

CITY OF MILWAUKEE OFFICE OF THE CITY CLERK

Thursday, April 13, 2023

COMMITTEE MEETING NOTICE

AD 08

VIANES, Melanie M, Agent Sodexo Management, Inc. 1926 W WISCONSIN Av Milwaukee, WI 53233

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.

Tuesday, April 25, 2023 at 01:25 PM

The access code is <u>https://meet.goto.com/623644525</u>. If you wish to call in: +1 (408) 650-3123 and use Access Code: 623-644-525. Please see the enclosed best practices document for further instructions.

Regarding:

Your Class B Tavern, Food Dealer and Public Entertainment Premises License Applications Requesting University Lacrosse and Soccer Games as agent for "Sodexo Management Inc." for "Sodexo Concessions @ Marquette" at 1818 W CANAL St.

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 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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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.

Date: 2/24/2023 Officer: Carloni

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

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

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Name of Premise: Soedexo Concessions at Marquette Address: 1818 W Canal Street Phone: 414-288-3287

Owner: Marquette Owner address: City State Zip: Owner Phone: Owner email: <u>Richard.aracuri@marquette.edu</u>

Licensee/Agent: Melanie Vianes Home Address: 2202 N 51st Street City State Zip: Milwaukee WI 53208 Phone: 414-550-0976 Email: <u>Melanie.vianes@marquette.edu</u>

Preferred contact: Email

Location currently open: YES NO

Projected open date: May 1st 2023

Day's open: SMTWThFSAALL

Hours of Operation: Sun: 9am-11pm Mon: 9am-11pm Tue: 9am-11pm Wed: 9am-11pm Thu: 9am-11pm Fri: 9am-11pm Sat: 9am-11pm

Premise Type: Tavern/Bar Restaurant Other: Concession Stand

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. 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 \square Yes \square No
- 6. Is there a parking lot \boxtimes Yes \square No
- 7. Is the parking lot clean? \boxtimes Yes \square No
- 8. Off-Street parking \boxtimes Yes \square No
- 9. Is the parking lot well lit? \boxtimes Yes \square No
- 10. Valet Parking Yes XNo
 - a. Will this lot have a guard? \Box Yes \boxtimes No
 - b. Will this lot have cameras? Yes No
- 11. Are there areas where a person could conceal themselves \boxtimes Yes \square No
- 12. Is there exterior lighting? \boxtimes Yes \square No. Does it appears to be adequate \boxtimes Yes \square No.
- 13. Exterior Payphone? ☐Yes ⊠No
- 14. Are there No Loitering Signs posted? Yes No
- 15. Are there exterior security cameras \Box Yes \boxtimes No How Many:
- 16. Are the address numbers prominently displayed and easy to see Yes No

Camera Survey:

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

24. Cameras located in parking lot Yes No How many unknown

Interior Survey:

- 25. What is the planned capacity 2000
- 26. What is the minimum number of employees That will be on premise 2
- 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

 \square Yes \square 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? \square Yes \square No
- 31. Are emergency and non-emergency numbers posted near the phone? Yes No
- 32. Does the owner know how to contact their police district directly? Xes No
 - a. Did you provide a district contact guide to the owner? XYes No

Security

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

ADDITIONAL COMMENTS/RECOMMENDATIONS:

This is a concession stand that is looking to sell canned alcohol beverages at Marquette games.

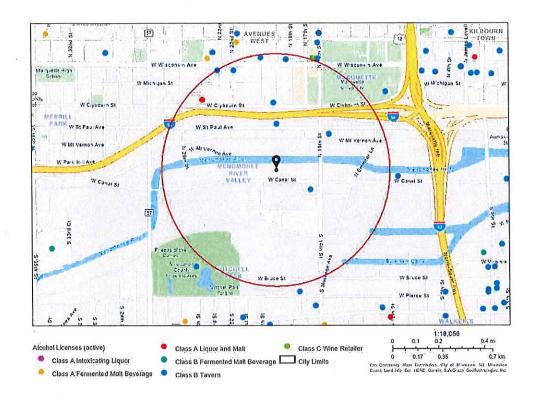
about:blank



Area of Interest (AOI) Information

Area : 21,862,585.68 ft²

Feb 6 2023 11:56:20 Central Standard Time



Summary

| Name | Count | Area(ft ²) | Length(mi) |
|------------------|-------|------------------------|------------|
| Alcohol Licenses | 11 | | |

Alcohol Licenses

| # | Legal Entity | Trade Name | Licensee | Address | License Type Name | Total Capacity | Expiration Date | Count |
|----|--|---|----------------------------------|------------------------------|--|-------------------|------------------------|-------|
| 1 | MO & CHANG, LLC | Mo's Food Market | Aina Chang, Agt | 2404 W CLYBOURN ST | Class A Malt & Class A Liquor License | | 2/7/2023, 6:00 PM | 1. |
| 2 | AMBASSADO R ENTERPRISE, LLC | AMBASSADO R INN | RICHARD A WIEGAND, Agt | 2301 W WISCONSIN AV | Class B Tavern License | 120 | 4/16/2023, 7:00 PM | 1 |
| 3 | TECK STIR, LLC | STIR | JEROME P WALSH, Agt | 112 W WISCONSIN AV 101 | Class B Tavern License | 80 | 5/7/2023, 7:00 PM | 1 |
| 4 | BrewCity CrossFit LLC | BrewCity CrossFit | Daniel J Noonan, Agt | 1539 W St Paul AV | Class B Fermented Malt Beverage Retailer's License | 49 ' | 6/23/2023, 7:00 PM | 1 |
| 5 | Third Space Brewing LLC | Third Space Brewing | Kevin S Wright, Agt | 1505 W St Paul AV | Class B Tavern License | 304 | 3/20/2023, 7:00 PM | 1 |
| 6 | SOBELMAN'S, INC | SOBELMAN'S PUB & GRILL | MELANIE L SOBELMAN, Agt | 1900 W ST PAUL AV | Class B Tavern License | 80 | 4/18/2023, 7:00 PM | 1 |
| 7 | Pabst Mansion, INC. | Pabst Mansion | Wendy A Burke, Agt | 2000 W Wisconsin AV | Class B Tavern License | | 7/10/2023, 7:00 PM | 1 |
| 8 | PITCH'S CLUB 113 #2, INC | MISS KATIE'S DINER | PETER S PICCIURRO, Agt | 1900 W CLYBOURN ST | Class B Tavern License | 144 | 9/29/2023, 7:00 PM | 1 |
| 9 | FOREST COUNTY POTAWATOMI COMMUNITY | POTAWATOMI BINGO CASINO/ POTAWATOMI HOTEL | Michael G Christensen, Agt | 1611-1721 W CANAL ST | Class B Tavern License | | 11/7/2023, 6:00 PM | 1 |
| 10 | IRISH CULTURAL & HERITAGE CENTER WI, INC | IRISH CULTURAL & HERITAGE CENTER | Corey G Webster, Agt | 2133 W WISCONSIN AV | Class B Tavern License | | 11/10/2023, 6:00 PM | 1 |
| 11 | MO & CHANG, LLC | Mo's Food Market | Aina Chang, Agt | 2404 W CLYBOURN ST | Class A Malt & Class A Liquor License | | 2/7/2024, 6:00 PM | 1 |

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

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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. Type of Business | | | | | |
|---|--|--|--|--|--|
| Applying for: Extended Hours (12AM to 5AM) - If a food establishment, check all that apply: Delivery Drive Thru Dining Room | | | | | |
| Self Service Laundry | | | | | |
| Other (supplemental application for specific license also required) | | | | | |
| Provide a detailed description of the type of business you plan on operating: Concessions Stand with Alcohol | | | | | |
| | | | | | |
| Do you have any experience operating this type of business? 🔲 No 🔳 Yes If yes, explain: Contracted Food Service for Campus | | | | | |
| 2. Business Operations | | | | | |
| a. Proposed Opening Date: 1/1/23 | | | | | |
| 🚯 🕅 Is this premise under construction? 🛱 No 🗔 Yes If yes, list estimated completion date: | | | | | |
| c. Is this a franchise? 🔳 No 🛄 Yes | | | | | |
| d. Is this premises currently licensed? 🗌 No 🗌 Yes If yes, list type of license: | | | | | |
| e. Is the current licensee operating? 🔳 No 🗌 Yes If no, list date closed: | | | | | |
| f. Do you have future plans for other businesses, licenses or permits at this location? 🔳 No 🗌 Yes | | | | | |
| If yes, explain: | | | | | |
| g. Have you previously held an Extended Hours License in Milwaukee? 🔳 No 🛄 Yes | | | | | |
| If yes, list address(es): | | | | | |
| h. Are other businesses operating in the same building? 🔳 No 🗌 Yes If yes, describe: | | | | | |
| 3. Litter & Noise | | | | | |
| a. How are grounds kept clean? 🔳 Sweep 🔲 Pressure Wash 🔳 Pick Up Litter 🗌 Other: | | | | | |
| b. How often will grounds be cleaned? 🔲 Daily 🗌 Weekly 📕 As Needed 🦳 Monthly 🗍 Other: | | | | | |
| c. Grounds cleaned by: 🔲 Licensee 🔳 Building Owner 🛄 Employees 🔳 Hired Maintenance 🗍 Other: | | | | | |
| d. How are noise issues prevented and/or addressed? 🔳 Security 🗌 Manager approaches customer(s) 🔳 Call Police | | | | | |
| Signs Posted Other: | | | | | |
| e. Will a sound amplification system be used? 🗌 No 🔳 Yes If yes, describe: Announcer at games | | | | | |
| 4. Smoking & Sanitation | | | | | |
| a. Are there designated outdoor smoking areas? 🔳 No 🗌 Yes If yes, describe: | | | | | |
| b. Number of Garbage Cans: Inside: <u>1</u> Locations: in bpoth | | | | | |
| Outside: <u>Locations</u> : <u>outside of booth</u> | | | | | |
| c. Is a crowd control barrier used? 🔳 No 🗌 Yes 🛛 If yes, describe: | | | | | |
| d. How many restrooms are on the premises? 2 | | | | | |
| e. Name of solid waste contractor: Advanced Disposal Waste Management Other: | | | | | |
| | | | | | |

| 5. Security | | | | | | |
|--|--|-----------------|---|------------------------------|--|--|
| a. Are there onsite parking | spaces? 🔳 No 🔳 Yes | If yes, how | many? 25 and descr | ibe the parking security | | |
| plan:Parking is secured by Marquette Police | | | | | | |
| b. Is there a loading zone? IN NO Yes If yes, describe the loading area security plan: | | | | | | |
| c. Will you have security personnel on premise? No 🔳 Yes If yes, how many? 2 and answer the following: | | | | | | |
| What are their responsibilities? <u>Crowd control</u> | | | | | | |
| | ls security equipment used? 🔲 No 🔳 Yes If yes, describe <u>cameras</u> | | | | | |
| | , certification, or trainin | | a Charan | | | |
| 1 | , | | many? 4and list location 2-t0 field(S | | | |
| e. Will searches/identificat | ion checks be done upo | n entry? | No 🔲 Yes If yes, describe | | | |
| 6. Percentage of Sales | (must total 1009 | %) | | | | |
| Alcohol% | Food | % | Secondhand Merchandise % | Precious Metals & Gems | | |
| Entertainment% | Cigarettes | % | / | | | |
| Pawnbroker Activity% | Salvaged Materials (such as scrap metal) | % | Personal Services (such as tattoo body piercing, salon, tailor, tanning, etc.)% | Other% Describe:% | | |
| 7. Businesses/Licenses on the Premises (check all that apply): | | | | | | |
| Type 1 Full Service Restaurant | Cafe/Coffee Shop | 🗌 Deli or F | ast Food Restaurant 🗌 Priv | vate/Fraternal/Veterans Club | | |
| 🔲 Night Club | 🔲 Tavern | Cocktail | Lounge 🗌 Tee | n Club | | |
| 🔲 Banquet Hall | Sports Facility | Bowling | Alley | | | |
| Hotel/Motel : Number of F | loors: | Roomin | g House: Number of Floors: | | | |
| Number of R | ooms: | | Number of Rooms: | | | |
| Type 2 | Corner Store | Superma | arket Con | venience Store | | |
| Gas Station | Amusement/Phonog | | | ycling, Salvage or Towing | | |
| Used Car Dealer | Personal Service Es | stablishment | Rec. | ording Studio | | |
| What other licenses/permits wil | you hold at this location? | (check all that | apply) | | | |
| | | | Extended Hours Class "B" Taver | n 🔲 Weights & Measures | | |
| | | | | | | |
| 8. Legal Capacity (on | ···· | | | | | |
| | | | 4-286-8211 if you have questions.) | | | |
| Con contraction of the second se | | | | | | |

| 9. P | remises D | escription | | | | | | | |
|----------------|---|-------------------------------------|--------------------------------------|-----------------------------------|------------------------|--|--|--|--|
| a. | • | | | | | | | | |
| b. | Describe Location: 🔲 Major Thoroughfare 🔳 Secondary Street 🗌 Other: | | | | | | | | |
| с, | Nearest Major Cross Street: Canal St - 13th Street | | | | | | | | |
| d. | Stands/Bleachers with Small Room | | | | | | | | |
| e. | | | | | | | | | |
| f. | Describe Surro | unding Area: 🔳 Commercia | I 🗌 Residential 🔳 Industr | rial 🔲 Other: | | | | | |
| g. | Marguette University 414 288 3287 | | | | | | | | |
| - | Building Owner Address: 1818 W. Canal Street | | | | | | | | |
| 10. ł | lours of C | peration & Custo | mers | | | | | | |
| Will cu | stomers be ent | ering the premises? 🔲 No | Yes | | | | | | |
| ang allanta | . | Proposed Hour | s of Operation: | Estimated Number | Potential Age Range | Class B Tavern Applicant Only: | | | |
| Day of the Wee | | Open Time (include a.m. or p.m.) | Close Time (include a.m. or p.m.) | of Customers expected each day | of Customers | Age Restriction (If none, write 'None') | | | |
| 5 | Sunday | 9am | 11pm | 100 | 4-80 | none | | | |
| N | Monday 9am 11pm | | 11pm | 100 | 4-80 | none | | | |
| Т | Tuesday 9am 11pm | | 11pm | 100 | 4-80 | none | | | |
| We | ednesday | 9am | 11pm | 100 | 4-80 | none | | | |
| T | hursday | 9am | 11pm | 100 | 4-80 | none | | | |

11pm

11pm

piercing, salon, tailor, tanning, etc.), recording studio or restaurant which is open between the hours of 12:00 a.m. and 5:00 a.m.

8:00 am to 9:00 pm Sunday thru Saturday

An Extended Hours Establishment License is required for any convenience store, filling station, personal service establishment (such as tattoo, body

11. Signature(s)

Permitted Hours of Operation:

Entertainment Outdoor Closing Hours:

Friday

Saturday

Alcohol Establishments

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

9am

9am

Class A:

Class B:

Signature of additional partner or 20% or more shareholder

4-80

4-80

none

none

100

100

10:00pm Sunday-Thursday; 12:00am Friday & Saturday; unless a different time, either earlier or later,

6:00 am to 2:00 am Sunday thru Thursday, 6:00 am to 2:30 am Friday & Saturday

Is established by the Common Council in its approval of the licensee's plan of operation.

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



ALCOHOL BEVERAGE & PUBLIC ENTERTAINMENT PREMISES

SUPPLEMENTAL APPLICATION Office of the City Clerk License Division

200 E. Wells St. Room 105, Milwaukee, WI 53202

(414) 286-2238 e-mail address: license@milwaukee.gov www.milwaukee.gov/license

| Lega | Legal Entity Name: Sodexo Management Inc | | | | | |
|---|---|--|--|--|--|--|
| Premise Address: 1818 W Canal ST | | | | | | |
| Proximity of Premises to Church, School, Daycare Center or Hospital | | | | | | |
| ls th | e building within 300 feet of any church, school, daycare center or hospital? 🛛 🗹 No 🔲 Yes | | | | | |
| "Ser | "Service Bar Only" Designation | | | | | |
| Serv | pplying for Class B or C license, are you applying for "Service Bar Only"? I No Yes vice Bar Only means customers cannot sit at the bar. Alcohol is served to employees who serve patrons seated at tables. stools, chairs or other articles of furniture shall be placed at the service bar for patrons to sit upon. | | | | | |
| Busi | iness Information | | | | | |
| a) | Are you taking out this application for anyone that may not be eligible for a license? If No Yes | | | | | |
| b) | Will the agent, a partner or the individual licensee be conducting the day-to-day operations of the business? IN Ves If no, list the name and address of the person(s) who will: | | | | | |
| | Class B Applicants: If the agent, a partner or the individual licensee will not be conducting the day-to-day operations of the business, the person(s) listed above must obtain a Class B Managers license. | | | | | |
| c) | c) Does anyone else have money invested or any other interest in this business? 📝 No 🛄 Yes | | | | | |
| d) | If yes, explain: | | | | | |
| Pro | perty Information (New & Transfer Applicants Only) | | | | | |
| a) 🦻 | Do you own or lease the building? Down Dease N/a CONTRACTED SUNCE | | | | | |
| b) | Who owns the fixtures (for example, coolers, etc.)? Marquette University | | | | | |
| c) | Are you purchasing the stock and/or fixtures? I No Yes If yes, amount paid \$ | | | | | |
| d) | Total amount paid for business \$ | | | | | |
| 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 exceeds the fair market value of all of the rest of the assets of the business, the excess may be considered goodwill. | | | | | |
| f) | | | | | | |
| Lease Information (New & Transfer Applicants who are leasing the premises only) | | | | | | |
| a) b) | Date lease begins Ends Monthly rental \$ | | | | | |
| c) | Do you have an option to renew the lease? No Yes | | | | | |
| d) | Does your lease allow for assignment to another party without the consent of the owner? 🔲 No 🗔 Yes | | | | | |
| e) | For what length of time have you been guaranteed occupancy (number of years)? | | | | | |
| | | | | | | |

| 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 |
| Does the present owner or occupant object to the granting of your license? No es |
| nge of Agent Applicants Only |
| e there been any changes to the floor plan since the last application was submitted? No Yes , a new floor plan is not required. If yes, submit a new floor plan and explain the change(s): |
| ature |
| ure of Sole Proprietor, Partner or 20% or More Shareholder |
| |

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

New and transfer of premises applicants must submit the following:

Detailed floor plan If a restaurant, copy of the menu



PUBLIC ENTERTAINMENT PREMISES LICENSE SUPPLEMENTAL APPLICATION

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

| PREMISES ADDRESS: 1818 W Canal St Miwaukee, Wi 53233 | | | | | |
|--|----------------------------------|---|---|--|--|
| TYPES OF ENTERTAINMENT (CHECK ALL THAT APPLY) | | | | | |
| Instrumental Musicians | Battle of the Bands | Dancing by Performers | Amusement Machines How many? | | |
| Bands | Comedy Acts | Adult Entertainment/ Strippers/Erotic Dance | Concerts Approx. # per year? | | |
| Bowling Alley How many? | Disc Jockey | Wresting | Theatrical Performances Approx. # per year? | | |
| Pool Tables How many? | Magic Shows | Patron Contests | 🗌 Jukebox | | |
| Motion Pictures (movies by admission) - How many? | Poetry Readings | Patrons Dancing | 🗌 Karaoke | | |
| ✓ Other: UniversityLaCrosseandSc | occergames | | | | |
| Entertainment Outdoor Closing Hours: | | rlday & Saturday; unless a different time, in its approval of the licensee's plan of ope | | | |
| PROMOTERS/SOUND AMPLIFIC | ATION | | | | |
| Will promoters ever be used for any of | | | | | |
| At any time will sound amplification be | used? 🗋 No 🗹 Yes 🛛 If Yes, Descr | ^{ibe:} Announcer | | | |
| LEGAL CAPACITY OF PREMISES | | | | | |
| 2000 (Call the Development Center at 414-286-8211 with questions.) Legal capacity determines the fee for your Public Entertainment Premises License. If you would like to request the license be approved with a lower capacity than that listed above, indicate the lower capacity here: If approved, this lower capacity will print on your license and override the capacity listed on your Occupancy Permit. | | | | | |
| ACKNOWLEDGEMENT/SIGNATURE | | | | | |
| I understand that after the license has been issued, a change to the plan of operation will require a written request to change and approval from the Common Council. I agree to inform the City Clerk within 10 days of any substantial changes in the information supplied in this application. I understand that I shall not willfully refuse to provide the services offered under this license, or add charges or require deposits not required of the general public because of race, color, sex, religion, national origin or ancestry, age, handicap, lawful source of income, marital status, sexual orientation, gender identity or expression, familial status or the fact that a person is now or has been a member of the military service, whether dressed in uniform or not; and shall not seek such information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion on the basis of such information. I have knowledge of the City Ordinances currently regulating public entertainment, and understand that the license may be subject to suspension, non-renewal or revocation, if I violate any rule, law or regulation of the city of Milwaukee and State of Wisconsin. Signature of Sole Proprietor, Partner or 20% or More Shareholder (If no 20% or more Shareholder, Corporate Officer - print name/title and sign) | | | | | |
| Office Use Only: | | | | | |

Initials:_____

_ Filed:______ App :_____

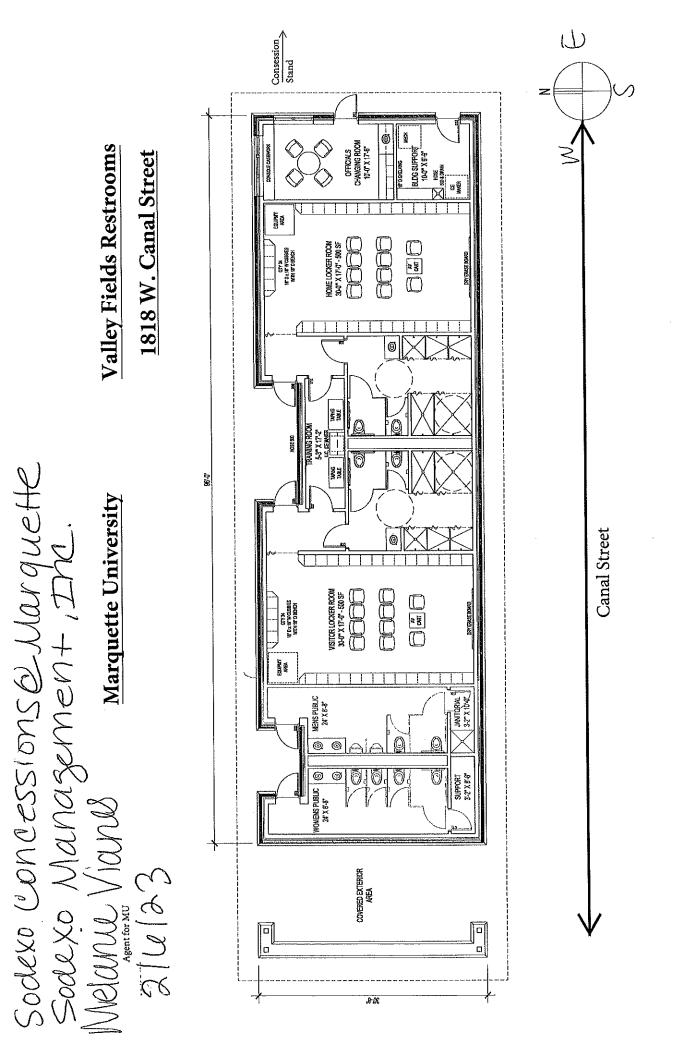
Only PEP? No Yes If Yes, Queue to MPD and Email Mgrs/Team Lead (must be heard w/in 60 days)

| (4 | :ITY HALL, 200 E. WELLS ST, ROOM 105, MILWAUKEE, WI 53202 114) 286-2238 * <u>license@milwaukee.gov</u> * <u>www.milwaukee.gov/license</u> |
|--|---|
| Legal Entity Name: | Sodexo Management Inc |
| Premises Address: | 1818 W. Cana, St. Minu WI 53200 |
| SECTION 1 T | YPE OF BUSINESS |
| What will be the maj | ority of your food sales? (check one) |
| | but are not limited to, chicken, ribs, sandwiches, roasted corn, baked potatoes, hot dogs, brats, tacos, se and meat, French fries, cooked or deep fried vegetables/fruit, cooked cheese curds, corn dogs, |
| RETAIL items ind tea, fruit juice, s | cks and beverages): clude, but are not limited to, ice cream/soft serve, lemonade, snow cones, coffee, espresso, cappuccino smoothies, candy, dispensed soda, fruit cups, bakery, cookies, kettle corn, cotton candy, funnel cakes, chips w/ cheese. |
| A convenier | convenience store? Yes XNO nce store contains less than 5,000 square feet of retail space and has, as its primary business, the od items and in addition, sells household products or is a filling station that sells basic food items products. |
| Bed & Breakfast Micro Market | it a menu or a list of food items that will be sold. |
| Will any wholesale b | usiness be done? 🕅 No 🔲 Yes If yes, what percentage of food sales will be wholesale? |
| Less than 25 | % |
| | |
| 25% or Mon | taurant items (meals) will be sold – Complete this application and also contact DATCP. |
| | restaurant items (meals) will be sold - Do NOT complete this application. Contact DATCP only. |
| Res | restaurant items (meals) will be sold - Do NOT complete this application. Contact DATCP only. |
| Res | |
| SECTION 2 I Will any food process Processing is defined | |
| Res NO SECTION 2 I Will any food proces Processing is defined extracting, fermenti | FOOD PROCESSING Ising be done? XONO Yes d as assembling, grinding, cutting, mixing, baking, coating, stuffing, packing, bottling, grilling, canning, |

| | | ccl-foodplan 2/28/19 | | | |
|--|--|--|--|--|--|
| SECTION 4 DETAILS OF OPERATI | ON | | | | |
| Will you have seating on site for dining? | 🗌 No | Z-Yes | | | |
| Will you be doing any catering? | XNo | Ves | | | |
| Will you be doing any delivery? | No | Yes | | | |
| Will you have outdoor activities? | No | Yes - Check all that apply: Bar Cooking/Grilling Dining | | | |
| Will you have a drive thru window? | No 🕅 | Yes - Are hours different from inside? No Yes | | | |
| | | If Yes, provide drive thru hours: | | | |
| Will scales or barcode scanners be used? | X)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 r | 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 | S | | | |
| Are you planning any construction, remode | eling or ea | quipment changes? | | | |
| No If No, SKIP to Section 8 | | | | | |
| Yes If Yes, check all that apply: | ☐ Nev | construction of a building | | | |
| | | struction changes to existing building 🔲 Equipment changes only | | | |
| Provide a brief description of the changes: | | | | | |
| Start date: | | | | | |
| • | | | | | |
| Name, Address & Phone Number of Archit | ect: | | | | |
| | | | | | |
| Name, Address & Phone Number of Contra | actor: | | | | |
| | | | | | |
| SECTION 7 ALCOHOL BEVERAG | | | | | |
| No If No, SKIP to Section 9 | Lense: | | | | |
| | annrauad | refer to the aleghed licence, when do you want the food licence issued? | | | |
| Yes If YES, if your food license is Wimmediately At the | | prior to the alcohol license, when do you want the food license issued? e as the alcohol license | | | |
| SECTION 8 ACKNOWLEDGEMEN | NTS & SI | GNATURE | | | |
| You must initial each item confirming your | understa | inding: | | | |
| W Lunderstand the Health Depart | ment mu | st conduct an inspection and advise the License Division of their approval | | | |
| before the license may be issue | ed. | | | | |
| | | r permit from the Department of Neighborhood Services and an inspection s must advise the License Division of their approval before the license may | | | |
| MAY be required. Neighbornoc | | a mase avrise the creatise providion of their approval before the neediac inay | | | |
| VIV I understand the district alderperson will review and either support or object to my application. If he/she objects, I | | | | | |
| | | before the Licenses Committee. The Licenses Committee will then make a il. The Common Council must grant the license before it may be issued. | | | |
| I understand proof of payment | for all lice | ense fees must be on file in the License Division before the license may be | | | |
| | | d posted in my establishment prior to opening for business. the license has been issued and posted in the establishment. | | | |
| Signature of Sole Proprietor, Partner, or 2 | Signature of Sole Proprietor, Partner, or 20% Shareholder: | | | | |
| Signature of Additional Partner: | | lawations | | | |
| | - UV ~ | | | | |

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L= 150' E W=303'6' E Sob. Ft = 430, avo' L= 580'5" W= 303'6" Restrooms W= 305 6" N= 303'6" Total = 1,420'5" $L = 430^{\circ}$ Sodexo Concessions & Narguette Sodexo Naunagement, Inc Concessions L = 420'W = 303' b''MELANIC VICINES Agent for Society O Marquette University Valley Fields 1818 W. Canal St 2/10/23 NW=303'6'L L1-1001-1



Valley Fields Restrooms II 1818 W. Canal Street Z V+≩ M 103 A=93 Men's Restroom Women's Restroom 102B A=96 Sodexo Connessions & Marguette Sodexo Managementi Marguette University ל≩ קיד ליד **Canal Street** 100A A=476 109 A=94 (ATTIC-Camera Decoder) WAB 1-22 ាព 106 A=623 109A A=89 Melanie Vicunes 2/u/33 Ϋ́Β 109B A=86 . Rent

