



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

Wednesday, October 08, 2025

**COMMITTEE MEETING NOTICE**

AD 13

FRANZ, Kenneth D, Agent  
HOWELL AVE FOS LODGING ASSOCIATES, LLC  
4601 FREY ST #400  
MADISON, WI 53705

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, October 21, 2025 at 02:15 PM**

The access code is <https://meet.goto.com/479852445>. Please see the enclosed best practices document for further instructions.

**Regarding:** Your Class B Tavern, Food Dealer and Hotel/Motel Licenses Renewal Application with Transfer of Stock as agent for "HOWELL AVE FOS LODGING ASSOCIATES, LLC" for "HILTON GARDEN INN- MILWAUKEE AIRPORT" at 5890 S HOWELL 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 85-4-4, unless otherwise specified in the code, probative evidence concerning non-renewal, suspension or revocation may include evidence of the following: failure of the applicant to meet municipal qualifications, pending charges against or the conviction of any felony, misdemeanor, municipal offense or other offense, the circumstances of which substantially relate to the circumstances of the particular licensed or permitted activity, by the applicant or by any employee or other agent of the applicant. If the activities of the applicant involve a licensed premises, whether the premises tends to facilitate a public or private nuisance or has been the source of congregations of persons which have resulted in any of the following: disturbance of the peace; illegal drug activity; public drunkenness; drinking in public; harassment of passers-by; gambling; prostitution; sale of stolen goods; public urination; theft; assaults; battery; acts of vandalism including graffiti, excessive littering, loitering, illegal parking, loud noise at times when the licensed premise is open for business; traffic violations; curfew violations; lewd conduct; display of materials harmful to minors, pursuant to s. 106-9.6; or any other factor which reasonably relates to the public health, safety and welfare, or failure to comply with the approved plan of operation. It is the intention of the Common Council to suspend or non-renew the licenses if objectors provide testimony related to the factors enumerated in MCO 85-4-4 that the Common Council finds to be true by a preponderance of the evidence and/or police reports are found to be true by a preponderance of the evidence. The police reports and other attached documents relating to objections to the license are a part of this notice and expressly incorporated in this notice. The licensee should be prepared to address these matters at the hearing.

**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](http://www.milwaukee.gov/license)  
Phone: (414) 286-2238 Fax: (414) 286-3057 Email Address: [License@milwaukee.gov](mailto:License@milwaukee.gov)

# MILWAUKEE POLICE DEPARTMENT

## LICENSING

### CRIMINAL RECORD/ORDINANCE VIOLATION/INCIDENTS SYNOPSIS

DATE: 09/25/25

LICENSE TYPE: FOOD BTAVN HOTEL

NEW: ☐

RENEWAL: ☒

No. 385899 385900 385901

Application Date:

License Location: 5890 S Howell

Business Name: Hilton Garden Inn

Licensee/Applicant: Franz, Kenneth  
(Last Name, First Name, MI)

Date of Birth: 08/04/86

Home Address: 3751 S Austin

City: Milwaukee

State: WI Zip Code: 53207

Home Phone:

This report is written by Police Officer Carlos Felix, assigned to the License Investigation Unit, Days.

The Milwaukee Police Department's investigation regarding this application revealed the following:

1. On 10/09/23 at 2:15a.m., Milwaukee Police were dispatched to a Fire at 5890 S, Howell Ave. MFD was on scene and deemed the fire non-suspicious.

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2. On 02/20/25, at 2:10 a.m., Milwaukee Police received a Trouble with Subject complaint. The caller not a guest at the business stated he was receiving threatening message from his family, but could not provide any information to verify the complaint. The caller was arrested and cited for trespassing. No business violations were found.
3. On 03/22/25, at 9:07 p.m., Milwaukee Police were dispatched to a Trouble with Subject complaint. An employee stated two customers in the bar area engaged in a verbal argument. Both customers were advised and no additional police service was needed.
4. On 08/16/25, at 3:30 p.m., Milwaukee Police were dispatched to a Stolen Auto complaint. A guest witness and recorded his vehicle being stolen from the parking lot. An employee sated they did not witness the incident and the business does not have any security cameras. No business violations observed.

# Milwaukee Police Department

749 W. State Street Milwaukee, WI 53233

414-933-4444

Case #:C2502200015

OtherEvent #: 25-LP-0311

## Incident

### 5890 S HOWELL AV MILWAUKEE, WI 53207

Incident Date/Time:: 02/20/2025 02:10:00  
CAD Number:: P2502200124  
District:: 6  
Beat:: 650  
Reporting Area:: 7325

## Business Agent (2)

### GLOVER, RODNEY D

Person Involvement: (Must choose Agent (License Holder)  
AGENT from drop down):  
DOB:: 03/20/1962  
Sex:: MALE  
Race:: BLACK/AFRICAN AMERICAN  
Phone 1 Number:: (414)-481-8280  
Phone 1 Type:: Main  
Address:: 5890 S HOWELL AV  
City:: MILWAUKEE  
State:: WI  
Zip Code:: 53207

### FRANZ, KENNETH D

Person Involvement: (Must choose Agent (License Holder)  
AGENT from drop down):  
DOB:: 08/04/1986  
Sex:: MALE  
Race:: WHITE  
Phone 1 Number:: (414)-876-6601  
Phone 1 Type:: Phone  
Address:: 3751 S Austin ST  
City:: Milwaukee  
State:: WISCONSIN  
Zip Code:: 53207

## Licensed Premise Data (1)

### HILTON GARDEN INN

Phone 1 Number:: (414)-481-8280  
Phone 1 Type:: Main  
Address:: 5890 S HOWELL AV  
City:: MILWAUKEE  
State:: WI  
Zip Code:: 53207  
License Type:: Hotel/Motel

# Milwaukee Police Department

749 W. State Street Milwaukee, WI 53233

414-933-4444

Case #:C2502200015

OtherEvent #: 25-LP-0311

Licensee Notification Was Made:: No  
Business Was Cited For Violation:: No  
Licensee was cooperative: (If not Yes  
explain in narrative):  
Licensee or Manager was on No  
premises at time of  
violation/incident::

## Narrative (1)

### LICENSED PREMISE REPORT

Gonzalez, Bertha A 037793

02/21/2025

This report was written by P.O. Bertha GONZALEZ, assigned to District Six, Late shift, squad 6350.

On Thursday, February 20, 2025, squad 6350 and 6340, (P.O. GONZALEZ/ P.O. LOPEZ), were dispatched to the address of 5890 S Howell Ave. Which is located in the City and County of Milwaukee, WI, for Trouble/ Family call.

Upon arrival, I spoke with the caller later identified as Brandon REED (M/W 06-18-1993), who was sitting in the lobby of the hotel. REED stated that his mother and mother's boyfriend who both live in Aurora, Illinois were sending him threatening messages. When P.O. LOPEZ questioned what kind of comments his family was sending him and if we could see the messages, REED stated he could not find the messages on his phone. That is when REED was asked if he had a room booked in the hotel and he stated that the hotel had no rooms. We walked REED across the driveway too another hotel called, Home 2 Suites. REED was unable to get a room due to not having the funds. REED then walked back to the Hilton Garden INN and sat in the lobby once again. The employee of the hotel Rodney D. GLOVER (M/B 03-20-1962) stated that he did not want REED in the lobby. REED was then told he needed to leave, or he would be arrested due to trespassing. REED refused to leave and was arrested on site and cited for trespassing.

I spoke to licensed premise employee, Rodney D. GLOVER (M/B 03-20-1962). The business was cooperative with the investigation.

# Milwaukee Police Department

749 W. State Street Milwaukee, WI 53233

414-933-4444

Case #:C2502200015

OtherEvent #: 25-LP-0311

While on scene, I observed the licenses posted and they were up to date. During my investigation for family/trouble I did not observe any violations in the licensed premise.

## Officer (2)

|                           |                             |                     |
|---------------------------|-----------------------------|---------------------|
| Reporting Officer:        | Gonzalez, Bertha A (037793) | 02/21/2025 02:41:00 |
| Section: (Work Location): | 63                          |                     |
| Approving Officer:        | Seidl, Joshua M (018356)    | 02/22/2025 07:15:02 |
| Section: (Work Location): | 63                          |                     |

# Milwaukee Police Department

749 W. State Street Milwaukee, WI 53233

414-933-4444

Case #:C2504120140

OtherEvent #: 25-LP-1590

## Incident

### 5890 S HOWELL AV MILWAUKEE, WI 53207

Incident Date/Time:: 03/22/2025 21:06:00  
CAD Number:: P2503221359  
District:: 6  
Beat:: 650  
Reporting Area:: 7325

## Business Agent (1)

### FRANZ, KENNETH D

Person Involvement: (Must choose Agent  
AGENT from drop down):  
DOB:: 08/04/1986  
Sex:: MALE  
Race:: WHITE  
Phone 1 Number:: (414)-876-6601  
Phone 1 Type:: Phone  
Address:: 3751 S Austin ST  
City:: Milwaukee  
State:: WISCONSIN  
Zip Code:: 53207

## Licensed Premise Data (1)

### HILTON GARDEN INN

Phone 1 Number:: (414)-690-3900  
Phone 1 Type:: Work  
Address:: 5890 S HOWELL AV  
City:: MILWAUKEE  
State:: WI  
Zip Code:: 53207  
License Type:: Hotel/Motel  
Licensee Notification Was Made:: No  
Business Was Cited For Violation:: No  
Licensee was cooperative: (If not  
explain in narrative): No  
Licensee or Manager was on  
premises at time of  
violation/incident:: No

## Narrative (1)

# Milwaukee Police Department

749 W. State Street Milwaukee, WI 53233

414-933-4444

Case #:C2504120140

OtherEvent #: 25-LP-1590

## LICENSED PREMISE REPORT

Laux, Eric J 014179

04/12/2025

This report is written by Police Officer Eric LAUX assigned to the Sixth District, early shift.

On Saturday, 03-22-25 at 9:07 PM Officers LAUX and KRESA (SQD 6240) were dispatched to a Trouble w/ Subject Complaint at the Hilton Garden Inn Address: 5890 s. Howell Avenue., Milwaukee, Wisconsin.

Upon arrival, we didn't observe anything suspicious. Business appeared to be operating as normal. We spoke to staff members who stated there were 2 subjects arguing in the bar area of the hotel prior to our arrival. The staff members stated the argument was verbal in natural. The argument never turned physical. The staff members pointed to 2 subjects. One was still seated at the bar area, and the second subject was standing outside next.

Officer KRESA and I spoke to both individuals. We learned there were some statements said between the 2 individuals that started the verbal argument. One of the individuals was advised to stay in his hotel room for the night. He was advised if he stepped out of his room, he would be arrested and conveyed to District 6 for processing. We were not called back to the hotel for a second incident.

We did not look at surveillance videos and we did not look at the business licenses.

This establishment is not a nuisance property.

### Officer (2)

|                           |                               |                     |
|---------------------------|-------------------------------|---------------------|
| Reporting Officer:        | Laux, Eric J (014179)         | 04/12/2025 19:31:00 |
| Section: (Work Location): | 62                            |                     |
| Approving Officer:        | Lindert, Cassandra E (024287) | 04/24/2025 22:47:59 |
| Section: (Work Location): | 62                            |                     |

# Milwaukee Police Department

749 W. State Street Milwaukee, WI 53233

414-933-4444

Case #:C2504120140

OtherEvent #: 25-LP-1590



# Milwaukee Police Department

749 W. State Street Milwaukee, WI 53233

414-933-4444

Case #:C2508160135

OtherEvent #: 25-LP-3749

## Incident

### 5890 S HOWELL AV MILWAUKEE, WI 53207

Incident Date/Time:: 08/16/2025 15:30:00  
CAD Number:: P2508161080  
District:: 6  
Beat:: 650  
Reporting Area:: 7325

## Business Agent (1)

### FRANZ, KENNETH D

Person Involvement: (Must choose Agent  
AGENT from drop down):  
DOB:: 08/04/1986  
Sex:: MALE  
Race:: WHITE  
Phone 1 Number:: (414)-876-6601  
Phone 1 Type:: Phone  
Address:: 3751 S Austin ST  
City:: Milwaukee  
State:: WISCONSIN  
Zip Code:: 53207

## Licensed Premise Data (1)

### Hilton Garden Inn

Phone 1 Number:: (414)-481-8280  
Phone 1 Type:: Main  
Address:: 5890 S HOWELL AV  
City:: MILWAUKEE  
State:: WI  
Zip Code:: 53207  
License Type:: Hotel/Motel  
Licensee Notification Was Made:: No  
Business Was Cited For Violation:: No  
Licensee was cooperative: (If not  
explain in narrative): No  
Licensee or Manager was on  
premises at time of  
violation/incident:: No

## Narrative (1)

# Milwaukee Police Department

749 W. State Street Milwaukee, WI 53233

414-933-4444

Case #:C2508160135

OtherEvent #: 25-LP-3749

## LICENSED PREMISE REPORT

Hasan, Hamza 039363

08/16/2025

"

This report is written by Police Officer Hamza HASAN, assigned to district 6, Dayshift, Squad 6230.

On August 16th,2025 I was dispatched to 5890 S Howell AVE (Hilton Garden Inn) for a Stolen Auto.

Upon my arrival I observed *the victim waiting in the lobby waiting for officers.*

I spoke to the caller/ victim Jeffery P. LADEWIG (WM, 8-29-1951) who stated at

approximately 4pm he noticed his 2018 Gray Infinity Q60 was stolen out of the hotel parking lot.

I spoke to LADEWIG son who stated he witnessed the incident take place and had video footage as well as photos of the vehicle. The son was sent a link to evidence.com to upload the video footage and photos.

I spoke to licensed premise employee. They stated they did not witness the incident take place and that the business does not have any cameras on the property. The business was *cooperative* with the investigation.

While on scene, I observed the licenses posted and they were up to date. During my investigation for stolen auto I did not observe any violations in the licensed premise. Per the district community partnership unit this location is a designated nuisance premise. *The business is in billing status OR The business submitted an abatement plan which states the business will complete the following items... to eliminate nuisance activity.*

"

### Officer (2)

|                           |                             |                     |
|---------------------------|-----------------------------|---------------------|
| Reporting Officer:        | Hasan, Hamza (039363)       | 08/16/2025 20:07:00 |
| Section: (Work Location): | 62                          |                     |
| Approving Officer:        | McGrath, Michael J (015120) | 08/17/2025 20:51:40 |
| Section: (Work Location): | 62                          |                     |



Wednesday, October 08, 2025



# Notice of Public Hearing

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FRANZ, Kenneth D, Agent  
HILTON GARDEN INN- MILWAUKEE AIRPORT at 5890 S HOWELL Av  
Class B Tavern, Food Dealer and Hotel/Motel Licenses Renewal Application with Transfer of  
Stock

**Tuesday, October 21, 2025 at 2:15 PM**

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 10/21/2025 at 2:15 PM 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](mailto: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.

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## 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 | 5881 S HOWELL AVE | MILWAUKEE, WI 53207-6229 |
| CURRENT OCCUPANT | 5905 S HOWELL AVE | MILWAUKEE, WI 53207-6231 |

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Total Records: 2

Radius 250 feet and Center of the Circle: 5890 S Howell Av

# 2025-2026 Plan of Operation for 5890 S HOWELL AV

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        |                                                                                                                                                                                   |                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| <b>1. Litter &amp; Security Plans</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                        |                                                                                                                                                                                   |                   |
| How are the grounds kept clean? <input checked="" type="checkbox"/> Sweep <input checked="" type="checkbox"/> Pressure Wash <input checked="" type="checkbox"/> Pick Up Litter <input type="checkbox"/> Other:                                                                                                                                                                                                                                                                                                                                               |                        |                                                                                                                                                                                   |                   |
| How often will grounds be cleaned? <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other:                                                                                                                                                                                                                                                                                                                                                                                                                 |                        |                                                                                                                                                                                   |                   |
| Who cleans the grounds? <input type="checkbox"/> Licensee <input checked="" type="checkbox"/> Building Owner <input checked="" type="checkbox"/> Employees <input checked="" type="checkbox"/> Hired Maintenance <input type="checkbox"/> Other:                                                                                                                                                                                                                                                                                                             |                        |                                                                                                                                                                                   |                   |
| How are noise issues prevented and/or addressed? <input type="checkbox"/> Security <input checked="" type="checkbox"/> Manager approaches customer(s) <input checked="" type="checkbox"/> Call Police <input type="checkbox"/> Signs Posted <input type="checkbox"/> Other:                                                                                                                                                                                                                                                                                  |                        |                                                                                                                                                                                   |                   |
| Are there designated outdoor smoking areas? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If Yes, Describe: <u>COVERED, HEATED, OUTDOOR AREA</u>                                                                                                                                                                                                                                                                                                                                                                                       |                        |                                                                                                                                                                                   |                   |
| Number of garbage cans:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                        | Locations: <u>ALL GUEST ROOMS AND PUBLIC AREAS</u>                                                                                                                                |                   |
| Inside <u>153</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        | Outside <u>4</u> Locations: <u>MAIN ENTRY PRINTS</u>                                                                                                                              |                   |
| Is a crowd control barrier used? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Describe:                                                                                                                                                                                                                                                                                                                                                                                                                                       |                        |                                                                                                                                                                                   |                   |
| Number of restrooms: <u>2 PUBLIC/143 GUEST</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        | Name of solid waste contractor: <u>WASTE MANAGEMENT</u>                                                                                                                           |                   |
| Are there parking spaces on the premises? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If Yes, list number of spaces: <u>140</u> and describe security plans: <u>24 HOUR WITH VAN DRIVER PATROLS</u>                                                                                                                                                                                                                                                                                                                                  |                        |                                                                                                                                                                                   |                   |
| Are there designated loading areas? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes, describe security plans:                                                                                                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                   |                   |
| Do you have security personnel on the premise? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes, how many? _____                                                                                                                                                                                                                                                                                                                                                                                                                   |                        |                                                                                                                                                                                   |                   |
| AND What are their responsibilities? _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                        |                                                                                                                                                                                   |                   |
| What security equipment do they use? _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                        |                                                                                                                                                                                   |                   |
| List their license number(s): _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                        |                                                                                                                                                                                   |                   |
| Are there security cameras? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If Yes, list all locations: <u>(3) ALL ENTRANCES (4) POOL-FITNESS - FRONT DESK - SERVICE ENTRANCE</u>                                                                                                                                                                                                                                                                                                                                                        |                        |                                                                                                                                                                                   |                   |
| Are searches and/or identification checks conducted upon entry? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If Yes, describe: <u>KEY CARD ACCESS ONLY 10AM-6PM</u>                                                                                                                                                                                                                                                                                                                                                                   |                        |                                                                                                                                                                                   |                   |
| <b>2. Percentage of Sales (must total 100%)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        |                                                                                                                                                                                   |                   |
| Alcohol <u>4</u> %                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Food Sales <u>12</u> % | Entertainment _____ %                                                                                                                                                             | Other <u>84</u> % |
| <b>3. Businesses On The Premises (choose all that apply):</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                                                                                                                                                                   |                   |
| <input checked="" type="checkbox"/> Restaurant <input type="checkbox"/> Cafe/Coffee Shop <input type="checkbox"/> Cocktail Lounge <input type="checkbox"/> Convenience Store <input type="checkbox"/> Night Club <input type="checkbox"/> Liquor Store <input type="checkbox"/> Tavern <input type="checkbox"/> Sports Facility<br><input checked="" type="checkbox"/> Hotel <input checked="" type="checkbox"/> Banquet Hall <input type="checkbox"/> Supermarket <input type="checkbox"/> Private/Fraternal/Veterans' Club <input type="checkbox"/> Other: |                        |                                                                                                                                                                                   |                   |
| <b>4. Hours of Operation and Age Restriction</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                                                                                                                                                                                   |                   |
| Are there any changes to the current hours of operation or age restriction? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Describe:                                                                                                                                                                                                                                                                                                                                                                                            |                        |                                                                                                                                                                                   |                   |
| Please Note: If you will be open earlier or later than the hours listed on your current license for even one event or holiday (for example, St. Patrick's Day, Brewers Opening Day, etc.) during the license period, this must be reported and printed on your license. Your hours of operation and age restriction are listed on your current license.                                                                                                                                                                                                      |                        |                                                                                                                                                                                   |                   |
| <b>5. Floor Plan and Capacity</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        |                                                                                                                                                                                   |                   |
| Are you requesting any changes to your capacity or floor plan? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe: _____ and submit a new floor plan with this renewal application. A sample plan can be found online at <a href="http://www.milwaukee.gov/licenses">www.milwaukee.gov/licenses</a> under License Forms and Related Information.                                                                                                                                                                           |                        |                                                                                                                                                                                   |                   |
| Alcohol/Food Establishments: A "Permanent Extension of Premises Application" is required if you are adding any square footage to the licensed premises.                                                                                                                                                                                                                                                                                                                                                                                                      |                        |                                                                                                                                                                                   |                   |
| <b>6. Sidewalk Dining Area: Fee:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                        |                                                                                                                                                                                   |                   |
| Are there any changes to the sidewalk dining site plan? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes, submit an updated site plan with this application.                                                                                                                                                                                                                                                                                                                                                                       |                        |                                                                                                                                                                                   |                   |
| <b>7. Food License: FREST 21055 Fee: \$1,250.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                        | <b>8. Weights and Measures: Fee:</b>                                                                                                                                              |                   |
| Your current food license includes the following food operations: <u>DHS - MODERATE, Sales \$200,001 - \$2,000,000, Tavern Restaurant.</u>                                                                                                                                                                                                                                                                                                                                                                                                                   |                        | Number/Type of Devices:                                                                                                                                                           |                   |
| Are there any changes to your food operations as listed above? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, If Yes, explain _____                                                                                                                                                                                                                                                                                                                                                                                                    |                        | Are there any changes to the number or types of devices? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, contact our office for further instructions. |                   |

1. CURRENT APPROVED ENTERTAINMENT for HILTON GARDEN INN- MILWAUKEE AIRPORT 5890 S HOWELL AV

The following types of entertainment have been approved for your current Public Entertainment Premises license: NA

2. ADDING ENTERTAINMENT

If applicable, check any entertainment you wish to add: ONLY CHECK ENTERTAINMENT TYPE(S) YOU ARE ADDING. YOUR CURRENT APPROVED ENTERTAINMENT IS LISTED ABOVE. ALSO SUBMIT AN UPDATED FLOOR PLAN AND PLAN OF OPERATION OR CONFIRMATION STATEMENT IF THE NEW ENTERTAINMENT DOES NOT CHANGE THE CURRENT PLAN OF OPERATION.

- |                                                                         |                                             |                                              |                                                  |
|-------------------------------------------------------------------------|---------------------------------------------|----------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Instrumental Musicians                         | <input type="checkbox"/> Bands              | <input type="checkbox"/> Battle of the Bands | <input type="checkbox"/> Comedy Acts             |
| <input type="checkbox"/> Disc Jockey                                    | <input type="checkbox"/> Magic Shows        | <input type="checkbox"/> Poetry Readings     | <input type="checkbox"/> Dancing by Performers   |
| <input type="checkbox"/> Jukebox                                        | <input type="checkbox"/> Wrestling          | <input type="checkbox"/> Patron Contests     | <input type="checkbox"/> Patrons Dancing         |
| <input type="checkbox"/> Adult Entertainment/<br>Strippers/Erotic Dance | <input type="checkbox"/> Karaoke            | <input type="checkbox"/> Bowling Alley       | <input type="checkbox"/> Pool Tables             |
| <input type="checkbox"/> Motion Pictures (movies by admission)          | <input type="checkbox"/> Amusement Machines | <input type="checkbox"/> Concerts            | <input type="checkbox"/> Theatrical Performances |
| How many screens? _____                                                 | How many? _____                             | Approx. # per year? _____                    | Approx. # per year? _____                        |
| <input type="checkbox"/> Other: _____                                   |                                             |                                              |                                                  |

No entertainment changes can take place until approved by Common Council and a new license has been issued and posted on the premises.

3. REMOVING ENTERTAINMENT

If applicable, list any entertainment you wish to remove:

4. 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:

INDIVIDUAL PERFORMERS FOR A VARIETY SHOW

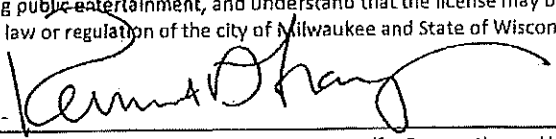
5. SIGNATURE

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 of Sole Proprietor, a Partner, or if a Corporation or LLC, the Agent must sign



## HOTEL & MOTEL LICENSE SUPPLEMENTAL RENEWAL 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](mailto:license@milwaukee.gov) [www.milwaukee.gov/license](http://www.milwaukee.gov/license)

Legal Entity Name: **HOWELL AVE FOS LODGING ASSOCIATES, LLC**

Premises Address: **5890 S HOWELL AV**

### MILWAUKEE COUNTY REPRESENTATIVE

Is the applicant (sole proprietor, partners, or agent of Corp/LLC) a resident of Milwaukee County? ☒ Yes ☐ No

If NO, a local representative (natural person) residing in Milwaukee County must be appointed.

Provide the person's name and street address. P.O. Boxes are not acceptable.

Name of Person:

Phone number:

**Kenneth Franz**

**269-876-6601**

Street Address (including city and zip code):

### PLAN OF OPERATION & FLOOR PLAN

Describe your plans to train employees to recognize and report guest or resident behaviors that are indicative of human trafficking at the premises.

**Hilton's online course 319301 - Preventing Human Trafficking**  
**\*Required class for all employees Recognizing the Signs**

143 = 143

Are there any changes to your current plan of operation or floor plan\*? ☒ No ☐ Yes If yes, describe: \_\_\_\_\_

\*If there are changes to the floor plan, a new floor plan must be submitted with this renewal application. A sample plan can be found online at [www.milwaukee.gov/licenses](http://www.milwaukee.gov/licenses) under License Forms and Related Information.

### HOURS OF OPERATION

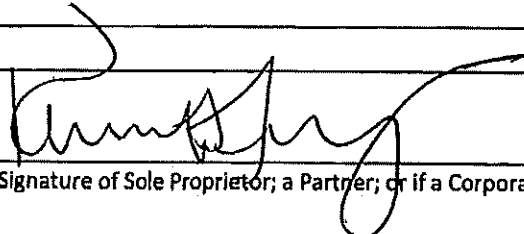
Are there any changes to the current hours of operation?

☒ NO  
☐ YES

If Yes, describe changes: \_\_\_\_\_

Hours of operation are listed on your current license.

### SIGNATURE

  
Signature of Sole Proprietor; a Partner; or if a Corporation or LLC, the Agent must sign

Also Complete Reverse Side