ccl-busplan 5/12/2020

## MILWAUKEE

## **BUSINESS LICENSE PLAN OF OPERATION**

Office of the City Clerk License Division 200 E. Wells St. Room 105, Milwaukee, WI 53202 (414) 286-2238 www.milwaukee.gov/license e-mail address: license@milwaukee.gov

| 1. Type of Business  |  |  |  |  |  |
|--|--|--|--|--|--|
| Applying for:  |  |  |  |  |  |
| 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:  |  |  |  |  |  |
| Provide a detailed description of the type of business you plan on operating:  CLASS B TANSKN TUSTIC GOT TRUMSES, FAN DEALGR, CLARENE & TOSACCO, TININGS  Do you have any experience operating this type of business? I No FI Yes explain: RACTION (CO. T. L.)   |  |  |  |  |  |
| Do you have any experience operating this type of business? \( No \( \) Yes \( \) If yes, explain: \( \) BARTWHILL \( \) |  |  |  |  |  |
| 2. Business Operations   |  |  |  |  |  |
| a. Proposed Opening Date: UPON UC. APPONT  |  |  |  |  |  |
| 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 MYes If yes, list type of license: 5046 AS ABOUE  |  |  |  |  |  |
| e. Is the current licensee operating? No XYes 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: XLicensee Building Owner Employees Mired 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? \( \text{No \( \text{N yes, describe: TO AMOUS hused \( \text{NUCA MICROPHOUS} \)  |  |  |  |  |  |
| 4. Smoking & Sanitation  |  |  |  |  |  |
| a. Are there designated outdoor smoking areas? I No Yes If yes, describe: エルナルのようの子 思いこうれと   |  |  |  |  |  |
| b. Number of Garbage Cans: Inside: 20 Locations: PURCES TARXELLOUT, VEYOE  |  |  |  |  |  |
| Outside: 3 Locations: 1 IN Frant 2 IN BACK OF BIDG   |  |  |  |  |  |
| c. Is a crowd control barrier used? No X Yes If yes, describe: OR JAHRW EXTRICE STORIUS  |  |  |  |  |  |
| d. How many restrooms are on the premises?   |  |  |  |  |  |
| e. Name of solid waste contractor: Advanced Disposal Waste Management Mother Will DSPSAL   |  |  |  |  |  |
|  |  |  |  |  |  |



| 5. Security  |  |              |  |                                 |  |  |
|--|--|--------------|--|---------------------------------|--|--|
| a. Are there onsite parking spaces? □ No 区 Yes If yes, how many? 25 and describe the payking security  |  |              |  |                                 |  |  |
| plan: ScCV RE UT   | WITH GATE FOR  | syages.      | ES only SUA                                  | KIWA                            | X6 UNEUS   |  |
| b. Is there a loading zone?  |  | 1. /1        |  |                                 | Service of the servic |  |
| 2550099 BY 21  | MY AND PORF  | White W      | 460S   |                                 |  |  |
| c. Will you have licensed security on premise? No Yes If yes, how many? 15 gand answer the following:  What are their responsibilities? RONDESARE GWI RONWEST, SCW 305 |  |              |  |                                 |  |  |
|  |  |              | MASHULHO                                     |                                 |  |  |
| List their License N   | Arren . A  | 300) ein     | TOTALION .                                   | ) Opi re                        | J-16.)   |  |
| d. Will there be security can  |  | If yes, how  | many? 24 and list to                         | scations:                       |  |  |
| MIL AREAS IN   | हार्क्ट /ग्राह्मि  | Excelit      | y OCCEPT FOR 1                               | KSTA                            | ws5  |  |
| e. Will searches/identification  | on checks be done upor   | n entry? 🔲 i | No Yes If yes, describe                      | . NEON                          | 14-1 SCAMPE)   |  |
| 6. Percentage of Sales   | (must total 100%   | %)           |  |                                 |  |  |
| Alcohol 40 %   | Food 30  | %            | Secondhand Merchandise                       |                                 | Precious Metals & Gems   |  |
| Entertainment 0 %  | Cigarettes, Electronic Vape Devices,   | 0/           | %  |                                 | %  |  |
| Entertainment 10 %   | Tobacco Products   |              | Personal Services (such as                   | taltoo.                         |  |  |
| Pawnbroker Activity%   | Salvaged Materials<br>(such as scrap metal)  | %<br>%       | body piercing, salon, tailor, tanning, etc.) |                                 | Other% Describe:   |  |
| 7. Businesses/Licenses on the Premises (check all that apply):   |  |              |  |                                 |  |  |
| Type 1   |  |              |  | 7                               | 25   |  |
| Full Service Restaurant  | Cafe/Coffee Shop   |              |  | Private/Fraternal/Veterans Club |  |  |
| ✓ Night Club   | <b>⊠</b> Tavern  |              | Cocktail Lounge                              |                                 | u <b>b</b>   |  |
| 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)   |  |              |  |                                 |  |  |
| ☐ Cigarette, Tobacco, ☐ Gas Station ☐ Extended Hours 【 Class "B" Tavern ☐ Weights & Measures  Electronic Vape Products   |  |              |  |                                 |  |  |
| Secondhand Dealer Precious Metal & Gem Mother: PEP, FOOD WER, SIDEWOLK DIWING  |  |              |  |                                 |  |  |
| 8. Legal Capacity (only if a Type 1 premises in #7 above)  |  |              |  |                                 |  |  |
| Capacity 460 (Call the Milwaukee Development Center at 414-286-8211 If you have questions.)  |  |              |  |                                 |  |  |

| 9. Premises [  | Description  |  |   |   |  |
|--|--|--|---|---|--|
| a. Identify all arc<br><b>½</b> 1 <sup>st</sup> Floor <b>②</b> | ea(s) of the premises that wil<br>\$2 <sup>nd</sup> Floor - <b>\$</b> Basement Sto       | l be used in operating this brage MPatio □Beer Gard        | isiness (include areas use<br>en  iがSidewalk Café 口 | ed only for storag<br>Deck = [_]Rooftor   | ge):<br>)  |
| □Other: Desc   |  |  |   |   |  |
| b. Describe Local  | tion: 🔀 Major Thoroughfare   | Secondary Street C   | Other:  |   | . 411.   |
| c. Nearest Major   | Cross Street: WISCOLS  | SID MYE / MICHIE   | W 21.   | P/AC-E-AND                                | **************************************   |
|  | iing: 🔯 Free Standing Buildi<br>sises Structure: 🔲 Single Sto                            |  |   |   |  |
|  | ounding Area: 🎛 Commerci   |  |   |   | and a subdated as the subdated |
| g. Building Owne   | r Name: BURKE PRO  | PODIES<br>NEDSI- Hilw. 1                                   | Phone Number: 41°                                   | 1-270-07                                  | <u>)</u> 200   |
| 10. Hours of C   | Operation & Custo  | mers   |   |   |  |
| Will customers be ent  | ering the premises? 🔲 No   | X Yes  |   |   |  |
| Day of the Week  | Proposed Hour  | s of Operation:  | Estimated Number of Customers                       | Potential<br>Age Range<br>of<br>Customers | Class B Tavern Applicant Only:   |
|  | Open Time<br>(include a.m. or p.m.)  | Close Time<br>(include a.m. or p.m.)                       | expected each day                                   |   | Age Restriction<br>(If none, write 'None')   |
| Sunday   | 12:00 PM   | DACO:S   | 100-150   | 21+                                       | HONE SIT   |
| Monday   | 12:00 PM   | D'WYN  | 100-150   | 914                                       | Novê 21+   |
| Tuesday  | 12:00 BU   | 2:w Ah   | 100-150   | 214                                       | hone oit   |
| Wednesday  | 12:00 PM   | 2:WAY  | 100-150   | 21+                                       | NOVE 21+   |
| Thursday   | 12:00 Pm   | 2:w An   | 100-150   | 21+                                       | MONE BIT   |
| Friday   | 12:00 /4   | 2:30 AM  | 400-450   | 214                                       | HIG BUY  |
| Saturday   | 12:00 PM   | 2:30 AM  | 400-450   | 914                                       | NOVE 21-1  |
|  | tablishment License is requir<br>tanning, etc.), recording stud                          |  |   |   |  |
| Alcohol Establishment<br>Permitted Hours of Op                 |  | am to 9:00 pm Sunday thru :<br>am to 2:00 am Sunday thru ' |   | ) am Friday & Sal                         | turday   |
| Entertainment Outdoo   |  | opm Sunday-Thursday; 12:00<br>Dished by the Common Co      |   |   |  |
| 11. Signature(   | sy/  |  |   |   |  |
|  | É  |  | Hingh   | You.                                      | de Sim   |
| (If there are no 20  | rietor, Partner, or 20% or mo<br>)% or more shareholders,<br>-print pamo/fitte and sign) | ore Shareholder  | Signature of additional pa                          | nther of 20% or                           | more shafeholder   |

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: (4)8  | U WATERST. M  | 1 lunulcet, wi. 53  | 202-  |  |  |  |
|---|---|---|---|--|--|--|
| TYPES OF ENTERTAINMENT (C   |   |   |   |  |  |  |
| ☐ Instrumental Musicians  | Battle of the Bands     ■     Bands     Bands | ∑ Dancing by Performers   | Amusement Machines How many? 5  |  |  |  |
| <b>⊠</b> Bands  | ∠ Comedy Acts   | Adult Entertainment/<br>Strippers/Erotic Dance  | Ø Concerts Approx. II per year? 15  |  |  |  |
| Bowling Alley How many?   | Disc Jockey   | <b></b> ☐Wrestling  | ☐ Theatrical Performances Approx. # per year?   |  |  |  |
| Pool Tables How many?   | Magic Shows   | ☑ Patron Contests   | Jukebox   |  |  |  |
| Motion Pictures (movies by admission) - How many?   | Poetry Readings   | Patrons Dancing   | X Karaoke   |  |  |  |
| Other:  |   |   |   |  |  |  |
| Entertainment Outdoor Closing Hours:  | ntertainment 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.  |   |   |  |  |  |
| PROMOTERS/SOUND AMPLIFIC  | CATION  |   |   |  |  |  |
| Will promoters ever be used for any of To ASIST IN A. At any time will sound amplification be AURLIFICD S.  | the entertainment? No X Y  NETTONG DAILY  oused? No X Yes If Yes, De  | es If Yes, Describe:  |   |  |  |  |
| LEGAL CAPACITY OF PREMISES  | PAN FULL MUSIC, M   | CUD, MNO MUCICINI NE  | <u> </u>  |  |  |  |
|   | C   |   |   |  |  |  |
| Premises License. If you would like to here: If approved, t   | request the license be approved w   | stions.) Legal capacity determines the<br>ith a lower capacity than that listed al<br>r license and override the capacity list  | ove, indicate the lower capacity  |  |  |  |
| ACKNOWLEDGEMENT/SIGNAT  | entropies, et algoris programa a la companya de la  |   |   |  |  |  |
| I understand that after the license has<br>the Common Council. I agree to inform<br>I understand that I shall not willfully re<br>the general public because of race, col-<br>orientation, gender Identity or express<br>dressed in uniform or not; and shall no<br>selection of personnel for training or pr | n the City Clerk within 10 days of a<br>fuse to provide the services offere<br>or, sex, religion, national origin or a<br>ion, familial status or the fact that<br>t seek such information as a condi   | ny substantial changes in the informat<br>d under this license, or add charges or<br>ancestry, age, handicap, lawful source<br>a person is now or has been a membe<br>tion of employment, or penalize any e | ion supplied in this application. require deposits not required of of income, marital status, sexual r of the military service, whether |  |  |  |
| I have knowledge of the City Ordinan essuspension, non-renewal or revocation  | s currently regulating public enter<br>, if I violate any rule, law or regula   | tainment, and understand that the lice<br>tion of the city of Milwaukee and State   | ense may be subject to<br>e of Wisconsin.   |  |  |  |
| Signature of Sole Proprietor, Partner or<br>(If no 20% or more Shareholder, Corpor<br>RANIE BAINS 16  | ate Officer - print name/title and :  | sign)   |   |  |  |  |
| Office Use Only:<br>Initials:Filed:<br>Only PEP? □No □Yes If Yes, [   | App :App :  | <br>Mgrs/Team Lead (must be heard v   | y/in 60 days)   |  |  |  |