



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

Thursday, July 06, 2023

COMMITTEE MEETING NOTICE

AD 09

BRITTON, Monique R, Agent
Puzzles LLC
5501 W MILL Rd #300
Milwaukee, WI 53218

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, July 18, 2023 at 11:20 AM

The access code is <https://meet.goto.com/646911493>. If you wish to call in: [+1 \(646\) 749-3122](tel:+16467493122) and use Access Code: [646-911-493](tel:646911493).
Please see the enclosed best practices document for further instructions.

Regarding: Your Public Entertainment Premises and Food Dealer License Applications Requesting Ball Pit and Sensory Rooms as agent for "Puzzles LLC" for "Puzzles" at 5501 W MILL Rd #300.

There is a possibility that your application may be denied for one or more of the following reasons: The recommendation of the committee regarding the application shall be based on evidence presented at the hearing. Per MCO 85-2.7-4, probative evidence concerning whether or not a new license should be granted may be presented on the following subjects: whether or not the applicant meets the municipal requirements, the appropriateness of the location and premises where the licensed premises is to be located and whether use of the premises for the purposes or activities permitted by the license would tend to facilitate a public or private nuisance or create undesirable neighborhood problems such as disorderly patrons, unreasonably loud noise, litter, and excessive traffic and parking congestion. Probative evidence relating to these matters may be taken from the plan of operation submitted with the license application, if any, but shall not include the content of any music. Evidence regarding the fitness of the location of the premises to be maintained as the principal place of business, including but not limited to whether there is an overconcentration of businesses of the type for which the license is sought; whether the proposal is consistent with any pertinent neighborhood business or development plans, or the location's proximity to areas where children are typically present. The applicant's record in operating similarly licensed premises; and whether or not the applicant has been charged with or convicted of any felony, misdemeanor, municipal offense or other offense, the circumstances of which substantially relate to the activity to be permitted by the license being applied for or any other factor which reasonably relates to the public health, safety or welfare may also be considered. See attached police report or correspondence.

**Notice for applicants with
warrants or unpaid fines:**

Proof of warrant satisfaction or payment of fines must be submitted at the hearing on the above date and time. Failure to comply with this requirement may result in a delay of the granting/denial of your application.

Failure to appear at this meeting may result in the denial of your license. Individual applicants must appear only in person or by an attorney. Corporate or Limited Liability applicants must appear only by the agent designated on the application or by an attorney. Partnership applicants must appear by a partner listed on the application or by an attorney. If you wish to do so and at your own expense, you may be accompanied by an attorney of your choosing to represent you at this hearing.

You will be given an opportunity to speak on behalf of the application and to respond and challenge any charges or reasons given for the denial. No petitions can be accepted by the committee, unless the people who signed the petition are present at the committee hearing and willing to testify. You may present witnesses under oath and you may also confront and cross-examine opposing witnesses under oath. If you have difficulty with the English language, you should bring an interpreter with you, at your expense, so that you can answer questions and participate in your hearing.

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

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

PLEASE NOTE: Upon reasonable notice, efforts will be made to accommodate the needs of disabled individuals through sign language interpreters or other auxiliary aids. For additional information or to request this service, contact the Council Services Division ADA Coordinator at (414) 286-2998, Fax - (414) 286-3456, TDD - (414) 286-2025.

JIM OWCZARSKI, CITY CLERK

BY: _____

Jim Cooney
License Division Manager

If you have questions regarding this notice, please contact the License Division at (414) 286-2238.

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



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

Thursday, July 06, 2023

COMMITTEE MEETING NOTICE

AD 09

BRITTON, Monique R, Agent
Puzzles LLC
3511 N 39TH ST
Milwaukee, WI 53216

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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

Milwaukee Municipal Court
951 N James Lovell St
Milwaukee, WI 53233-1429
Phone: (414) 286-3800
Fax: (414) 286-3615



CITY OF MILWAUKEE
MUNICIPAL COURT

BATES, UNIQUE L

Case Number: 16038703
Citation: J9817W13BG
Violation: Disorderly Conduct

Payment Receipt

credit.municourt.milwaukee.gov - Credit / Debit Card Online Payment Website
(414) 286-2044 - Installment Plan Information Line
(414) 286-2878 - Credit / Debit Card Payment Line

May 4, 2023 1:29 pm

Payment Method: Master Card via Teller Window

Total Received: \$95.00

Applied: \$95.00 to Bail Bond

Net Balance Due: \$0.00

Teller ID: 014943C

PLEASE NOTE: Payment extensions apply only to the payment
due date and do not affect any other case deadlines.

Milwaukee Municipal Court
951 N James Lovell St
Milwaukee, WI 53233-1429
Phone: (414) 286-3800
Fax: (414) 286-3615



**CITY OF MILWAUKEE
MUNICIPAL COURT**

BATES, UNIQUE L

Case Number: 16038703
Citation: J9817W13BG
Violation: Disorderly Conduct

Payment Receipt

credit.municourt.milwaukee.gov - Credit / Debit Card Online Payment Website
(414) 286-2044 - Installment Plan Information Line
(414) 286-2878 - Credit / Debit Card Payment Line

May 4, 2023 1:26 pm

Payment Method: Cash via Teller Window

Total Received: \$100.00

Applied: \$100.00 to Bail Bond

Net Balance Due: \$0.00

Teller ID: 014943C

PLEASE NOTE: Payment extensions apply only to the payment
due date and do not affect any other case deadlines.

HILLDAKE MUNICIPAL
351 N JAMES LOWELL ST
HILLDAKE, HI 96235-1429
414-286-5823

Phone Order

XXXXXXXXXXXX9997

MASTERCARD

Entry Method: Manual

Total: \$ 95.00

05/04/23

13:30:36

Inv #: 000000002

Appr Code: 521572

Approved: Online

A/S Code:

Customer Copy

THANK YOU!

MILWAUKEE POLICE DEPARTMENT

LICENSING

CRIMINAL RECORD/ORDINANCE VIOLATION/INCIDENTS SYNOPSIS

DATE: 04/25/23
LICENSE TYPE: PEP
NEW: ☒
RENEWAL: ☐

No. 350920
Application Date:

License Location:
Business Name:

Licensee/Applicant: Britton, Monique R.
(Last Name, First Name, MI)
Date of Birth: 01/26/1991

Home Address: 3511 N. 39th St
City: Milwaukee State: WI Zip Code: 53216
Home Phone:

This report is written by Police Officer Xavier Benitez, assigned to the License Investigation Unit, Days.

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

1. The subject Unique Bates (who has 50% owner ship) was cited by Milwaukee Police at 1907 N. 29th St, for Disorderly Conduct.

Charge: D.C.
Finding: Guilty
Sentence: Fine
Date: 10/14/15
Case: 14049359

2. The subject Unique Bates (who has 50% owner ship) was cited by Milwaukee Police at 3355 S. 27th St, for Retail Theft.

Charge: Retail Theft
Finding: Guilty
Sentence: Fine
Date: 12/02/15
Case: 15001485

3. The subject Unique Bates (who has 50% owner ship) was cited by Milwaukee Police at W. Hale Pl, for Disorderly Conduct

Charge: D.C.
Finding: ****Warrant Status ** (Failure to appear)**
Sentence:
Date:
Case: 16038703



Thursday, July 06, 2023



Notice of Public Hearing

Blank Notice

BRITTON, Monique R, Agent

Puzzles at 5501 W MILL Rd #300

Public Entertainment Premises and Food Dealer License Applications Requesting Ball Pit and
Sensory Rooms

Tuesday, July 18, 2023 at 11:20 AM

To whom it may concern:

The above application has been made by the above named applicant(s). This requires approval from the Licenses Committee and the Common Council of the City of Milwaukee. The hearing before the Licenses Committee will take place on 7/18/2023 at 11:20 AM in Room 301-B, Third Floor, City Hall. This is a public hearing. Those wishing to view the proceeding are able to do so via the City Channel – Channel 25 on Spectrum Cable – or on the Internet at <http://city.milwaukee.gov/citychannel>. Those wishing to provide oral testimony via phone or internet are asked to contact the staff assistant, Yadira Melendez at (414) 286-2775 or stasst5@milwaukee.gov for necessary information. Please make such requests no later than one business day prior to the start of the meeting. You are not required to attend the hearing, but please see the information below if you would like to provide testimony. Once the Licenses Committee makes its recommendation, this recommendation is forwarded to the full Common Council for approval at its next regularly scheduled hearing.

Important details for those wishing to provide information for the Licenses Committee to consider when making its recommendation:

1. The license application is scheduled to be heard at the above time. Due to other hearings running longer than scheduled, you may have to wait some time to provide your testimony.
2. You must appear in person and testify as to matters that you have personally experienced or seen. (You cannot provide testimony for your neighbor, parent or anyone else; this is considered hearsay and cannot be considered by the committee.)
3. No letters or petitions can be accepted by the committee (unless the person who wrote the letter or the persons who signed the petition are present at the committee hearing and willing to testify).
4. Persons opposed to the license application are given the opportunity to testify first; supporters may testify after the opponents have finished.
5. When you are called to testify, you will be sworn in and asked to give your name, and address. (If your first and/or last names are uncommon please spell them.)
6. You may then provide testimony.
 - a. Include only information relating to the above license application.
 - b. Include only information you have personally witnessed or seen.
 - c. Provide concise and relevant information detailing how this business has affected or may affect the peaceful enjoyment of your neighborhood.
 - d. If by the time you have the opportunity to testify, the information you wish to share has already been provided to the committee, you may state that you agree with the previous testimony. Redundant or repetitive testimony will not assist the committee in making its recommendation.
7. After giving your testimony, the members of the Licenses Committee and the licensee may ask questions regarding the testimony you have given or other factors relating to the license application.
8. Business Competition is not a valid basis for denial or non-renewal of a license.

Please Note: If you have submitted an objection to the above application your objection cannot be considered by the committee unless you personally testify at the hearing.

OCCUPANT	MAIL ADDRESS	CITY STATE ZIP
CURRENT OCCUPANT	5317 W MILL RD	MILWAUKEE, WI 53218-1307
CURRENT OCCUPANT	5318 W MILL RD	MILWAUKEE, WI 53218-1306
CURRENT OCCUPANT	5318A W MILL RD	MILWAUKEE, WI 53218-1306
CURRENT OCCUPANT	5324 W MILL RD	MILWAUKEE, WI 53218-1306
CURRENT OCCUPANT	5325 W MILL RD	MILWAUKEE, WI 53218-1307
CURRENT OCCUPANT	5332 W MILL RD	MILWAUKEE, WI 53218-1306
CURRENT OCCUPANT	5332A W MILL RD	MILWAUKEE, WI 53218-1306
CURRENT OCCUPANT	5412 W MILL RD# 1	MILWAUKEE, WI 53218-1311
CURRENT OCCUPANT	5412 W MILL RD# 2	MILWAUKEE, WI 53218-1311
CURRENT OCCUPANT	5412 W MILL RD# 3	MILWAUKEE, WI 53218-1311
CURRENT OCCUPANT	5412 W MILL RD# 4	MILWAUKEE, WI 53218-1311
CURRENT OCCUPANT	5420 W MILL RD# 1	MILWAUKEE, WI 53218-1312
CURRENT OCCUPANT	5420 W MILL RD# 2	MILWAUKEE, WI 53218-1312
CURRENT OCCUPANT	5420 W MILL RD# 3	MILWAUKEE, WI 53218-1312
CURRENT OCCUPANT	5420 W MILL RD# 4	MILWAUKEE, WI 53218-1312
CURRENT OCCUPANT	5432 W MILL RD# 1	MILWAUKEE, WI 53218-1337
CURRENT OCCUPANT	5432 W MILL RD# 2	MILWAUKEE, WI 53218-1337
CURRENT OCCUPANT	5432 W MILL RD# 3	MILWAUKEE, WI 53218-1337
CURRENT OCCUPANT	5432 W MILL RD# 4	MILWAUKEE, WI 53218-1337
CURRENT OCCUPANT	5432 W MILL RD# 5	MILWAUKEE, WI 53218-1337
CURRENT OCCUPANT	5432 W MILL RD# 6	MILWAUKEE, WI 53218-1337
CURRENT OCCUPANT	5432 W MILL RD# 7	MILWAUKEE, WI 53218-1337
CURRENT OCCUPANT	5432 W MILL RD# 8	MILWAUKEE, WI 53218-1337
CURRENT OCCUPANT	6400 N 56TH ST	MILWAUKEE, WI 53223-5914
CURRENT OCCUPANT	6402 N 56TH ST	MILWAUKEE, WI 53223-5914
CURRENT OCCUPANT	6407 N 54TH ST# 1	MILWAUKEE, WI 53223-5938
CURRENT OCCUPANT	6407 N 54TH ST# 2	MILWAUKEE, WI 53223-5938
CURRENT OCCUPANT	6407 N 54TH ST# 3	MILWAUKEE, WI 53223-5938
CURRENT OCCUPANT	6407 N 54TH ST# 4	MILWAUKEE, WI 53223-5938
CURRENT OCCUPANT	6416 N 56TH ST	MILWAUKEE, WI 53223-5914
CURRENT OCCUPANT	6417 N 55TH ST	MILWAUKEE, WI 53223-5900
CURRENT OCCUPANT	6418 N 56TH ST	MILWAUKEE, WI 53223-5914

Blank Notice

Total Records: 32

Radius 250.0 feet and Center of the Circle: 5501 W Mill Rd



BUSINESS LICENSE PLAN OF OPERATION

ccl-busplan 5/12/2020

Office of the City Clerk License Division

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

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

1. Type of Business

Applying for: ☐ Extended Hours (12AM to 5AM) - If a food establishment, check all that apply: ☐ Delivery ☐ Drive Thru ☐ Dining Room
☐ Self Service Laundry ☐ Massage Establishment ☐ Filling Station
☒ Other (supplemental application for specific license also required)

Provide a detailed description of the type of business you plan on operating:

~~Other~~ Sensory rooms for people with special needs.

Do you have any experience operating this type of business? ☒ No ☐ Yes If yes, explain:

2. Business Operations

- a. Proposed Opening Date: July 1st
- b. Is this premise under construction? ☒ No ☐ Yes If yes, list estimated completion date: _____
- c. Is this a franchise? ☒ No ☐ Yes
- d. Is this premises currently licensed? ☒ No ☐ Yes If yes, list type of license: _____
- 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: Food license
- 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: yes a day care

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: _____

4. Smoking & Sanitation

- a. Are there designated outdoor smoking areas? ☒ No ☐ Yes If yes, describe: _____
- b. Number of Garbage Cans: Inside: 3 Locations: bathroom, common areas
Outside: 1 Locations: Back of Building
- c. Is a crowd control barrier used? ☒ No ☐ Yes If yes, describe: _____
- d. How many restrooms are on the premises? 1
- e. Name of solid waste contractor: ☐ Advanced Disposal ☒ Waste Management ☐ Other: ~~MP~~

5. Security

- a. Are there onsite parking spaces? ☐ No ☒ Yes If yes, how many? 10 and describe the parking security plan: none
- b. Is there a loading zone? ☐ No ☒ Yes If yes, describe the loading area security plan: in the front
none
- c. Will you have security personnel on premise? ☒ No ☐ Yes If yes, how many? _____ and answer the following:
What are their responsibilities? _____
Is security equipment used? ☐ No ☐ Yes If yes, describe _____
List their licensing, certification, or training credentials _____
- d. Will there be security cameras? ☐ No ☒ Yes If yes, how many? _____ and list locations: _____
front area (2 camera) Kitchen area (1 camera)
- e. Will searches/identification checks be done upon entry? ☒ No ☐ Yes If yes, describe _____

6. Percentage of Sales (must total 100%)

Alcohol <u>0</u> %	Food <u>10</u> %	Secondhand Merchandise <u>0</u> %	Precious Metals & Gems <u>0</u> %
Entertainment <u>90</u> %	Cigarettes <u>0</u> %		
Pawnbroker Activity <u>0</u> %	Salvaged Materials <u>0</u> % (such as scrap metal)	Personal Services (such as tattoo, body piercing, salon, tailor, tanning, etc.) <u>0</u> %	Other <u>0</u> % Describe: _____

7. Businesses/Licenses on the Premises (check all that apply):

Type 1

- ☐ Full Service Restaurant ☐ Cafe/Coffee Shop ☐ Deli or Fast Food Restaurant ☐ Private/Fraternal/Veterans Club
- ☐ Night Club ☐ Tavern ☐ Cocktail Lounge ☐ Teen Club
- ☐ Banquet Hall ☐ Sports Facility ☐ Bowling Alley
- ☐ Hotel/Motel: Number of Floors: 2 Number of Rooms: 15 ☐ Rooming House: Number of Floors: 2 (entertainment space)
Number of Rooms: _____

Type 2

- ☐ Liquor Store ☐ Corner Store ☐ Supermarket ☐ Convenience Store
- ☐ Gas Station ☐ Amusement/Phonograph Distributor ☐ Recycling, Salvage or Towing
- ☐ Used Car Dealer ☐ Personal Service Establishment (such as tattoo business, hair salon, tailor, etc.) ☐ Recording Studio

What other licenses/permits will you hold at this location? (check all that apply)

- ☒ Occupancy Permit ☐ Cigarette & Tobacco ☐ Gas Station ☐ Extended Hours ☐ Class "B" Tavern ☐ Weights & Measures
- ☐ Secondhand Dealer ☐ Precious Metal & Gem ☐ Other: _____

8. Legal Capacity (only if a Type 1 premises in #7 above)

Capacity _____ (Call the Milwaukee Development Center at 414-286-8211 if you have questions.)

9. Premises Description

- a. Identify all area(s) of the premises that will be used in operating this business (include areas used only for storage):
☒ 1st Floor ☐ 2nd Floor ☐ Basement Storage ☐ Patio ☐ Beer Garden ☐ Sidewalk Café ☐ Deck ☐ Rooftop
☐ Other: Describe: _____
- b. Describe Location: ☒ Major Thoroughfare ☐ Secondary Street ☐ Other: _____
- c. Nearest Major Cross Street: Mill road
- d. Describe Building: ☒ Free Standing Building ☐ Strip Mall ☐ Other: _____
- e. Describe Premises Structure: ☒ Single Story ☐ Multi-Story - # of Stories _____ ☐ Other: _____
- f. Describe Surrounding Area: ☐ Commercial ☒ Residential ☐ Industrial ☐ Other: _____
- g. Building Owner Name: Michael Walsh Phone Number: 414-630-1165
 Building Owner Address: 5501 W Mill rd, Milwaukee, 53218

10. Hours of Operation & Customers

Will customers be entering the premises? ☐ No ☒ Yes

Day of the Week	Proposed Hours of Operation:		Estimated Number of Customers expected each day	Potential Age Range of Customers	Class B Tavern Applicant Only: Age Restriction (If none, write 'None')
	Open Time (include a.m. or p.m.)	Close Time (include a.m. or p.m.)			
Sunday	7am -	11pm	200+	1 year - 23 years	
Monday	6am -	11pm			
Tuesday	6am -	11pm			
Wednesday	6am -	11pm			
Thursday	6am -	11pm			
Friday	6am -	11pm			
Saturday	6am -	11pm			

An Extended Hours Establishment License is required for any convenience store, filling station, personal service establishment (such as tattoo, body piercing, salon, tailor, tanning, etc.), recording studio or restaurant which is open between the hours of 12:00 a.m. and 5:00 a.m.

Alcohol Establishments Class A: 8:00 am to 9:00 pm Sunday thru Saturday
 Permitted Hours of Operation: Class B: 6:00 am to 2:00 am Sunday thru Thursday, 6:00 am to 2:30 am Friday & Saturday

Entertainment Outdoor Closing Hours: 10:00pm Sunday-Thursday; 12:00am Friday & Saturday; unless a different time, either earlier or later, is established by the Common Council in its approval of the licensee's plan of operation.

11. Signature(s)

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

[Signature] owner
 Signature of additional partner or 20% or more shareholder

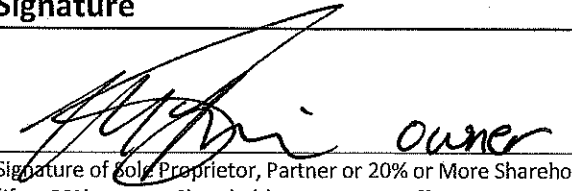
See Application Information for a complete list of all required application forms.



ALCOHOL BEVERAGE & PUBLIC ENTERTAINMENT PREMISES SUPPLEMENTAL APPLICATION

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

Legal Entity Name: <u>Puzzles LLC</u>	
Premise Address: <u>5501 W Mill Rd unit 300, Milwaukee, WI, 53218</u>	
Proximity of Premises to Church, School, Daycare Center or Hospital	
Is the building within 300 feet of any church, school, daycare center or hospital? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
"Service Bar Only" Designation	
If applying for Class B or C license, are you applying for "Service Bar Only"? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, list their name and address: _____	
b) Will the agent, a partner or the individual licensee be conducting the day-to-day operations of the business? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
If no, list the name and address of the person(s) who will: _____	
Class B Applicants: If the agent, a partner or the individual licensee will not be conducting the day-to-day operations of the business, the person(s) listed above must obtain a Class B Managers license.	
c) Does anyone else have money invested or any other interest in this business? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, explain: _____	
d) Have you made an agreement with anyone to repay any loan or any other payments based upon income from the business?	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, list name and address: _____	
Property Information (New & Transfer Applicants Only)	
a) Do you own or lease the building? <input type="checkbox"/> Own <input checked="" type="checkbox"/> Lease	
b) Who owns the fixtures (for example, coolers, etc.)? <u>Puzzles LLC</u>	
c) Are you purchasing the stock and/or fixtures? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, amount paid \$ _____	
d) Total amount paid for business <u>\$ 0</u>	
e) Total amount paid for goodwill of the business <u>\$ 0</u>	
Goodwill comprises the reputation and customer relationships of an existing business. If the price you pay for the business exceeds the fair market value of all of the rest of the assets of the business, the excess may be considered goodwill.	
f) Have you made arrangements with the seller for payment of personal property taxes? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Lease Information (New & Transfer Applicants who are leasing the premises only)	
a) Date lease begins <u>June 1st 2022</u> Ends <u>June 1st 2028</u>	
b) Monthly rental <u>\$ 3,175</u>	
c) Do you have an option to renew the lease? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
d) Does your lease allow for assignment to another party without the consent of the owner? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
e) For what length of time have you been guaranteed occupancy (number of years)? <u>5</u>	

Lease Information (Continued)
<p>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? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain _____</p> <p>g) Does the present owner or occupant object to the granting of your license? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes if yes, explain _____</p>
Change of Agent Applicants Only
<p>Have there been any changes to the floor plan since the last application was submitted? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If no, a new floor plan is not required. If yes, submit a new floor plan and explain the change(s): _____</p>
Signature
 <p>Signature of Sole Proprietor, Partner or 20% or More Shareholder (If no 20% or more Shareholder, Corporate Officer - print name/title and sign)</p>

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

New and transfer of premises applicants must submit the following:

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



PUBLIC ENTERTAINMENT PREMISES LICENSE SUPPLEMENTAL APPLICATION

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

PREMISES ADDRESS: <u>5501 Mill road unit 300</u>			
TYPES OF ENTERTAINMENT (CHECK ALL THAT APPLY)			
<input type="checkbox"/> Instrumental Musicians	<input type="checkbox"/> Battle of the Bands	<input type="checkbox"/> Dancing by Performers	<input type="checkbox"/> Amusement Machines How many? _____
<input type="checkbox"/> Bands	<input type="checkbox"/> Comedy Acts	<input type="checkbox"/> Adult Entertainment/ Strippers/Erotic Dance	<input type="checkbox"/> Concerts Approx. # per year? _____
<input type="checkbox"/> Bowling Alley How many? _____	<input type="checkbox"/> Disc Jockey	<input type="checkbox"/> Wrestling	<input type="checkbox"/> Theatrical Performances Approx. # per year? _____
<input type="checkbox"/> Pool Tables How many? _____	<input type="checkbox"/> Magic Shows	<input type="checkbox"/> Patron Contests	<input type="checkbox"/> Jukebox
<input type="checkbox"/> Motion Pictures (movies by admission) - How many? _____	<input type="checkbox"/> Poetry Readings	<input type="checkbox"/> Patrons Dancing	<input type="checkbox"/> Karaoke
<input checked="" type="checkbox"/> Other: <u>Ball pit Sensory rooms</u>			
<i>Entertainment Outdoor Closing Hours: 10:00pm Sunday-Thursdays; 12:00am Friday & Saturday; unless a different time, either earlier or later, is established by the Common Council in its approval of the licensee's plan of operation.</i>			
PROMOTERS/SOUND AMPLIFICATION			
Will promoters ever be used for any of the entertainment? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Describe: _____			
At any time will sound amplification be used? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Describe: _____			
LEGAL CAPACITY OF PREMISES			
<u>N/A</u> (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: <u>N/A</u> . If approved, this lower capacity will print on your license and override the capacity listed on your Occupancy Permit.			
ACKNOWLEDGEMENT/SIGNATURE			
<p>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.</p> <p>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.</p>			
<u>Owner</u> Signature of Sole Proprietor, Partner or 20% or More Shareholder (If no 20% or more Shareholder, Corporate Officer - print name/title and sign)			

Office Use Only:

Initials: _____ Filed: _____ App: _____

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

**FOOD DEALER LICENSE PLAN OF OPERATION**

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

Legal Entity Name:

Puzzles LLC

Premises Address:

5501 W mill Rd unit 300**SECTION 1****TYPE OF BUSINESS**

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

☒ Restaurant Items (meals):

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

Retail Items (snacks and beverages):

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

Will it be a convenience store? ☐ Yes ☒ No

A convenience store contains less than 5,000 square feet of retail space and has, as its primary business, the sale of basic food items and in addition, sells household products or is a filling station that sells basic food items and household products.

☐ Bed & Breakfast☐ Micro Market

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

Will any wholesale business be done? ☒ No ☐ Yes If yes, what percentage of food sales will be wholesale?☐ Less than 25%☐ 25% or More AND:☐ Restaurant items (meals) will be sold – Complete this application and also contact DATCP.☒ NO restaurant items (meals) will be sold - Do NOT complete this application. Contact DATCP only.**SECTION 2****FOOD PROCESSING**Will any food processing be done? ☒ No ☐ Yes

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

SECTION 3**FOOD REQUIRING TEMPERATURE CONTROL**

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

If yes, list the types of food items:

cheese Hot Dogs

SECTION 4 DETAILS OF OPERATION

- Will you have seating on site for dining? ☐ No ☒ Yes
- Will you be doing any catering? ☒ No ☐ Yes
- Will you be doing any delivery? ☒ No ☐ Yes
- Will you have outdoor activities? ☒ No ☐ Yes - Check all that apply: ☐ Bar ☐ Cooking/Grilling ☐ Dining
- Will you have a drive thru window? ☒ No ☐ Yes - Are hours different from inside? ☐ No ☐ Yes
- If Yes, provide drive thru hours: _____
- Will scales or barcode scanners be used? ☒ No ☐ Yes - You must also apply for a Weights & Measures License.

SECTION 5 ADDITIONAL SITES

Where will food be prepared and/or sold?

- ☒ At a single site ☐ At multiple sites: How many? _____ (for example, a hotel with several dining rooms or bars)

If multiple sites, attach a Food Dealer Additional Site Addendum (ccl-foodadd) for each additional site.

SECTION 6 CONSTRUCTION OR CHANGES

Are you planning any construction, remodeling or equipment changes?

- ☒ No If No, SKIP to Section 8
- ☐ Yes If Yes, check all that apply: ☐ New construction of a building ☐ Renovation or remodeling
- ☐ Construction changes to existing building ☐ Equipment changes only

Provide a brief description of the changes: _____

Start date: _____

Name, Address & Phone Number of Architect: _____

Name, Address & Phone Number of Contractor: _____

SECTION 7 ALCOHOL BEVERAGES

Are you applying for an alcohol beverage license?

- ☒ No If No, SKIP to Section 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 time as the alcohol license

SECTION 8 ACKNOWLEDGEMENTS & SIGNATURE

You must initial each item confirming your understanding:

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

owner

Signature of Additional Partner: _____

owner

09/20/23

Puzzles LLC

menu

whole frozen pizza

chicken nugget

Hot Dogs

Sides

Fries

chips

onion rings

Drinks

Bottle soda

can soda

water

Juice