

CITY OF MILWAUKEE OFFICE OF THE CITY CLERK

Friday, January 13, 2023

COMMITTEE MEETING NOTICE

AD 13

MAIGATTER, Laura B, Agent GATER HECK GOODS LLC 2766 S Wentworth Av Milwaukee, WI 53207

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, January 24, 2023 at 09:45 AM

The access code is https://meet.goto.com/795371877. If you wish to call in: +1 (872) 240-3212 and use Access Code: 795-371-877. Please see the enclosed best practices document for further instructions.

Regarding:

Your Class B Tavern License Application as agent for "GATER HECK GOODS HE" for "HOT DISH PANTRY" at 4125 S HOWELL Av.

There is a possibility that your application may be denied for one or more of the following reasons: The recommendation of the committee regarding the application shall be based on evidence presented at the hearing. Per MCO 85-2.7-4, probative evidence concerning whether or not a new license should be granted may be presented on the following subjects: whether or not the applicant meets the municipal requirements, the appropriateness of the location and premises where the licensed premises is to be located and whether use of the premises for the purposes or activities permitted by the license would tend to facilitate a public or private nuisance or create undesirable neighborhood problems such as disorderly patrons, unreasonably loud noise, litter, and excessive traffic and parking congestion. Probative evidence relating to these matters may be taken from the plan of operation submitted with the license application, if any, but shall not include the content of any music. Evidence regarding the fitness of the location of the premises to be maintained as the principal place of business, including but not limited to whether there is an overconcentration of businesses of the type for which the license is sought; whether the proposal is consistent with any pertinent neighborhood business or development plans, or the location's proximity to areas where children are typically present. The applicant's record in operating similarly licensed premises; and whether or not the applicant has been charged with or convicted of any felony, misdemeanor, municipal offense or other offense, the circumstances of which substantially relate to the activity to be permitted by the license being applied for or any other factor which reasonably relates to the public health, safety or welfare may also be considered. See attached police report or correspondence.

Notice for applicants with warrants or unpaid fines:

Proof of warrant satisfaction or payment of fines must be submitted at the hearing on the above date and time. Failure to comply with this requirement may result in a delay of the granting/denial of your application.

Failure to appear at this meeting may result in the denial of your license. Individual applicants must appear only in person or by an attorney. Corporate or Limited Liability applicants must appear only by the agent designated on the application or by an attorney. Partnership applicants must appear by a partner listed on the application or by an attorney. If you wish to do so and at your own expense, you may be accompanied by an attorney of your choosing to represent you at this hearing.

You will be given an opportunity to speak on behalf of the application and to respond and challenge any charges or reasons given for the denial. No petitions can be accepted by the committee, unless the people who signed the petition are present at the committee hearing and willing to testify. You may present witnesses under oath and you may also confront and cross-examine opposing witnesses under oath. If you have difficulty with the English language, you should bring an interpreter with you, at your expense, so that you can answer questions and participate in your hearing.

You may examine the application file at this office during regular business hours prior to the hearing date. Inquiries regarding this matter may be directed to the person whose signature appears below.

Limited parking for persons attending meetings 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.

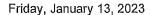
JIM OWCZARSKI, CITY CLERK

BA:

Jim Cooney

License Division Manager

If you have questions regarding this notice, please contact the License Division at (414) 286-2238.







Notice of Public Hearing

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MAIGATTER, Laura B, Agent HOT DISH PANTRY at 4125 S HOWELL Av Class B Tavern License Application

Tuesday, January 24, 2023 at 09:45 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 1/24/2023 at 09:45 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 | 123 W WATERFORD AVE | MILWAUKEE, WI 53207-4319 |
| CURRENT OCCUPANT | 134 W WATERFORD AVE | MILWAUKEE, WI 53207-4320 |
| CURRENT OCCUPANT | 135 W WATERFORD AVE | MILWAUKEE, WI 53207-4371 |
| CURRENT OCCUPANT | 4100 S HOWELL AVE | MILWAUKEE, WI 53207-4410 |
| CURRENT OCCUPANT | 4100A S HOWELL AVE | MILWAUKEE, WI 53207-4410 |
| CURRENT OCCUPANT | 4101A S HOWELL AVE | MILWAUKEE, WI 53207-4409 |
| CURRENT OCCUPANT | 4103 S BURRELL ST | MILWAUKEE, WI 53207-4405 |
| CURRENT OCCUPANT | 4106 S 1ST ST | MILWAUKEE, WI 53207-4306 |
| CURRENT OCCUPANT | 4107 S 1ST ST | MILWAUKEE, WI 53207-4305 |
| CURRENT OCCUPANT | 4111 S BURRELL ST | MILWAUKEE, WI 53207-4405 |
| CURRENT OCCUPANT | 4112 S 1ST ST | MILWAUKEE, WI 53207-4306 |
| CURRENT OCCUPANT | 4113 S 1ST ST | MILWAUKEE, WI 53207-4305 |
| CURRENT OCCUPANT | 4113A S HOWELL AVE | MILWAUKEE, WI 53207-4409 |
| CURRENT OCCUPANT | 4114 S HOWELL AVE | MILWAUKEE, WI 53207-4410 |
| CURRENT OCCUPANT | 4117 S 1ST ST | MILWAUKEE, WI 53207-4305 |
| CURRENT OCCUPANT | 4118 S 1ST ST | MILWAUKEE, WI 53207-4306 |
| CURRENT OCCUPANT | 4121 S BURRELL ST | MILWAUKEE, WI 53207-4405 |
| CURRENT OCCUPANT | 4123 S 1ST ST | MILWAUKEE, WI 53207-4305 |
| CURRENT OCCUPANT | 4124 S 1ST ST | MILWAUKEE, WI 53207-4306 |
| CURRENT OCCUPANT | 4127 S BURRELL ST | MILWAUKEE, WI 53207-4405 |
| CURRENT OCCUPANT | 4129 S 1ST ST | MILWAUKEE, WI 53207-4305 |
| CURRENT OCCUPANT | 4130 S 1ST ST | MILWAUKEE, WI 53207-4306 |
| CURRENT OCCUPANT | 4133 S BURRELL ST | MILWAUKEE, WI 53207-4405 |
| CURRENT OCCUPANT | 4134 S 1ST ST | MILWAUKEE, WI 53207-4306 |
| CURRENT OCCUPANT | 4135 S 1ST ST | MILWAUKEE, WI 53207-4305 |
| CURRENT OCCUPANT | 4135A S 1ST ST | MILWAUKEE, WI 53207-4305 |
| CURRENT OCCUPANT | 4139 S 1ST ST | MILWAUKEE, WI 53207-4305 |
| CURRENT OCCUPANT | 4140 S 1ST ST | MILWAUKEE, WI 53207-4306 |
| CURRENT OCCUPANT | 4144 S 1ST ST | MILWAUKEE, WI 53207-4306 |
| CURRENT OCCUPANT | 4145 S 1ST ST | MILWAUKEE, WI 53207-4305 |
| CURRENT OCCUPANT | 4150 S 1ST ST | MILWAUKEE, WI 53207-4306 |
| CURRENT OCCUPANT | 4151 S 1ST ST | MILWAUKEE, WI 53207-4305 |
| CURRENT OCCUPANT | 4155 S 1ST ST | MILWAUKEE, WI 53207-4305 |
| CURRENT OCCUPANT | 4156 S 1ST ST | MILWAUKEE, WI 53207-4306 |
| CURRENT OCCUPANT | 4160 S 1ST ST | MILWAUKEE, WI 53207-4306 |
| CURRENT OCCUPANT | 4160A S 1ST ST | MILWAUKEE, WI 53207-4306 |
| CURRENT OCCUPANT | 4166 S 1ST ST | MILWAUKEE, WI 53207-4306 |
| Blank Notice | | |

Blank Notice Total Records: 37

Radius 250.0 feet and Center of Circle: 4125 S Howell Av

Date: 12/20/2022 Officer: PO Fabian Garcia

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

| Name of Premise: Ho Address: 4125 S. Hov Phone: | • | · |
|---|--|-----------------|
| Owner: Owner address: City State Zip: Owner Phone: Owner email: | | |
| Licensee/Agent: Laur Home Address: 2764 City State Zip: Milwa Phone: 414-248-7184 Email: info@hotdish | S. Wentworth Avenue nukee, WI 53207 | |
| Preferred contact: | ŧ | |
| Location currently op | en: 🗌 YES 🛭 NO | |
| Projected open date: | | |
| Day's open: ⊠S □ | M □T □W ⊠Th ⊠F ⊠SA □ | ALL |
| Hours of Operation: | Sun: 10a-8p Mon: Tue: Wed: Thu: 10a-8p Fri: 10a-8p Sat: 10a-8p | □24 hours □Y □N |
| Premise Type: | □Tavern/Bar ☑Restaurant □Other: | |

| Licenses currently held: | | | |
|---|-------------------------|------------------------|---------------------------------------|
| Alcohol: | Yes No Class: | #: | |
| Tobacco: | Yes No #: | | |
| Food: | Yes No #: | | |
| Extended Hours: | ☐Yes ☐No #: | | |
| Secondhand Dealer: | ☐ Yes ☐ No Type: | #: | |
| Other: | ☐Yes ☐No Type: | #: | |
| Other: | Yes No Type: | #: | |
| Exterior Survey: | | | |
| 1. Is the area around the | location clean? ∑Y€ | esNo | |
| 2. What surrounds the lo | ocation? (Check all the | e apply) | |
| a. Park | | | |
| b. School | | | 8 |
| c. Youth Cen | ter | 92 | |
| d. Church | | | |
| | If so, how many | | |
| f. Residential | | | |
| g. Other busin | | | (9 |
| h. Other: | | | |
| 3. Can you see from the | outside of the location | n into the interior | Yes No |
| 4. Can you see the empl | lovees inside of the lo | cation from the outsic | le ⊠Yes □No |
| 5. Are exterior windows | s free of signage XY | es No | |
| 6. Is there a parking lot | XYes No | | |
| 7. Is the parking lot clea | an? XYes \ \ No | | |
| 8. Off-Street parking | | | |
| 9. Is the parking lot wel | | ot observed | |
| 10. Valet Parking Yes | | | |
| a. Will this lot h | nave a guard? Yes | \boxtimes No | |
| b. Will this lot h | nave cameras? Yes | □N ₀ | |
| 11. Are there areas when | e a person could conc | eal themselves TYes | s 🕅 No |
| 12. Is there exterior light | ing? Nes No | Does it appears to be | adequate XYes No |
| 13. Exterior Payphone? | Yes N | o | ##################################### |
| 14. Are there No Loiterin | | | |
| 15. Are there exterior see | ourity comerce NVec | No How Many: 3 | |
| 16. Are the address num | here prominently disp | layed and easy to see | ⊠Yes □No |
| 16. Are the address hum | bers prominently disp | layed and easy to see | M 1.09 L1.0 |
| Camera Survey: | | | |
| 17. Does this location ha | ave security cameras? | Myes No | |
| 18. Are they in working | order? XVes No | | |
| 19. What format are the | cameras? | | * |
| a. Color | Yes No | | |
| b. Digital | Yes No | | |
| 70 1 1 | Yes No | | |
| c. Recorded 20. How long is footage | | ng: 30 days | |
| 20. How long is lootage 21. Are there exterior ca | | o How many: 3 | |
| | | o How many: 5 | |
| 22. Are there interior car | meras Mres M | o mon many. J | |

| 23. Do all employees know how to retrieve recorded digital images/footage? ☐ Yes ☒ No 24. Cameras located in parking lot ☒ Yes ☐ No How many 1 |
|---|
| Interior Survey: 25. What is the planned capacity unsure at this time 26. What is the minimum number of employees That will be on premise 3 27. Is the storeowner willing to be a standing complainant regarding loitering? ∑Yes ∑No a. If yes have them fill out the standing complaint form and give them two of the commercial signs ∑Yes ∑No 28. Is the interior of the location neat and clean? ∑Yes ∑No Remodeling 29. Does an interior camera face the entrance/exit? ∑Yes ∑No 30. Is there a lockable area that separates employees from customers? ∑Yes ∑No 31. Are emergency and non-emergency numbers posted near the phone? ∑Yes ∑No 32. Does the owner know how to contact their police district directly? ∑Yes ∑No a. Did you provide a district contact guide to the owner? ∑Yes ∑No |
| Security 33. How many security personnel are going to be employed: 34. How will they be deployed: Interior Exterior |
| 35. What days will they be deployed Mon Tue Wed Thu Fri Sat Sun 36. Will the security be managed by business or contracted 37. Will they be armed Yes No |
| 38. What type of security measures to be used: Wanding/metal detector ID Scanner Dress Code Cover Charge Age restriction Other |

ADDITIONAL COMMENTS/RECOMMENDATIONS:

This report was written by Police Officer Fabian Garcia assigned to District 6-Early Power, Squad 6264.

On Tuesday, December 20, 2022 at 2:30 pm, my partner PO Michael Ward and I met with part owner Nathan E. Heck, who also resides with licensee Laura B. Maigatter. N.Heck stated their projected open date will be February 1st. The location is currently being remodel at this time. The location has a parking lot that is located on the north end of the building. The parking lot does appear to have lighting as well as the exterior but lighting was not observed at the time of meeting with N.Heck.

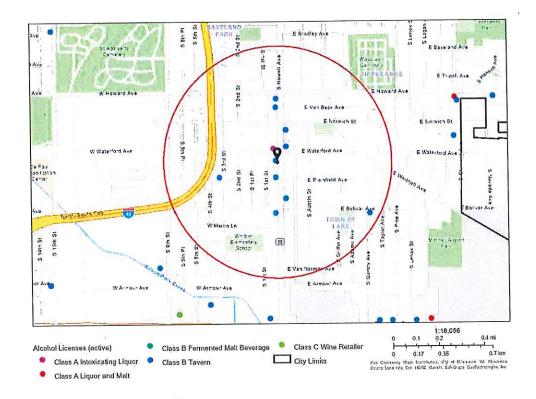
The location does have cameras located throughout the property, 3 of which are exterior and 5 interior cameras. The location does not have "No Loitering" sign posted and a discussion was had regarding. N.Heck was unsure at this time regarding the planned capacity but believes it was 40 with the patio included. The location does have lockers for their employees.



Area of Interest (AOI) Information

Area: 21,862,585.85 ft2

Dec 5 2022 15:30:41 Central Standard Time



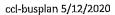
Summary

| Name | Count | Area(ft²) | Length(mi) |
|------------------|-------|-----------|------------|
| Alcohol Licenses | 11 | | |

Alcohol Licenses

| # | Legal Entity | Trade Name | Licensee | Address | License Type Name | Total Capacity | Expiration Date | Count |
|----|--|--|-------------------------------|------------------------|---|-------------------|------------------------|-------|
| 1 | GATORS PUB | GATORS PUB | DENNIS D BRATEL, SP | 601 E BOLIVAR AV | Class B Tavern License | 49 | 1/19/2023, 6:00 PM | 1 |
| 2 | Sokolowski Enterprize LLC | Jerseys Pub & Grill | TODD G SOKOLOWSK I, Agt | 4024 S Howell AV | Class B Tavern License | 180 | 2/5/2023, 6:00 PM | 1 |
| 3 | Gingerz Sportz Pub LLC | Gingerz Sportz Pub and Grill | MARY M NILAND, Agt | 3915 S Howell AV | Class B Tavern License | 180 | 3/1/2023, 6:00 PM | 1 |
| 4 | PACKY'S - PUB, LLC | Campbells Irish Pub | PATRICK G CAMPBELL, Agt | 4068 S HOWELL AV | Class B Tavern License | 90 | 4/17/2023, 7:00 PM | 1 |
| 5 | Marsel's Pizzeria, Inc | Marsel's Pizzeria | Marsel Feto, Agt | 4252 S Howell AV | Class B Tavern License | | 2/27/2023, 6:00 PM | 1 |
| 6 | Barrel Proof Coffee Roasters LLC | Hawthorne Coffee Roasters & Foxfire | STEPHEN HAWTHORNE , Agt | 4177 S HOWELL AV | Class B Tavern License | | 5/29/2023, 7:00 PM | 1 |
| 7 | AVENUE WINE & LIQUOR, INC | AVENUE WINE & LIQUOR | MICHAEL J BUGALSKI, Agt | 4075 S HOWELL AV | Class A Retailer's Intoxicating Liquor License | | 7/5/2023, 7:00 PM | 1 |
| 8 | LIQEN CORPORATIO N | COPPER KITCHEN RESTAURAN T | XHEVIT ZEQIRI, Agt | 3935 S HOWELL AV | Class B Tavern License | 80 | 7/22/2023, 7:00 PM | 1 |
| 9 | LB LLC | On The Clock | ROBERT J KRAUSE, Agt | 4301 S Howell AV | Class B Tavern License | 80 | 9/10/2023, 7:00 PM | 1 |
| 10 | MJMJAS LLC | Day Drink Inn | Mario J Mussatti, Agt | 312 W Plainfield AV | Class B Tavern License | 74 | 9/25/2023, 7:00 PM | 1 |
| 11 | Iron Grate BBQ Co. LLC | Iron Grate BBQ Co. | Aaron S Patin, Agt | 4125 S Howell AV | Class B Tavern License | 49 | 11/22/2023, 6:00 PM | 1 . |

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





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: license@milwaukee.gov

| 1. Ty | ype of Business |
|---------|--|
| Applyin | ng 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) |
| | e a detailed description of the type of business you plan on operating: |
| | UNTER SERVICE RESTAURANT WITH SEATTAGE. |
| | i have any experience operating this type of business? \(\sigma\) No \(\sigma\) Yes If yes, explain: Operating restaurent Currently owners |
| 2. B | usiness Operations |
| a. | Proposed Opening Date: Fodrucky 1st 2023 |
| 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: FCOD, CAS B TAGEN |
| е. | Is the current licensee operating? No Yes If no, list date closed: 11/20/2022 |
| f. | Do you have future plans for other businesses, licenses or permits at this location? No Yes |
| | If yes, explain: TBD |
| g. | Have you previously held an Extended Hours License in Milwaukee? 🔀 No 🗌 Yes |
| | If yes, list address(es): PCACATCA) BOST VASILATION |
| h. | Are other businesses operating in the same building? \(\sum \) No \(\overline{\overl |
| 3. Lî | itter & Noise |
| а. | 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. S | moking & Sanitation |
| a. | Are there designated outdoor smoking areas? X No Yes If yes, describe: |
| b. | Number of Garbage Cans: Inside: V9 Locations: Kitchen, Prep Aceas, Dishoit, Bathrooms, Dining Room |
| | Outside: 2 Locations: Pcto |
| c. | ls 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: |
| | <u> </u> |

| a. Are there onsite parking spaces? \ No \ Yes If yes, how many? \ \(\begin{align*}{ |
|---|
| 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 \[\] List their licensing, certification, or training credentials \[\] d. Will there be security cameras? \[\] No \[\] Yes \[\] If yes, how many? \[\] and list locations: \[\] DEL \[\] PYUL, \[\] DW\[\] e. Will searches/identification checks be done upon entry? \[\] No \[\] Yes \[\] Yes, describe \[\] 6. Percentage of Sales \(\) must total \(\) 100% \[\) Secondhand Merchandise \[\] Precious Metals & Gems \[\] Entertainment \[\] % Cigarettes \[\] % Secondhand Merchandise \[\] Precious Metals & Gems \[\] % Pawnbroker Activity \[\] % Salvaged Materials \[\] % Personal Services (such as tattoo, body piercing, salon, tailor, tanning, etc.) \[\] % Describe: \[\] Mecch \[\] 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: \[\] Number of Rooms: \[\] Number of Rooms: \[\] Number of Rooms: \[\] |
| c. Will you have security personnel on premise? \[\subseteq \text{No } \] Yes If yes, how many? and answer the following: What are their responsibilities? Is security equipment used? \[\] No \[\text{No } \] Yes If yes, describe \[\text{List their licensing, certification, or training credentials} \] d. Will there be security cameras? \[\] No \[\text{Yes} \] Yes If yes, how many? \[\text{Q} \] and list locations: \[\text{STDE, FYUL, LW} \] e. Will searches/identification checks be done upon entry? \[\text{No } \] Yes If yes, describe 6. Percentage of Sales (must total 100%) Alcohol \[\text{S} \text{%} \] Food \[\text{SU } \text{%} \] Secondhand Merchandise \[\text{Precious Metals & Gems } \] Entertainment \[\text{%} \text{ Cigarettes } \text{%} \] Pawnbroker Activity \[\text{9} \text{8 alvaged Materials } \text{9} \\ (such as scrap metal) \] 7. Businesses/Licenses on the Premises (check all that apply): Type 1 \[\text{Your } \] All Service Restaurant \[\text{Cafe/Coffee Shop } \] Dell or Fast Food Restaurant \[\text{Private/Fraternal/Veterans Club } \] All Service Restaurant \[\text{Cafe/Coffee Shop } \] Dell or Fast Food Restaurant \[\text{Private/Fraternal/Veterans Club } \] Banquet Hall \[\text{Sports Facility } \] Bowling Alley \[\text{Houser of Rooms: } \] Number of Rooms: \[\text{Number of Floors: } \] Number of Rooms: \[\text{Number of Rooms: } \] |
| What are their responsibilities? Is security equipment used? No Yes If yes, describe Will searches No Yes If yes, how many? and list locations: SIDE, MUL, IMD |
| List their licensing, certification, or training credentials d. Will there be security cameras? |
| List their licensing, certification, or training credentials d. Will there be security cameras? |
| d. Will there be security cameras? |
| e. Will searches/identification checks be done upon entry? \[\] No \[\] Yes If yes, describe \[\] 6. Percentage of Sales (must total 100%) Alcohol \[\frac{1}{8} \frac{\text{%}}{\text{Food}} \] Food \[\frac{8}{9} \frac{\text{%}}{\text{%}} \] Secondhand Merchandise \[\text{Precious Metals & Gems } \] Fintertainment \[\frac{\text{%}}{\text{%}} \] Salvaged Materials \[\frac{\text{%}}{\text{Sody piercing, salon, tailor, tanning, etc.}} \] Personal Services (such as tattoo, body piercing, salon, tailor, tanning, etc.) \[\frac{\text{%}}{\text{Merch}} \] 7. Businesses/Licenses on the Premises (check all that apply): Type 1 Full Service Restaurant \[\text{Cafe/Coffee Shop} \] Deli or Fast Food Restaurant \[\text{Private/Fraternal/Veterans Club} \] Night Club \[\text{\$\text{M}} \] Banquet Hall \[\text{Sports Facility} \] Bowling Alley Hotel/Motel: Number of Floors: \[\text{Rooming House: Number of Floors: } \] Number of Rooms: \[\text{Number of Rooms: } \] Type 2 |
| 6. Percentage of Sales (must total 100%) Alcohol |
| 6. Percentage of Sales (must total 100%) Alcohol |
| Alcohol 18 |
| Entertainment |
| Pawnbroker Activity |
| Type 1 Full Service Restaurant |
| Full Service Restaurant |
| Banquet Hall Sports Facility Bowling Alley Hotel/Motel: Number of Floors: Rooming House: Number of Floors: Number of Rooms: Number of Rooms: Type 2 |
| Hotel/Motel: Number of Floors: Rooming House: Number of Floors: Number of Rooms: Number of Rooms: Type 2 |
| Number of Rooms: Type 2 |
| Type 2 |
| · · · · · · · · · · · · · · · · · · · |
| Liquor Store Convenience Store Store Supermarket Convenience Store |
| Gas Station Amusement/Phonograph Distributor Recycling, Salvage or Towing |
| Used Car Dealer Personal Service Establishment Recording Studio (such as tattoo business, hair salon, tailor, etc.) |
| 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: |
| 9 Logal Canacity Jonly if a Type 1 premises in #7 above) |
| 8. Legal Capacity (only if a Type 1 premises in #7 above) Capacity (Call the Milwaukee Development Center at 414-286-8211 if you have questions.) |

| 9. Premises Do | escrintion | • • | | | | |
|--|--|--|--|--|--|--|
| | (s) of the premises that will h | pe used in operating this bus | iness (include areas used | only for storage |): | |
| ⊠1 st Floor □ | 2 nd Floor □Basement Stora | ge ,⊠Patio □Beer Gardei | n □Sidewalk Café □D | eck □Rooftop | | |
| | ibe: | | | | | |
| b. Describe Location: Major Thoroughfare Secondary Street Other: | | | | | | |
| c. Nearest Major Cross Street: Howord | | | | | | |
| d. Describe Building: Free Standing Building Strip Mail Other:Other:Other:Other: | | | | | | |
| | | | | | | |
| f. Describe Surro | unding Area: 🔀 Commercia | r 🔝 Residentiai 🛅 industr Fa / | Phone Number 414 | - 324- | 4143 | |
| g. Building Owner | r Address: 57 3/) S | 78H Dr. 6 | MANDALE | W 53 | 220 | |
| Building Owne | unding Area: ⊠ Commercia r Name: Tolek Flei r Address: 5030 S | 73.03.01.10 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| 10. Hours of C | peration & Custor | ners | | | | |
| Will customers be ent | ering the premises? 🔲 No | Yes | • | | | |
| Paradala Minak | Proposed Hour | s 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 | 8:00 cm | 12.00 am | 150 | 20-60 | | |
| Monday | 0 | | | | | |
| Tuesday | 8:00 am | 12:00 am | 100 | | | |
| Wednesday | 8:00 am | 12:00 am | 100 | | | |
| Thursday | 8:00 am | 12:00 am | 100 | | | |
| Friday | 8:00 am | 12:00 am | 200 | | | |
| Saturday | 8:00 am | 12:00 am | 200 | | | |
| An Extended Hours E | stablishment License is requi , tanning, etc.), recording stu | red for any convenience sto dio or restaurant which is op | re, filling station, persona en between the hours o | l service establis f 12:00 a.m. and | hment (such as tattoo, body 5:00 a.m. | |
| Alcohol Establishmer | nts Class A: 8:00 | am to 9:00 pm Sunday thru | Saturday | | | |
| Permitted Hours of C | | am to 2:00 am Sunday thru | | | time, either earlier or later, | |
| Entertainment Outdo | ls es | stablished by the Common C | ouncil in its approval of t | he licensee's plar | of operation. | |
| 11. Signature | (s) | | 1 | | | |
| 6 | | | NA 14 | | | |
| (If there are no | oprietor, Partner, or 20% or m 20% or more shareholders, er-print name/title and sign) | nore Shareholder , | Signature of additional | partner or 20% o | r 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: GATEN HEUK GOODS UC |
|--|
| Premise Address: 1 4/25 S. HUMFULAVE, MINE, WT 53207 |
| Proximity of Premises to Church, School, Daycare Center or Hospital |
| Is the building within 300 feet of any church, school, daycare center or hospital? |
| "Service Bar Only" Designation |
| If applying for Class B or C license, are you applying for "Service Bar Only"? |
| 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? |
| 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? No 🔄 Yes If no, list the name and address of the person(s) who will: |
| If no, ast 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? No 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? When If yes, list name and address: |
| Property Information (New & Transfer Applicants Only) |
| a) Do you own or lease the building? |
| b) Who owns the fixtures (for example, coolers, etc.)? Licensee |
| c) Are you purchasing the stock and/or fixtures? No Yes If yes, amount paid \$ |
| d) Total amount paid for business \$_1130 |
| e) Total amount paid for goodwill of the business \$ 1BD |
| 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? 🔏 No 🔲 Yes |
| Lease Information (New & Transfer Applicants who are leasing the premises only) |
| a) Date lease begins Day of First SevillEnds 12/31/2026 |
| b) Monthly rental \$ \(\frac{13,600}{}{} \) |
| c) Do you have an option to renew the lease? \(\text{No.}\) No. \(\text{No.}\) Yes |
| d) Does your lease allow for assignment to another party without the consent of the owner? Tho Yes e) For what length of time have you been guaranteed occupancy (number of years)? |
| C) 101 What langer of three flow over Bankarious see Paris, Comment of Jones, The Comment of the |

| 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? \(\sumsymbol{\text{No}}\) Yes if yes, explain \(\sumsymbol{\text{Vii}}\) \(\frac{\text{Vey}}{\text{Vey}}\) \(\frac{\text{Vey}}{\text{Vey}}\) | | | |
| g) | Does the present owner or occupant object to the granting of your license? | | | |
| | If yes, explain | | | |
| Cha | inge of Agent Applicants Only | | | |
| Ha | ve there been any changes to the floor plan since the last application was submitted? No Yes | | | |
| | o, a new floor plan is not required. If yes, submit a new floor plan and explain the change(s): | | | |
| | · | | | |
| Sig | nature | | | |
| | | | | |
| | ature of Sole Proprietor, Partner or 20% or More Shareholder o 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



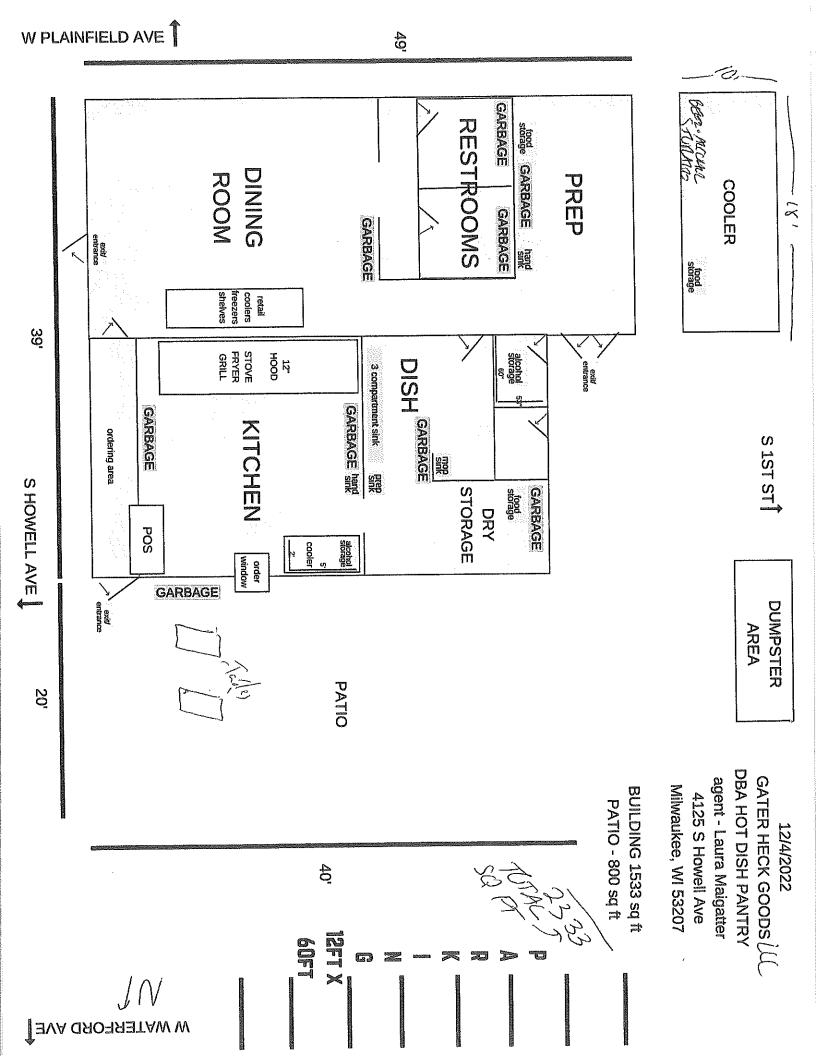
FOOD DEALER LICENSE PLAN OF OPERATION

OFFICE OF THE CITY CLERK, LICENSE DIVISION
CITY HALL, 200 E. WELLS ST, ROOM 105, MILWAUKEE, WI 53202
(414) 286-2238 * license@milwaukee.gov * www.milwaukee.gov/license

| Legal Entity Name: GATER HECK COODS CLC |
|---|
| Premises Address: 4125 S. HOWEU AVE, WE 53207 |
| SECTION 1 TYPE OF BUSINESS |
| What will be the majority of your food sales? (check one) |
| Restaurant Items (meals): MEALS include, but are not limited to, chicken, ribs, sandwiches, roasted corn, baked potatoes, hot dogs, brats, tacos, nachos w/ cheese and meat, French fries, cooked or deep fried vegetables/fruit, cooked cheese curds, corn dogs, egg rolls, salads. |
| Retail Items (snacks and beverages): RETAIL items include, but are not limited to, ice cream/soft serve, lemonade, snow cones, coffee, espresso, cappuccino, tea, fruit juice, smoothies, candy, dispensed soda, fruit cups, bakery, cookies, kettle corn, cotton candy, funnel cakes, fritters, tortilia chips w/ cheese. |
| Will it be a convenience store? Yes No A convenience store contains less than 5,000 square feet of retail space and has, as its primary business, the sale of basic food items and in addition, sells household products or is a filling station that sells basic food items and household products. |
| Bed & Breakfast Micro Market All Applicants: Submit a menu or a list of food items that will be sold. |
| Number 1 1 1 2 |
| Will any wholesale business be done? No 🔀 Yes If yes, what percentage of food sales will be wholesale? |
| Less than 25% |
| ☐ 25% or More AND: ☐ Restaurant items (meals) will be sold – Complete this application and also contact DATCP. |
| NO restaurant items (meals) will be sold - Do NOT complete this application. Contact DATCP only. |
| SECTION 2 FOOD PROCESSING |
| Will any food processing be done? \(\sum \no \rightarrow \text{Yes} \) |
| Processing is defined as assembling, grinding, cutting, mixing, baking, coating, stuffing, packing, bottling, grilling, canning, extracting, fermenting, distilling, pickling, freezing, drying, smoking, or packaging. |
| SECTION 3 FOOD REQUIRING TEMPERATURE CONTROL |
| Will any food that requires temperature control be sold? \(\sum \text{No} \subset \text{Yes} \) (includes dairy products such as milk, cheese, and ice cream, fish, shellfish, meat, poultry) If yes, list the types of food items: \(\frac{Ac_a^4}{2}, \frac{P_{co_a}^4 \text{VC}}{2} \) |

ccl-foodplan 2/28/19

| Will you have a drive thru window? | thru hours:apply for a Weights & Measures License. | |
|--|---|--|
| Will you be doing any delivery? | rent from inside? No Yes thru hours:apply for a Weights & Measures License. | |
| Will you have outdoor activities? ☐ No ☐ Yes - Check all that a Will you have a drive thru window? ☐ No ☐ Yes - Are hours diffe If Yes, provide drive Will scales or barcode scanners be used? ☐ No ☐ Yes - You must also a SECTION 5 ADDITIONAL SITES Where will food be prepared and/or sold? ☐ At multiple sites: How many?(for example of the content of the | rent from inside? No Yes thru hours:apply for a Weights & Measures License. | |
| Will you have a drive thru window? | rent from inside? No Yes thru hours:apply for a Weights & Measures License. | |
| If Yes, provide drive Will scales or barcode scanners be used? No Yes - You must also a SECTION 5 ADDITIONAL SITES Where will food be prepared and/or sold? At a single site At multiple sites: How many?(for example sites) | thru hours:apply for a Weights & Measures License. | |
| Will scales or barcode scanners be used? ☑ No ☐ Yes - You must also a SECTION 5 ADDITIONAL SITES Where will food be prepared and/or sold? ☑ At a single site ☐ At multiple sites: How many?(for example sites) | apply for a Weights & Measures License. | |
| SECTION 5 ADDITIONAL SITES Where will food be prepared and/or sold? At a single site | | |
| Where will food be prepared and/or sold? At a single site At multiple sites: How many?(for exam | | |
| At a single site At multiple sites: How many?(for exam | | |
| <u> </u> | | |
| If multiple sites, attach a Food Dealer Additional Site Addendum (ccl-foodadd) | At a single site At multiple sites: How many?(for example, a hotel with several dining rooms or bars) | |
| If multiple sites, attach a Food Dealer Additional Site Addendum (ccl-foodadd) for each additional site. | | |
| SECTION 6 CONSTRUCTION OR CHANGES | | |
| Are you planning any construction, remodeling or equipment changes? | | |
| No If No, SKIP to Section 8 | | |
| Yes If Yes, check all that apply: New construction of a building | g Renovation or remodeling | |
| ☐ Construction changes to existi | ng building | |
| Provide a brief description of the changes: | | |
| Start date: | | |
| Name, Address & Phone Number of Architect: | | |
| | | |
| Name, Address & Phone Number of Contractor: | | |
| | | |
| SECTION 7 ALCOHOL BEVERAGES | | |
| Are you applying for an alcohol beverage license? | | |
| □ No If No, SKIP to Section 8 | | |
| Yes If YES, if your food license is approved prior to the alcohol license, when do you want the food license issued? | | |
| Immediately ☐ At the same time as the alcohol license | | |
| SECTION 8 ACKNOWLEDGEMENTS & SIGNATURE | | |
| You must initial each item confirming your understanding: | | |
| · · | | |
| I understand the Health Department must conduct an inspection and advise the License Division of their approval | | |
| I understand I must obtain an occupancy permit from the Department of Neighborhood Services and an inspection | | |
| may be required. Neighborhood Services must advise the License Division of their approval before the license may | | |
| | | |
| may appeal and be scheduled to appear before the Licenses Committee. The Licenses Committee will then make a | | |
| | | |
| \frac{1}{\lambda} | | |
| 1 will not operate my food business until the license has been issued and posted in the establishment. | | |
| Signature of Sole Proprietor, Partner, or 20% Shareholder: | | |
| Signature of Additional Partner: | | |
| be issued. I understand the district alderperson will review and either support or object to my application. If he/she objects, I may appeal and be scheduled to appear before the Licenses Committee. The Licenses Committee will then make a recommendation to the Common Council. The Common Council must grant the license before it may be issued. I understand proof of payment for all license fees must be on file in the License Division before the license may be issued and the license must be issued and posted in my establishment prior to opening for business. I will not operate my food business until the license has been issued and posted in the establishment. Signature of Sole Proprietor, Partner, or 20% shareholder: | | |



Sample Menu 2023 Gater Heck Goods DBA Hot Dish Pantry 4125 S Howell Ave, MKE, WI 53207 12/4/2022

Soups

- -Ham and Split Pea
- -Creamy Tomato
- -Chicken Dumpling
- -French Onion
- -Beef and Bean Chili

Pierogi

- -Loaded Baked Potato
- -Crab Rangoon
- -Aloo Chaat
- -Mushroom and Kraut

Potato Pancakes

- -Duck Fat Rosti with Confit Duck, Sour Cream, Caramelized Onion, Cherry Chutney
- -Hash Brown Style with Fried Egg, Crispy Ham, American Cheese

Salads

- -Wedge Salad with Braised Pork Belly and Blue Cheese
- -Parm Blend, Creamed Herring Caesar Dressing, Romaine, Snap Peas, Lemon Pepper Croutons, Fresh Dill, Fried Shallot

Add Duck Confit, Grilled Chicken, Fried Tofu, Bacon

Sandwiches

- -Fried Bologna with Dill Pickles, Yellow Mustard, Blistered Cherry Tomato Aioli, Iceberg Lettuce, Pot Chips, American Cheese
- -Chicken Fried Steak with Bourbon Barrel Red Eye Gravy, Bacon Tomato Jam, Red Onion, Lettuce, Pickled Peppers

Fish Fry

- -Fried Shrimp with Cocktail Sauce
- -Fried Perch with Coleslaw
- -Fried Miso Cod

Grab and Go Cooler

Made on and use by dates on packages with ingredients and allergens

- -Variety of cooler jams
- -Variety of vinegar pickles
- -Variety of pasta salads, veggie, chicken, pork, seafood

Grab and Go Freezer

Use by date on packages with ingredients, allergens, cooking instructions and proper storage instructions.

- -Variety of soups
- -Variety of pierogi
- -Variety of calzone
- -Products from other wholesale businesses

Grab and Go Shelf Stable

All with proper use by dates, ingredients, allergens, proper safety handling instructions

- -Spice mixes
- -Seasoned oyster crackers
- -Puppy Chow
- -Dried pasta
- -Crackers

Beverages

- -sodas, juices
- -coffee, tea
- -local beer
- -wine
- -cocktails