

CITY OF MILWAUKEE OFFICE OF THE CITY CLERK

Tuesday, November 19, 2024

COMMITTEE MEETING NOTICE

AD 12

HOSPITAL, Brian J, Agent MKE ULTRA LLC 2571 N CRAMER ST Milwaukee, WI 53211

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 10:15 AM

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

Regarding:

Your Class B Fermented Malt, Class C Wine and Public Entertainment Premises Requesting Instrumental Musicians, Disc Jockey, Bands, Magic Shows, Poetry Readings, 50 Concerts/Yr., Comedy Acts, Dancing by Performers and 12 Theatrical Performances/Yr. as agent for "MKE ULTRA" at 1535 W MITCHELL St.

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.



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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.

Date:8/12/24 Officer: PO VODICKA

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

Name of Premise: Address: Phone:		ULTRA V Mitchell St.		
Owner: Owner address: City State Zip: Owner Phone: Owner email:	2571 Milwa 301-87	I HOSPITAL N Cramer St ukee, WI 53211 73-2807 Hospital@gmai	l.com	
Licensee/Agent: Home Address: City State Zip: Phone: Email:	Same			
Preferred contact: Sa	me			
Location currently op	en:	YES	⊠ NO	
Projected open date:	Septem	ber 2024	,	,
Day's open: S	м 🔲 Т	□W □Th □F	□SA ⊠AL	L
Hours of Operation:	Sun: Mon: Tue: Wed: Thu: Fri: Sat:	8a-11:59p 4p-11:59p " " " 8a-11:59p		□24 hours □Y □N
Premise Type:	Res	vern/Bar staurant ner: Performance	space	
Licenses currently he Alcohol:	eld:	⊠Yes □No (Class: D #:	

,	Tobacco:	□Yes ⊠No #:		
	Food:	∐Yes ⊠No #:		
+	Other:	□Yes ⊠No Type:	#:	
1	Other:	☐Yes ⊠No Type:	#:	
Exterio	or Survey:			
	Is the area around the l	location clean? XYes	: No	
2.	What surrounds the loc	cation? (Check all the	apply)	·
	a. Park	•	** **	
	b. 🔯 School	•		
	c. Youth Cente	er		
	d. Church	·		
		so, how many		
	f. Residential	,		
	g. Other busine	esses		
	h. Other:			
3.	Can you see from the	outside of the location	into the	interior ☐Yes ☒No
				m the outside □Yes ⊠No
	Are exterior windows			
	Street parking Yes		_	
	Is there a parking lot			
	Is the parking lot clear			
	Is the parking lot well			
	Valet Parking Yes			
		ve a guard? Yes]No	
	b. Will this lot ha	ve cameras? Yes [No	
11.	Are there areas where	a person could concea	al themse	elves □Yes ⊠No
12.	Is there exterior lighting	ng? ⊠Yes ∏No. D	oes it app	pears to be adequate ⊠Yes □No
13.	Exterior Payphone?	□Yes ⊠No		
14.	Are there No Loitering	g Signs posted? 🏻 Ye	s 🛛 No	
	Are there exterior secu			
16.	Are the address number	ers prominently displa	yed and	easy to see ⊠Yes □No
	a Survey:	_		
	Does this location hav]Yes ⊠	No
18.	Are they in working o	rder? ∐Yes ⊠No		
19.	What format are the ca			
	a. Color	Yes No		I
	b. Digital	☐Yes ☐No		
	c. VCR	∐Yes ∐No		
	d. Recorded	☐Yes ☐No		
	How long is footage s		=	
	Are there exterior cam			ny: may install
	Are there interior cam			ny: may install
				ital images/footage? Yes No
24.	Cameras located in pa	rking lot Yes	⊠No	How manyn/a

Interior Survey:

25. What is the planned/posted capacity 49
26. What is the minimum number of employees that will be on premise 2
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 \(\sum \) Yes \(\sum \) 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. Are emergency and non-emergency numbers posted near the phone? ☑Yes ☐No
31. 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
32. How many security personnel are going to be employed: none
33. How will they be deployed: Interior Exterior
34. What days will they be deployed MonTueWedThuFriSatSun
35. Will the security be managed by business ☐or contracted☐
36. Will they be armed Yes No
37. What type of security measures will be used:
Wanding/metal detector
☐ ID Scanner
☐ Dress Code
Cover Charge
Age restriction
Other
38. When at capacity, how will the overflow crowd be managed?
39. Will a guard monitor the overflow crowd at all times? ☐Yes ☐No

ADDITIONAL COMMENTS/RECOMMENDATIONS:

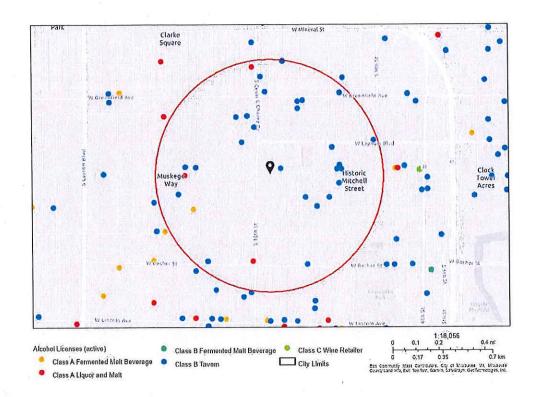


City Concentration Map for 1535 W Mitchell St

Area of Interest (AOI) Information

Area: 21,862,585.68 ft2

Jul 29 2024 12:03:32 Central Daylight Time



about:blank

Summary

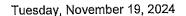
Name	Count	Area(ft²)	Length(mi)
Alcohol Licenses	32	,	

Alcohol Licenses

#	Legal Entity	Trade Name	Licensee	Address	License Type Name	Total Capacity	Expiration Date	Count
1	Debbie Coops LLC	The Tool Box	Debra J Torres, Agt	1500 W Scott ST	Class B Tavern License		7/31/2024, 7:00 PM	1
2	SHORTY'S CATERING, INC	SHORTY'S CATERING & RESTAURAN T	ELISA MALDONADO , Agt	2075-79 S 13TH ST	Class B Tavern License	156	9/20/2024, 7:00 PM	1
3	Acosta Restaurant LLC	El Tlaxcalteca Restaurant	Evaristo Acosta Pena, Agt	1300 W Burnham ST	Class B Tavern License		9/25/2024, 7:00 PM	1
4	El Pelon Bar	El Pelon Bar	Joel Velasco Garcia, SP	1832 S 13TH ST	Class B Tavern License	25	10/20/2024, 7:00 PM	1
5	La Escondida	La Escondida	Josephine Vargas, SP	1400 W ORCHARD ST	Class B Tavern License	٧	10/13/2024, 7:00 PM	1
6	DON JULIO'S BAR AND CLUB LLC	DON JULIO'S BAR AND CLUB	Ruben Medina- Perdomo, Agt	1537 S CESAR E CHAVEZ DR	Class B Tavern License		10/28/2024, 7:00 PM	1
7	Forest Home Ave Chicken Palace LLC	Chicken Palace - Forest Home	Rosa Isela Real Perez, Agt	1937 W Forest Home AV	Class B Tavern License	71	11/22/2024, 6:00 PM	1 -
8	CANTARITOS BAR, LLC	Passion Nightclub	FRANCISCO GOMEZ- ORTIZ, Agt	1566-1570 S MUSKEGO AV	Class B Tavern License	52	10/29/2024, 7:00 PM	1
9	LA CARRETA LLC	La Carreta Vieja Night Club	Abel Santos, Agt	1339 W GREENFIELD AV 2nd FLOOR	Class B Tavern License	×	11/8/2024, 6:00 PM	1
10	Paul's Liquor LLC	Paul's Liquor	RAMINDERJI T KAUR, Agt	1600 W Becher ST	Class A Malt & Class A Liquor License		11/27/2024, 6:00 PM	1
11	PEOPLES INN	PEOPLES INN	MARIA M RODRIGUEZ, SP	1139 W MAPLE ST	Class B Tavern License	45	11/22/2024, 6:00 PM	1
12	SAN JOSE, LLC	ČLUB GUADALAJAR A	GUILLERMO RODRIGUEZ, Agt	1135 W LAPHAM BL	Class B Tavern License	240	11/23/2024, 6:00 PM	1
13	La Caleta LLC	La Caleta Restaurant & Bar	Monica Hernandez- Gaspar, Agt	1801 S Muskego AV	Class B Tavern License		1/16/2025, 6:00 PM	1
14	Greater Milwaukee Association of the Deaf Inc	Greater Milwaukee Association of the Deaf	John A Szupica, Agt	1725 S 11th ST	Class B Tavern License	129	1/16/2025, 6:00 PM	1
15	EL Inferno LLC	EL Inferno	ANTONIO MARTINEZ, Agt	2000 W Mitchell ST	Class B Tavern License		12/12/2024, 6:00 PM	1
16	TEQUILA NIGHT CLUB	TEQUILA NIGHT CLUB	GUSTAVO GUIZAR, JR, SP	1460 S MUSKEGO AV	Class B Tavern License	168	12/10/2024, 6:00 PM	1
17.	Gunny Food Mart Inc	Gunny Food Mart	MANPREET KAUR, Agt	2033 W Mitchell ST	Class A Malt & Class A Liquor License		2/26/2025, 6:00 PM	1
18	Shree Ram 1401 LLC	Max Liquor & Food	Ushaben H Patel, Agt	1401 W GREENFIELD AV	Class B Tavern License		2/5/2025, 6:00 PM	1

,	27 1 141							
19	La Sirenita Bar, LLC	La Sirenita Bar	FRANCISCO MARTINEZ VILLEGAS, Agt	1500 W MITCHELL ST	Class B Tavern License	80	2/27/2025, 6:00 PM	1
20	Escvzq Club 69 LLC	Club 69	Lourdes J Jeronimo, Agt	1663 S 11TH ST	Class B Tavern License		2/25/2025, 6:00 PM	1
21	BUCKAROO LTD	Bryant's Cocktail Lounge	JOHN M DYE, Agt	1579 S 9th ST	Class B Tavern License	99	4/7/2025, 7:00 PM	1
22	Restaurant Y Taqueria La Esperanza, LLC	La Esperanza	Paula Monroy Nieto, Agt	2028 W MITCHELL ST	Class B Tavern License	60	4/11/2025, 7:00 PM	1
23	AJ FOOD MART CORP.	Greenfield Pantry	Gurpreet Singh, Agt	1110 W Greenfield AV	Class A Malt & Class A Liquor License		4/13/2025, 7:00 PM	1
24	Starlite Beer & Food, Inc.	Starlite Food	GURMUKH SINGH, Agt	2013 W Burnham ST	Class A Fermented Malt Beverage Retailer's License		4/20/2025, 7:00 PM	1
25	S.I. LIQUOR INC.	EL CHARRO LIQUOR	Kamaljeet Singh, Agt	1207 S CESAR E CHAVEZ DR	Class A Malt & Class A Liquor License		5/24/2025, 7:00 PM	1
26	1110, CORP	Birreria El Torito	Michael J Widmann, Agt	1108 W GREENFIELD AV	Class B Tavern License	25	5/19/2025, 7:00 PM	1
27	DEL VALLE OAX INC.	Del Valle Oaxaqueno & La Casa Del Pan	Miriam E De Garcia, Agt	1100 W HISTORIC MITCHELL ST	Class B Tavern License		6/30/2025, 7:00 PM	1
28	Debbie Coops LLC	The Tool Box	Debra J Torres, Agt	1500 W Scott ST	Class B Tavern License		7/31/2025, 7:00 PM	1
29	Tacos Gemelos Restaurant LLC	Los Gemelos Tacos	Juan G Antunez Gomez, Agt	1116 W HISTORIC MITCHELL ST	Class B Tavern License	49	7/22/2025, 7:00 PM	1
30	El Barril	El Barril	JOSE L TERRONES, SP	1586 S PEARL ST	Class B Tavern License	59	7/5/2025, 7:00 PM	1
31	La Carreta Vieja Restaurant LLC	La Carreta Vieja Restaurant	ABEL SANTOS, Agt	1339 W GREENFIELD AV	Class B Tavern License	223	7/26/2025, 7:00 PM	1
32	BETO'S PIZZA LLC	Beto's Pizza LLC	Jair A Varela- Caballero, Agt	1234 S CESAR E CHAVEZ DR	Class B Tavern License		6/18/2025, 7:00 PM	1

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







Notice of Public Hearing

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HOSPITAL, Brian J, Agent MKE ULTRA at 1535 W MITCHELL St

Class B Fermented Malt, Class C Wine and Public Entertainment Premises Requesting Instrumental Musicians, Disc Jockey, Bands, Magic Shows, Poetry Readings, 50 Concerts/Yr., Comedy Acts, Dancing by Performers and 12 Theatrical Performances/Yr

Tuesday, December 03, 2024 at 10:15 AM

To whom it may concern:

The above application has been made by the above named applicant(s). This requires approval from the Licenses Committee and the Common Council of the City of Milwaukee. The hearing before the Licenses Committee will take place on 12/3/2024 at 10:15 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.)
- 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 **CURRENT OCCUPANT CURRENT OCCUPANT** CURRENT OCCUPANT **CURRENT OCCUPANT** CURRENT OCCUPANT **CURRENT OCCUPANT CURRENT OCCUPANT CURRENT OCCUPANT CURRENT OCCUPANT CURRENT OCCUPANT** CURRENT OCCUPANT **CURRENT OCCUPANT**

MAIL ADDRESS 1500 W MITCHELL ST# A 1502 W MITCHELL ST 1504 W MITCHELL ST 1504A W MITCHELL ST 1504B W MITCHELL ST 1512 W MITCHELL ST 1512A W MITCHELL ST 1522A W MITCHELL ST 1522B W MITCHELL ST# 1 1522B W MITCHELL ST# 2 1522B W MITCHELL ST# 3 1522B W MITCHELL ST# 4 1522B W MITCHELL ST# 5 1523 W MITCHELL ST 1524 W MITCHELL ST 1525 W MITCHELL ST# A 1526 W MITCHELL ST 1527 W MITCHELL ST# A 1532A W MITCHELL ST 1533 W MITCHELL ST# 1 1533 W MITCHELL ST# 2 1550 W MITCHELL ST 1551A W MITCHELL ST 1555 W MITCHELL ST 1556 W MITCHELL ST# 1 1556 W MITCHELL ST# 2 1556 W MITCHELL ST# 3 1556 W MITCHELL ST# 4 1557 W MITCHELL ST 1561 W MITCHELL ST 1561A W MITCHELL ST 1657 S 15TH PL 1666 S 15TH PL 1667 S 15TH PL 1670 S 15TH PL 1709 S 15TH PL 1709A S 15TH PL 1711 S 15TH PL 1715 S 15TH PL 1717 S 15TH PL 1722 S 16TH ST 1723 S 15TH PL 1728 S 16TH ST 1729 S 15TH PL

1734 S 16TH ST

1735 S 15TH PL

CITY STATE ZIP MILWAUKEE, WI 53204-3242 MILWAUKEE, WI 53204-3200 MILWAUKEE, WI 53204-3243 MILWAUKEE, WI 53204-3242 MILWAUKEE, WI 53204-3243 MILWAUKEE, WI 53204-3242 MILWAUKEE, WI 53204-3243 MILWAUKEE, WI 53204-3242 MILWAUKEE, WI 53204-3243 MILWAUKEE, WI 53204-3243 MILWAUKEE, WI 53204-3244 MILWAUKEE, WI 53204-3245 MILWAUKEE, WI 53204-3245 MILWAUKEE, WI 53204-3244 MILWAUKEE, WI 53204-3244 MILWAUKEE, WI 53204-3244 MILWAUKEE, WI 53204-3244 MILWAUKEE, WI 53204-3245 MILWAUKEE, WI 53204-3245 MILWAUKEE, WI 53204-3245 MILWAUKEE, WI 53204-3214 MILWAUKEE, WI 53204-3212 MILWAUKEE, WI 53204-3214 MILWAUKEE, WI 53204-3212 MILWAUKEE, WI 53204-3216 MILWAUKEE, WI 53204-3104 MILWAUKEE, WI 53204-3216 MILWAUKEE, WI 53204-3104 MILWAUKEE, WI 53204-3216 MILWAUKEE, WI 53204-3104 MILWAUKEE, WI 53204-3216 CURRENT OCCUPANT 1743 S 15TH PL

MILWAUKEE, WI 53204-3216

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Total Records: 47

Radius 250 feet and Center of the Circle: 1535 W Mitchell St

ccl-busplan 5/12/2020

MILWAUKEE

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. 7	Type of Business
Apply	ring 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)
	de a detailed description of the type of business you plan on operating: Ve Music Theater With concession stand
Do yo	ou have any experience operating this type of business? VNo Ves If yes, explain:
2. 1	Business Operations
a.	Proposed Opening Date: 9 1 2524
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? V No Ves If yes, list type of license:
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:
3. L	Itter & Noise How are grounds kept clean? Sweep Pressure Wash Pick Up Litter Other:
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? \(\sum No \(\text{Ves If yes, describe:} \) Live band performance
4.5	Smoking & Sanitation
a.	Are there designated outdoor smoking areas? V No Yes If yes, describe:
b.	Number of Garbage Cans: Inside: 5 Locations: 1 per restroom, 1 at concession, 2 on dange f
	Are there designated outdoor smoking areas? No Yes If yes, describe: Number of Garbage Cans: Inside: Locations: 1 per restroom 1 at concession, 2 on dange for the locations: On struct (W Mitchell St.)
c.	Is a crowd control barrier used? No Yes If yes, describe:
1	
d.	How many restrooms are on the premises? 2 Name of solid waste contractor: Advanced Disposal Waste Management Other: City of Milwaukar

5. Se	curity								
a.	ecurity Are there onsite parking s	paces? No Yes	If yes, how	many? and	describe	the parking security			
	plan:								
b.	Is there a loading zone?	No Yes If yes, d	escribe the lo	oading area security plans		:			
c.	Will you have licensed security on premise? V No Yes If yes, how many? and answer the following:								
	What are their responsibilities?								
	Describe equipmen					· · · · · · · · · · · · · · · · · · ·			
d.	Will there be security cam	neras? 🗹 No 🗌 Yes	If yes, how I	many? and list lo	ocations:				
e.	Will searches/identification	on checks be done upor	n entry? 🔲 N	No Yes If yes, describ	_e Oves	21 ID check			
6. P	ercentage of Sales	(must total 100%	6)						
Alcoh	ol <u>Z0</u> %	Food Cigarettes, Electronic	%	Secondhand Merchandise		Precious Metals & Gems			
Enter	ainment 65 %	Vape Devices.	%	%		<u></u> %			
	proker Activity%	Salvaged Materials		Personal Services (such as body piercing, salon, tailor	·,	Other % % Other Describe: 52 Coroling.			
F 1997 (1986	2017 1. 1812 1994 1814 19 1 1994 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(such as scrap metal)	tanning, etc.)%		_%	Studio			
<u> </u>	usinesses/Licenses	on the Premise:	s (check a	all that apply):					
Туре	1 ull Service Restaurant	Cafe/Coffee Shop	□ Deli or F	ast Food Restaurant	□ Private	/Fraternal/Veterans Club			
	light Club	☐ Tavern	Cocktail		 ☐ Teen C				
	Banquet Hall	Sports Facility	Bowling	_					
	lotel/Motel : Number of Flo			y House: Number of Floor	·s:				
		oms:		Number of Roon					
Туре	2								
l	iquor Store	Corner Store	Superma	rket [Conven	ience Store			
	Gas Station	Amusement/Phonog	raph Distribut	aph Distributor Recycl		ng, Salvage or Towing			
	☐ Used Car Dealer ☐ Personal Service Establishment ☐ Recording Studio (such as tattoo business, hair salon, tailor, etc.)								
Wha	t other licenses/permits will y	ou hold at this location? (check all that	apply)					
	Occupancy Permit	Cigarette, Tobacco, Ga	s Station 🔲	extended Hours Class "B"	Tavern	Weights & Measures			
	Secondhand Dealer		Other:		·····				
8. I	egal Capacity (only	y if a Type 1 prer	nises in #	7 above)					
Capac	ity(Call the	Milwaukee Development	t Center at 414	1-286-8211 if you have ques	tions.)				

9. Premises De	escription							
a. Identify all area(s) of the premises that will be used in operating this business (include areas used only for storage): ☑1 st Floor □2 nd Floor □Basement Storage □Patio □Beer Garden □Sidewalk Café □Deck □Rooftop								
☐Other: Descri	,							
	on: Major Thoroughfare		her:					
	c. Nearest Major Cross Street: 5. 15th Pf.							
	ng: 🗹 Free Standing Buildin							
e. Describe Premi	ses Structure: Single Sto	ry Multi-Story - # of Stor	ries Other:	1 1400				
f. Describe Surro	unding Area: Commercia	Residential Industr	ial ☑ Other: <u>M·X</u>	20 USE	2000			
g. Building Owner	Name: Tulio Rud Address: 3366 5	g Kodriguez	Phone Number:	7 8 10	215			
Building Owner	Address: <u>3300</u> 5	· (5th Phy "	MI IWAUNEE,	wijs	74.0			
10. Hours of O	peration & Custor	mers						
Will customers be ente	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:			
Day of the Week	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	8 a M	11:29 pm	40	18-65				
Monday	Mal	11:59 pm	i l	i l				
Tuesday	11	il	١t	()				
Wednesday	(1	(1	(1	11				
Thursday	17	()	it	(1				
Friday	11	i l	i t	l i				
Saturday	8am	11:59pM	l i					
An Extended Hours Es piercing, salon, tailor,	tablishment License is requir tanning, etc.), recording stu	red for any convenience stor dio or restaurant which is op	e, filling station, persona en between the hours of	l service establish 12:00 a.m. and 5	nment (such as tattoo, body 5:00 a.m.			
Alcohol Establishment Permitted Hours of Op		am to 9:00 pm Sunday thru am to 2:00 am Sunday thru		0 am Friday & Sa	turday			
Entertainment Outdoo		Opm Sunday-Thursday; 12:00 tablished by the Common Co						
11. Signature	(s)							
Brian	J. Hospil	40						
(If there are no 20	orietor, Partner, or 20% or m 0% or more shareholders, -print name/title and sign)	ore Shareholder	Signature of additional p	partner or 20% or	· more shareholder			



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

	l Entity Name: MKE ULT	RA LLC					
Prem	nise Address: 1535 W. N	Nitchell St., FLI, Milwauker, WI					
Prox	kimity of Premises to Church, Scho	ol, Daycare Center or Hospital					
Is th	e building within 300 feet of any church, school, dayca	re center or hospital?					
"Ser	"Service Bar Only" Designation						
	oplying for Class B or C license, are you applying for "Se	ervice Bar Only"?					
	stools, chairs or other articles of furniture shall be plac						
Bus	iness Information						
a)	Are you taking out this application for anyone that m	ay not be eligible for a license?					
b)	If yes, list their name and address: Will the agent, a partner or the individual licensee be	conducting the day-to-day operations of the business? No Yes					
		will:					
		dividual licensee will not be conducting the day-to-day operations of the business,					
c)	the person(s) listed above must obtain a Class B Man Does anyone else have money invested or any other						
•	If yes, explain:						
d)	Have you made an agreement with anyone to repay and No Yes If yes, list name and address:	any loan or any other payments based upon income from the business?					
Pro	Property Information (New & Transfer Applicants Only)						
	perty Information (New & Transfe	r Applicants Only)					
a)	perty Information (New & Transfel Do you own or lease the building?	r Applicants Only) □Own ☑Lease					

a)	Do you own or lease the building?	□Own ☑Lease					
a) b)	Do you own or lease the building? Who owns the fixtures (for example, coolers, etc.)?	Lic Menbers					
a) b) c)	Do you own or lease the building? Who owns the fixtures (for example, coolers, etc.)? Are you purchasing the stock and/or fixtures?	Lic Menbers					
a) b) c) d)	Do you own or lease the building? Who owns the fixtures (for example, coolers, etc.)? Are you purchasing the stock and/or fixtures? Total amount paid for business Total amount paid for goodwill of the business	Own Lease Lic Menter 5 [No Yes If yes, amount paid \$					
a) b) c) d)	Do you own or lease the building? Who owns the fixtures (for example, coolers, etc.)? Are you purchasing the stock and/or fixtures? Total amount paid for business Total amount paid for goodwill of the business Goodwill comprises the reputation and customer rel	Own Lease LLC Member 5 No Yes If yes, amount paid \$ \$ 0 s lationships of an existing business. If the price you pay for the business exceeds the e business, the excess may be considered goodwill.					
a) b) c) d) e)	Do you own or lease the building? Who owns the fixtures (for example, coolers, etc.)? Are you purchasing the stock and/or fixtures? Total amount paid for business Total amount paid for goodwill of the business Goodwill comprises the reputation and customer rel fair market value of all of the rest of the assets of the Have you made arrangements with the seller for pay	Own Lease LLC Member 5 No Yes If yes, amount paid \$					
a) b) c) d) e)	Do you own or lease the building? Who owns the fixtures (for example, coolers, etc.)? Are you purchasing the stock and/or fixtures? Total amount paid for business Total amount paid for goodwill of the business Goodwill comprises the reputation and customer rel fair market value of all of the rest of the assets of the Have you made arrangements with the seller for pay se Information (New & Transfer A) Date lease begins	Own Vease Lic Menter 5 No Yes If yes, amount paid \$ \$ \$ column of personal property taxes? No Yes Poplicants who are leasing the premises only)					
a) b) c) d) e) f) Lea a) b)	Do you own or lease the building? Who owns the fixtures (for example, coolers, etc.)? Are you purchasing the stock and/or fixtures? Total amount paid for business Total amount paid for goodwill of the business Goodwill comprises the reputation and customer rel fair market value of all of the rest of the assets of the Have you made arrangements with the seller for pay se Information (New & Transfer A) Date lease begins 9 2018 Ends 0 Monthly rental \$ 72.5	Own Lease LLC Members No Yes If yes, amount paid \$ \$ \$ considered goodwill. Indeed, the excess may be considered goodwill.					
a) b) c) d) e) f) Lea a) b) c)	Do you own or lease the building? Who owns the fixtures (for example, coolers, etc.)? Are you purchasing the stock and/or fixtures? Total amount paid for business Total amount paid for goodwill of the business Goodwill comprises the reputation and customer relair market value of all of the rest of the assets of the Have you made arrangements with the seller for pay se Information (New & Transfer A) Date lease begins	Own Lease LLC Menter 5 You Yes If yes, amount paid \$					
a) b) c) d) e) f) Lea a) b) c) d)	Do you own or lease the building? Who owns the fixtures (for example, coolers, etc.)? Are you purchasing the stock and/or fixtures? Total amount paid for business Total amount paid for goodwill of the business Goodwill comprises the reputation and customer rel fair market value of all of the rest of the assets of the Have you made arrangements with the seller for pay SE Information (New & Transfer A) Date lease begins	Own Lease LC Menters No Yes If yes, amount paid \$ \$ S					
a) b) c) d) e) f) Lea a) b) c)	Do you own or lease the building? Who owns the fixtures (for example, coolers, etc.)? Are you purchasing the stock and/or fixtures? Total amount paid for business Total amount paid for goodwill of the business Goodwill comprises the reputation and customer relair market value of all of the rest of the assets of the Have you made arrangements with the seller for pay se Information (New & Transfer A) Date lease begins	Own Lease LC Menters No Yes If yes, amount paid \$ \$ S					

ease 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
hange 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):
gnature
Bund. Hospital
gnature of Sole Proprietor, Partner or 20% or More Shareholder 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

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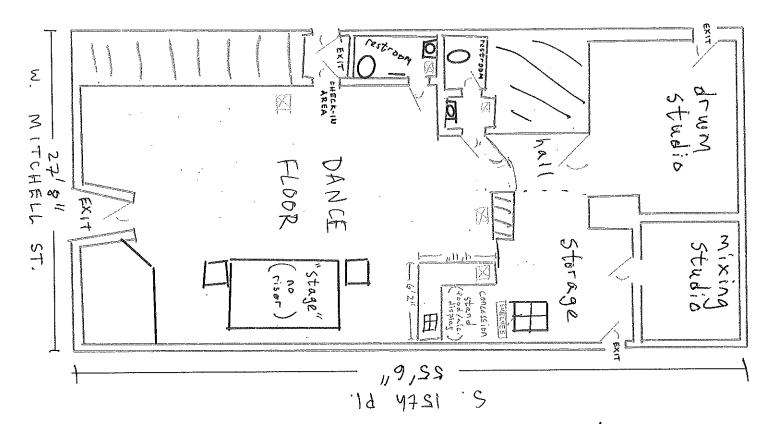


PUBLIC ENTERTAINMENT PREMISES LICENSE SUPPLEMENTAL APPLICATION

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: 1535	W. Mitchell	St., F1 1,	Milwanker, WI				
TYPES OF ENTERTAINMENT (CH	ECK ALL THAT APPLY)						
Instrumental Musicians	Battle of the Bands	Dancing by Performers	Amusement Machines How many?				
Bands	Comedy Acts	☐ Adult Entertainment/ Strippers/Erotic Dance	Concerts Approx. # per year?				
Bowling Alley How many?	Disc Jockey	Wrestling	Theatrical Performances Approx. # per year? 12				
Pool Tables How many?	Magic Shows	Patron Contests	Jukebox				
Motion Pictures (movies by admission) - How many?	Poetry Readings	Patrons Dancing	Karaoke				
Other:							
Entertainment Outdoor Closing Hours:	10:00pm Sunday-Thursday; 12:00am I Is established by the Common Council		•				
PROMOTERS/SOUND AMPLIFIC	nguya na nakalinaya kalenda kalendari ban garaka kalendari 🖊 🖅						
Will promoters ever be used for any of Indapandant pron	the entertainment? No Ve	s If Yes, Describe: 666 Shows and	rent the space,				
At any time will sound amplification be Live 5x41d re	used? No V Ves If Yes Desci	rihe .					
LEGAL CAPACITY OF PREMISES							
Premises License. If you would like to r		h a lower capacity than that listed					
ACKNOWLEDGEMENT/SIGNATU	JRE						
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)							
(IT no 20% or more Snareholder, Corpol	rate Officer - print name/title and s	lg(1)					

Office Use Only:	Carrier Co.	20-0-00
Initials: Filed	1-29-24	App: 1203000009
Only PEP? No Yes	If Yes, ☐Queue to MF	PD and Email Mgrs/Team Lead (must be heard w/in 60 days)



Total Area: 1304.25 ttz

Retrigerator (Alcohol Storage)

MAKE ULTRA CLC

Agent: Brian J. Hospital 1535 W. Mitchell St., Milvaukee, WI July 29, 2024