



BUSINESS LICENSE APPLICATION

SEE INFORMATION SHEET FOR THE TYPE OF LICENSE FOR WHICH YOU ARE APPLYING FOR ADDITIONAL FORMS REQUIRED

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: license@milwaukee.gov

ccl-busapp 12/3/14

BUSINESS CONTACT INFORMATION

Section 1

Sole Proprietor Corporation LLC Partnership Nonprofit Organization

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

Business/Trade Name: Odoba Mexican Eats

Phone: 414-962-4200

E-mail: LJOHNSON@ROARING-FORK.COM

Premises Address (include city, state, zip code): 1348 E. Brady Street, Milwaukee WI 53202

Mailing Address: Same as premises address Same as home address in Section 2

Other (include city, state, zip code): 241 N. Broadway Ste 501, Milwaukee, WI 53202

AGENT / SOLE PROPRIETOR / 1ST PARTNER INFORMATION

Section 2

FULL LEGAL NAME (Last, First & Middle Initial): Stokes, Ron A.

Date of Birth: 11-6-58

Home Address (include city, state, and zip code): 6448 Upper Pkwy N, Wauwatosa, WI 53213

Driver's License Number/State ID #: S322-7215-8406-06 State: WI

Home Phone: 262-391-2838 Cell Phone:

Cell Phone Provider: Verizon AT&T T-Mobile
 US Cellular Cricket Virgin Other

Percent % of Ownership Interest (Corp/LLC only): 0

Email: LJOHNSON@ROARING-FORK.COM

LIST ALL PERSONS WITH 20% OR MORE OWNERSHIP INTEREST / ADDITIONAL PARTNER(S)

Section 3

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

Date of Birth: 5-14-59

Home Address (include city, state, and zip code): 32179 Oakland Road, Nashotah, WI 53058

Driver's License Number/State ID #: P652-5545-9174-08 State: WI

Home Phone:

Cell Phone:

Cell Phone Provider:

Percent % of Ownership Interest: 100

Email:

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

Date of Birth:

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

Driver's License Number/State ID #: ------- State: _____

Home Phone:

Cell Phone

Cell Phone Provider:

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]
Sole Proprietor, Partner, 20% or more Shareholder,
or the Agent - only if there are no 20% or more shareholders

Signature of additional partner or 20% or more shareholder

Office Use Only:

Initials: JAC

Filed: 3/6/17

Applications: FREST 249379 /

NL or NA: Last License New or Renewal Granted with No Issues or Exp Date

Paid: _____ MPD _____ Granted _____ License # _____ Note Other Lics

2017 FEB 27 A 9:59
CITY OF MILWAUKEE
LICENSE DIVISION



BUSINESS LICENSE PLAN OF OPERATION

ccl-busplan 5/24/16

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 Rooming House Hotel/Motel 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:

Fast-Casual restaurant concept operating a dining room and carry-out options

Do you have any experience operating this type of business? No Yes If yes, explain: we operate 53 other restaurants

2. Business Operations

- a. Proposed Opening Date: 3/28/17
- b. Is this premise under construction? No Yes If yes, list estimated completion date: 3/13/17
- c. Is this a franchise? No Yes
- d. Is this premises currently licensed? No Yes If yes, list type of license: _____
- e. Is the current licensee operating? No Yes If no, list date closed: _____
- f. Do you have future plans for other businesses, licenses or permits at this location? No Yes
If yes, explain: _____
- g. Have you previously held an Extended Hours License in Milwaukee? No Yes
If yes, list address(es): 1150 N. Water Street, Milwaukee WI 53202
- 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: _____ Locations: _____
Outside: 2 Locations: Alley
- 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: _____

5. Security

- a. Are there onsite parking spaces? No Yes If yes, indicate how many? _____ and describe the parking security plan: _____
- b. Is there a loading zone? No Yes If yes, describe the loading area security plan: _____
- c. Will you have security personnel on premise? No Yes If yes, how many? 1 and answer the following:
 What are their responsibilities? Adoba will have a security guard during late nights
 Is security equipment used? No Yes If yes, describe cameras + alarms
 List their licensing, certification, or training credentials _____
- d. Will there be security cameras? No Yes If yes, where? _____
- e. Will searches/identification checks be done upon entry? No Yes If yes, describe _____

6. Percentage of Sales (must total 100%)

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

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

Type 1

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

Type 2

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

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

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

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

Capacity 88 (Call the Milwaukee Development Center at 414-286-8211 if you have questions.)

9. Premises Description

- a. Identify all area(s) of the premises that will be used in operating this business (include areas used only for storage):
 1st Floor 2nd Floor Basement Storage Patio Beer Garden Sidewalk Café Deck Rooftop
 Other: Describe: _____
- b. Describe Location: Major Thoroughfare Secondary Street Other: _____
- c. Nearest Major Cross Street: WARREN AVE
- d. Describe Building: Free Standing Building Strip Mall Other: _____
- e. Describe Premises Structure: Single Story Multi-Story - # of Stories 2 Other: _____
- f. Describe Surrounding Area: Commercial Residential Industrial Other: mixed commercial / residential
- g. Building Owner Name: Michael Pranke Phone Number: 414-962-4200
 Business Owner Address: 241 N. Broadway Ste 501 Milwaukee, WI 53202

10. Hours of Operation & Customers

Will customers be entering the premises? No Yes

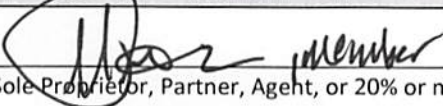
Day of the Week	Proposed Hours of Operation:		Estimated Number of Customers expected each day	Potential Age Range of Customers	Class B Tavern Applicant Only: Age Restriction (If none, write 'None')
	Open Time (include a.m. or p.m.)	Close Time (include a.m. or p.m.)			
Sunday	10:30 a.m.	11 p.m.	300	5-99	None
Monday	10:30 a.m.	11 p.m.	300	5-99	None
Tuesday	10:30 a.m.	11 p.m.	300	5-99	None
Wednesday	10:30 a.m.	11 p.m.	300	5-99	None
Thursday	10:30 am	2:30 a.m.	300	5-99	None
Friday	10:30 am	3:30 a.m.	300	5-99	None
Saturday	10:30 a.m.	3:30 a.m.	300	5-99	None

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 a.m. and 5 a.m.

Entertainment Indoor Closing Hours: If alcohol beverage establishment, same as alcohol license hours.
 If non-alcohol establishment 1:00 am Sunday to Thursday; 1:30 am Friday and Saturday.

Entertainment Outdoor Closing Hours: 10:00 pm Sunday – Thursday; 12:00 am Friday and Saturday,
 unless otherwise approved by Common Council in licensee's plan of operation.

11. Signature(s)


 Sole Proprietor, Partner, Agent, or 20% or more Shareholder

 Signature of additional partner or 20% or more Shareholder

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



Sidewalk Dining Facility Supplemental Application

ccl-side1 6/13/16

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: <u>1348 E. Brady Street Milwaukee WI 53202</u>	Aldermanic District # _____
--	-----------------------------

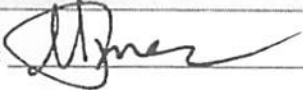
Business Operations

1. Check one: Also applying for Food/Alcohol license(s) at this time
 Currently hold Food/Alcohol license(s) # _____
2. Sidewalk Dining Facility will operate from: Start Date: 4-1 to End Date: 10-1
3. Will any food preparation be done outdoors? No Yes
 If yes, describe: _____
 AND complete/submit the "Request To Modify Food Establishment/Food Operational Plan" with this application
4. What type of security will be provided? Same as Food/Alcohol Other: _____
5. Will any sidewalk dining facility improvements be physically attached to public structures? No Yes
 If yes, describe: _____

Property Owner

Check one: Applicant owns the property
 Property owner's information/signature provided below (REQUIRED):
 Name: _____ Phone # _____
 Address: _____
 Property Owner's Signature: _____

Signature

Signature of Applicant: 

Submit this application with the following additional forms:

- Detailed Floor Plan (see page 2 for detailed instructions)
- Sidewalk Dining Facility Certificate of Insurance (ccl-side4)
- Business License Application (ccl-busapp)*
- Business Plan of Operation (ccl-busplan)*
- *only one copy of these forms is needed if submitting with other license applications
- Request To Modify Food Establishment/Food Operational Plan (if preparing food outdoors)

Office Use Only:

Initials _____ Filed _____ App # _____ Lic # _____

Also holds/applying for: Food Alcohol Perm Ext

Queue for Approval to: Health DNS CC

Email for Approval to: DPW