### REGISTRATIONFORM

#### **Licenses Committee Meeting**

Room 301-B, 3rd Floor, City Hall

1:30 PM

Please PRINT
Name: Laura Hoffman
Address: Leggs S. Ruerwood BIVD BO3
City: Franklin, WI ZIP CODE: S3132
Organization Represented (if any): VOLOSSIS
✓ I wish to speak.
I do not wish to speak.
✓In favor of license
Not in favor of license

### REGISTRATIONFORM

### **Licenses Committee Meeting**

Room 301-B, 3rd Floor, City Hall

1:30 PM

Please PRINT
Name: Michelle Rosado
Address: O622 w Oklahama Ave AS4
City: ZIP CODE: 327
Organization Represented (if any): Total town Conc hour boutque
I wish to speak.
I do not wish to speak.
In favor of license
Not in favor of license

### REGISTRATIONFORM

#### **Licenses Committee Meeting**

Room 301-B, 3rd Floor, City Hall

#### 1:30 PM

Please PRINT
Name: VITA VIASOVA
Address: 315 E.E.M.AAC G #106
City: ZIP CODE: 53211
Organization Represented (if any): CASANANCA
I wish to speak.
I do not wish to speak.
In favor of license
Not in favor of license

## REGISTRATIONFORM

#### **Licenses Committee Meeting**

Room 301-B, 3rd Floor, City Hall

#### 1:30 PM

Please PRINT	
Name: CHEZ MISKO	
Address: 2520 N. MURRAY AVE	
City: MILWAUKEE ZIP CODE: 53202	
Organization Represented (if any):	
I wish to speak.	
I do not wish to speak.	
In favor of license	
Not in favor of license	

## REGISTRATIONFORM

### **Licenses Committee Meeting**

Room 301-B, 3rd Floor, City Hall

1:30 PM

Please PRINT	
Name: Clac Clausing	*
Address: 2/20 N. 661 54	
City: Would forg ZIP CC	DDE: 532/3
Organization Represented (if any):	
I wish to speak.	
∠I do not wish to speak.	
In favor of license	
Not in favor of license	

### REGISTRATIONFORM

#### **Licenses Committee Meeting**

Room 301-B, 3rd Floor, City Hall

#### 1:30 PM

Please PRINT
Name: LANY KANGKS
Address: 980 E. RANG RJ
City: OAK Creek ZIP CODE: 53154
Organization Represented (if any): Milmkee Rasio Alliavie
I wish to speak.
✓ I do not wish to speak.
In favor of license
Not in favor of license

### REGISTRATIONFORM

#### **Licenses Committee Meeting**

Room 301-B, 3rd Floor, City Hall

1:30 PM

DESTRUCT

Please PRINT
Name: BRANDON KEIRNS (KEENZ)
Address: 106 W SEEBOTH AVE
City: MILWAUKEE ZIP CODE: 53204
Organization Represented (if any):
Lwish to speak.
I do not wish to speak.
In favor of license
Not in favor of license

### REGISTRATIONFORM

### **Licenses Committee Meeting**

Room 301-B, 3rd Floor, City Hall

1:30 PM

Please PRINT
Name: Roberta Mello
Address: 33/4 N. Cambridge Abe
City: Milwauke, WI ZIP CODE: 53211
Organization Represented (if any): Mello Consulting
I wish to speak.
I do not wish to speak.
In favor of license
Not in favor of license

### REGISTRATIONFORM

#### **Licenses Committee Meeting**

Room 301-B, 3rd Floor, City Hall

#### 1:30 PM

Please PRINT	
Name: GMA Grunewald	
Address: 2517 S. Brisbane	Are
City:MW,	ZIP CODE: 53207
Organization Represented (if any):	
I wish to speak.  I do not wish to speak.  In favor of license	
Not in favor of license	

### REGISTRATIONFORM

#### **Licenses Committee Meeting**

Room 301-B, 3rd Floor, City Hall

#### 1:30 PM

Please PRINT	
Name: JAMES TAYLOR	
Address: 795 N JEFFERSON	
City: MIIW ZIP CODE: 53702	
Organization Represented (if any): TAYLOR'S	
X I wish to speak.	
I do not wish to speak.	
In favor of license	
Not in favor of license	

## REGISTRATIONFORM

### **Licenses Committee Meeting**

Room 301-B, 3rd Floor, City Hall

1:30 PM

Please PRINT

Name: Micole O'Leasy
Address: S Barday William
City: Milwavice ZIP CODE: 53204
Organization Represented (if any):
I wish to speak.
I do not wish to speakD if no body else does
In favor of license
Not in favor of license

## REGISTRATIONFORM

#### **Licenses Committee Meeting**

Room 301-B, 3rd Floor, City Hall

#### 1:30 PM

Please PRINT
Name: Karl Wieden Man
Address: 741 NMKe 5+ 901
City: MINAULLE ZIP CODE: 53202
Organization Represented (if any):
I wish to speak.
I do not wish to speak.
In favor of license
Not in favor of license

## REGISTRATIONFORM

#### **Licenses Committee Meeting**

Room 301-B, 3rd Floor, City Hall

1:30 PM

Please PRINT		/	
Name: John Cunnin	igham		
Address: 1835 North Com	ierce est		
City: My Waykee	ZIP CODE:	55212	
Organization Represented (if any):			
X I wish to speak.			GC.
I do not wish to speak.			
In favor of license		· · · · · · · · · · · · · · · · · · ·	
Not in favor of license			

### REGISTRATIONFORM

#### **Licenses Committee Meeting**

Room 301-B, 3rd Floor, City Hall

1:30 PM

Please PRINT
Name: GREG HUBER
Address: 4890 N. 106th
City: NTLWAUKEE ZIP CODE: 53235
Organization Represented (if any):
I wish to speak.  X I do not wish to speak.
1 do not wish to speak.
In favor of license
Not in favor of license

### REGISTRATIONFORM

#### **Licenses Committee Meeting**

Room 301-B, 3rd Floor, City Hall

1:30 PM

Please PRINT	
Name: JAMES LOUR	
Address: 4668 910 10654	
City: Milw WE ZIP CODE: 53885	
Organization Represented (if any):	
I wish to speak.	
I do not wish to speak.	
In favor of license	
Not in favor of license	

### REGISTRATIONFORM

#### **Licenses Committee Meeting**

Room 301-B, 3rd Floor, City Hall

1:30 PM

Please PRINT
Name: MARISSA SAAD
Address: 2372 N 61st Street
City: WAUWATOSA ZIP CODE: 53213
Organization Represented (if any):
I wish to speak.
I do not wish to speak.
In favor of license
Not in favor of license

## REGISTRATIONFORM

### **Licenses Committee Meeting**

Room 301-B, 3rd Floor, City Hall

1:30 PM

Please PRINT
Name: Amya Schwullt
Address: 4625.5.72nd street #159
City: Greenfield ZIP CODE: 53220
Organization Represented (if any):
I wish to speak.
I do not wish to speak.
In favor of license
Not in favor of license

## REGISTRATIONFORM

#### **Licenses Committee Meeting**

Room 301-B, 3rd Floor, City Hall

1:30 PM

Please PRINI			
Name: Angela Luebke		<i>(</i> 4)	
Address: 5840 Lakeview	Dri		
city: Greendale	ZIP CODE:	53129	
Organization Represented (if any):	M		
f		,	
I wish to speak.	*		
I do not wish to speak.			
In favor of license		· · · · · · · · · · · · · · · · · · ·	
Not in favor of license			

### REGISTRATIONFORM

#### **Licenses Committee Meeting**

Room 301-B, 3rd Floor, City Hall

1:30 PM

Please PRINT	
Name: Daniel Gunzales	
Address: 222 S. 322 S.	
City: ZIP CODE: 53204	
Organization Represented (if any):	
I wish to speak.  I do not wish to speak.	
In favor of license	
Not in favor of license	

## REGISTRATIONFORM

#### **Licenses Committee Meeting**

Room 301-B, 3rd Floor, City Hall

1:30 PM

RE: 04 KRAHN, Scott A, Agent for "Six Star Holdings, LLC", Class B Tavern, Food Dealer, and Public Entertainment Premises License Applications Requesting Adult Entertainment, Disc Jockey, Dancing by Performers, Patron Contests, and Patrons Dancing as agent for "Silk Exotic" at 730 N Old World Third St.

Please PRINT
Name: Kandy Markland
Address: 1260 N Prospect Are # 9WF
City: M. Wavicee ZIP CODE: 53202
Organization Represented (if any):
I wish to speak.
I do not wish to speak.
In favor of license

Not in favor of license

### REGISTRATIONFORM

### **Licenses Committee Meeting**

Room 301-B, 3rd Floor, City Hall

1:30 PM

Please PRINI
Name: DANIEL SCHULTZ
Address: 7837 W. HOPE AVE
City: WILWAVKEE, WI ZIP CODE: 53222
Organization Represented (if any): SILK EXCTIC
I wish to speak.
_∠I do not wish to speak.
In favor of license
Not in favor of license

### REGISTRATIONFORM

#### **Licenses Committee Meeting**

Room 301-B, 3rd Floor, City Hall

1:30 PM

Please PRINT
Name: CHAZ HASTINGS
Address: 11310 U Silver Sony Rd
City: MI WEUKEL ZIP CODE: 53225  Organization Represented (if any): MI WAUKEE LIARLEY-DAUDSON
I wish to speak.
I do not wish to speak.
In favor of license
Not in favor of license

### REGISTRATIONFORM

### **Licenses Committee Meeting**

Room 301-B, 3rd Floor, City Hall

#### 1:30 PM

Please PRINT	
Name: MICHAEL A. PAKA	tex II
Address: 133 w. oregon	st # 508
City: will.	ZIP CODE: 53204
Organization Represented (if any):	
I wish to speak.	
I do not wish to speak.	
In favor of license	
Not in favor of license	

### REGISTRATIONFORM

#### **Licenses Committee Meeting**

Room 301-B, 3rd Floor, City Hall

#### 1:30 PM

Please PRINT
Name: Craig Ploetz
Address: W168 N 11062 Ashbury Cr. #3
City: <u>Germontown</u> WI ZIP CODE: 530ZZ
Organization Represented (if any):
I wish to speak.
I do not wish to speak.
In favor of license
Not in favor of license

### REGISTRATIONFORM

### **Licenses Committee Meeting**

Room 301-B, 3rd Floor, City Hall

#### 1:30 PM

Please PRINT
Name: Shana Kleckner
Address: 2374 Nov-th loist Street
City: Wauwatosa ZIP CODE: 53213
Organization Represented (if any):
I wish to speak.
I do not wish to speak.
In favor of license
Not in favor of license

### REGISTRATIONFORM

#### **Licenses Committee Meeting**

Room 301-B, 3rd Floor, City Hall

#### 1:30 PM

Please PRINT
Name: Oneg Bretze, III
Address: 752 / 32
City: Milwauloe) W ZIP CODE:
Organization Represented (if any):
I wish to speak.
I do not wish to speak.
In favor of license
Not in favor of license

## REGISTRATIONFORM

#### **Licenses Committee Meeting**

Room 301-B, 3rd Floor, City Hall

#### 1:30 PM

Please PRINT
Name: GREQ BRETZEIJR
Address: 757 N 32 ud
City: Milwaukop, WI ZIP CODE: 53200
Organization Represented (if any):
I wish to speak.
I do not wish to speak.
In favor of license
Not in favor of license

### REGISTRATIONFORM

### **Licenses Committee Meeting**

Room 301-B, 3rd Floor, City Hall

1:30 PM

Please PRINT
Name: Joshna Steine
Address: 724 N. Milwanker St.
City: Milwanker ZIP CODE: 55202
Organization Represented (if any):
I wish to speak.
I do not wish to speak.
In favor of license
Not in favor of license

## REGISTRATIONFORM

### **Licenses Committee Meeting**

Room 301-B, 3rd Floor, City Hall

1:30 PM

Please PRINT
Name: Kyn Steiner
Address: ULBIW Haya 4
City: VIVINIOSA ZIP CODE: 53213
Organization Represented (if any):
I wish to speak.
I do not wish to speak.
In favor of license
Not in favor of license