

MILWAUKEE POLICE DEPARTMENT LICENSE REPORT DATE OF FILING 01/11/2006

LICENSE TYPE BTAVN LICENSE NUMBER 11977 NEW RENEWAL X OTHER WARD 03

ADD'L INFO:

CBRT CTRPA
APPLICANT STACE, WILLIAM J
ADDRESS: 2443 N OAKLAND AV
CITY: MILWAUKEE
STATE: WI ZIP: 53211
PHONE: (414)963-0916 DOB: 04/13/1954
MAIDEN/OTHER:
BUSINESS: MIRAMAR THEATRE
ADDRESS: 2844 N OAKLAND AV
CITY: MILWAUKEE
STATE: WI ZIP: 53211
PHONE: (414)967-0302 DOB:
SPOUSE: BUILDING OWNER:
DOES APPLICANT HAVE INTEREST IN ANY OTHER CLASS 'A'/'B'/'C' PREMISES? N Y (Explain)
LENGTH OF RESIDENCE AT ABOVE: IN STATE: PREVIOUS ADDRESS:

CORPORATION NAME:

STATE OF INCORPORATION: DATE OF INCORPORATION:

CORPORATE OFFICERS:

NAME: ADDRESS: ZIP:
ADDRESS: CITY: STATE: PHONE: OFFICE:
NAME: ADDRESS: ZIP:
ADDRESS: CITY: STATE: PHONE: OFFICE:
NAME: ADDRESS: ZIP:
ADDRESS: CITY: STATE: PHONE: OFFICE:

\*\*\*\*\* POLICE USE ONLY \*\*\*\*\*

HAS APPLICANT BEEN DENIED A LICENSE IN THE PAST YEAR: N Y PREVIOUS PREMISES RECORD: N Y
EXPLAIN:

PROOF OF LEASE/OWNERSHIP/OFFER TO BUY: N Y N/A

DOES APPLICANT HOLD ANY OTHER CITY LICENSES: N Y TYPE AND NUMBER:

A-NUMBER: CHECKED WITH ID DIVISION: N Y

ADDITIONAL INFORMATION:

INVESTIGATING OFFICER: RAYMOND DUBIS PSS

DATE: JAN 12 2006

REVIEWED BY: [Signature]

DATE:

JAN 13 2006

**RENEWAL ALCOHOL BEVERAGE LICENSE APPLI**

WILLIAM J STACE

CTRPA 8

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning 3/20, 2006; ending 3/19 07

2844 N OAKLAND AV  
MILWAUKEE WI 53211

TO THE GOVERNING BODY of the CITY OF MILWAUKEE, MILWAUKEE COUNTY  
Aldermanic District No. 3

CHECK ONE:  INDIVIDUAL  PARTNERSHIP  LIMITED LIABILITY COMPANY  
 CORPORATION  NONPROFIT ORGANIZATION

<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Wholesale beer	\$
<input type="checkbox"/>	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/>	\$
Publication Fee	\$
<b>TOTAL FEE</b>	<u>\$0.00</u>

**Complete A or B. All must complete C.**

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Stace, William Joseph Home Address 2443 N. OAKLAND AVE Post, Office & Zip Code MILW. 53211

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶

All Officer(s), Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member			
Vice President/Member			
Secretary /Member			
Treasurer/Member			
Agent ▶			

Directors/ Managers

C. 1. Trade Name ▶ The Wineman Theatre Business Phone Number 414-967-0302

2. Address of Premises ▶ 2844 N. OAKLAND AVE Post Office & Zip Code ▶ MILW. WI 53211

3. Is agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period?.....  Yes  No

4. 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 sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Entire Building except south storefront

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

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, ordinances of any municipality? If yes, complete the reverse side .....  Yes  No

b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, complete the reverse side .....  Yes  No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? .....  Yes  No  
If yes, explain.

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax Return of the licensee? .....  Yes  No  
If not, explain.

9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [ phone (608) 266-2776].....  Yes  No

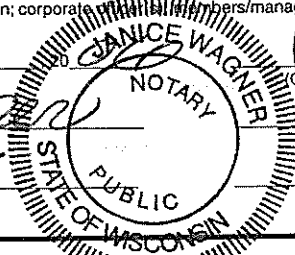
10. Does the applicant understand a Special Occupational Tax must be paid to the Federal Bureau of Alcohol, Tobacco and Firearms before beginning business? [ phone (414) 297-3991].....  Yes  No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? .....  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 signers. Signers agree 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 and each member of a partnership applicant must sign; corporate and limited liability company members/managers of Limited Liability Companies must sign.)

**SUBSCRIBED AND SWORN TO BEFORE ME**

This 11 day of June, 2006  
Janice Wagner (Clerk/Notary Public) [Signature]  
[Signature] (Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)  
[Signature] (Officer of Corporation/Member/Manager of Limited Liability Company/Partner)  
My Commission Expires 2/10/08 (Additional Partner(s)/Member/Manager of Limited Liability Company If Any)



<b>TO BE COMPLETED BY CLERK:</b>		
Date received and filed with municipal clerk <u>GW 4/11/06</u>	License number issued <u>11977</u>	Date license granted <u>FEB 28 2006</u>



# Renewal Plan of Operation Supplement for Retail Alcohol Beverage License Application

ccl-124h (9/05)

OFFICE OF THE CITY CLERK LICENSE DIVISION  
200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202  
(414) 286-2238 EMAIL: LICENSE@MILWAUKEE.GOV

Your application will be returned for failure to fill out this form completely and correctly, and submit the required documents. This may result in a late fee and a lapse in your license for renewal applicants.

Check Type of License Applied for: <input type="checkbox"/> Class A <input checked="" type="checkbox"/> Class B <input type="checkbox"/> Class C	
Check Box in this section that applies to your ownership structure: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Non Profit Organization	
Full Legal Name of Individual, Partner(s) or Agent: William J. Stace	
List other names by which you (individual, partner(s) or agent) have been known on official records:	
Name of Corporation, Limited Liability Company or Non Profit Organization:	
State where Corporation, Limited Liability Company or Non Profit Organization was formed:	
Year Corporation or Limited Liability Company was formed:	
<i>*Please note: No license may be issued to a corporation or limited liability company that has not registered with the Wisconsin Department of Financial Institutions.</i>	
Address of Premises: 2844 N. OAKLAND AVE, MILW. WI 53211	Business Telephone Number: 414-967-0302
Business Mailing Address - if different from address of premises (include City, State, Zip Code):	
Business Internet/E-mail Address: INFO@THEMIRAMAMTHEATRE.COM	Business Fax Number: 414-967-0486
Property Owner's Name: OLYMPIA IV	
Property Owner's Address (include City, State, Zip Code):	
Are you taking out this application for anyone that may not be eligible for a license? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list name and address:	
Will you be conducting the day-to-day operations of the business? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, list name and address of person who will:	
Class B Applicants: If you will not be conducting the day-to-day operations of the business, the person listed above must obtain a Class B Manager's license.	
Does anyone else have money invested or any other interest in this business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain:	
Have you made an agreement with anyone to repay any loan or any other payments based upon income from the business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If so, list name and address:	

### HOURS OF OPERATION

Examples:	Current Days and Hours of Operation:	Proposed Days and Hours of Operation: <i>If same as current, write "same"</i>	Number of Customers expected each day
Sunday Open: 8:00 AM Monday Close: 2:00 AM Monday: Closed	8AM - 1:30 AM	Same	0-420
Tues. Open: 9:00 AM Tues. Close: 9:00 PM	8AM - 1:30 AM	Same	0-420
Wed. Open: 6:00 AM Thurs. Close: 1:00 AM	8AM - 1:30 AM	Same	0-420
Thurs. Open: 6:00 AM Friday Close: 2:00 AM	8AM - 1:30 AM	Same	0-420
Friday Open: 9:00 AM Sat. Close: 2:30 AM	8AM - 1:30 AM	Same	0-420
Saturday Open: Noon Sunday Close: 2:30 AM	8AM - 1:30 AM	Same	0-420

Prohibited Hours of Operation:  
 Class A: 9:00 PM to 8:00 AM  
 Class B/C: Monday thru Friday 2:00 AM – 6:00 AM  
 Class B/C: Saturday thru Sunday 2:30 AM – 6:00 AM

Legal Capacity/Occupancy of Premises:  
 (does not include Class A) 420

Number of Parking Spaces on the Premises:  
 (do not include street parking) 0

Call (414) 286-8211 if you have questions.

What are your plans to maintain an orderly appearance and operation of the premises with respect to:  
 LITTER: CLEANING PERSON ON SITE

What are your plans to maintain an orderly appearance and operation of the premises with respect to:  
 NOISE: KEEP NOISE LEVELS TO REASONABLE LEVELS.

Are any other types of businesses currently conducted at this location? (i.e. grocery store, restaurant, art gallery, gas station, convenience store)  Yes  No If yes, explain:  
Record Store

Do you have any future plans for other businesses at this location?  Yes  No  
 If yes, explain:

Are any other types of licenses or permits currently issued at this location (i.e. cigarettes, food)?  
 Yes  No If yes, explain:  
Theatre, Center for Visual + Performing Arts, Cabaret

Do you have any future plans for other licenses or permits at this location?  Yes  No  
 If yes, explain:

Is the building less than 300 feet from a church, school or hospital?  Yes  No

## Detailed Floor Plan

- A detailed floor plan must be included with each alcohol beverage application.
- The floor plan must be filed on 8 ½ x 11 inch sized paper.
- A separate sheet of paper must be filed for each floor included in the premises description.
- A separate floor plan is required for the basement - even if it is used only for storage.

**The floor plan must include all of the following items:**

- Dimensions of the premise and total square feet (length x width = square feet)
- Label locations of all entrances and exits
- Label locations of all seating areas, bars, and food preparation areas (Class B and C applicants only)
- Label locations of all alcohol beverage storage areas (coolers, etc.) and provide dimensions of all alcohol beverage storage areas (length x width)
- Label locations of all alcohol beverage display areas (behind the bar, shelves, etc.) and provide dimensions of all alcohol beverage display areas (length x width)
- Label locations of all outdoor areas used for the sale or service of alcohol beverages and provide dimensions of all outdoor areas used for the sale or service of alcohol beverages (length x width)
- Label locations of all parking areas on the premises (do not include street parking) and provide dimensions of all parking areas available on the premises (length x width). The parking area(s) should be marked on the floor plan for the first floor showing the relation to the building.
- Mark the North point (N ↑) for each floor
- Date the floor plan

**PLEASE NOTE:**

**\*\* All applications submitted without the detailed floor plan (including all items required) will be returned, and may be subject to a late fee and a lapse in the operation of the business.**

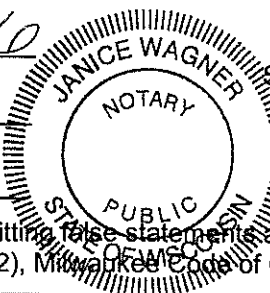
**\*\* A sample floor plan is available online at [www.milwaukee.gov/license](http://www.milwaukee.gov/license).  
Handwritten plans are acceptable. Plans do not need to be architectural drawings.  
Plans need not be to scale.**

Subscribed and sworn to before me

this 11 day of Jan, 2006

Janice Wagner  
Notary Public, State of Wisconsin

My commission expires: 2/10/08



[Signature]  
Signature of Individual/Partner/President/Member

[Signature]  
Signature of Partner/Secretary/Member

Warning: Penalty provided for submitting false statements and affidavits with this application.  
(Section 90-5(2), Milwaukee Code of Ordinances.)

Any applications filed without all of the required items and/or notarized signatures will be returned. This may result in a late fee and a lapse in your license for renewal applicants.



# CITY OF MILWAUKEE RENEWAL ALCOHOL BEVERAGE RELATED LICENSES APPLICATION

BUSINESS NAME: The Miramar Theatre

BUSINESS ADDRESS: 2844 N. OAKLAND AVE

Check the Licenses You Are Applying For:	Fees:	Check the Licenses You Are Applying For:	Fees:
<input checked="" type="checkbox"/> Amusement/Cabaret	\$1,500.00 \$	<input type="checkbox"/> Cigarette & Tobacco	\$100.00 \$
<input type="checkbox"/> Dance	\$250.00 \$	Check Method(s) of Disbursement:	
<input type="checkbox"/> Instrumental Music	\$165.00 \$	<input type="checkbox"/> Over the Counter and/or <input type="checkbox"/> Vending Machine	
<input type="checkbox"/> Billiard Hall (3 or more pool tables)	\$125.00 \$	<input type="checkbox"/> Pool Tables – How many? ____ x \$40.00 each	\$
<input type="checkbox"/> Bowling Alley-How many? ____ x \$25.00 each	\$	<input type="checkbox"/> Record Spin – No Dancing	\$40.00 \$
<b>6 GAME MACHINES OR MORE ON THE PREMISES</b>		Includes DJs/Karaoke/CD Players	
<input type="checkbox"/> Video Game Center	\$450.00 \$	<input type="checkbox"/> Phonograph/Jukebox Premises	\$55.00 \$
<input type="checkbox"/> If you OWN the games, list how many _____		<input type="checkbox"/> If you OWN the jukebox(es), list how many _____	
AND pay an additional \$25.00 for each	\$	AND pay an additional \$25.00 for each	\$
<input type="checkbox"/> If the distributor owns the games, list how many _____		<input type="checkbox"/> If the distributor owns the jukebox(es), list how many _____	
AND name of distributor _____		AND name of distributor _____	
<b>If you are applying for any of the above licenses (in this column only) that you DO NOT currently hold, a NEW Alcohol Beverage Related Licenses application must be completed. Please contact our office to obtain this application.</b>		<b>5 GAME MACHINES OR LESS ON THE PREMISES</b>	
		<input type="checkbox"/> Amusement Game Premises	\$55.00 \$
		<input type="checkbox"/> If you OWN the games, list how many _____	
		AND pay an additional \$25.00 for each	\$
		<input type="checkbox"/> If the distributor owns the games, list how many _____	
		AND name of distributor _____	

Total of Column A: \$

Total of Column B: \$

Total of Column A + Column B = \_\_\_\_\_ + fee for Class "B" or "C" license  
Please make ONE check payable to City of Milwaukee

The undersigned agrees to inform the City Clerk within ten days of any substantial changes in the information supplied in this application. The undersigned shall not willfully refuse to provide those services offered under this license, permit, or franchise, or refuse to employ, or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry; and 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 the license applied for herein, and being duly sworn under oath, depose and say that I am the person named above and that all statements made in the foregoing application are true and correct.

SUBSCRIBED AND SWORN TO BEFORE ME THIS 11 day of Jan 2011  
Janice Wagner  
Notary Public, State of Wisconsin  
My Commission expires 2/10/08  
Miriam Stace  
Print Your Name  
[Signature]  
Signature

OFFICE USE ONLY: INITIALS JW License# 11977 FILED 1/11/00 AD# 3  
TAG(S) # \_\_\_\_\_ GRANTED \_\_\_\_\_ ISSUED \_\_\_\_\_



City of Milwaukee

RENEWAL ALCOHOL BEVERAGE RELATED SUPPLEMENT

ccl-122e (04/05)

BUSINESS NAME: The Minuteman Theatre

BUSINESS ADDRESS: 2844 N. OAKLAND AVE

Chapter 90-35 of the Milwaukee Code of Ordinances requires that you describe the type and general nature of entertainment that you will have under the following licenses:

CHECK THE LICENSE BEING APPLIED FOR:

- Amusement/Cabaret - COMPLETE SECTIONS A & B
Dance - COMPLETE SECTION A ONLY
Instrumental Music - COMPLETE SECTION A ONLY

SECTION A: CHECK THE TYPE(S) OF MUSIC THAT APPLY:

- Blues, Dance - R&B, Jazz, Reggae, Polka, Classic R&B, Easy Listening, Latin Pop, Techno, Irish, Classic Rock, Folk, Mexican, Top 40, Contemporary R&B, Hard Rock, Modern Rock, Tropical, Country, Heavy Metal, New Age, Dance - Pop, Hip - Hop, Rap

SECTION B: AMUSEMENT/CABARET LICENSE APPLICANTS ONLY - CHECK ALL THAT APPLY:

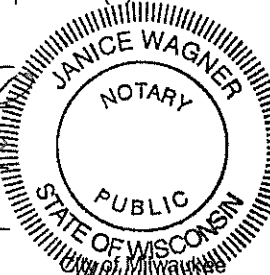
- Battle of the Bands, Dancing by performer(s), Comedy Acts, Fashion Shows, Disc Jockey, Exotic Dancers/Strippers/Adult Entertainment, Live Musicians, Magic Shows, Wrestling, Poetry Readings, Patron Contests, Rapping/Rap Contests, Solo Singers/Groups

If the type of entertainment is not listed above, please describe the type of entertainment you will have: Live theatre, lectures, musicals, films, classical music, book signings, weddings and receptions, corp. meetings/training, other per theatre rentals.

IF, AFTER THE LICENSE HAS BEEN GRANTED OR ISSUED, YOU WISH TO DEVIATE FROM THE TYPE(S) OF ENTERTAINMENT LISTED ON YOUR CERTIFICATE OF AUTHORIZED ENTERTAINMENT, YOU MUST SUBMIT A "REQUEST TO CHANGE THE PLAN OF OPERATION FOR AN AMUSEMENT LICENSE". NO CHANGES IN ENTERTAINMENT SHALL TAKE PLACE UNTIL THE REQUEST HAS BEEN APPROVED BY THE COMMON COUNCIL AND A NEW CERTIFICATE OF AUTHORIZED ENTERTAINMENT HAS BEEN ISSUED.

I, (we), the undersigned have a knowledge of the City Ordinances currently regulating these licenses and being duly sworn under oath, depose and say that I am (we are) the person (s) and that all statements made in the foregoing application are true and correct.

SUBSCRIBED AND SWORN TO BEFORE ME THIS 11 day of Jan 2008



William Stace
Print Your Name
Signature

10452 EXP 3/19/00 HUD  
2844 N. OAKLAND AV. (11)

ccl-122j (04/05)



# REQUEST TO CHANGE THE PLAN OF OPERATION FOR AN AMUSEMENT LICENSE

CBRT 1153

Date: 12-8-2005

CBRT License Number: 1153

To the City Clerk of the City of Milwaukee:

I, William Stace, wish to change my type of entertainment that was granted with my Amusement License for Miramax Theatre (Trade Name) at \_\_\_\_\_ (Location). The request is as follows:

Type(s) of Music: (Check all that apply)

- Blues
- Dance - R&B
- Jazz
- Reggae
- Polka
- Classic R&B
- Easy Listening
- Latin Pop
- Techno
- Irish
- Classic Rock
- Folk
- Mexican
- Top 40
- Contemporary R&B
- Hard Rock
- Modern Rock
- Tropical
- Country
- Heavy Metal
- New Age
- \_\_\_\_\_
- Dance - Pop
- Hip - Hop
- Rap
- \_\_\_\_\_

Type(s) of Entertainment (Check all that apply):

- Battle of the Bands
  - Dancing by performer(s) → Describe staged musicals
  - Comedy Acts
  - Fashion Shows → Describe filmed talent shows
  - Disc Jockey
  - Exotic Dancers/Strippers/ Describe clothing show-local designers
  - Live Musicians
  - Adult Entertainment → Describe hair shows.
  - Magic Shows
  - Wrestling → Describe Local Wrestling Association
  - Poetry Readings
  - Patron Contests → Describe pen theatre newtals
  - Rapping/Rap Contests
  - Solo Singers/Groups
- Attach additional pages if necessary.

If the type of entertainment is not listed above, please describe the type of entertainment you will have:  
live theatre, musicals, lectures, films, classical music  
book signings, weddings ceremony and reception, ~~corporate~~  
corporate meetings/training.

No changes in entertainment shall take place until the request has been approved by the Common Council.

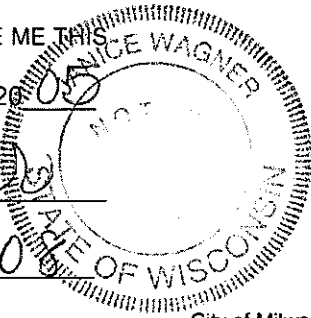
I, (we), the undersigned have a knowledge of the City Ordinances currently regulating these licenses and being duly sworn under oath, depose and say that I am (we are) the person (s) and that all statements made in the foregoing application are true and correct.

SUBSCRIBED AND SWORN TO BEFORE ME THIS

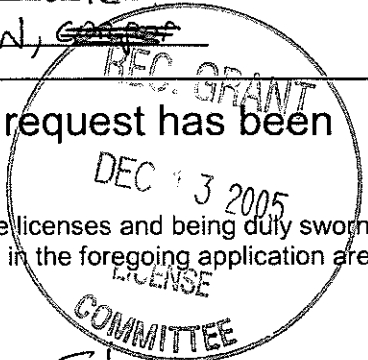
8 day of Dec, 2005

Ganice Wagner  
Notary Public, State of Wisconsin

My Commission expires 2/10/06

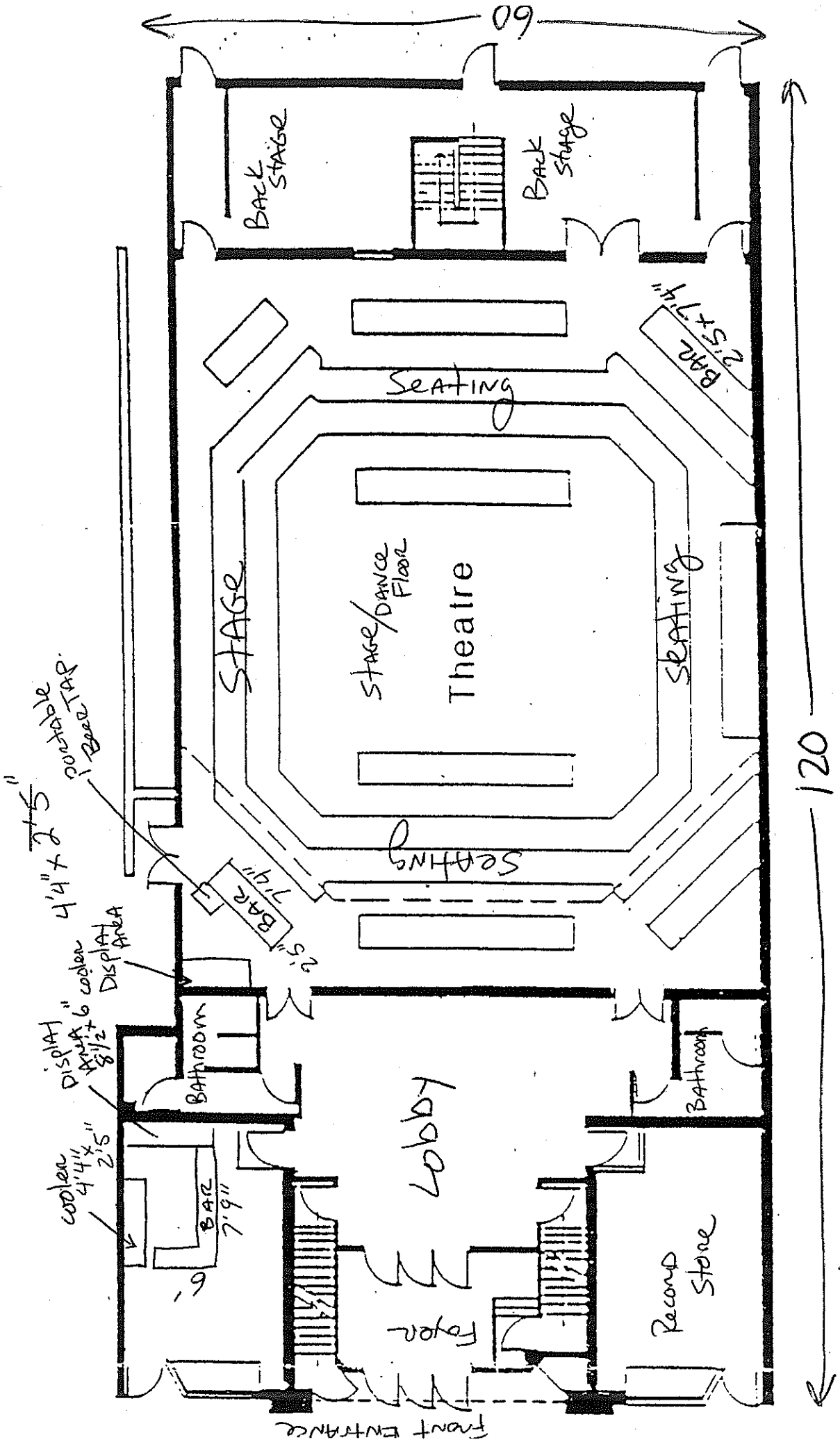
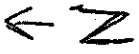


William Stace  
Print Name  
[Signature]  
Signature





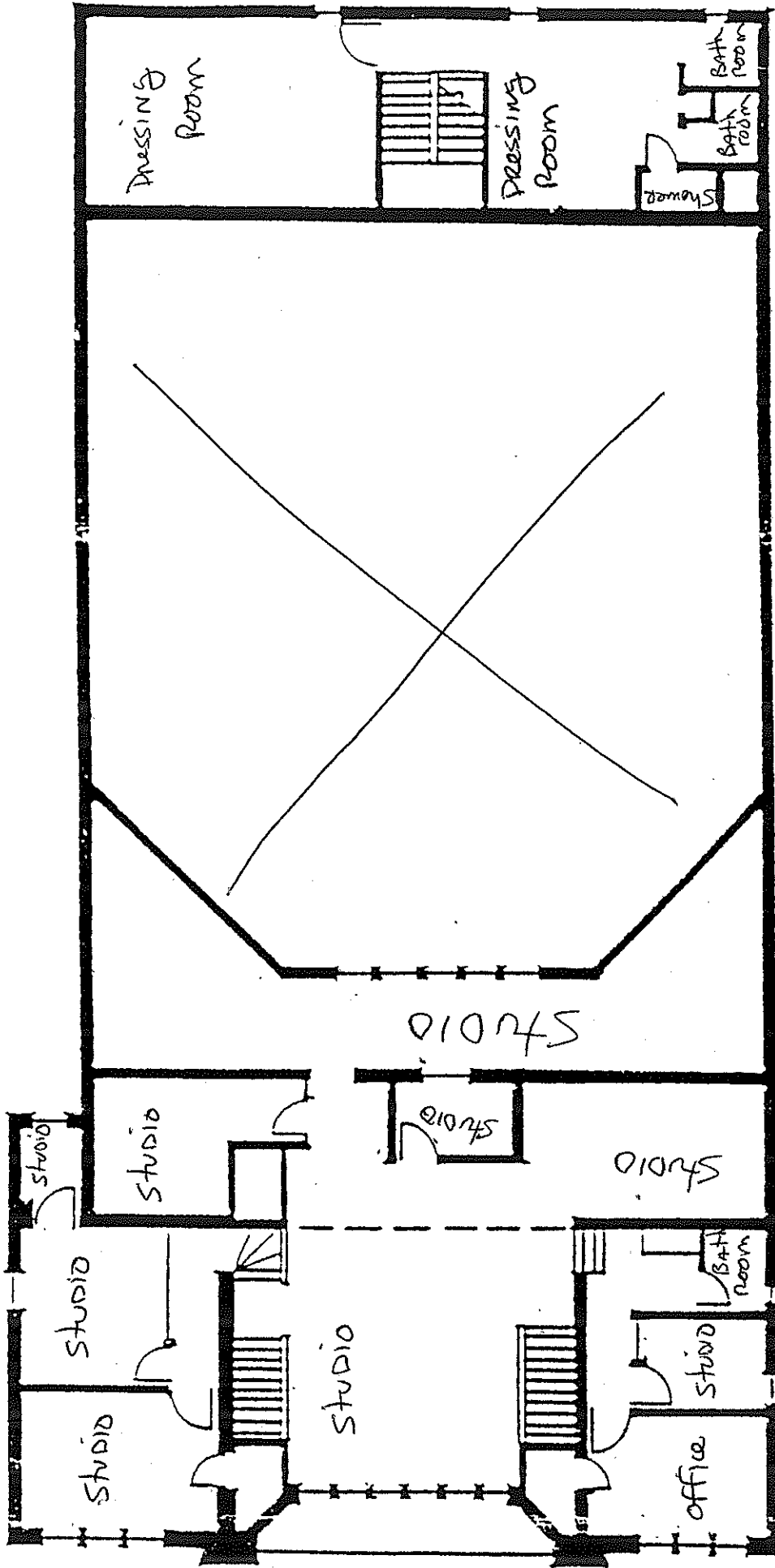
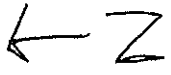
# 1st Floor



1/11/2006

William Stake  
2844 N. OAKLAND AVE

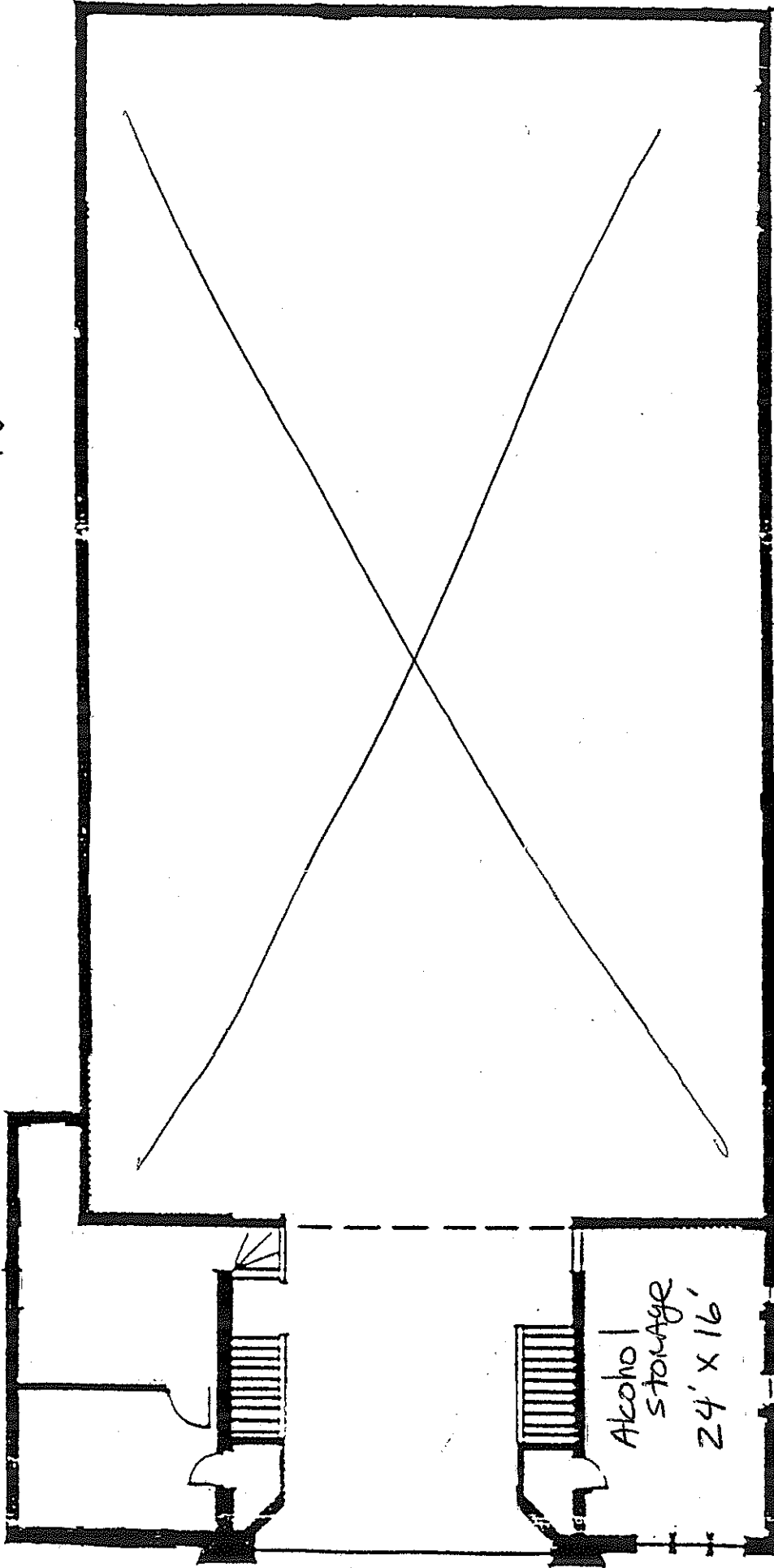
2ND Floor



9002/11/1

Basement

↑  
N



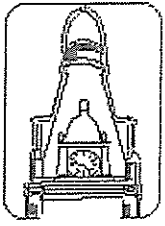
1/11/2006

RENEWAL CTRPA 8

ccl-265b (11/03)

# CENTER FOR THE VISUAL AND PERFORMING ARTS LICENSE 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



City  
of  
Milwaukee

Any incomplete application or application submitted without the required fee will be returned. Checks should be made payable to the City of Milwaukee. Return to above address.

Check one:  Individual or  Partnership (Fill out Section A, B, & D)  
 Corporation or LLC (Fill out Section B, C, & D)

<b>Section A</b>	<b>INDIVIDUAL OR PARTNERSHIP:</b>	
	Full Name (Last, First & Middle Initial) <i>Stace, William J.</i>	Full Name (Last, First & Middle Initial)
	Home Street Address: <i>2443 N. OAKLAND AVE</i>	Home Street Address:
	Home City, State, Zip Code: <i>MILW. WI 53211</i>	Home City, State, Zip Code:
	Home Phone Number: <i>(414) 839-0916</i>	Home Phone Number: ( ) -
Date of Birth: <i>4/13/54</i>	Date of Birth:	

<b>Section B</b>	Business Trade Name: <i>The Minneman Theatre</i>	Business Phone Number: <i>(414) 967-0302</i>	Aldermanic District: <i>3</i>
	Premise Address: <i>2844 N. OAKLAND AVE, MILW, WI 53211</i>		
	Business has: (check as least one) <input checked="" type="checkbox"/> at least one stage larger than 1200 square feet in size <input type="checkbox"/> a collection of recognized works of art on regular public display		
	Other licenses for this location: <i>Theatre, cabaret, Liquor (class "B")</i>		

<b>Section C</b>	<b>Full Name of corporation, limited liability company, club or association:</b>	
	Address, if different from business address (include City, State, & Zip Code):	
	<b>Agent Or Local Manager:</b>	
	Full Name (Last, First & Middle Initial):	Home Street Address:
	Home Phone Number: ( ) -	Home City, State, Zip Code:
	Stockholder <input type="checkbox"/> Percentage of Stock %	Date of Birth:
	<b>President/Member</b>	
	Full Name (Last, First & Middle Initial):	Vice President/Member
	Home Street Address:	Full Name (Last, First & Middle Initial):
	Home City, State, Zip Code:	Home Street Address:
Home Phone Number: ( ) -	Home City, State, Zip Code:	
Home Phone Number: ( ) -	Home Phone Number: ( ) -	
Date of Birth:	Date of Birth:	
Stockholder <input type="checkbox"/> Percentage of Stock %	Stockholder <input type="checkbox"/> Percentage of Stock %	

OVER

Section C Continued

<i>Secretary/Member</i>		<i>Treasurer/Member</i>	
Full Name (Last, First & Middle Initial):		Full Name (Last, First & Middle Initial):	
Home Street Address:		Home Street Address:	
Home City, State, Zip Code:		Home City, State, Zip Code:	
Home Phone Number: (    )    -		Home Phone Number: (    )    -	
Date of Birth:		Date of Birth:	
Stockholder <input type="checkbox"/> Percentage of Stock    %		Stockholder <input type="checkbox"/> Percentage of Stock    %	
List any additional stockholders owning 20% or more stock:			
Full Name (Last, First & Middle Initial):		Full Name (Last, First & Middle Initial):	
Home Street Address:		Home Street Address:	
Home City, State, Zip Code:		Home City, State, Zip Code:	
Home Phone Number: (    )    -		Home Phone Number: (    )    -	
Date of Birth:		Date of Birth:	
Percentage of Stock    %		Percentage of Stock    %	

Section D

**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 signers. Signers agree to operate this business according to the law and that the rights and responsibilities conferred by the license, if granted, will not be assigned to another.

The undersigned agrees to inform the City Clerk within five days of any substantial changes in the information supplied in this application. The undersigned shall not willfully refuse to provide the services offered under this license, or refuse to employ, or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry; and 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.

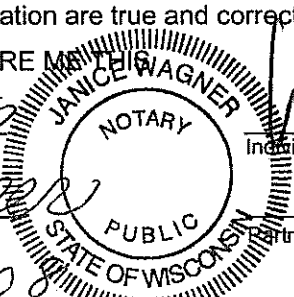
**Individual applicants and each member of a partnership must sign under oath. An agent/officer/member of a corporation or LLC must sign under oath.** I have knowledge of the City Ordinances currently regulating the license applied for herein, and being duly sworn under oath, depose and say that I am the person named above and that all statements made in the foregoing application are true and correct.

SUBSCRIBED AND SWORN TO BEFORE ME THIS 11 day of Jan, 2000

*[Signature]*  
 Individual Agent or Officer of Corp/Agent or Member of LLC/Partner

*[Signature]*  
 Notary Public, State of Wisconsin

My commission expires 2/10/08



Office Use Only:  
 Initials: GW Filed: 4/11/00 AD: 3 License #: 11917 Granted: \_\_\_\_\_ Issued: \_\_\_\_\_  
 BTAVN # \_\_\_\_\_ CBRT # \_\_\_\_\_



City  
of  
Milwaukee

ccl-265d (11/03)

# PLAN OF OPERATION - CENTER FOR THE VISUAL AND PERFORMING ARTS

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](mailto:LICENSE@MILWAUKEE.GOV)

To be completed by the individual, a partner, agent or officer/member of a corporation/LLC.

Business Trade Name: <u>The Milwaukee Theatre</u>		
Name of Corporation/LLC:		
Premises Address: <u>2844 N. DAKLAND AVE, MILW, WI 53211</u>		
Day of Week	Hours of Operation: i.e. 8:00 A.M. to 1:30 A.M. or 12:00 A.M. to 11:59 P.M.	Number of Patrons Expected:
Sunday	<u>8 AM - 1:30 AM</u>	<u>0-420</u>
Monday	<u>8 AM - 1:30 AM</u>	<u>0-420</u>
Tuesday	<u>8 AM - 1:30 AM</u>	<u>0-420</u>
Wednesday	<u>8 AM - 1:30 AM</u>	<u>0-420</u>
Thursday	<u>8 AM - 1:30 AM</u>	<u>0-420</u>
Friday	<u>8 AM - 1:30 AM</u>	<u>0-420</u>
Saturday	<u>8 AM - 1:30 AM</u>	<u>0-420</u>
State your plans to ensure underage patrons <u>are not served</u> alcoholic beverages? <u>Security personnel ON premises during events, some events are alcohol free. Bartenders check ID's if in doubt.</u>		
What are your plans to ensure underage patrons <u>do not drink</u> alcoholic beverages while on your premises? <u>Security personnel patrol theatre area.</u>		
How do you plan to ensure that underage patrons are not on your premises after Milwaukee curfew? <u>Security personnel check premises at curfew.</u>		
Will you be using a sound amplification system? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, what kind of system will you use? <u>AN OUTSIDE SOUND COMPANY</u>		

OVER

What are your plans for security at the premises?

Security personnel on premises

What are your plans to ensure the orderly appearance and operation of the business with respect to:

Litter: cleaning person on staff

Noise: sound is kept to reasonable levels. Never have had a noise complaint

Legal Occupancy Limit / Capacity: 420<sup>00</sup>

Number of Off Street Parking Places 0

What other licenses are held by the applicant? Cabaret Liquor (class "B") Tavern, Theatre, Center for the Visual and Performing Arts.

What other licenses are attached to the premises? Theatre same as above

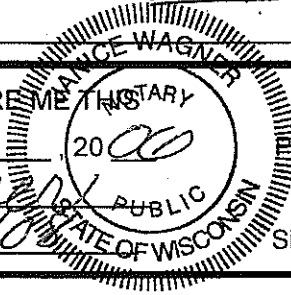
SUBSCRIBED AND SWORN TO BEFORE ME THIS

11 day of Jan

2000

Garnice Wagner

My Commission expires: 2/10/10



Print Name: William Stace

Signature: [Handwritten Signature]

Office Use Only: Initials JS License # 11977 Filed 1/11/00 Granted \_\_\_\_\_ Issued \_\_\_\_\_