



CITY OF MILWAUKEE  
OFFICE OF THE CITY CLERK

Tuesday, August 23, 2022

COMMITTEE MEETING NOTICE

AD 03

WEBER, Kati R, Agent  
Pinup Ink LLC  
1661 N WATER St #508  
Milwaukee, WI 53202

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

**Friday, September 02, 2022 at 10:50 AM**

**Regarding:** Your Tattoo and Body Piercing License Application as agent for "Pinup Ink LLC" for "Pinup Ink by Kati" at 1661 N WATER St #508.

This meeting will be held via GoToMeeting. Please see the enclosed best practices document for further instructions. The access code is <https://meet.goto.com/392400829>. If you wish to call in, please call [+1 \(571\) 317-3112](tel:+15713173112) and use Access Code: 392-400-829.

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

**Notice for applicants with warrants or unpaid fines:**

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

Failure to attend this meeting may result in the denial of your license. Individual applicants and partnership applicants must attend or attend by an attorney. The agent or attorney for corporate or limited liability applicants must attend. If you wish to do so and at your own expense, you may be accompanied by an attorney of your choosing to represent you at this hearing.

You will be given an opportunity to speak on behalf of the application and to respond and challenge any charges or reasons given for the denial. No petitions can be accepted by the committee, unless the people who signed the petition attend the virtual hearing and are willing to testify. You may present witnesses under oath and you may also confront and cross-examine opposing witnesses under oath. If you have difficulty with the English language, you should request an interpreter attend the meeting with you, at your expense, so that you can answer questions and participate in your hearing.

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

JIM OWCZARSKI, CITY CLERK

BY: \_\_\_\_\_

Jim Cooney  
License Division Manager

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



CITY OF MILWAUKEE  
OFFICE OF THE CITY CLERK

Tuesday, August 23, 2022

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AD 03

WEBER, Kati R, Agent  
Pinup Ink LLC  
2550 N LAKE DR #6  
Milwaukee, WI 53211

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JIM OWCZARSKI, CITY CLERK

BY: \_\_\_\_\_

Jim Cooney  
License Division Manager

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



Tuesday, August 23, 2022



# Notice of Public Hearing

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WEBER, Kati R  
Pinup Ink by Kati at 1661 N WATER St #508  
Tattoo and Body Piercing License Application

**Friday, September 02, 2022 at 10:50 AM**

To whom it may concern:

The above application has been made by the above named applicant(s). This requires approval from the Licenses Committee and the Common Council of the City of Milwaukee. The hearing before the Licenses Committee will take place virtually on 09/02/2022 at 10:50 AM. This is a public hearing. Those wishing to view the proceeding are able to do so via the City Channel – Channel 25 on Spectrum Cable – or on the Internet at <http://city.milwaukee.gov/citychannel>. Those wishing to provide oral testimony will be asked to do so by phone or internet and are asked to contact the staff assistant, Yadira Melendez at (414) 286-2775 or [stasst5@milwaukee.gov](mailto: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.

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## Important details for those wishing to provide information for the Licenses Committee to consider when making its recommendation:

1. The license application is scheduled to be heard at the above time. Due to other hearings running longer than scheduled, you may have to wait some time to provide your testimony.
2. You must testify as to matters that you have personally experienced or seen. (You cannot provide testimony for your neighbor, parent or anyone else; this is considered hearsay and cannot be considered by the committee.)
3. No letters or petitions can be accepted by the committee (unless the person who wrote the letter or the persons who signed the petition are willing to testify).
4. Persons opposed to the license application are given the opportunity to testify first; supporters may testify after the opponents have finished.
5. When you are called to testify, you will be sworn in and asked to give your name, and address. (If your first and/or last names are uncommon please spell them.)
6. You may then provide testimony.
  - a. Include only information relating to the above license application.
  - b. Include only information you have personally witnessed or seen.
  - c. Provide concise and relevant information detailing how this business has affected or may affect the peaceful enjoyment of your neighborhood.
  - d. If by the time you have the opportunity to testify, the information you wish to share has already been provided to the committee, you may state that you agree with the previous testimony. Redundant or repetitive testimony will not assist the committee in making its recommendation.
7. After giving your testimony, the members of the Licenses Committee and the licensee may ask questions regarding the testimony you have given or other factors relating to the license application.
8. Business Competition is not a valid basis for denial or non-renewal of a license.

**Please Note: If you have submitted an objection to the above application your objection cannot be considered by the committee unless you personally testify at the hearing.**

















CURRENT OCCUPANT	1775 N RIVERWALK WAY	MILWAUKEE, WI 53212-3985
CURRENT OCCUPANT	1781 N RIVERWALK WAY	MILWAUKEE, WI 53212-3985
CURRENT OCCUPANT	1787 N RIVERWALK WAY	MILWAUKEE, WI 53212-3985
CURRENT OCCUPANT	1789 N RIVERWALK WAY	MILWAUKEE, WI 53212-3985
CURRENT OCCUPANT	1795 N RIVERWALK WAY	MILWAUKEE, WI 53212-3985
CURRENT OCCUPANT	1805 N RIVERWALK WAY	MILWAUKEE, WI 53212-3991
CURRENT OCCUPANT	1807 N RIVERWALK WAY	MILWAUKEE, WI 53212-3991
CURRENT OCCUPANT	1810 N CAPE ST	MILWAUKEE, WI 53212-3977
CURRENT OCCUPANT	1815 N RIVERWALK WAY	MILWAUKEE, WI 53212-3991
CURRENT OCCUPANT	1817 N RIVERWALK WAY	MILWAUKEE, WI 53212-3991
CURRENT OCCUPANT	1820 N CAPE ST, 201	MILWAUKEE, WI 53212-3992
CURRENT OCCUPANT	1820 N CAPE ST, 202	MILWAUKEE, WI 53212-3992
CURRENT OCCUPANT	1820 N CAPE ST, 203	MILWAUKEE, WI 53212-3992
CURRENT OCCUPANT	1820 N CAPE ST, 301	MILWAUKEE, WI 53212-3992
CURRENT OCCUPANT	1820 N CAPE ST, 302	MILWAUKEE, WI 53212-3992
CURRENT OCCUPANT	1820 N CAPE ST, 303	MILWAUKEE, WI 53212-3992
CURRENT OCCUPANT	1820 N CAPE ST, 304	MILWAUKEE, WI 53212-3992
CURRENT OCCUPANT	1825 N RIVERWALK WAY	MILWAUKEE, WI 53212-3991
CURRENT OCCUPANT	1829 N RIVERWALK WAY	MILWAUKEE, WI 53212-3991
CURRENT OCCUPANT	1830 N CAPE ST	MILWAUKEE, WI 53212-3977
CURRENT OCCUPANT	1831 N RIVERWALK WAY	MILWAUKEE, WI 53212-3991
CURRENT OCCUPANT	1835 N RIVERWALK WAY	MILWAUKEE, WI 53212-3991
CURRENT OCCUPANT	1837 N RIVERWALK WAY	MILWAUKEE, WI 53212-3991
CURRENT OCCUPANT	1841 N RIVERWALK WAY	MILWAUKEE, WI 53212-3991
CURRENT OCCUPANT	520 E SHIP ST	MILWAUKEE, WI 53212-3990
CURRENT OCCUPANT	525 E VINE ST	MILWAUKEE, WI 53212-3982

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Total Records: 354

Radius 250.0 feet and Center of Circle: 1661 N Water St



# 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](mailto: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) Tattoo Establishment

Provide a detailed description of the type of business you plan on operating:

Cosmetic tattooing + microblading

Do you have any experience operating this type of business?  No  Yes If yes, explain: 6 years

## 2. Business Operations

- a. Proposed Opening Date: ASAP!
- 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: tattoo - changing the name
- 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: office suites downtown (professional)

## 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: only professional, quiet business allowed.
- 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: outside
- b. Number of Garbage Cans: Inside: 4 Locations: 3 inside suite, 1 in hallway for maintenance to dispose  
Outside: 1 Locations: back of building - near Ogden
- 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? lot and describe the parking security plan: parking for tenants + customers - large lot off water st. signs w/ camera
- 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? \_\_\_\_\_ and answer the following:  
 What are their responsibilities? N/A  
 Is security equipment used?  No  Yes If yes, describe security cameras in my suite  
 List their licensing, certification, or training credentials N/A
- d. Will there be security cameras?  No  Yes If yes, how many? 2-3 and list locations: all around my suite
- e. Will searches/identification checks be done upon entry?  No  Yes If yes, describe 18+ to tattoo check @ sign in

**6. Percentage of Sales (must total 100%)**

Alcohol _____%	Food _____%	Secondhand Merchandise _____%	Precious Metals & Gems _____%
Entertainment _____%	Cigarettes _____%	Personal Services (such as tattoo, body piercing, salon, tailor, tanning, etc.) <u>100</u> %	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: \_\_\_\_\_ Number of Rooms: \_\_\_\_\_
- Rooming House: Number of Floors: \_\_\_\_\_ Number of Rooms: \_\_\_\_\_

- Type 2**
- Liquor Store     Corner Store     Supermarket     Convenience Store
- Gas Station     Amusement/Phonograph Distributor     Recycling, Salvage or Towing
- Used Car Dealer     Personal Service Establishment (such as tattoo business, hair salon, tailor, etc.)     Recording Studio

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

Occupancy Permit     Cigarette & Tobacco     Gas Station     Extended Hours     Class "B" Tavern     Weights & Measures

Secondhand Dealer     Precious Metal & Gem     Other: \_\_\_\_\_

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

Capacity \_\_\_\_\_ (Call the Milwaukee Development Center at 414-286-8211 if you have questions.)

## 9. Premises Description

a. Identify all area(s) of the premises that will be used in operating this business (include areas used only for storage):

1<sup>st</sup> Floor  2<sup>nd</sup> Floor  Basement Storage  Patio  Beer Garden  Sidewalk Café  Deck  Rooftop

Other: Describe: 5<sup>th</sup> floor - suite #508

b. Describe Location:  Major Thoroughfare  Secondary Street  Other: off water before Brady

c. Nearest Major Cross Street: Brady + Van Buren

d. Describe Building:  Free Standing Building  Strip Mall  Other: \_\_\_\_\_

e. Describe Premises Structure:  Single Story  Multi-Story - # of Stories 5  Other: \_\_\_\_\_

f. Describe Surrounding Area:  Commercial  Residential  Industrial  Other: \_\_\_\_\_

g. Building Owner Name: NL Partners - Ogden Reed Phone Number: 414-276-5085

Building Owner Address: 1615 N. Water St. estate

Milwaukee, WI 53202

## 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	9 AM	7 PM	2-3	18-70	*Must be
Monday	9 AM	7 PM	↓	↓	18 to
Tuesday	9 AM	7 PM	↓	↓	enter*
Wednesday	9 AM	7 PM	↓	↓	
Thursday	9 AM	7 PM	↓	↓	
Friday	9 AM	7 PM	↓	↓	
Saturday	9 AM	7 PM			

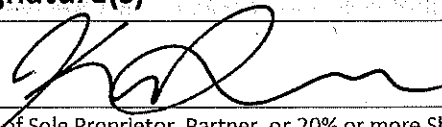
An Extended Hours Establishment License is required for any convenience store, filling station, personal service establishment (such as tattoo, body piercing, salon, tailor, tanning, etc.), recording studio or restaurant which is open between the hours of 12:00 a.m. and 5:00 a.m.

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.



# TATTOO & BODY PIERCING ESTABLISHMENT 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](mailto:license@milwaukee.gov) [www.milwaukee.gov/license](http://www.milwaukee.gov/license)

Legal Entity Name: Pinup Ink LLC  
 Premise Address: 1601 N. Water St. #508 Milwaukee, WI 53202  
**SERVICES OFFERED (check all that apply)**

TATTOO SERVICES		PIERCING SERVICES
<input type="checkbox"/> Tattoo <input type="checkbox"/> Tattoo Removal <input checked="" type="checkbox"/> Permanent Makeup <input checked="" type="checkbox"/> Microblading	Other Body Art: <input type="checkbox"/> Scarification <input type="checkbox"/> Subdermal Implants <input type="checkbox"/> Braiding <input type="checkbox"/> Branding <input type="checkbox"/> Other:	<input type="checkbox"/> Body Piercing <input type="checkbox"/> Ear Piercing <input type="checkbox"/> Microdermals <input type="checkbox"/> Other:

Will an ultrasonic device for equipment cleaning be onsite?     Yes     No  
 Describe the hand washing method used in procedure area(s)?  
Hot water + antibacterial soap + single use paper towels  
hand sanitizer everywhere!

Number of Employees: 1    Number of Tattooists: 1    Number of Body Piercers: 0    Number of Procedure Stations: 1

**ACKNOWLEDGEMENT & SIGNATURES**

I/we will not operate the business until the license has been issued and posted in the establishment.

[Signature]  
Signature of Sole Proprietor, Partner, Agent or 20% or More Shareholder of Corporation or LLC

\_\_\_\_\_  
Signature of Additional Partner(s)

**Supporting Documentation**

The following documentation must be available onsite for the preinspection.

APPLICANT Check only those items you are submitting with this application:	FOR HEALTH DEPARTMENT USE ONLY					
	Reviewed			Approved		
<input type="checkbox"/> Floor Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
<input type="checkbox"/> Equipment List	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
<input type="checkbox"/> List of all finished materials	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
<input type="checkbox"/> Lighting Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
<input type="checkbox"/> Sharps Disposal Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
<input type="checkbox"/> Insect & Rodent Control Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Standard Operating Procedures	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
<input type="checkbox"/> Infection Prevention & Control Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
<input type="checkbox"/> Copies of Practitioner Licenses	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
<input type="checkbox"/> Facility Documents	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
<input type="checkbox"/> Copy of Initial Spore Results	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

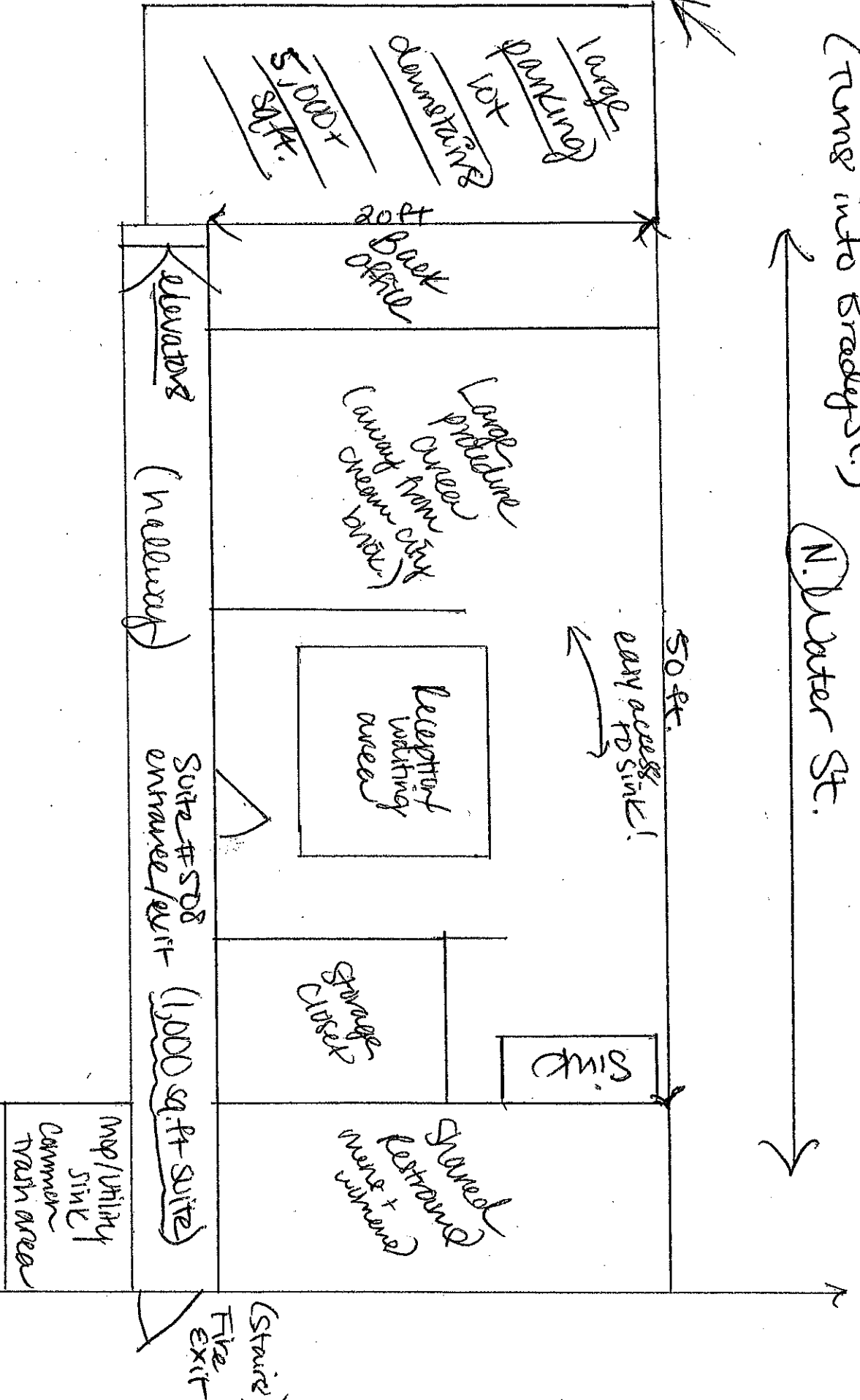
**Office Use Only**

Filed <u>8-3-22</u>	Initials <u>AC</u>	Application # <u>340806</u>	Paid
MPD	CC	HD	NS
Granted			License #

(Turns into Bradley St.)

N. Water St.

\*Stand alone cream city brick building off water st.



Kati Weber, Agent for Pinup Ink LLC  
also Pinup Ink by Kati  
Moto: X-3-2622

1661 N. Water St.  
#S08 Milwaukee, WI 53202