



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

Friday, December 12, 2025

COMMITTEE MEETING NOTICE

AD 04

ATKINSON, Elizabeth A, Agent
BELLA M & C, LLC
1104 W HISTORIC MITCHELL ST
MILWAUKEE, WI 53204

You are requested to attend a hearing which is to be held in the Council Chambers, Third Floor, City Hall:

Tuesday, December 16, 2025 at 08:30 AM

Regarding: Your Class B Tavern and Public Entertainment Premises Licenses Application Requesting Disc Jockey, Bands and Instrumental Musicians as agent for "BELLA M & C, LLC" for "THE CLYBOURN" at 2202 W CLYBOURN St.

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



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

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COMMITTEE MEETING NOTICE

AD 04

ATKINSON, Elizabeth A, Agent
BELLA M & C, LLC
737 E QUAIL CT
OAK CREEK, WI 53154

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Regarding: Your Class B Tavern and Public Entertainment Premises Licenses Application Requesting Disc Jockey, Bands and Instrumental Musicians as agent for "BELLA M & C, LLC" for "THE CLYBOURN" at 2202 W CLYBOURN St.

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Jim Cooney
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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

MILWAUKEE POLICE DEPARTMENT

LICENSING

CRIMINAL RECORD/ORDINANCE VIOLATION/INCIDENTS SYNOPSIS

DATE: 10/26/25

LICENSE TYPE: Class B Tavern

No. 387024

NEW:

Application Date:

RENEWAL:

License Location: 2202 W Clybourn

Business Name: The Clybourn

Licensee/Applicant: Atkinson, Elizabeth A
(Last Name, First Name, MI)

Date of Birth: 09/01/79

Home Address: 737 E Quail Ct

City: Oak Creek

State: WI **Zip Code:** 53154

Home Phone:

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

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

1. On 07/07/17, Claiborne M Green 50% Shareholder, was charged in Milwaukee County Circuit Court with Injury by Negligent Use Weapon/Explosive (Felony). On 03/01/18, they were convicted and sentenced to 6 months House of Correction.

Date: 11-17-2025
Officer: P.O. Sanders

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

Name of Premise: The Clybourn

Address: 2202 W Clybourn

Phone: 414-807-3772

Owner: Marta C. Bianchini

Owner address: 7702 N Port Washington Rd #108D

City State Zip: Fox Point, WI 53217

Owner Phone: 414-807-3772

Owner email: Marta.Theclybourn@gmail.com

Licensee/Agent: Elizabeth Atkinson

Home Address: 737 E Quail Ct

City State Zip: Oak Creek, WI 53154

Phone: 262-370-6561

Email: Elizabeth.Thebarley@gmail.com

Preferred contact: Phone (Both)

Location currently open: YES NO

Projected open date: Already open

Day's open: S M T W Th F SA ALL

Hours of Operation: Sun: 8am-12am 24 hours Y N
Mon: 8am-12am
Tue: 8am-12am
Wed: 8am-12am
Thu: 8am-12am
Fri: 8am-12am
Sat: 8am-12am

Premise Type: Tavern/Bar
 Restaurant
 Other: Assembly Hall

Licenses currently held: Occupancy License

24. Cameras located in parking lot Yes No How many

Interior Survey:

25. What is the planned capacity 135 persons

26. What is the minimum number of employees That will be on premise 2

27. Is the storeowner willing to be a standing complainant regarding loitering? Yes No
a. If yes have them fill out the standing complaint form and give them two of the commercial signs Yes No

28. Is the interior of the location neat and clean? Yes No

29. Does an interior camera face the entrance/exit? Yes No

30. Is there a lockable area that separates employees from customers? Yes No

31. Are emergency and non-emergency numbers posted near the phone? Yes No

32. Does the owner know how to contact their police district directly? Yes No
a. Did you provide a district contact guide to the owner? Yes No

Security

33. How many security personnel are going to be employed: Depends how many guests there are

34. How ill they be deployed: Interior 1 Exterior 1

35. What days will they be deployed Mon Tue Wed Thu Fri Sat Sun

36. Will the security be managed by business or contracted

37. Will they be armed Yes No

38. What type of security measures to be used:

- Wanding/metal detector
- ID Scanner
- Dress Code
- Cover Charge
- Age restriction
- Other

ADDITIONAL COMMENTS/RECOMMENDATIONS:

I met with the owner of The Clybourn, Marta C. Bianchini. She stated that she has been operating this business for quite sometime and is applying for a liquor license. The Tavern is a Assembly Hall where guest can rent out for gatherings and parties. The assembly hall was nice and clean.

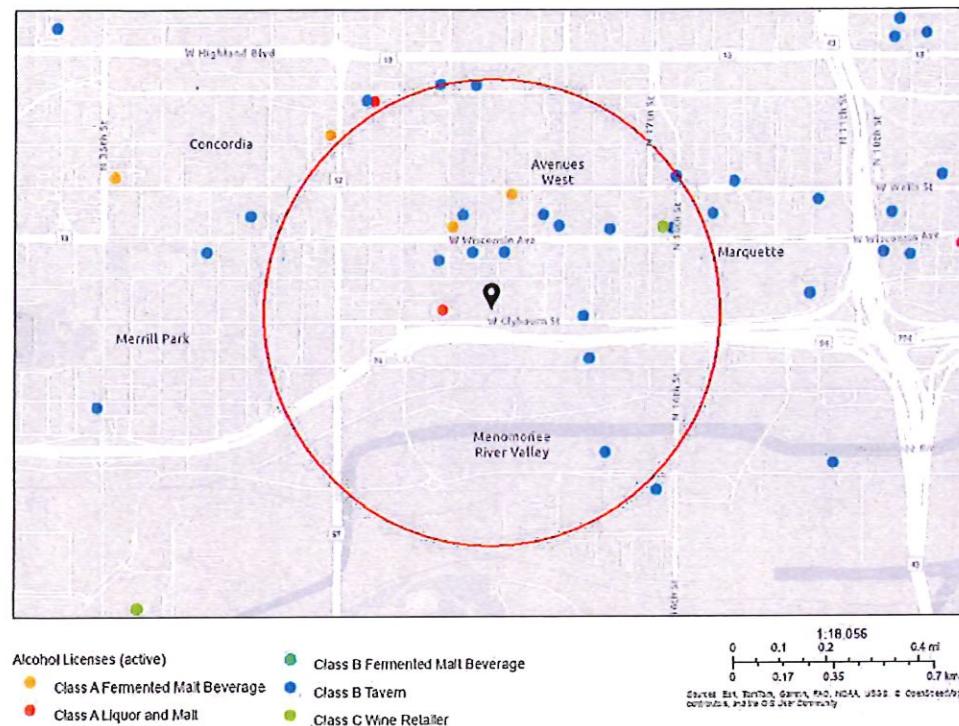


Concentration Map for 2202 W Clybourn St

Area of Interest (AOI) Information

Area : 21,862,585.85 ft²

Oct 23 2025 13:42:06 Central Daylight Time



Summary

Name	Count	Area(ft ²)	Length(mi)
Alcohol Licenses	20		

Alcohol Licenses

#	Legal Entity	Trade Name	Licensee	Address	License Type Name	Total Capacity	Expiration Date	Count
1	IRISH CULTURAL & HERITAGE CENTER WI, INC	IRISH CULTURAL & HERITAGE CENTER	Corey G Webster, Agt	2133 W WISCONSIN AV	Class B Tavern License		11/27/2025, 6:00 PM	1
2	Quick Pick Corp	Quick Pick Food Mart	Manpreet Singh, Agt	2336 W Wisconsin AV	Class A Fermented Malt Beverage Retailer's License		12/11/2025, 6:00 PM	1
3	Sodexo Management, Inc.	Sodexo Concessions @ Marquette	MELANIE M VIANES, Agt	1818 W CANAL ST	Class B Tavern License		1/14/2026, 6:00 PM	1
4	MO & CHANG, LLC	Mo's Food Market	Aina Chang, Agt	2404 W CLYBOURN ST	Class A Malt & Class A Liquor License		2/7/2026, 6:00 PM	1
5	CAMPUS ENTERTAINMENT, INC	CAFFREY'S PUB	ERIC P TITZE, Agt	717 N 16TH ST	Class B Tavern License	295	2/6/2026, 6:00 PM	1
6	CAMPUS RECREATIONS, INC	MURPHY'S IRISH PUB	ERIC P TITZE, Agt	1613 W WELLS ST	Class B Tavern License	240	2/6/2026, 6:00 PM	1
7	J&B Madison Inc	Maki Yaki	Inhjea Choi, Agt	1616 W Wisconsin AV	Class B Fermented Malt Beverage Retailer's License		2/9/2026, 6:00 PM	1
8	J&B Madison Inc	Maki Yaki	Inhjea Choi, Agt	1616 W Wisconsin AV	Class C Wine Retailer's License		2/9/2026, 6:00 PM	1
9	Talk of the Town	Talk of the Town	Dyan A Ward, SP	2302 W State ST	Class B Tavern License	80	3/1/2026, 6:00 PM	1
10	BEVERAGE SERVICES OF MILWAUKEE, INC	THE RAVE/THE EAGLES CLUB	STEVEN E TYCZKOWSKI, Agt	2401 W WISCONSIN AV	Class B Tavern License	5,143	4/23/2026, 7:00 PM	1
11	AMBASSADOR ENTERPRISE, LLC	Ramada By Wyndham	RICHARD A WIEGAND, Agt	2301 W WISCONSIN AV	Class B Tavern License	120	4/16/2026, 7:00 PM	1
12	SOBELMAN'S, INC	SOBELMAN'S PUB & GRILL	MELANIE L SOBELMAN, Agt	1900 W ST PAUL AV	Class B Tavern License	80	4/18/2026, 7:00 PM	1
13	TECK STIR, LLC	STIR	JEROME P WALSH, Agt	112 W WISCONSIN AV 101	Class B Tavern License	80	5/7/2026, 7:00 PM	1
14	AMBASSADOR ENTERPRISE, LLC	AMBASSADOR HOTEL	RICHARD A WIEGAND, Agt	2308 W WISCONSIN AV	Class B Tavern License		7/5/2026, 7:00 PM	1
15	Wells Food LLC	Wells Food	Abdelhakeem M Barakat, Agt	2131 W Wells ST	Class A Fermented Malt Beverage Retailer's License		7/4/2026, 7:00 PM	1
16	Sendik's MU LLC	Sendik's Food Markets	Theodore Balistreri, Agt	824 N 16th ST	Class A Malt & Class A Liquor License		8/7/2026, 7:00 PM	1

17	LEVY PREMIUM FOOD SERVICE, LP	LEVY RESTAURANTS at WISCONSIN CENTER DISTRICT	Nikki L Dewey, Agt	400 W WISCONSIN Av- 405 W KILBOURN AV	Class B Tavern License		6/22/2026, 7:00 PM	1
18	Pabst Mansion, INC.	Pabst Mansion	Jocelyn M Slocum, Agt	2000 W Wisconsin AV	Class B Tavern License		9/1/2026, 7:00 PM	1
19	Sodexo Management Inc	Sodexo @ Marquette Annex	MELANIE M VIANES, Agt	804 N 16th ST	Class B Tavern License		9/18/2026, 7:00 PM	1
20	PITCH'S CLUB 113 #2, INC	MISS KATIE'S DINER	PETER S PICCIURRO, Agt	1900 W CLYBOURN ST	Class B Tavern License	144	10/13/2026, 7:00 PM	1

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

Lopez, Faviola

From: Griselda Aldrete <galdrete@aldretelaw.com>
Sent: Wednesday, December 10, 2025 12:32 PM
To: Marta Bianchini; Cox, Andrew; License
Cc: Lopez, Faviola; Cooney, Jim; Bauman, Robert; Jose Perez; elizabeth.thebarleyroom@gmail.com
Subject: Re: Liquor Licenses
Attachments: The Mitch License Amendment- Signed.pdf; Barley Room License Amendment- Signed.pdf; The Clybourn License Amendment- Signed.pdf
Importance: High

Hi Andrew:

Attached you will find the amended paperwork indicating that Clai Green is not affiliated and does not have any ownership stake in the following businesses which are seeking a liquor license to continue their operations.

1. The Mitch-100 % owner Marta Bianchini
2. The Clybourn- 100% owner Marta Bianchini
3. The Barley Room - 100% owner Elizabeth Atkinson

Once received, are you able to give us a timeline as to when the next licenses committee hearing will be and when these license applications might be reviewed? I have not been able to find on Legistar when the next licensing committee hearing will be in the month of December.

Thank you and please let me know if you need anything else from my clients to further these applications or if you have any questions.

Thank you,
Griselda Aldrete, J.D.

**ALDRETE LAW
AND CONSULTING GROUP**

GRISELDA ALDRETE
Founder and CEO
C: 1 (414) 491-8955
E: galdrete@aldretelaw.com

This is a transmission from the law firm of Aldrete Law and Consulting Group, LLC. and may contain information which is privileged, confidential, and protected by the attorney-client or attorney work product privileges. If you are not the addressee, note that any disclosure, copying, distribution, or use of the contents of this message is prohibited. If you have received this transmission in error, please destroy it and notify us immediately at (414) 491-8955.

From: Marta Bianchini <marta@getbianchini.com>
Sent: Wednesday, December 10, 2025 12:10 PM
To: Cox, Andrew <Andrew.Cox@milwaukee.gov>; License <license@milwaukee.gov>
Cc: Lopez, Faviola <Faviola.Martin@milwaukee.gov>; Cooney, Jim <Jim.Cooney@milwaukee.gov>; rjbauma@milwaukee.gov <rjbauma@milwaukee.gov>; Jose Perez <aldermanperez@gmail.com>; Griselda Aldrete <galdrete@aldretelaw.com>; elizabeth.thebarleyroom@gmail.com <elizabeth.thebarleyroom@gmail.com>
Subject: RE: Liquor Licenses



APPLICATION AMENDMENT

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

Date: 12/10/25

To the License Division of the City of Milwaukee:

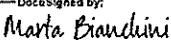
I, Marta Bianchini, wish to amend my answer(s) on the application for a
(full legal name)

Liquor license at 2202 W Clybourn St, Milwaukee, WI 53233 :
(type of license) (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: Asserting that I am 100 % full owner of the business. Clai Green no longer has any ownership stake in the company. _____

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

DocuSigned by:

 Marta Bianchini
 3446915E9501DA
 Signature of Licensee (Individual, Partner, or Agent of Corp/LLC)

Office Use Only: Application #: _____ Date: 12/10/2025 Initials: _____ 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:

Banquet hall / event venue

Do you have any experience operating this type of business? No Yes If yes, explain: Multi venue / Rest.

2. Business Operations

a. Proposed Opening Date: opened 3/22

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: Banquet / occupancy

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: Liq license

g. Have you previously held an Extended Hours License in Milwaukee? No Yes
If yes, list address(es): Cubaritas 728 N Milwaukee St.

h. Are other businesses operating in the same building? No Yes If yes, describe: Art studio above

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: DJ

4. Smoking & Sanitation

a. Are there designated outdoor smoking areas? No Yes If yes, describe: _____

b. Number of Garbage Cans: Inside: 6 Locations: Bathrooms + Kitchen
Outside: 2 Locations: garage Dumpster

c. Is a crowd control barrier used? No Yes If yes, describe: _____

d. How many restrooms are on the premises? 2

e. Name of solid waste contractor: Advanced Disposal Waste Management Other: _____

5. Security

a. Are there onsite parking spaces? No Yes If yes, how many? _____ and describe the parking security plan: _____

b. Is there a loading zone? No Yes If yes, describe the loading area security plan: _____

c. Will you have licensed security on premise? No Yes If yes, how many? _____ and answer the following:
What are their responsibilities? monitor crowd inside
Describe equipment used
List their License Number (s) 20044-62 Prolific Arms LLC

d. Will there be security cameras? No Yes If yes, how many? 4 and list locations: (1) OUTSIDE
3 inside

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

6. Percentage of Sales (must total 100%)

Alcohol <u>10</u> %	Food <u>0</u> % Cigarettes, Electronic Vape Devices, Tobacco Products	Secondhand Merchandise _____ %	Precious Metals & Gems _____ %
Entertainment _____ %	Pawnbroker Activity _____ %	Salvaged Materials _____ % (such as scrap metal)	Personal Services (such as tattoo, body piercing, salon, tailor, tanning, etc.) _____ % Other <u>90</u> % Describe: <u>Venue Rentzel</u>

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

Type 1

<input type="checkbox"/> Full Service Restaurant	<input type="checkbox"/> Cafe/Coffee Shop	<input type="checkbox"/> Deli or Fast Food Restaurant	<input type="checkbox"/> Private/Fratalnal/Veterans Club
<input type="checkbox"/> Night Club	<input type="checkbox"/> Tavern	<input type="checkbox"/> Cocktail Lounge	<input type="checkbox"/> Teen Club
<input checked="" type="checkbox"/> Banquet Hall	<input type="checkbox"/> Sports Facility	<input type="checkbox"/> Bowling Alley	
<input type="checkbox"/> Hotel/Motel : Number of Floors: _____		<input type="checkbox"/> Rooming House: Number of Floors: _____	
	Number of Rooms: _____		Number of Rooms: _____

Type 2

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

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

<input type="checkbox"/> Occupancy Permit	<input type="checkbox"/> Cigarette, Tobacco, Electronic Vape Products	<input type="checkbox"/> Gas Station	<input type="checkbox"/> Extended Hours	<input type="checkbox"/> Class "B" Tavern	<input type="checkbox"/> Weights & Measures
<input type="checkbox"/> Secondhand Dealer	<input type="checkbox"/> Precious Metal & Gem	<input type="checkbox"/> Other: _____			

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

Capacity 135 (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: Clybourn

d. Describe Building: Free Standing Building Strip Mall Other: _____

e. Describe Premises Structure: Single Story Multi-Story - # of Stories 2 Other: _____

f. Describe Surrounding Area: Commercial Residential Industrial Other: _____

g. Building Owner Name: Inspired Artisans Phone Number: _____
Building Owner Address: 505 N 22nd st Milwaukee WI 53233

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	8am	12am	100	32	none
Monday			0		
Tuesday			0		
Wednesday			0		
Thursday			0		
Friday			135		
Saturday			135		

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

Alcohol Establishments Class A: 8:00 am to 9:30 pm Sunday thru Thursday, 6:00 am to 2:30 am Friday & 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.



MILWAUKEE

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:

Bella M&C LLC

Premise Address:

2202 W Clybourn Milwaukee, WI 53233

Proximity of Premises to Church, School, Daycare Center or Hospital

Is the building within 300 feet of any church, school, daycare center or hospital?

 No Yes

"Service Bar Only" Designation

If applying for Class B or C license, are you applying for "Service Bar Only"?

 No Yes

Service Bar Only means customers cannot sit at the bar. Alcohol is served to employees who serve patrons seated at tables. No stools, chairs or other articles of furniture shall be placed at the service bar for patrons to sit upon.

Business Information

a) Are you taking out this application for anyone that may not be eligible for a license? No Yes

If yes, list their name and address: _____

b) Will the agent, a partner or the individual licensee be conducting the day-to-day operations of the business? No Yes

If no, list the name and address of the person(s) who will: _____

Class B Applicants: If the agent, a partner or the individual licensee will not be conducting the day-to-day operations of the business, the person(s) listed above must obtain a Class B Managers license.

c) Does anyone else have money invested or any other interest in this business? No Yes

If yes, explain: _____

d) Have you made an agreement with anyone to repay any loan or any other payments based upon income from the business?

 No Yes If yes, list name and address: _____

Property Information (New & Transfer Applicants Only)

a) Do you own or lease the building? Own Lease

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

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

d) Total amount paid for business \$ _____

e) Total amount paid for goodwill of the business \$ _____

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 11/01 Ends 11/30b) Monthly rental \$ 3750c) Do you have an option to renew the lease? No Yesd) Does your lease allow for assignment to another party without the consent of the owner? No Yese) For what length of time have you been guaranteed occupancy (number of years)? 3 3 yr

Lease Information (Continued)

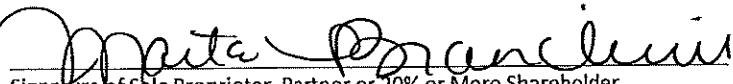
f) In addition to paying the monthly rental, will you have to pay anything additional to the owner of the building to guarantee performance of the lease? No Yes If yes, explain _____

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



PUBLIC ENTERTAINMENT PREMISES LICENSE

SUPPLEMENTAL APPLICATION

Office of the City Clerk License Division
 200 E. Wells St. Room 105, Milwaukee, WI 53202
 (414) 286-2238 www.milwaukee.gov/license e-mail address: license@milwaukee.gov

PREMISES ADDRESS: 2202 W Clubouri Milwaukee WI 53233

TYPES OF ENTERTAINMENT (CHECK ALL THAT APPLY)

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

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.

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: _____

DJ equipment

LEGAL CAPACITY OF PREMISES

135 (Call the Development Center at 414-286-8211 with questions.) Legal capacity determines the fee for your Public Entertainment Premises License. If you would like to request the license be approved with a lower capacity than that listed above, indicate the lower capacity here: _____. If approved, this lower capacity will print on your license and override the capacity listed on your Occupancy Permit.

ACKNOWLEDGEMENT/SIGNATURE

I understand that after the license has been issued, a change to the plan of operation will require a written request to change and approval from the Common Council. I agree to inform the City Clerk within 10 days of any substantial changes in the information supplied in this application. I understand that I shall not willfully refuse to provide the services offered under this license, or add charges or require deposits not required of the general public because of race, color, sex, religion, national origin or ancestry, age, handicap, lawful source of income, marital status, sexual orientation, gender identity or expression, familial status or the fact that a person is now or has been a member of the military service, whether dressed in uniform or not; and shall not seek such information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion on the basis of such information.

I have knowledge of the City Ordinances currently regulating public entertainment, and understand that the license may be subject to suspension, non-renewal or revocation, if I violate any rule, law or regulation of the city of Milwaukee and State of Wisconsin.

Marta Pocenclu, member

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

Office Use Only:

Initials: _____ Filed: _____ App: _____

Only PEP? No Yes If Yes, Queue to MPD and Email Mgrs/Team Lead (must be heard w/in 60 days)

Bella M+C LLC

DRA The Clybourn

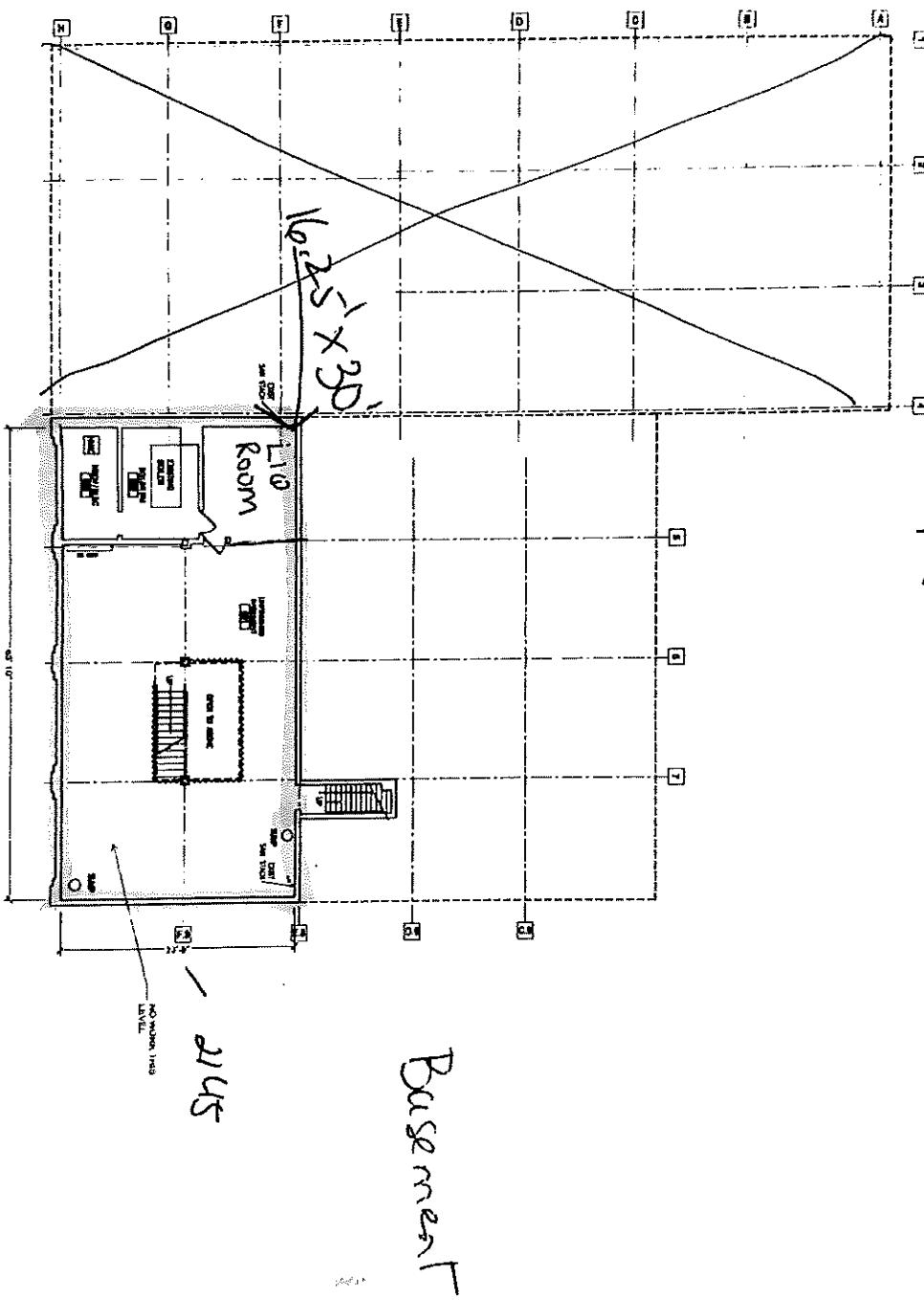
Elizabeth Atkinson

Agent

10/6/25

2202 W Clybourn
Milwaukee WI 53233

N ↑



① LOWER LEVEL EXISTING CONDITIONS

2202 W Clybourn St 53233

THE CLYBOURN
OCCUPANCY PLAN
2202 W Clybourn Street



Print Name
John Doe
Position
Owner
Date
04/15/2025
Page No. 1000-2025
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