



CITY OF MILWAUKEE
OFFICE OF THE CITY CLERK

Friday, August 26, 2022

COMMITTEE MEETING NOTICE

AD 07

WALTON, Dennis C, Agent
Something Good LLC
4736 W Fond Du Lac Av
Milwaukee, WI 53216

You are requested to attend a virtual hearing to be held on:

Wednesday, September 07, 2022 at 09:30 AM

Regarding: Your Public Entertainment Premises, Extended Hours Establishments, Food Dealer and Sidewalk Dining License Applications Requesting Instrumental Musicians, Disc Jockey Bands, Poetry Readings and Comedy Acts as agent for "Something Good LLC" for "Somethin Good" at 4736 W Fond Du Lac Av.

This meeting will be held via GoToMeeting. Please see the enclosed best practices document for further instructions. The access code is <https://meet.goto.com/964972349>. If you wish to call in, please call +1 (224) 501-3412 and use Access Code: 964-972-349.

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 attend this meeting may result in the denial of your license. Individual applicants and partnership applicants must attend or attend by an attorney. The agent or attorney for corporate or limited liability applicants must attend. 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 attend the virtual hearing and are 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 request an interpreter attend the meeting with you, at your expense, so that you can answer questions and participate in your hearing.

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 meeting, please contact the staff assistant, Yadira Melendez at (414) 286-2775 or stas5@milwaukee.gov



CITY OF MILWAUKEE
OFFICE OF THE CITY CLERK

Friday, August 26, 2022

COMMITTEE MEETING NOTICE

AD 07

WALTON, Dennis C, Agent
Something Good LLC
3006 N 24TH ST
Milwaukee, WI 53206

You are requested to attend a virtual hearing to be held on:

Wednesday, September 07, 2022 at 09:30 AM

Regarding: Your Public Entertainment Premises, Extended Hours Establishments, Food Dealer and Sidewalk Dining License Applications Requesting Instrumental Musicians, Disc Jockey, Bands, Poetry Readings and Comedy Acts as agent for "Something Good LLC" for "Somethin Good" at 4736 W Fond Du Lac Av.

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JIM OWCZARSKI, CITY CLERK

BY: _____

Jim Cooney
License Division Manager

If you have questions regarding this meeting, please contact the staff assistant, Yadira Melendez at (414) 286-2775 or stasst5@milwaukee.gov

MILWAUKEE POLICE DEPARTMENT LICENSING

CRIMINAL RECORD/ORDINANCE VIOLATION/INCIDENTS SYNOPSIS

DATE: 06/15/22

LICENSE TYPE:

NEW:

RENEWAL:

No. 339275

Application Date:

License Location: 4736 W Fond Du Lac Av

Business Name: Something Good

Licensee/Applicant: Walton Dennis C
(Last Name, First Name, MI)

Date of Birth: 07/30/1974

Home Address: 3006 N. 24th St

City: Milwaukee

State: WI **Zip Code:** 53206

Home Phone:

This report is written by Police Officer Xavier Benitez, assigned to the License Investigation Unit, Days.

The Milwaukee Police Department's investigation regarding this application revealed the following:

1. On 03/22/14 the applicant was cited in Allouez Village for Operating While Intoxicated. On 04/28/15 the applicant was convicted and his license was revoked for 7 months.
2. On 10/24/15 the applicant was charged in Milwaukee county for Operating While Intoxicated 2nd (misdemeanor)

Charge: OWI 2nd
Finding: Guilty
Sentence: 30 Days In House of Correction, License revoked 12 months
Date: 01/06/16
Case: 2015CT002153



Friday, August 26, 2022



Notice of Public Hearing

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WALTON, Dennis C

Somethin Good at 4736 W Fond Du Lac Av.

Public Entertainment Premises, Extended Hours Establishments, Food Dealer and Sidewalk Dining License Applications Requesting Instrumental Musicians, Disc Jockey, Bands, Poetry Readings and Comedy Acts

Wednesday, September 07, 2022 at 09:30 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 virtually on 09/07/2022 at 09:30 AM. 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 will be asked to do so by phone or internet and 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 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 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	4603 W LEON TER	MILWAUKEE, WI 53216-2432
CURRENT OCCUPANT	4609 W LEON TER	MILWAUKEE, WI 53216-2432
CURRENT OCCUPANT	4609A W LEON TER	MILWAUKEE, WI 53216-2432
CURRENT OCCUPANT	4615 W LEON TER	MILWAUKEE, WI 53216-2432
CURRENT OCCUPANT	4617 W LEON TER	MILWAUKEE, WI 53216-2432
CURRENT OCCUPANT	4619 W LEON TER	MILWAUKEE, WI 53216-2432
CURRENT OCCUPANT	4625 W LEON TER	MILWAUKEE, WI 53216-2432
CURRENT OCCUPANT	4629 W LEON TER	MILWAUKEE, WI 53216-2432
CURRENT OCCUPANT	4635 W LEON TER	MILWAUKEE, WI 53216-2432
CURRENT OCCUPANT	4701 W FOND DU LAC AVE	MILWAUKEE, WI 53216-2424
CURRENT OCCUPANT	4703 W FOND DU LAC AVE	MILWAUKEE, WI 53216-2424
CURRENT OCCUPANT	4709 W LEON TER	MILWAUKEE, WI 53216-2332
CURRENT OCCUPANT	4709A W LEON TER	MILWAUKEE, WI 53216-2332
CURRENT OCCUPANT	4713 W FOND DU LAC AVE	MILWAUKEE, WI 53216-2424
CURRENT OCCUPANT	4715 W LEON TER	MILWAUKEE, WI 53216-2332
CURRENT OCCUPANT	4715A W LEON TER	MILWAUKEE, WI 53216-2332
CURRENT OCCUPANT	4719 W FOND DU LAC AVE	MILWAUKEE, WI 53216-2424
CURRENT OCCUPANT	4719 W LEON TER	MILWAUKEE, WI 53216-2332
CURRENT OCCUPANT	4725 W FOND DU LAC AVE	MILWAUKEE, WI 53216-2424
CURRENT OCCUPANT	4729 W FOND DU LAC AVE	MILWAUKEE, WI 53216-2424
CURRENT OCCUPANT	4732 W FOND DU LAC AVE	MILWAUKEE, WI 53216-2425
CURRENT OCCUPANT	4735 W FOND DU LAC AVE	MILWAUKEE, WI 53216-2424
CURRENT OCCUPANT	4800 W HOYT PL	MILWAUKEE, WI 53216-2329
CURRENT OCCUPANT	4802 W HOYT PL	MILWAUKEE, WI 53216-2329
CURRENT OCCUPANT	4809 W FOND DU LAC AVE	MILWAUKEE, WI 53216-2322
CURRENT OCCUPANT	4819 W FOND DU LAC AVE	MILWAUKEE, WI 53216-2322

Blank Notice

Total Records: 26

Radius 250.0 feet and Center of Circle: 4736.W FDL AV



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:

This will be a Juice lounge / Cafe from 6am to 6pm Rentals & Private Events will be hosted AFTER 6pm

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

2. Business Operations

- a. Proposed Opening Date: 6/20/22
- b. Is this premise under construction? No Yes If yes, list estimated completion date: _____
- c. Is this a franchise? No Yes
- d. Is this premises currently licensed? No Yes If yes, list type of license: _____
- e. Is the current licensee operating? No Yes If no, list date closed: _____
- 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: Personal Care Company

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: Only at Selected & Private Events

4. Smoking & Sanitation

- a. Are there designated outdoor smoking areas? No Yes If yes, describe: _____
- b. Number of Garbage Cans: Inside: 4 Locations: ONE garbage can Each Restroom, One in Kitchen, one separate can by back door
Outside: _____ Locations: _____
- 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? _____ and describe the parking security plan: _____
- 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? 2 and answer the following:
 What are their responsibilities? Surveillance Perimeter, Check Customers,
 Is security equipment used? No Yes If yes, describe All Security Equipment / Vehicle
 List their licensing, certification, or training credentials License to Carry
- d. Will there be security cameras? No Yes If yes, how many? 3 and list locations: Front, Back, Side of building
- e. Will searches/identification checks be done upon entry? No Yes If yes, describe At All Private Events

6. Percentage of Sales (must total 100%)

Alcohol <u>0</u> %	Food <u>90</u> %	Secondhand Merchandise _____ %	Precious Metals & Gems _____ %
Entertainment <u>10</u> %	Cigarettes _____ %	_____ %	_____ %
Pawnbroker Activity _____ %	Salvaged Materials _____ % (such as scrap metal)	Personal Services (such as tattoo, body piercing, salon, tailor, tanning, etc.) _____ %	Other _____ % Describe: _____

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

Type 1

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

Type 2

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

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

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

8. Legal Capacity (only if a Type 1 premises in #7 above)

Capacity _____ (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: Capitol Drive
- d. Describe Building: Free Standing Building Strip Mall Other: _____
- e. Describe Premises Structure: Single Story Multi-Story - # of Stories 3 Other: _____
- f. Describe Surrounding Area: Commercial Residential Industrial Other: _____
- g. Building Owner Name: Serrad Houston Phone Number: 1262-290-0502
 Building Owner Address: 3900 W Brown Deer Rd Suite A163 53209

10. Hours of Operation & Customers

Will customers be entering the premises? No Yes

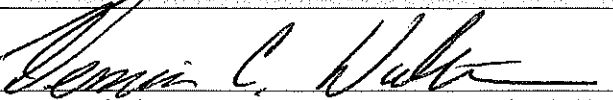
Day of the Week	Proposed Hours of Operation:		Estimated Number of Customers expected each day	Potential Age Range of Customers	Class B Tavern Applicant Only: Age Restriction (If none, write 'None')
	Open Time (include a.m. or p.m.)	Close Time (Include a.m. or p.m.)			
Sunday	6 AM	2 AM	50	all ages	None
Monday	6 AM	2 AM	50	all ages	None
Tuesday	6 AM	2 AM	50	all ages	None
Wednesday	6 AM	2 AM	50	all ages	None
Thursday	6 AM	2 AM	50	all ages	None
Friday	6 AM	2 AM	50	all ages	None
Saturday	6 AM	2 AM	50	all ages	None

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

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

11. Signature(s)


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

 Signature of additional partner or 20% or more shareholder

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



ALCOHOL BEVERAGE & PUBLIC ENTERTAINMENT PREMISES SUPPLEMENTAL APPLICATION

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

Legal Entity Name: Something Good LLC.

Premise Address: 4736 W. Fondulac Ave

Proximity of Premises to Church, School, Daycare Center or Hospital

Is the building within 300 feet of any church, school, daycare center or hospital? No Yes

"Service Bar Only" Designation

If applying for Class B or C license, are you applying for "Service Bar Only"? No Yes

Service Bar Only means customers cannot sit at the bar. Alcohol is served to employees who serve patrons seated at tables. No stools, chairs or other articles of furniture shall be placed at the service bar for patrons to sit upon.

Business Information

a) Are you taking out this application for anyone that may not be eligible for a license? No Yes

If yes, list their name and address: _____

b) Will the agent, a partner or the individual licensee be conducting the day-to-day operations of the business? No Yes

If no, list the name and address of the person(s) who will: _____

Class B Applicants: If the agent, a partner or the individual licensee will not be conducting the day-to-day operations of the business, the person(s) listed above must obtain a Class B Managers license.

c) Does anyone else have money invested or any other interest in this business? 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?

No Yes If yes, list name and address: _____

Property Information (New & Transfer Applicants Only)

a) Do you own or lease the building? Own Lease

b) Who owns the fixtures (for example, coolers, etc.)? Dennis C. Walton

c) Are you purchasing the stock and/or fixtures? No Yes If yes, amount paid \$ 5,000

d) Total amount paid for business \$10,000

e) Total amount paid for goodwill of the business \$ 0

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 6/1/22 Ends 6/1/23

b) Monthly rental \$2500

c) Do you have an option to renew the lease? No Yes

d) Does your lease allow for assignment to another party without the consent of the owner? No Yes

e) For what length of time have you been guaranteed occupancy (number of years)? Year to Year with option to renew

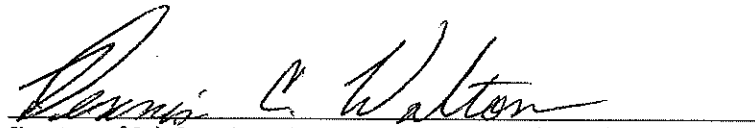
Lease Information (Continued)

- f) In addition to paying the monthly rental, will you have to pay anything additional to the owner of the building to guarantee performance of the lease? No Yes If yes, explain _____
- g) Does the present owner or occupancy object to the granting of your license? No Yes
If yes, explain _____

Change of Agent Applicants Only

Have there been any changes to the floor plan since the last application was submitted? No Yes
If no, a new floor plan is not required. If yes, submit a new floor plan and explain the change(s):

Signature



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

Note: All information contained in this application is subject to approval by the Common Council.
Deviating from approved plan of operation will subject licensee to citations, and/or suspension or non-renewal of the license.
Contact the License Division for information on how to request changes.

New and transfer of premises applicants must submit the following:

- Detailed floor plan
- If a restaurant, copy of the menu



FOOD DEALER LICENSE PLAN OF OPERATION

ccl-foodplan 2/28/19

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: Something Good LLC.

Premises Address: 4736 W. Fondulac AVE.

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, tortilla 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.

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? No 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? No Yes
(includes dairy products such as milk, cheese, and ice cream, fish, shellfish, meat, poultry)

If yes, list the types of food items: Salads, Sandwiches, Wraps

SECTION 4 DETAILS OF OPERATION

Will you have seating on site for dining? No Yes

Will you be doing any catering? No Yes

Will you be doing any delivery? No Yes

Will you have outdoor activities? No Yes - Check all that apply: Bar Cooking/Grilling Dining

Will you have a drive thru window? No Yes - Are hours different from inside? No Yes

If Yes, provide drive thru hours: _____

Will scales or barcode scanners be used? No Yes - You must also apply for a Weights & Measures License.

SECTION 5 ADDITIONAL SITES

Where will food be prepared and/or sold?

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 Renovation or remodeling

Construction changes to existing building Equipment changes only

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:

DCW I understand the Health Department must conduct an inspection and advise the License Division of their approval before the license may be issued.

DCW 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 be issued.

DCW 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.

DCW 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.

DCW 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: Dennis C. Walter

Signature of Additional Partner: _____



Sidewalk Dining Facility Supplemental Application

ccl-side1 2/21/18

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

Business Name: <u>Something Good LLC</u>	Aldermanic District # <u>7</u>
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Premises Address: 4736 W. Fondulac Ave

Business Operations

Check one: I/we are also applying for Food/Alcohol license(s) at this time.
 I/we currently hold Food/Alcohol license(s) AND
 confirm that the Business Plan of Operation on file which was previously submitted with the Food and/or Alcohol application has not changed, except for the addition of this sidewalk dining facility.
 have included a new Business Plan of Operation reflecting requested changes.

Sidewalk Dining Facility will operate from: Start Date: 5/1/18 to End Date: 10/1/18
 Will any food preparation be done outdoors? No Yes
 If yes, describe: _____
 Will any sidewalk dining facility improvements be physically attached to public structures? No Yes
 If yes, describe: _____

Property Owner

Check one: Applicant owns the property
 Property owner's information/signature provided below (REQUIRED):
 Name: Jerrad Houston Phone # 1-262-290-0502
 Address: 3900 W Brown Deer Rd Suite A163 53209
 Property Owner's Signature: Jerrad Houston

Signature(s)

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

Office Use Only:
 Initials _____ Filed _____ App # _____
 Processing LS: Queue to: HD DNS CC Email To: DPW Primary LS
 Also: holds is applying for: Food Alcohol Perm Ext



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: 4736 W. Fondulac AVE

TYPES OF ENTERTAINMENT (CHECK ALL THAT APPLY)

<input checked="" type="checkbox"/> Instrumental Musicians	<input type="checkbox"/> Battle of the Bands	<input type="checkbox"/> Dancing by Performers	<input type="checkbox"/> Amusement Machines How many? _____
<input checked="" type="checkbox"/> Bands	<input checked="" type="checkbox"/> Comedy Acts	<input type="checkbox"/> Adult Entertainment/ Strippers/Erotic Dance	<input type="checkbox"/> Concerts Approx. # per year? _____
<input type="checkbox"/> Bowling Alley How many? _____	<input checked="" type="checkbox"/> Disc Jockey	<input type="checkbox"/> Wrestling	<input type="checkbox"/> Theatrical Performances Approx. # per year? _____
<input type="checkbox"/> Pool Tables How many? _____	<input type="checkbox"/> Magic Shows	<input type="checkbox"/> Patron Contests	<input type="checkbox"/> Jukebox
<input type="checkbox"/> Motion Pictures (movies by admission) - How many? _____	<input checked="" type="checkbox"/> Poetry Readings	<input type="checkbox"/> Patrons Dancing	<input type="checkbox"/> Karaoke
<input type="checkbox"/> Other: _____			

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.

PROMOTERS/SOUND AMPLIFICATION

Will promoters ever be used for any of the entertainment? No Yes If Yes, Describe:

At any time will sound amplification be used? No Yes If Yes, Describe: SPEAKERS FOR Daytime Activities / Private Events

LEGAL CAPACITY OF PREMISES

_____ (Call the Development Center at 414-286-8211 with questions.) Legal capacity determines the fee for your Public Entertainment Premises License. If you would like to request the license be approved with a lower capacity than that listed above, indicate the lower capacity here: _____. If approved, this lower capacity will print on your license and override the capacity listed on your Occupancy Permit.

ACKNOWLEDGEMENT/SIGNATURE

I understand that after the license has been issued, a change to the plan of operation will require a written request to change and approval from the Common Council. I agree to inform the City Clerk within 10 days of any substantial changes in the information supplied in this application. I understand that I shall not willfully refuse to provide the services offered under this license, or add charges or require deposits not required of the general public because of race, color, sex, religion, national origin or ancestry, age, handicap, lawful source of income, marital status, sexual orientation, gender identity or expression, familial status or the fact that a person is now or has been a member of the military service, whether dressed in uniform or not; and shall not seek such information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion on the basis of such information.

I have knowledge of the City Ordinances currently regulating public entertainment, and understand that the license may be subject to suspension, non-renewal or revocation, if I violate any rule, law or regulation of the city of Milwaukee and State of Wisconsin.

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

Office Use Only:

Initials: _____ Filed: _____ App: _____

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

TABLES
SEATING
WALL
ADDITION

Length
49'58"

SEATING
AREA

Total
Sq. Footage
1,617

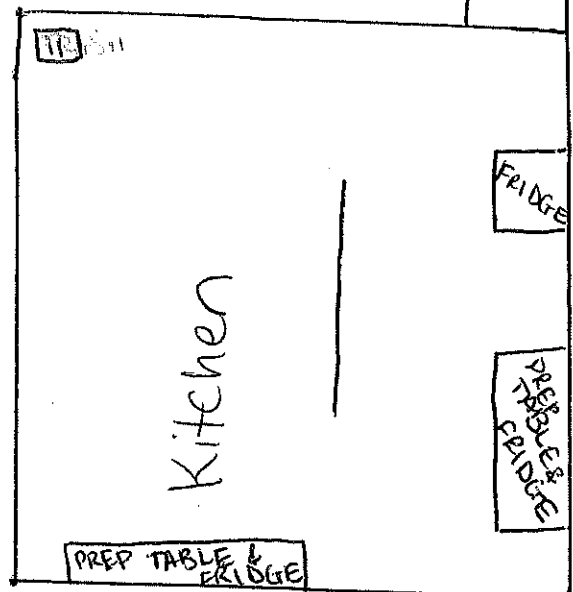
RESTROOM

RESTROOM

OUTDOOR
SEATING

STORAGE

STORAGE



Kitchen

Width
33'58"
Feet

(M)

N HWY 92
58'9"

Public Entertainment (stage/platform)

Entrance
DOOR
EXIT

45'9"

SEATING

SEATING

SEATING

OUTDOOR
SEATING

OUTDOOR
SEATING

W. FOND DU LAC
AVE

Something Good LLC
 Dennis Walton, Agent
 4736 W. Fond Du Lac Ave
 Milwaukee, WI 53216

Trade Name
 Something Good

CURB LINE (HOYT AVE)

PEDESTRIAN WALKWAY (11 1/2 ft wide by 53 ft long)

PROPERTY LINE
SIDEWALK LINE
(14 ft wide by 59 ft long)
total

SIDEWALK SEATING AREA (2 1/2 ft wide by 50 feet long)



(N)



KEY:
○ = CHAIR (14 in by 14 3/4 in)
□ = TABLE (14 in by 2 ft)
Total sq
1,426

Trade Name:
Something Good

OUTDOOR SEATING TEAM
Something Good LLC
Dennis Walton, Agent
4736 W. Fond Du Lac Ave
Milwaukee, WI 53216
June 14, 2022

Pro Pose / SD
Floor Plan

BUILDING FACE

SIDEWALK SEATING AREA (2 1/2 ft wide by 35 ft long)

PEDESTRIAN WALKWAY (10 1/2 ft wide by 35 ft long)

CURB LINE (FOND DU LAC AVE)

SIDEWALK (14 ft wide by 59 ft long)
PROPERTY LINE

total
600
sq ft

The majority of our menu items will be beverage focused and will consist of healthy fresh juices. The food menu items will be limited and not the primary focus of our projected sales. This business is a Juice Lounge that will focus on specialty drinks.

DRINK OPTIONS

- **COFFEE**
- **TEA**
- **JUICE**
- **WATER**
- **MILK**

LUNCH/EVENING ITEMS

- **SALADS**
- **SANDWICHES**
- **WRAPS**