



BUSINESS LICENSE APPLICATION

SEE INFORMATION SHEET FOR THE TYPE OF LICENSE FOR WHICH YOU ARE APPLYING FOR ADDITIONAL FORMS REQUIRED

Office of the City Clerk License Division
200 E. Wells St. Room 105, Milwaukee, WI 53202
(414) 286-2238 www.milwaukee.gov/license license@milwaukee.gov

ccl-busapp 12/10/19

BUSINESS CONTACT INFORMATION

Legal Entity Name (sole proprietor, partnership, LLC or Corporation): CAVE ENTERPRISES OPERATIONS LLC

Business/Trade Name: Burger King # 3019 DBA BURGER KING

Phone: 414-446-5604 E-mail: ADRIENNE@CAVEENTERPRISES.COM

Premises Address (include city, state, zip code): 6544 N. 76th ST. MILW. WI. 53223

Mailing Address: Same as premises address or Other (include city, state, zip code): 1624 W. 18th ST. Chicago IL. 60608

AGENT / SOLE PROPRIETOR / 1st PARTNER INFORMATION

FULL LEGAL NAME (Last, First & Middle Initial): ADAM VELARDE Date of Birth: 9/27/73

Home Address (include city, state, and zip code): 1801 N WINCHESTER Chicago IL. 60622

Driver's License Number/ ID #: V463-0107-3275 Issuer: IL

Home Phone: Cell Phone: 773-294-5344

Percent % of Ownership Interest (Corp/LLC only): 100% Email: ADAM@CAVEENTERPRISES.COM

LIST ANY ADDITIONAL PARTNER(S) OR OWNER(S) WITH 20% OR MORE INTEREST

FULL LEGAL NAME (Last, First & Middle Initial): Date of Birth:

Home Address (include city, state, and zip code):

Driver's License Number/ ID #: Issuer:

Home Phone: Cell Phone:

Percent % of Ownership Interest: Email:

FULL LEGAL NAME (Last, First & Middle Initial): Date of Birth:

Home Address (include city, state, and zip code):

Driver's License Number/ ID #: Issuer:

Home Phone: Cell Phone:

Percent % of Ownership Interest: Email:

Check if there are additional partners or persons with 20% or more ownership interest. Complete additional sheets as necessary.

OCCUPANCY PERMIT STATUS AND SIGNATURE(S)

CHECK ONE: An occupancy permit has been obtained has been applied for will be obtained before operating is not needed (will obtain home occupation statement) is not needed-reason:

I/we understand that I am/we are required to inform the City Clerk within 10 days of changes in any of the information supplied in this application. I/we have knowledge of the City Ordinances currently regulating the license applied for herein, and understand that the license may be subject to suspension, non-renewal or revocation, if I/we violate any rule or regulation relating to this license.

I/we understand that I/we 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.

The undersigned understands that the filing of an application does not entitle applicants to permits, and that granting of permits is in the sole discretion of the Common Council. I/we state that this application for a license is not made for and behalf of any other person and that the applicant is not acting as an agent for, or in the employ of another. I/we certify that I am/we are the applicant and all statements are true and correct.

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

Signature of additional partner or 20% or more shareholder

Office Use Only: Initials: Filed: Applications: NL or NA: Last Lic New or Renewal Granted w/ No Issues or DBA Exp Date Paid: MPD Granted License # Note Other Lics



BUSINESS LICENSE PLAN OF OPERATION

ccl-busplan 5/12/2020

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

1. Type of Business

Applying for: Extended Hours (12AM to 5AM) - If a food establishment, check all that apply: Delivery Drive Thru Dining Room
 Self Service Laundry Massage Establishment Filling Station
 Other (supplemental application for specific license also required)

Provide a detailed description of the type of business you plan on operating:

FAST FOOD RESTAURANT

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

2. Business Operations

- a. Proposed Opening Date: 6-1-21
- 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: FOOD
- 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. Litter & Noise

- a. How are grounds kept clean? Sweep Pressure Wash Pick Up Litter Other: _____
- b. How often will grounds be cleaned? Daily Weekly As Needed Monthly Other: _____
- c. Grounds cleaned by: Licensee Building Owner Employees Hired Maintenance Other: _____
- d. How are noise issues prevented and/or addressed? Security Manager approaches customer(s) Call Police
 Signs Posted Other: _____
- e. Will a sound amplification system be used? No Yes If yes, describe: _____

4. Smoking & Sanitation

- a. Are there designated outdoor smoking areas? No Yes If yes, describe: _____
- b. Number of Garbage Cans: Inside: 6 Locations: 3 IN DINING AREA 3 IN KITCHEN
Outside: 2 Locations: 8 YRD CONTAINERS IN ENCLOSURE
- c. Is a crowd control barrier used? No Yes If yes, describe: _____
- d. How many restrooms are on the premises? 2
- e. Name of solid waste contractor: Advanced Disposal Waste Management Other: _____

5. Security

a. Are there onsite parking spaces? No Yes If yes, how many? 23 and describe the parking security

plan: PARKING LOT IS WELL LIT WITH SECURITY CAMERAS

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 CAMERA SYSTEM

List their licensing, certification, or training credentials _____

d. Will there be security cameras? No Yes If yes, how many? 16 and list locations: _____

COVERS ENTIRE PREMISES

e. Will searches/identification checks be done upon entry? No Yes If yes, describe _____

6. Percentage of Sales (must total 100%)

Alcohol _____%	Food <u>100</u> %	Secondhand Merchandise _____%	Precious Metals & Gems _____%
Entertainment _____%	Cigarettes _____%		
Pawnbroker Activity _____%	Salvaged Materials _____% (such as scrap metal)	Personal Services (such as tattoo, body piercing, salon, tailor, tanning, etc.) _____%	Other _____% Describe: _____

7. Businesses/Licenses on the Premises (check all that apply):

Type 1

- Full Service Restaurant Cafe/Coffee Shop Deli or Fast Food Restaurant Private/Fraternal/Veterans Club
 Night Club Tavern Cocktail Lounge Teen Club
 Banquet Hall Sports Facility Bowling Alley
 Hotel/Motel: Number of Floors: _____ Rooming House: Number of Floors: _____
 Number of Rooms: _____ Number of Rooms: _____

Type 2

- Liquor Store Corner Store Supermarket Convenience Store
 Gas Station Amusement/Phonograph Distributor Recycling, Salvage or Towing
 Used Car Dealer Personal Service Establishment
 (such as tattoo business, hair salon, tailor, etc.) Recording Studio

What other licenses/permits will you hold at this location? (check all that apply)

- Occupancy Permit Cigarette & Tobacco Gas Station Extended Hours Class "B" Tavern Weights & Measures
 Secondhand Dealer Precious Metal & Gem Other: _____

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 Description

- a. Identify all area(s) of the premises that will be used in operating this business (include areas used only for storage):
 1st Floor 2nd Floor Basement Storage Patio Beer Garden Sidewalk Café Deck Rooftop
 Other: Describe: _____
- b. Describe Location: Major Thoroughfare Secondary Street Other: _____
- c. Nearest Major Cross Street: 76th + MILL
- d. Describe Building: Free Standing Building Strip Mall Other: _____
- e. Describe Premises Structure: Single Story Multi-Story - # of Stories _____ Other: _____
- f. Describe Surrounding Area: Commercial Residential Industrial Other: _____
- g. Building Owner Name: CAVE ENTERPRISES OPERATIONS Phone Number: 773-294-5344
 Building Owner Address: 1624 W. 18th ST. CHICAGO, IL. 60608

10. Hours of Operation & Customers

Will customers be entering the premises? No Yes

Day of the Week	Proposed Hours of Operation:		Estimated Number of Customers expected each day	Potential Age Range of Customers	Class B Tavern Applicant Only: Age Restriction (If none, write 'None')
	Open Time (include a.m. or p.m.)	Close Time (include a.m. or p.m.)			
Sunday	24 HR		400	All	
Monday	24 HR		400	All	
Tuesday	24 HR		400	All	
Wednesday	24 HR		400	All	
Thursday	24 HR		400	All	
Friday	24 HR		400	All	
Saturday	24 HR.		400	All	

An Extended Hours Establishment License is required for any convenience store, filling station, personal service establishment (such as tattoo, body piercing, salon, tailor, tanning, etc.), recording studio or restaurant which is open between the hours of 12:00 a.m. and 5:00 a.m.

Alcohol Establishments Permitted Hours of Operation: Class A: 8:00 am to 9:00 pm Sunday thru Saturday
 Class B: 6:00 am to 2:00 am Sunday thru Thursday, 6:00 am to 2:30 am Friday & Saturday

Entertainment Outdoor Closing Hours: 10:00pm Sunday-Thursday; 12:00am Friday & Saturday; unless a different time, either earlier or later, is established by the Common Council in its approval of the licensee's plan of operation.

11. Signature(s)

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

Signature of additional partner or 20% or more shareholder

See Application Information for a complete list of all required application forms.