

RENEWAL ALCOHOL BEVERAGE LICENSE APPL

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning 12/21, 2005; ending 12/21 06

333 E KEEFE AV
MILWAUKEE WI 53212

TO THE GOVERNING BODY of the CITY OF MILWAUKEE, MILWAUKEE COUNTY
Aldermanic District No. 6

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"/>	\$
<input type="checkbox"/>	\$
Publication Fee	\$
TOTAL FEE	\$ 610

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Williams-Young Kimberly Venice Home Address 2710 N. 58th Post Office & Zip Code 53210

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 ▶ Club 333 Business Phone Number (414) 349-4079

2. Address of Premises ▶ 333 E. Keefe Ave Post Office & Zip Code ▶ 53212

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.) FIRST FLOOR

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

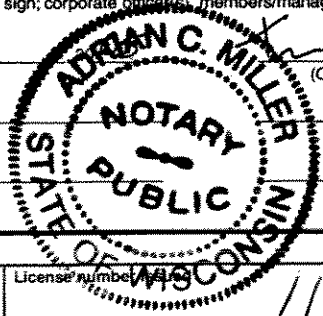
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

This 24th day of September

Adrian C Miller
(Clerk/Notary Public)

My Commission Expires 2/16/07



[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)

[Signature]
(Additional Partner(s)/Member/Manager of Limited Liability Company If Any)

TO BE COMPLETED BY CLERK:

Date received and filed with municipal clerk 9/13/05

License number 11777

Date license granted DEC 13 2005



Plan of Operation Supplement for Retail Alcohol Beverage License Application

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

Check Type of License Applied for:

Class A Class B Class C

Check Box in this section that applies to your ownership structure:

Individual Partnership Corporation Limited Liability Company Non Profit

Full Legal Name of Individual, Partner or Agent:

Kimberly Venice Williams-Young

List any other names by which you have been known on official records:

Name of Corporation, Limited Liability Company, Non Profit Organization or Additional Partners:

State where Corporation, Limited Liability Company or Organization Formed:

Year Corporation, Limited Liability Company Formed:

**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.*

Address of Premises:

Business Telephone Number:

333 E. Keefe Ave

(414) 349-4079

Business Mailing Address - if different from address of premises (include City, State, Zip Code):

Business Internet/E-mail Address:

Business Fax Number:

N/A

N/A

Property Owner's Name:

Betty Bell

Property Owner's Address (include City, State, Zip Code):

333 E. Keefe Ave

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

If yes, list name and address:

Will you be conducting the day-to-day operations of the business? Yes No

If no, list name and address:

(If applying for a Class B license, 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? Yes 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? Yes No

If so, list name and address:

THIS SECTION REQUIRED FOR NEW APPLICANTS ONLY

Is your lease verbal or written?

Date lease begins: _____ Expires: _____

Monthly rental: \$ _____ Do you have an option to renew the lease? Yes No

Does your lease allow for the assignment to another party without the consent of the owner?

Yes No

For what length of time have you been guaranteed occupancy? _____

In addition to paying monthly rental, will you have to pay anything additional to the owner of the building to guarantee performance of the lease? Yes No

If yes, explain: _____

Who owns the fixtures (ie. Coolers, etc.)? _____

If you are purchasing the stock and/or fixtures, what did you pay for them? _____

Total Amount Paid for the Business: \$ _____

Amount Paid for the Goodwill of the Business: \$ _____

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.

Have you made arrangements with the seller for payment of the personal property taxes?

Yes No

Does the present owner or occupant object to the granting of your license? Yes No

If yes, explain: _____

HOURS OF OPERATION – REQUIRED FOR ALL APPLICANTS

Examples:	Current Days and Hours of Operation:	Proposed Day and Hours of Operation:	# of Patrons Expected per day:
Sunday Open: 8:00 AM Monday Close: 2:00 AM	Sunday: Closed	Sunday: closed	25
Monday: Closed	Monday: 5:00 pm open Tuesday: 1:30 am close	Monday: Open: 5:00pm Tuesday: close: 1:30am	25
Tues. Open: 9:00 AM Tues. Close: 9:00 PM	Tues. Open: 5:00 pm Wed. close: 1:30 AM	Tuesday: open: 5:00pm Wednesday: close: 1:30AM	25
Wed. Open: 6:00 AM Thurs. Close: 1:00 AM	wed. Open: 5:00 pm Thurs. close: 1:30AM	Wed. Open: 5:00pm Thurs. close: 1:30AM	25
Thurs. Open: 6:00 AM Friday Close: 2:00 AM	Thurs. Open: 5:00 pm Fri. Close: 1:30AM	Thurs. open: 5:00 pm Fri. Close: 1:30AM	25
Friday Open: 9:00 AM Sat. Close: 2:30 AM	Fri. Open: 5:00 pm Sat. Close: 1:30 AM	Fri. Open: 5:00 pm Sat. Close: 1:30AM	25
Saturday Open: Noon Sunday Close: 2:30 AM	Sat. Open: 5:00 pm Sun. Close: 2:30 AM	Sat. Open: 5:00 pm Sun. Close: 2:30AM	25

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

Number of Parking Spaces Available on the Premises: 0

What are your plans to maintain an orderly appearance and operation of the premises with respect to Litter: We have weekly clean ups.

Noise: The bar closes thirty minutes prior to closing and has security that will begin at the beginning of the month

What other types of businesses are currently conducted at the premises? (i.e. grocery store, restaurant, art gallery) N/A

Future Plans for other businesses? NO

What other types of licenses/permits are currently issued for the premises? N/A

Future Plans for Licenses/Permits? NO

Is the premise less than 300 feet from any church, school or hospital? Yes No

Detailed Floor Plan**

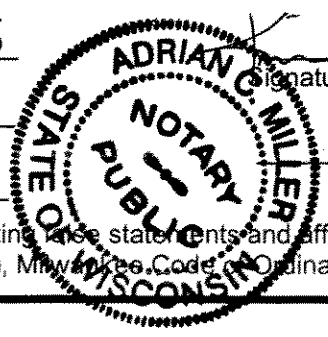
A detailed floor plan must be included with each alcohol beverage application. The floor plan must be filed on 8 1/2 x 11 inch sized paper. A separate sheet of paper must be filed for each floor included in the premises description. (A floor plan is required for the basement - even if it is used only for storage)

The floor plan must include:

- Area in Square feet and dimensions of the premise 31 x 17-6? 31 x 25 = 775 sq ft (Length x width = Square feet)
- Locations of all entrances and exits to the premise
- Locations of all seating areas, bars, and food preparation areas (Class B and C applicants only)
- Locations and dimensions of all alcohol beverage storage and display areas Label 11'10" x 1'10"
- Locations and dimensions of all outdoor areas available at the premises for the sale or service of alcohol beverages
- Locations and dimensions of all off-street parking areas available at the premises Label N/A Public street parking
- Mark the North point and date
- Date the floor plan

****All applications submitted without the detailed floor plan will be returned.**** A sample floor plan is available online at www.milwaukee.gov/license

Subscribed and sworn to before me
this 24th day of September, 2005
Adrian C. Miller
Notary Public, State of Wisconsin
My commission expires: 12/16/09



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

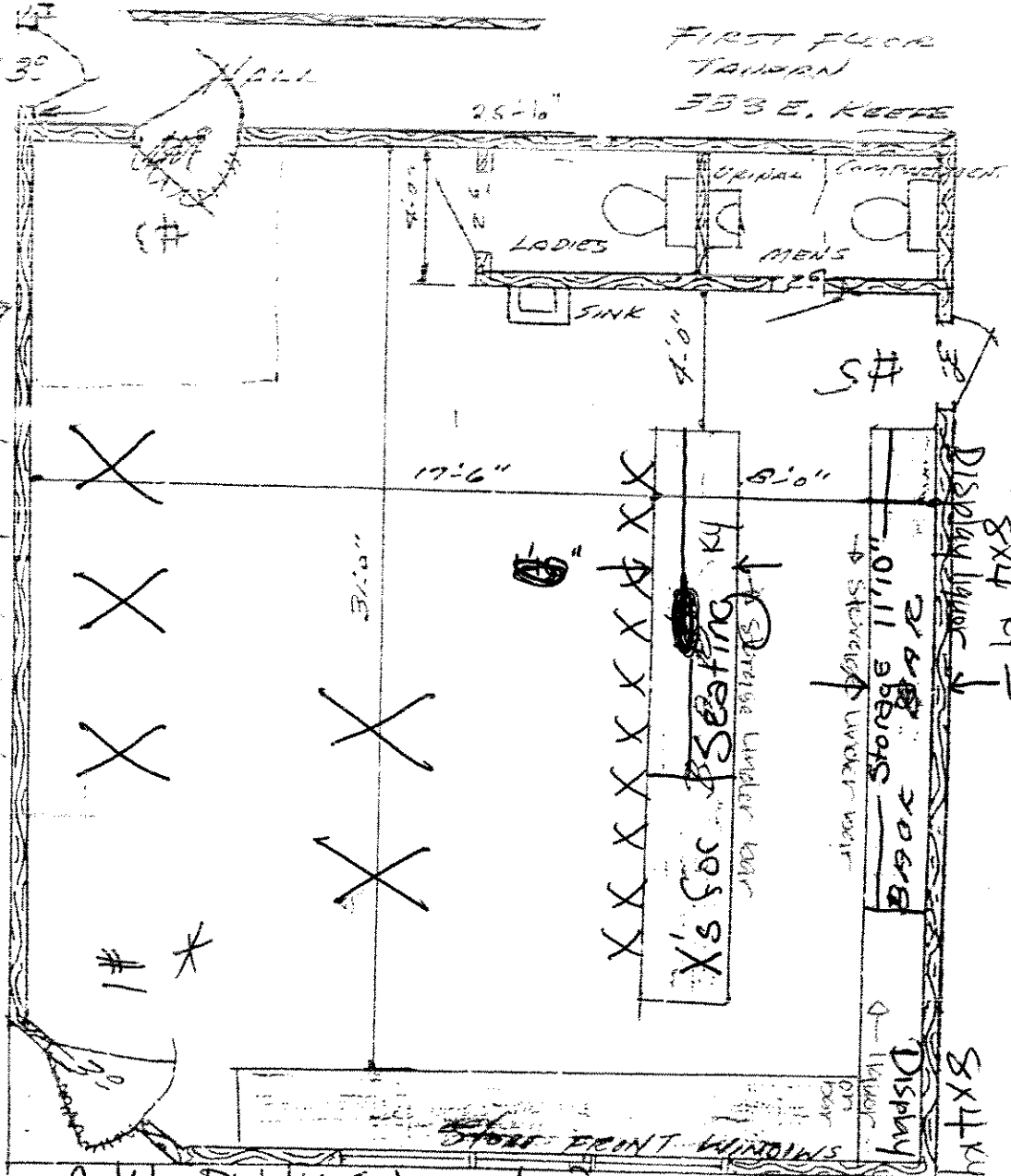
[Signature]
Signature of Partner/Secretary/Member

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

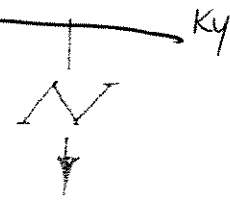
10741 square -
Footage = 775'
31 X 25

HT + SH + BAG

CITY PUBLIC STREET
#1 = Door Swing Out
#2 = Door Swing Out



CITY PUBLIC STREET PARKING
FLOOR AREA CAP = 600 S.F. NET ÷ 10 = 60 CAP
TOILET RM CAP = 90 "
EXIT DOOR CAP = 142 = 142 "
FRAME BLDG. MAX CAP = 99
E. KEEFFE AVENUE



*PLACE IN TAVERN FILE. J. REGILLAT

at least "0.9" *

City of Milwaukee, Building Inspection and Safety Engineering. Promissory Record
(MJS-0101). Photographic Operator



CITY OF MILWAUKEE

RENEWAL ALCOHOL BEVERAGE RELATED LICENSES APPLICATION

BUSINESS NAME: Club 333

BUSINESS ADDRESS: 333 E. Keefe Ave

Check the Licenses You Are Applying For:	Fees:	Check the Licenses You Are Applying For:	Fees:
<input type="checkbox"/> Amusement/Cabaret	\$1375.00 \$	<input checked="" type="checkbox"/> Cigarette & Tobacco	\$100.00 \$
<input type="checkbox"/> Dance	\$225.00 \$	Check Method(s) of Disbursement:	
<input type="checkbox"/> Instrumental Music	\$150.00 \$	<input checked="" type="checkbox"/> Over the Counter and/or <input type="checkbox"/> Vending Machine	
<input type="checkbox"/> Billiard Hall (3 or more pool tables)	\$105.00 \$	<input type="checkbox"/> Pool Tables – How many? _____ x \$35.00 each	\$
<input type="checkbox"/> Bowling Alley-How many? _____ x \$20.00 each	\$	<input checked="" type="checkbox"/> Record Spin – No Dancing	\$35.00 \$
6 GAME MACHINES OR MORE ON THE PREMISES		Includes DJs/Karaoke/CD Players	
<input type="checkbox"/> Video Game Center	\$400.00 \$	<input checked="" type="checkbox"/> Phonograph/Jukebox Premises	\$50.00 \$
<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 \$20.00 for each	\$	AND pay an additional \$20.00 for each	\$
<input type="checkbox"/> If the distributor owns the games, list how many _____		<input checked="" type="checkbox"/> If the distributor owns the jukebox(es), list how many <u>1</u>	
AND name of distributor _____		AND name of distributor <u>Coins and Amusement</u>	
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.		5 GAME MACHINES OR LESS ON THE PREMISES	
		<input checked="" type="checkbox"/> Amusement Game Premises	\$50.00 \$
		<input type="checkbox"/> If you OWN the games, list how many _____	
		AND pay an additional \$20.00 for each	\$
		<input checked="" type="checkbox"/> If the distributor owns the games, list how many <u>3</u>	
		AND name of distributor <u>Coins and Amusement</u>	

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

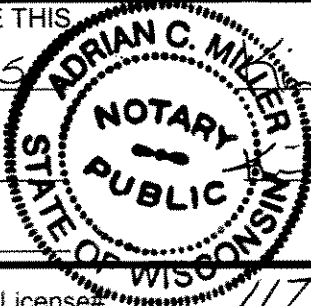
The undersigned agrees to inform the City Clerk within ten days of any substantial changes in the information supplied in this application. The undersigned shall not willfully refuse to provide those services offered under this license, permit, or franchise, or refuse to employ, or discharge any person 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

24th day of September 2005

Adrian C. Miller
Notary Public, State of Wisconsin

Adrian C. Miller
My Commission expires 12/16/07



Adrian C. Miller
Print Your Name

Adrian C. Miller
Signature

OFFICE USE ONLY: INITIALS gW License# 11777 FILED 10/13/05 AD# 40

TAG(S) # _____ GRANTED _____ ISSUED _____