

CITY OF MILWAUKEE OFFICE OF THE CITY CLERK

Monday, January 31, 2022

COMMITTEE MEETING NOTICE

AD 10

WAHHAB, Michael N, Agent Mesho LLC 2814 N 81st ST Milwaukee, WI 53222

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

Wednesday, February 16, 2022 at 09:10 AM

Regarding: Your Class B Tavern License Application (Catering Only) as agent for "Mesho LLC" for "Brim Cafe and Catering" at 125 S 84TH St.

This meeting will be held via GoToMeeting. Please see the enclosed best practices document for further instructions. The access code is <u>https://global.gotomeeting.com/join/541053989</u>. If you wish to call in, please call <u>+1 (872) 240-3412</u> and use Access Code: 541-053-989

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

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



CITY OF MILWAUKEE OFFICE OF THE CITY CLERK

Monday, January 31, 2022

COMMITTEE MEETING NOTICE

WAHHAB, Michael N, Agent Mesho LLC 125 S 84TH St Milwaukee, WI 53214

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

Wednesday, February 16, 2022 at 09:10 AM

Regarding:

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

AD 10

Date: 1/24/2022 Officer: Carloni

<u>City of Milwaukee Police Department</u> <u>90-5-1.5 Crime Prevention Survey</u> <u>Tavern Inspection</u>

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 $\Box 24 \text{ hours } \Box Y \boxtimes N$

Name of Premise: Brim Café and Catering Address: 125 S 84th Street (Lower Level) Phone: (414) 774-9505

Owner: Michael Wahhab Owner address: 2814 N 81st Street City State Zip: Milwaukee, WI 53222 Owner Phone: 414-578-6453 Owner email: Info@brimcafe.com

Licensee/Agent: Michael Wahhab Home Address: 2814 N 81st Street City State Zip: Milwaukee, WI 53222 Phone: 414-578-6453 Email: Info@brimcafe.com

Preferred contact: Michael Wahhab (414) 578-6453

Location currently open: X YES NO

Projected open date: Currently open

Day's open: $\Box S \boxtimes M \boxtimes T \boxtimes W \boxtimes Th \boxtimes F \Box SA \Box ALL$

Hours of Operation: Sun: Closed Mon: 8am-1pm Tue: 8am-1pm Wed: 8am-1pm Thu: 8am-1pm Fri: 8am-1pm Sat: Closed

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

Camera Survey:

- 17. Does this location have security cameras? XYes No
- 18. Are they in working order? \boxtimes Yes \square No
- 19. What format are the cameras?
 - a. Color Yes No
 - b. Digital Yes No
 - c. Recorded \square Yes \square No
- 20. How long is footage stored for later viewing: 4 months
- 21. Are there exterior cameras Yes No How many: 4
- 22. Are there interior cameras \square Yes \square No How many: 9
- 23. Do all employees know how to retrieve recorded digital images/footage? Yes No

24. Cameras located in parking lot Yes No How many

Interior Survey:

- 25. What is the planned capacity 48
- 26. What is the minimum number of employees That will be on premise 3
- 27. Is the storeowner willing to be a standing complainant regarding loitering? XYes No
 - a. If yes have them fill out the standing complaint form and give them two of the commercial signs Yes No

⊠Yes ⊡No ⊠Yes ⊡No

- 28. Is the interior of the location neat and clean?
- 29. Does an interior camera face the entrance/exit?
- 30. Is there a lockable area that separates employees from customers? $X Yes \square No$
- 31. Are emergency and non-emergency numbers posted near the phone? Xes No
- 32. Does the owner know how to contact their police district directly? XYes No
 - a. Did you provide a district contact guide to the owner? Xes No

Security

- 33. How many security personnel are going to be employed: 0
- 34. How ill they be deployed: Interior 0 Exterior 0
- 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 \Box Yes \boxtimes 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:

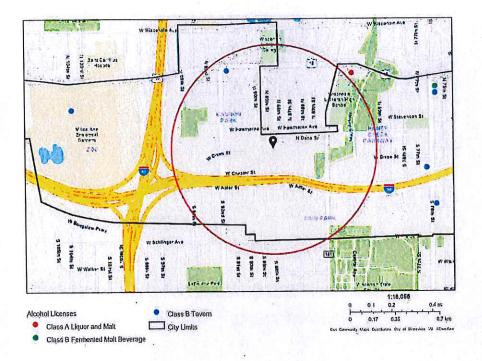
This location is a café located inside a larger office building space. The owner plans to get a alcohol license for the catering portion of his business but not to sell at the café.

Concentration Map for 125 S 84th St

Area of Interest (AOI) Information

Area : 21,862,585.76 ft²

Dec 3 2021 11:25:43 Central Standard Time



Summary

Name	Count	Area(ft²)	Length(mi)
Alcohol Licenses	1		

Alcohol Licenses

#	Legal Entity	Trade Name	Licensee	Address	License Type Name	Total Capacity	Expiration Date	Count
1	ZARATECOR P LTD		JOSE G ZARATE, Agt	9155 W BLUE MOUND RD	Class B Tavern License	544	5/23/2022, 7:00 PM	1

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



Monday, January 31, 2022



Notice of Public Hearing

Blank Notice

WAHHAB, Michael N Brim Cafe and Catering at 125 S 84TH St. Class B Tavern License Application (Catering Only)

Wednesday, February 16, 2022 at 09:10 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 2/16/2022 at 09:10 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 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 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. OCCUPANT CURRENT OCCUPANT

MAIL ADDRESS **8921 W HAWTHORNE AVE** 8927 W HAWTHORNE AVE, 1 8927 W HAWTHORNE AVE, 2 8927 W HAWTHORNE AVE, 3 8927 W HAWTHORNE AVE, 4 8933 W HAWTHORNE AVE 8935 W HAWTHORNE AVE 9001 W HAWTHORNE AVE, 1 9001 W HAWTHORNE AVE, 2 9001 W HAWTHORNE AVE, 3 9001 W HAWTHORNE AVE, 4 9011 W HAWTHORNE AVE, 1 9011 W HAWTHORNE AVE, 2 9011 W HAWTHORNE AVE, 3 9011 W HAWTHORNE AVE, 4 9015 W HAWTHORNE AVE 9017 W HAWTHORNE AVE 9023 W HAWTHORNE AVE 9029 W HAWTHORNE AVE 9031 W HAWTHORNE AVE 9037 W HAWTHORNE AVE 9101 W DIXON ST, 1 9101 W DIXON ST, 10 9101 W DIXON ST, 11 9101 W DIXON ST, 12 9101 W DIXON ST, 2 9101 W DIXON ST, 3 9101 W DIXON ST, 4 9101 W DIXON ST, 5 9101 W DIXON ST, 6 9101 W DIXON ST, 7 9101 W DIXON ST, 8 9101 W DIXON ST, 9 9102 W DIXON ST, 101 9102 W DIXON ST, 102 9102 W DIXON ST, 103 9102 W DIXON ST, 104 9102 W DIXON ST, 105 9102 W DIXON ST, 106 9102 W DIXON ST, 201 9102 W DIXON ST, 202 9102 W DIXON ST, 203 9102 W DIXON ST, 204 9102 W DIXON ST, 205 9102 W DIXON ST, 206 9111 W DIXON ST, 1

CITY STATE ZIP MILWAUKEE, WI 53226-4535 MILWAUKEE, WI 53226-4537 MILWAUKEE, WI 53214-1354 MILWAUKEE, WI 53214-1351 MILWAUKEE, WI 53214-1354

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CURRENT OCCUPANT	9132 W DIXON ST, 204	MILWAUKEE, WI 53214-1351

Blank Notice Total Records: 93 Radius: 250.0 feet and Center of Circle: 125 S 84th St

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olle	125 S Suth Sheet, Milwaukeey WE, SS214 12/1/
MILW	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. Typ	e 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)
	detailed description of the type of business you plan on operating:
Wehe	we accife and catering Bussiness and Looking to add lique to catering only.
Do you ha	ave any experience operating this type of business? INO IX Yes If yes, explain: Cert. Ficate and 20 yours of experious
	siness Operations
dist possible allocati	oposed Opening Date: Open Since 2014
	this premise under construction? 🗗 No 🔲 Yes. If yes, list estimated completion date:
	this a franchise? 🙀 No 📋 Yes
d. Is	this premises currently licensed? No No Yes If yes, list type of license: Food delar - Restavant
	the current licensee operating? 🗌 No 🕅 Yes If no, list date closed:
f. Do	by you have future plans for other businesses, licenses or permits at this location? \Box No A Yes yes, explain: \angle ; \underline{quve} , $\underline{Licence}$, \underline{CLass} , \underline{B}
g. Ha	ave you previously held an Extended Hours License in Milwaukee? 🙀 No 📋 Yes
	yes, list address(es):
Torres of the Law	re other businesses operating in the same building? 🗌 No 🕅 Yes If yes, describe: <u>Corporate (enter</u>
	er & Noise
	ow are grounds kept clean? 🔯 Sweep 🗌 Pressure Wash 🗌 Pick Up Litter 🗌 Other:
b. H	ow often will grounds be cleaned? 🕺 Daily 🗌 Weekly 🗌 As Needed 🗌 Monthly 🗍 Other:
	rounds cleaned by: 🔲 Licensee 🔀 Building Owner 🗌 Employees 🔀 Hired Maintenance 🗍 Other:
d. H	ow are noise issues prevented and/or addressed? 🕅 Security 🔲 Manager approaches customer(s) 🗌 Call Police
	Signs Posted Other:
e. W	'ill a sound amplification system be used? 🔀 No 🗌 Yes 🛛 If yes, describe:
4. Sm	oking & Sanitation
The second se	re there designated outdoor smoking areas? INOXI Yes If yes, describe: Lor ded of corner of each Building
	umber of Garbage Cans: Inside: G Locations: 2 Front of House, 2 Kitclen, 2 Back Kitch
	Outside: K Locations: around Property and Side Walks
c le	a crowd control barrier used? X No Yes If yes, describe:
	ow many restrooms are on the premises?
e. N	ame of solid waste contractor: 🗌 Advanced Disposal 🕅 Waste Management 🔲 Other:

5

Mesho LLC Brimcate

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125 S south street Milwaukee, WE SZAM 12/1/21

 a. Are there onsite parking spaces? No X Yes If yes, how many? 400+ and describe the parking security plan: Building Light's and tarking Let start lights. b. Is there a loading zone? No X Yes If yes, describe the loading area security plan: Locking Zo he in each Building, and controled By Building Security. c. Will you have security personnel on premise? No Yes If yes, how many? and answer the followin What are their responsibilities?	g:
 b. Is there a loading zone? Do X Yes If yes, describe the loading area security plan: Locking Zo win each Building, and Controled By Building Security c. Will you have security personnel on premise? X No Yes If yes, how many? and answer the followin What are their responsibilities?	g:
each Building, and controled By Building Security c. Will you have security personnel on premise? No Yes If yes, how many? and answer the followin What are their responsibilities? Is security equipment used? No XYes If yes, describe <u>Converses</u> List their licensing, certification, or training credentials	g:
c. Will you have security personnel on premise? X No Yes If yes, how many? and answer the followin What are their responsibilities? Is security equipment used? No X Yes If yes, describe <u>Converses</u> List their licensing, certification, or training credentials	
What are their responsibilities? Is security equipment used? No Is their licensing, certification, or training credentials	
Is security equipment used? No 🕅 Yes If yes, describe <u>Converses</u>	
List their licensing, certification, or training credentials	
1 1 1 1 1 1 1 1 1 1	
d. Will there be security cameras? \Box No \Box Yes If yes, how many? $\underline{\bigcirc}$ and list locations: $\underline{\bigcirc}$ $\underline{\bigcirc}$ $\underline{\frown}$	
2 cashier area, 2 kitchen, 2 Preparel, 1 storage area	
e. Will searches/identification checks be done upon entry? 🕅 No 🗌 Yes If yes, describe	
6. Percentage of Sales (must total 100%)	
Alcohol <u>5</u> % Food <u>95</u> % Secondhand Merchandise Precious Metals & Gen	IS
Entertainment% Cigarettes%%	
Pawnbroker Activity O Salvaged Materials O % Personal Services (such as tattoo, body piercing, salon, tailor, tanning, etc.) Other %	
7. Businesses/Licenses on the Premises (check all that apply):	
Type 1 Cafe/Coffee Shop Deli or Fast Food Restaurant Private/Fraternal/Veterans Club Full Service Restaurant Cafe/Coffee Shop Deli or Fast Food Restaurant Private/Fraternal/Veterans Club	r _
Night Club Tavern Cocktail Lounge Teen Club	
Banquet Hall Sports Facility Bowling Alley	
Hotel/Motel : Number of Floors: Rooming House: Number of Floors:	
Number of Rooms: Number of Rooms:	
Type 2 Corner Store Supermarket Convenience Store Liquor Store Convenience Store Supermarket Convenience Store	
Gas Station Amusement/Phonograph Distributor Recycling, Salvage or Towing	
Used Car Dealer Personal Service Establishment Recording Studio (such as tattoo business, hair salon, tailor, etc.)	*
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.)	

Ashollc Sim cafe

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125 S. Suth street, Milwanker, WF SSally

12/1/21

 Ist Floor Other: Desc Describe Locat Nearest Major Describe Buildi Describe Prem Describe Surro Building Owne Building Owne 	a(s) of the premises that will 2^{nd} Floor Basement Store ribe: $August LeveL$ ion: \square Major Thoroughfare Cross Street: $SUHS$ ing: \square Free Standing Building ises Structure: \square Single Store unding Area: \square Commercian r Name: $GreyWIF$ r Address: $9000V$	age Patio Beer Garde <u>CCFE</u> Secondary Street 200 <u>ANCL BLUEMOUNC</u> ng Strip Mall 20 Other ry 21 Multi-Story - # of Sto al Residential Indust	en Sidewalk Café DE ther: Lower Lovel L RA : Corporate Co ries 4 D Other:	OF (Or puti OF (Or puti enter	ate cente ~
	Deration & Custor		and the second second		
Day of the Week	ering the premises? 🗋 No Proposed Hour Open Time	s of Operation: Close Time	Estimated Number of Customers expected each day	Potential Age Range of	Class B Tavern Applicant Only: Age Restriction
	(include a.m. or p.m.)	(include a.m. or p.m.)	capeoted cutin duy	Customers	(If none, write 'None')
Sunday	Closed	closer	dused	dosel	
Monday	8;am	I; pm	70	21-60	Ŕ
Tuesday	37	1	70	11	
Wednesday		7	2	v	
Thursday	11	4	"	11	
Friday	11	1	21	1/	
Saturday	Closen	clail	clocart	docal	
			en between the hours of Saturday	12:00 a.m. and !	5:00 a.m.
Entertainment Outdo	or Closing Hours: 10:0	0pm Sunday-Thursday; 12:0 tablished by the Common Co	Dam Friday & Saturday; u	nless a different	time, either earlier or later,
11. Signature	(s)				
(If there are no 2	Juli Drietor, Partner, or 20% or mo 0% or more shareholders, -print_name/title and sign)	ore Shareholder	Signature of additional p	partner or 20% or	r more shareholder

See Application Information for a complete list of all required application forms.

Mesho LLC Brim cate

125 5 24 th street Millimuker, L. I. SS314

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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 <u>www.milwaukee.gov/license</u>

Proxin Is the bu 'Servic If applyi Service No stoo	e Address: 1255 8414 MilWhufkat 167, 53214 mity of Premises to Church, School, Daycare Center or Hospital mulding within 300 feet of any church, school, daycare center or hospital? No Pres Ce Bar Only" Designation ring for Class B or Clicense, are you applying for "Service Bar Only"? No Pres Bar Only means customers cannot sit at the bar. Alcohol is served to employees who serve patrons seated at tables.
Is the bu 'Servic If applyi Service No stoo	uilding within 300 feet of any church, school, daycare center or hospital? Ino Yes ce Bar Only" Designation Ving for Class B or C license, are you applying for "Service Bar Only"? Image: Comparison of the service Bar Only in the service Bar
'Servic If applyi Service No stoo	ce Bar Only" Designation ring for Class B or C license, are you applying for "Service Bar Only"?
If applyi Service No stoo	ring for Class B or C license, are you applying for "Service Bar Only"?
Service No stoo	
Busine	but only means costoniers cannot sit at the bar. Alcohol's served to employees who serve patrons seated at tables, ols, chairs or other articles of furniture shall be placed at the service bar for patrons to sit upon.
A Contraction	ess Information
	e you taking out this application for anyone that may not be eligible for a license? 🛛 🖄 No 🔲 Yes yes, list their name and address:
b) Wi	ill the agent, a partner or the individual licensee be conducting the day-to-day operations of the business? INO X Yes no, list the name and address of the person(s) who will:
Cla	ass B Applicants: If the agent, a partner or the individual licensee will not be conducting the day-to-day operations of the business, e person(s) listed above must obtain a Class B Managers license.
2012/2	pes anyone else have money invested or any other interest in this business? 🔀 No 🗌 Yes yes, explain:
d) Hav	ive 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:
ropei	rty Information (New & Transfer Applicants Only)
a) Do	o you own or lease the building?
b) Wh	ho owns the fixtures (for example, coolers, etc.)? Building Manualment
c) Are	e you purchasing the stock and/or fixtures?
d) Tot	tal amount paid for business <u>\$ 140,000</u>
e) Tot	tal amount paid for goodwill of the business S. S. W. W.
Go fair	podwill comprises the reputation and customer relationships of an existing business. If the price you pay for the business exceeds the ir market value of all of the rest of the assets of the business, the excess may be considered goodwill.
f) Hay	ive you made arrangements with the seller for payment of personal property taxes? 🔀 No 🔲 Yes
.ease l	Information (New & Transfer Applicants who are leasing the premises only)
a) Dat	te lease beginsEnds_30
	onthly rental \$ 125.5
	you have an option to renew the lease? 🔲 No 🔯 Yes
d) Dor e) For	bes your lease allow for assignment to another party without the consent of the owner? \square No \square Yes r what length of time have you been guaranteed occupancy (number of years)? $\underline{12}$ $\underline{12}$
u) 101	what length of the have you been guaranteed occupancy (number of years)? <u>To Jun s</u>

12/1/21

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? X No Yes If yes, explain_____
- g) Does the present owner or occupancy object to the granting of your license? M No Yes

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

