



CITY OF MILWAUKEE
OFFICE OF THE CITY CLERK

Monday, November 18, 2024

COMMITTEE MEETING NOTICE

AD 13

PATEL, Sanjay R, Agent
Manvee Hospitality Holdings, LLC
4157 W Whispering Ridge Pass
Franklin, WI 53132

You are requested to attend a hearing which is to be held in Room 301-B, Third Floor, City Hall or you may attend virtually using the link below.

Tuesday, December 03, 2024 at 09:55 AM

The access code is <https://meet.goto.com/148237405>. Please see the enclosed best practices document for further instructions.

Regarding: Your Class B Tavern and Public Entertainment Premises Licenses Application Requesting 4 Amusement Machines as agent for "Manvee Hospitality Holdings, LLC" for "Clarion Pointe MKE" at 5037 S HOWELL Av.



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

Date: 10/23/2024
Officer: P.O. Fabian Garcia

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

Name of Premise: Clarion Pointe
Address: 5037 S. Howell Avenue
Phone: 414-260-0400

Owner: Sanjay R. Patel
Owner address: 4157 W. Whispering Ridge Pass
City State Zip: Franklin, WI 53132
Owner Phone: 414-807-6603
Owner email: sanjay13@outlook.com

Licensee/Agent: Sanjay R. Patel
Home Address: 4157 W. Whispering Ridge Pass
City State Zip: Franklin, WI 53132
Phone: 414-807-6603
Email: sanjay13@outlook.com

Preferred contact: Phone

Location currently open: YES NO

Projected open date: approximately 2 weeks or less

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

Hours of Operation: Sun: 3p-10p 24 hours Y N
Mon: 3p-10p
Tue: 3p-10p
Wed: 3p-10p
Thu: 3p-10p
Fri: 3p-10p
Sat: 3p-10p

Premise Type: Tavern/Bar
Restaurant
Other: hotel

Licenses currently held:
Alcohol: Yes No Class: #:

- Tobacco: Yes No #:
 Food: Yes No #:
 Extended Hours: Yes No #:
 Secondhand Dealer: Yes No Type: #:
 Other: Yes No Type: #:
 Other: Yes No Type: #:

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
 - f. Residential
 - g. Other businesses
 - h. Other: MKE Airport
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 appears to be adequate Yes No
13. Exterior Payphone? Yes No
14. Are there No Loitering Signs posted? Yes No **Will Add**
15. Are there exterior security cameras Yes No How Many: **13**
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: Approximately 2 weeks
21. Are there exterior cameras Yes No How many: 13
22. Are there interior cameras Yes No How many: 14
23. Do all employees know how to retrieve recorded digital images/footage? Yes No
24. Cameras located in parking lot Yes No How many 13

Interior Survey:

25. What is the planned capacity? **39 for bar area**
26. What is the minimum number of employees That will be on premise **3**
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 None at this time.

33. How many security personnel are going to be employed:
34. How will they be deployed: Interior Exterior
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:

This report was written by Police Officer Fabian GARCIA assigned to District 6-Days, Community Partnership Unit.

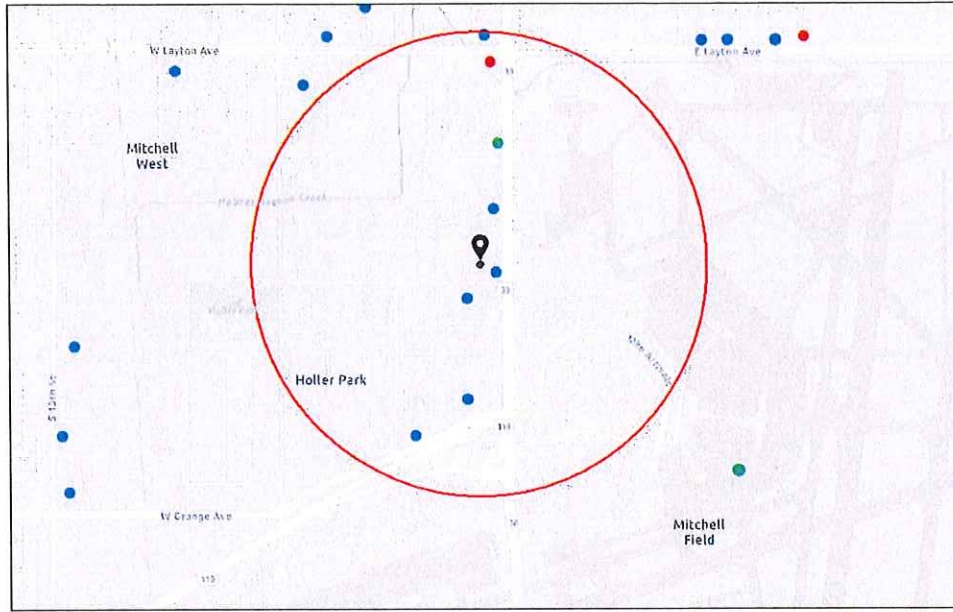
On Wednesday, October 23, 2024, at 9:00 pm, my partner PO Michael WARD and I met with owner/licensee of the Clarion Pointe located at 5037 S. Howell Avenue, Sanjay R. PATEL.

PATEL stated that he plans on opening the hotel in a couple of weeks. The bar area is located just next to the main lobby area as soon as you walk into the business. There are windows, which are free from signage throughout, which allows good sight lines. PATEL does plan on adding a camera to the bar/sitting area. PATEL stated that he does wish to be a standing complainant and was provided with a Milwaukee Police Department District 6 contact guide.

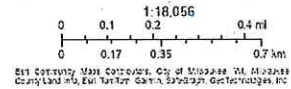
Area of Interest (AOI) Information

Area : 21,862,585.68 ft²

Oct 14 2024 15:04:02 Central Daylight Time



- Alcohol Licenses (active)
- Class B Tavern
 - Class A Liquor and Malt
 - Class B Fermented Malt Beverage
- City Limits



Summary

Name	Count	Area(ft ²)	Length(mi)
Alcohol Licenses	8		

Alcohol Licenses

#	Legal Entity	Trade Name	Licensee	Address	License Type Name	Total Capacity	Expiration Date	Count
1	BURKANI INVESTMENT GROUP LLC	Tsunami	Mahmoud S Kadadha, Agt	130 W LAYTON AV	Class B Tavern License		10/30/2024, 7:00 PM	1
2	K & D VENTURES, LLC	Final Approach Restaurant	Kim E Sloan, Agt	4959 S HOWELL AV	Class B Tavern License	120	10/20/2024, 7:00 PM	1
3	Lucky Petroleum LLC	Airport Vineyard	AMRIT P KAUR, Agt	111 W LAYTON AV	Class A Malt & Class A Liquor License		11/3/2024, 6:00 PM	1
4	JALAPENO LOCO, INC	JALAPENO LOCO	HUGO SAYNES, Agt	5067 S HOWELL AV	Class B Tavern License	100	12/15/2024, 6:00 PM	1
5	AIRPORT PIZZA ROC, INC	Rocky Rococo Pizza & Pasta	EARL W RAMBO, Agt	4849 S HOWELL AV	Class B Fermented Malt Beverage Retailer's License	98	4/15/2025, 7:00 PM	1
6	MANCHESTER LIQUOR, LLC	HYATT PLACE MILWAUKEE AIRPORT	ANTHONY SILENO, JR, Agt	200 W GRANGE AV	Class B Tavern License	300	5/19/2025, 7:00 PM	1
7	SSS Milwaukee LLC	Four Points by Sheraton Milwaukee Airport	Mark S Diaz, Agt	5311 S HOWELL AV	Class B Tavern License		6/9/2025, 7:00 PM	1
8	Sasas Hospitality LLC	Best Western Plus Milwaukee Airport	Mark S Diaz, Agt	5105 S HOWELL AV 1	Class B Tavern License	500	9/22/2025, 7:00 PM	1

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



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:

MOTEL

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

2. Business Operations

- a. Proposed Opening Date: 12-01-2024
- 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: Hotel-Motel
- 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: Hospitality

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: _____

4. Smoking & Sanitation

- a. Are there designated outdoor smoking areas? No Yes If yes, describe: _____
- b. Number of Garbage Cans: Inside: 3 Locations: seating area
Outside: 2 Locations: near amin Door
- 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? 100 and describe the parking security plan: Security Camera
- 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? _____
 Describe equipment used _____
 List their License Number (s) _____
- d. Will there be security cameras? No Yes If yes, how many? 32 and list locations: In Side And Out Side
- e. Will searches/identification checks be done upon entry? No Yes If yes, describe DRIVER LIC

6. Percentage of Sales (must total 100%)

Alcohol <u>5</u> %	Food <u>5</u> % Cigarettes, Electronic Vape Devices, Tobacco Products _____ %	Secondhand Merchandise <u>0</u> %	Precious Metals & Gems _____ %
Entertainment <u>5</u> %	Pawnbroker Activity _____ %	Salvaged Materials <u>0</u> % (such as scrap metal)	Personal Services (such as tattoo, body piercing, salon, tailor, tanning, etc.) <u>0</u> %
		Other <u>85</u> % 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: 2 Rooming House: Number of Floors: _____
 Number of Rooms: 99 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, Electronic Vape Products Gas Station Extended Hours Class "B" Tavern Weights & Measures

Secondhand Dealer Precious Metal & Gem Other: _____

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

Capacity 35 (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: W Edgerton Ave
- 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: Sanjay Patel Phone Number: 414-807-6603
 Building Owner Address: 4157 W Whispering Ridge Pass , Franklin Wi 53132

10. Hours of Operation & Customers

Will customers be entering the premises? No Yes

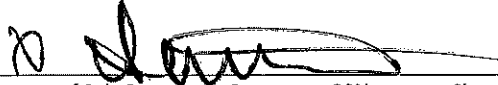
Day of the Week	Proposed Hours of Operation:		Estimated Number of Customers expected each day	Potential Age Range of Customers	Class B Tavern Applicant Only: Age Restriction (If none, write 'None')
	Open Time (include a.m. or p.m.)	Close Time (include a.m. or p.m.)			
Sunday	10.00AM	2.00 AM	20	21-70	None
Monday	10.00AM	2.00 AM	15	21-70	None
Tuesday	10.00AM	2.00 AM	15	21-70	None
Wednesday	10.00AM	2.00 AM	15	21-70	None
Thursday	10.00AM	2.00 AM	15	21-70	None
Friday	10.00AM	2.00 AM	20	21-70	None
Saturday	10.00AM	2.00 AM	20	21-70	None

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.



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: Manvee Hospitality Holding LLC	
Premise Address: 5037 S Howell Ave , Milwaukee WI 53207	
Proximity of Premises to Church, School, Daycare Center or Hospital	
Is the building within 300 feet of any church, school, daycare center or hospital? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
"Service Bar Only" Designation	
If applying for Class B or C license, are you applying for "Service Bar Only"? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> No <input checked="" type="checkbox"/> 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? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, list name and address: _____	
Property Information (New & Transfer Applicants Only)	
a) Do you own or lease the building? <input checked="" type="checkbox"/> Own <input type="checkbox"/> Lease	
b) Who owns the fixtures (for example, coolers, etc.)? own _____	
c) Are you purchasing the stock and/or fixtures? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, amount paid \$ 10000.00	
d) Total amount paid for business \$ 10000	
e) Total amount paid for goodwill of the business \$ 0.00	
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? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Lease Information (New & Transfer Applicants who are leasing the premises only)	
a) Date lease begins _____ Ends _____	
b) Monthly rental \$ _____	
c) Do you have an option to renew the lease? <input type="checkbox"/> No <input type="checkbox"/> Yes	
d) Does your lease allow for assignment to another party without the consent of the owner? <input type="checkbox"/> No <input type="checkbox"/> Yes	
e) For what length of time have you been guaranteed occupancy (number of years)? _____	

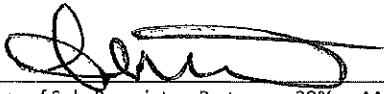
Lease Information (Continued)

- 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 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: 5037 S Howell Ave, MILWAUKEE, WI 53207

TYPES OF ENTERTAINMENT (CHECK ALL THAT APPLY)

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Instrumental Musicians | <input type="checkbox"/> Battle of the Bands | <input type="checkbox"/> Dancing by Performers | <input checked="" type="checkbox"/> Amusement Machines
How many? <u>4</u> |
| <input 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 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-Thursdays; 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:

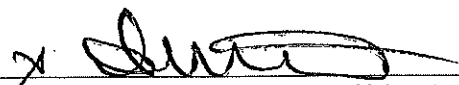
LEGAL CAPACITY OF PREMISES

_____ (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: 35. 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.

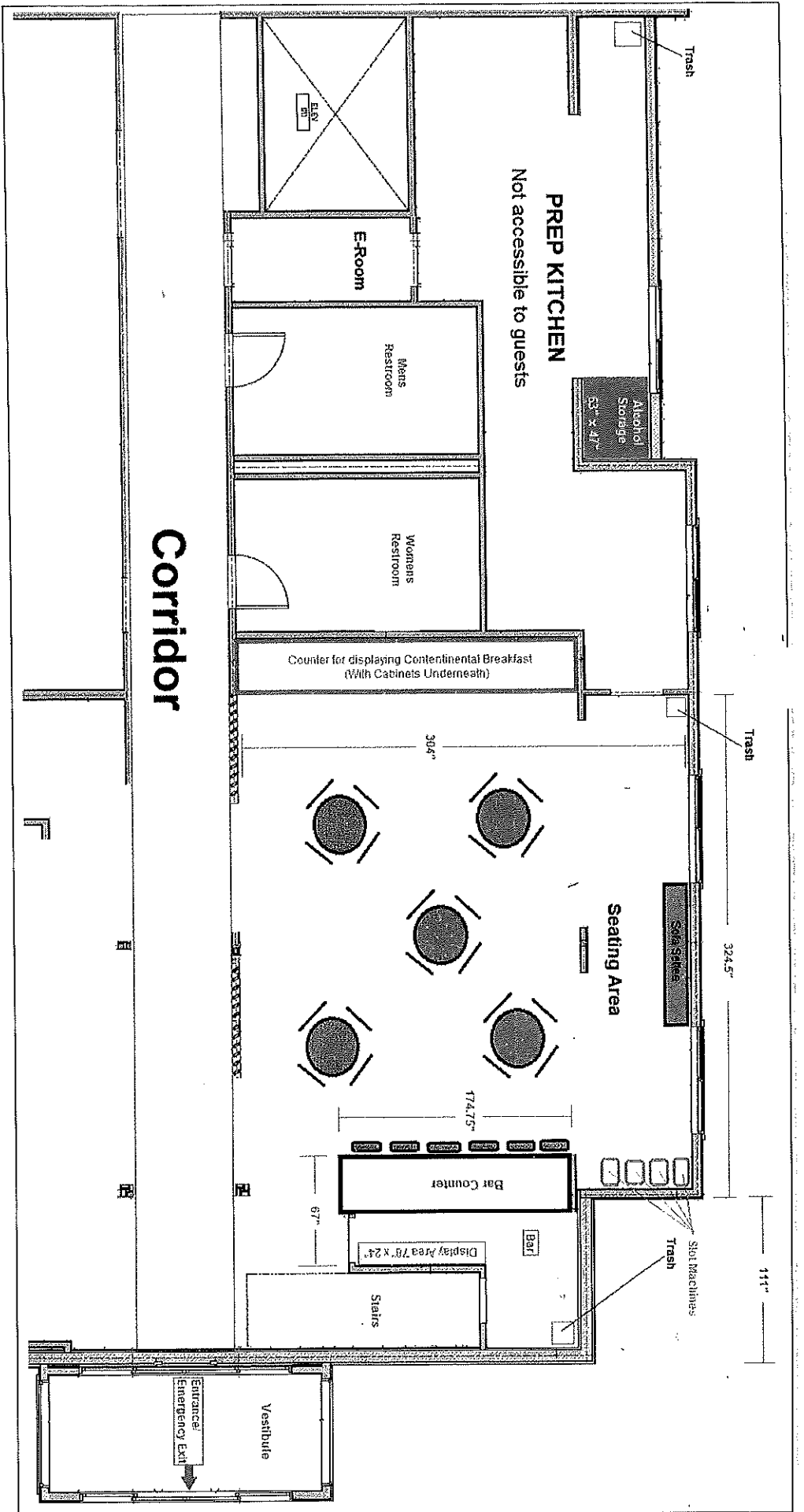


Signature of Sole Proprietor, Partner or 20% or More Shareholder
(If no 20% or more Shareholder, Corporate Officer - print name/title and sign)

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)



Date: 10-14-24



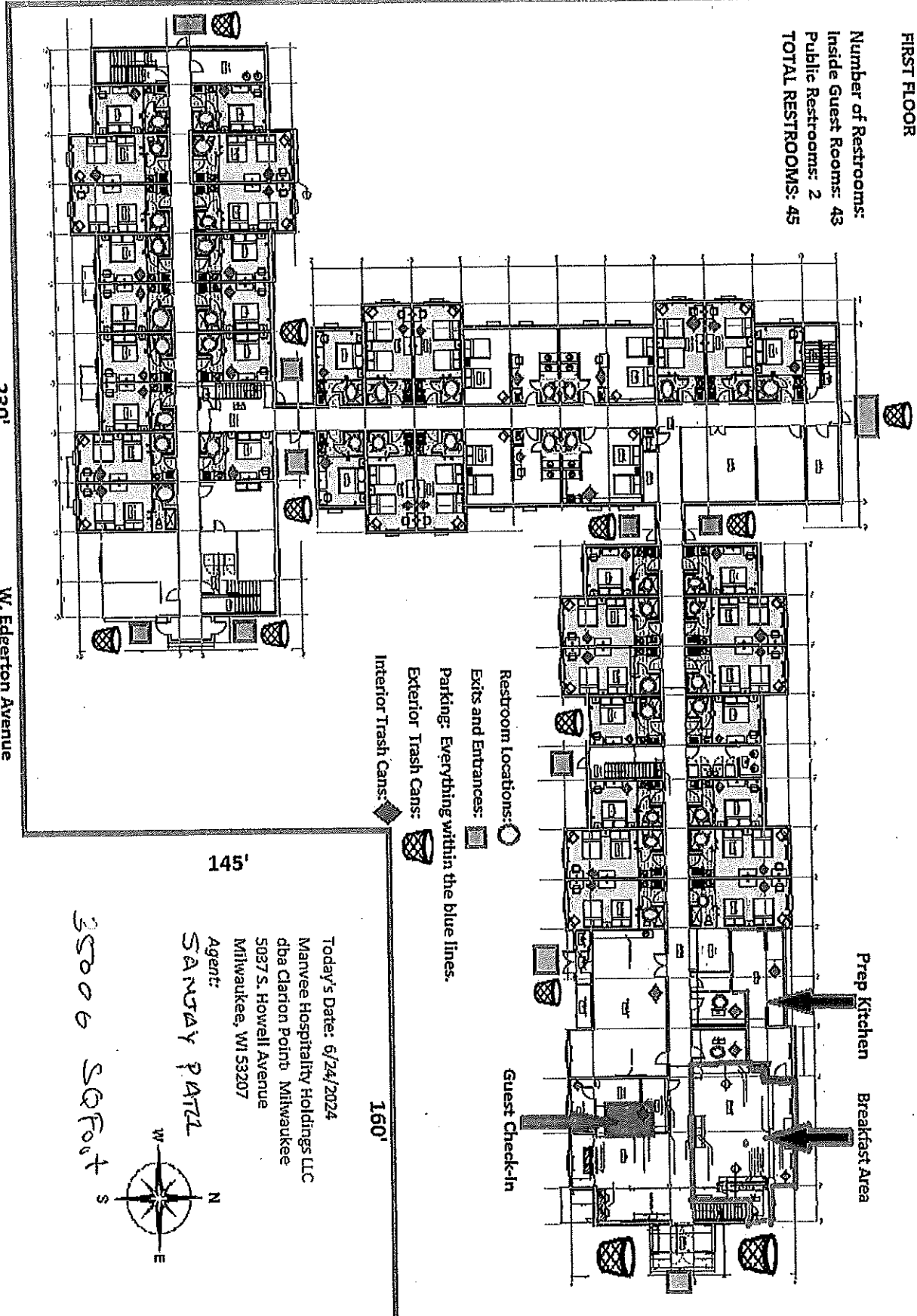
N

Corridor

Sansay Peter
 MANVEE Hospitality
 5037 S HOUDEN AVE
 MILLWAUKEE, WI 53207
 DBA CLARION POINTE
 Holdings, LLC

FIRST FLOOR

Number of Restrooms:
Inside Guest Rooms: 43
Public Restrooms: 2
TOTAL RESTROOMS: 45







390'

295'

230'

W. Edgerton Avenue

- Restroom Locations: 
- Exits and Entrances: 
- Parking: Everything within the blue lines.
- Exterior Trash Cans: 
- Interior Trash Cans: 

Prep Kitchen Breakfast Area

Guest Check-in

S. Howell Avenue

150'

160'

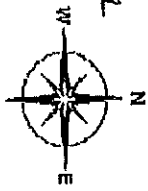
145'

Today's Date: 6/24/2024

Manvee Hospitality Holdings LLC
dba Clarion Pointe Milwaukee
5087 S. Howell Avenue
Milwaukee, WI 53207

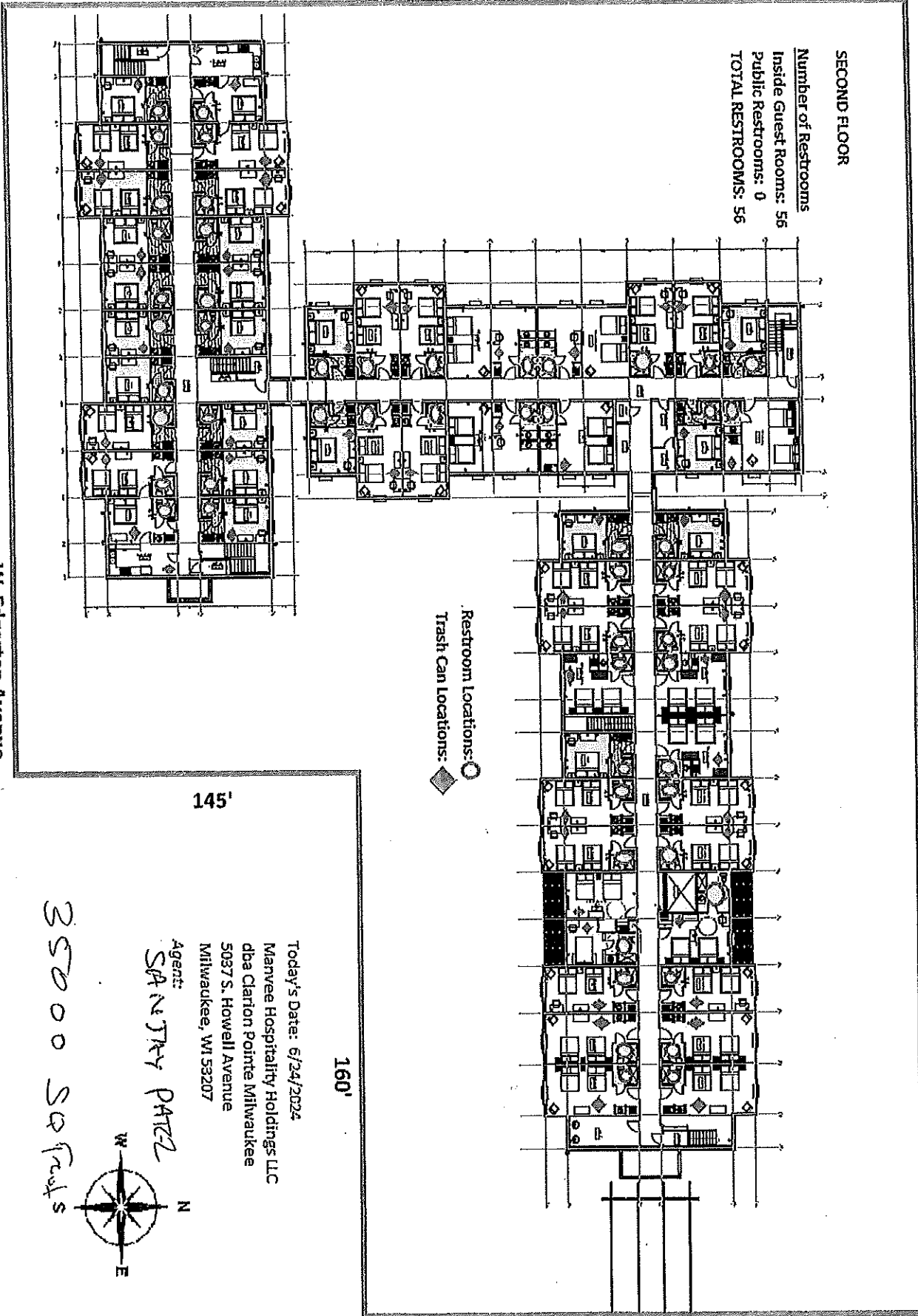
Agent:
SANDY PATZ

35006 Soft



SECOND FLOOR

Number of Restrooms
Inside Guest Rooms: 56
Public Restrooms: 0
TOTAL RESTROOMS: 56



Restroom locations:
Trash Can locations:

230'
W. Edgerton Avenue

390'

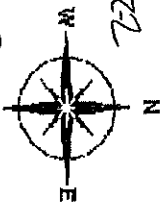
145'

160'

S. Howell Avenue

150'

35000 sq ft



Today's Date: 6/24/2024
Manvee Hospitality Holdings LLC
dba Clarton Pointe Milwaukee
5037 S. Howell Avenue
Milwaukee, WI 53207
Agent: **SANTRY PATZ**