MILWAUKEE

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: CLASS B TAVERN PUBLIC EAT PREMISES, FOOD DEALER, CIGARETTE & TOBACCO, SIDEWALK DINING

Do you have any experience operating this type of business? ☐ No ☒ Yes If yes, explain: BARTENDING / EVENT HOST

2. Business Operations

a. Proposed Opening Date: UPON LIC. APPROVAL

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: SAME AS ABOVE

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: TO AMPLIFY MUSIC & MICROPHONES

4. Smoking & Sanitation

a. Are there designated outdoor smoking areas? ☐ No ☒ Yes If yes, describe: IN FRONT OF BUILDING

b. Number of Garbage Cans: Inside: 20 Locations: PLACED THROUGHOUT VENUE
Outside: 3 Locations: 1 IN FRONT 2 IN BACK OF BLDG

c. Is a crowd control barrier used? ☐ No ☒ Yes If yes, describe: FOR PATRON ENTRANCE STAGING

d. How many restrooms are on the premises? 5

e. Name of solid waste contractor: ☐ Advanced Disposal ☐ Waste Management ☒ Other: EAGLE DISPOSAL

EXHIBIT
tabbies
C

5. Security

a. Are there onsite parking spaces? ☐ No ☒ Yes If yes, how many? 25 and describe the parking security plan: SECURE LOT WITH GATE FOR EMPLOYEES ONLY SURVEILLANCE CAMERAS

b. Is there a loading zone? ☐ No ☒ Yes If yes, describe the loading area security plan: SECURED BY STAFF AND SURVEILLANCE CAMERAS

c. Will you have licensed security on premise? ☐ No ☒ Yes If yes, how many? 8-15 and answer the following:

What are their responsibilities? PROVIDE SAFE ENVIRONMENT, SCAN IDS

Describe equipment used WALKIE TALKIES, WANDS, FLASHLIGHTS, UNIFORMED

List their License Number (s) TBD

d. Will there be security cameras? ☐ No ☒ Yes If yes, how many? 24 and list locations: ALL AREAS INSIDE/OUTSIDE FACILITY EXCEPT FOR RESTROOMS

e. Will searches/identification checks be done upon entry? ☐ No ☒ Yes If yes, describe VISUALLY + SCANNED

6. Percentage of Sales (must total 100%)

Alcohol 60 %	Food 30 %	Secondhand Merchandise ____ %	Precious Metals & Gems ____ %
Entertainment 10 %	Cigarettes, Electronic Vape Devices, Tobacco Products ____ %		
Pawnbroker Activity ____ %	Salvaged Materials ____ % (such as scrap metal)	Personal Services (such as tattoo, body piercing, salon, tailor, tanning, etc.) ____ %	Other ____ % 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: ____ 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, Electronic Vape Products ☐ Gas Station ☐ Extended Hours ☒ Class "B" Tavern ☐ Weights & Measures

☐ Secondhand Dealer ☐ Precious Metal & Gem ☒ Other: PEP, FOOD DEALER, SIDEWALK DINING

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

Capacity 480 (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: _____

c. Nearest Major Cross Street: WISCONSIN AVE / MICHIGAN ST.

d. Describe Building: ☒ Free Standing Building ☐ Strip Mall ☐ Other: _____

e. Describe Premises Structure: ☐ Single Story ☒ Multi-Story - # of Stories 6 ☐ Other: _____

f. Describe Surrounding Area: ☒ Commercial ☐ Residential ☐ Industrial ☐ Other: _____

g. Building Owner Name: BURKE PROPERTIES Phone Number: 414-270-0200
Building Owner Address: 622 N. WATER ST MILW. WI 53202

10. Hours of Operation & Customers

Will customers be entering the premises? ☐ No ☒ Yes

Day of the Week	Proposed Hours of Operation: Open Time (include a.m. or p.m.)	Proposed Hours of Operation: Close Time (include a.m. or p.m.)	Estimated Number of Customers expected each day	Potential Age Range of Customers	Class B Tavern Applicant Only: Age Restriction (If none, write 'None')
Sunday	12:00 PM	2:00 AM	100-150	21+	NONE 21+
Monday	12:00 PM	2:00 AM	100-150	21+	NONE 21+
Tuesday	12:00 PM	2:00 AM	100-150	21+	NONE 21+
Wednesday	12:00 PM	2:00 AM	100-150	21+	NONE 21+
Thursday	12:00 PM	2:00 AM	100-150	21+	NONE 21+
Friday	12:00 PM	2:30 AM	400-450	21+	NONE 21+
Saturday	12:00 PM	2:30 AM	400-450	21+	NONE 21+

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 Permitted Hours of Operation: Class A: 8:00 am to 9:00 pm Sunday thru Saturday
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.

MILWAUKEE

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: 618 N WATER ST. MILWAUKEE, WI. 53202

TYPES OF ENTERTAINMENT (CHECK ALL THAT APPLY)

- ☐ Instrumental Musicians
- ☒ Battle of the Bands
- ☒ Dancing by Performers
- ☒ Amusement Machines — How many? 5
- ☒ Bands
- ☒ Comedy Acts
- ☐ Adult Entertainment/ Strippers/Erotic Dance
- ☒ Concerts — Approx. # per year? 15
- ☐ Bowling Alley — How many? _____
- ☒ Disc Jockey
- ☐ 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
- ☒ Karaoke
- ☐ Other: _____

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.*

PROMOTERS/SOUND AMPLIFICATION

Will promoters ever be used for any of the entertainment? ☐ No ☒ Yes If Yes, Describe:
TO ASSIST IN ADVERTISING DAILY EVENTS

At any time will sound amplification be used? ☐ No ☒ Yes If Yes, Describe:
AMPLIFIED SOUND FOR MUSIC, NEWS, AND MICROPHONES

LEGAL CAPACITY OF PREMISES

480 (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)

RANIE BAINS 12/10/24

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)