



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

Thursday, April 08, 2021

**COMMITTEE MEETING NOTICE**

AD 05

MORRIS, Debra M, Agent  
Jamaican Season Island, LLC  
9207 W Capitol Dr


Milwaukee, WI 53222

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You are requested to attend a virtual hearing to be held on:

**Tuesday, April 20, 2021 at 09:15 AM**

**Regarding:** Your Class B Beer and Class C Wine License Applications as agent for "Jamaican Season Island, LLC" for "Picasso" at 9207 W Capitol DR.

This meeting will be held via GoToMeeting. Please see the enclosed  best practices document for further instructions. The access code is <https://global.gotomeeting.com/join/743087573>. If you wish to call in, please call [+1 \(646\) 749-3122](tel:+16467493122) and use Access Code: 743-087-573.

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 attend this meeting may result in the denial of your license. Individual applicants and partnership applicants must attend or attend by an attorney. The agent or attorney for corporate or limited liability applicants must attend. 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 attend the virtual hearing and are 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 request an interpreter attend the meeting with you, at your expense, so that you can answer questions and participate in your hearing.

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

**If you have questions regarding this meeting, please contact the staff assistant, Molly Kuether-Steele at (414) 286-2775 or [molly.kuether-steele@milwaukee.gov](mailto:molly.kuether-steele@milwaukee.gov).**



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

Thursday, April 08, 2021

**COMMITTEE MEETING NOTICE**

AD 05

MORRIS, Debra M, Agent  
Jamaican Season Island, LLC  
3851 N 61st St

Milwaukee, WI 53216

You are requested to attend a virtual hearing to be held on:

**Tuesday, April 20, 2021 at 09:15 AM**

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This meeting will be held via GoToMeeting. Please see the enclosed best practices document for further instructions. The access code is <https://global.gotomeeting.com/join/743087573>. If you wish to call in, please call +1 (646) 749-3122 and use Access Code: 743-087-573.

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**JIM OWCZARSKI, CITY CLERK**

**If you have questions regarding this meeting, please contact the staff assistant, Molly Kuether-Steele at (414) 286-2775 or [molly.kuether-steele@milwaukee.gov](mailto:molly.kuether-steele@milwaukee.gov).**

Date: 3/28/2021

Officer: Bowie Buchner

City of Milwaukee Police Department

90-5-1.5 Crime Prevention Survey

Tavern Inspection

Name of Premise: Jamaican Season Island

Address: 9207 W Capitol Dr

Phone: 414-763-8177

Owner: Debra M Morris

Owner address: 3851 N 61<sup>st</sup> St

City State Zip: Milwaukee, WI, 53216

Owner Phone: 414-269-7937

Owner email: debramorris3851@gmail.com

Licensee/Agent: Debra Morris

Home Address: 3851 N 61<sup>st</sup> St

City State Zip: Milwaukee, WI, 53216

Phone: 414-269-7937

Email: debramorris3851@gmail.com

Preferred contact: Debra Morris

Location currently open: YES NO

Projected open date: [Click here to enter a date.](#)

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

Hours of Operation: Sun: [Click here to enter text.](#) 24 hours Y N

Mon: 6:00am – 11:59pm

Tue: 6:00am – 11:59pm

Wed: 6:00am – 11:59pm

Thu: 6:00am – 11:59pm

Fri: 6:00am – 11:59pm

Sat: 6:00am – 11:59pm

Premise Type: Tavern/Bar  
Restaurant  
Other: [Click here to enter text.](#)

Licenses currently held:

Alcohol: Yes No Class:B #: BBEER 319897

Tobacco: Yes No #: [Click here to enter text.](#)

Food: Yes No #: FREST 321159

Extended Hours: Yes No #: [Click here to enter text.](#)

Secondhand Dealer: Yes No Type:[Click here to enter text.](#) #: [Click here to enter text.](#)

Other: Yes No Type:Alcohol Class C #: CWINE 319927

Other: Yes No Type:Click here to enter text. #: Click here to enter text.

**Exterior Survey:**

1. Is the area around the location clean? Yes No
2. What surrounds the location? (Check all the apply)
  - a. Park
  - b. School
  - c. Youth Center
  - d. Church
  - e. Tavern(s) If so, how many Click here to enter text.
  - f. Residential
  - g. Other businesses
  - h. Other: Click here to enter text.
3. Can you see from the outside of the location into the interior Yes No
4. Can you see the employees inside of the location from the outside Yes No
5. Are exterior windows free of signage Yes No
6. Is there a parking lot Yes No
7. Is the parking lot clean? Yes No
8. Off-Street parking Yes No
9. Is the parking lot well lit? Yes No
10. Valet Parking Yes No
  - a. Will this lot have a guard? Yes No
  - b. Will this lot have cameras? Yes No

11. Are there areas where a person could conceal themselves Yes No
12. Is there exterior lighting? Yes No. Does it appear to be adequate Yes No
13. Exterior Payphone? Yes No
14. Are there No Loitering Signs posted? Yes No
15. Are there exterior security cameras Yes No How Many: Click here to enter text.
16. Are the address numbers prominently displayed and easy to see Yes No

**Camera Survey:**

17. Does this location have security cameras? Yes No
18. Are they in working order? Yes No
19. What format are the cameras?
- a. Color Yes No
  - b. Digital Yes No
  - c. Recorded Yes No
20. How long is footage stored for later viewing: unknown at the time
21. Are there exterior cameras Yes No How many: Click here to enter text.
22. Are there interior cameras Yes No How many: unknown
23. Do all employees know how to retrieve recorded digital images/footage? Yes No
24. Cameras located in parking lot Yes No How many Click here to enter text.

**Interior Survey:**

25. What is the planned capacity 55

26. What is the minimum number of employees that will be on premise two or three

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: unknown
34. How ill they be deployed: Interior Click here to enter text. Exterior Click here to enter text.
35. What days will they be deployed MonTueWedThuFriSatSun
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 Click here to enter text.
  - ID Scanner Click here to enter text.
  - Dress Code Click here to enter text.
  - Cover Charge Click here to enter text.
  - Age restriction Click here to enter text.
  - Other Click here to enter text.

### ADDITIONAL COMMENTS/RECOMMENDATIONS:

At the time of this inspection this location was only open for curbside pickup and only for dinner. Morris stated that she hopes to open for dine in soon, but did not have an exact date. The hours of operation listed are what she stated she was allowed. However, she stated that when she open for dine in she will assess how business is and adjust her hours accordingly. She also stated that right now she is not open on Sundays, but when she has dine in she may open on Sundays.



Regarding the security cameras there are camera in the building for the previous occupants, but they were not operational at the time of the inspection. She stated that when she opened for dine in she was going to either get those camera working or have new cameras installed.

Regarding security guards Morris stated that she was thinking about hiring security, but that she has not made a final decision yet.

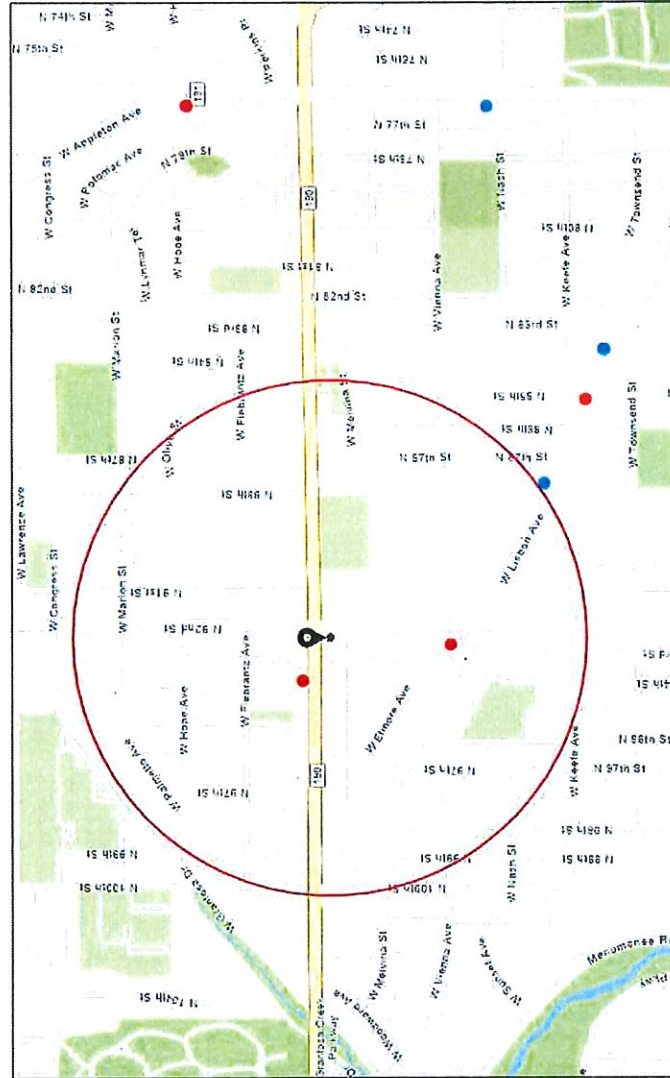
When asked if she was willing to be a standing complaintant Morris stated that she was not sure if she was willing to do that or not. I did leave a standing complaint form with her and advised her to call me if she decided to fill out the form so I could pick it up.


**City of Milwaukee**  
**Alcohol Concentration Map for 9207 W Capitol Dr**

**Area of Interest (AOI) Information**

Area : 21,862,585.81 ft<sup>2</sup>

Jan 14 2021 10:05:30 Central Standard Time



Licensed establishments within a half mile radius of 9207 W Capitol Dr.

Summary

Name	Count	Area(ft <sup>2</sup> )	Length(mi)
Alcohol Licenses	2		

Alcohol Licenses

#	Legal Entity	Trade Name	Licensee	Address	License Type Name	Total Capacity	Expiration Date	Count
1	LISBON FOODS, INC	SENTRY FOODS	DOUGLAS A SCHWANZ, Agt	9210 W LISBON AV	Class A Malt & Class A Liquor License		3/18/2021, 7:00 PM	1
2	SPDK, INC	SUNRISE LIQUOR AND GIFTS	Kamlesh M Patel, Agt	9330 W CAPITOL DR	Class A Malt & Class A Liquor License		9/25/2021, 7:00 PM	1

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



Thursday, April 08, 2021

## Licenses Committee Notice of Hearing

THE CAPITOL LLC  
4570 HIDDEN CREEK TR  
BROOKFIELD, WI 53005

The Licenses Committee will consider the following license application:

Class B Beer and Class C Wine License Applications  
MORRIS, Debra M, Agent  
Picasso at 9207 W Capitol DR

Date: 4/20/2021

Time: 09:15 AM

Location: The hearing before the Licenses Committee will take place virtually on Tuesday, April 20, 2021. 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 will be asked to do so by phone or internet and are asked to contact the staff assistant, Molly Kuether-Steele at (414) 286-2775 or [molly.kuether-steele@milwaukee.gov](mailto:molly.kuether-steele@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

Please note this application may be recommended for denial based on fitness of the location due to concentration of alcohol beverage outlets in the area. If the application is denied for this reason, no other application for an alcohol beverage license for this location shall be recommended for approval by the Licenses Committee within three years of the date of denial unless the applicant has demonstrated a change of circumstances since the prior denial.





Thursday, April 08, 2021

## Licenses Committee Notice of Hearing

THE CAPITOL LLC  
PO BOX 867  
BROOKFIELD, WI 53008

The Licenses Committee will consider the following license application:

Class B Beer and Class C Wine License Applications  
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Thursday, April 08, 2021



# Notice of Public Hearing

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notice

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MORRIS, Debra M, Agent  
Picasso at 9207 W Capitol DR  
Class B Beer and Class C Wine License Applications

**Tuesday, April 20, 2021 at 9:15 AM**

To whom it may concern:

The above application has been made by the above named applicant(s). This requires approval from the Licenses Committee and the Common Council of the City of Milwaukee. The hearing before the Licenses Committee will take place virtually on 4/20/2021 at 9:15 AM. 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 will be asked to do so by phone or internet and are asked to contact the staff assistant, Molly Kuether-Steele at (414) 286-2775 or [molly.kuether-steele@milwaukee.gov](mailto:molly.kuether-steele@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 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 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	3946 N 93RD ST 2	MILWAUKEE, WI 53222
CURRENT OCCUPANT	9200 W MELVINA ST	MILWAUKEE, WI 53222
CURRENT OCCUPANT	3951 N 92ND ST A	MILWAUKEE, WI 53222
CURRENT OCCUPANT	3953 N 92ND ST A	MILWAUKEE, WI 53222
CURRENT OCCUPANT	3957 N 92ND ST A	MILWAUKEE, WI 53222
CURRENT OCCUPANT	3959 N 92ND ST A	MILWAUKEE, WI 53222
CURRENT OCCUPANT	9307 W CAPITOL DR	MILWAUKEE, WI 53222
CURRENT OCCUPANT	3931 N 92ND ST	MILWAUKEE, WI 53222
CURRENT OCCUPANT	3931A N 92ND ST	MILWAUKEE, WI 53222
CURRENT OCCUPANT	3950 N 93RD ST 1	MILWAUKEE, WI 53222
CURRENT OCCUPANT	3950 N 93RD ST 3	MILWAUKEE, WI 53222
CURRENT OCCUPANT	3954 N 93RD ST 1	MILWAUKEE, WI 53222
CURRENT OCCUPANT	3951 N 92ND ST	MILWAUKEE, WI 53222
CURRENT OCCUPANT	9311 W CAPITOL DR 4	MILWAUKEE, WI 53222
CURRENT OCCUPANT	9311 W CAPITOL DR 1	MILWAUKEE, WI 53222
CURRENT OCCUPANT	3950 N 93RD ST 2	MILWAUKEE, WI 53222
CURRENT OCCUPANT	3954 N 93RD ST 2	MILWAUKEE, WI 53222
CURRENT OCCUPANT	3946 N 93RD ST 1	MILWAUKEE, WI 53222
CURRENT OCCUPANT	9202 W MELVINA ST	MILWAUKEE, WI 53222
CURRENT OCCUPANT	3957 N 92ND ST	MILWAUKEE, WI 53222
CURRENT OCCUPANT	9311 W CAPITOL DR 2	MILWAUKEE, WI 53222
CURRENT OCCUPANT	9307 W CAPITOL DR 2	MILWAUKEE, WI 53222
CURRENT OCCUPANT	3954 N 93RD ST 3	MILWAUKEE, WI 53222
CURRENT OCCUPANT	3950 N 93RD ST 4	MILWAUKEE, WI 53222
CURRENT OCCUPANT	3954 N 93RD ST 4	MILWAUKEE, WI 53222
CURRENT OCCUPANT	3953 N 92ND ST	MILWAUKEE, WI 53222
CURRENT OCCUPANT	9310 W MELVINA ST	MILWAUKEE, WI 53222
CURRENT OCCUPANT	9300 W MELVINA ST	MILWAUKEE, WI 53222
CURRENT OCCUPANT	9200A W MELVINA ST	MILWAUKEE, WI 53222
CURRENT OCCUPANT	3959 N 92ND ST	MILWAUKEE, WI 53222
CURRENT OCCUPANT	9311 W CAPITOL DR 3	MILWAUKEE, WI 53222
CURRENT OCCUPANT	3930 N 93RD ST	MILWAUKEE, WI 53222
CURRENT OCCUPANT	3922 N 93RD ST	MILWAUKEE, WI 53222
CURRENT OCCUPANT	3946 N 93RD ST 3	MILWAUKEE, WI 53222
CURRENT OCCUPANT	3946 N 93RD ST 4	MILWAUKEE, WI 53222
CURRENT OCCUPANT	9202A W MELVINA ST	MILWAUKEE, WI 53222
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Total Records: 36

Radius: 250.0 feet and Center of Circle: 9207 W Capitol Dr





# BUSINESS LICENSE PLAN OF OPERATION

Office of the City Clerk License Division  
200 E. Wells St. Room 105 Milwaukee, WI 53202  
(414) 286-2230 www.milwaukee.gov/licenses email address: licenses@milwaukee.gov

Application # 197200

## 1. Type of Business

Apply for:  Extended Hours (12AM to 5AM) - If a food establishment check all that apply:  Delivery  Drive thru  Dining Room  
 Self-Serve Laundry  Massage Establishment  Public Station  
 Other (supplemental application for specific license also required)

Provide a detailed description of the type of business you plan on operating.

Do you have any experience operating this type of business?  No  Yes - If yes, explain.

## 2. Business Operations

- a. Proposed Opening Date: Sept 26, 2020
- b. Is this premises under construction?  No  Yes - If yes, list estimated completion date: n/a
- c. Is this a franchise?  No  Yes
- d. Is this premises currently licensed?  No  Yes - If yes, list type of license: LIC
- e. Is the current license operating?  No  Yes - If no, list date closed:
- f. Do you have future plans for other business licenses or permits at this location?  No  Yes  
If yes, explain: n/a
- g. Have you previously held an Extended Hours license in Milwaukee?  No  Yes  
If yes, list address(es): n/a
- h. Are other businesses operating in the same building?  No  Yes - If yes, describe: Food Restaurant

## Litter & Noise

- a. How are grounds kept clean?  Sweep  Pressure Wash  Hired Operator  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 approach customers  Call Police  
 Signs Posted  Other: None or low noise levels
- e. Will a sound amplification system be used?  No  Yes - If yes, describe: a sound system

## Smoking & Sanitation

- a. Are open designated outdoor smoking areas?  No  Yes - If yes, describe: we have a back deck
- b. Number of garbage rooms: inside: 1 location: Back of building  
outside: 2 locations: at the end of each
- c. Is a crowd control barrier used?  No  Yes - If yes, describe: n/a
- d. How many restrooms are available? 2
- e. Name of solid waste contractor:  Advanced Disposal  Waste Management  Other



**5. Security**

- a. Are there on-site parking spaces?  No  Yes (if yes, how many? 15-20 and describe the parking security plan: N/A)
- b. Is there a loading zone?  No  Yes (if yes, describe the loading area security plan: N/A)
- c. Will you have security personnel on premises?  No  Yes (if yes, how many? 1 and answer the following:  
 What are their responsibilities? Security  
 Is security equipment used?  No  Yes (if yes, describe the type, licensing, certification, or training credentials: N/A)
- d. Will there be security cameras?  No  Yes (if yes, how many? 2 and list locations: N/A)
- e. Will searches/identification checks be done upon entry?  No  Yes (if yes, describe: N/A)

**6. Percentage of Sales (must total 100%)**

Alcohol: <u>25</u> %	Food: <u>75</u> %	Secondhand Merchandise: _____ %	Personal Services (such as tattoo, body piercing, salon, tanning, etc.): _____ %
Entertainment: _____ %	Cigarettes: _____ %	Salvaged Materials (such as scrap metal): _____ %	Other: _____ %
Pawnbroker/Activity: _____ %			

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

- Type 1
- Full Service Restaurant
  - Night Club
  - Banquet Hall
  - Hotel/Motel
  - Cafe/Coffee Shop
  - Tavern
  - Sports Facility
  - Food/Refreshment Stand
  - Cocktail Lounge
  - Bowling Alley
  - Beach/Amusement
- Number of floors: 1  
 Number of rooms: \_\_\_\_\_

- Type 2
- Liquor Store
  - Gas Station
  - Used Car Dealer
  - Convenience Store
  - Dry Cleaning/Alterations
  - Personal Services (tattoo, body piercing, salon, tanning, etc.)
  - Coin-Operated Machines (slot machines, etc.)

- What other licenses/permits will you hold at this location? (check all that apply)
- Occupancy Permit
  - Firearm License
  - Liquor License
  - Extended Hours
  - Health Department License
  - Secondhand Dealer
  - Precious Metals Dealer
  - Other: \_\_\_\_\_

**8. Legal Capacity (only if a type 1 premises listed above)**

Capacity: \_\_\_\_\_ (Call the MI walk-in pay telephone center at 414-735-0000 for more information)

### 9. Premises Description

a. Identify all areas of the premises that will be used in operating this business (include area used only for storage):  
 1st Floor  2nd Floor  Basement/Storage  Patio (In/Yard)  Sidewalk/Cafe  Deck  Rooftop  
 Other Describe: \_\_\_\_\_

b. Describe Location:  Major Thoroughfare  Secondary Street  Other \_\_\_\_\_

c. Nearest Major Cross Street: Capital Ave

d. Describe Building:  Free Standing Building  Strip Mall  Other \_\_\_\_\_

e. Describe Premises Structure:  Single Story  Multi-story # of Stories: \_\_\_\_\_  Other \_\_\_\_\_

f. Describe Surrounding Area:  Commercial  Residential  Industrial  Other \_\_\_\_\_

g. Building Owner Name: The Capitol LLC Phone Number: 414-587-2510  
 Building Owner Address: P.O. Box 867, Franklin, WI, 53008

### 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	Other Town Applicant Only Age Restriction (If None, Write None)
	Open Time (Include am or pm)	Close Time (Include am or pm)			
Sunday	12:00 am	12:00 am	30	20 - 80	
Monday	12:00 am	12:00 am			
Tuesday	12:00 am	12:00 am			
Wednesday	12:00 am	12:00 am			
Thursday	12:00 am	12:00 am			
Friday	12:00 am	12:00 am			
Saturday	12:00 am	12:00 am			

Any special hours establishment license is required for any establishment serving alcoholic beverages on the premises. Hours of operation for establishments serving alcoholic beverages shall be limited to the hours of 2:00 am and 5:00 am.

Alcohol Establishment:  Day  Night  Both  None  Other \_\_\_\_\_  
 Permitted Hours of Operation: \_\_\_\_\_  
 Entertainment:  Live Music  DJ  Other \_\_\_\_\_  
 (See application for information on a complete list of all required application forms)

### 11. Signatures

Signature of Applicant: \_\_\_\_\_  
 Signature of Additional Person: \_\_\_\_\_  
 Signature of Applicant: \_\_\_\_\_  
 Signature of Applicant: \_\_\_\_\_  
 Signature of Applicant: \_\_\_\_\_





## 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](http://www.milwaukee.gov/license)

Legal Entity Name: Jamaican Season Island

Premise Address: 9207 W Capitol Drive, Milwaukee, WI, 53222

### 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: WUBIC at 1533 N River Center Dr, Milwaukee, WI, 53212

### 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.)? Debra Morris

c) Are you purchasing the stock and/or fixtures?  No  Yes If yes, amount paid \$ 6,000

d) Total amount paid for business \$ 35,000

e) Total amount paid for goodwill of the business \$ 6,000

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 Sep 1 2019 Ends Sept 1 2025

b) Monthly rental \$ 3,500

c) Do you have an option to renew the lease?  No  Yes

d) Does your lease allow for assignment to another party without the consent of the owner?  No  Yes

e) For what length of time have you been guaranteed occupancy (number of years)? 6 years

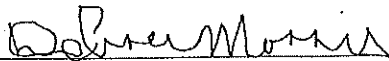
### Lease Information (Continued)

- f) In addition to paying the monthly rental, will you have to pay anything additional to the owner of the building to guarantee performance of the lease?  No  Yes If yes, explain \_\_\_\_\_
- g) Does the present owner or occupancy 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