



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

Wednesday, December 17, 2025

COMMITTEE MEETING NOTICE

AD 07

MOORE, Otis D, Agent
SWEET LITTLE WAFFLES LLC
5650 W FOND DU LAC AV
MILWAUKEE, WI 53216

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, January 06, 2026 at 11:15 AM

The access code is <https://meet.goto.com/880736941>. Please see the enclosed best practices document for further instructions.

Regarding: Your Class B Tavern and Food Dealer Licenses Application as agent for "SWEET LITTLE WAFFLES LLC" for "SWEET LITTLE WAFFLES" at 5650 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



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Phone: (414) 286-2238 Fax: (414) 286-3057 Email Address: License@milwaukee.gov



Crime Prevention through Environmental Design CPTED Survey

Date Received: 01/29/2025

Date Completed: 03/17/2025

Milwaukee PD CAD#: P2502110885

Milwaukee PD CASE#: C2510160136

Address/Location: 5650 Fond Du Lac Ave., Milwaukee, Wisconsin.

CPTED Auditor: PO SHEETS-WALKER and PO CHANDLER

Contact Person(s): Otis Miller

Telephone/Cell: 832-461-2210

Person Requesting Audit and Why: Applied for a Permit through the City of Milwaukee.

EXTERIOR

Hedgers/Bushes: N/A

Higher than 4 feet: N/A

Close to windows: N/A

Entrapment areas: N/A

Near windows or door: N/A

Trees

Blocking view of bldg. from road: N/A

Entrapment areas: N/A

Fences

Higher than 4 Feet: N/A

Private/semi private: N/A

Chain Link: N/A

Lock on gates: N/A

Lot Lighting

Motion detectors: N/A

Fluorescent lighting: N/A

High pressure sodium: N/A

Low pressure sodium: N/A

Metal halide: N/A

Storage Shed

Secure lock on door: N/A

Visible from business: N/A

Parking

Close to door: Yes, parking lot is located on the north and westside of the business.

Lighted parking lot: No, lights are only available by the lighting from the street lights.

Garbage bins

Close to door: N/A

Causing entrapment zones: N/A

Air conditioner

Window mounted: N/A

Roof mounted: Yes

Ventilation Grates

Secured or locked: N/A

Access gained into bldg. N/A

SECURITY

Alarm system

Installed: N/A

Monitored w/key holder: N/A

Motion detectors: N/A

All doors alarmed (Key fob): NO

Stickers on windows and doors: NO

Building Exterior

Main door

Solid door: YES

Glass door with metal frame: N/A

Re-enforced frame for dead bolt: N/A

More than one lock device on door: NO

Lighted area: NO

Alarm system on door: NO

Un-obstructed view into business: YES

Rear doors

Solid door: Yes,

Glass door with metal frame: NO

Re-enforced frame for dead bolt: YES

More than one lock device on door: NO

Lighted area: NO

Alarm system on door: NO

Un-obstructed view into business: N/A

OTHER

WINDOWS

Lighted areas: NO

Steel frames on windows: YES

Windows open: NO

Alarm system on windows: NO

Windows located near ground: NO

Bars on all windows: NO

SITE SCAN

Sight Lines/Surveillance (obstructions, design problem)

- Flood lights are needed on the west side of the building.
- Surveillance cameras are needed on the inside and outside of business.
- Dark spots on the east and south west side of the building. Needs lighting.
- **Entrapment Zone (alley ways, entrance ways:)**
- N/A

Movement Predictors (desired lines, existing pathways, bridges or tunnels:)

- N/A

Activity Generators (parking lots, corner stores, parks, benches, bus stops:)

- N/A

Community Impact (type of buildings around the site, existing land use:)

- N/A

RECOMMENDATIONS

Recommendations are that the business should have flood lights on the west side of the building. I recommended to the owner that he gets surveillance cameras located on the inside and outside of the business. I recommended there be motion detectors placed inside the business.

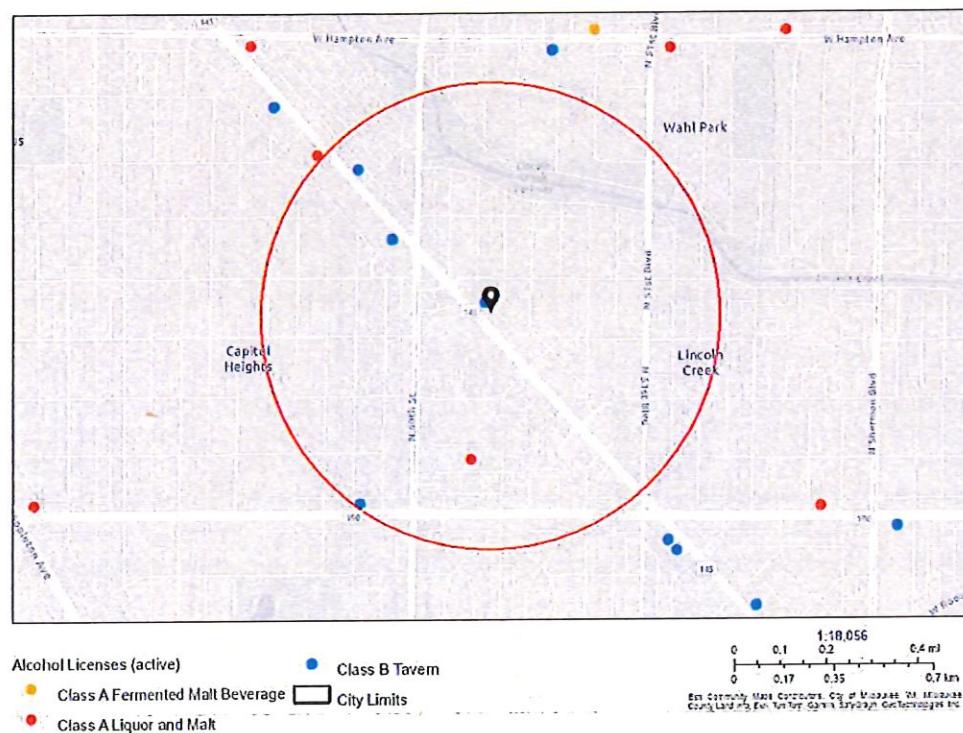


Concentration Map for 5650 W Fond du Lac Ave

Area of Interest (AOI) Information

Area : 21,862,585.68 ft²

Jan 28 2025 12:15:14 Central Standard 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	5700 Court LLC	Court MVP Sports Bar + Grill	Otis D Moore, Agt	5700 W FOND DU LAC AV	Class B Tavern License	99	3/17/2025, 7:00 PM	1
2	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
3	Dale's	Dale's	William J Conway, SP	6132 W CAPITOL DR	Class B Tavern License	80	7/9/2025, 7:00 PM	1
4	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
5	Mega Marts, LLC	Pick N Save #6365	ROCHELLE R SMITH, Agt	5700 W Capitol DR	Class A Malt & Class A Liquor License		11/12/2025, 6:00 PM	1

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



Wednesday, December 17, 2025



Notice of Public Hearing

Blank Notice

MOORE, Otis D, Agent
SWEET LITTLE WAFFLES at 5650 W FOND DU LAC Av
Class B Tavern and Food Dealer Licenses Application

Tuesday, January 06, 2026 at 11:15 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 1/6/2026 at 11:15 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 stassl5@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	5517 W LEON TER	MILWAUKEE, WI 53216-1227
CURRENT OCCUPANT	5523 W LEON TER	MILWAUKEE, WI 53216-1227
CURRENT OCCUPANT	5529 W LEON TER	MILWAUKEE, WI 53216-1227
CURRENT OCCUPANT	5532 W LEON TER	MILWAUKEE, WI 53216-1228
CURRENT OCCUPANT	5533 W LEON TER	MILWAUKEE, WI 53216-1227
CURRENT OCCUPANT	5537 W LEON TER	MILWAUKEE, WI 53216-1227
CURRENT OCCUPANT	5541 W LEON TER	MILWAUKEE, WI 53216-1227
CURRENT OCCUPANT	5545 W LEON TER	MILWAUKEE, WI 53216-1227
CURRENT OCCUPANT	5600 W VANCE PL	MILWAUKEE, WI 53216-1232
CURRENT OCCUPANT	5601 W CONGRESS ST	MILWAUKEE, WI 53218-5622
CURRENT OCCUPANT	5602 W VANCE PL	MILWAUKEE, WI 53216-1232
CURRENT OCCUPANT	5609 W CONGRESS ST	MILWAUKEE, WI 53218-5622
CURRENT OCCUPANT	5613 W CONGRESS ST	MILWAUKEE, WI 53218-5622
CURRENT OCCUPANT	5617 W CONGRESS ST	MILWAUKEE, WI 53218-5622
CURRENT OCCUPANT	5619 W CONGRESS ST	MILWAUKEE, WI 53218-5622
CURRENT OCCUPANT	5621 W VANCE PL	MILWAUKEE, WI 53216-1231
CURRENT OCCUPANT	5621A W VANCE PL	MILWAUKEE, WI 53216-1231
CURRENT OCCUPANT	5625 W CONGRESS ST	MILWAUKEE, WI 53218-5622
CURRENT OCCUPANT	5629 W CONGRESS ST	MILWAUKEE, WI 53218-5622
CURRENT OCCUPANT	5629A W CONGRESS ST	MILWAUKEE, WI 53218-5622
CURRENT OCCUPANT	5635 W CONGRESS ST	MILWAUKEE, WI 53218-5622
CURRENT OCCUPANT	5638A W FOND DU LAC AVE	MILWAUKEE, WI 53216-1222
CURRENT OCCUPANT	5638B W FOND DU LAC AVE	MILWAUKEE, WI 53216-1222
CURRENT OCCUPANT	5639 W CONGRESS ST	MILWAUKEE, WI 53218-5622
CURRENT OCCUPANT	5700 W FOND DU LAC AVE# A	MILWAUKEE, WI 53216-1224
CURRENT OCCUPANT	5700 W FOND DU LAC AVE# B	MILWAUKEE, WI 53216-1224

Blank Notice

Total Records: 26

Radius 250 feet and Center of the Circle: 5650 W Fond Du Lac Av



APPLICATION AMENDMENT

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

Date: 4-2-25

To the License Division of the City of Milwaukee:

I, Olis madero (full legal name), wish to amend my answer(s) on the application for a

Class B (type of license) license at 5650 w fond du lac AVE (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 SAT & SUN 7AM-5PM note two hour maintenancefood prep, and clean up after the establishment closes.

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

Monday - Friday hours are 7AM - 4PM

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

Office Use Only: Application #: 376888 Date: 4-2-25 Initials: TR To LC: _____LC Email: MPD NS HD Initials: _____



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:

Restaurant with Service Bar

Do you have any experience operating this type of business? No Yes If yes, explain: *E. Sports Bar & Grill*

2. Business Operations

- a. Proposed Opening Date: 4-1-2025
- b. Is this premise under construction? No Yes If yes, list estimated completion date: _____
- c. Is this a franchise? No Yes
- d. Is this premises currently licensed? No Yes If yes, list type of license: _____
- 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? 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: 4 Locations: *Service counter / Both sides / Private room / Kitchen*
Outside: 3 Locations: *Front door / side / Back*
- 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: *TO GO*

5. Security

a. Are there onsite parking spaces? No Yes If yes, how many? 12 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 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:
Covering the entire property inside and out.

e. Will searches/identification checks be done upon entry? No Yes If yes, describe _____

6. Percentage of Sales (must total 100%)

Alcohol <u>25</u> %	Food <u>75</u> % Cigarettes, Electronic Vape Devices, Tobacco Products _____ %	Secondhand Merchandise _____ %	Precious Metals & Gems _____ %
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 Recording Studio
(such as tattoo business, hair salon, tailor, etc.)

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
Electronic Vape Products
 Secondhand Dealer Precious Metal & Gem Other: _____

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

Capacity 75 (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: fond du lac AVE

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: 5700 court U.C. Phone Number: 832-461-2210
Building Owner Address: 5700 w fond du lac AVE upper #3 milwaukee WI 53216

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	7PM	50 to 75		None
Monday	7AM	7PM	11		11
Tuesday	7AM	7PM	11		11
Wednesday	7AM	7PM	11		11
Thursday	7AM	7PM	11		11
Friday	7AM	7PM	11		11
Saturday	7AM	7PM	11		11

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: Sweet little Waffles LLC

Premise Address: 5650 W Fond du Lac Ave milwaukee WI 53216

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

Sweet little Waffles

b) Who owns the fixtures (for example, coolers, etc.)? _____

No Yes If yes, amount paid \$ _____

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 1-1-2025 Ends 1-1-2030

b) Monthly rental \$ 3,500

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)? 5 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



MILWAUKEE

ccl-foodplan 2/28/19

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: Sweet Little Waffles LLC

Premises Address: 5650 W fond du lac Ave milwaukee WI 53216

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 7,500 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? No Yes

Processing is defined as assembling, grinding, cutting, mixing, baking, coating, stuffing, packing, bottling, grilling, canning, extracting, fermenting, distilling, pickling, freezing, drying, smoking, or packaging.

SECTION 3 FOOD REQUIRING TEMPERATURE CONTROL

Will any food that requires temperature control be sold? No Yes

{includes dairy products such as milk, cheese, and ice cream, fish, shellfish, meat, poultry}

If yes, list the types of food items: Chicken, fish, meat

SECTION 4 DETAILS OF OPERATION	
Will you have seating on site for dining?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Will you be doing any catering?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Will you be doing any delivery?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Will you have outdoor activities?	<input type="checkbox"/> No <input type="checkbox"/> Yes - Check all that apply: <input type="checkbox"/> Bar <input type="checkbox"/> Cooking/Grilling <input type="checkbox"/> Dining
Will you have a drive thru window?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - Are hours different from inside? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, provide drive thru hours: _____
Will scales or barcode scanners be used?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - You must also apply for a Weights & Measures License.
SECTION 5 ADDITIONAL SITES	
Where will food be prepared and/or sold?	
<input checked="" type="checkbox"/> At a single site <input type="checkbox"/> At multiple sites: How many? _____ (for example, a hotel with several dining rooms or bars)	
If multiple sites, attach a Food Dealer Additional Site Addendum (ccl-foodadd) for each additional site.	
SECTION 6 CONSTRUCTION OR CHANGES	
Are you planning any construction, remodeling or equipment changes?	
<input type="checkbox"/> No If No, SKIP to Section 7	
<input checked="" type="checkbox"/> Yes If Yes, check all that apply: <input type="checkbox"/> New construction of a building <input checked="" type="checkbox"/> Renovation or remodeling <input type="checkbox"/> Construction changes to existing building <input type="checkbox"/> Equipment changes only	
Provide a brief description of the changes: <u>remove existing bar, Painting</u>	
Start date: _____	
Name, Address & Phone Number of Architect: _____ _____ _____	
Name, Address & Phone Number of Contractor: _____ _____ _____	
SECTION 7 ALCOHOL BEVERAGES	
Are you applying for an alcohol beverage license?	
<input type="checkbox"/> No If No, SKIP to Section 8	
<input checked="" type="checkbox"/> Yes If YES, if your food license is approved prior to the alcohol license, when do you want the food license issued? <input type="checkbox"/> Immediately <input checked="" type="checkbox"/> At the same time as the alcohol license	
SECTION 8 ACKNOWLEDGEMENTS & SIGNATURE	
You must initial each item confirming your understanding:	
<u>OM</u>	I understand the Health Department must conduct an inspection and advise the License Division of their approval before the license may be issued.
<u>OM</u>	I understand I must obtain an occupancy permit from the Department of Neighborhood Services and an inspection may be required. Neighborhood Services must advise the License Division of their approval before the license may be issued.
<u>OM</u>	I understand the district alderperson will review and either support or object to my application. If he/she objects, I may appeal and be scheduled to appear before the Licenses Committee. The Licenses Committee will then make a recommendation to the Common Council. The Common Council must grant the license before it may be issued.
<u>OM</u>	I understand proof of payment for all license fees must be on file in the License Division before the license may be issued and the license must be issued and posted in my establishment prior to opening for business.
<u>OM</u>	I will not operate my food business until the license has been issued and posted in the establishment.
Signature of Sole Proprietor, Partner, or 20% Shareholder: <u>JB M</u>	
Signature of Additional Partner: _____	

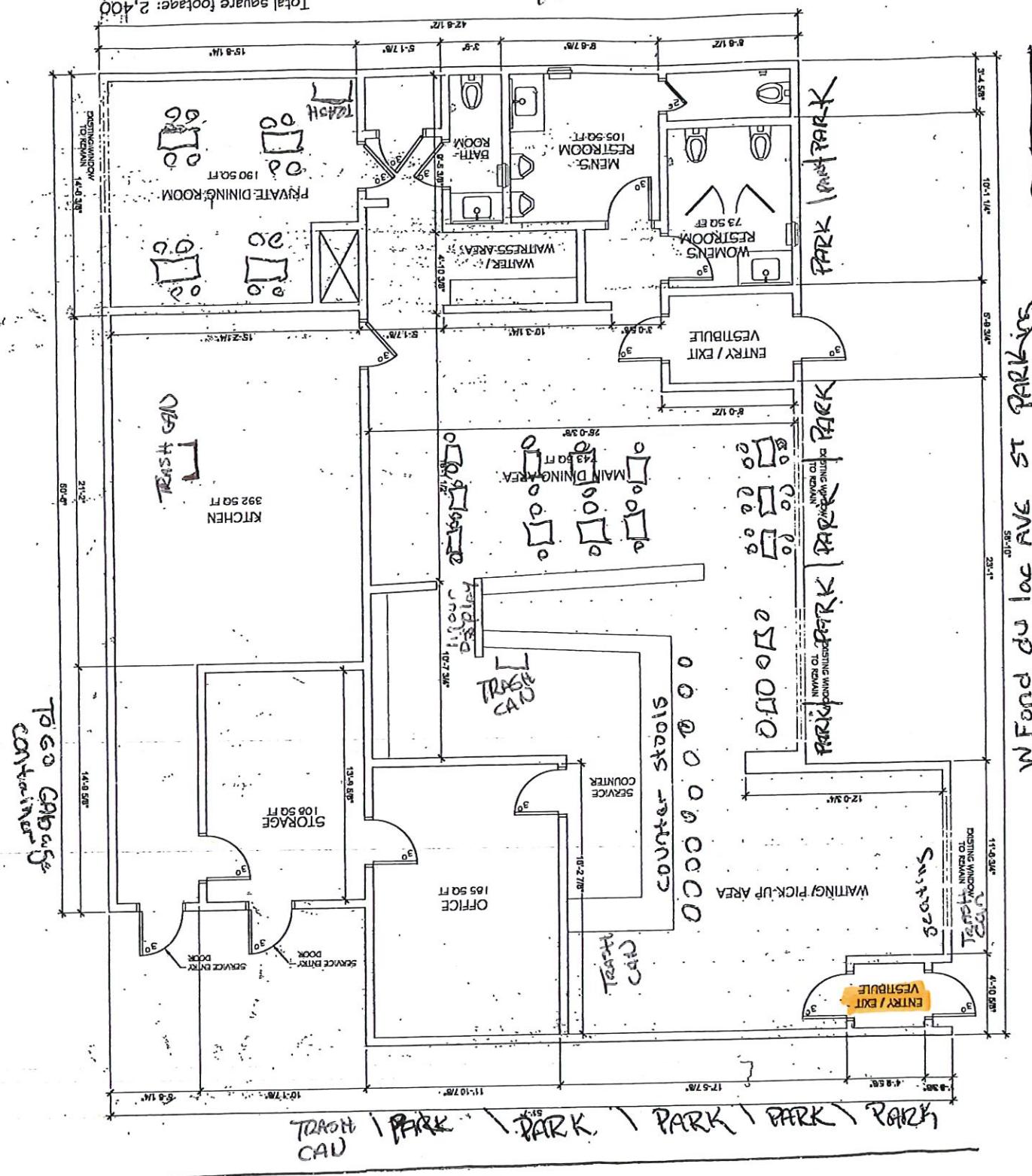
01 1ST LEVEL FLOOR PLAN

Olis Moore
5650 W

Fond du lac AVE

Sweet little WAFFLE

Total square footage: 2,400



W VARACE ST PARKING



Starters

- \$10 **Fried Green Tomatoes** with pico de gallo on top and a drizzle cajun aioli sauce
- \$6 **Croissant** - with honey butter sauce
- \$12 **Mini Salmon Croquette**

Waffles

- \$15 **Strawberry Shortcake Waffle**
- \$15 **Oreo Cookie Waffle** - crushed Oreos on top, whipped butter
- \$15 **Southern Delight Sweet Potatoe Waffle** - topped with brown sugar cream with walnuts or pecans
- \$15 **Peach Cobbler Waffle** - topped with cobbler peaches and whipped butter
- \$15 **Strawberry Banana Waffle**
- \$12 **Plain Waffle**
- \$19 **Chicken and Waffle**
- \$22.50 **Vegan Chicken and Waffle**

French Toast

- \$12 **Peanut Butter French Toast** - topped with banana and nuts
- \$14 **Banana Pudding French Toast**
- \$13 **Crème Brûlée French Toast** - butter, brown sugar, corn syrup

Entrees

- \$20 **Smothered Potatos** - topped with Corn beef meat with a egg on top
- \$35 **Seafood hash** - lobster shrimp, chives, tomato red bell peppers, and a creamy cajun sauce on top
- \$22 **Creamy Shrimp and Grits with Sausage**
- \$20 **Catfish and Grits** - lobster butter, spinach, cherry tomatoes, and sausage.

Build Your Own Omelette

- \$16.50 **South West Omelette** - onion, jalapeño peppers, pepper jack cheese, side salsa
- \$14 **Egg White Omelette** - with tomato feta spinach
- \$16.50 **Chilli Omelette** - red bell peppers, green bell peppers, onions, and cheeses

Pancakes/Yogurt/Oatmeal

- \$14 **Pancakes** - powdered sugar, strawberry, blueberries on top whipped butter
- \$12 **Yogurt** - banana, granola, strawberry, blueberries
- \$10 **Oatmeal** - honey drizzle bananas and nuts

Meats

- \$5 **(2) Turkey Bacon**
- \$5 **(2) Bacon**
- \$8 **(2) Chicken Strips**
- \$5 **(2) Sausage**
- \$10 **Cafish**
- \$15 **Lobster**

Cheese

- .75 **American**
- .75 **Pepper Jack**
- .75 **Cheddar**
- .75 **Feta**
- .75 **Mozzarella**

Sides

- \$3 **Grits**



TRADITIONAL BREAKFAST MOCK-TAILS & BUBBLES

ORANGE ELDERFLOWER SPRITZ

NON-ALCOHOLIC MIMOSAS

(STRAWBERRY, RASPBERRY,

LYCHEE)

MOCK PEACH BELLINI

SIGNATURE MOCKTAILS

STRAWBERRY MOSCOW MULE

MOCK CRAN MOJITO

SPICY PALOMA

ESPRESSO MARTINI

FRESH LEMONADES

LAVENDER LEMONADE

ROSEMARY LEMONADE

ADDITIONAL BEVERAGE OPTIONS

MIMOSA, PEACH BELLINI,

SEASONAL BREAKFAST SANGRIA

Beverage Menu

*MIMOSA FLIGHTS AVAILABLE