

## CITY OF MILWAUKEE OFFICE OF THE CITY CLERK

Thursday, March 16, 2023

#### COMMITTEE MEETING NOTICE

AD 12

FREEMAN, Tamia M, Agent FANNIES KIDS KITCHEN LLC 833-837 W HISTORIC MITCHELL St Milwaukee, WI 53204

You are requested to attend a hearing which is to be held in Room 301-B, Third Floor, City Hall or you may attend virtually using the link below.

### Wednesday, March 29, 2023 at 01:50 PM

The access code is <a href="https://meet.goto.com/415147613">https://meet.goto.com/415147613</a>. If you wish to call in: +1 (408) 650-3123 and use Access Code: 415-147-613

Please see the enclosed best practices document for further instructions.

Regarding:

Your Extended Hours Establishments and Food Dealer License Applications as agent for "FANNIES KIDS KITCHEN LLC" for "FANNIES KIDS KITCHEN; DIGGLERS DIET" at 833-837 W HISTORIC MITCHELL St.

There is a possibility that your application may be denied for one hore 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 in City Hall is available at reduced rates (5 hour limit) at the Milwaukee Center on the southwest corner of East Kilbourn and North Water Street. Parking tickets must be validated in the first floor information booth in City Hall.

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.



# CITY OF MILWAUKEE OFFICE OF THE CITY CLERK

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AD 12

FREEMAN, Tamia M, Agent FANNIES KIDS KITCHEN LLC 4353 N 21<sup>ST</sup> ST Milwaukee, WI 53209

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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.



Thursday, March 16, 2023



## Notice of Public Hearing

Blank Notice

FREEMAN, Tamia M, Agent
FANNIES KIDS KITCHEN; DIGGLERS DIET at 833-837 W HISTORIC MITCHELL St
Extended Hours Establishments and Food Dealer License Applications

### Wednesday, March 29, 2023 at 1:50 PM

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 3/29/2023 at 1:50 PM 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        | 1673 S 9TH ST# 101 | MILWAUKEE, WI 53204-3454 |
| CURRENT OCCUPANT        | 1673 S 9TH ST# 102 | MILWAUKEE, WI 53204-3454 |
| CURRENT OCCUPANT        | 1673 S 9TH ST# 103 | MILWAUKEE, WI 53204-3454 |
| CURRENT OCCUPANT        | 1673 S 9TH ST# 104 | MILWAUKEE, WI 53204-3454 |
| CURRENT OCCUPANT        | 1673 S 9TH ST# 105 | MILWAUKEE, WI 53204-3454 |
| CURRENT OCCUPANT        | 1673 S 9TH ST# 106 | MILWAUKEE, WI 53204-3454 |
| CURRENT OCCUPANT        | 1673 S 9TH ST# 107 | MILWAUKEE, WI 53204-3454 |
| CURRENT OCCUPANT        | 1673 S 9TH ST# 108 | MILWAUKEE, WI 53204-3454 |
| CURRENT OCCUPANT        | 1673 S 9TH ST# 201 | MILWAUKEE, WI 53204-3432 |
| CURRENT OCCUPANT        | 1673 S 9TH ST# 202 | MILWAUKEE, WI 53204-3432 |
| CURRENT OCCUPANT        | 1673 S 9TH ST# 203 | MILWAUKEE, WI 53204-3432 |
| CURRENT OCCUPANT        | 1673 S 9TH ST# 204 | MILWAUKEE, WI 53204-3432 |
| CURRENT OCCUPANT        | 1673 S 9TH ST# 205 | MILWAUKEE, WI 53204-3432 |
| <b>CURRENT OCCUPANT</b> | 1673 S 9TH ST# 206 | MILWAUKEE, WI 53204-3432 |
| <b>CURRENT OCCUPANT</b> | 1673 S 9TH ST# 207 | MILWAUKEE, WI 53204-3432 |
| <b>CURRENT OCCUPANT</b> | 1673 S 9TH ST# 208 | MILWAUKEE, WI 53204-3432 |
| <b>CURRENT OCCUPANT</b> | 1673 S 9TH ST# 209 | MILWAUKEE, WI 53204-3432 |
| <b>CURRENT OCCUPANT</b> | 1673 S 9TH ST# 210 | MILWAUKEE, WI 53204-3432 |
| <b>CURRENT OCCUPANT</b> | 1673 S 9TH ST# 211 | MILWAUKEE, WI 53204-3432 |
| <b>CURRENT OCCUPANT</b> | 1673 S 9TH ST# 212 | MILWAUKEE, WI 53204-3432 |
| <b>CURRENT OCCUPANT</b> | 1673 S 9TH ST# 213 | MILWAUKEE, WI 53204-3432 |
| <b>CURRENT OCCUPANT</b> | 1673 S 9TH ST# 214 | MILWAUKEE, WI 53204-3432 |
| <b>CURRENT OCCUPANT</b> | 1673 S 9TH ST# 215 | MILWAUKEE, WI 53204-3432 |
| <b>CURRENT OCCUPANT</b> | 1673 S 9TH ST# 301 | MILWAUKEE, WI 53204-3432 |
| <b>CURRENT OCCUPANT</b> | 1673 S 9TH ST# 302 | MILWAUKEE, WI 53204-3432 |
| <b>CURRENT OCCUPANT</b> | 1673 S 9TH ST# 303 | MILWAUKEE, WI 53204-3432 |
| <b>CURRENT OCCUPANT</b> | 1673 S 9TH ST# 304 | MILWAUKEE, WI 53204-3432 |
| <b>CURRENT OCCUPANT</b> | 1673 S 9TH ST# 305 | MILWAUKEE, WI 53204-3432 |
| <b>CURRENT OCCUPANT</b> | 1673 S 9TH ST# 306 | MILWAUKEE, WI 53204-3432 |
| <b>CURRENT OCCUPANT</b> | 1673 S 9TH ST# 307 | MILWAUKEE, WI 53204-3432 |
| <b>CURRENT OCCUPANT</b> | 1673 S 9TH ST# 308 | MILWAUKEE, WI 53204-3432 |
| CURRENT OCCUPANT        | 1673 S 9TH ST# 309 | MILWAUKEE, WI 53204-3432 |
| <b>CURRENT OCCUPANT</b> | 1673 S 9TH ST# 310 | MILWAUKEE, WI 53204-3432 |
| CURRENT OCCUPANT        | 1673 S 9TH ST# 311 | MILWAUKEE, WI 53204-3432 |
| CURRENT OCCUPANT        | 1673 S 9TH ST# 312 | MILWAUKEE, WI 53204-3432 |
| CURRENT OCCUPANT        | 1673 S 9TH ST# 313 | MILWAUKEE, WI 53204-3432 |
| CURRENT OCCUPANT        | 1673 S 9TH ST# 314 | MILWAUKEE, WI 53204-3432 |
| CURRENT OCCUPANT        | 1673 S 9TH ST# 315 | MILWAUKEE, WI 53204-3432 |
| CURRENT OCCUPANT        | 1673 S 9TH ST# 401 | MILWAUKEE, WI 53204-3432 |
| CURRENT OCCUPANT        | 1673 S 9TH ST# 402 | MILWAUKEE, WI 53204-3432 |
| CURRENT OCCUPANT        | 1673 S 9TH ST# 403 | MILWAUKEE, WI 53204-3432 |
| CURRENT OCCUPANT        | 1673 S 9TH ST# 404 | MILWAUKEE, WI 53204-3432 |
| CURRENT OCCUPANT        | 1673 S 9TH ST# 405 | MILWAUKEE, WI 53204-3432 |
| CURRENT OCCUPANT        | 1673 S 9TH ST# 406 | MILWAUKEE, WI 53204-3432 |
| CURRENT OCCUPANT        | 1673 S 9TH ST# 407 | MILWAUKEE, WI 53204-3432 |
| CURRENT OCCUPANT        | 1673 S 9TH ST# 408 | MILWAUKEE, WI 53204-3432 |
|                         |                    |                          |

| CURRENT OCCUPANT | 1673 S 9TH ST# 409            | MILWAUKEE, WI 53204-3432 |
|------------------|-------------------------------|--------------------------|
| CURRENT OCCUPANT | 1673 S 9TH ST# 410            | MILWAUKEE, WI 53204-3432 |
| CURRENT OCCUPANT | 1673 S 9TH ST# 411            | MILWAUKEE, WI 53204-3432 |
| CURRENT OCCUPANT | 1673 S 9TH ST# 412            | MILWAUKEE, WI 53204-3432 |
| CURRENT OCCUPANT | 1673 S 9TH ST# 413            | MILWAUKEE, WI 53204-3432 |
| CURRENT OCCUPANT | 1673 S 9TH ST# 414            | MILWAUKEE, WI 53204-3432 |
| CURRENT OCCUPANT | 1673 S 9TH ST# 415            | MILWAUKEE, WI 53204-3432 |
| CURRENT OCCUPANT | 1673 S 9TH ST# 501            | MILWAUKEE, WI 53204-3432 |
| CURRENT OCCUPANT | 1673 S 9TH ST# 502            | MILWAUKEE, WI 53204-3432 |
| CURRENT OCCUPANT | 1673 S 9TH ST# 503            | MILWAUKEE, WI 53204-3432 |
| CURRENT OCCUPANT | 1673 S 9TH ST# 504            | MILWAUKEE, WI 53204-3432 |
| CURRENT OCCUPANT | 1673 S 9TH ST# 505            | MILWAUKEE, WI 53204-3432 |
| CURRENT OCCUPANT | 1673 S 9TH ST# 506            | MILWAUKEE, WI 53204-3432 |
| CURRENT OCCUPANT | 1673 S 9TH ST# 507            | MILWAUKEE, WI 53204-3432 |
| CURRENT OCCUPANT | 1712 S 9TH ST                 | MILWAUKEE, WI 53204-3518 |
| CURRENT OCCUPANT | 806 W HISTORIC MITCHELL ST    | MILWAUKEE, WI 53204-3530 |
| CURRENT OCCUPANT | 809 W HISTORIC MITCHELL ST# 1 | MILWAUKEE, WI 53204-3531 |
| CURRENT OCCUPANT | 809 W HISTORIC MITCHELL ST# 2 | MILWAUKEE, WI 53204-3531 |
| CURRENT OCCUPANT | 812 W HISTORIC MITCHELL ST    | MILWAUKEE, WI 53204-3530 |
| CURRENT OCCUPANT | 813 W HISTORIC MITCHELL ST    | MILWAUKEE, WI 53204-3531 |
| CURRENT OCCUPANT | 814 W HISTORIC MITCHELL ST    | MILWAUKEE, WI 53204-3530 |
| CURRENT OCCUPANT | 815 W HISTORIC MITCHELL ST    | MILWAUKEE, WI 53204-3531 |
| CURRENT OCCUPANT | 830 W HISTORIC MITCHELL ST    | MILWAUKEE, WI 53204-3530 |
| Plank Notice     |                               |                          |

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Total Records: 69

Radius 250.0 feet and Center of Circle: 833 W Historic Mitchell St

ccl-busplan 5/12/2020



### **BUSINESS LICENSE PLAN OF OPERATION**

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

| 1. Type of Business |   |  |  |  |  |  |
|---------------------|---|--|--|--|--|--|
| Applyir             | 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: CLOUD KITCHEN, EVENT SPACE                    |  |  |  |  |  |
| Do you              | have any experience operating this type of business? 🔲 No 🔳 Yes If yes, explain: Previous cloud kitchen vendor        |  |  |  |  |  |
| 2. B                | usiness Operations  |  |  |  |  |  |
| a.                  | Proposed Opening Date: 03/1/23  |  |  |  |  |  |
| b.                  | Is this premise under construction? III No 🔲 Yes If yes, list estimated completion date:                              |  |  |  |  |  |
| c.                  | Is this a franchise? I No Yes   |  |  |  |  |  |
| d.                  | Is this premises currently licensed? 💹 No 🗌 Yes If yes, list type of license:   |  |  |  |  |  |
| e.                  | Is the current licensee operating?  |  |  |  |  |  |
| f.                  | Do you have future plans for other businesses, licenses or permits at this location? No Ves                           |  |  |  |  |  |
|                     | If yes, explain: Liquor, Temp. Public ent.  |  |  |  |  |  |
| g.                  |   |  |  |  |  |  |
|                     | If yes, list address(es):   |  |  |  |  |  |
| h.                  | 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.                  | c. Grounds cleaned by: Licensee Building Owner Employees Hired Maintenance Other:                                     |  |  |  |  |  |
| d.                  | 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:   |  |  |  |  |  |
| 4. S                | moking & Sanitation   |  |  |  |  |  |
| a.                  | Are there designated outdoor smoking areas?  No Yes If yes, describe:   |  |  |  |  |  |
| b.                  | Number of Garbage Cans: Inside: 15 Locations: BATHROOMS, KITCHEN, BANQUET HALL  |  |  |  |  |  |
|                     | Outside: 4 Locations: BACK OF BUILDING  |  |  |  |  |  |
| C.                  | Is a crowd control barrier used?  No Yes If yes, describe:  |  |  |  |  |  |
| d.                  |   |  |  |  |  |  |
| e.                  | e. Name of solid waste contractor: Advanced Disposal Waste Management Other:  |  |  |  |  |  |

| a. Are there onsite parking        | spaces? 🔳 No 🗌 Yes                          | If yes, how t   | many?and  | d describe            | the parking security        |
|------------------------------------|---|---|---|-----------------------|-----------------------------|
|                                    |   |   |   |                       |                             |
|                                    | ■ No □ Yes If yes, d                        |   |   | 1                     |                             |
| c. Will you have security p        | personnel on premise?                       | No ☐ Yes  | s If yes, how many?   | an                    | d answer the following:     |
| What are their re                  | esponsibilities?                            |   |   |                       |                             |
| ls security equip                  | ment used? 🔳 No 🔲 Y                         | es If yes, de   | escribe   |                       |                             |
| List their licensir                | g, certification, or trainin                | g credentials   |   |                       | <u> </u>                    |
| d. Will there be security of the n | ameras? □ No ■ Yes<br>, 2 Hall              | If yes, how I   |   |                       | Front entranc               |
| e. Will searches/identification    | ation checks be done upo                    | n entry? 🔳 (  | No 🗌 Yes If yes, describ  | oe                    |                             |
| . Percentage of Sale               |   | agration of the engine of the engine  |   |                       |                             |
| lcohol%                            | . 100                                       |   | Secondhand Merchandise  | 2                     | Precious Metals & Gems<br>% |
| ntertainment%                      | Cigarettes                                  | %   |   |                       |                             |
| awnbroker Activity                 | Salvaged Materials<br>(such as scrap metal) | %   | Personal Services (such as<br>body piercing, salon, tailo<br>tanning, etc.) | ۲,                    | Other% Describe:            |
| . Businesses/Licens                | es on the Premise                           | s (check  | all that apply):  |                       |                             |
| ype 1  Full Service Restaurant     | Cafe/Coffee Shop                            | ■ Deli or f   | Fast Food Restaurant  | Private               | /Fraternal/Veterans Club    |
| ☐ Night Club                       | ☐ Tavern                                    | Cocktail  |   | Teen C                | lub                         |
|                                    | Sports Facility                             | Bowling   |   |                       |                             |
| Banquet Hall                       | <del></del>                                 |   | ng House: Number of Floo  | ors.                  |                             |
| Hotel/Motel: Number of             | Rooms:                                      | L_I KOOMIII   | Number of Roo   |                       |                             |
| ype 2                              | 11001113                                    |   |   |                       |                             |
| Liquor Store                       | Corner Store                                | Corner Store Supermarket Convenience Store  |   | lience Store          |                             |
| Gas Station                        | Amusement/Phono                             | Amusement/Phonograph Distributor Recycling, Salvage or 1  |   | ng, Salvage or Towing |                             |
| Used Car Dealer                    |   | Personal Service Establishment Recording Studio (such as tattoo business, hair salon, tailor, etc.) |   |                       |                             |
| What other licenses/permits v      | vill you hold at this location?             | (check all tha  | t apply)  |                       |                             |
| Occupancy Permit                   | Cigarette & Tobacco                         | Gas Station 🔳   | Extended Hours Class "I   | B" Tavern             | Weights & Measures          |
| □a 11 LDlan                        | Precious Metal & Gem                        | Other:  |   |                       |                             |
| Secondnand Dealer                  |   |   |   |                       |                             |

r t

| 9. Premises D                                    | escription   |   |  |  |   |
|--|--|---|--|--|---|
| ■1 <sup>st</sup> Floor □                         | a(s) of the premises that will be a second of the premise that will be a second of the premises that will be a second of the premise that will be a second of the premise that t | ge □Patio □Beer Garde                                   | iness (include areas used<br>n □Sidewalk Café □De        | only for storage<br>eck □Rooftop         | ):<br>«:  |
|  | ibe:   |   | ham  |  |   |
| b. Describe Locati                               | on: Major Thoroughfare  Cross Street: HISTORIC   | C MITCHELL ST. A  | ND 9TH ST.   |  |   |
| c. Nearest Major                                 | ng: Free Standing Buildin  | g   Strip Mall   Other:                                 | CONNECTED B  | UILDINGS                                 |   |
| d. Describe Buildi                               | ises Structure: Single Sto   | Multi-Story - # of Sto                                  | ries 2 Nother:   |  |   |
|  | unding Area: 🔳 Commercia   |   |  |  |   |
|  |  |   |  |  |   |
| Building Owne                                    | r Name; <u>VP INVESTORS</u><br>r Address: <u>8087</u> A  | N. 107th st, 1  | M wanker, u  | JI 5322                                  | 4   |
| Total Control of the Control                     |  |   |  |  |   |
|  | peration & Custon  | THE WAY SEED TO SHE WILL AND THE SEED TO                |  |  |   |
| Will customers be ent                            | ering the premises? 🔲 No   | Yes   |  | V 2010 30 EV2                            | Variable of the Park of the Control |
| Day of the Week Open Time (include a.m. or p.m.) |  | s of Operation:   | Estimated Number of Customers                            | Potential Age Range of Customers         | Class B Tavern Applicant Only: Age Restriction (If none, write 'None')  |
|  |  | Close Time<br>(include a.m. or p.m.)                    | expected each day  |  |   |
| Sunday   | Closed   | Closed  | ø  | Ø  | NONE  |
| Monday   | Closed   | Closed  | Ø  | Ø  | NONE  |
| Tuesday  | 10am   | 12am  | 100  | 12-80                                    | NONE  |
| Wednesday  | 10am   | 12am  | 100  | 12-80                                    | NONE  |
| Thursday   | 10am   | 12am  | 100  | 12-80                                    | NONE  |
| Friday   | 10am   | 5am   | 100  | 12-80                                    | NONE  |
| Saturday   | 12pm   | 5am   | 100  | 12-80                                    | NONE  |
| An Extended Hours E                              | stablishment License is requi<br>, tanning, etc.), recording stu   | red for any convenience sto                             | re, filling station, persona                             | l service establis<br>12:00 a.m. and     | hment (such as tattoo, body<br>5:00 a.m.  |
| Alcohol Establishmen                             |  | am to 9:00 pm Sunday thru                               |  |  | *   |
| Permitted Hours of C                             | peration: Class B: 6:00  | am to 2:00 am Sunday thru                               | Thursday, 6:00 am to 2:3                                 |  |   |
| Entertainment Outdo                              | oor Closing Hours: 10:0  | Opm Sunday-Thursday; 12:0<br>stablished by the Common C | Oam Friday & Saturday; u<br>ouncil in its approval of th | inless a different<br>ne licensee's plai | time, either earlier or later,<br>n of operation.   |
| 11. Signature                                    | (s)  |   |  |  |   |
| Jamias   | Truman   |   |  |  |   |
| (If there are no 2                               | prietor, Partner, or 20% or m<br>20% or more shareholders,<br>er-print name/title and sign)  | nore Shareholder  | Signature of additional p                                | partner or 20% o                         | r more shareholder  |



### FOOD DEALER LICENSE PLAN OF OPERATION

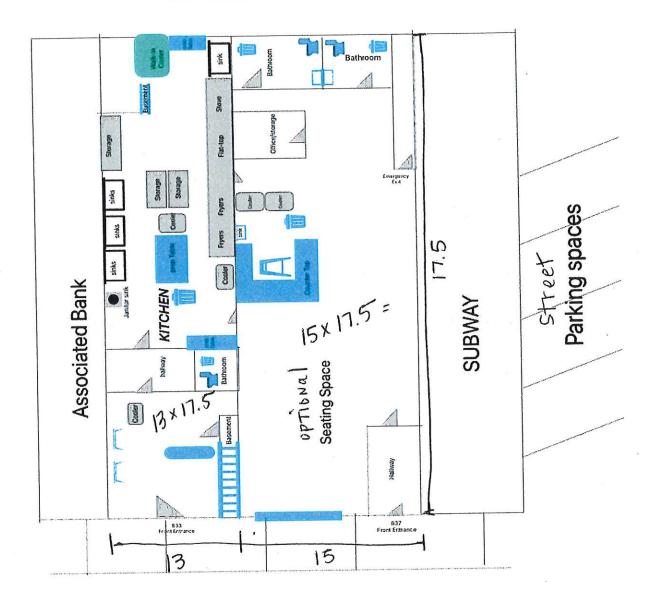
OFFICE OF THE CITY CLERK, LICENSE DIVISION
CITY HALL, 200 E. WELLS ST, ROOM 105, MILWAUKEE, WI 53202
(414) 286-2238 • license@milwaukee.gov • www.milwaukee.gov/license

| Legal Entity Name: Fannie   | es Kids Kitchen LLC  |
|---|--|
| Premises Address: 833-8   | 37 W Historic Mitchell Street, Milwaukee, WI 53204   |
| SECTION 1 TYPE OF B   | USINESS  |
| What will be the majority of yo   | ur food sales? (check one)   |
| Restaurant Items (meals): MEALS include, but are no nachos w/ cheese and me egg rolls, salads.                          | ot limited to, chicken, ribs, sandwiches, roasted corn, baked potatoes, hot dogs, brats, tacos, at, French fries, cooked or deep fried vegetables/fruit, cooked cheese curds, corn dogs,                           |
| Retail Items (snacks and b<br>RETAIL items include, but<br>tea, fruit juice, smoothies<br>fritters, tortilla chips w/ c | are not limited to, ice cream/soft serve, lemonade, snow cones, coffee, espresso, cappuccino,<br>, candy, dispensed soda, fruit cups, bakery, cookies, kettle corn, cotton candy, funnel cakes,                    |
| Will it be a convenient A convenience store of basic food items household products.                                     | ce store? Yes No contains less than 5,000 square feet of retail space and has, as its primary business, the sale and in addition, sells household products or is a filling station that sells basic food items and |
| ☐ Bed & Breakfast ☐ Micro Market  All Applicants: Submit a men  | u or a list of food items that will be sold.   |
| Will any wholesale business b   | e done? 🔀 No 🔲 Yes If yes, what percentage of food sales will be wholesale?  |
| Less than 25%   |  |
| 25% or More AND:  | tems (meals) will be sold – Complete this application and also contact DATCP.  |
|   | nt items (meals) will be sold - Do NOT complete this application. Contact DATCP only.  |
| SECTION 2 FOOD PI   | ROCESSING  |
| Will any food processing be o   | lone? No Yes   |
|   | mbling, grinding, cutting, mixing, baking, coating, stuffing, packing, bottling, grilling, canning, ing, pickling, freezing, drying, smoking, or packaging.  |
| SECTION 3 FOOD R  | EQUIRING TEMPERATURE CONTROL   |
| (includes dairy products such   | emperature control be sold? \(\simega\) No \(\overline{\times}\) Yes as milk, cheese, and ice cream, fish, shellfish, meat, poultry)  Heat, shellfish, poultry, fruit, frozen items, cheese                        |

ccl-foodplan 2/28/19

| SECTION 4 DETAILS OF OPERATION  | ON          |   |  |  |
|---|-------------|---|--|--|
| Will you have seating on site for dining?   | No.         | Yes   |  |  |
| Will you be doing any catering?   | ☐ No        | X Yes   |  |  |
| Will you be doing any delivery?   | ☐ No        | X Yes   |  |  |
| Will you have outdoor activities?   | <b>⊠</b> No | Yes - Check all that apply: Bar Cooking/Grilling Dining                 |  |  |
| Will you have a drive thru window?  | <b>X</b> No | Yes - Are hours different from inside? No Yes                           |  |  |
|   |             | If Yes, provide drive thru hours:                                       |  |  |
| Will scales or barcode scanners be used?  | <b>⊠</b> 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 site   | s: How n    | nany?(for example, a hotel with several dining rooms or bars)           |  |  |
| If multiple sites, attach a Food Dealer Addi  | tional Site | Addendum (ccl-foodadd) for each additional site.                        |  |  |
| SECTION 6 CONSTRUCTION OR   | CHANGE      | \$  |  |  |
| Are you planning any construction, remode   | eling or ed | quipment changes?   |  |  |
| No If No, SKIP to Section 8   |             |   |  |  |
| Yes If Yes, check all that apply:   | ☐ New       | construction of a building Renovation or remodeling                     |  |  |
|   | Cons        | struction changes to existing building                                  |  |  |
| Provide a brief description of the changes:   |             |   |  |  |
| Start date:   |             |   |  |  |
| Name, Address & Phone Number of Archit  | ect:        |   |  |  |
| ,   |             |   |  |  |
| Name, Address & Phone Number of Contr   | actor:      |   |  |  |
|   |             |   |  |  |
| SECTION 7 ALCOHOL BEVERAG   | ES          |   |  |  |
| Are you applying for an alcohol beverage I  | icense?     |   |  |  |
| No If No, SKIP to Section 9   |             |   |  |  |
| 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 tim    | e as the alcohol license  |  |  |
| SECTION 8 ACKNOWLEDGEMENTS & SIGNATURE  |             |   |  |  |
| You must initial each item confirming your understanding:   |             |   |  |  |
| TF I understand the Health Department must conduct an inspection and advise the License Division of their approval  |             |   |  |  |
| before the license may be issued.   |             |   |  |  |
| 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.  |             |   |  |  |
| 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.  |             |   |  |  |
| 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.            |             |   |  |  |
| 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 of Additional Partner:  |             |   |  |  |





W. Historic Mitchell St.

Fannies Kids Kitchen
Dba Diggler Diet
Total Square
Footage = 490ft

Fannies Kids Kitchen LLC 833-837 W Historic Mitchell St.

Milwaukee, WI 53204

Date: 2/22/23

agent: Tamia Freeman







**Beef Polish** 





# DRINKS

Water Juice

Soda

**Smoothies**