

# CITY OF MILWAUKEE OFFICE OF THE CITY CLERK

Tuesday, August 31, 2021

#### COMMITTEE MEETING NOTICE

AD 05

SCHROEDER, Erik S, Agent HURTIGMAT RESTAURATEURS LLC 5254 N Hollywood Av Whitefish Bay, WI 53217

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

## Monday, September 20, 2021 at 09:10 AM

Regarding:

Your Extended Hours Establishments and Food Dealer License Applications Requesting Drive-Thru to be Open 24 Hours as agent for "HURTIGMAT RESTAURATEURS LLC" for "McDonald's" at 11313 W SILVER SPRING Rd.

This meeting will be held via GoToMeeting. Please see the sed best practices document for further instructions. The access code is <a href="https://global.gotomeeting.com/join/733111181">https://global.gotomeeting.com/join/733111181</a>. If you wish to call in, please call <a href="https://global.gotomeeting.com/join/733111181">https://global.gotomeeting.com/join/733111181</a>.

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.

# 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) 286-3956, 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, Molly Kuether-Steele at (414) 286-2775 or molly.kuether-steele@milwaukee.gov.



Tuesday, August 31, 2021



# Notice of Public Hearing

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SCHROEDER, Erik S, Agent McDonald's at 11313 W SILVER SPRING Rd Extended Hours Establishments and Food Dealer License Applications Requesting Drive-Thru to be Open 24 Hours

## Monday, September 20, 2021 at 9:10 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 9/20/2021 at 9:10 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, Molly Kuether-Steele at (414) 286-2775 or molly kuether-steele@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.)
- 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).
- 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.)

- 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.
- 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.

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Total Records: 112

Radius: 250.0 feet and Center of Circle: 11313 W Silver Spring Dr

notice

#### 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. Type of Business
Applying for: XExtended 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:  MCDonald's Fast Food FAMM Rostawant
Do you have any experience operating this type of business? No Eyes If yes, explain: Byears in McDavald's training I
2. Business Operations
a. Proposed Opening Date: 7/29/21
b. Is this premise under construction? No Taylor Yes If yes, list estimated completion date:
Latin Granding No. N. Voo
d. Is this premises currently licensed? No \ Yes If yes, list type of license: FREST extended Hours
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? \( \subseteq \text{No} \subseteq \text{Yes} \)
If yes, explain:
g. Have you previously held an Extended Hours License in Milwaukee? ▼ No Yes  If yes, list address(es): This PostAvent Cuverty has Hunder curvet owner ship
h. Are other businesses operating in the same building? MNo Yes If yes, describe:
3. Litter & Noise
a. How are grounds kept clean? \(\sumsymbol{\sumsymbol{\subsymbol{\lambda}}}\) Sweep \(\sumsymbol{\subsymbol{\lambda}}\) Pressure Wash \(\sumsymbol{\subsymbol{\lambda}}\) Pick Up Litter \(\sumsymbol{\subsymbol{\lambda}}\) Other:
b. How often will grounds be cleaned? \[ \sumbdate{\subseteq} Daily \subseteq Weekly \subseteq As Needed \subseteq Monthly \subseteq Other: \]
c. Grounds cleaned by: \( \sum_\)Licensee \( \sum_\)Building Owner \( \sum_\)Employees \( \sum_\)Hired Maintenance \( \sum_\)Other: \( \sum_\)
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 No Yes If yes, describe:   No Speaker
4. Smoking & Sanitation
a. Are there designated outdoor smoking areas? 🖊 No 🗌 Yes If yes, describe:
b. Number of Garbage Cans: Inside: 13x Locations: Loldy, Retroom, First Curton; Kitchen, unsh Areal, W
b. Number of Garbage Cans: Inside: 13x Locations: Loky, Retroom, Frat Curtan, Kitchen, Wash Areal, W.  Outside: 7+ Locations: Main Downs, Atakin, Luf, Corral in buck
c. Is a crowd control barrier used? 🔲 No 🗌 Yes If yes, describe:
d. How many restrooms are on the premises?
e. Name of solid waste contractor: Advanced Disposal Waste Management Other: 677-

5. Security									
a. Are there onsite parking	spaces? 🗌 No 📐 Yes	If yes, how	many? 52 and	d describe	the parking security				
plan: 10 13 11 "	plan: lot is lit of lights at wight crew notic proking lot every half thour								
b. Is there a loading zone?									
L	<u></u>								
c. Will you have security personnel on premise? X No Yes If yes, how many? and answer the following:									
	What are their responsibilities?								
Is security equipm	Is security equipment used?  No Yes If yes, describe Chymeras								
	, certification, or trainin				· ·				
d. Will there be security car				ocations: _	Shorely PT.				
John, Kitchen, crew voon spots of lot									
e. Will searches/identification checks be done upon entry? No Tyes If yes, describe									
6. Percentage of Sales	(must total 1009	%)							
Alcohol%	Food /60	%	Secondhand Merchandise	ise	Precious Metals & Gems				
Entertainment%	Cigarettes	%	%		%				
Pawnbroker Activity%	Salvaged Materials(such as scrap metal)	<b>%</b>	Personal Services (such as body piercing, salon, tailer tanning, etc.)	,	Other				
7. Businesses/License	s on the Premise	s (check a	all that apply):						
Type 1		_			le i i ilhii i ci i				
Full Service Restaurant	Cafe/Coffee Shop			Private/Fraternal/Veterans Club					
Night Club	☐ Tavern	Cocktail		Teen Club					
Banquet Hall	Sports Facility	☐ Bowling							
			Rooming House: Number of Floors:						
Number of Rooms: Number of Rooms:									
Type 2  Liquor Store	Corner Store	Superma	arket [	Convenience Store					
Gas Station	Amusement/Phonograph Distributor			Recycling, Salvage or Towing					
Used Car Dealer	Personal Service Es (such as tattoo busi		n, tailor, etc.)	Recording Studio					
What other licenses/permits will	you hold at this location?	(check all that	apply)						
Occupancy Permit	Cigarette & Tobacco 🔲 Ga	as 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)									
14.1			4-286-8211 if you have ques	tions.)					

1.8 1.1.1										
9. Premises D	escription									
a. Identify all area ☑1st Floor □	a. Identify all area(s) of the premises that will be used in operating this business (include areas used only for storage):  ☑1 <sup>st</sup> Floor □2 <sup>nd</sup> Floor ▶Basement Storage □Patio □Beer Garden □Sidewalk Café □Deck □Rooftop									
☐Other: Descr	Other: Describe:									
		Secondary Street 🔲 Ot								
c. Nearest Major	c. Nearest Major Cross Street: Silver Spin M.									
d Describe Buildi	ng: 🗖 Free Standing Build	ing   Strip Mall   Other:			1.					
e. Describe Premi	ses Structure: 🔲 Single St	ory Multi-Story - # of Sto	ries   Other:	nolider F	Armen					
f. Describe Surro	unding Area: 🔼 Commerc	ial 📉 Residential 🔲 Industr	ial 🗌 Other:	of Comerci	THE FRES.					
g. Building Owner	Name: MCDarald	5 Curp (127-48)	Phone Number:							
Building Owner	r Address: <u>7909 A</u>	ial Residential Industr S Corp (127-48)	tre isour D	eer we	53209					
	peration & Custo									
Will customers be ente	ering the premises? 🔲 No	Yes DT. gren	24Hous -	lobby lea	n-10 pm.					
	Proposed Hou	rs of Operation:	Estimated Number	Potential	Class B Tavern Applicant Only:					
Day of the Week			of Customers	Age Range of	Age Restriction					
	Open Time (include a.m. or p.m.)	Close Time (include a.m. or p.m.)	expected each day	Customers	(If none, write 'None')					
Condon		I in to	650	3-85+						
Sunday	. 6,00AM .m	10.00pm								
Monday	1 DY	1000 pm	650	3-85+						
Tuesday	, a , , , , , , , , , , , , , , , ,	ng. I	650	3-852						
Wednesday	1'	pm	650	3-852						
Thursday	1 * 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1 *	,	650	3-85+						
Friday		on	700	3-854						
Saturday	17	IN on	125	3-85*						
An Extended Hours Es piercing, salon, tailor,	tablishment License is requ tanning, etc.), recording st	ired for any convenience stor udio or restaurant which is op	e, filling station, persona en between the hours of	l service establish 12:00 a.m. and 5	ment (such as tattoo, body 5:00 a.m.					
Alcohol Establishment Permitted Hours of O		0 am to 9:00 pm Sunday thru 0 am to 2:00 am Sunday thru	Saturday Thursday, 6:00 am to 2:3	0 am Friday & Sa	turday					
Entertainment Outdo	or Closing Hours: 10:	00pm Sunday-Thursday; 12:0 established by the Common Co	Oam Friday & Saturday; u ouncil in its approval of th	inless a different ne licensee's plan	time, either earlier or later, of operation.					
11. Signature	(s)		$\cap$	, , , , , , , , , , , , , , , , , , ,						
57/7		/	I Alla	$\mathcal{A}$						
Signature of Sole Proprietor, Partner, or 20% or more Shareholder Signature of additional partner or 20% or more shareholder										
	ofietor, Partner, or 20% or r 0% or more shareholders,	more Shareholder	Signature of additional p	partner or 20% or	more snarenolder					
	-print name/title and sign)									

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



## 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: HWtig MAT ROSTAUATEURS LLC
Premises Address: 11313 N. S. VER Spring RD. MI WAVEL WI GBZZT
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: Milk, Cheese, May Poulty Scecom, Fish
1

ccl-foodplan 2/28/19

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 Straight Delivery Straight St					
Will you have outdoor activities?					
Will you have a drive thru window? ☐ 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 (cc)-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:					
1 < 7/0					
I understand the Health Department must conduct an inspection and advise the License Division of their approval					
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					
I understand the district alderperson will review and either support or object to my application. If he/she objects,	j				
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.					
(1)					
Signature of Sole Proprietor, Partner, or 20% Shareholder:					
Signature of Additional Partner:					

TSIAMO 3V.A 7年1087年 B 1325 1552  $\tilde{\nabla}$ 1/3 52 total PARKIN 川 H Krichen prap 即 围 型层中型 点 (N) 1-4-(V) ED Ø, 由之公本 Hundigman Rochamondows Uc Michanalds 11313 W. Silver Spring Dr. Milwayler W. Silver Spring Dr. Milwayler W. Silver Spring Dr. Brit 77/1/2 puings 241/'S ( )

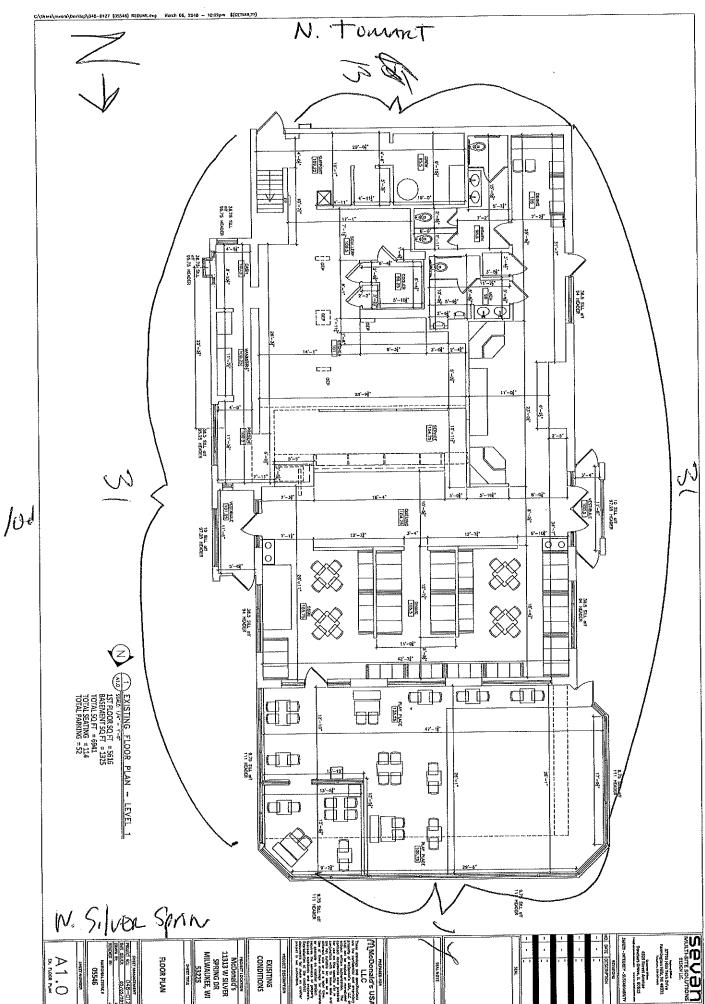
+ 21

母こからに 掛 Dood BASENON 1325 Syet S EJ. 1000 Cooler

To Sale Sale

7 1721 HURTIGMMA ROCHMADEUNS ÜL. MEDWANIES Spring Dr. 11313 W. Silven Spring Dr. NILWAVILLE WIE 5325 EMIK S. Schople, Agent

121



C\Users\mean\Ozaklop\048-0127 (05546) REDUNC dag Worth 05, 2018 - 10.09pm \$(GENAR,77)

SZ.5 \$10BACE 80.75 82.75 10'-11" 19'-3| 2'-7' 00

N EXISTING FLOOR PLAN - BASEMENT TOTAL SQ.FT = 1,325

SHITT-NAN-GAMERY
RACE IN CASE-CITY2
SAN GAMERY
SAN THE SHIP CASE-CITY2
SAN THE MUCHANITE SOLUTIONS

MUCHANITE A1.0 EXISITING CONDITIONS

PRESET LOCATION

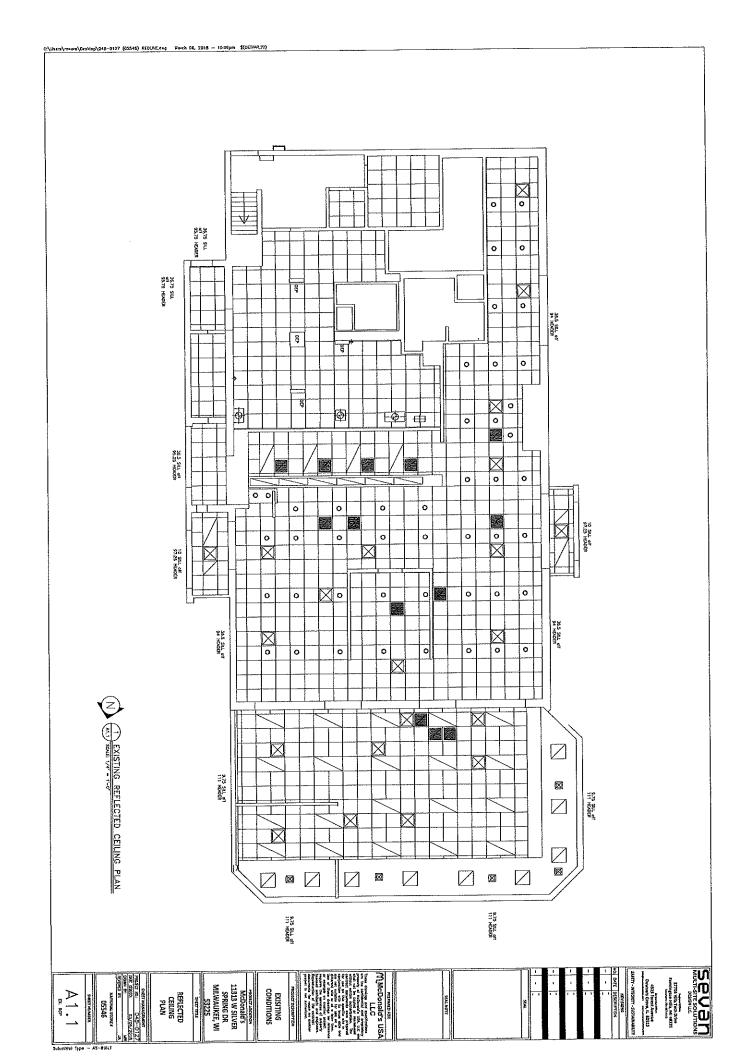
MICDORAID'S

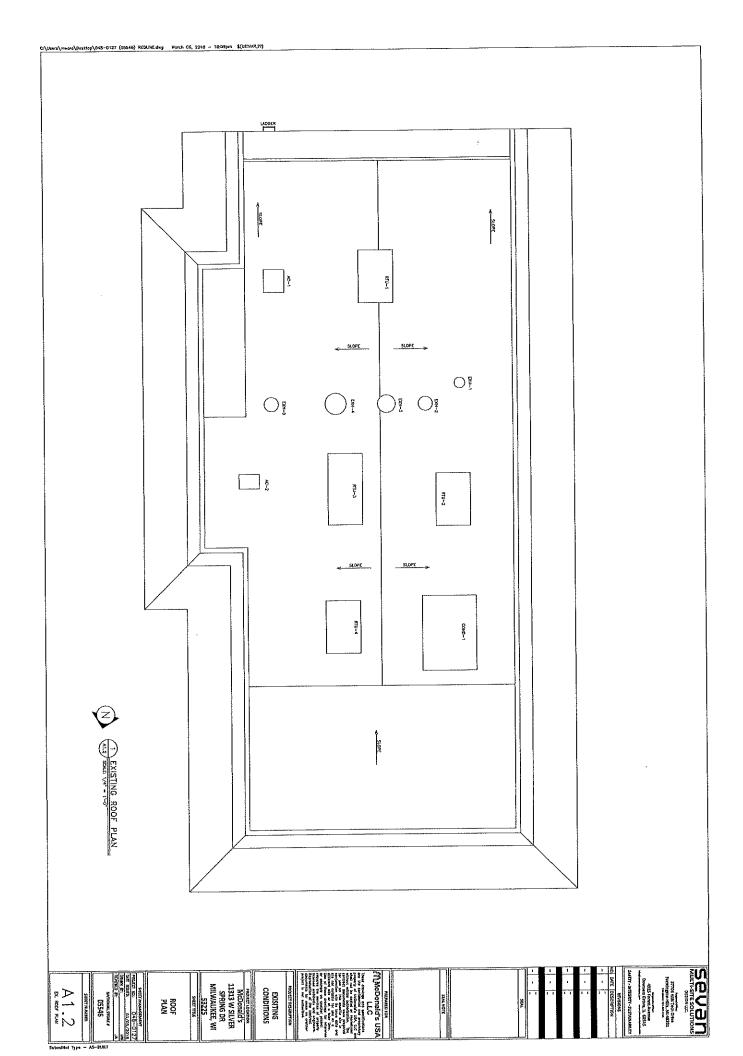
11333 W SILVER

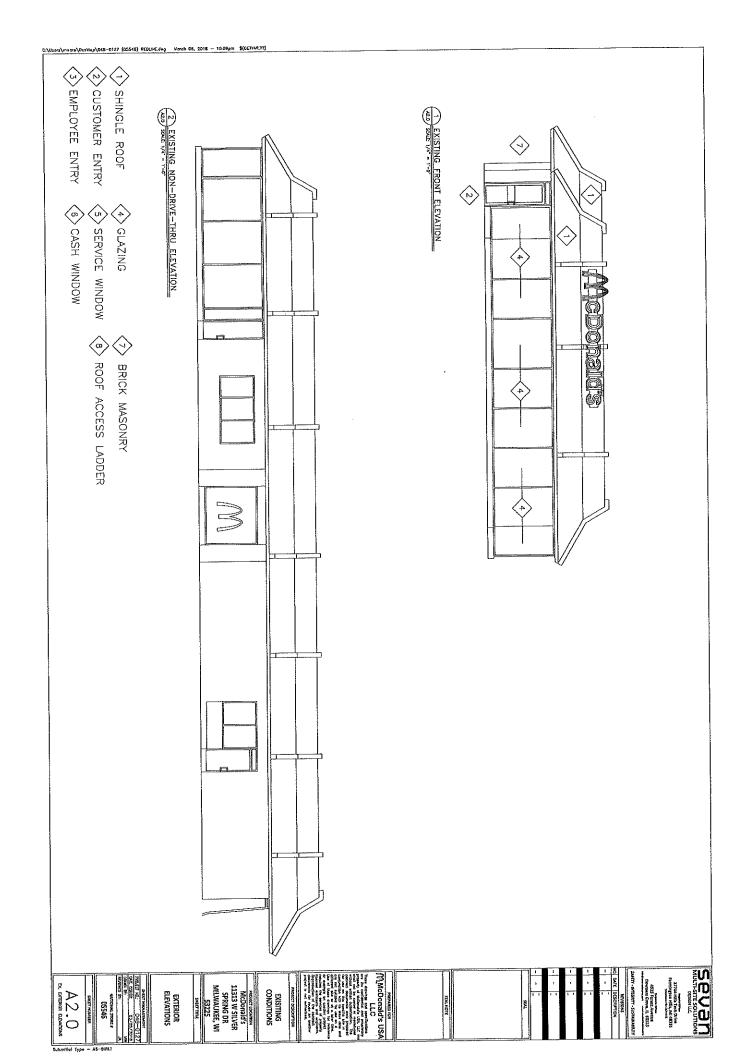
SPRING DR

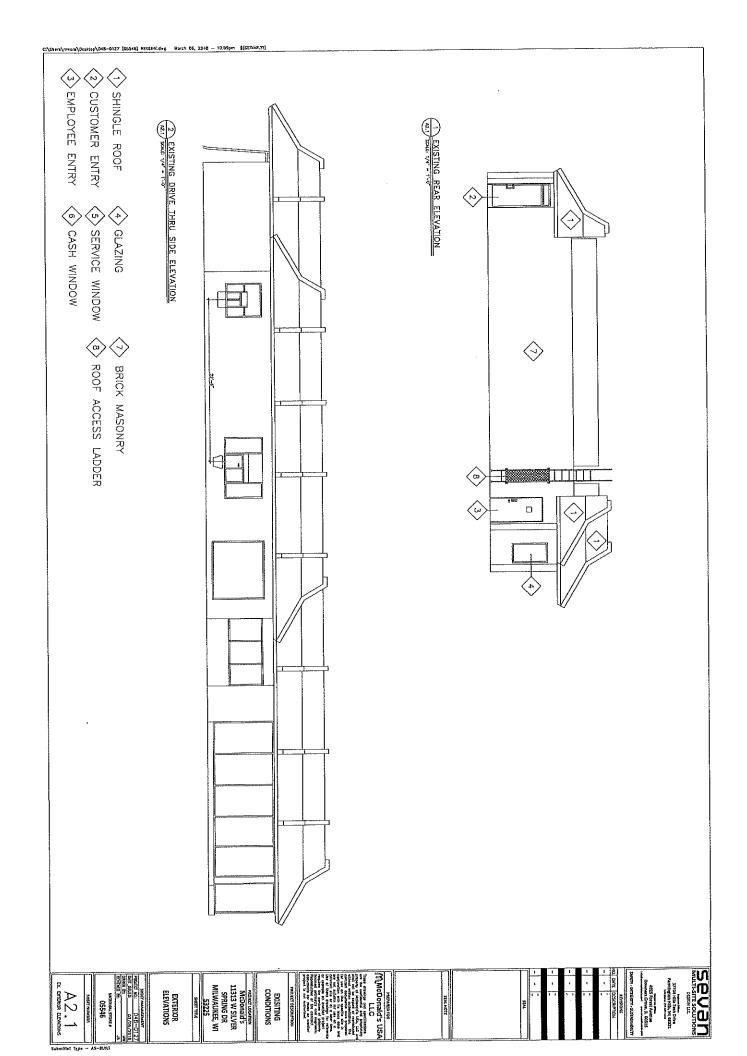
MILWALIKEE, WI

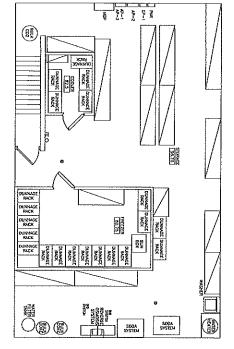
53225 FLOOR PLAN













EXISTING EQUIPMENT PLAN - BASEMENT

MULTISTIE SOLUTIONS
OCIONAL

JUTA HILL TO BEN
HORIGONION, NO 4231

TOTAL HILL

TOTAL HILL KITCHEN EQUIPMENT PLAN EXISITING
CONDITIONS

\*\*\*BERG LOCATION
MCDONAID'S
11313 W SILVER
SPRING DR
MILWALUKEE, WI
53225

SMITTING
SMITTING