



CITY OF MILWAUKEE
OFFICE OF THE CITY CLERK

Monday, November 14, 2022

COMMITTEE MEETING NOTICE

AD 01

LEHAL, Amandeep KAUR, Agent
Eclipse Lounge LLC
4616 W HAMPTON Av
Milwaukee, WI 53218

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. The hearing will be held at:

Tuesday, November 29, 2022 at 09:55 AM

The access code is https://meet.goto.com/578608581. If you wish to call in, please call +1 (224) 501-3412 and use Access Code: 578-608-581. Please see the enclosed best practices document for further instructions.

Regarding: Your Class B Tavern and Public Entertainment Premises License Applications Requesting 4 Amusement Machines and 1 Pool Table as agent for "Eclipse Lounge LLC" for "Eclipse Lounge" at 1935 W SILVER SPRING DR #6.



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 in City Hall is available at reduced rates (5 hour limit) at the Milwaukee Center on the southwest corner of East Kilbourn and North Water Street. Parking tickets must be validated in the first floor information booth in City Hall.

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

Handwritten signature of Jim Cooney

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



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AD 01

LEHAL, Amandeep KAUR, Agent
Eclipse Lounge LLC
W127 N6370 SUMAC CT
Menomonee Falls, WI 53051

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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

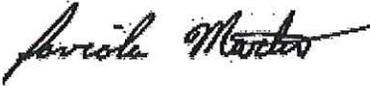
AC

Cox, Andrew

From: License
Sent: Tuesday, October 4, 2022 11:37 AM
To: Cox, Andrew
Cc: Cooney, Jim; Roman, Carmen
Subject: FW: Eclipse Lounge (1935 W. Silver Spring Dr. Suite #6)

Please attach

Have a good day,



Faviola Martin
License Division Assistant Manager
200 E. Wells St. Rm. 105
Milwaukee, WI 53202
(414)286-2238

REDACTED RECORD



From:
Sent: Monday, October 3, 2022 7:04 PM
To: License <LICENSE@milwaukee.gov>
Subject: Eclipse Lounge (1935 W. Silver Spring Dr. Suite #6)

You don't often get email from [Learn why this is important](#)
My husband and I strongly oppose having this business in our neighborhood.

We have had an increase in vandalism and crime since the liquor store went into the strip mall with police enforcement needed and having a club/tavern (entertainment business) will increase the problems.

We have had a service vehicle vandalised to the point of being totalled in the parking lot behind our house. Garbage in the alley is overflowing and blowing into our fence line and yard. Men urinating in the alley is common and having a club/tavern will increase that as well.

The increase in traffic/parking and driving through the alley is going to affect our sleep and make us not feel safe along with people walking through the alley during the night.

Our 3 grandchildren live in our cul de sac and having a club/tavern in the alley is not what is best for their growth and development.

If there is a time for an in person conversation about opposing this proposal I would like to be there.

Thank You,

REDACTED RECORD

2022 SEP 30 P 2:48



AC

Sept 26, 2022



Phone:

REDACTED RECORD

Board members

a tavern is the last thing Milwaukee needs. Milwaukee is becoming worse each year due to poor management which results in poor control of this city. Your records will show that I apposed years ago the Family Dollar that was located in the same area.

Please deny this license.
Thank you.

P.S - Business Name: Yours Sincerely
Eclipse lounge
Address: 1935 W. Silver
Spring Dr. Suite #6

Roman, Carmen

From: License
Sent: Monday, September 26, 2022 1:58 PM
To: Roman, Carmen
Cc: Martin-MGR, Faviola
Subject: FW: Objection to Eclipse Tavern

REDACTED RECORD

Please add 1935 W Silver Spring #6

From:
Sent: Saturday, September 24, 2022 3:31 PM
To: License <LICENSE@milwaukee.gov>
Subject: Objection to Eclipse Tavern

Hello to whom it may concern,

I'm [REDACTED] is objecting due to health and safety concerns on the basis of traffic pattern within the adjacent neighborhood and block. I currently [REDACTED] to said commercial establishment. The increasing of speeding vehicles out the alley as well as the trash in the shared alley way, urinating in the back of residents garage all poses a health and safety concerns. Please feel free to email for further dialogue. Thank for your listening to concerns

Date: 10/10/2022
Officer: T. Geniesse

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

Name of Premise: Eclipse Lounge
Address: 1935 W. Silver Spring Dr., Suite 6
Phone: Pending

Owner: Amandeep K Lehal 02/28/99 L400-0119-9568-03 exp 2/28/26
Owner address: W127N6370 Sumac Ct
City State Zip: Meno Falls, WI 53051
Owner Phone: 414-807-5732
Owner email: lehal.aman22@gmail.com

Licensee/Agent: Amandeep K Lehal
Home Address: W127N6370 Sumac Ct
City State Zip: Meno Falls, WI 53051
Phone: 414-807-5732
Email: lehal.aman22@gmail.com

Preferred contact: Amandeep Lehal

Location currently open: YES NO

Projected open date: Jan. 1st, 2023

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

Hours of Operation: Sun: 9a-9p 24 hours Y N
Mon: 9a-9p
Tue: 9a-9p
Wed: 9a-9p
Thu: 9a-9p
Fri: 9a-9p
Sat: 9a-9p

Premise Type: Tavern/Bar
Restaurant
Other:

Licenses currently held: NONE

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:
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 1
 - b. Will this lot have cameras? Yes No 2
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 be posting signs
15. Are there exterior security cameras Yes No How Many:
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:
21. Are there exterior cameras Yes No How many:
22. Are there interior cameras Yes No How many:
23. Do all employees know how to retrieve recorded digital images/footage? Yes No

24. Cameras located in parking lot Yes No How many
 25. They will be installing 10 cameras, of which two will be exterior and seven will be interior. They will be colored, digital and recommended storage of 30 days

Interior Survey:

26. What is the planned capacity Unknown
 27. What is the minimum number of employees That will be on premise 2
 28. 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
 29. Is the interior of the location neat and clean? Yes No
 30. Does an interior camera face the entrance/exit? Yes No but will
 31. Is there a lockable area that separates employees from customers? Yes No
 32. Are emergency and non-emergency numbers posted near the phone? Yes No
 33. 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

34. How many security personnel are going to be employed: 1
 35. How ill they be deployed: Interior Exterior both inside and out
 36. What days will they be deployed MonTueWedThuFriSatSun
 37. Will the security be managed by business or contracted
 38. Will they be armed Yes No Unknown at this time
 39. What type of security measures to be used:
Wanding/metal detector
ID Scanner
Dress Code
Cover Charge
Age restriction 30 and up
Other

ADDITIONAL COMMENTS/RECOMMENDATIONS:

Summary

Name	Count	Area(ft ²)	Length(mi)
Alcohol Licenses	1		

Alcohol Licenses

#	Legal Entity	Trade Name	Licensee	Address	License Type Name	Total Capacity	Expiration Date	Count
1	1935 STARK INC.	Stark Foods IV	CHARNJIT KAUR, Agt	1935 W SILVER SPRING DR 7	Class A Malt & Class A Liquor License		2/2/2023, 6:00 PM	1

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



Monday, November 14, 2022



Notice of Public Hearing

Blank Notice

LEHAL, Amandeep KAUR, Agent
Eclipse Lounge at 1935 W SILVER SPRING DR #6
Class B Tavern and Public Entertainment Premises License Applications Requesting 4
Amusement Machines and 1 Pool Table

Tuesday, November 29, 2022 at 9:55 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 on 11/29/2022 at 9:55 AM in Room 301-B, Third Floor, City Hall. 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 via phone or internet 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 appear in person and 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 present at the committee hearing and 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	1900 W BIRCH CT	MILWAUKEE, WI 53209-5018
CURRENT OCCUPANT	1901 W BIRCH CT	MILWAUKEE, WI 53209-5018
CURRENT OCCUPANT	1906 W BIRCH CT	MILWAUKEE, WI 53209-5018
CURRENT OCCUPANT	1907 W BIRCH CT	MILWAUKEE, WI 53209-5018
CURRENT OCCUPANT	1910 W BIRCH CT	MILWAUKEE, WI 53209-5018
CURRENT OCCUPANT	1911 W BIRCH CT	MILWAUKEE, WI 53209-5018
CURRENT OCCUPANT	1916 W BIRCH CT	MILWAUKEE, WI 53209-5018
CURRENT OCCUPANT	1921 W BIRCH CT	MILWAUKEE, WI 53209-5018
CURRENT OCCUPANT	1922 W BIRCH CT	MILWAUKEE, WI 53209-5018
CURRENT OCCUPANT	1930 W BIRCH CT	MILWAUKEE, WI 53209-5018
CURRENT OCCUPANT	1935 W BIRCH CT	MILWAUKEE, WI 53209-5018
CURRENT OCCUPANT	1936 W BIRCH CT	MILWAUKEE, WI 53209-5018
CURRENT OCCUPANT	1942 W BIRCH CT	MILWAUKEE, WI 53209-5018
CURRENT OCCUPANT	1943 W BIRCH CT	MILWAUKEE, WI 53209-5018
CURRENT OCCUPANT	1951 W BIRCH CT	MILWAUKEE, WI 53209-5018
CURRENT OCCUPANT	2119 W SILVER SPRING DR	MILWAUKEE, WI 53209-4336
CURRENT OCCUPANT	2121 W SILVER SPRING DR	MILWAUKEE, WI 53209-4336
CURRENT OCCUPANT	2124 W NEIL PL	MILWAUKEE, WI 53209-5028
CURRENT OCCUPANT	2125 W SILVER SPRING DR	MILWAUKEE, WI 53209-4336
CURRENT OCCUPANT	2127 W SILVER SPRING DR	MILWAUKEE, WI 53209-4336
CURRENT OCCUPANT	2130 W NEIL PL	MILWAUKEE, WI 53209-5028
CURRENT OCCUPANT	2136 W NEIL PL	MILWAUKEE, WI 53209-5028
CURRENT OCCUPANT	2208 W NEIL PL	MILWAUKEE, WI 53209-5055
CURRENT OCCUPANT	5517 N 20TH ST	MILWAUKEE, WI 53209-5016
CURRENT OCCUPANT	5525 N 20TH ST	MILWAUKEE, WI 53209-5016
CURRENT OCCUPANT	5531 N 20TH ST	MILWAUKEE, WI 53209-5016
CURRENT OCCUPANT	5532 N LONG ISLAND DR	MILWAUKEE, WI 53209-5076
CURRENT OCCUPANT	5539 N 20TH ST	MILWAUKEE, WI 53209-5016
CURRENT OCCUPANT	5539 N LONG ISLAND DR	MILWAUKEE, WI 53209-5075
CURRENT OCCUPANT	5540 N 20TH ST	MILWAUKEE, WI 53209-5065
CURRENT OCCUPANT	5545 N 20TH ST	MILWAUKEE, WI 53209-5016
CURRENT OCCUPANT	5550 N LONG ISLAND DR	MILWAUKEE, WI 53209-5076
CURRENT OCCUPANT	5557 N LONG ISLAND DR	MILWAUKEE, WI 53209-5075
CURRENT OCCUPANT	5565 N LONG ISLAND DR	MILWAUKEE, WI 53209-5075
CURRENT OCCUPANT	5570 N LONG ISLAND DR	MILWAUKEE, WI 53209-5077
CURRENT OCCUPANT	5571 N LONG ISLAND DR	MILWAUKEE, WI 53209-5075
CURRENT OCCUPANT	5579 N LONG ISLAND DR	MILWAUKEE, WI 53209-5075
CURRENT OCCUPANT	5585 N LONG ISLAND DR	MILWAUKEE, WI 53209-5075
CURRENT OCCUPANT	5587 N LONG ISLAND DR	MILWAUKEE, WI 53209-5075
CURRENT OCCUPANT	5593 N LONG ISLAND DR	MILWAUKEE, WI 53209-5075
CURRENT OCCUPANT	5595 N LONG ISLAND DR	MILWAUKEE, WI 53209-5075

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Total Records: 41

Radius 250.0 feet and Center of the Circle: 1935 W Silver Spring Dr



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:

B. Bar & Public entertainment

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

2. Business Operations

- a. Proposed Opening Date: *October 15, 2022*
- 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: _____
- e. Is the current licensee operating? No Yes If no, list date closed: *September 01, 2022*
- 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: _____

4. Smoking & Sanitation

- a. Are there designated outdoor smoking areas? No Yes If yes, describe: _____
- b. Number of Garbage Cans: Inside: *5* Locations: *throughout building, bathrooms, bar, entrance/exit*
Outside: *1* Locations: *front*
- 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? 50 and describe the parking security plan: Cameras, extra lighting
- 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? _____ and answer the following:
 What are their responsibilities? _____
 Is security equipment used? No Yes If yes, describe _____
 List their licensing, certification, or training credentials _____
- d. Will there be security cameras? No Yes If yes, how many? 10 and list locations: doors, lobby outside
- e. Will searches/identification checks be done upon entry? No Yes If yes, describe Valid ID required

6. Percentage of Sales (must total 100%)

Alcohol <u>80</u> %	Food _____ %	Secondhand Merchandise _____ %	Precious Metals & Gems _____ %
Entertainment <u>20</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: _____ Rooming House: Number of Floors: _____
 Number of Rooms: _____ 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 TBD (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: Green Bay Ave + Silver Spring Dr.

c. Nearest Major Cross Street: _____

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: Silver Spring Holding LLC Phone Number: 414-795-4086

Building Owner Address: 1435 W. Silver Spring Dr.

10. Hours of Operation & Customers

Will customers be entering the premises? No Yes

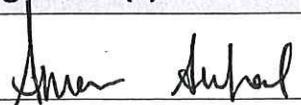
Day of the Week	Proposed Hours of Operation:		Estimated Number of Customers expected each day	Potential Age Range of Customers	Class B Tavern Applicant Only: Age Restriction (If none, write 'None')
	Open Time (include a.m. or p.m.)	Close Time (include a.m. or p.m.)			
Sunday	9:00 AM	2:00 AM	50	21+	MUST be 21
Monday	9:00 AM	2:00 AM	50	21+	MUST be 21
Tuesday	9:00 AM	2:00 AM	50	21+	MUST be 21
Wednesday	9:00 AM	2:00 AM	50	21+	MUST be 21
Thursday	9:00 AM	2:00 AM	50	21+	MUST be 21
Friday	9:00 AM	2:00 AM	50	21+	MUST be 21
Saturday	9:00 AM	2:00 AM	50	21+	MUST be 21

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 Permitted Hours of Operation: Class A: 8:00 am to 9:00 pm Sunday thru Saturday
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: <u>Eclipse Lounge LLC</u>
Premise Address: <u>1035 W. Silver Spring Dr. Suite 6 Milwaukee, WI 53209</u>
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 checked="" type="checkbox"/> No <input 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 type="checkbox"/> Own <input checked="" type="checkbox"/> Lease
b) Who owns the fixtures (for example, coolers, etc.)? <u>lessee</u>
c) Are you purchasing the stock and/or fixtures? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, amount paid \$ _____
d) Total amount paid for business \$ <u>0.00</u>
e) Total amount paid for goodwill of the business \$ <u>0.00</u> 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 <u>October 01, 2032</u> ends <u>September 30, 2032</u>
b) Monthly rental \$ <u>2,000.00</u>
c) Do you have an option to renew the lease? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
d) Does your lease allow for assignment to another party without the consent of the owner? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
e) For what length of time have you been guaranteed occupancy (number of years)? <u>5 years</u>

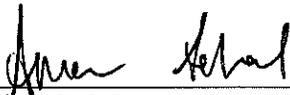
Lease Information (Continued)

- 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



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: 1935 W. Silver Spring Dr. Suite 6 Milwaukee, WI 53209

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 checked="" type="checkbox"/> Pool Tables
How many? <u>1</u> | <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: _____. 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.

[Handwritten Signature]

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:

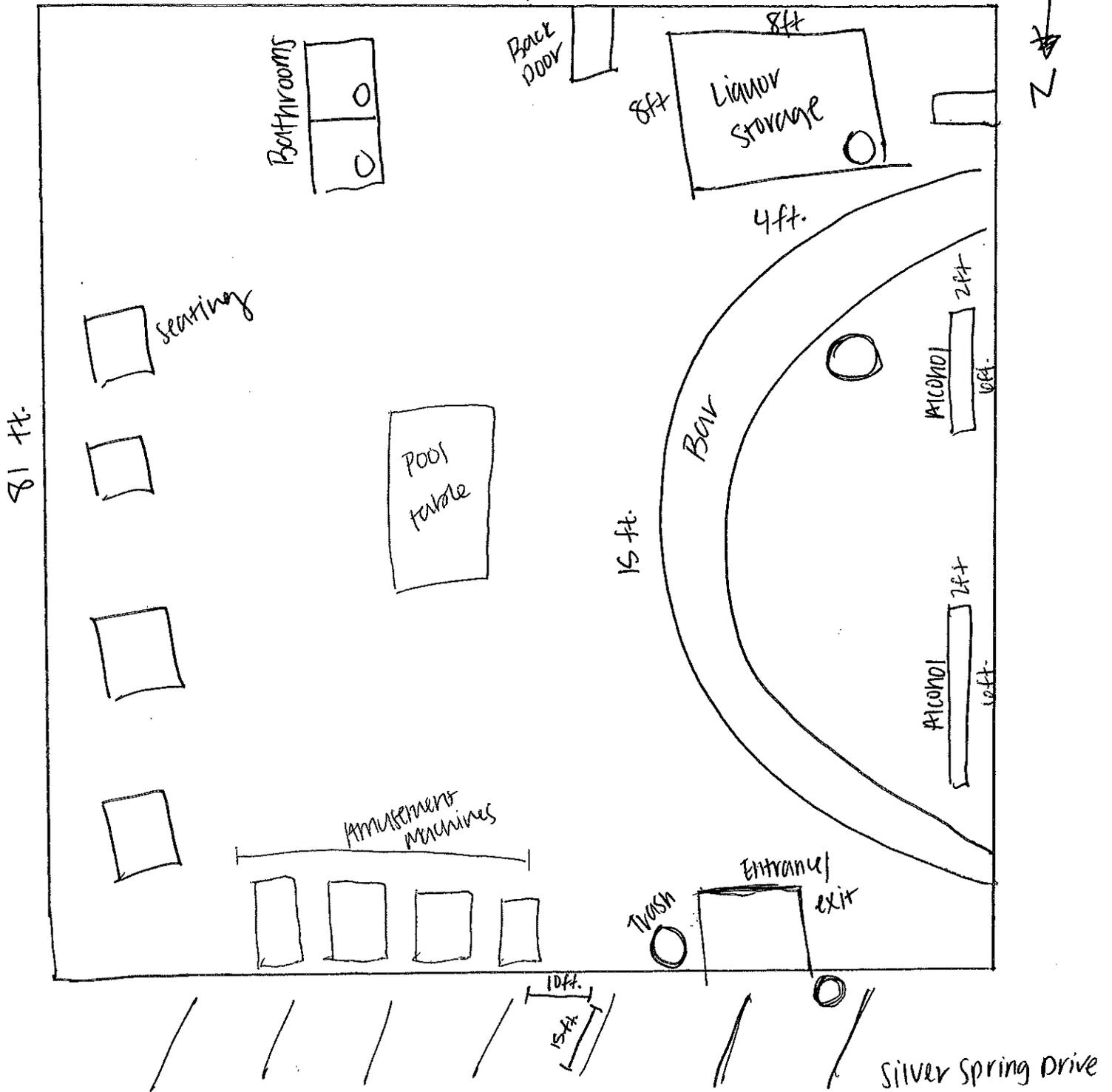
Initials: _____ Filed: _____ App: _____

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

Total:
1620 square ft.



20ft.



Eclipse Lounge LLC dba
Eclipse Lounge
Agent: Amandeep Kheral
September 21, 2022

Address: 1935 W. Silver Spring Dr.
Suite 6
Milwaukee, WI 53209