

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

Wednesday, September 14, 2022

#### COMMITTEE MEETING NOTICE

AD 08

RADJENOVICH, Andrew C, Agent MKE SUPPERCLUB LLC 2349 S 81ST St West Allis, WI 53219

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

#### Tuesday, September 27, 2022 at 09:15 AM

#### **Regarding:**

t for "MKE SUPPERCLUB LLC" for Your Class B Tavern and Food Dealer License Applications as a "Jackson Grill" at 3736 W Mitchell St.

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/953593573. If you wish to call in, please call +1 (872) 240-3412 and use Access Code: 953-593-573.

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.

#### Proof of warrant satisfaction or payment of fines must be submitted at the hearing on the Notice for applicants with above date and time. Failure to comply with this requirement may result in a delay of the warrants or unpaid fines: 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. www.milwaukee.gov/license Phone: (414) 286-2238 Fax: (414) 286-3057 Email Address: License@milwaukee.gov

PA-33AE Rev 5/12

# MILWAUKEE POLICE DEPARTMENT LICENSING

CRIMINAL RECORD/ORDINANCE VIOLATION/INCIDENTS SYNOPSIS

DATE: 08/29/22 LICENSE TYPE: Class B Tavern New: 🖂 RENEWAL: 🗌

No. 341570 Application Date: 08/22/22

License Location: 3736 W. Mitchell Street Business Name: Jackson Grill

Licensee/Applicant: RADJENOVICH, Andrew C (Last Name, First Name, MI) Date of Birth: 04/05/1980

Home Address: 2349 S. 81<sup>st</sup> Street City: West Allis Home Phone: 414-350-1458

State: WI Zip Code: 53219

This report is written by Police Officer Corstan D. COURT, assigned to the License Investigation Unit, Days.

The Milwaukee Police Department's investigation regarding this application revealed the following:

1. On 08/06/14 the applicant was cited in the City of West Allis with Disorderly Conduct.

Charge:Disorderly ConductFinding:GuiltySentence:fineDate:03/25/15Case:14006877

# Date:9/6/22 Officer: PO Matthew Diener

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

Name of Premise: Address: Phone:	Jackson Grill 3736 W Mitchell St N/P
Owner: Owner address: City State Zip: Owner Phone: Owner email:	Andrew C RADJENOVICH 2349 S 81 <sup>st</sup> St West Allis, WI 53219 414-350-1458 radjenovich80@gmail.com
Licensee/Agent: Home Address: City State Zip: Phone: Email:	same
Preferred contact:	
Location currently of	pen: 🗌 YES 🖾 NO
Projected open date:	October/November 2022
Day's open: S	$M \square T \square W \square Th \square F \square SA \square ALL$
Hours of Operation:	Sun: $10a-4p$ $\Box 24 \text{ hours } \Box Y \boxtimes N$ Mon:closedTue: $4p-10p$ Wed: $4p-10p$ Thu: $4p-10p$ Fri: $4p-11p$ Sat: $4p-11p$
Premise Type:	Tavern/Bar Restaurant Other:

1

Licenses currently held:

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Alcohol:	☐Yes ☐No Class:	#:
Tobacco:	Yes No #:	
Food:	∐Yes ∏No #:	
Other:	Yes No Type:	#:
Other:	☐Yes ☐No Type:	#:

#### **Exterior Survey:**

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

#### **Camera Survey:**

- 17. Does this location have security cameras?  $\Box$  Yes  $\boxtimes$  No
- 18. Are they in working order? Yes No
- 19. What format are the cameras?
  - Yes No a. Color
  - b. Digital ]Yes [ No
  - Yes No c. VCR
  - d. Recorded Yes No
- 20. How long is footage stored for later viewing:
- $\square$ Yes  $\square$ No How many: 21. Are there exterior cameras
- $\Box$ Yes  $\boxtimes$ No How many: 22. Are there interior cameras

- 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/posted capacity unknown at time
- 26. What is the minimum number of employees that will be on premise 5-6
- 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

⊠Yes ∐No ∏Yes ⊠No

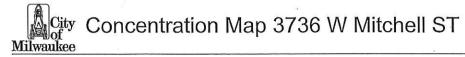
- 28. Is the interior of the location neat and clean?
- 29. Does an interior camera face the entrance/exit?
- 30. Are emergency and non-emergency numbers posted near the phone? Xes No
- 31. Does the owner know how to contact their police district directly? Xes No
  - a. Did you provide a district contact guide to the owner? Xes No

### **Security**

- 32. How many security personnel are going to be employed: N/A
- 33. How will they be deployed: Interior Exterior
- 34. What days will they be deployed Mon Tue Wed Thu Fri Sat Sun
- 35. Will the security be managed by business or contracted
- 36. Will they be armed Yes No
- 37. What type of security measures will be used:
  - Wanding/metal detector
    - ID Scanner
  - Dress Code
  - Cover Charge
  - Age restriction
  - Other
- 38. When at capacity, how will the overflow crowd be managed?
- 39. Will a guard monitor the overflow crowd at all times? Yes No

# ADDITIONAL COMMENTS/RECOMMENDATIONS:

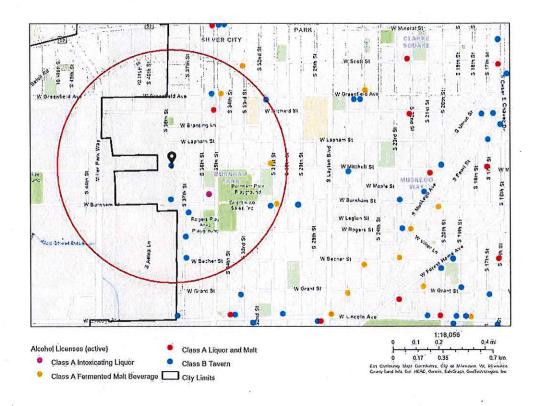
Applicant plans on installing cameras once business is up and running. He also has to adjust his applied hours to give more freedom with his operating hours.



# Area of Interest (AOI) Information

Area : 21,862,586.06 ft<sup>2</sup>

Aug 24 2022 11:58:36 Central Daylight Time



#### 3736 W Mitchell ST

# Summary

Name	Count	Area(ft²)	Length(mi)
Alcohol Licenses	13		

# **Alcohol Licenses**

#	Legal Entity	Trade Name	Licensee	Address	License Type Name	Total Capacity	Expiration Date	Count
1	FIRST STOP FOODS	FIRST STOP FOODS	ABDELMUNA M A ASAD, SP	1330 S 35TH ST	Class A Fermented Malt Beverage Retailer's License		12/19/2021, 6:00 PM	1
2	TERRY SRA, LLC	Harbin Food & Beer	HARVENDER SINGH, Agt	3100 W MITCHELL ST	Class A Fermented Malt Beverage Retailer's License		1/19/2022, 6:00 PM	1
3	Hangoverz	Hangoverz	TINA M MINTO, SP	3121 W GREENFIELD AV	Class B Tavern License	25	1/22/2022, 6:00 PM	1
4	EL REY PLAZA, INC	EL REY PLAZA SUPERMARK ET	Eric J Hyland, Agt	3524 W BURNHAM ST	Class A Retailer's Intoxicating Liquor License		3/3/2022, 6:00 PM	1
5	EL SENORIAL, LLC	EL SENORIAL	MIGUEL HUERTA, Agt	1901 S 31ST ST	Class B Tavern License	76	2/25/2022, 6:00 PM	1
6	Oscar's Winner's Circle LLC	Oscar's Winner's Circle	, Elisabeth Stoeger, Agt	3800 W BURNHAM ST	Class B Tavern License	126	2/17/2022, 6:00 PM	1
7	Celebrity's Hall	Celebrity's Hall	Raul Varela- Rodriguez, SP	1329 S 35th ST	Class B Tavern License	91	4/4/2022, 7:00 PM	1
8	ALDI, INC	ALDI #87	Abreanna M Harder, Agt	1441 S 35TH ST	Class A Malt & Class A Liquor License		7/5/2022, 7:00 PM	1
9	TORY OF MILWAUKEE, INC	MC KIERNANS	GENE M MC KIERNAN, Agt	2066 S 37TH ST	Class B Tavern License	99	7/5/2022, 7:00 PM	1
10	BURNHAM BEER SPOT, INC.	JoJo's Mini Mart	Paramjit Singh, Agt	1900 S 31ST ST	Class A Fermented Malt Beverage Retailer's License	×	9/20/2022, 7:00 PM	1
11	CJ's Pub LLC	CJ's Pub	CORINA L WAGE, Agt	3643 W Rogers ST	Class B Tavern License	49	8/30/2022, 7:00 PM	1
12	HALEY CORPORATIO N	JACKSON GRILL	HEIDI A SCHMIDT, Agt	3736 W MITCHELL ST	Class B Tavern License	55 -	11/4/2022, 7:00 PM	1
13	POLKA DOT SPIRITS, LLC	KOCHANSKI' S CONCERTINA BEER HALL	ANDREW J KOCHANSKI, Agt	1920 S 37TH ST	Class B Tavern License	80	11/3/2022, 7:00 PM	1

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

#### 8/24/22, 11:58 AM

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OCCUPANT	MAIL ADDRESS	CITY STATE ZIP
CURRENT OCCUPANT	1622 S 38TH ST	MILWAUKEE, WI 53215-1726
CURRENT OCCUPANT	1633 S 37TH ST	MILWAUKEE, WI 53215-1723
CURRENT OCCUPANT	1639 S 37TH ST	MILWAUKEE, WI 53215-1723
CURRENT OCCUPANT	1645 S 37TH ST	MILWAUKEE, WI 53215-1723
CURRENT OCCUPANT	1649 S 37TH ST	MILWAUKEE, WI 53215-1723
CURRENT OCCUPANT	1655 S 37TH ST	MILWAUKEE, WI 53215-1723
CURRENT OCCUPANT	1659 S 37TH ST	MILWAUKEE, WI 53215-1723
CURRENT OCCUPANT	1659A S 37TH ST	MILWAUKEE, WI 53215-1723
CURRENT OCCUPANT	1663 S 37TH ST	MILWAUKEE, WI 53215-1723
CURRENT OCCUPANT	1673 S 37TH ST	MILWAUKEE, WI 53215-1723
CURRENT OCCUPANT	1701 S 37TH ST	MILWAUKEE, WI 53215-2012
CURRENT OCCUPANT	1709 S 37TH ST	MILWAUKEE, WI 53215-2012
CURRENT OCCUPANT	1715 S 37TH ST	MILWAUKEE, WI 53215-2012
CURRENT OCCUPANT	1720 S 38TH ST	MILWAUKEE, WI 53215-2018
CURRENT OCCUPANT	1721 S 37TH ST	MILWAUKEE, WI 53215-2012
CURRENT OCCUPANT	3717 W MITCHELL ST	MILWAUKEE, WI 53215-1729
CURRENT OCCUPANT	3720 W MITCHELL ST	MILWAUKEE, WI 53215-1730
CURRENT OCCUPANT	3723 W LAPHAM ST, 1	MILWAUKEE, WI 53215-1727
CURRENT OCCUPANT	3723 W LAPHAM ST, 2	MILWAUKEE, WI 53215-1727
CURRENT OCCUPANT	3723 W LAPHAM ST, 3	MILWAUKEE, WI 53215-1727
CURRENT OCCUPANT	3723 W LAPHAM ST, 4	MILWAUKEE, WI 53215-1727
CURRENT OCCUPANT	3723 W LAPHAM ST, 5	MILWAUKEE, WI 53215-1727
CURRENT OCCUPANT	3723 W LAPHAM ST, 6	MILWAUKEE, WI 53215-1727
CURRENT OCCUPANT	3725 W MITCHELL ST	MILWAUKEE, WI 53215-1729
CURRENT OCCUPANT	3726 W MITCHELL ST	MILWAUKEE, WI 53215-1730
CURRENT OCCUPANT	3726A W MITCHELL ST	MILWAUKEE, WI 53215-1730
CURRENT OCCUPANT	3730 W MITCHELL ST	MILWAUKEE, WI 53215-1730
CURRENT OCCUPANT	3731 W LAPHAM ST, 10	MILWAUKEE, WI 53215-1727
CURRENT OCCUPANT	3731 W LAPHAM ST, 11	MILWAUKEE, WI 53215-1727
CURRENT OCCUPANT	3731 W LAPHAM ST, 12	MILWAUKEE, WI 53215-1727
CURRENT OCCUPANT	3731 W LAPHAM ST, 7	MILWAUKEE, WI 53215-1727
CURRENT OCCUPANT	3731 W LAPHAM ST, 8	MILWAUKEE, WI 53215-1727
CURRENT OCCUPANT	3731 W LAPHAM ST, 9	MILWAUKEE, WI 53215-1727
CURRENT OCCUPANT	3736 W MITCHELL ST	MILWAUKEE, WI 53215-1730
Blank Notice		

Total Records: 34

Radius 250.0 feet and Center of Circle: 3736 W Mitchell St



Wednesday, September 14, 2022



# Notice of Public Hearing

**Blank Notice** 

## RADJENOVICH, Andrew C Jackson Grill at 3736 W Mitchell St. Tuesday, September 27, 2022 at 09:15 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 09/27/2022 at 09:15 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.



# **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: <u>license@milwaukee.gov</u>

1. Ty	ype of Business
Applyin	ng 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	e a detailed description of the type of business you plan on operating: Supper Club
CTR. Sector State	have any experience operating this type of business? INO X Yes If yes, explain: Jyenrs of restraint hospitality exponence
2. B	usiness Operations
a.	Proposed Opening Date: Nov 15 2022
b.	ls this premise under construction? 🔣 No 🗌 Yes If yes, list estimated completion date:
с.	Is this a franchise? 🕅 No 📋 Yes
d.	Is this premises currently licensed? INO X Yes If yes, list type of license: BAR + Restrained
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. Li	tter & 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:
	moking & Sanitation
a.	Are there designated outdoor smoking areas? 🚺 No 🗌 Yes If yes, describe:
b.	Number of Garbage Cans: Inside: _/ C Locations: BAR, Kitchers, Bathrooms
	Outside: 💫 Locations: LBALK 💛
c.	Is a crowd control barrier used? 🗹 No 🗌 Yes 🛛 If yes, describe:
d.	How many restrooms are on the premises?
e.	Name of solid waste contractor: Advanced Disposal 📈 Waste Management Other:

a. Are there	onsite parking sj	paces? 🕅 No 🗌 Yes	If yes, how	many? a	nd describe	the parking security
plan:				a a series and a series of the		
b. Is there a l	oading zone?	🔏 No 🦳 Yes 🛛 If yes, d	escribe the l	pading area security pla	an:	
,	,,	sonnel on premise? 🚺				nd answer the following:
	•					
	_					······································
a. will there	be security cam	ierasi pino [ res	it yes, now i	and its	liocations.	
	h og /id ontificatio	, , , , , , , , , , , , , , , , , , ,	a optry2 🗌 I	No Ves If ves desci	riha "D1 w	rears and Duler FD
e. will searc		(must total 1009				
lcohol		1	<b></b> %			
	/°			Secondhand Merchand	ise	Precious Metals & Gems
ntertainment	%	Cigarettes	%	%		%
	••	Salvaged Materials	%	Personal Services (such	•	Other%
awnbroker Activ	ity%	(such as scrap metal)		body piercing, salon, tai tanning, etc.)		Describe:
. Business	es/Licenses	on the Premise	s (check a	all that apply):		
ype 1					<b></b> .	
K Full Service R	estaurant	Cafe/Coffee Shop		ast Food Restaurant	_	/Fraternal/Veterans Club
🗌 Night Club		Tavern	Cocktail	-	🗌 Teen C	lub
🔲 Banquet Hall	. *	Sports Facility	🔲 Bowling	Alley		
Hotel/Motel	: Number of Flo	oors:	🗌 Roomin	g House: Number of Flo		
	Number of Ro	oms:		Number of Ro	oms:	
ype 2		Corner Store	Superma	, ,	Conver	nience Store
Gas Station		Amusement/Phonop				ng, Salvage or Towing
Used Car De	aler	Personal Service Es (such as tattoo busi		n, tailor, etc.)	Record	ing Studio
What other lice	، nses/permits will	you hold at this location?	(check all that	apply)		
		, Cigarette & Tobacco 🔲G			"B" Tavern [	Weights & Measures
		Precious Metal & Gem				
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a. Identify all area	(s) of the premises that will I 2 <sup>nd</sup> Floor ØBasement Stora	be used in operating this bus age ∭Patio □Beer Garde	siness (include areas use n □Sidewalk Café □I	d only for storage Deck □Rooftop	):
Other: Descr	ibe:	×			
	on: 🗌 Major Thoroughfare Cross Street:	🛿 Secondary Street 🗌 Ot Mitchell	her:		
	ng: 🕅 Free Standing Buildin	ng 🗌 Strip Mall 🗍 Other:			2
	ses Structure: 🗌 Single Sto				
f. Describe Surro	unding Area: 🔲 Commercia	I 🔣 Residential 🗹 Industr	ial 🔲 Other:		
g. Building Owner	Name: Andrew RA	djenovich	Phone Number: (414	)3501458	/
Building Owner	Address: 37.36 W	Mitchell st			
10. Hours of C	peration & Custor	mers			
Will customers be ent	ering the premises? 🔲 No	K Yes			
Day of the Week	Proposed Hour		Estimated Number of Customers	Potential Age Range	Class B Tavern Applicant Only:
Duy or the free.	Open Time (include a.m. or p.m.)	Close Time (include a.m. or p.m.)	expected each day	of Customers	Age Restriction (If none, write 'None')
Sunday	10 AM	4pm	50 - 100	21-100	NONE
Monday	Cluse	4pm Close			
Tuesday	4pm	10 pm	50-100	21-100	NONE
Wednesday	4pm	10 pm			
Thursday	4pm	10 pm			
Friday	Upm	ilom			
Saturday	4pm	llem		IV	
An Extended Hours Es	tablishment License is requir tanning, etc.), recording stu	red for any convenience stor	re, filling station, person	al service establis	nment (such as tattoo, body
Alcohol Establishmen Permitted Hours of O	ts Class A: 8:00	am to 9:00 pm Sunday thru am to 2:00 am Sunday thru	Saturday		
Entertainment Outdo		Opm Sunday-Thursday; 12:0 tablished by the Common C			
11. Signature	(s)				
9	R				50
	prietor, Partner, or 20% or m 0% or more shareholders,	ore Shareholder	Signature of additional	partner or 20% or	more shareholder

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e) Total amount paid for goodwill of the business \$ Goodwill comprises the reputation and customer relationships of an existing business. If the price you pay for the business exc	Prem	
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 Clicense, 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         b)       Will the agent, a partner or the individual licensee be conducting the day-to-day operations of the business?       No       Mo       Yes         If no, list the name and address:		ise Address: 3736 W Mitchell st Milwarkee
"Service Bar Only" Designation         If applying for Class B or Clicense, 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:	Prox	imity of Premises to Church, School, Daycare Center or Hospital
If applying for Class B or Clicense, 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:	Is th	e building within 300 feet of any church, school, daycare center or hospital? 🕅 No 🗌 Yes
a) Are you taking out this application for anyone that may not be eligible for a license?       Image: Comparison of the service bar for patrons to sit upon.         a) Are you taking out this application for anyone that may not be eligible for a license?       Image: Comparison of the business?       Image: C	"Sei	vice Bar Only" Designation
<ul> <li>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:</li></ul>	Ser	ice Bar Only means customers cannot sit at the bar. Alcohol is served to employees who serve patrons seated at tables.
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:	Bus	ness Information
<ul> <li>the person(s) listed above must obtain a Class B Managers license.</li> <li>c) Does anyone else have money invested or any other interest in this business? INO Yes If yes, explain:</li> <li>d) Have you made an agreement with anyone to repay any loan or any other payments based upon income from the business?</li> <li>W No Yes If yes, list name and address:</li> <li>Property Information (New &amp; Transfer Applicants Only)</li> <li>a) Do you own or lease the building?</li> <li>b) Who owns the fixtures (for example, coolers, etc.)?</li> <li>Are you purchasing the stock and/or fixtures?</li> <li>d) No ØYes If yes, amount paid \$</li> <li>d) Total amount paid for business</li> <li>e) Total amount paid for goodwill of the business</li> <li>g) Coodwill comprises the reputation and customer relationships of an existing business. If the price you pay for the business excent</li> </ul>	b)	Will the agent, a partner or the individual licensee be conducting the day-to-day operations of the business? 🔲 No 🕅 Yes
<ul> <li>a) Do you own or lease the building?</li> <li>b) Who owns the fixtures (for example, coolers, etc.)?</li> <li>c) Are you purchasing the stock and/or fixtures?</li> <li>d) Total amount paid for business</li> <li>e) Total amount paid for goodwill of the business</li> <li>goodwill comprises the reputation and customer relationships of an existing business. If the price you pay for the business examples and the price you pay for the business examples.</li> </ul>		the person(s) listed above must obtain a Class B Managers license. Does anyone else have money invested or any other interest in this business? If No Yes If yes, explain:
<ul> <li>b) Who owns the fixtures (for example, coolers, etc.)? <u>ANOREW RADJENUITCH</u></li> <li>c) Are you purchasing the stock and/or fixtures? □No INvesting the stock and/or fixtures? □No INvesting the stock and/or fixtures?</li> <li>d) Total amount paid for business \$_187000 iNvesting severifting Name +</li> <li>e) Total amount paid for goodwill of the business \$_0</li> <li>Goodwill comprises the reputation and customer relationships of an existing business. If the price you pay for the business excert</li> </ul>	Pro	perty Information (New & Transfer Applicants Only)
e) Total amount paid for goodwill of the business \$ Goodwill comprises the reputation and customer relationships of an existing business. If the price you pay for the business exc		
Goodwill comprises the reputation and customer relationships of an existing business. If the price you pay for the business exc		
	b) c) d)	Are you purchasing the stock and/or fixtures? Total amount paid for business S 187000 iNcludes everifting NAME + fixtures
f) Have you made arrangements with the seller for payment of personal property taxes? 🗹 No 🔲 Yes	b) c) d)	Are you purchasing the stock and/or fixtures? $\square$ No $\square$ Yes If yes, amount paid \$ $O$ Total amount paid for business \$ $187000$ iNcludes eventfly NAME + fixed Total amount paid for goodwill of the business \$ $O$ 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.
Lease Information (New & Transfer Applicants who are leasing the premises only)	b) c) d) e)	Are you purchasing the stock and/or fixtures?       INO IN Yes If yes, amount paid \$         Total amount paid for business       \$         Total amount paid for goodwill of the business       \$         Goodwill comprises the reputation and customer relationships of an existing business. If the price you pay for the business exceeds the

# 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 occupancy object to the granting of your license? XNo Yes

# **Change of Agent Applicants Only**

Have there been any changes to the floor plan since the last application was submitted?  $\mathbf{X}$  No  $\mathbf{Y}$  es 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

Legal Entity Name	JACKSON Grill
Premises Address	
SECTION 1	TYPE OF BUSINESS
	najority of your food sales? (check one)
K Restaurant Ite	
	le, but are not limited to, chicken, ribs, sandwiches, roasted corn, baked potatoes, hot dogs, brats, tacos, neese and meat, French fries, cooked or deep fried vegetables/fruit, cooked cheese curds, corn dogs,
egg rolls, sala	
and the second s	snacks and beverages): s include, but are not limited to, ice cream/soft serve, lemonade, snow cones, coffee, espresso, cappuccing
tea, fruit juic	e, smoothies, candy, dispensed soda, fruit cups, bakery, cookies, kettle corn, cotton candy, funnel cakes,
fritters, torti	lla chips w/ cheese.
	a convenience store? 🗌 Yes 🔲 No
	nience store contains less than 5,000 square feet of retail space and has, as its primary business, the food items and in addition, sells household products or is a filling station that sells basic food items
	Id products.
Bed & Breakf	
All Applicants: Su	ubmit a menu or a list of food items that will be sold.
	ubmit a menu or a list of food items that will be sold. le business be done? 🕅 No 🔲 Yes If yes, what percentage of food sales will be wholesale?
	le business be done? 🕅 No 🗌 Yes If yes, what percentage of food sales will be wholesale?
Will any wholesa	le business be done? 🕅 No 🗌 Yes If yes, what percentage of food sales will be wholesale? n 25%
Will any wholesa	le business be done? 🕅 No 🗌 Yes If yes, what percentage of food sales will be wholesale?
Will any wholesa	le business be done? 🔁 No 🗌 Yes If yes, what percentage of food sales will be wholesale? n 25% More AND:
Will any wholesa	le business be done? 🕅 No 🗌 Yes If yes, what percentage of food sales will be wholesale? n 25% More AND: Restaurant items (meals) will be sold – Complete this application and also contact DATCP.
Will any wholesa Uess than 25% or N SECTION 2	le business be done? No Yes If yes, what percentage of food sales will be wholesale? n 25% 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.
Will any wholesa Uses than 25% or N SECTION 2 Will any food pro	le business be done? No Yes If yes, what percentage of food sales will be wholesale? n 25% 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. FOOD PROCESSING processing be done? No X Yes
Will any wholesa Uess than 25% or N SECTION 2 Will any food pro Processing is def	le business be done? ► No □ Yes If yes, what percentage of food sales will be wholesale? n 25% 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. FOOD PROCESSING Decessing be done? □ No ☑ Yes ined as assembling, grinding, cutting, mixing, baking, coating, stuffing, packing, bottling, grilling, canning,
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Will any wholesa Uses than Uses that	le business be done? ► No ☐ Yes If yes, what percentage of food sales will be wholesale? 1 25% 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. FOOD PROCESSING Decessing be done? ☐ No K Yes ined as assembling, grinding, cutting, mixing, baking, coating, stuffing, packing, bottling, grilling, canning, enting, distilling, pickling, freezing, drying, smoking, or packaging. FOOD REQUIRING TEMPERATURE CONTROL
Will any wholesa Less than 25% or N SECTION 2 Will any food pro Processing is def extracting, ferme SECTION 3 Will any food tha	le business be done? ► No □ Yes If yes, what percentage of food sales will be wholesale? 1 25% 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. FOOD PROCESSING Decessing be done? □ No ☑ Yes ined as assembling, grinding, cutting, mixing, baking, coating, stuffing, packing, bottling, grilling, canning, enting, distilling, pickling, freezing, drying, smoking, or packaging.

	AILS OF OPERATIO		Yes '
Will you have seating or			Yes
Will you be doing any ca		No No	
Will you be doing any do		No No	Yes Yes - Check all that apply: ABar Cooking/Grilling Dining
Will you have outdoor a		🗌 No 🔀 No	
Will you have a drive th	ru window?	No No	Yes - Are hours different from inside? No Yes If Yes, provide drive thru hours:
Will scales or barcode s	canners be used?	🕅 No	Yes - You must also apply for a Weights & Measures License.
SECTION 5 AD	DITIONAL SITES		
Where will food be prep	pared and/or sold?		
🗹 At a single site	At multiple sites	s: How n	nany?(for example, a hotel with several dining rooms or bars)
If multiple sites, attach	a Food Dealer Additi	ional Site	e Addendum (ccl-foodadd) for each additional site,
SECTION 6 CO	NSTRUCTION OR C	CHANGE	iS
Are you planning any co	Instruction. remode	ling or eq	auipment changes?
. 1	to Section 8		
	ck all that apply:	[]] New	v construction of a building
	on an ende apprije		struction changes to existing building Equipment changes only
	ion of the changes		
Provide a brief descript			
Provide a brief descript	.'		
Start date: Name, Address & Phon	e Number of Archite	<b></b>	
Start date: Name, Address & Phon Name, Address & Phon	e Number of Archite e Number of Contra	actor:	
Start date: Name, Address & Phon Name, Address & Phon SECTION 7 AL	e Number of Archite e Number of Contra COHOL BEVERAGE	actor:	
Start date: Name, Address & Phon Name, Address & Phon SECTION 7 ALU Are you applying for ar	e Number of Archite e Number of Contra <b>COHOL BEVERAGE</b> alcohol beverage lie	actor:	
Start date: Name, Address & Phon Name, Address & Phon SECTION 7 ALL Are you applying for ar No If No, SKI	e Number of Archite e Number of Contra COHOL BEVERAGE alcohol beverage lic P to Section 8	actor: ES cense?	prior to the slophal license, when do you want the food license issued?
Start date: Name, Address & Phon Name, Address & Phon SECTION 7 ALU Are you applying for ar No If No, SKI SC Yes If YES, if y	e Number of Archite e Number of Contra <b>COHOL BEVERAGE</b> alcohol beverage lid P to Section 8 rour food license is a	ector:	prior to the alcohol license, when do you want the food license issued? e as the alcohol license
Start date: Name, Address & Phon Name, Address & Phon SECTION 7 ALU Are you applying for ar ☐ No If No, SKI ☑ Yes If YES, if y ☑ Imme	e Number of Archite e Number of Contra <b>COHOL BEVERAGE</b> alcohol beverage lid P to Section 8 rour food license is a	actor: ES cense? approved same time	e as the alcohol license
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Start date: Name, Address & Phon Name, Address & Phon SECTION 7 ALU Are you applying for ar ☐ No If No, SKI ☑ Yes If YES, if y ☑ Imme SECTION 8 AC	e Number of Archite e Number of Contra COHOL BEVERAGE alcohol beverage lic P to Section 8 rour food license is a diately X At the s KNOWLEDGEMEN em confirming your	actor: ES cense? approved same time NTS & SIG	e as the alcohol license GNATURE anding:
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Start date: Name, Address & Phon Name, Address & Phon SECTION 7 ALL Are you applying for ar ☐ No If No, SKI ☑ Yes If YES, if y ☑ Imme SECTION 8 AC	e Number of Archite e Number of Contra COHOL BEVERAGE alcohol beverage lic our food license is a diately At the s KNOWLEDGEMEN em confirming your d the Health Departri icense may be issued d I must obtain an o	actor:	e as the alcohol license GNATURE anding: ast conduct an inspection and advise the License Division of their approval y permit from the Department of Neighborhood Services and an inspection
Start date: Name, Address & Phon Name, Address & Phon SECTION 7 ALU Are you applying for ar No If No, SKI Yes If YES, if y SECTION 8 AC You must initial each it No Understan before the I Understan may be req be iscued	e Number of Archite e Number of Contra COHOL BEVERAGE alcohol beverage lic P to Section 8 rour food license is a diately At the s KNOWLEDGEMEN em confirming your d the Health Departr icense may be issued d I must obtain an ou	actor: ES cense? approved same time with solution with the solution with th	e as the alcohol license <b>GNATURE</b> anding: ast conduct an inspection and advise the License Division of their approval y permit from the Department of Neighborhood Services and an inspection as must advise the License Division of their approval before the license ma
Start date: Name, Address & Phon Name, Address & Phon SECTION 7 AL Are you applying for ar ☐ No If No, SKI ☑ Yes If YES, if y ☑ Imme SECTION 8 AC You must initial each it I understan before the I I understan may be req be issued.	e Number of Archite e Number of Contra COHOL BEVERAGE alcohol beverage lic P to Section 8 rour food license is a diately At the s KNOWLEDGEMEN em confirming your d the Health Departr icense may be issued d I must obtain an ou uired. Neighborhood	actor:	e as the alcohol license <b>GNATURE</b> anding: ast conduct an inspection and advise the License Division of their approval y permit from the Department of Neighborhood Services and an inspection as must advise the License Division of their approval before the license ma () I review and either support or object to my application. If he/she objects,
Start date: Name, Address & Phon Name, Address & Phon SECTION 7 ALL Are you applying for ar No If No, SKI Yes If YES, if y Imme SECTION 8 AC You must initial each it SECTION 8 AC	e Number of Archite e Number of Contra COHOL BEVERAGE alcohol beverage lic P to Section 8 rour food license is a diately At the s KNOWLEDGEMEN em confirming your d the Health Departr icense may be issued d I must obtain an ou uired. Neighborhoo d the district alderpo and be scheduled to lation to the Commo	actor: ES cense? approved same time vandersta ment mu ed. secupancy od Service erson will o appear on Counc	e as the alcohol license <b>GNATURE</b> anding: ast conduct an inspection and advise the License Division of their approval y permit from the Department of Neighborhood Services and an inspection as must advise the License Division of their approval before the license ma ( I review and either support or object to my application. If he/she objects, before the Licenses Committee. The Licenses Committee will then make cil. The Common Council must grant the license before it may be issued.
Start date: Name, Address & Phon Name, Address & Phon SECTION 7 ALU Are you applying for ar No If No, SKI Yes If YES, if y SECTION 8 AC You must initial each it SECTION 8 AC	e Number of Archite e Number of Contra COHOL BEVERAGE alcohol beverage lid P to Section 8 rour food license is a diately At the s KNOWLEDGEMEN em confirming your d the Health Departr icense may be issued d I must obtain an ou uired. Neighborhoo d the district alderpe and be scheduled to lation to the Commo	actor: ES cense? approved same time vandersta ment mu ed. secupancy od Service erson will so appear on Counc for all lice	e as the alcohol license <b>GNATURE</b> anding: ast conduct an inspection and advise the License Division of their approval y permit from the Department of Neighborhood Services and an inspection as must advise the License Division of their approval before the license ma ( I review and either support or object to my application. If he/she objects, before the Licenses Committee. The Licenses Committee will then make cil. The Common Council must grant the license before it may be issued. ense fees must be on file in the License Division before the license may be
Start date: Name, Address & Phon Name, Address & Phon SECTION 7 ALU Are you applying for ar □ No If No, SKI ☑ Yes If YES, if y ☑ Imme SECTION 8 AC You must initial each it I understan may be req be issued. I understan may appeal recommend I understan issued and issued and	e Number of Archite e Number of Contra COHOL BEVERAGE alcohol beverage lie P to Section 8 rour food license is a diately At the s KNOWLEDGEMEN em confirming your d the Health Departr icense may be issued d I must obtain an ou uired. Neighborhoo d the district alderpe and be scheduled to lation to the Commo d proof of payment the license must be l	actor: ES cense? approved same time vundersta ment mu ed. secupancy od Service erson will o appear on Counc for all lice issued an	e as the alcohol license <b>GNATURE</b> anding: ast conduct an inspection and advise the License Division of their approval y permit from the Department of Neighborhood Services and an inspection as must advise the License Division of their approval before the license ma ( I review and either support or object to my application. If he/she objects, before the Licenses Committee. The Licenses Committee will then make cil. The Common Council must grant the license before it may be issued.

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# **APPLICATION AMENDMENT**

Office of the City Clerk License Division 200 E. Wells Street, Room 105, Milwaukee, WI 53202 (414) 286-2238

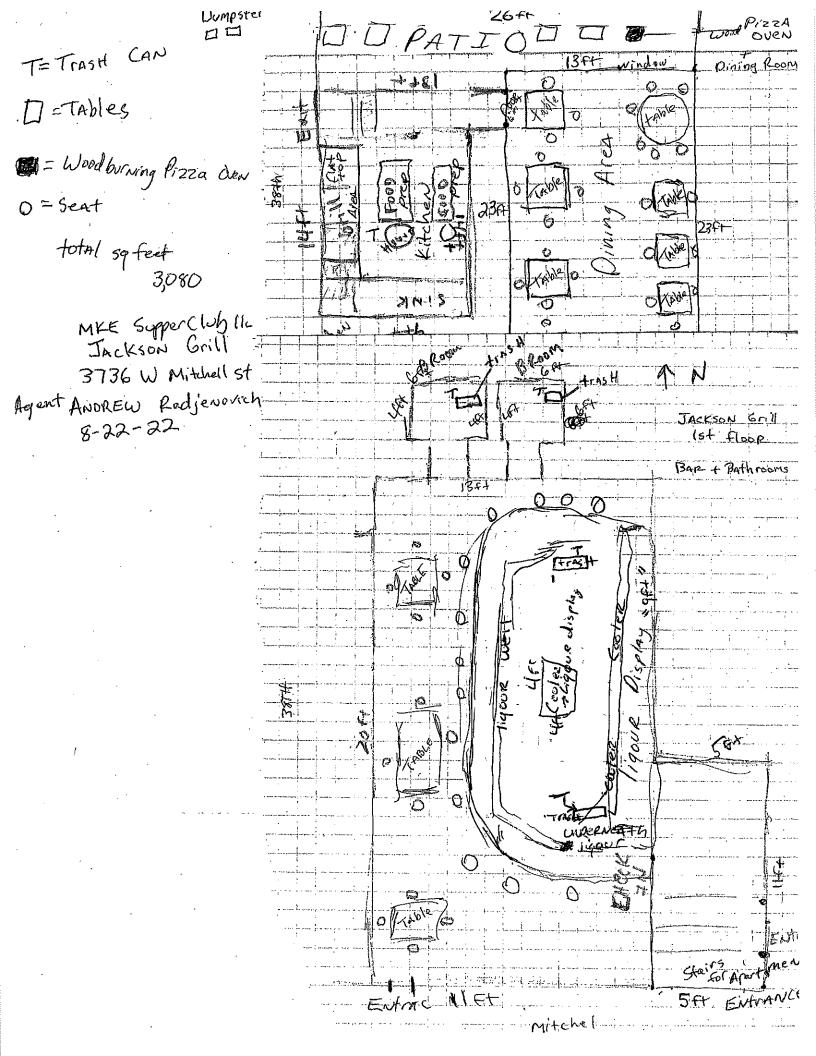
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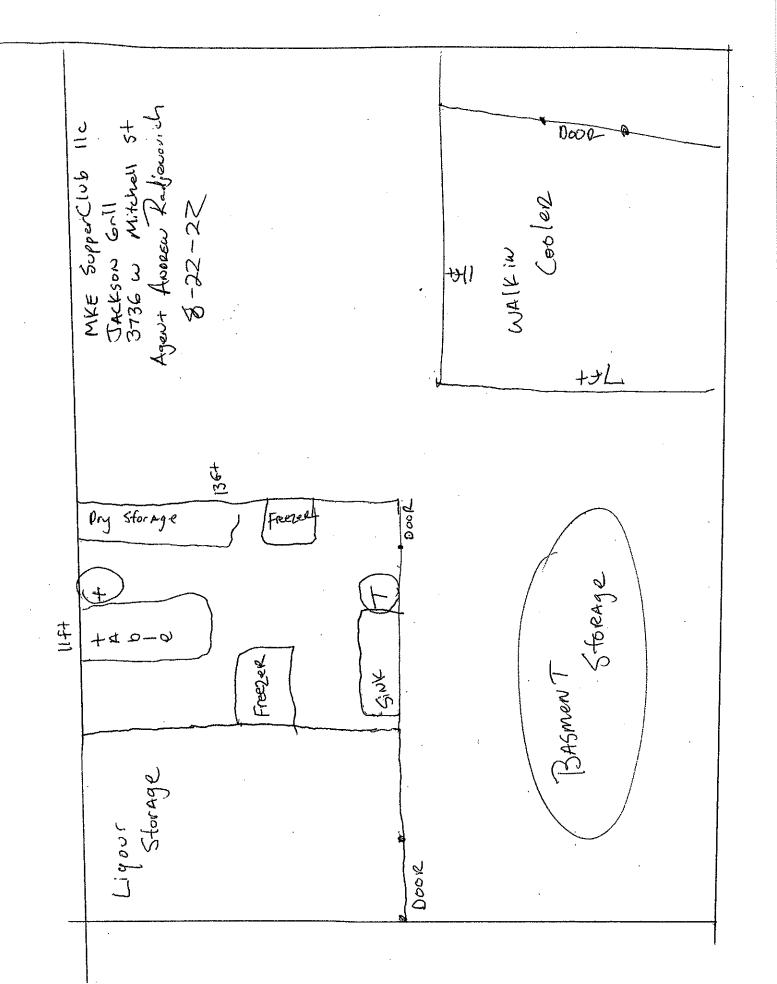
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Date: 9-6-22

To the License Division of the City of Milwaukee:

100	ad And Bevegge ClassBlicense at 3736 W Mitchell St (type of license) (premises address, if applicable)	
	adding or amending the following information (complete only those sections being amended):	
1.	Answer to Question(s) #should be:	
2.	Agent should be (full legal name): Also complete 3, 4,	586
3.	Date of birth should be:	
4.	Home address should be (include city/state/zip):	
5,	Phone number should be (include area code):	
6.	Driver's License Number/State ID Number should be:	
7.	Corporation/LLC name should be (full legal name):	
8.	Business name should be:	
· 9.	Premises address should be (include city/state/zip):	
10.	Business phone number should be (include area code):	
11.	Mailing address should be (include city/state/zip):	
12.	Email address should be:	
13.	Recycling/Salvaging/Towing: Location where vehicle will be parked should be (include city/state/zip):	
	Class B Tavern: Age Distinction should be:	
15.	Other: SUNDAY - SATURDAY FOOD + CLASS B Beverage Hour CH	AN
Hours	s GAM- ZAM	
	(Check with the License Division before submitting "Other" amendments using this form.)	
	h	
	Signature of Licensee (Individual, Partner, or Agent of Corp/LLC)	





Jackson Grill

{ Our dinners are served with homemade Soup or Field Salad and your choice of side}

ENTREES \*Black Angus Filet Mignon with natural jus 8 oz. 46 \*Black Angus New York Strip with natural jus 16 oz. 49 \*Black Angus Bone-in Ribeye with natural jus 20 oz. 59 \*Tournedos au Poivre 9 oz. (Three peppercorn crusted medallions & crème bordelaise) 40 \*Bar-B-Q Ribs (Full Rack Double Dipped in our own sauce & char roasted) 37 Viking Village Sea Scallops

Mushroom Risotto, Spinach, Bearnaise, Cauliflower 42

> 2 6oz South African Lobster Tails Served with Choice of Side

58

Pan Seared Black Cod Crab & Yukon Gold Hash, Green Beans Bearnaise 39 Golden Beer Batter Deep Fried Shrimp 29

Side Of Gorgonzola Blue Cheese Butter with any steak

4

#### <u>APPETIZERS</u>

Cajun BBQ Shrimp Cocktail served warm with two dipping sauces

20

Escargot With Garlic Butter Topped with a Portabella and Grilled Sourdough

# 15

Bruschetta a la Grill Tomato, Basil, Kalamata Olives Aged Mozzarella on Grilled Bread

12

Add to any order Lobster / 25 Scallop / 8 Shrimp / 4

SOUPS Crab Bisque SIDES French Onion **Garlic Mashed Potatoes 5 SALADS** Saffron Yukon Gold Potatoes 5 French Cognac Mac & Cheese 6 **Romano** Peppercorn Home Made Fries 5 House Vinaigrette Steamed Broccoli with Cheese Sauce 6 Ceaser add blue cheese 3 The Jackson Grill Snifter Homemade Desserts Our Signature blend: Frangelico, Irish Mist, Strawberry Napoleon Grand Marnier, Tia Maria & Brandy **Bananas** Foster Butterfinger crème Burlee

Consuming raw or undercooked meats. noultry. seafood or eggs may increase your risk of food borne illness