



**CITY OF MILWAUKEE
OFFICE OF THE CITY CLERK**

Thursday, March 07, 2024

COMMITTEE MEETING NOTICE

AD 13

GARCIA, Linda S, Agent
Landmark 1850 L.L.C.
5905 S HOWELL Av
Milwaukee, WI 53207

You are requested to attend a hearing which is to be held in the Council Chambers, Third Floor, City Hall:

Tuesday, March 19, 2024 at 08:45 AM

Regarding: Your Class B Tavern, Public Entertainment Premises and Food Dealer License Applications Requesting Jukebox, 1 Dart Board and 5 Amusement Machines as agent for "Landmark 1850 L.L.C." for "Landmark 1850 L.L.C." at 5905 S HOWELL Av.

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 appear at this meeting may result in the denial of your license. Individual applicants must appear only in person or by an attorney. Corporate or Limited Liability applicants must appear only by the agent designated on the application or by an attorney. Partnership applicants must appear by a partner listed on the application or by an attorney. 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 are present at the committee hearing and 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 bring an interpreter with you, at your expense, so that you can answer questions and participate in your hearing.

You may examine the application file at this office during regular business hours prior to the hearing date. Inquiries regarding this matter may be directed to the person whose signature appears below.

Limited parking for persons attending meetings during normal business hours is available at reduced rates (5 hour limit) at the Milwaukee Center on the southwest corner of Kilbourn Avenue and Water Street. You must present a copy of the meeting notice to the parking cashier.

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 notice, please contact the License Division at (414) 286-2238.

200 E. Wells Street, Room 105, City Hall, Milwaukee, WI 53202. www.milwaukee.gov/license
Phone: (414) 286-2238 Fax: (414) 286-3057 Email Address: License@milwaukee.gov

Date: 2-8-2024
Officer: Michael Ward

City of Milwaukee Police Department
90-5-1.5 Crime Prevention Survey
Tavern Inspection

Name of Premise: Landmark 1850
Address: 5905 S Howell Av., Milwaukee, WI 53207
Phone: 414-312-7982

Owner: Linda Sue Garcia
Owner address: 3965 S. 84th St.
City State Zip: Greenfield, WI 53228
Owner Phone: 414-915-4490
Owner email: Lindagarcia@landmark1850.com

Licensee/Agent: **Same**
Home Address:
City State Zip:
Phone:
Email:

Preferred contact: **Either**

Location currently open: YES NO

Projected open date: **End of March 2024**

Day's open: S M T W Th F SA ALL

Hours of Operation: Sun: 11am-2am 24 hours Y N
Mon: 2pm-2am
Tue: 2pm-2am
Wed: 2pm-2am
Thu: 2pm-2am
Fri: 2pm-230am
Sat: 11am-2am

Premise Type: Tavern/Bar
Restaurant
Other:

Licenses currently held:

- Alcohol: Yes No Class: #:
Tobacco: Yes No #:
Food: Yes No #:
Extended Hours: Yes No #:
Secondhand Dealer: Yes No Type: #:
Other: Yes No Type: #:
Other: Yes No Type: #:

Exterior Survey:

1. Is the area around the location clean? Yes No
2. What surrounds the location? (Check all the apply)
 - a. Park
 - b. School
 - c. Youth Center
 - d. Church
 - e. Tavern(s) If so, how many 1
 - f. Residential
 - g. Other businesses
 - h. Other:
3. Can you see from the outside of the location into the interior Yes No **From Parking Lot**
4. Can you see the employees inside of the location from the outside Yes No **From Parking Lot**
5. Are exterior windows free of signage Yes No
6. Is there a parking lot Yes No
7. Is the parking lot clean? Yes No
8. Off-Street parking Yes No
9. Is the parking lot well lit? Yes No
10. Valet Parking Yes No
 - a. Will this lot have a guard? Yes No
 - b. Will this lot have cameras? Yes No
11. Are there areas where a person could conceal themselves Yes No
12. Is there exterior lighting? Yes No. Does it appears to be adequate Yes No
13. Exterior Payphone? Yes No
14. Are there No Loitering Signs posted? Yes No **Will be adding.**
15. Are there exterior security cameras Yes No How Many: **Currently 1 – Will be adding more.**
16. Are the address numbers prominently displayed and easy to see Yes No

Camera Survey:

17. Does this location have security cameras? Yes No
18. Are they in working order? Yes No
19. What format are the cameras?
 - a. Color Yes No
 - b. Digital Yes No
 - c. Recorded Yes No

20. How long is footage stored for later viewing: **18 days**
 21. Are there exterior cameras Yes No How many: **1**
 22. Are there interior cameras Yes No How many: **0 – Adding 3**
 23. Do all employees know how to retrieve recorded digital images/footage? Yes No
 24. Cameras located in parking lot Yes No How many **1**

Interior Survey:

25. What is the planned capacity **150**
 26. What is the minimum number of employees That will be on premise **10**
 27. Is the storeowner willing to be a standing complainant regarding loitering? Yes No
 a. If yes have them fill out the standing complaint form and give them two of the commercial signs Yes No
 28. Is the interior of the location neat and clean? Yes No
 29. Does an interior camera face the entrance/exit? Yes No **Future install**
 30. Is there a lockable area that separates employees from customers? Yes No
 31. Are emergency and non-emergency numbers posted near the phone? Yes No
 32. Does the owner know how to contact their police district directly? Yes No
 a. Did you provide a district contact guide to the owner? Yes No **EMAILED**

Security

33. How many security personnel are going to be employed: **NO SECURITY**
 34. How will they be deployed: Interior Exterior
 35. What days will they be deployed Mon Tue Wed Thu Fri Sat Sun
 36. Will the security be managed by business or contracted
 37. Will they be armed Yes No
 38. What type of security measures to be used:
 Wanding/metal detector
 ID Scanner
 Dress Code
 Cover Charge
 Age restriction
 Other

ADDITIONAL COMMENTS/RECOMMENDATIONS:

This report is written by Police Officer Michael WARD, assigned to District 6, Day Shift.

On February, 8th, 2024, I conducted a CPTED Survey of the above listed property. The property is currently adding security cameras to the interior of the property. A discussion regarding the placement of the cameras was had and the agent will have coverage at the bar/register and

front/exit point. The owner is planning on having at least three cameras in the interior of the property. The exterior currently has one camera covering the parking lot. The owner is planning on adding at least one additional camera to cover the parking lot. These additions will be done by the time of operation.

The parking lot has pole mounted lighting and LED lighting on the exterior of the building which appears to be adequate. We did not observe the lighting due to inspection being conducted during hours of daylight.

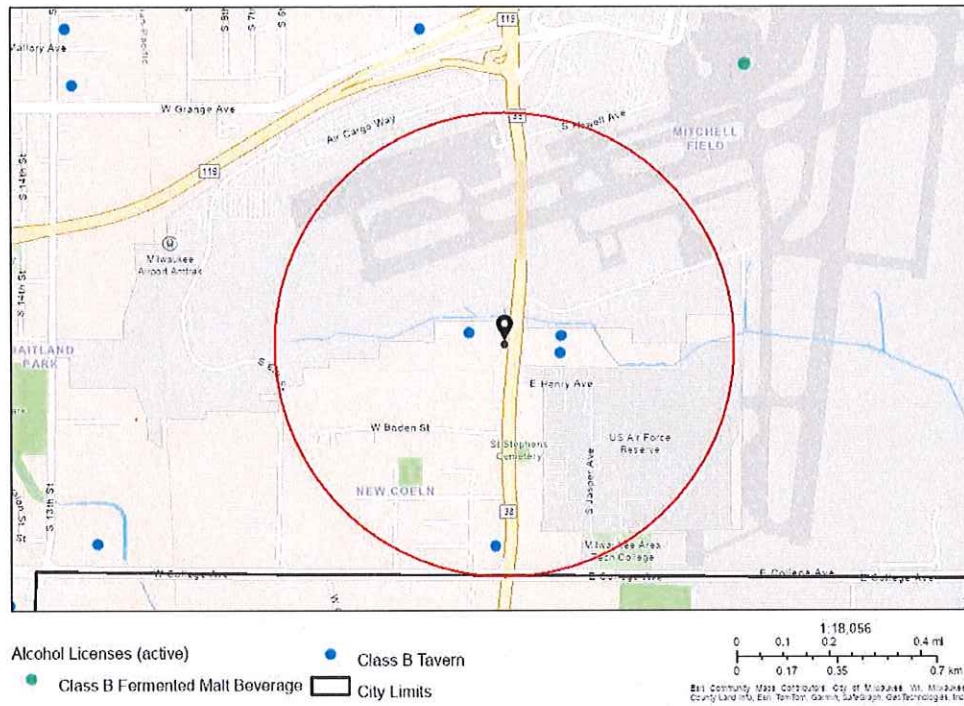
There will be no security at the location. The owner stated if they hold any special events, a security option will be discussed.

This concludes my additional notes.

Area of Interest (AOI) Information

Area : 21,862,585.68 ft²

Feb 7 2024 15:23:20 Central Standard Time



Summary

Name	Count	Area(ft ²)	Length(mi)
Alcohol Licenses	4		

Alcohol Licenses

#	Legal Entity	Trade Name	Licensee	Address	License Type Name	Total Capacity	Expiration Date	Count
1	The Bowery Group LLC	The Red Zone-Milwaukee	Roger William Hein, Agt	6247 S Howell AV	Class B Tavern License		5/22/2024, 7:00 PM	1
2	Howell Avenue ES Lodging Associates LLC	Home 2 Suites - Milwaukee Airport	Kenneth D Franz, Agt	5880 S HOWELL AV	Class B Tavern License		6/19/2024, 7:00 PM	1
3	AIRPORT LOUNGE, INC	AIRPORT LOUNGE	GEORGE C TSITSOS, Agt	5881 S HOWELL AV	Class B Tavern License	237	9/29/2024, 7:00 PM	1
4	HOWELL AVE FOS LODGING ASSOCIATES, LLC	HILTON GARDEN INN-MILWAUKEE AIRPORT	Kenneth D Franz, Agt	5890 S HOWELL AV	Class B Tavern License	120	7/7/2024, 7:00 PM	1

Establishments within a 0.5 miles radius centered on area of interest.



Thursday, March 07, 2024



Notice of Public Hearing

Blank Notice

GARCIA, Linda S, Agent
Landmark 1850 L.L.C. at 5905 S HOWELL Av
Class B Tavern, Public Entertainment Premises and Food Dealer License Applications Requesting
Jukebox, 1 Dart Board and 5 Amusement Machines

Tuesday, March 19, 2024 at 8:45 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 on 3/19/2024 at 8:45 AM in Room 301-B, Third Floor, City Hall. 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 via phone or internet are asked to contact the staff assistant, Yadira Melendez at (414) 286-2775 or 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.

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 appear in person and 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 present at the committee hearing and 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.

OCCUPANT	MAIL ADDRESS	CITY STATE ZIP
CURRENT OCCUPANT	5881 S HOWELL AVE	MILWAUKEE, WI 53207-6229
CURRENT OCCUPANT	5905 S HOWELL AVE	MILWAUKEE, WI 53207-6231
CURRENT OCCUPANT	5910 S HOWELL AVE	MILWAUKEE, WI 53207-6232
CURRENT OCCUPANT	5922 S HOWELL AVE	MILWAUKEE, WI 53207-6232
CURRENT OCCUPANT	5937 S HOWELL AVE	MILWAUKEE, WI 53207-6231

Blank Notice

Total Records: 5

Radius 250.0 feet and Center of the Circle: 5905 S Howell Av



BUSINESS LICENSE PLAN OF OPERATION

ccl-busplan 3/15/18

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:

Bar and Grill serving deepfried and grilled food & beer/liquor

Do you have any experience operating this type of business? No Yes If yes, explain: *30 years running taverns*

2. Business Operations

- a. Proposed Opening Date: *3-22-11*
- 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: *Class B Liquor (expired)*
- 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: *jukebox, bar stereo system*

4. Smoking & Sanitation

- a. Are there designated outdoor smoking areas? No Yes If yes, describe: *patio/beer garden front of building*
- b. Number of Garbage Cans: Inside: *6* Locations: *2 Bathrooms, kitchen, behind bar*
Outside: *1* Locations: *beer garden/patio*
- 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? 60 and describe the parking security plan: gated, cameras
- 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? _____
 Is security equipment used? No Yes If yes, describe cameras, alarm
 List their licensing, certification, or training credentials _____
- d. Will there be security cameras? No Yes If yes, how many? 4 and list locations: 2 outside on parking lot, 2 inside
- e. Will searches/identification checks be done upon entry? No Yes If yes, describe ID checks

6. Percentage of Sales (must total 100%)

Alcohol <u>60</u> 40 %	Food <u>30</u> 20 %	Secondhand Merchandise _____ %	Precious Metals & Gems _____ %
Entertainment _____ %	Cigarettes _____ %	_____ %	_____ %
Pawnbroker Activity _____ %	Salvaged Materials _____ % (such as scrap metal)	Personal Services (such as tattoo, body piercing, salon, tailor, tanning, etc.) _____ %	Other <u>10</u> % <u>shirts</u> 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 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 150 pple. (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: College Avenue

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

e. Describe Premises Structure: Single Story Multi-Story - # of Stories 2 Other: _____

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

g. Building Owner Name: New Coeln Properties Phone Number: 414-614-1850

Business Owner Address: 5188 W. Princeton Pines Ct. Franklin, WI 53132

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	11 am	2 am	250	21-81	none
Monday	2 pm	2 am	250	21-81	
Tuesday	2 pm	2 am	250	21-81	
Wednesday	2 pm	2 am	250	21-81	
Thursday	2 pm	2 am	300	21-81	
Friday	2 pm	2:30 am	300	21-81	
Saturday	11 am	2:30 am	300	21-81	

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.



ALCOHOL BEVERAGE & PUBLIC ENTERTAINMENT PREMISES 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 www.milwaukee.gov/license

Legal Entity Name: Landmark 1850 LLC

Premise Address: 5905 S. Howell Ave. Milwaukee, WI 53207

Proximity of Premises to Church, School, Daycare Center or Hospital

Is the building within 300 feet of any church, school, daycare center or hospital? No Yes

"Service Bar Only" Designation

If applying for Class B or C license, are you applying for "Service Bar Only"? No Yes
Service Bar Only means customers cannot sit at the bar. Alcohol is served to employees who serve patrons seated at tables. No stools, chairs or other articles of furniture shall be placed at the service bar for patrons to sit upon.

Business Information

a) Are you taking out this application for anyone that may not be eligible for a license? No Yes
If yes, list their name and address: _____

b) Will the agent, a partner or the individual licensee be conducting the day-to-day operations of the business? No Yes
If no, list the name and address of the person(s) who will: _____

Class B Applicants: If the agent, a partner or the individual licensee will not be conducting the day-to-day operations of the business, the person(s) listed above must obtain a Class B Managers license.

c) Does anyone else have money invested or any other interest in this business? No Yes
If yes, explain: _____

d) Have you made an agreement with anyone to repay any loan or any other payments based upon income from the business?
 No Yes If yes, list name and address: _____

Property Information (New & Transfer Applicants Only)

a) Do you own or lease the building? Own Lease

b) Who owns the fixtures (for example, coolers, etc.)? ME

c) Are you purchasing the stock and/or fixtures? No Yes If yes, amount paid \$ 50,000

d) Total amount paid for business \$ 615,000

e) Total amount paid for goodwill of the business \$ N/A

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.

f) Have you made arrangements with the seller for payment of personal property taxes? No Yes

Lease Information (New & Transfer Applicants who are leasing the premises only)

a) Date lease begins 3-1-24 Ends 4-30-29

b) Monthly rental \$ 6000

c) Do you have an option to renew the lease? No Yes

d) Does your lease allow for assignment to another party without the consent of the owner? No Yes

e) For what length of time have you been guaranteed occupancy (number of years)? 5 yrs.

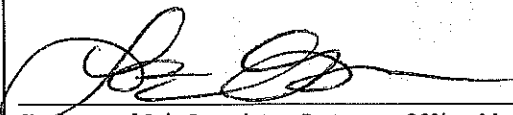
Lease Information (Continued)

- f) In addition to paying the monthly rental, will you have to pay anything additional to the owner of the building to guarantee performance of the lease? No Yes If yes, explain _____
- g) Does the present owner or occupant object to the granting of your license? No Yes
If yes, explain _____

Change of Agent Applicants Only

Have there been any changes to the floor plan since the last application was submitted? No Yes
If no, a new floor plan is not required. If yes, submit a new floor plan and explain the change(s):

Signature



Signature of Sole Proprietor, Partner or 20% or More Shareholder
(If no 20% or more Shareholder, Corporate Officer - print name/title and sign)

Note: All information contained in this application is subject to approval by the Common Council.
Deviating from approved plan of operation will subject licensee to citations, and/or suspension or non-renewal of the license.
Contact the License Division for information on how to request changes.

New and transfer of premises applicants must submit the following:

- Detailed floor plan
- If a restaurant, copy of the menu



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: 5905 S. Howell Ave Milwaukee, WI 53207

TYPES OF ENTERTAINMENT (CHECK ALL THAT APPLY)

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Instrumental Musicians | <input type="checkbox"/> Battle of the Bands | <input type="checkbox"/> Dancing by Performers | <input checked="" type="checkbox"/> Amusement Machines
How many? <u>5</u> |
| <input type="checkbox"/> Bands | <input type="checkbox"/> Comedy Acts | <input type="checkbox"/> Adult Entertainment/
Strippers/Erotic Dance | <input type="checkbox"/> Concerts
Approx. # per year? _____ |
| <input type="checkbox"/> Bowling Alley
How many? _____ | <input type="checkbox"/> Disc Jockey | <input type="checkbox"/> Wrestling | <input type="checkbox"/> Theatrical Performances
Approx. # per year? _____ |
| <input type="checkbox"/> Pool Tables
How many? _____ | <input type="checkbox"/> Magic Shows | <input type="checkbox"/> Patron Contests | <input checked="" type="checkbox"/> Jukebox |
| <input type="checkbox"/> Motion Pictures (movies by
admission) - How many? _____ | <input type="checkbox"/> Poetry Readings | <input type="checkbox"/> Patrons Dancing | <input type="checkbox"/> Karaoke |
| <input checked="" type="checkbox"/> Other: <u>dartboard</u> | | | |

Entertainment Outdoor Closing Hours: 10:00pm Sunday-Thursdays; 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:

At any time will sound amplification be used? No Yes If Yes, Describe: jukebox w/bar stereo system

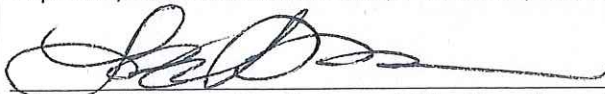
LEGAL CAPACITY OF PREMISES

150 (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)

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)



FOOD DEALER LICENSE PLAN OF OPERATION

OFFICE OF THE CITY CLERK, LICENSE DIVISION
CITY HALL, 200 E. WELLS ST, ROOM 105, MILWAUKEE, WI 53202
(414) 286-2238 • license@milwaukee.gov • www.milwaukee.gov/license

Legal Entity Name: Landmark 1850, LLC.

Premises Address: 5905 S. Howell Ave. Milwaukee, WI 53207

SECTION 1 TYPE OF BUSINESS

What will be the majority of your food sales? (check one)

Restaurant Items (meals):
MEALS include, but are not limited to, chicken, ribs, sandwiches, roasted corn, baked potatoes, hot dogs, brats, tacos, nachos w/ cheese and meat, French fries, cooked or deep fried vegetables/fruit, cooked cheese curds, corn dogs, egg rolls, salads.

Retail Items (snacks and beverages):
RETAIL items include, but are not limited to, ice cream/soft serve, lemonade, snow cones, coffee, espresso, cappuccino, tea, fruit juice, smoothies, candy, dispensed soda, fruit cups, bakery, cookies, kettle corn, cotton candy, funnel cakes, fritters, tortilla chips w/ cheese.

Will it be a convenience store? Yes No
A convenience store contains less than 5,000 square feet of retail space and has, as its primary business, the sale of basic food items and in addition, sells household products or is a filling station that sells basic food items and household products.

- Bed & Breakfast
- Micro Market

All Applicants: Submit a menu or a list of food items that will be sold.

Will any wholesale business be done? No Yes If yes, what percentage of food sales will be wholesale?

Less than 25%

- 25% or More AND:
 - Restaurant items (meals) will be sold – Complete this application and also contact DATCP.
 - NO restaurant items (meals) will be sold - Do NOT complete this application. Contact DATCP only.

SECTION 2 FOOD PROCESSING

Will any food processing be done? No Yes

Processing is defined as assembling, grinding, cutting, mixing, baking, coating, stuffing, packing, bottling, grilling, canning, extracting, fermenting, distilling, pickling, freezing, drying, smoking, or packaging.

SECTION 3 FOOD REQUIRING TEMPERATURE CONTROL

Will any food that requires temperature control be sold? No Yes
(includes dairy products such as milk, cheese, and ice cream, fish, shellfish, meat, poultry)

If yes, list the types of food items: dairy (milk, cheese, ice cream)
fresh fish, frozen shrimp, fresh burgers, fresh pork,
fresh wings.

SECTION 4 DETAILS OF OPERATION

Will you have seating on site for dining? No Yes

Will you be doing any catering? No Yes

Will you be doing any delivery? No Yes

Will you have outdoor activities? No Yes - Check all that apply: Bar Cooking/Grilling Dining

Will you have a drive thru window? No Yes - Are hours different from inside? No Yes
 If Yes, provide drive thru hours: _____

Will scales or barcode scanners be used? No Yes - You must also apply for a Weights & Measures License.

SECTION 5 ADDITIONAL SITES

Where will food be prepared and/or sold?
 At a single site At multiple sites: How many? _____ (for example, a hotel with several dining rooms or bars)
 If multiple sites, attach a Food Dealer Additional Site Addendum (cci-foodadd) for each additional site.

SECTION 6 CONSTRUCTION OR CHANGES

Are you planning any construction, remodeling or equipment changes?
 No If No, SKIP to Section 7
 Yes If Yes, check all that apply: New construction of a building Renovation or remodeling
 Construction changes to existing building Equipment changes only

Provide a brief description of the changes: _____

Start date: _____

Name, Address & Phone Number of Architect: _____

Name, Address & Phone Number of Contractor: _____

SECTION 7 ALCOHOL BEVERAGES

Are you applying for an alcohol beverage license?
 No If No, SKIP to Section 8
 Yes If YES, if your food license is approved prior to the alcohol license, when do you want the food license issued?
 Immediately At the same time as the alcohol license

SECTION 8 ACKNOWLEDGEMENTS & SIGNATURE

You must initial each item confirming your understanding:

JB I understand the Health Department must conduct an inspection and advise the License Division of their approval before the license may be issued.

JB I understand I must obtain an occupancy permit from the Department of Neighborhood Services and an inspection may be required. Neighborhood Services must advise the License Division of their approval before the license may be issued.

JB I understand the district alderperson will review and either support or object to my application. If he/she objects, I may appeal and be scheduled to appear before the Licenses Committee. The Licenses Committee will then make a recommendation to the Common Council. The Common Council must grant the license before it may be issued.

JB I understand proof of payment for all license fees must be on file in the License Division before the license may be issued and the license must be issued and posted in my establishment prior to opening for business.

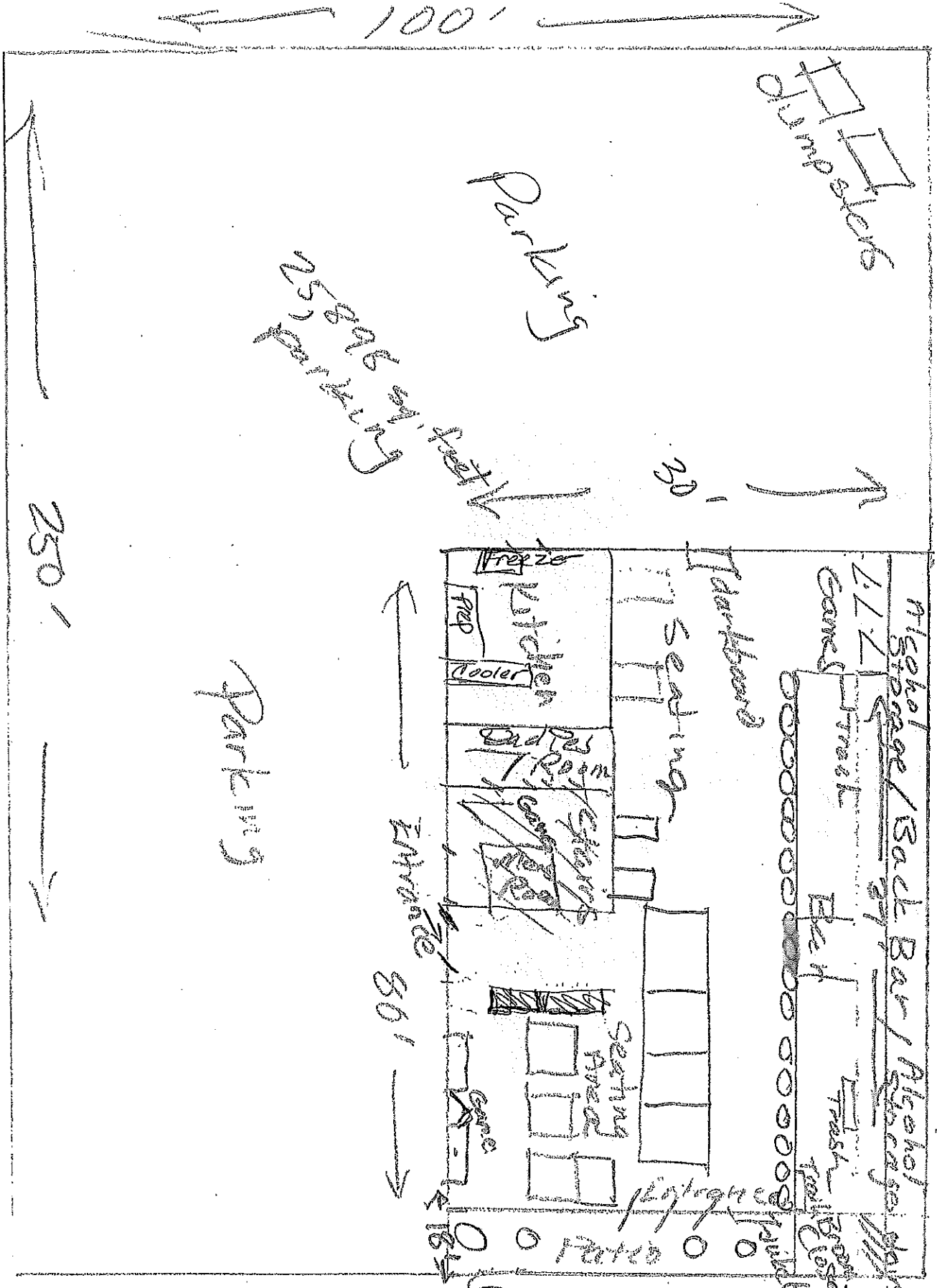
JB I will not operate my food business until the license has been issued and posted in the establishment.

Signature of Sole Proprietor, Partner, or 20% Shareholder: [Signature]

Signature of Additional Partner: _____

2-7-24 Linda Garcia
Landmark 1850

Landmark 1850 LLC
5905 S Howell Ave
Milwaukee, WI 53207

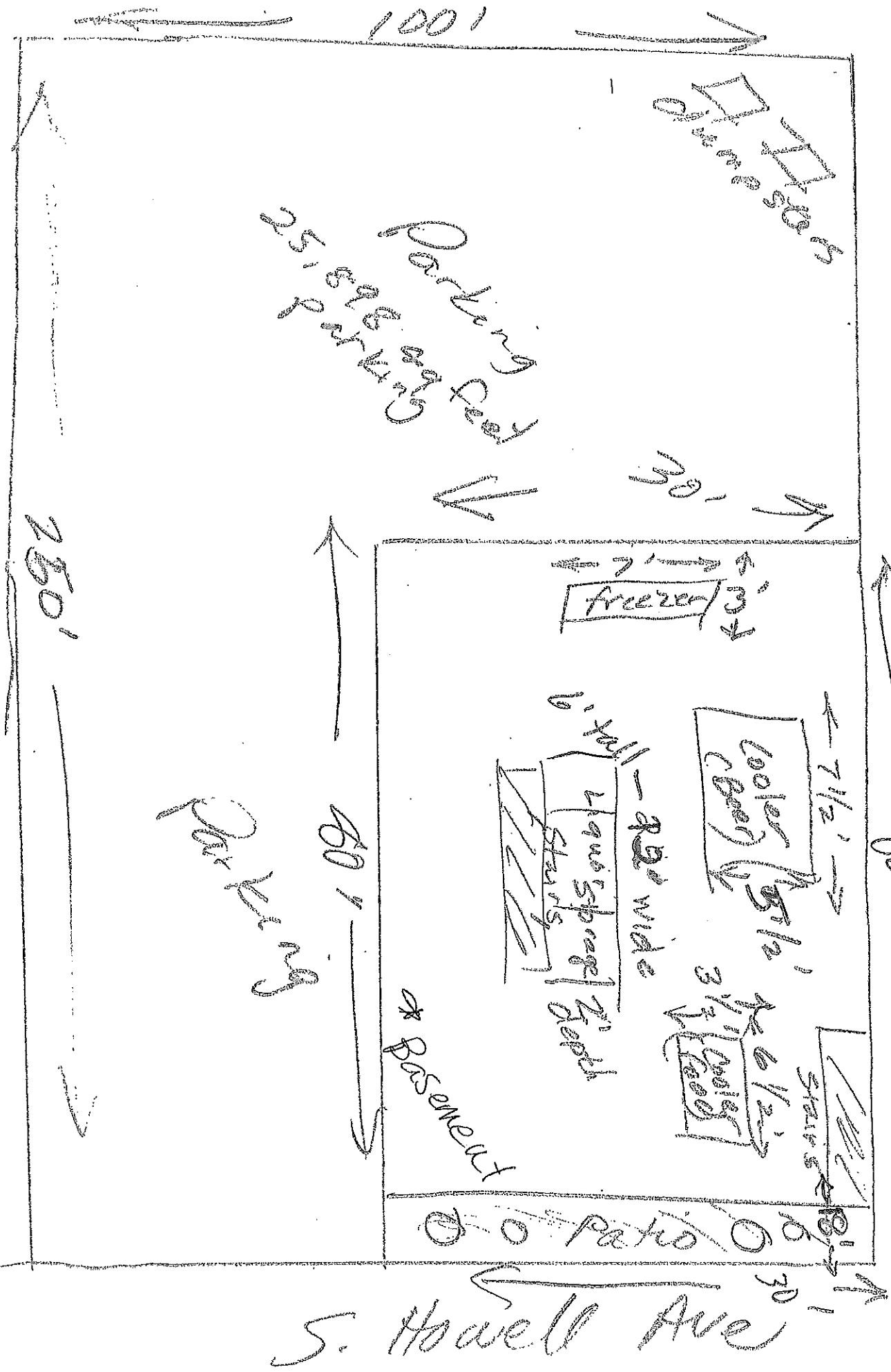


S Howell Ave.

1st Floor
2400 sq ft

2-7-24 Linda Garcia
Landmark 1850
L.L.C.

Landmark 1850 LLC.
5905 S. Howell Ave.
Milwaukee, WI 53209



S. Howell Ave

ENTREES

Choice of Sweet Potatoes, Fries, or Tator Tots

BURGER

½ Pound Steakburger on a toasted brioche bun

CHEESEBURGER

½ Pound Steakburger with your choice of American, Swiss, Mozzarella or PepperJack cheese on a toasted brioche bun

CHICKEN SANDWICH

Breaded or Grilled Chicken Sandwich with your choice of American, Swiss, Mozzarella or Pepperjack cheese on a toasted brioche bun

PORK CHOP SANDWICH

Breaded or Grilled Boneless Pork Chop on a brioche bun

SHRIMP BASKET

Lightly breaded Shrimp served with cocktail sauce

MAC & CHEESE

Made with Wisconsin Cheese and Cavatappi Pasta.
Top off with your choice of Smoked Kielbasa or Cajun Chicken

GRILLED SALMON

Filet grilled to perfection and topped with garlic herb butter.

Fish Fry

**** Served on Wednesday and Friday's Only****

Your choice of Battered Cod, Perch, Walleye or Bluegill
French fries, Sweet potato fries, or tater tots
Rye bread, coleslaw and tartar sauce

Baked cod Dinner

APPETIZERS

CHEESE CURDS

Wisconsin breaded white cheddar cheese with a light crispy coating

GARLIC DIP

Creamy, tangy and loaded with garlic, served with pita chips

ONION RINGS

Thick beer battered onion rings

WINGS

Buffalo/Barbeque/Garlic Parmesan/ Sweet Thai Chili
Served with your choice of ranch or blue cheese

NACHOS

House fried tortilla chips topped with seasoned beef, queso blanco, house-made pico de gallo, shredded lettuce, sour cream and guacamole.

BREADED MUSHROOMS

Golden battered whole breaded mushrooms

BAVARIAN PRETZEL STICKS

Three soft Bavarian pretzel sticks, salted and served with hot nacho cheese sauce

BREADED SHRIMP

Lightly breaded shrimp served with cocktail sauce

LOADED TATOR TOTS

Load up on crispy Tator Tots with melted cheese, bacon bits and sour cream

PIZZA

Sausage & Pepperoni

Supreme

Buffalo Chicken

The Landmark Legend