

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side. BTAVN 210650
 For the license period beginning 11/23/2023; ending 11/22/2024

TO THE GOVERNING BODY of the CITY OF MILWAUKEE, MILWAUKEE COUNTY

Aldermanic District No. 9 Pamela D Perrin

Type of Legal Entity: Sole Proprietor

Complete A or B. All must complete C.

A: Individual or Partnership: Pamela D Perrin

B: Full name of Corporation/Nonprofit Organization/Limited Liability Company:

Applicant's Wisconsin Seller's Permit Number:	
Federal Employer Identification Number (FEIN):	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A Beer	\$
<input type="checkbox"/> Class B Beer	\$
<input type="checkbox"/> Class C Wine	\$
<input type="checkbox"/> Class A Liquor	\$
<input type="checkbox"/> Class A Liquor (cider only)	N/A
<input type="checkbox"/> Class B Liquor	\$
<input type="checkbox"/> Reserve Class B Liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

C. 1. Trade Name ▶ Coconut Bowl Business Phone Number (414) 206-0119

2. Address of Premises ▶ 4707 W MILL RD Post Office & Zip Code ▶ Milwaukee WI 53218

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for sales, service, consumption and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

1st Floor, Basement Storage, Banquet Hall - lower level

5. Legal description (omit if street address is given above): _____

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any municipality? **If yes, complete the reverse side** Yes No

b. Are **charges for any offenses presently pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? Yes No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? Yes No

If yes, explain. _____

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax Return of the licensee? Yes No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin State Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitted false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

PDPerrin

(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

TO BE COMPLETED BY CLERK:

Date received and filed with municipal clerk <u>9/11/23 - RC</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

BTAVN 356 134
PEP 356 135

FREST 356 134

INSTRUCTIONS FOR RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION (AT-115A)

THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e. individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

PARTNERSHIPS:

Indicate full name and home address of each partner. One partner must sign application. Reminder: If partners have been added or dropped since your last application, you must use Form AT-106 (Original Alcohol Beverage License Application).

CORPORATIONS:

One owner must sign application. Be sure to answer Question No. 7 by indicating any change of owners, agent, and/or changes in home address. If there are any changes in owners or agent each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Form AT-104 (Schedule for Appointment of Agent) AND AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

LIMITED LIABILITY COMPANY:

One owner must sign application. Follow procedure under Corporations for any change of owner or agent.

NOTE: Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

DISCRIMINATION CLAUSE:

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry; the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Question No. 6a and/or 6b on the reverse side is "YES," outline details below"

CONVICTIONS

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____

CHARGE _____ WHERE CONVICTED _____

DATE _____ PENALTY _____ MISDEMEANOR FELONY

2. NAME _____ STATUTE NO./LOCAL ORDINANCE _____

CHARGE _____ WHERE CONVICTED _____

DATE _____ PENALTY _____ MISDEMEANOR FELONY

3. NAME _____ STATUTE NO./LOCAL ORDINANCE _____

CHARGE _____ WHERE CONVICTED _____

DATE _____ PENALTY _____ MISDEMEANOR FELONY

PENDING CHARGE

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____

PENDING CHARGE _____ DATE _____

CLASS B TAVERN LICENSE

BTAVN - 0210650
EFF DATE: 11/23/2022 EXP DATE: 11/22/2023



Jan R. Dylor

city clerk
www.milwaukee.gov/license

DANCING IN LOWER , SECURITY TO PATROL SURROUNDING NEIGHBORHOOD

PAMELA D PERRIN
COCONUT BOWL
4707 W MILL RD
MILWAUKEE, WI 53218-1405

ALDERMANIC DISTRICT 09

OTHER RELATED LICENSES:
PUBLIC ENTERTAINMENT
PREMISES LICENSE

PEP-0008516

premise description:

1ST FLOOR, BASEMENT STORAGE, BANQUET HALL - LOWER LEVEL

Type of Entertainment: Jukebox, 12 lanes bowling alley, 1 pool table, 5 amusement machines, patron dancing in the hall (lower level)

Proposed Hours:
10am - 2am - Sun
10am - 2am - Mon - Wed
9am - 2am - Thursday
10am - 2:30am Fri - Sat

Weekday	Open Time	Close Time	Age Limit
SUNDAY	10:00 AM	11:00 PM ^{2 PM}	N/A
MONDAY	10:00 AM	12:00 AM	N/A
TUESDAY	10:00 AM	12:00 AM	N/A
WEDNESDAY	10:00 AM	12:00 AM	N/A
THURSDAY	09:00 AM	12:00 AM	N/A
FRIDAY	10:00 AM	02:30 AM	N/A
SATURDAY	10:00 AM	02:30 AM	N/A



City Hall - Room 105 - 200 East Wells Street - Milwaukee, WI 53202-3570 - Phone (414) 286-2238 - Fax (414) 286-3057
Email: license@milwaukee.gov - Website: www.milwaukee.gov/license

city of milwaukee
www.milwaukee.gov/
license



Jan R. Dylor

city clerk
MILWAUKEE

license required to be displayed or carried

If you have a public entertainment premises license at your licensed alcohol establishment: Indoor public entertainment shall be discontinued no later than the closing time for the alcohol beverage establishment, unless an earlier time of discontinuation is established by the common council in its approval of the licensee's plan of operation.

EXPIRATION DATE: 11/22/2023
LIC. NO: BTAVN 0210650
LICENSE: CLASS B TAVERN LICENSE

PAMELA D PERRIN
COCONUT BOWL
4707 W MILL RD
MILWAUKEE, WI 53218-1405

PAMELA D PERRIN
COCONUT BOWL
6514 W HUSTIS ST
MILWAUKEE, WI 53223-5425



BUSINESS RENEWAL APPLICATION

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

PEP 356135
Office Use Only: FREST 356134 App # BTAVN 356134
 N Objs No Yes Chgs _____
 Filed _____ Initials _____
 Paid _____ MPD _____
 Granted _____ Lic # _____
 AD 9

Licenses Being Renewed:
BTAVN 210650 FREST 18161
PEP 8516
Filing Deadline: 9/11/2023
\$75.00 Late Fee Assessed After 10/1/2023

BUSINESS CONTACT INFORMATION

Section 1

Legal Entity Name : Pamela D Perrin Trade/DBA: Coconut Bowl
 Phone: (414) 206-0119 E-mail: 1pamelah@gmail.com
 Premises Address (include city/state/zip): 4707 W MILL RD Milwaukee WI 53218
 Mailing Address (include city/state/zip): 6514 W HUSTIS ST Milwaukee WI 53223

AGENT OF CORP/LLC/NONPROFIT / SOLE PROPRIETOR / 1ST PARTNER

Section 2

FULL LEGAL NAME (Last, First & Middle Initial): Pamela D Perrin Date of Birth: 8/18/79
 Home Address (include city/state/zip): 6514 W. HUSTIS ST Milwaukee, WI 53223
 Driver's License Number/State ID #: WI
 Percent % of Ownership Interest: 100 Home Phone: _____ Cell Phone: 262-880-5925

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

Section 3

FULL LEGAL NAME (Last, First & Middle Initial): _____ Date of Birth: _____
 Home Address (include city/state/zip): _____
 Driver's License Number/State ID #: _____ State: _____
 Percent % of Ownership Interest: _____ Home Phone: _____ Cell Phone: _____

FULL LEGAL NAME (Last, First & Middle Initial): _____ Date of Birth: _____
 Home Address (include city/state/zip): _____
 Driver's License Number/State ID #: _____ State: _____
 Percent % of Ownership Interest: _____ Home Phone: _____ Cell Phone: _____

Check if there are additional persons with 20% or more ownership interest or partners. Complete additional sheets as necessary.

REQUIRED SIGNATURE

- Section 4**
- The undersigned understands that applicants are required to inform the City Clerk within 10 days of any changes in any of the information supplied in this application.
 - The undersigned has knowledge of the City Ordinances currently regulating the license applied for herein, and understands that the license may be subject to suspension, non-renewal or revocation, if the applicants violate any rule or regulation relating to the license.
 - The undersigned understands that applicants 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/we state that this application for a license is not made for and behalf of any other person and that the applicant is not acting as an agent for, or in the employ of another.

Sole Proprietor, a Partner, or if a Corporation or LLC, the agent must sign: *P Perrin*

Office Use Only:
Current License: New Renewal Granted: No Issues WL Suspension Other _____

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2022-2023 Plan of Operation for 4707 W MILL RD

1. Litter & Security Plans			
How are the grounds kept clean? <input checked="" type="checkbox"/> Sweep <input 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 checked="" type="checkbox"/> Weekly <input type="checkbox"/> Other:			
Who cleans the grounds? <input checked="" type="checkbox"/> Licensee <input 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 checked="" type="checkbox"/> Security <input checked="" type="checkbox"/> Manager approaches customer(s) <input checked="" type="checkbox"/> Call Police <input checked="" 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>Outside of Building next to cigarette disposal</u>			
Number of garbage cans: Inside <u>12</u> Locations <u>Each of 4 restrooms, bar area, bowling floor, kitchen, hall</u> Outside <u>4</u> Locations: <u>All 4 corners of Building</u>			
Is a crowd control barrier used? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Describe:			
Number of restrooms: <u>5</u>		Name of solid waste contractor: <u>Waste Management, Ege disposal</u>	
Are there parking spaces on the premises? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If Yes, list number of spaces: <u>47</u> and describe security plans: <u>Security personnel & security cameras monitor parking area</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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes If Yes, how many? <u>2+</u>			
AND What are their responsibilities? <u>Monitor indoor & outdoor premises, search each patron upon entry, de-escalate situations - verbal</u> What security equipment do they use? <u>Wands.</u> List their licensing, certification or training credentials: _____			
Are there security cameras? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If Yes, list all locations:			
Are searches and/or identification checks conducted upon entry? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If Yes, describe: <u>Security personnel conduct search & wanding of patrons upon entry</u>			
2. Percentage of Sales (must total 100%)			
Alcohol <u>30</u> %	Food Sales <u>30</u> %	Entertainment <u>40</u> %	Other _____ %
3. Businesses On The Premises (choose all that apply):			
<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 checked="" type="checkbox"/> Tavern <input type="checkbox"/> Sports Facility <input type="checkbox"/> Hotel <input checked="" type="checkbox"/> Banquet Hall <input type="checkbox"/> Supermarket <input type="checkbox"/> Private/Fraternal/Veterans' Club <input checked="" type="checkbox"/> Other: <u>Bowling Alley</u>			
4. Hours of Operation and Age Restriction			
Are there any changes to the current hours of operation or age restriction? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If Yes, Describe: <u>Saturday 10AM - 2:30 AM</u> <u>Sunday 10AM - 2AM</u> <u>Tuesday 10AM - 2AM</u> <u>Thursday 9AM - 2AM</u> <u>Monday 10AM - 2AM</u> <u>Wednesday 10AM - 2AM</u> <u>Friday 10AM - 2AM</u>			
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.			
5. Floor Plan and Capacity			
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 www.milwaukee.gov/licenses 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.			
6. Sidewalk Dining: Fee:			
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.			
7. Food License: FREST 18161 Fee: \$800.00		8. Weights and Measures: Fee:	
Your current food license includes the following food operations: DHS - MODERATE, Restaurant, Sales \$20,001 - \$200,000. Are there any changes to your food operations as listed above? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, if Yes, explain _____		Number/Type of Devices: 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.	

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1. CURRENT APPROVED ENTERTAINMENT for Coconut Bowl 4707 W MILL RD

The following types of entertainment have been approved for your current Public Entertainment Premises license:
Jukebox, 12 lanes bowling alley, 1 pool table, 5 amusement machines, patron dancing in the hall (lower level)

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 checked="" 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/
Strippers/Erotic Dance | <input checked="" 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 | How many? _____ | How many? _____ |
| How many screens? _____ | How many? _____ | <input type="checkbox"/> Concerts | <input type="checkbox"/> Theatrical Performances |
| | | 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.
** New entertainment does not change the current plan of operation. - PD Perrin 9/1/23*

3. REMOVING ENTERTAINMENT

If applicable, list any entertainment you wish to remove: *n/a*

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: *Bowling P.A. System digital mixer box*

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.

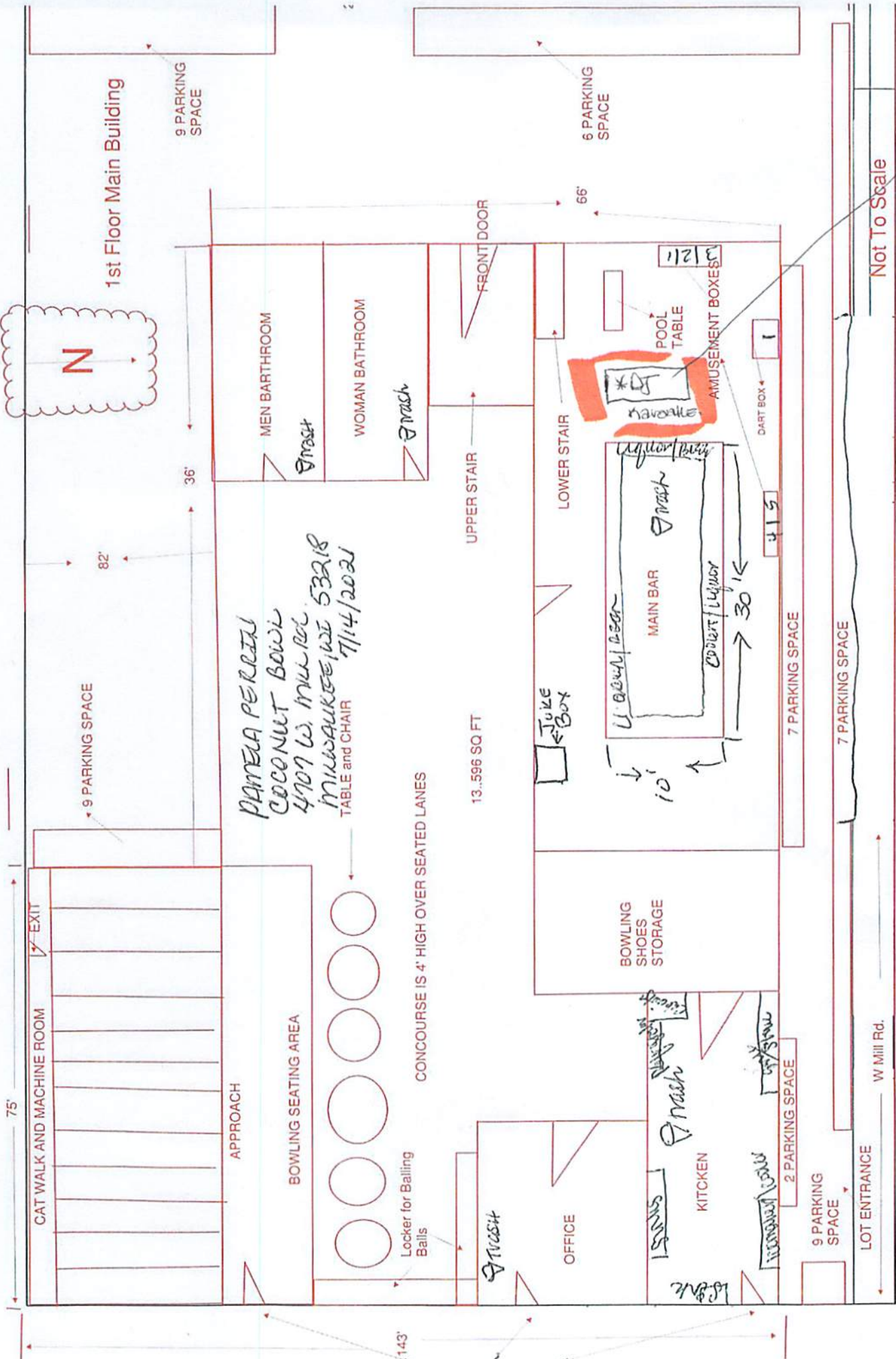
I understand that I shall not willfully refuse to provide the services offered under this license, or add charges or require deposits not required of the general public because of race, color, sex, religion, national origin or ancestry, age, handicap, lawful source of income, marital status, sexual orientation, 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.

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

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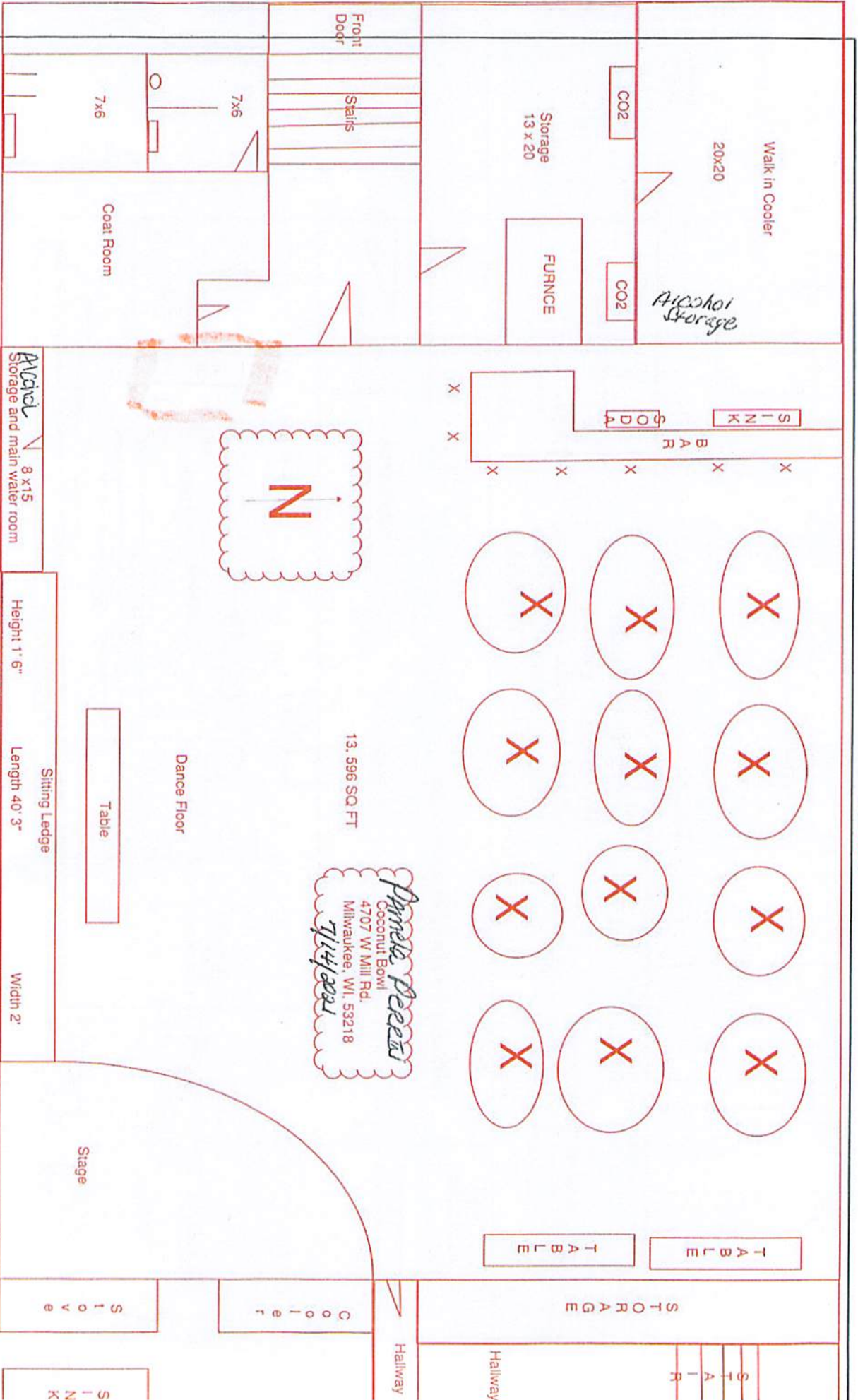
1 - WOODWORTH AVE



*NEW to Application *

ALL PARKING SPACE 10' x 20'

MILL ROAD



Not To Scale

Woolworth AVE.

Pamela Pezatti
 Coconut Bowl
 4707 W Mill Rd.
 Milwaukee, WI, 53218
714/933

BASEMENT

NO.	DATE	DESCRIPTION



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:

Renewal with changes - Bowler Alley, Bar, Restaurant

Do you have any experience operating this type of business? No Yes If yes, explain: 2 years we have been open/operating

2. Business Operations

- a. Proposed Opening Date: 11/22/2023
- 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: Public Entertainment, Food, Bartending
- e. Is the current licensee operating? No Yes If no, list date closed: _____
- f. Do you have future plans for other businesses, licenses or permits at this location? No Yes
If yes, explain: _____
- g. Have you previously held an Extended Hours License in Milwaukee? No Yes
If yes, list address(es): _____
- h. Are other businesses operating in the same building? No Yes If yes, describe: _____

3. Litter & Noise

- a. How are grounds kept clean? Sweep Pressure Wash Pick Up Litter Other: _____
- b. How often will grounds be cleaned? Daily Weekly As Needed Monthly Other: _____
- c. Grounds cleaned by: Licensee Building Owner Employees Hired Maintenance Other: _____
- d. How are noise issues prevented and/or addressed? Security Manager approaches customer(s) Call Police
 Signs Posted Other: _____
- e. Will a sound amplification system be used? No Yes If yes, describe: Bowling P.A. digital music box

4. Smoking & Sanitation

- a. Are there designated outdoor smoking areas? No Yes If yes, describe: Outside by the cigarette disposal
- b. Number of Garbage Cans: Inside: 12 Locations: Restrooms, bodily area, bar area, kitchen, entrance
Outside: 4 Locations: four corners of building
- c. Is a crowd control barrier used? No Yes If yes, describe: _____
- d. How many restrooms are on the premises? 5
- e. Name of solid waste contractor: Advanced Disposal Waste Management Other: Eagle Disposal

5. Security

- a. Are there onsite parking spaces? No Yes If yes, how many? 47 and describe the parking security plan: Security personnel & security cameras to monitor parking area
- b. Is there a loading zone? No Yes If yes, describe the loading area security plan: _____
- c. Will you have security personnel on premise? No Yes If yes, how many? 2+ and answer the following:
 What are their responsibilities? Monitor indoor/outdoor premises, search each patron upon entry, deactivate any firearms
 Is security equipment used? No Yes If yes, describe Handcuffs
 List their licensing, certification, or training credentials vetted
- d. Will there be security cameras? No Yes If yes, how many? 6 and list locations: restrooms, bar area, hallway area, outdoor back porch, camera kiosk
- e. Will searches/identification checks be done upon entry? No Yes If yes, describe Wand & pat down check bags

6. Percentage of Sales (must total 100%)

Alcohol <u>30</u> %	Food <u>30</u> %	Secondhand Merchandise _____ %	Precious Metals & Gems _____ %
Entertainment <u>40</u> %	Cigarettes _____ %	_____ %	_____ %
Pawnbroker Activity _____ %	Salvaged Materials _____ % (such as scrap metal)	Personal Services (such as tattoo, body piercing, salon, tailor, tanning, etc.) _____ %	Other _____ % Describe: _____

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

Type 1

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

Type 2

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

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

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

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

Capacity 300 (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: A7th & Mill Road
- 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: JM & Seema Sutton Phone Number: _____
 Building Owner Address: 6665 N. Range Line Rd Glendale, WI 53209

10. Hours of Operation & Customers

Will customers be entering the premises? No Yes

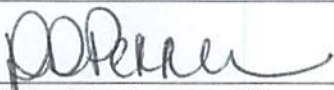
Day of the Week	Proposed Hours of Operation:		Estimated Number of Customers expected each day	Potential Age Range of Customers	Class B Tavern Applicant Only: Age Restriction (If none, write 'None')
	Open Time (include a.m. or p.m.)	Close Time (include a.m. or p.m.)			
Sunday	10 AM	2 AM	40+	4-80	21+ w/ beverage
Monday	10 AM	2 AM	50+	4-80	"
Tuesday	10 AM	2 AM	50+	4-80	"
Wednesday	10 AM	2 AM	50+	4-80	"
Thursday	9 AM	2 AM	50+	4-80	"
Friday	10 AM	2:30 AM	75+	4-80	"
Saturday	10 AM	2:30 AM	75+	4-80	"

An Extended Hours Establishment License is required for any convenience store, filling station, personal service establishment (such as tattoo, body piercing, salon, tailor, tanning, etc.), recording studio or restaurant which is open between the hours of 12:00 a.m. and 5:00 a.m.

Alcohol Establishments Class A: 8:00 am to 9:00 pm Sunday thru Saturday
 Permitted Hours of Operation: Class B: 6:00 am to 2:00 am Sunday thru Thursday, 6:00 am to 2:30 am Friday & Saturday

Entertainment Outdoor Closing Hours: 10:00pm Sunday-Thursday; 12:00am Friday & Saturday; unless a different time, either earlier or later, is established by the Common Council in its approval of the licensee's plan of operation.

11. Signature(s)


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

 Signature of additional partner or 20% or more shareholder

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