

### CITY OF MILWAUKEE OFFICE OF THE CITY CLERK

Tuesday, October 07, 2025

#### COMMITTEE MEETING NOTICE

AD 06

GREEN, Shana M, Agent BRONZEVILLE KITCHEN & LOUNGE LLC 2053 N MARTIN L KING JR DR MILWAUKEE, WI 53212

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, October 21, 2025 at 10:50 AM

The access code is <a href="https://meet.goto.com/479852445">https://meet.goto.com/479852445</a>. Please see the enclosed best practices document for further instructions.

Regarding:

Your Public Entertainment Premises License Application Requesting Hookah Service as agent for "BRONZEVILLE KITCHEN & LOUNGE" at 2053 N MARTIN L KING JR DR.

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. <a href="www.milwaukee.gov/license">www.milwaukee.gov/license</a>
Phone: (414) 286-2238 Fax: (414) 286-3057 Email Address: License@milwaukee.gov



### CITY OF MILWAUKEE OFFICE OF THE CITY CLERK

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#### COMMITTEE MEETING NOTICE

**AD 06** 

GREEN, Shana M, Agent BRONZEVILLE KITCHEN & LOUNGE LLC N79W17942 TAMARACK SPRING CIR #4 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. <a href="www.milwaukee.gov/license">www.milwaukee.gov/license</a> Phone: (414) 286-2238 Fax: (414) 286-3057 Email Address: License@milwaukee.gov





### Notice of Public Hearing

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GREEN, Shana M, Agent
BRONZEVILLE KITCHEN & LOUNGE at 2053 N MARTIN L KING JR DR
Public Entertainment Premises License Application Requesting Hookah Service

### Tuesday, October 21, 2025 at 10:50 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 10/21/2025 at 10:50 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 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 CURRENT OCCUPANT CURRENT OCCUPANT** 

**MAIL ADDRESS** 2028A N DR MARTIN LUTHER KING DR 2034 N DR MARTIN LUTHER KING DR 2036 N DR MARTIN LUTHER KING DR 2101 N DR MARTIN LUTHER KING DR# 101 2101 N DR MARTIN LUTHER KING DR# 102 2101 N DR MARTIN LUTHER KING DR# 103 2101 N DR MARTIN LUTHER KING DR# 201 2101 N DR MARTIN LUTHER KING DR# 202 2101 N DR MARTIN LUTHER KING DR# 203 2101 N DR MARTIN LUTHER KING DR# 204 2101 N DR MARTIN LUTHER KING DR# 205 2101 N DR MARTIN LUTHER KING DR# 206 2101 N DR MARTIN LUTHER KING DR# 207 2101 N DR MARTIN LUTHER KING DR# 208 2101 N DR MARTIN LUTHER KING DR# 301 2101 N DR MARTIN LUTHER KING DR# 302 2101 N DR MARTIN LUTHER KING DR# 303 2101 N DR MARTIN LUTHER KING DR# 304 2101 N DR MARTIN LUTHER KING DR# 305 2101 N DR MARTIN LUTHER KING DR# 306 2101 N DR MARTIN LUTHER KING DR# 307 2101 N DR MARTIN LUTHER KING DR# 308 2104 N DR MARTIN LUTHER KING DR# 101 2104 N DR MARTIN LUTHER KING DR# 102 2104 N DR MARTIN LUTHER KING DR# 103 2104 N DR MARTIN LUTHER KING DR# 104 2104 N DR MARTIN LUTHER KING DR# 105 2104 N DR MARTIN LUTHER KING DR# 106 2104 N DR MARTIN LUTHER KING DR# 107 2104 N DR MARTIN LUTHER KING DR# 109 2104 N DR MARTIN LUTHER KING DR# 111 2104 N DR MARTIN LUTHER KING DR# 112 2104 N DR MARTIN LUTHER KING DR# 113 2104 N DR MARTIN LUTHER KING DR# 114 2104 N DR MARTIN LUTHER KING DR# 115 2104 N DR MARTIN LUTHER KING DR# 116 2104 N DR MARTIN LUTHER KING DR# 117 2104 N DR MARTIN LUTHER KING DR# 119 2104 N DR MARTIN LUTHER KING DR# 201 2104 N DR MARTIN LUTHER KING DR# 202 2104 N DR MARTIN LUTHER KING DR# 203 2104 N DR MARTIN LUTHER KING DR# 204 2104 N DR MARTIN LUTHER KING DR# 205 2104 N DR MARTIN LUTHER KING DR# 206 2104 N DR MARTIN LUTHER KING DR# 207 2104 N DR MARTIN LUTHER KING DR# 209

**CITY STATE ZIP** MILWAUKEE, WI 53212-3153 MILWAUKEE, WI 53212-3153 MILWAUKEE, WI 53212-3153 MILWAUKEE, WI 53212-3189 MILWAUKEE, WI 53212-3189 MILWAUKEE, WI 53212-3189 MILWAUKEE, WI 53212-3190 MILWAUKEE, WI 53212-3191 MILWAUKEE, WI 53212-3164 MILWAUKEE, WI 53212-3165 MILWAUKEE, WI 53212-3166 MILWAUKEE, WI 53212-3167 MILWAUKEE, WI 53212-3167 MILWAUKEE, WI 53212-3167 MILWAUKEE, WI 53212-3167

**CURRENT OCCUPANT CURRENT OCCUPANT** 

2104 N DR MARTIN LUTHER KING DR# 210 2104 N DR MARTIN LUTHER KING DR# 211 2104 N DR MARTIN LUTHER KING DR# 212 2104 N DR MARTIN LUTHER KING DR# 213 2104 N DR MARTIN LUTHER KING DR# 214 2104 N DR MARTIN LUTHER KING DR# 216 2104 N DR MARTIN LUTHER KING DR# 217 2104 N DR MARTIN LUTHER KING DR# 219 2104 N DR MARTIN LUTHER KING DR# 302 2104 N DR MARTIN LUTHER KING DR# 303 2104 N DR MARTIN LUTHER KING DR# 304 2104 N DR MARTIN LUTHER KING DR# 305 2104 N DR MARTIN LUTHER KING DR# 306 2104 N DR MARTIN LUTHER KING DR# 307 2104 N DR MARTIN LUTHER KING DR# 309 2104 N DR MARTIN LUTHER KING DR# 310 2104 N DR MARTIN LUTHER KING DR# 311 2104 N DR MARTIN LUTHER KING DR# 312 2104 N DR MARTIN LUTHER KING DR# 313 2104 N DR MARTIN LUTHER KING DR# 314 2104 N DR MARTIN LUTHER KING DR# 315 2104 N DR MARTIN LUTHER KING DR# 316 2104 N DR MARTIN LUTHER KING DR# 317 2104 N DR MARTIN LUTHER KING DR# 319 2109 N DR MARTIN LUTHER KING DR# 1 2109 N DR MARTIN LUTHER KING DR# 2 2109 N DR MARTIN LUTHER KING DR#3 2109 N DR MARTIN LUTHER KING DR# 4 2109 N DR MARTIN LUTHER KING DR# 5 407 W LLOYD ST

MILWAUKEE, WI 53212-3167 MILWAUKEE, WI 53212-3167 MILWAUKEE, WI 53212-3168 MILWAUKEE, WI 53212-3169 MILWAUKEE, WI 53212-3170 MILWAUKEE, WI 53212-3172 MILWAUKEE, WI 53212-3154 MILWAUKEE, WI 53212-3120

Blank Notice Total Records: 76

Radius 250 feet and Center of the Circle: 2053 N Martin L King Jr Dr

ccl-busplan 5/12/2020



### **BUSINESS LICENSE PLAN OF OPERATION**

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: <u>license@milwaukee.gov</u>

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				
Gother (supplemental application for specific license also required)				
Provide a detailed description of the type of business you plan on operating:				
Resturent with hooker service				
Do you have any experience operating this type of business? No Wes If yes, explain: Ben in Waynaty are sayes				
2. Business Operations				
a. Proposed Opening Date: Advid upod				
b. Is this premise under construction? WNo 🗆 Yes If yes, list estimated completion date:				
c. Is this a franchise? No Yes				
d. Is this premises currently licensed? □ No Wyes If yes, list type of license: Fauと な~と McuVu				
e. Is the current licensee operating? 🔲 No 📝 es If no, list date closed:				
f. Do you have future plans for other businesses, licenses or permits at this location? Yes				
If yes, explain:				
g. Have you previously held an Extended Hours License in Milwaukee? \( \subseteq No \subseteq Yes \)				
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 Suilding Owner Employees Hired Maintenance Other:				
d. How are noise issues prevented and/or addressed? Security Manager approaches customer(s) Call Police				
grigns 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 🗔 🗡 es If yes, describe: 💹 🙉 🐧 a				
b. Number of Garbage Cans: Inside: 10 Locations: Fitcher 1565 from 1565 from 1565 from 1565 from 1565 from 1565				
Outside: Locations: Vear of build my				
c. Is a crowd control barrier used? \ \ \ \ No \ Yes \ If yes, describe:				
d. How many restrooms are on the premises?				
e. Name of solid waste contractor: □Advanced Disposal □Waste Management □Other: □マットを ついない				

5. Security						
a. Are there onsite parkin	a. Are there onsite parking spaces? No Yes If yes, how many? and describe the parking security					
plan:						
b. Is there a loading zone	. Is there a loading zone? \( \sumbox No \subseteq Yes \) If yes, describe the loading area security plan:					
	<b>v</b>		,,	***************************************		
c. Will you have licensed	security on premise?		as If yas hay many?		nd answer the following:	
	esponsibilities?		*.	······································		
Describe equipm						
List their License	Number (s)/					
d. Will there be security o	ameras? LJ No LJ Ye	s If yes, how	many? and li	st locations:	41.44.4 <sub>1</sub> .4 <sub>1</sub> .4 <sub>1</sub> .4 <sub>1</sub> .4 <sub>1</sub> .4 <sub>1</sub> .4 <sub>1</sub>	
e. Will searches/identifica	tion checks be done upo	on entry? 🔲	No Wes If yes, desc	ribe <u>A3k</u>	for ID and Mobil Dublich	
6. Percentage of Sale	s (must total 100	%)	•			
Alcohol 20 %	Food (	<u>)</u> %	Secondhand Merchand	lico	Precious Metals & Gems	
	Cigarettes, Electronic Vape Devices,		04	H2C	%	
Entertainment%	Tobacco Products	(0%			~	
Pawnbroker Activity%	Salvaged Materials	%	Personal Services (such body piercing, salon, ta		Other%	
	(such as scrap metal)		tanning, etc.)		Describe:	
7. Businesses/License	s on the Premise	s (check a	all that apply):			
Type 3						
Full Service Restaurant	Cafe/Coffee Shop	Deli or F	ast Food Restaurant	Private,	/Fraternal/Veterans Club	
☐ Night Club	☐ Tavern	Cocktail Lounge		ub		
☐ Banquet Hall	Sports Facility	Bowling	Alley			
Hotel/Motel: Number of Floors: Rooming House: Number of Floors:						
Number of R	ooms:		Number of Ro	oms:		
Type 2	,,,,,,,			·		
Liquor Store	Corner Store	Supermarket Co		Conveni	enience Store	
Gas Station	Amusement/Phonog	Amusement/Phonograph Distributor Recyclin		Recyclin	g, Salvage or Towing	
Ulsed Car Dealer	Personal Service Establishment			- m CAdt -		
Used Car Dealer Recording Studio  (such as tattoo business, hair salon, tailor, etc.)			ig Studio			
What other licenses/permits will	you hold at this location? (	check all that a	apply)			
Occupancy Permit Cigarette, Tobacco, Gas Station Extended Hours Class "B" Tavern Weights & Measures						
Electronic Vape Products  Secondhand Dealer Precious Metal & Gem Other:						
8. Legal Capacity (only if a Type 1 premises in #7 above)						
	y if a Type 1 pren	nises in #	/ above)			
Capacity $\frac{\hat{q}q}{}$ (Call the	e Milwaukee Development	Center at 414-	286-8211 if you have que	estions.)	·	
			•	•	I	

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): □ 2 <sup>nd</sup> Floor □ 2 <sup>nd</sup> Floor □ Beasement Storage □ Patio □ Bear Garden □ Sidewalk Café □ Deck □ Rooftop						
□Other: Desc	ribe:					
b. Describe Loca	tion: Major Thoroughfare	e Secondary Street 🔲 O	Other:			
	Cross Street: Lay					
		ing Strip Mall Other				
		ory Multi-Story - # of Sto				
f. Describe Surro	ounding Area: Commerci	ial Dresidential 🗌 Indust e WCK LLC	rial 🗌 Other:	200		
g. Building Owne	r Name: Wilwww	e mik ill	Phone Number: 410	1- 5 M-360	<u> </u>	
Building Owne	r Address: LOZT N	) Or . Wille Br W	vilvaline, WE	53651		
10. Hours of C	Operation & Custo	mers				
Will customers be ent	ering the premises? No	□ yes				
Day of the Week	Proposed Hours of Operation:		Estimated Number of Customers	Potential Age Range	Class B Tavern Applicant Only:	
•	Open Time (include a.m. or p.m.)	Close Time (include a.m. or p.m.)	expected each day	of Customers	Age Restriction (If none, write 'None')	
Sunday	114~	Apr	150	30 owntrap	•	
Monday		<u>.</u>				
Tuesday	11.4~	4pm	30			
Wednesday	NAW	14 pm	60	30 Ora-		
Thursday	NAW	100m	60	30 or-		
Friday	11 Av	llow	(00)	3000		
Saturday	N av	11pm	00/	almah 30 mm		
		ed for any convenience store lio or restaurant which is ope				
Alcohol Establishment Permitted Hours of Op		am to 9:00 pm Sunday thru S am to 2:00 am Sunday thru T	•	ວ am Friday & Satເ	ırday	
Intertainment 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) <sub> </sub>					
Signature of Sole Propr	ietor, Partner, or 20% or mo	re Shareholder 5	Signature of additional pa	artner or 20% or m	nore shareholder	
	% or more shareholders,		·			



# 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

Lega	al Entity Name: Browceville Kite	ited and large UC			
Pren		mck pr. infunkajus 5305/			
Pro	ximity of Premises to Church, Scho	•			
ls th	ne building within 300 feet of any church, school, dayo	are center or hospital? No Yes			
"Sei	rvice Bar Only" Designation				
Serv	pplying for Class B or C license, are you applying for "So vice Bar Only means customers cannot sit at the bar. A stools, chairs or other articles of furniture shall be place	Alcohol is served to employees who serve patrons seated at tables.			
Busi	iness Information				
a)	Are you taking out this application for anyone that m	nay not be eligible for a license?			
b)		e conducting the day-to-day operations of the business? No vill:			
c)	the person(s) listed above must obtain a Class B Man Does anyone else have money invested or any other	/			
d)	If yes, explain:				
Prop	perty Information (New & Transfer	r Applicants Only)			
a)	Do you own or lease the building?	Own Nease			
b)	Who owns the fixtures (for example, coolers, etc.)?	Larebo			
c)	Are you purchasing the stock and/or fixtures?	No ☐Yes If yes, amount paid \$ N A			
d)	Total amount paid for business	\$ & NA			
e)	Total amount paid for goodwill of the business	s O NA			
	Goodwill comprises the reputation and customer relation market value of all of the rest of the assets of the	ationships of an existing business. If the price you pay for the business exceeds the business, the excess may be considered goodwill.			
Leas		oplicants who are leasing the premises only)			
a)	Date lease begins 1.25 Ends 1-	30			
	For what length of time have you been guaranteed or				

• •
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? \( \sum{\chi} \chi \sum{\chi} \su
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:

☐ If a restaurant, copy of the menu

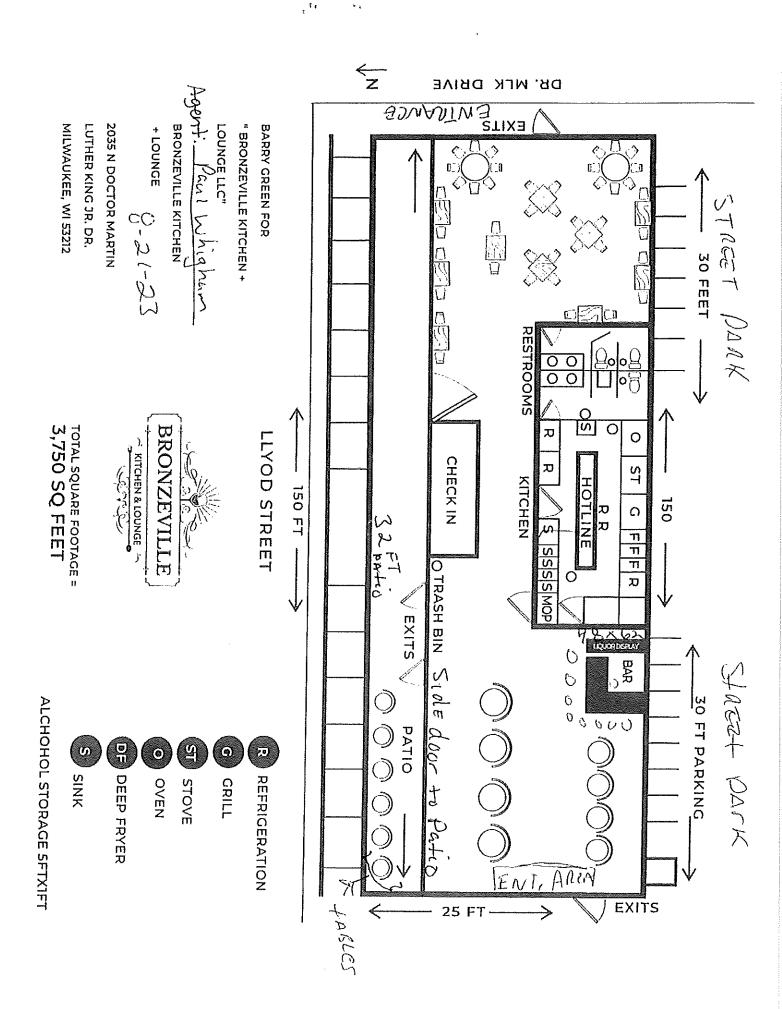


## PUBLIC ENTERTAINMENT PREMISES LICENSE SUPPLEMENTAL APPLICATION

Office of the City Clerk License Division
200 E. Wells St. Room 105, Milwaukee, WI 53202
(414) 286-2238 <a href="www.milwaukee.gov/license">www.milwaukee.gov/license</a> e-mail address: <a href="mailto:license@milwaukee.gov">license@milwaukee.gov</a>

PREMISES ADDRESS: 205	-3 N MLIC D.	- Milvarley VI	53212		
TYPES OF ENTERTAINMENT (CI	HECK ALL THAT APPLY)				
☐ Instrumental Musicians	☐ Battle of the Bands	☐ Dancing by Performers	Amusement Machines How many?		
- 3ands	Comedy Acts	Adult Entertainment/ Strippers/Erotic Dance	Concerts Approx. # per year?		
Bowling Alley How many?	_Disc Jockey	Wrestling	Theatrical Performances Approx. # per year?		
Pool Tables How many?	☐ Magic Shows	Patron Contests	Jukebox		
Motion Pictures (movies by admission) - How many?	Poetry Readings	Patrons Dancing	☐ Karaoke		
Hookah Service	Other:				
Entertainment Outdoor Closing Hours:		n Friday & Saturday; unless a different time il in its approval of the licensee's plan of op			
PROMOTERS/SOUND AMPLIFIC	ATION	-			
Will promoters ever be used for any of	the entertainment? 📮 No 🗌 Y	es If Yes, Describe:			
At any time will sound amplification be	used? 🔼 No 🗌 Yes If Yes, Des	cribe:			
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:					
ACKNOWLEDGEMENT/SIGNATU	RE .				
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 report 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 :	- A - Hally And Address of the Control of the Contr			

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



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