



CITY OF MILWAUKEE
OFFICE OF THE CITY CLERK

Thursday, September 15, 2022

COMMITTEE MEETING NOTICE

AD 02

NELSON SLOCUM, Lauren L, Agent
Anchorage Homes Adult Day Center, LLC
5340 W MELVINA St
Milwaukee, WI 53216

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

Tuesday, September 27, 2022 at 11:00 AM

Regarding: Your Loading Zone License Application as agent for "Anchorage Homes Adult Day Center, LLC" for "Anchorage Adult Day Center" at 6435 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://meet.goto.com/953593573>. If you wish to call in, please call [+1 \(872\) 240-3412](tel:+18722403412) and use Access Code: 953-593-573.

There is a possibility that your application may be denied for one or more of the following reasons: Objections to the granting this loading zone due to land use and parking availability in the block where the loading zone is requested, the roadway geometrics in the block in which the loading and unloading zone is requested, the requested hours of the loading zone and the impact of the loading zone on the surrounding neighborhood.

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

BY: _____

Jim Cooney
License Division Manager

If you have questions regarding this meeting, please contact the staff assistant, Yadira Melendez at (414) 286-2775 or stasst5@milwaukee.gov



Thursday, September 15, 2022



Notice of Public Hearing

Blank Notice

NELSON SLOCUM, Lauren L
Anchorage Adult Day Center at 6435 W CAPITOL DR.
Loading Zone License Application

Tuesday, September 27, 2022 at 11:00 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 09/27/2022 at 11:00 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, Yadira Melendez at (414) 286-2775 or stasst5@milwaukee.gov for necessary information. Please make such requests no later than one business day prior to the start of the meeting. You are not required to attend the hearing, but please see the information below if you would like to provide testimony. Once the Licenses Committee makes its recommendation, this recommendation is forwarded to the full Common Council for approval at its next regularly scheduled hearing.

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	3930 N 65TH ST	MILWAUKEE, WI 53216-2116
CURRENT OCCUPANT	3931 N 64TH ST	MILWAUKEE, WI 53216-2114
CURRENT OCCUPANT	3934 N 65TH ST	MILWAUKEE, WI 53216-2116
CURRENT OCCUPANT	3935 N 64TH ST	MILWAUKEE, WI 53216-2114
CURRENT OCCUPANT	3940 N 65TH ST	MILWAUKEE, WI 53216-2116
CURRENT OCCUPANT	3941 N 64TH ST	MILWAUKEE, WI 53216-2114
CURRENT OCCUPANT	3947 N 64TH ST	MILWAUKEE, WI 53216-2114
CURRENT OCCUPANT	3950 N 65TH ST	MILWAUKEE, WI 53216-2116
CURRENT OCCUPANT	3953 N 64TH ST	MILWAUKEE, WI 53216-2114
CURRENT OCCUPANT	3957 N 64TH ST	MILWAUKEE, WI 53216-2114
CURRENT OCCUPANT	3958 N 65TH ST	MILWAUKEE, WI 53216-2116
CURRENT OCCUPANT	3959 N 64TH ST	MILWAUKEE, WI 53216-2114
CURRENT OCCUPANT	3960 N 65TH ST	MILWAUKEE, WI 53216-2116

Blank Notice

Total Records: 13

Radius 250.0 feet and Center of Circle: 6435 W Capitol Dr



NEW LOADING ZONE APPLICATION

OFFICE OF THE CITY CLERK LICENSE DIVISION
 200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202
 (414) 286-2238 LICENSE@MILWAUKEE.GOV

OFFICE USE ONLY

App # 340910
 Date 8-5-22
 Paid
 AD 2
 Granted _____
 License # _____

Check the box for the loading zone type, complete that entire section, and sign below at the ►.
 Loading Zones are not parking spaces.
 They are areas for loading/unloading passengers and packages, and are for use by the general public.

<input type="checkbox"/> Disabled Physician Certificate Required	Reason(s) for Disabled Loading Zone:
Full Legal Name of Disabled Loading Zone Individual Applicant:	
Phone Number:	
Address (include City, State, Zip Code):	

<input checked="" type="checkbox"/> Regular (Business) <input type="checkbox"/> Non Profit	Reason(s) for Loading Zone:
Legal Entity Type (check one): <input checked="" type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Partnership	
Legal Entity Name: <u>ANCHORAGE HOMES ADULT DAY CENTER LLC</u>	Business Phone #:
Business/Trade Name: <u>ANCHORAGE ADULT DAY CENTER</u>	Email Address:
Full Legal Name of Contact Person: <u>LUREAN L NELSON SLOCUM</u>	Contact Person's Phone #: <u>414.550.8098</u>
Contact Person's Address (include City, State, Zip Code): <u>5340 W MELVINA ST MILW WI 53214</u>	
Business Address the loading zone will be used for (include City, State, Zip Code): <u>6435 W CAPITOL DR MILW WI 53214</u>	
Mailing Address (if different from business address): <u>5340 W MELVINA ST MILW WI 53214</u>	Tax Exempt # (Non Profits only):

The undersigned agrees to inform the City Clerk within ten days of any substantial changes in the information supplied in this application. The undersigned 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 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 the license applied for herein, and say that I am the person named above and that all statements made in the foregoing application are true and correct.

Lurean L Nelson Slocum
 Signature of Sole Proprietor, Partner, Agent, Officer/Member, Applicant or Relative of Disabled Loading Zone Applicant

► _____
 If Relative of Disabled Loading Zone Applicant, list relationship (for example: spouse, guardian, etc.)

THIS SECTION IS FOR TRAFFIC ENGINEERING USE ONLY

Location 3974 N 65th St Hours of use 6a.m.-6p.m. M-F
 Length 30'

<input checked="" type="checkbox"/> Regular Loading Zone \$275	<u>\$275.00</u>
<input type="checkbox"/> Loading Zone over 30 feet (\$275 per 30 feet)	_____
<input type="checkbox"/> Disabled Loading Zone \$50	_____
<input type="checkbox"/> Non-Profit Loading Zone \$275	_____
<input type="checkbox"/> Non-Profit Loading Zone over 30 feet (\$275 per 30 feet)	_____
<input type="checkbox"/> Parking Meter Removal _____ X \$60 Each	_____
Total Fee Due	<u>\$275.00</u>

Traffic Engineering Signature [Signature]

2022 JUL 15 P 8:42
 CITY OF MILWAUKEE
 LICENSE DIVISION