



CITY OF MILWAUKEE
OFFICE OF THE CITY CLERK

Tuesday, February 20, 2024

COMMITTEE MEETING NOTICE

AD 02

MULL, Givionte, Agent
Lush Social Lounge LLC
5938-40 N 76TH St
Milwaukee, WI 53218

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, March 05, 2024 at 10:05 AM

The access code is <https://meet.goto.com/453468061>. If you wish to call in: [+1 \(571\) 317-3122](tel:+15713173122) and use Access Code: 453-468-061
Please see the enclosed best practices document for further instructions.

Regarding: Your Class B Tavern, Public Entertainment Premises and Food Dealer License Applications Requesting Disc Jockey, Jukebox, Bands, Karaoke, Poetry Readings, Comedy Acts and 1 Pool Table as agent for "Lush Social Lounge LLC" for "Lush Social Lounge" at 5938-40 N 76TH St.

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

Notice for applicants with warrants or unpaid fines:

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

Failure to appear at this meeting may result in the denial of your license. Individual applicants must appear only in person or by an attorney. Corporate or Limited Liability applicants must appear only by the agent designated on the application or by an attorney. Partnership applicants must appear by a partner listed on the application or by an attorney. If you wish to do so and at your own expense, you may be accompanied by an attorney of your choosing to represent you at this hearing. You will be given an opportunity to speak on behalf of the application and to respond and challenge any charges or reasons given for the denial. No petitions can be accepted by the committee, unless the people who signed the petition are present at the committee hearing and willing to testify. You may present witnesses under oath and you may also confront and cross-examine opposing witnesses under oath. If you have difficulty with the English language, you should bring an interpreter with you, at your expense, so that you can answer questions and participate in your hearing.

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

Limited parking for persons attending meetings during normal business hours is available at reduced rates (5 hour limit) at the Milwaukee Center on the southwest corner of Kilbourn Avenue and Water Street. You must present a copy of the meeting notice to the parking cashier.

PLEASE NOTE: Upon reasonable notice, efforts will be made to accommodate the needs of disabled individuals through sign language interpreters or other auxiliary aids. For additional information or to request this service, contact the Council Services Division ADA Coordinator at (414) 286-2998, Fax - (414) 286-3456, TDD - (414) 286-2025.

JIM OWCZARSKI, CITY CLERK

BY: _____

Jim Cooney
License Division Manager

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

200 E. Wells Street, Room 105, City Hall, Milwaukee, WI 53202. www.milwaukee.gov/license
Phone: (414) 286-2238 Fax: (414) 286-3057 Email Address: License@milwaukee.gov



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200 E. Wells Street, Room 105, City Hall, Milwaukee, WI 53202. www.milwaukee.gov/license
Phone: (414) 286-2238 Fax: (414) 286-3057 Email Address: License@milwaukee.gov



APPLICATION AMENDMENT

ccl-amend 9/10/18

Office of the City Clerk License Division
200 E. Wells Street, Room 105, Milwaukee, WI 53202 (414) 286-2238

Date: 2.20.2024

To the License Division of the City of Milwaukee:

I, Guillermo L Mull, wish to amend my answer(s) on the application for a

(full legal name)

Class B Tavern license at 58738-40 N 76th Street Milwaukee WI 53218

(type of license)

(premises address, if applicable)

by adding or amending the following information (complete only those sections being amended):

1. Answer to Question(s) # _____ should be: _____
2. Agent should be (full legal name): _____ Also complete 3, 4, 5 & 6
3. Date of birth should be: _____
4. Home address should be (include city/state/zip): _____
5. Phone number should be (include area code): _____
6. Driver's License Number/State ID Number should be: _____
7. Corporation/LLC name should be (full legal name): _____
8. Business name should be: _____
9. Premises address should be (include city/state/zip): _____
10. Business phone number should be (include area code): _____
11. Mailing address should be (include city/state/zip): _____
12. Email address should be: _____
13. Recycling/Salvaging/Towing: Location where vehicle will be parked should be (include city/state/zip): _____

14. Class B Tavern: Age Distinction should be: _____

15. Other: Amending plan of operations, and removing dancing by performers

of PEP. Amend plan to No Bottle serves. Music of: At 9:30 pm. JM

(Check with the License Division before submitting "Other" amendments using this form.)

JM

Signature of Licensee (Individual, Partner, or Agent of Corp/LLC)

Office Use Only: Application #: 339573 Date: 2-20-24 Initials: RC To LC: _____

LC Email: MPD NS HD Initials: _____



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:	<input type="checkbox"/> Extended Hours (12AM to 5AM) - If a food establishment, check all that apply: <input type="checkbox"/> Delivery <input type="checkbox"/> Drive Thru <input checked="" type="checkbox"/> Dining Room <input type="checkbox"/> Self Service Laundry <input type="checkbox"/> Massage Establishment <input type="checkbox"/> Filling Station <input type="checkbox"/> Other (supplemental application for specific license also required)
Provide a detailed description of the type of business you plan on operating: <u>Dine In Restaurant and Bar</u>	
Do you have any experience operating this type of business? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain:	
2. Business Operations	
a.	Proposed Opening Date: <u>03/09/2024</u>
b.	Is this premise under construction? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, list estimated completion date: _____
c.	Is this a franchise? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
d.	Is this premises currently licensed? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, list type of license: _____
e.	Is the current licensee operating? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If no, list date closed: _____
f.	Do you have future plans for other businesses, licenses or permits at this location? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain: _____
g.	Have you previously held an Extended Hours License in Milwaukee? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, list address(es): _____
h.	Are other businesses operating in the same building? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, describe: <u>strip mall</u>
3. Litter & Noise	
a.	How are grounds kept clean? <input checked="" type="checkbox"/> Sweep <input type="checkbox"/> Pressure Wash <input checked="" type="checkbox"/> Pick Up Litter <input type="checkbox"/> Other: _____
b.	How often will grounds be cleaned? <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> As Needed <input type="checkbox"/> Monthly <input type="checkbox"/> Other: <u>3 Times daily</u>
c.	Grounds cleaned by: <input checked="" type="checkbox"/> Licensee <input checked="" type="checkbox"/> Building Owner <input checked="" type="checkbox"/> Employees <input checked="" type="checkbox"/> Fired Maintenance <input type="checkbox"/> Other: _____
d.	How are noise issues prevented and/or addressed? <input checked="" type="checkbox"/> Security <input checked="" type="checkbox"/> Manager approaches customer(s) <input type="checkbox"/> Call Police <input checked="" type="checkbox"/> Signs Posted <input type="checkbox"/> Other: _____
e.	Will a sound amplification system be used? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, describe: <u>DJ</u>
4. Smoking & Sanitation	
a.	Are there designated outdoor smoking areas? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe: _____
b.	Number of Garbage Cans: Inside: <u>5</u> Locations: <u>Behind Bar, kitchen Front door Rear door</u> Outside: <u>2</u> Locations: <u>Dining Floor Front of Building, Rear of Building</u>
c.	Is a crowd control barrier used? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe: _____
d.	How many restrooms are on the premises? <u>2</u>
e.	Name of solid waste contractor: <input type="checkbox"/> Advanced Disposal <input checked="" type="checkbox"/> Waste Management <input type="checkbox"/> Other: _____

5. Security

- a. Are there onsite parking spaces? No Yes If yes, how many? 10 and describe the parking security plan: Security will monitor parking lot daily
- 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? 3 and answer the following:
 What are their responsibilities? security needs to keep parking lot safe, structure also would and check customers Id upon entry after 7pm control noise
 Is security equipment used? No Yes If yes, describe weapons will be used as well as Id scanners for age
 List their licensing, certification, or training credentials All armed protection is company used Per-
- d. Will there be security cameras? No Yes If yes, how many? 6 and list locations: front of Building near of Building behind Bar, facing door dining Room floor
- e. Will searches/identification checks be done upon entry? No Yes If yes, describe Weapon search, Id scan

6. Percentage of Sales (must total 100%)

Alcohol <u>30</u> %	Food <u>60</u> %	Secondhand Merchandise <u>0</u> %	Precious Metals & Gems _____ %
Entertainment <u>10</u> %	Cigarettes _____ %	Personal Services (such as tattoo, body piercing, salon, tailor, tanning, etc.) _____ %	Other _____ %
Pawnbroker Activity _____ %	Salvaged Materials (such as scrap metal) _____ %		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 49 (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: Florist, 76th street
- c. Nearest Major Cross Street: Florist, 76th street
- 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: Abdul Abeer Phone Number: _____
 Building Owner Address: 5938-40 N 76th street milwaukee WI 53218

10. Hours of Operation & Customers

Will customers be entering the premises? No Yes

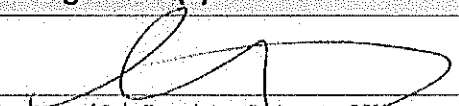
Day of the Week	Proposed Hours of Operation:		Estimated Number of Customers expected each day	Potential Age Range of Customers	Class B Tavern Applicant Only: Age Restriction (If none, write 'None')
	Open Time (Include a.m. or p.m.)	Close Time (include a.m. or p.m.)			
Sunday	8am	10pm	20-49		none
Monday	8am	10 pm	20-49		none
Tuesday	8am	10 pm	20-49		none
Wednesday	8am	10pm	20-49		none
Thursday	8am	10pm	20-49		none
Friday	8am	10pm	20-49		none
Saturday	8am	10pm	20-49		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.



APPLICATION AMENDMENT

Office of the City Clerk License Division
200 E. Wells Street, Room 105, Milwaukee, WI 53202 (414) 286-2238

Date: 10/28/2023

To the License Division of the City of Milwaukee:

I, Giuseppe L Mull, wish to amend my answer(s) on the application for a

(full legal name)

class B Tavern Food dealer Public entertainment license at 5938 N 76th Street Milwaukee WI 53218

(type of license)

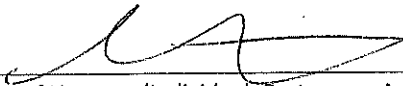
(premises address, if applicable)

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1. Answer to Question(s) # _____ should be: _____
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3. Date of birth should be: _____
4. Home address should be (include city/state/zip): _____
5. Phone number should be (include area code): _____
6. Driver's License Number/State ID Number should be: _____
7. Corporation/LLC name should be (full legal name): _____
8. Business name should be: _____
9. Premises address should be (include city/state/zip): _____
10. Business phone number should be (include area code): _____
11. Mailing address should be (include city/state/zip): _____
12. Email address should be: _____
13. Recycling/Salvaging/Towing: Location where vehicle will be parked should be (include city/state/zip): _____
14. Class B Tavern: Age Distinction should be: _____
15. Other: Remainder Nicholas Agent as 50% Shareholder in addition to adding

Food dealer license with updated application and updated floor plan
(Check with the License Division before submitting "Other" amendments using this form.)

with kitchen Attached, Also changes of hours from 4pm-2am to 11am to 2am


Signature of Licensee (Individual, Partner, or Agent of Corp/LLC)

Office Use Only: 379573 Application #: _____ Date: 10/18/23 Initials: RC To LC: _____

LC Email: MPD NS HD Initials: _____

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: _____ ending: _____
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } _____
 Village of } _____
 City of }

County of _____ Aldermanic Dist. No. _____
 (if required by ordinance)

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
Lush Social lounge LLC

An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the full name and place of residence of each person.

President / Member Last Name <u>Mull</u>	(First) <u>Giulante</u>	(Middle Name) <u>L.</u>	Home Address (Street, City or Post Office, & Zip Code) <u>9150 W St 5938 N 76th 53218</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name <u>Mull</u>	(First) <u>Giulante</u>	(Middle Name) <u>L.</u>	Home Address (Street, City or Post Office, & Zip Code) <u>5938 N 76th street milw WI 53218</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name Lush Social lounge LLC Business Phone Number 414.322.0535
 2. Address of Premises 5938 N 76th street Post Office & Zip Code 53218

3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

Free standing strip mall, North wing closest to Florist
2 Bathrooms, 2 kitchen, 1 storage room approx. 8000 sq ft.
(1st floor)

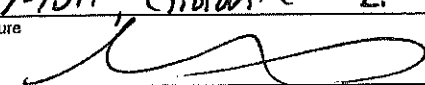
4. Legal description (omit if street address is given above): _____

5. (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No

(b) If yes, under what name was license issued? _____

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** Yes No
7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
If yes, explain.
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** Yes No
9. (a) **Corporate/limited liability company applicants only:** Insert state Wisconsin and date 10/19/2021 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** Yes No
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? **If yes, explain.** Yes No
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] Yes No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants, or one member of a partnership applicant must sign; one corporate officer, one member/manager of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

Contact Person's Name (Last, First, M.I.) <u>Mull, Bivante L.</u>	Title/Member <u>owner</u>	Date <u>10/19/2021</u>
Signature 	Phone Number <u>414.322.0535</u>	Email Address <u>bobie15@gmail.com</u>

TO BE COMPLETED BY CLERK BMU 337573 PEP 337574 ALICE 3379113

Date received and filed with municipal clerk <u>10/19/21-RC</u>	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	



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

Section 1

Sole Proprietor Corporation LLC Partnership Nonprofit Organization

Legal Entity Name (sole proprietor, partnership, LLC or Corporation): Lush social lounge LLC

Business/Trade Name: Lush social lounge

Phone: 678.599.9952 E-mail: Lush social lounge@gmail.com

Premises Address (include city, state, zip code): 5938 N 76th st Milwaukee WI 53218

Mailing Address: Same as premises address Same as home address in Section 2
 Other (include city, state, zip code):

AGENT / SOLE PROPRIETOR / 1ST PARTNER INFORMATION

Section 2

FULL LEGAL NAME (Last, First & Middle Initial): Mull Gabriele L Date of Birth: 01.14.1996

Home Address (include city, state, and zip code): 8150 W Herbert Ave Milwaukee WI 53218

Driver's License Number/ ID #: M400.2929.6014.03 Issuer: WI

Home Phone: Cell Phone: 678 599 9952

Percent % of Ownership Interest (Corp/LLC only): 100% Email: gabriele15@gmail.com

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

Section 3

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)

Section 4

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: RC Filed: 10/18/23 Applications: BTMV1339573 PEP 339574 PREST 357913
 NL or NA: Last Lic New or Renewal Granted w/ No Issues or DBA Exp Date
Paid: _____ MPD _____ Granted _____ License # _____ Note Other Lics



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: Lush Social Lounge LLC

Premise Address: 5938 N 76th Street Milwaukee WI 53210

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.)? Crivante mull / Lush social lounge LLC

c) Are you purchasing the stock and/or fixtures? No Yes If yes, amount paid \$ 10,000

d) Total amount paid for business \$ 30,000

e) Total amount paid for goodwill of the business \$ N/A

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 10/1/2019 Ends 10/31/2024

b) Monthly rental \$ 2800

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)? _____

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 occupant 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



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:

Restaurant and Bar

Do you have any experience operating this type of business? No Yes If yes, explain: *Bar manager at a previous location*

2. Business Operations

- a. Proposed Opening Date: *11/1/2023*
- 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: _____
- 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: *In front of premises*
- b. Number of Garbage Cans: Inside: *4* Locations: *Behind Bar/Front Door/Rear Door/Kitchen*
Outside: *1* Locations: *Near Building*
- 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? 10 and describe the parking security plan: paid security to monitor premises
- 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? 3 and answer the following:
 What are their responsibilities? check ID/search for weapons/keep premises safe
 Is security equipment used? No Yes If yes, describe _____
 List their licensing, certification, or training credentials _____
- d. Will there be security cameras? No Yes If yes, how many? 6 and list locations: Front Porch JP Building/Rear Porch Building Dining Area Bar Kitchen
- e. Will searches/identification checks be done upon entry? No Yes If yes, describe _____

6. Percentage of Sales (must total 100%)

Alcohol <u>10</u> %	Food <u>60</u> %	Secondhand Merchandise _____ %	Precious Metals & Gems _____ %
Entertainment _____ %	Cigarettes _____ %	Personal Services (such as tattoo, body piercing, salon, tailor, tanning, etc.) _____ %	Other _____ % Describe: _____
Pawnbroker Activity _____ %	Salvaged Materials _____ % (such as scrap metal)		

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: 1 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 59 (Call the Milwaukee Development Center at 414-286-8211 if you have questions.)



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: Lush Social lounge LLC

Premises Address: 5938 N 76th Street Milwaukee WI 53214

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: meat, milk, eggs, ice cream, poultry

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 7
 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:

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

JM 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.

JM 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.

JM 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.

JL 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: _____

Signature of Additional Partner: _____

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: Floorst

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: BiHa ABDallah Phone Number: 414.467.7282

Building Owner Address: 5938, N 76th street mlw WI 53218

10. Hours of Operation & Customers

Will customers be entering the premises? No Yes

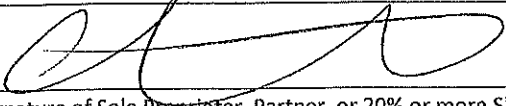
Day of the Week	Proposed Hours of Operation:		Estimated Number of Customers expected each day	Potential Age Range of Customers	Class B Tavern Applicant Only: Age Restriction (If none, write 'None')
	Open Time (include a.m. or p.m.)	Close Time (include a.m. or p.m.)			
Sunday	11am	2am	30-59	21-54	
Monday	2pm	2am	30-59	21-54	
Tuesday	2pm	2am	30-59	21-54	
Wednesday	2pm	2am	30-59	21-54	
Thursday	2pm	2am	30-59	21-54	
Friday	2pm	2am	30-59	21-54	
Saturday	11am	2am	30-59		

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 Commqn 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)

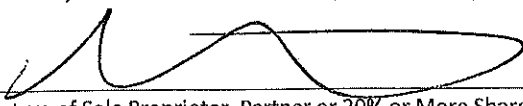
 Signature of additional partner or 20% or more shareholder

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



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: 5938 N 76th Street Milwaukee WI 53218			
TYPES OF ENTERTAINMENT (CHECK ALL THAT APPLY)			
<input type="checkbox"/> Instrumental Musicians	<input type="checkbox"/> Battle of the Bands	<input checked="" 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 checked="" type="checkbox"/> Pool Tables How many? <u>1</u>	<input type="checkbox"/> Magic Shows	<input type="checkbox"/> Patron Contests	<input checked="" 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 checked="" type="checkbox"/> Karaoke
<input type="checkbox"/> Other: _____			
<i>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.</i>			
PROMOTERS/SOUND AMPLIFICATION			
Will promoters ever be used for any of the entertainment? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Describe: _____			
At any time will sound amplification be used? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Describe: _____			
LEGAL CAPACITY OF PREMISES			
<u>99</u> (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)

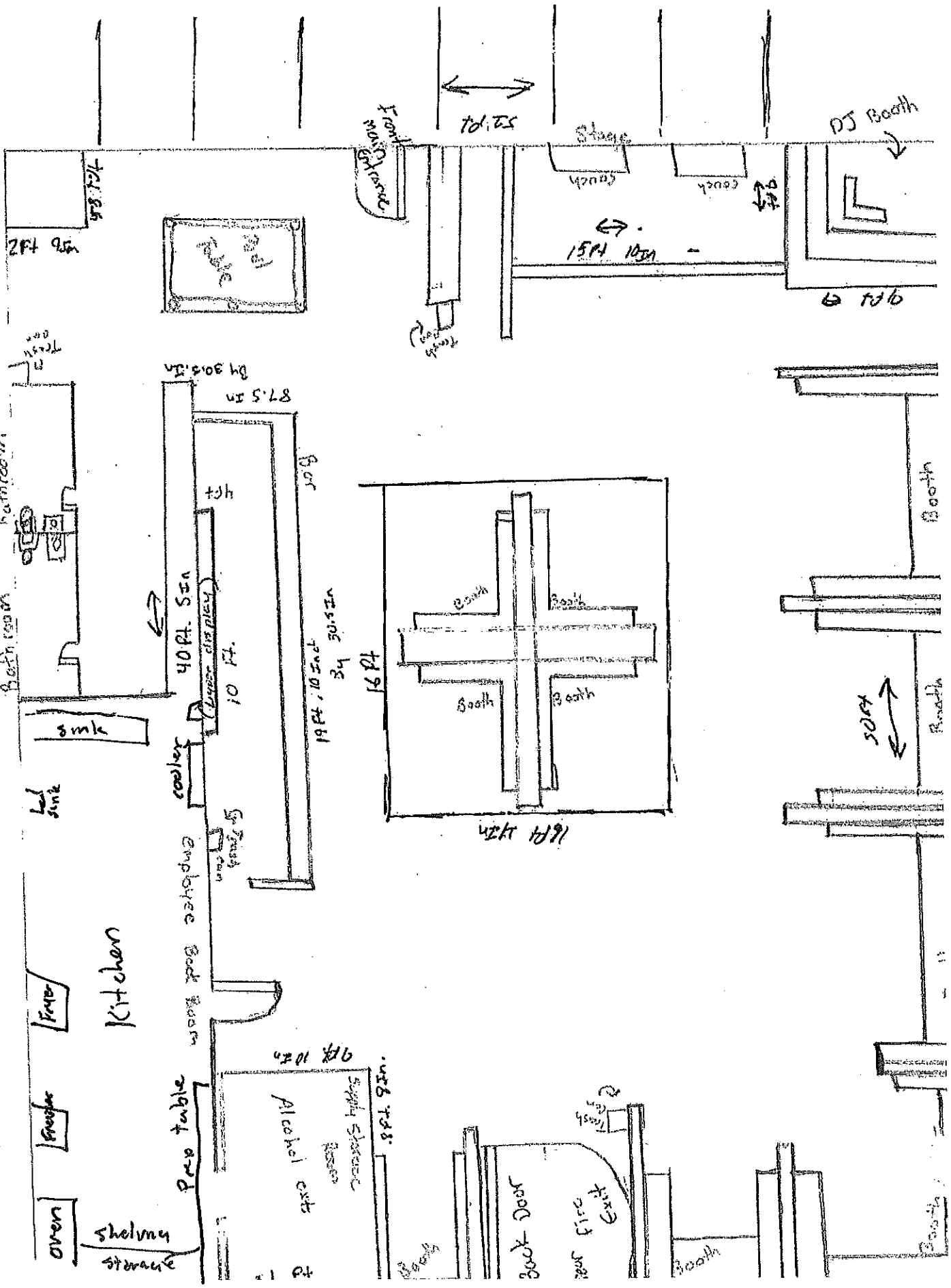
171101016 L Mall Agent for "Lush Social Lounge"
5558 N 70th Street, Milwaukee WI 53228

Date: May 26, 2022

Approx. 2530 sq. ft.

Lush Social Lounge LLC

East



North

171101016

Food menu

Burgers

Fries

chicken wings

chicken sandwich

Flat Bread pizza

Pasta/dumplings

mozzarella sticks

Salad

Egg rolls

Pizza

Date: 11-10-23
Officer: Tracey Geniesse

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

Name of Premise: Lush Social Lounge
Address: 5938/40 N 76th St
Phone: None

Owner: Givionte L Mull B/M 1-14-96, M4002929601413, Exp 1/14/29
Owner address: 8150 N Herbert Ave
City State Zip: Milwaukee, WI 53218
Owner Phone: 678-599-9952
Owner email: oobiels@gmail.com

Licensee/Agent: Givionte L Mull
Home Address: 8150 N Herbert Ave
City State Zip: Milwaukee, WI 53218
Phone: 678-599-9952
Email: oobiels@gmail.com

Preferred contact: Givionte Mull

Location currently open: YES NO

Projected open date: 12/1/23

Day's open: S M T W Th F SA ALL

Hours of Operation: Sun: 12p-2a 24 hours Y N
Mon: 12p-2a
Tue: 12p-2a
Wed: 12p-2a
Thu: 12p-2a
Fri: 12p-2a
Sat: 12p-2a

Premise Type: Tavern/Bar
 Restaurant
 Other: Restaurant/lounge

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? Yes No
2. What surrounds the location? (Check all the apply)
 - a. Park
 - b. School
 - c. Youth Center
 - d. Church
 - e. Tavern(s) If so, how many 1
 - f. Residential
 - g. Other businesses
 - h. Other:
3. Can you see from the outside of the location into the interior Yes No
4. Can you see the employees inside of the location from the outside Yes No
5. Are exterior windows free of signage Yes No
6. Is there a parking lot Yes No
7. Is the parking lot clean? Yes No
8. Off-Street parking Yes No
9. Is the parking lot well lit? Yes No
10. Valet Parking Yes No Pending
 - a. Will this lot have a guard? Yes No
 - b. Will this lot have cameras? Yes No
11. Are there areas where a person could conceal themselves Yes No
12. Is there exterior lighting? Yes No. Does it appear to be adequate Yes No
13. Exterior Payphone? Yes No
14. Are there No Loitering Signs posted? Yes No Will post them
15. Are there exterior security cameras Yes No How Many: will have 2
16. Are the address numbers prominently displayed and easy to see Yes No

Camera Survey:

17. Does this location have security cameras? Yes No Will have them installed
18. Are they in working order? Yes No
19. What format are the cameras?
 - a. Color Yes No
 - b. Digital Yes No
 - c. Recorded Yes No
20. How long is footage stored for later viewing: will be stored for 30 days or longer
21. Are there exterior cameras Yes No How many: will have 2
22. Are there interior cameras Yes No How many: will have 4
23. Do all employees know how to retrieve recorded digital images/footage? Yes No
24. Cameras located in parking lot Yes No How many both exterior cameras will face the parking lot

Interior Survey:

25. What is the planned capacity 59
26. What is the minimum number of employees That will be on premise 2
27. Is the storeowner willing to be a standing complainant regarding loitering? Yes No
 a. If yes have them fill out the standing complaint form and give them two of the commercial signs Yes No
28. Is the interior of the location neat and clean? Yes No
29. Does an interior camera face the entrance/exit? Yes No
30. 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: 4
34. How ill they be deployed: Interior 2 Exterior 2
35. What days will they be deployed Mon Tue Wed Thu Fri Sat Sun
36. Will the security be managed by business or contracted All around protection co
37. Will they be armed Yes No
38. What type of security measures to be used:
 Wanding/metal detector and pat downs
 ID Scanner
 Dress Code
 Cover Charge
 Age restriction after 8pm will be 21 and older
 Other

ADDITIONAL COMMENTS/RECOMMENDATIONS:

The plan here is to have lunch and dinner specials, will have televised sports events, Poetry, comedy and open mic shows. Will have non tobacco hookah all hours of the day. The kitchen has two conventional ovens, a pizza oven, commercial vent less fryer, commercial freezer and two commercial coolers.

Milwaukee Municipal Court
951 N James Lovell St
Milwaukee, WI 53233-1429
Phone: (414) 286-3800
Fax: (414) 286-3615



**CITY OF MILWAUKEE
MUNICIPAL COURT**

MULL, GIVIONTE L

Case Number: 22009972

Citation: BB7449540

Violation: Exceeding Speed Zones/Posted
Limits

Payment Receipt

credit.municourt.milwaukee.gov - Credit / Debit Card Online Payment Website
(414) 286-2044 - Installment Plan Information Line
(414) 286-2878 - Credit / Debit Card Payment Line

February 21, 2023 10:48 am

Payment Method: Master Card via Teller Window

Total Received: \$124.00

Applied: \$124.00 to Case forfeiture/fees

Net Balance Due: **\$0.00**

Teller ID: 035883

PLEASE NOTE: Payment extensions apply only to the payment
due date and do not affect any other case deadlines.

Milwaukee Municipal Court
951 N James Lovell St
Milwaukee, WI 53233-1429
Phone: (414) 286-3800
Fax: (414) 286-3615



**CITY OF MILWAUKEE
MUNICIPAL COURT**

MULL, GIVIONTE L

Case Number: 22009973
Citation: BB7449551
Violation: Operating While Revoked

Payment Receipt

credit.municourt.milwaukee.gov - Credit / Debit Card Online Payment Website
(414) 286-2044 - Installment Plan Information Line
(414) 286-2878 - Credit / Debit Card Payment Line

February 21, 2023 10:48 am

Payment Method: Master Card via Teller Window

Total Received: \$124.00

Applied: \$124.00 to Case forfeiture/fees

Net Balance Due: **\$0.00**

Teller ID: 035883

PLEASE NOTE: Payment extensions apply only to the payment due date and do not affect any other case deadlines.

February 21, 2023

MULL, GIVIONTE L

30% Payment Calculation - Overdue Cases

As of this date, you have an outstanding balance due on the following cases which involve a driver's license suspension. For certain cases, the driver's license suspension may already be completed, as indicated by an * after the suspension date; however, this does not satisfy the outstanding balance.

You may be eligible to have any current suspensions terminated and be granted more time to pay the total balance. This may require that you pay 30% of the balance due on all cases before the judge approves this arrangement.

Note: The minimum payment is \$20.00 or 30%, whichever is greater.

Case Number	Citation Number	Violation	Offense Dt	Suspension Dt	Bal Due
17027702	AD3933145	Exceeding Speed Zones/Posted Limits	06/25/17	09/07/18 *	\$124.00
17027703	AD3933156	Operating After Suspension	06/25/17	09/07/18 *	\$124.00
17027704	AD3933160	Operate Motor Vehicle without Insurance	06/25/17	09/07/18 *	\$124.00
17027705	AD3933171	Safety Belt Violations-Child	06/25/17	09/07/18 *	\$98.80
17065368	AC3146032	Operating After Suspension	11/03/17	09/07/18 *	\$124.00
17065369	AC3146043	Exceeding Speed Zones/Posted Limits	11/03/17	09/07/18 *	\$149.20
17074644	BC1092464	Operating After Suspension	11/29/17	09/07/18 *	\$124.00
18001590	AC6735923	No Tail Lamp/Defective Tail Lamp-Night	12/04/17	09/07/18 *	\$86.20
18012504	AD3475393	Operating After Suspension	12/29/17	09/07/18 *	\$124.00
18012505	AD3475404	Non-Registration of Vehicle	12/29/17	09/07/18 *	\$98.80
18012506	AD3475415	Operate Motor Vehicle without Insurance	12/29/17	09/07/18 *	\$124.00
18021865	AC3217082	Driving too Fast for Conditions	01/21/18	09/07/18 *	\$136.60
18021866	AC3217093	Operating After Suspension	01/21/18	09/07/18 *	\$124.00
19039425	BD9133924	Exceeding Speed Zones/Posted Limits	08/03/19	12/17/19 *	\$124.00
19039426	BD9133935	Operating After Suspension	08/03/19	12/17/19 *	\$124.00
20042521	AD9408910	Exceeding Speed Zones/Posted Limits	11/12/20	07/27/21 *	\$174.40
20042522	AD9408921	Operating While Revoked	11/12/20	07/27/21 *	\$124.00
21035967	BG5812612	Exceeding Speed Zones/Posted Limits	06/09/21	06/09/22	\$174.40
21035968	BG5812623	Operating While Revoked	06/09/21	06/09/22	\$124.00

30% Payment Calc - Overdue
MULL, GIVIONTE L
 Page 2

Case Number	Citation Number	Violation	Offense Dt	Suspension Dt	Bal Due
✓ 21038132	BH3356614	Exceeding Speed Zones/Posted Limits	06/21/21	06/01/22	\$376.00
✓ 21038133	BH3356625	Operating While Revoked	06/21/21	06/01/22	\$124.00
✓ 22009972	BB7449540	Exceeding Speed Zones/Posted Limits	12/13/21	11/17/22	\$124.00
• 22009973	BB7449551	Operating While Revoked	12/13/21	11/17/22	\$124.00

Total on Active DL Suspension (6 cases): \$1046.40

30% of Total on Cases with Active DL Suspension: \$314.00

Total on All Overdue (23 cases): \$3154.40

30% of Total on All Overdue Cases: \$947.00



MILWAUKEE POLICE DEPARTMENT LICENSING

CRIMINAL RECORD/ORDINANCE VIOLATION/INCIDENTS SYNOPSIS

DATE: 07/06/22

LICENSE TYPE: Class B Tavern

NEW:

RENEWAL:

No. 339573

Application Date: 06/22/22

License Location: 5938-40 N. 76th Street

Business Name: Lush Social Lounge

Licensee/Applicant: MULL, Givionte
(Last Name, First Name, MI)

Date of Birth: 01/14/1996

Home Address: 8150 W Herbert Av

City: Milwaukee

State: WI Zip Code: 53218

Home Phone: 414-322-0532

This report is written by Police Officer Corstan D. COURT, assigned to the License Investigation Unit, Days.

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

1. On 07/10/2017 the applicant was cited in the City of Milwaukee at 2831 W. Burnham St. for Secondhand Motor Vehicle Dealer-License Required.

Charge: Secondhand Motor Vehicle Dealer-License Required
 Finding: Guilty
 Sentence: \$75.00 fine
 Date: 05/24/2018
 Case: 17033378

2. On 08/13/2020 the applicant was cited in the City of Milwaukee at 600 E. Layton Av. for Secondhand Motor Vehicle Dealer-License Required.

Charge: Secondhand Motor Vehicle Dealer-License Required
 Finding: Guilty
 Sentence: \$124.00 fine
 Date: 07/06/22
 Case: 21002906

3. The applicant has the following past due fines owed to Milwaukee Municipal Court:

17027702	Speeding	\$124.00 due 08/22/2018
17027703	Operating After Suspension	\$124.00 due 08/22/2018
17027704	Operate without insurance	\$124.00 due 08/22/2018
17027705	Seatbelt violation-Child	\$98.80 due 08/22/2018
17065368	Operating After Suspension	\$124.00 due 08/22/2018
17065369	Speeding	\$149.20 due 08/22/2018
17074644	Operating After Suspension	\$124.00 due 08/22/2018
18001590	No Tail lamp	\$86.20 due 08/22/2018
18012504	Operating After Suspension	\$124.00 due 08/22/2018
18012505	Non-registration of Vehicle	\$98.80 due 08/22/2018
18012506	Operate without insurance	\$124.00 due 08/22/2018
18021865	Driving too fast for Conditions	\$136.00 due 08/22/2018
18021866	Operating After Suspension	\$124.00 due 08/22/2018
19039425	Speeding	\$124.00 due 12/02/2019
1903426	Operating After Suspension	\$124.00 due 12/02/2019
20042521	Speeding	\$174.00 due 07/12/2021
20042522	Operating while Revoked	\$124.00 due 07/12/2021
21035967	Exceeding Speed Zones	\$174.40 due 04/26/2022
21035968	Operating While Revoked	\$124.00 due 04/26/2022
21038132	Exceeding Speed Zones	\$376.00 due 04/18/2022
21035133	Operating While Revoked	\$124.00 due 04/18/2022

4. Nicholas D. BRYANT (50% shareholder) has the following past due fines owed to Milwaukee Municipal Court:

21043394	Exceeding Speed Zones	\$98.80 due 05/09/2022
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Date: 07/20/22
Officer: Geniesse

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

Name of Premise: Lush Social Lounge
Address: 5938/40 N 76th St
Phone:

Owner: Givionte L Mull m/b 1/14/96 M400-2929-6014-03
Owner address: 8150 W Herbert Ave
City State Zip: Milwaukee, WI 53218
Owner Phone: 678-599-9952
Owner email: oobiels@gmail.com

Licensee/Agent: Givionte L Mull
Home Address:
City State Zip:
Phone:
Email: oobiels@gmail.com

Preferred contact: Same

Location currently open: YES NO

Projected open date:

Day's open: S M T W Th F SA ALL

Hours of Operation: Sun: 10a-2a 24 hours Y N
Mon: 10a-2a
Tue: 10a-2a
Wed: 10a-2a
Thu: 10a-2a
Fri: 10a-2a
Sat: 10a-2a

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? Yes No
2. What surrounds the location? (Check all the apply)
 - a. Park
 - b. School
 - c. Youth Center
 - d. Church
 - e. Tavern(s) If so, how many
 - f. Residential
 - g. Other businesses
 - h. Other:
3. Can you see from the outside of the location into the interior Yes No
4. Can you see the employees inside of the location from the outside Yes No
5. Are exterior windows free of signage Yes No
6. Is there a parking lot Yes No
7. Is the parking lot clean? Yes No
8. Off-Street parking Yes No
9. Is the parking lot well lit? Yes No
10. Valet Parking Yes No
 - a. Will this lot have a guard? Yes No
 - b. Will this lot have cameras? Yes No
11. Are there areas where a person could conceal themselves Yes No
12. Is there exterior lighting? Yes No. Does it appears to be adequate Yes No
13. Exterior Payphone? Yes No
14. Are there No Loitering Signs posted? Yes No But Will
15. Are there exterior security cameras Yes No How Many: Will
16. Are the address numbers prominently displayed and easy to see Yes No

Camera Survey:

17. Does this location have security cameras? Yes No
18. Are they in working order? Yes No
19. What format are the cameras?
 - a. Color Yes No
 - b. Digital Yes No
 - c. Recorded Yes No
20. How long is footage stored for later viewing:
21. Are there exterior cameras Yes No How many:
22. Are there interior cameras Yes No How many:

23. Do all employees know how to retrieve recorded digital images/footage? Yes No In progress. Will be installing about 10 cameras, recommended 30 day storage
24. Cameras located in parking lot Yes No How many

Interior Survey:

25. What is the planned capacity 49
26. What is the minimum number of employees That will be on premise 2
27. Is the storeowner willing to be a standing complainant regarding loitering? Yes No
 a. If yes have them fill out the standing complaint form and give them two of the commercial signs Yes No
28. Is the interior of the location neat and clean? Yes No
29. Does an interior camera face the entrance/exit? Yes No
30. 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: 2-5
34. How will they be deployed: Interior 1-2 Exterior 1-2 and 1 floater
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 no wht t-shirts, no sagging pants
 Cover Charge special events only
 Age restriction
 Other

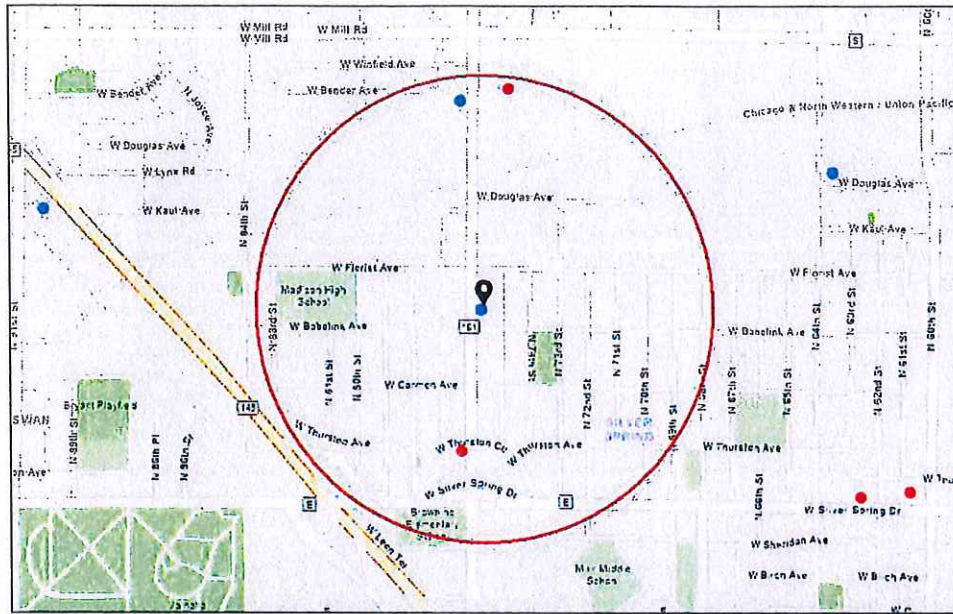
ADDITIONAL COMMENTS/RECOMMENDATIONS:

Will keep an open line of communication with the District and send in a monthly calendar of events.

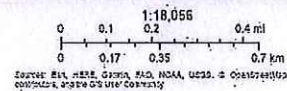
Area of Interest (AOI) Information

Area : 21,862,585.81 ft²

Jun 22 2022 14:43:52 Central Daylight Time



- Alcohol Licenses (active)
- Class B Tavern
- Class A Liquor and Malt



Summary

Name	Count	Area(ft ²)	Length(mi)
Alcohol Licenses	4		

Alcohol Licenses

#	Legal Entity	Trade Name	Licensee	Address	License Type Name	Total Capacity	Expiration Date	Count
1	NAIL & ASHRAF, LLC	SPIRITS LIQUOR	ASHRAF WARD, Agt	5665 N 76TH ST	Class A Malt & Class A Liquor License		6/27/2022, 7:00 PM	1
2	A TOUCH OF HUNAN, LLC	A TOUCH OF HUNAN	FU T LEI, Agt	6267 N 76TH ST	Class B Tavern License	80	7/29/2022, 7:00 PM	1
3	5XEN Market Inc.	5XEN Market	John Y Vang, Agt	6318 N 76TH ST	Class A Malt & Class A Liquor License		9/20/2022, 7:00 PM	1
4	Kinky Restaurant and Lounge LLC	Kinky Restaurant and Lounge	RANDLE K MC AFEE, Agt	5950-5954 N 76th ST	Class B Tavern License	99	10/27/2022, 7:00 PM	1

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



Tuesday, February 20, 2024



Notice of Public Hearing

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MULL, Givionte, Agent
Lush Social Lounge at 5938-40 N 76TH St
Class B Tavern, Public Entertainment Premises and Food Dealer License Applications Requesting
Disc Jockey, Jukebox, Bands, Karaoke, Poetry Readings, Comedy Acts and 1 Pool Table

Tuesday, March 05, 2024 at 10:05 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 3/5/2024 at 10:05 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	5849 N 75TH ST	MILWAUKEE, WI 53218-1833
CURRENT OCCUPANT	5850 N 76TH ST	MILWAUKEE, WI 53218-1836
CURRENT OCCUPANT	5852 N 76TH ST	MILWAUKEE, WI 53218-1836
CURRENT OCCUPANT	5854 N 76TH ST	MILWAUKEE, WI 53218-1836
CURRENT OCCUPANT	5857 N 76TH ST	MILWAUKEE, WI 53218-1837
CURRENT OCCUPANT	5858 N 76TH ST	MILWAUKEE, WI 53218-1836
CURRENT OCCUPANT	5859 N 75TH ST	MILWAUKEE, WI 53218-1833
CURRENT OCCUPANT	5859 N 76TH ST	MILWAUKEE, WI 53218-1837
CURRENT OCCUPANT	5860 N 76TH ST	MILWAUKEE, WI 53218-1836
CURRENT OCCUPANT	5862 N 75TH ST	MILWAUKEE, WI 53218-1832
CURRENT OCCUPANT	5862 N 76TH ST	MILWAUKEE, WI 53218-1836
CURRENT OCCUPANT	5863 N 76TH ST	MILWAUKEE, WI 53218-1837
CURRENT OCCUPANT	5865 N 76TH ST	MILWAUKEE, WI 53218-1837
CURRENT OCCUPANT	5870 N 75TH ST	MILWAUKEE, WI 53218-1832
CURRENT OCCUPANT	5870 N 76TH ST	MILWAUKEE, WI 53218-1836
CURRENT OCCUPANT	5872 N 76TH ST	MILWAUKEE, WI 53218-1836
CURRENT OCCUPANT	5874 N 75TH ST	MILWAUKEE, WI 53218-1832
CURRENT OCCUPANT	5875 N 75TH ST	MILWAUKEE, WI 53218-1833
CURRENT OCCUPANT	5877 N 76TH ST	MILWAUKEE, WI 53218-1837
CURRENT OCCUPANT	5900 N 75TH ST	MILWAUKEE, WI 53218-1834
CURRENT OCCUPANT	5903 N 75TH ST	MILWAUKEE, WI 53218-1835
CURRENT OCCUPANT	5908 N 75TH ST	MILWAUKEE, WI 53218-1834
CURRENT OCCUPANT	5909 N 75TH ST	MILWAUKEE, WI 53218-1835
CURRENT OCCUPANT	5914 N 75TH ST	MILWAUKEE, WI 53218-1834
CURRENT OCCUPANT	5915 N 75TH ST	MILWAUKEE, WI 53218-1835
CURRENT OCCUPANT	5920 N 75TH ST	MILWAUKEE, WI 53218-1834
CURRENT OCCUPANT	5921 N 75TH ST	MILWAUKEE, WI 53218-1835
CURRENT OCCUPANT	5925 N 75TH ST	MILWAUKEE, WI 53218-1835
CURRENT OCCUPANT	5926 N 75TH ST	MILWAUKEE, WI 53218-1834
CURRENT OCCUPANT	5930 N 75TH ST	MILWAUKEE, WI 53218-1834
CURRENT OCCUPANT	5931 N 75TH ST	MILWAUKEE, WI 53218-1835
CURRENT OCCUPANT	5936 N 75TH ST	MILWAUKEE, WI 53218-1834
CURRENT OCCUPANT	5937 N 75TH ST	MILWAUKEE, WI 53218-1835
CURRENT OCCUPANT	5940 N 75TH ST	MILWAUKEE, WI 53218-1834
CURRENT OCCUPANT	5941 N 75TH ST	MILWAUKEE, WI 53218-1835
CURRENT OCCUPANT	5946 N 75TH ST	MILWAUKEE, WI 53218-1834
CURRENT OCCUPANT	5947 N 75TH ST	MILWAUKEE, WI 53218-1835
CURRENT OCCUPANT	5950 N 75TH ST	MILWAUKEE, WI 53218-1834
CURRENT OCCUPANT	5951 N 75TH ST	MILWAUKEE, WI 53218-1835
CURRENT OCCUPANT	5956 N 75TH ST	MILWAUKEE, WI 53218-1834
CURRENT OCCUPANT	5957 N 75TH ST	MILWAUKEE, WI 53218-1835
CURRENT OCCUPANT	7431 W FLORIST AVE	MILWAUKEE, WI 53218-1850
CURRENT OCCUPANT	7433 W FLORIST AVE	MILWAUKEE, WI 53218-1850
CURRENT OCCUPANT	7501 W FLORIST AVE	MILWAUKEE, WI 53218-1851
CURRENT OCCUPANT	7507 W FLORIST AVE	MILWAUKEE, WI 53218-1851
CURRENT OCCUPANT	7511 W FLORIST AVE	MILWAUKEE, WI 53218-1851

CURRENT OCCUPANT	7513 W FLORIST AVE	MILWAUKEE, WI 53218-1851
CURRENT OCCUPANT	7523 W BOBOLINK AVE	MILWAUKEE, WI 53218-1841
CURRENT OCCUPANT	7618 W BOBOLINK PL	MILWAUKEE, WI 53218-1736

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Total Records: 49

Radius 250.0 feet and Center of the Circle: 5940 N 76th St