3. Food will also attract rats in the area which is a health issue.
4. Late hours can will affect my sleep pattern that can cause me unrest affecting my heart and health
5. Business plans to sell liquor which can create intoxication (drunkenness) in the area and attract the wrong crowds leading to personal harm as I enter and exit my garage.

I am contesting this business selling liquor and have late hours in my neighborhood.

Date: 04/22/25
Officer: Monreal

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

Name of Premise: Jackson's Soul Food
Address: 6137 W Fond du Lac
Phone: 414-526-4243

Owner: Jacquelynn Jackson
Owner address: 8575 W Appleton Ave
City State Zip: Milwaukee, WI 53225
Owner Phone: 414-526-4243
Owner email: jacksonsredefined@gmail.com

Licensee/Agent: Same
Home Address:
City State Zip:
Phone:
Email:

Preferred contact: Same

Location currently open: ☐ YES ☒ NO

Projected open date:
Day's open: ☐S ☐M ☒T ☒W ☒Th ☒F ☒SA ☐ALL

Hours of Operation: Sun: 7A-1A ☐24 hours ☐Y ☐N
Mon: "
Tue: "
Wed: "
Thu: "
Fri: 7A-2A
Sat: "

Premise Type: ☐ Tavern/Bar
☒ Restaurant
☐ Other: Banquet Hall /Event Space

Licenses currently held:
Alcohol: ☐ Yes ☒ No

Tobacco: ☐ Yes ☐ No
 Food: ☐ Yes ☐ No
 Extended Hours: ☐ Yes ☐ No
 Other: ☐ Yes ☐ No

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. Valet Parking ☐ Yes ☒ No
 - a. Will this lot have a guard? ☐ Yes ☐ No
 - b. Will this lot have cameras? ☒ Yes ☐ No
10. Are there areas where a person could conceal themselves ☐ Yes ☒ No
11. Is there exterior lighting? ☒ Yes ☐ No. Does it appear to be adequate ☒ Yes ☐ No
12. Are there No Loitering Signs posted? ☐ Yes ☒ No
13. Are the address numbers prominently displayed and easy to see ☒ Yes ☐ No

Camera Survey:

14. Does this location have security cameras? ☒ Yes ☐ No
15. Are they in working order? ☒ Yes ☐ No
16. What format are the cameras?
 - a. Color ☒ Yes ☐ No
 - b. Digital ☒ Yes ☐ No
 - c. Recorded ☒ Yes ☐ No
17. How long is footage stored for later viewing: 30 days
18. Are there exterior cameras ☒ Yes ☐ No How many: 10
19. Are there interior cameras ☒ Yes ☐ No How many: 6
20. Do all employees know how to retrieve recorded digital images/footage? ☒ Yes ☐ No
21. Cameras located in parking lot ☒ Yes ☐ No How many: 2

Interior Survey:

22. What is the planned capacity 15
23. What is the minimum number of employees That will be on premise 2

24. 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
25. Is the interior of the location neat and clean? ☒ Yes ☐ No
26. Does an interior camera face the entrance/exit? ☒ Yes ☐ No
27. Is there a lockable area that separates employees from customers? ☐ Yes ☒ No
28. Are emergency and non-emergency numbers posted near the phone? ☒ Yes ☐ No
29. 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

30. How many security personnel are going to be employed: 0
31. How will they be deployed: Interior Exterior
32. What days will they be deployed ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat ☐ Sun
33. Will the security be managed by business ☐ or contracted ☐
34. Will they be armed ☐ Yes ☐ No
35. What type of security measures to be used:
☐ Wanding/metal detector
☐ ID Scanner
☐ Dress Code
☐ Cover Charge
☐ Age restriction
☒ Other Checking Id's

ADDITIONAL COMMENTS/RECOMMENDATIONS:

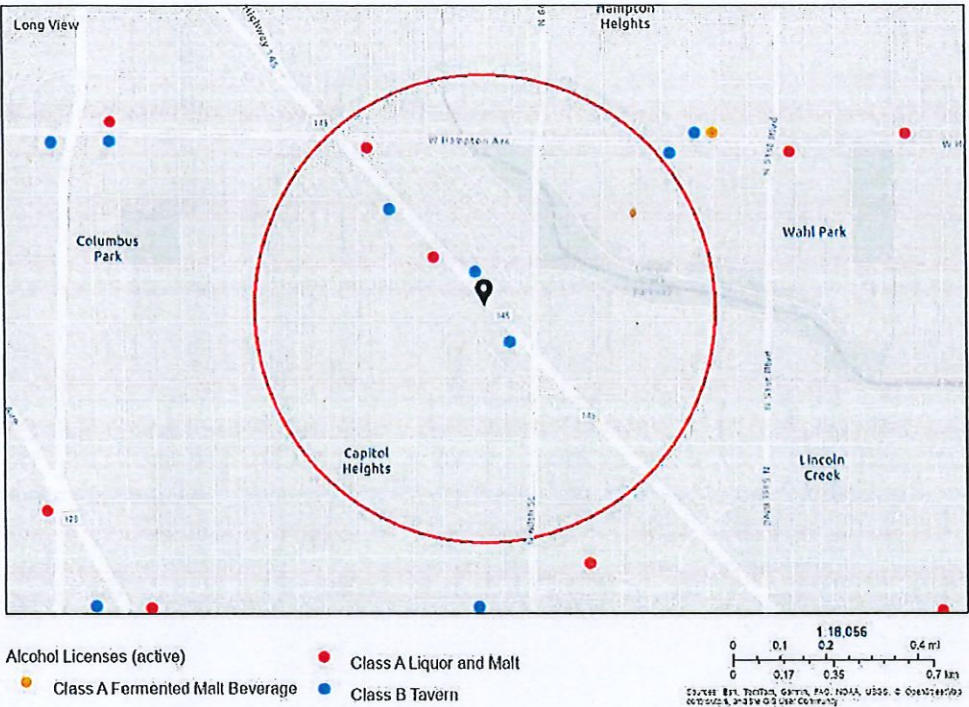


Concentration Map for 6137 W Fond Du Lac Av

Area of Interest (AOI) Information

Area : 21,862,586.02 ft²

Apr 4 2025 11:28:52 Central Daylight Time



Summary

Name	Count	Area(ft ²)	Length(mi)
Alcohol Licenses	5		

Alcohol Licenses

#	Legal Entity	Trade Name	Licensee	Address	License Type Name	Total Capacity	Expiration Date	Count
1	ELITE BAR AND GRILL INC	ELITE BAR AND GRILL	JATINDER SINGH, Agt	6305 W FOND DU LAC AV	Class B Tavern License		6/12/2025, 7:00 PM	1
2	FREMO'S	FREMO'S	PETER J FIUMEFREDDO, SP	6449 W FOND DU LAC AV	Class B Tavern License	80	7/13/2025, 7:00 PM	1
3	Ahdream Entertainment, LLC	Eve Dining	THOMAS J HOLMES, Agt	6222 W Fond Du Lac AV	Class B Tavern License		7/29/2025, 7:00 PM	1
4	P&K Supermarket LLC	Food Town & Liquor	Pawan Kumar, Agt	6608 W Fond Du Lac AV	Class A Malt & Class A Liquor License		9/20/2025, 7:00 PM	1
5	6315 STARK INC	Stark Food III	JATINDER SINGH, Agt	6315 W FOND DU LAC AV	Class A Malt & Class A Liquor License		2/24/2026, 6:00 PM	1

Establishments within a 0.5 miles radius centered on area of interest.



Monday, May 12, 2025



Notice of Public Hearing

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JACKSON, Jacquelynn M, Agent

Jackson's Soul Food Redefined at 6137 W Fond du lac Av

Class B Tavern and Public Entertainment Premises Licenses Application Requesting Instrumental Musicians, Bands, Poetry Readings, Patrons Dancing

Tuesday, May 20, 2025 at 9:05 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 5/20/2025 at 9:05 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 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	MAIL ADDRESS	CITY STATE ZIP
CURRENT OCCUPANT	4463 N 62ND ST	MILWAUKEE, WI 53218-5545
CURRENT OCCUPANT	4463 N 62ND ST# A	MILWAUKEE, WI 53218-5545
CURRENT OCCUPANT	4465 N 62ND ST# 1	MILWAUKEE, WI 53218-5545
CURRENT OCCUPANT	4465 N 62ND ST# 2	MILWAUKEE, WI 53218-5545
CURRENT OCCUPANT	4465 N 62ND ST# 3	MILWAUKEE, WI 53218-5545
CURRENT OCCUPANT	4465 N 62ND ST# 4	MILWAUKEE, WI 53218-5545
CURRENT OCCUPANT	6109A W FOND DU LAC AVE	MILWAUKEE, WI 53218-5632
CURRENT OCCUPANT	6125 W FOND DU LAC AVE	MILWAUKEE, WI 53218-5632
CURRENT OCCUPANT	6136 W MEDFORD AVE	MILWAUKEE, WI 53218-5558
CURRENT OCCUPANT	6142 W MEDFORD AVE	MILWAUKEE, WI 53218-5558
CURRENT OCCUPANT	6144 W MEDFORD AVE	MILWAUKEE, WI 53218-5558
CURRENT OCCUPANT	6148 W MEDFORD AVE	MILWAUKEE, WI 53218-5558
CURRENT OCCUPANT	6150 W MEDFORD AVE	MILWAUKEE, WI 53218-5558
CURRENT OCCUPANT	6152 W MEDFORD AVE	MILWAUKEE, WI 53218-5558
CURRENT OCCUPANT	6156 W MEDFORD AVE	MILWAUKEE, WI 53218-5558
CURRENT OCCUPANT	6158 W MEDFORD AVE	MILWAUKEE, WI 53218-5558
CURRENT OCCUPANT	6162 W MEDFORD AVE	MILWAUKEE, WI 53218-5558
CURRENT OCCUPANT	6204 W MEDFORD AVE	MILWAUKEE, WI 53218-5561
CURRENT OCCUPANT	6208 W MEDFORD AVE	MILWAUKEE, WI 53218-5561
CURRENT OCCUPANT	6212 W MEDFORD AVE	MILWAUKEE, WI 53218-5561
CURRENT OCCUPANT	6214 W MEDFORD AVE	MILWAUKEE, WI 53218-5561
CURRENT OCCUPANT	6223 W MEDFORD AVE	MILWAUKEE, WI 53218-5562
CURRENT OCCUPANT	6224 W MEDFORD AVE	MILWAUKEE, WI 53218-5561
CURRENT OCCUPANT	6225 W BALDWIN ST	MILWAUKEE, WI 53218-5550
CURRENT OCCUPANT	6226 W MEDFORD AVE	MILWAUKEE, WI 53218-5561
CURRENT OCCUPANT	6227 W MEDFORD AVE	MILWAUKEE, WI 53218-5562
CURRENT OCCUPANT	6228 W MEDFORD AVE	MILWAUKEE, WI 53218-5561
CURRENT OCCUPANT	6229 W MEDFORD AVE	MILWAUKEE, WI 53218-5562
CURRENT OCCUPANT	6230 W MEDFORD AVE	MILWAUKEE, WI 53218-5561
CURRENT OCCUPANT	6231 W MEDFORD AVE	MILWAUKEE, WI 53218-5562
CURRENT OCCUPANT	6233 W MEDFORD AVE	MILWAUKEE, WI 53218-5562
CURRENT OCCUPANT	6236 W MEDFORD AVE	MILWAUKEE, WI 53218-5561
CURRENT OCCUPANT	6306 W MEDFORD AVE	MILWAUKEE, WI 53218-5525

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Total Records: 33

Radius 250 feet and Center of the Circle: 6137 W Fond du Lac Av



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:

Soul Food Drive thru restaurant with live jazz, blues performers, and alcohol slushies/with to go temper for 109 cups

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

Already have location

2. Business Operations

a. Proposed Opening Date: *May 5 2025*

b. Is this premise under construction? ☐ No ☒ Yes If yes, list estimated completion date: *4/30/25*

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: *not open yet*

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): *4519 W. Center St*

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: *5* Locations: *lobby, by both restrooms, prep area, cook line*
Outside: *2* Locations: *Patio Area, front side stage area*

c. Is a crowd control barrier used? ☒ No ☐ Yes If yes, describe: *Wooden fence*

d. How many restrooms are on the premises? *1*

e. Name of solid waste contractor: ☐ Advanced Disposal ☐ Waste Management ☒ Other: *Eagle*

5. Security

- a. Are there onsite parking spaces? ☐ No ☒ Yes If yes, how many? 7 and describe the parking security plan: Bright lighting, 10 cameras outdoor

- b. Is there a loading zone? ☐ No ☒ Yes If yes, describe the loading area security plan: last parking spot

- c. Will you have licensed security on premise? ☒ No ☐ Yes If yes, how many? _____ and answer the following:

What are their responsibilities? _____

Describe equipment used _____

List their License Number (s) _____

- d. Will there be security cameras? ☐ No ☒ Yes If yes, how many? 16 and list locations: 2 on each side of building, 10 on (other side) the rest in building

- e. Will searches/identification checks be done upon entry? ☒ No ☒ Yes If yes, describe only when alcohol slushies being purchased

6. Percentage of Sales (must total 100%)

Alcohol <u>20</u> %	Food <u>80</u> % Cigarettes, Electronic Vape Devices, Tobacco Products <u>0</u> %	Secondhand Merchandise <u>0</u> %	Precious Metals & Gems <u>0</u> %
Entertainment <u>0</u> %	Salvaged Materials <u>0</u> % (such as scrap metal)	Personal Services (such as tattoo, body piercing, salon, tailor, tanning, etc.) <u>0</u> %	Other <u>0</u> % Describe: <u>0</u>
Pawnbroker Activity <u>0</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: _____ Number of Rooms: _____
☐ Rooming House: Number of Floors: _____ Number of Rooms: _____

Type 2

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

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

- ☐ Occupancy Permit ☐ Cigarette, Tobacco, Electronic Vape Products ☐ 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 15 (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: Fond du Lac Ave

c. Nearest Major Cross Street: Fond du Lac

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: Josephine Jackson Phone Number: 944-526-4243

Building Owner Address: 1237 W Fond du Lac Ave Milwaukee WI 53218

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	7am	1am	100	21-80	None
Monday	7am	1am	100	21-80	None
Tuesday	7am	1am	100	21-80	None
Wednesday	7am	1am	100	21-80	None
Thursday	7am	1am	100	21-80	None
Friday	7am	2am	120	21-80	None
Saturday	7am	2am	120	21-80	None

An Extended Hours Establishment License is required for any convenience store, filling station, personal service establishment (such as tattoo, body piercing, salon, tailor, tanning, etc.), recording studio or restaurant which is open between the hours of 12:00 a.m. and 5:00 a.m.

Alcohol Establishments Class A: 8:00 am to 9:00 pm Sunday thru Saturday

Permitted Hours of Operation: Class B: 6:00 am to 2:00 am Sunday thru Thursday, 6:00 am to 2:30 am Friday & Saturday

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

11. Signature(s)

Signature of Sole Proprietor, Partner, or 20% or more Shareholder

(If there are no 20% or more shareholders, Corporate Officer-print name/title and sign)

Signature of additional partner or 20% or more shareholder

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



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: Jackson's Soul Food Redefined LLC

Premise Address: 6137 W. Grand Ave. Milwaukee, WI 53228

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.)?

Jackson's Soul Food Redefined

c) Are you purchasing the stock and/or fixtures? ☒ No ☐ Yes If yes, amount paid \$ _____

d) Total amount paid for business

\$ 0

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 occupant 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

BUSINESS INFORMATION FORM

SEE INFORMATION SHEET FOR THE TYPE OF
LICENSE FOR WHICH YOU ARE APPLYING
FOR ADDITIONAL FORMS REQUIREDOffice of the City Clerk License Division
200 E. Wells St. Room 105, Milwaukee, WI 53202
(414) 286-2238 www.milwaukee.gov/license license@milwaukee.gov

ccl-busapp 12/10/19

BUSINESS CONTACT INFORMATION

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

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

Business/Trade Name:

Phone:

E-mail:

Premises Address (include city, state, zip code):

Mailing Address: ☐ Same as premises address ☒ Same as home address in Section 2☐ Other (include city, state, zip code):AGENT / SOLE PROPRIETOR / 1ST PARTNER INFORMATION

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

Date of Birth:

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

Driver's License Number/ ID #:

Issuer:

Home Phone:

Cell Phone:

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

Email:

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

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

Date of Birth:

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

Driver's License Number/ ID #:

Issuer:

Home Phone:

Cell Phone:

Percent % of Ownership Interest:

Email:

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

Date of Birth:

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

Driver's License Number/ ID #:

Issuer:

Home Phone:

Cell Phone:

Percent % of Ownership Interest:

Email:

☐ Check if there are additional partners or persons with 20% or more ownership interest. Complete additional sheets as necessary.

OCCUPANCY PERMIT STATUS AND SIGNATURE(S)

CHECK ONE: An occupancy permit ☐ has been obtained ☐ has been applied for ☒ will be obtained before operating
☐ is not needed (will obtain home occupation statement) ☐ is not needed-reason:

I/we understand that I am/we are required to inform the City Clerk within 10 days of changes in any of the information supplied in this application. I/we have knowledge of the City Ordinances currently regulating the license applied for herein, and understand that the license may be subject to suspension, non-renewal or revocation, if I/we violate any rule or regulation relating to this license.

I/we understand that I/we shall not willfully refuse to provide the services offered under this license, or add charges or require deposits not required of the general public because of race, color, sex, religion, national origin or ancestry, age, handicap, lawful source of income, marital status, sexual orientation, gender identity or expression, familial status or the fact that a person is now or has been a member of the military service, whether dressed in uniform or not; and shall not seek such information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion on the basis of such information.

The undersigned understands that the filing of an application does not entitle applicants to permits, and that granting of permits is in the sole discretion of the Common Council. I/we state that this application for a license is not made for and behalf of any other person and that the applicant is not acting as an agent for, or in the employ of another. I/we certify that I am/we are the applicant and all statements are true and correct.

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

Signature of additional partner or 20% or more shareholder

Office Use Only:

Initials:

Filed:

4/14/25

Applications:

BTAVN 378998, PEP 379003

☐ NL or ☐ NA: Last Lic☐ New or☐ Renewal

Granted w/

☐ No Issues or☐

DBA

Exp Date

Paid:

MPD

Granted

License #

☐ Note Other Lics



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: 6137 W. Fond du Lac Ave Milwaukee WI 53218

TYPES OF ENTERTAINMENT (CHECK ALL THAT APPLY)

- | | | | |
|---|---|---|---|
| <input checked="" 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 checked="" 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 type="checkbox"/> Pool Tables
How many? _____ | <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 checked="" 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-Thursdays; 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: small speakers for the bands

LEGAL CAPACITY OF PREMISES

15 (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.

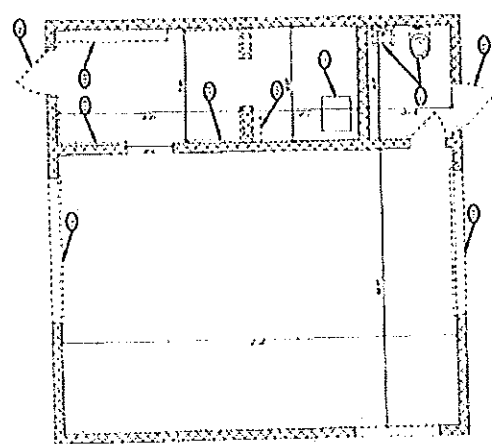
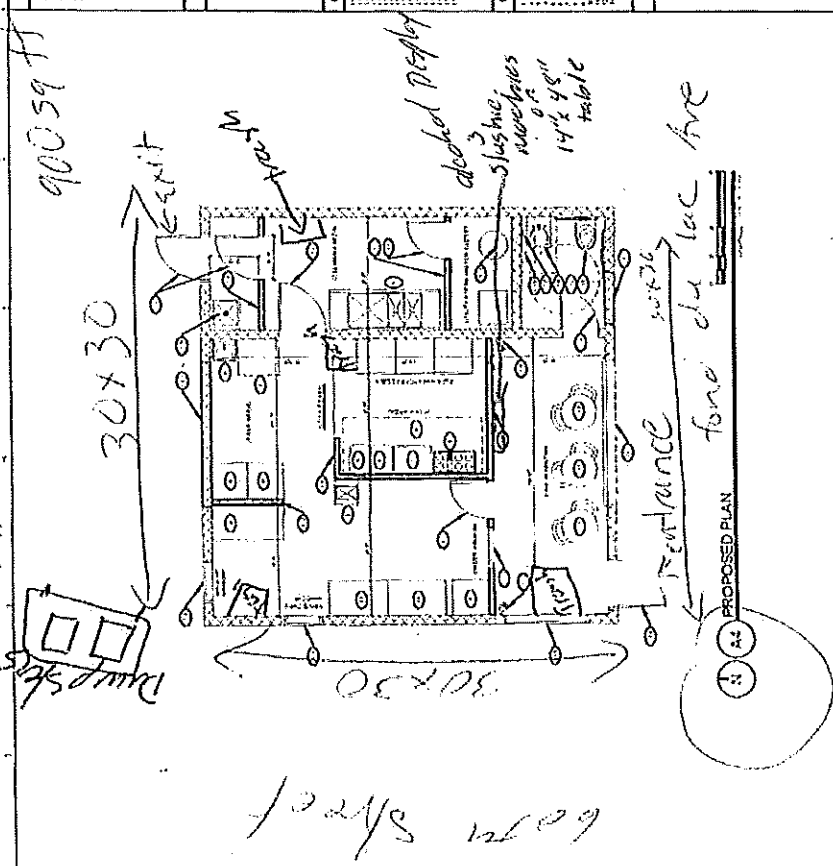
[Signature]
Signature of Sole Proprietor, Partner or 20% or More Shareholder
(If no 20% or more Shareholder, Corporate Officer - print name/title and sign)

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)

4/30/24
 Trade Plan Jackson's Soil Food Richardson
 Agent Jacques Van Jackson Richard Jackson
 5475 W. Fond du Lac Ave Milwaukee 53218
 6137 W. Fond du Lac Ave Milwaukee 53218



DEMOLITION PLAN

PROPOSED PLAN

PROPOSAL FOR SITE DEVELOPMENT	
DGA	
LEGEND DEMOLITION	
LEGEND CONSTRUCTION	
LEGEND DEMOLITION AND CONSTRUCTION	
LEGEND (ACCESSIBILITY)	
PROPOSAL FOR SITE DEVELOPMENT	
6137 W. FONDULAC MILWAUKEE WI 53218	
ASK200	

