Subject to menicipal clerk. Read instructions on reverse side. 1818 N HUBBARD ST MILWAUKEE WI 53212 TO THE GOVERNING BODY of the CITY OF MILWAUKEE, MILWAUKEE COUNTY Addermanic District No. CHECK ONE: INDIVIDUAL PARTNERSHIP LIMITED LIABILITY COMPANY CORPORATION NONPROFIT ORGANIZATION Complete A or B. All must complete C. A. Individual or Partnership: Full Name(s) (Last, First and Middle Name) Home Address 1818 N HUBBARD ST MILWAUKEE WI 53212 Class A beer \$ Class B beer \$ Wholesale beer \$ Class B liquor \$ Class B liquo	RENEWAL ALCOHOL BEVERAGE LICENSE AF		RAYMOND, AGT		
TO THE GOVERNING BOOK of the CITY OF MILWAUKEE, MILWAUKEE COUNTY Milwamane District No.		*			
TO THE GOVERNING BODY of the CITY OF MILWAUKEE, MILWAUKEE COUNTY Middermand District No.	Subtractions on reverse side.	1818 N			
OTHE GOVERNING BODY of the CITY OF MILYAURICE, MILYAUR	For the license period beginning 12, 20 (); ending 12	Y A MILWAUI	KEE WI 53212		
Address District No	TO THE COVERNING BODY of the CITY OF MILWAUKEE MILWAUKEE	COUNTY	Class A beer		
Complete A or 8. All must complete C. Individuals or Permership: Full Name ol Corporation/Immediately Company (all Centre) Admiss of Corporation/Immediately Company (all Centre) Title Name (inc. Agriculture) New (all Centre) New (all					
Complete A or B. All must complete C. Individual or Parameterip: Full Name() Last, First and Niddle Name) Full Name() Last, First and Niddle Name) Full Name() Composition/Aperpoid Organization/Limited Listelity Company (if dillerent from licended previous) All Officer(s), Discoting and Agent of Corposation and Members/Managers are Agent of Limited Listelity Company (if dillerent from licended previous) All Officer(s), Discoting and Agent of Corposation and Members/Managers are Agent of Limited Listelity Company (if dillerent from licended previous) All Officer(s), Discoting and Agent of Corposation and Members/Managers are Agent of Limited Listelity Company (if dillerent from licended previous) Foreign Managers and Agent of Corposation and Members/Managers are Agent of Limited Listelity Company (if dillerent from licended previous) Foreign Managers and Agent of Companiation and Members/Managers are Agent of Limited Listelity Company (if dillerent from licended previous) Foreign Managers and Agent of Companiation and Members/Managers are Agent of Limited Listelity Company (if dillerent from licended previous) Foreign Managers and Agent of Companiation and Members/Managers and Agent of Limited Listelity Company (if dillerent from licended previous) Agent 1		MPANY	Wholesale beer		
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Complete A or B. All must complete C. Individual or Patrianship: Full Name(c) (Leat, First and Middle Name) Address of Corporation/Nomposit Organization/Limited Liability Company Address of Corporation/Nomposit Organization/Limited Liability Company Address of Corporation/Nomposit Organization/Limited Liability Company All Officerial, Directority and Agent of Corporation and Membershifteningers and Agent of Limited Liability Company The Name (inc. Middle Name) President/Nember Nome Address Post Office & 210 Code President/Nember Nome Address Sociolary Nember Discource Di	ECONPORATION DINONPROPER OFFICE AND ADDRESS OF THE PROPERTY OF		<u></u>	\$	
Individuals of Partmership:					
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Full Name of Corporation/Namporiti Organizations. Imited Labelity Company Canada	•	Unma Addrace	1,	Zip Code	**************************************
Address of Corporation/Limited Liability Company (eititierent from licitories promises) All Officer(s), Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company; Tities Name (fine, Malke Name) President/Member Vice President/Member Liab CCC Agent Part (Liab CCC) Agent Part	Full Name(s) (Last, First and Middle Name)	Uning Workers	, , , , , , , , , , , , , , , , , , , ,		
Address of Corporation/Limited Liability Company (eititierent from licitories promises) All Officer(s), Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company; Tities Name (fine, Malke Name) President/Member Vice President/Member Liab CCC Agent Part (Liab CCC) Agent Part				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Address of Corporation/Limited Liability Company (eititierent from licitories promises) All Officer(s), Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company; Tities Name (fine, Malke Name) President/Member Vice President/Member Liab CCC Agent Part (Liab CCC) Agent Part		Commonwall		.,	.4 A : 1. A
All Officer(s), Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company Title President/Member No. President/Member No. President/Member No. President/Member No. President/Member No.	B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company				
All Officer(s), Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Corporation. Name (Inc. Agent Managers Manag	Address of Corporation/Limited Liability Company (if different from licensed premi	ises) 🕨	-4714 W. Calu	met R	d. 5327
Title Name (inc. Migdle Name) President/Member Vice President/Member Socrotary Member BSCPL Socrotary Member BSCPL Socrotary Member BSCPL Socrotary Member Socrotary	All Officer(s), Director(s) and Agent of Corporation and Members/Managers and	Agent of Limited Liability Co	ompany: Z		
President/Member	as it partitions always a	Home Addres	s Post Unice	& ZID CODE	24
Vice President/Member State Schemator Italian Washington Are Cital borg W 50.74 President Member State Schemator Sch	President/Member John H. Karpuna		A A A A A A A A A A		蒙古ノ
Precisers/Manages C. 1. Trade Name Canada Section	VICE PIESIGERIAMETROSI				7
Agent Developer Managers C. 1. Trade Name Commission Developer De	Secretary Member Joseph Schmidt 1107	washington 1	the ceautificing, wi	5301	
Agent Agent Agrees Agree	Treasurer/Member			63075	<u> </u>
C. 1. Trade Name Canada Survey Canada Su		<u>Kidgerhew (</u>	J. Chartes Co.		
Business Phone Number 2. Address of Premises Not No					
3. Is agent of corporation/fimited liability company subject to completion of the responsible beverage server training course for this license period? ves	a i the same of a party loc about 10000.	Busine	ess Phone Number <u>414-374 - E</u>	34.90	
3. Is agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period?	3 Address of Promises 11818 N. Hubbarr St. M.	Justas upost 0	ffice & Zip Code ▶ <u>53-02.9</u>		
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for sales, service, and/or storage of alcohol beverages and records. (Aponol beverages may be sold and stored only on the premises described.) 5. Legal description (omit if street address is given above) 6. a. Since liling of the last application, has the named licensee, any member of a partnership licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any lederal laws, any Wisconsin laws, any laws of other states, ordinances of any municipality? If yes, complete the reverse side. b. Are charges for any offensee presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, complete the reverse side. 7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? 8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax. 9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776]. 10. Does the applicant understand a Special Occupational Tax must be paid to the Federal Bureau of Alcohol, Tobacco and Firearms before beginning business? [phone (414) 297-3991]. 11. Is the applicant indebted to any wholesater beyond 15 days for beer or 30 days for liquor? 12. Clerkovatary False. 13. Does the applicant understand a Special Occupational Tax must be paid to the Federal Bureau of Alcohol, Tobacco and Firearms before beginning business? [phone (414) 297-3991]. 13. It is the applicant indebted to any wholesater beyond 15 days for beer or 30 days for liquor? 14. Page 15. Depart	2. Address of Premises 1	esponsible beverage server	training course for this license period?	Yes	≥ No
all rooms including living quarters, if used, for sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 5. Legal description (omit if street address is given above): 6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any lederal laws, any Wisconsin laws, any laws of other states, ordinances of any municipality? If yes, complete the reverse side. 1. Are charges for any offenses presently pendling (excluding traffic offenses not related to alcohol) sagainst the named licensee or any other persons affiliated with this license? If yes, complete the reverse side. 2. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? 3. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax. 4. Return of the licensee? 4. Yes No. 5. Legal for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last applicant on the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax. 8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax. 9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or 8 above? [phone (608) 266-2776]. 10. Does the applicant understand a Seedal Occupational Tax must be paid to the Federal Bureau of Alcohol, Tobacco and Firearms before beginning business? [phone (608) 266-2776]. 11. Is the	3. Is agent of corporation with the distance of buildings where alcohol heverage	es are to be sold and stored.	The applicant must include		
may be sold and stored only on the premises described.) 5. Legal description (omit if street address is given above): 6. a. Since filling of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offensee (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any taws of other states, ordinances of any municipality? If yes, complete the reverse side. D. Are charges for any offensee presently pending (excluding traffic offenses not related to alcohol) against the named licensee of any other persons affiliated with this license? If yes, complete the reverse side. 7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. 8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax Return of the licensee? If not, explain. 9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (660) 266-2776]. 10. Does the applicant understand a Special Occupational Tax must be paid to the Federal Bureau of Alcohol, Tobacco and Firearms before beginning business? (phone (414) 297-3991]. 11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? 12. Possible of the knowledge of the signers Signers agree to operate this business according to law and that additional personal person	4. Premises description: Describe building of buildings where alcohol bottongs	of alcohol heverages and re	cords. (Alcohol beverages	· · · · · · · · · · · · · · · · · · ·	
5. Legal description (omit if street address is given above): 6. a. Since filing of the last application, has the named licensee, agy member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, ordinances of any municipality? If yes, complete the reverse side. D. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, complete the reverse side. Pexample for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. 8. Was the profit for loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax. Return of the licensee? If not, explain. 9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776]. 10. Does the applicant understand a Special Occupational Tax must be paid to the Federal Bureau of Alcohol, Tobacco and Firearms before beginning business? [phone (414) 297-3991]. 11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? PREAD CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicants and each member of a partnership applicant must sign; corporation than sign corporation Member/Mariager of Limited Liability Company/Partner/Habitana penalters and company and partnership produced by law, the applicants and each member of a partnership applicant was sign; corporation for the above quastions has been trustribily answered to the best of the knowledge of the signers agr		nor haven	1604 har 4 Sto	<u> 1355</u>	}
6. a. Since filting of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, ordinances of any municipality? If yes, complete the reverse side 1. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, complete the reverse side 2. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? 3. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax 3. Return of the licensee? 4. If yes, explain. 5. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under 5. Section A or B above? [phone (608) 266-2776]. 10. Does the applicant understand a Special Occupational Tax must be paid to the Federal Bureau of Alcohol, Tobacco and Firearms 5. before beginning business? [phone (414) 297-3991]. 11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? 12. Posses agree to operate this business according to law and that or inspiratory infanted very larger of Lineage Liability Company/Partner/ Under John Supplementations and partnership applicant must sign; corporation of the infanted very larger of Limited Liability Company/Partner/ Individual applicant indepthed to any wholesaler beyond to any wholesaler beyond to any depth of the federal Bureau of the babove quastions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this busi		<u>de and de compression de la compression della compression de la compression della c</u>	and the second s		
manager or agent for either a limited liability company iconsee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, ordinances of any municipality? If yes, complete the reverse side	5. Legal description (omit if street address is given above):	f a nectoarchic licensee Or	any member officer director.		
convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, ordinances of any municipality? If yes, complete the reverse side	6. a. Since filing of the last application, has the named licensee, any member of	n illiannos, or poperatit are:	inization licensee been		
any laws of other states, ordinances of any municipality? If yes, complete the reverse side	manager or agent for either a limited liability company licensee, corporation	on illensee, or norpromorge	al laws any Wisconsin laws.		
b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee of any other persons affiliated with this license? If yes, complete the reverse side	convicted of any offenses (excluding traffic offenses not related to alcoh	of the second of any leven	a laws, any thosonomicans	Yes	X No
any other persons affiliated with this license? If yes, complete the reverse side	any laws of other states, ordinances of any municipality? If yes, complete	me reverse side	eninct the named licenses Of	Lauret .	,
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? Yes No last the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax Return of the licensee? Yes No lift not, explain. Yes No lift not, exp	 b. Are charges for any offenses presently pending (excluding traffic offen 	ses not related to alcohol) a	danst tie harred incerses of	☐ Yes	X No
last application for this license? Yes No If yes, explain.	any other persons affiliated with this license? If yes, complete the revers	e side		. 🗀	J
## Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax Return of the licensee? Yes	Except for questions 6a and 6b, have there been any changes in the answer	s to the questions as submit	ted by you on your	□ voe	TSI No
## Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax Return of the licensee? Yes	last application for this license?	***************************************	***************************************	163	23 110
Return of the licensee?	If ves explain.				<u></u>
If not, explain. 9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776]	8. Was the profit or loss from the sale of alcohol beverages for the previous year	ar reported on the Wisconsir	Income or Franchise Tax	100 10 -	
If not, explain. 9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776]	Return of the licensee?			X Yes	∐ NO
Section A or B above? [phone (608) 266-2776]	if not explain.				
Section A or B above? [phone (608) 266-2776]	a Dear the configurat understand a Wisconsin Saller's Permit must be applied	for and issued in the same r	name as that shown under	******	
10. Does the applicant understand a Special Occupational Tax must be paid to the Federal Bureau of Alcohol, Tobacco and Firearms before beginning business? { phone (414) 297-3991}	Section A or B above? [phone (608) 266-2776]	.,		Yes	∐ No
before beginning business? [phone (414) 297-3991]	10. Done the applicant understand a Special Occupational Tax must be paid to t	he Federal Bureau of Alcoh	ol, Tobacco and Firearms		
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant state ach of the above quastions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the nebblad resolution in the signers of the signers agree to operate this business according to law and that the nebblad resolution in the signers of Limited Liability Companies must sign.) SUBSCRIBED AND SWORN TO BEFORE ME This	hafara haginning husiness? [phone (414) 297-3991].	*************************************	***************************************	X Yes	☐ No
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant some that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the right NE resolve politicists conferred by the licensets, if granted will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate of Detection, member of a partnership applicant must sign; corporate of Detection, member of Limited Liability Company/Partner/ day of Circle of Corporation/Member/Manager of Limited Liability Company/Partner/ (Cierk/Notary Paths) My Commission Expires	14 to the confinent indebted to any wholesaler heward 15 days for beer or 30 day	vs for liquor?	***************************************	Yes	⊠ No
This 13 to day of Clerk/Notary Folds: (Clerk/Notary Folds) My Commission Expires Officers of Corporation/Member/Manager of Limited Liability Company/Partner/ (Additional Partner/g)/Member/Manager of Limited Liability Company If Any) OMPLETED BY CLERK: Date license granted Date license granted	11. Is the applicant indecrees to any wholesales boys to the applicant indecrees to any	. ,	0.0.00	s to not of the ten	nudadaa af
(Clerk/Notary Faths) My Commission Expires OMPLETED BY CLERK: Date license granted Date license granted Date license granted Date license granted	SUBSCRIBED AND SWORN TO BEFORE ME TA	$R \cup X \subseteq X$			
My Commission Expires 9-21-08 (Additional Partnery)/Member/Manager of Limited Liability Company If Any) OMPLETED BY CLERK: Date license granted Date license granted		- Shipportar	Will J		
My Commission Expires 9-21-08 (Additional Partnery)/Member/Manager of Limited Liability Company If Any) OMPLETED BY CLERK: Date license granted Date license granted		THE SOURCE OF THE	rnoration/Member/Manager.of Limited Liability	Company/Partnr	er)
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License number issued Date incense granter	WATE OF	WEXT AND THE	9,		
License number issued Oate Incense granter	TANK TER BY ALCOV.				
17/0/13/05 1/77 DEC 13 2005 GW DEC 13 2005		A CONTRACTOR OF THE PARTY OF TH	Date license granted	100 4 n	วกกรไ
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ALCOHOL BEVERAGE CORPORATIONS/LIMITED LIABILITY COMPANY - STATEMENT OF STOCK OWNERSHIP ccl-124e (4/05)

stock, together with the amount of stock and/or proxies held by each such person or persons, must be listed below. NOTE: Penalties for This statement is required of all corporations or limited liability companies applying for an Alcohol Beverage License in the City of Milwaukee: (see Sec. 90-7(2) Milwaukee Code). All persons who individually own 10% or more of the total or voting stock, or proxies for that amount of submitting false statements or affidavits are provided in Sec. 90-5(2) of the Milwaukee Code.

Print Legibly or Type

Name of Corporation/LLC Concoded Inc.

でなって The sacked w 1 Hubbacks St. Address of Licensed Premises 1818

Percentage of Shares Held 2090 20% 20% 1922 Casar Greek Rd. Casartaga w15301201101424090 11/20/11 53052 In protection (Ledarburg w) 53012 abacca (Michaelmante) (2010 bacape 4714 M. Calimet Rd M. Moankar un 53223 11/05/75 03/8/1 Date of Birth Cast to w 53024 City, State, & Zip John Hickory Kaymand 1521 Response Ct. (Not business or office) Home Address Joseph Sonnerfield Schrist Ohillip James Schmidt (First, Middle & Last) STOCKHOLDERS Full Name

(if more space is required, attach additional sheets in duplicate)

We understand that transfers of stock must be reported to the City Clerk within 10 days, after such transfer. SHNE OF THE OF T

Subscribed and sworn to before me this S. P. C.

votary Public, State of Wisconsin

80-18-6

My Commission expires:

Signature of Officer of Corporation/Member of LLC

Corporation/Member of LLC

Signature of Officer of

PUBLIC.

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day of



CITY OF MILWAUKEE RENEWAL ALCOHOL BEVERAGE RELATED LICENSES APPLICATION

BUSINESS NAME: Consocrus Inc "DF	SA ROOTS"	
BUSINESS ADDRESS: (8)		
Check the Licenses You Are Applying For: Fees:	Check the Licenses You Are Applying For: Fees:	
Amusement/Cabaret \$1375.00 \$	☐ Cigarette & Tobacco \$100.00 \$\times \co. \co	
☑ Dance \$225.00 \$ 225.00	Check Method(s) of Disbursement:	
☐ Instrumental Music \$150.00 \$	Over the Counter and/or 🗌 Vending Machine	
Billiard Hall (3 or more pool tables) \$105.00 \$	Pool Tables – How many? x \$35.00 each \$	
Bowling Alley-How many?x \$20.00 each \$	Record Spin – No Dancing \$35.00 \$	
6 GAME MACHINES OR MORE ON THE PREMISES	Includes DJs/Karaoke/CD Players	
☐ Video Game Center \$400.00 \$	☐ Phonograph/Jukebox Premises \$50.00 \$	
☐ If you OWN the games, list how many	If you OWN the jukebox(es), list how many	
AND pay an additional \$20.00 for each \$	AND pay an additional \$20.00 for each \$	
☐ If the distributor owns the games, list how many	☐ If the distributor owns the jukebox(es), list how many	
AND name of distributor	AND name of distributor	
If you are applying for any of the above licenses (in this column only) that you DO NOT currently hold, a NEW Alcohol Beverage Related Licenses application must be completed. Please contact our office to obtain this application.	5 GAME MACHINES OR LESS ON THE PREMISES Amusement Game Premises \$50.00 \$ If you OWN the games, list how many AND pay an additional \$20.00 for each If the distributor owns the games, list how many AND name of distributor	
Total of Column A: \$225.00		
	S.OD + fee for Class "B" or "C" license payable to City of Milwaukee	
The undersigned agrees to inform the City Clerk within ten days of any substantial changes in the information supplied in this application. The undersigned shall not willfully refuse to provide those services offered under this license, permit, or franchise, or refuse to employ, or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry; and 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 the license applied for herein, and being duly sworn under oath, depose and say that I am the person named above and that all statements made in the foregoing application are true and correct. SUBSCRIBED AND SWORN TO BEFORE ME THIS D SHV		
Notary Public, State of Wisconsin My Commission expires 9-31-08 Wisconsin Wisconsin	Signature	
OFFICE USE ONLY: INITIALS QUI License# //	772 FILED 10/13/05 AD# CO	
TAG(S) #GF	RANTED ISSUED	



RENEWAL ALCOHOL BEVERAGE RELATED SUPPLEMENT

Milwaukee	•		-11	
BUSINESS NAME:	angual po	'DBA'KOO	<u> </u>	<u></u>
BUSINESS ADDRESS:	1818 N. Hus	.te Grad		
Chapter 90-35 of the Milw entertainment that you wil	vaukee Code of Ordina	nces requires that you	ı describe the type	and general nature of
CHECK THE LICENSE	BEING APPLIED F	OR:		
Amusement/Caba	<u>aret</u> – COMPLETE S	ECTIONS A & B		
Allows entertainment or exhibit	bitions consisting of music, dance		abaret performances.	
Allows dancing on the premis	es by patrons only. Dancing by	performers is not allowed. Th	is license also allows the	playing of pre-recorded music
CTOTO TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE TO	sic — COMPLETE SE		ctually engaged in the pla	aying of the musical instruments.
	ental music only, with singing or		ns actually engaged in the	e playing of such musical
SECTION A: CHECK TH		THAT APPLY:		
∑ Blues	Dance – R&B	⊠ Jazz	X Reggae	☐ Polka
ズ Classic R&B	Easy Listening	☐ Latin Pop	☐ Techno	☐ Irish
Classic Rock	⊠ Folk		☐ Top 40	
Contemporary R	&B	☐ Modern Rock	☐ Tropical	
☐ Country	☐ Heavy Metal	☐ New Age		
☐ Dance – Pop	🔀 Hîp – Hop	Rap	О	
SECTION B: AMUSEM	ENT/CABARET LICEN	SE APPLICANTS ON	LY - CHECK ALL	THAT APPLY:
☐ Battle of the Bands	☐ Dancing by performer	(s) - Description requi	red	
☐ Comedy Acts	☐ Fashion Shows———	→ Description requir	red	
☐ Disc Jockey	☐ Exotic Dancers/Stripp	ers/ Description requi	red	
☐ Live Musicians	Adult Entertainment	***************************************	·	
☐ Magic Shows	☐ Wrestling———	Description requirement	red	<u></u>
☐ Poetry Readings	Patron Contests	Description requirement	red	······································
Rapping/Rap Contests		·····	Attach and	itional pages if pagesess.
Solo Singers/Groups				itional pages if necessary.
If the type of entertainment is	s not listed above, please	describe the type of ente	ertainment you will h	ave:
***************************************		,		
IF, AFTER THE LICENSE HAS BE YOUR CERTIFICATE OF AUTHOR	RIZED ENTERTAINMENT, YOU	MUST SUBMIT A "REQUEST	TO CHANGE THE PLAN	I OF OPERATION FOR AN
AMUSEMENT LICENSE". NO CHA COMMON COUNCIL AND A NEW	ANGES IN ENTERTAINMENT S CERTIFICATE OF AUTHORIZE	HALL TAKE PLACE UNTIL THE ED ENTERTAINMENT HAS BE	IE REQUEST HAS BEEN EN ISSUED.	APPROVED BY THE
I, (we), the undersigned have	e a knowledge of the City	Ordinances currently rec	ulating these license	es and being duly sworn
under oath, depose and say true and correct.				
SUBSCRIBED AND SWORN T	O BEFORE ME THIS	NOTAP	. 0	
13 Bay of Oct	20 00		ohn Michael	1 Doughard
		AUDING SE	Print Your	Name
Notary Public, State of Wisco	onsin (a)	NO CONTRACTOR OF THE PARTY OF T		
My Commission expires	9-21-08	OF WISCOUT	Signature	

ccl-124d (6/05)



Plan of Operation Supplement for Retail Alcohol Beverage License Application

Beverage License Application

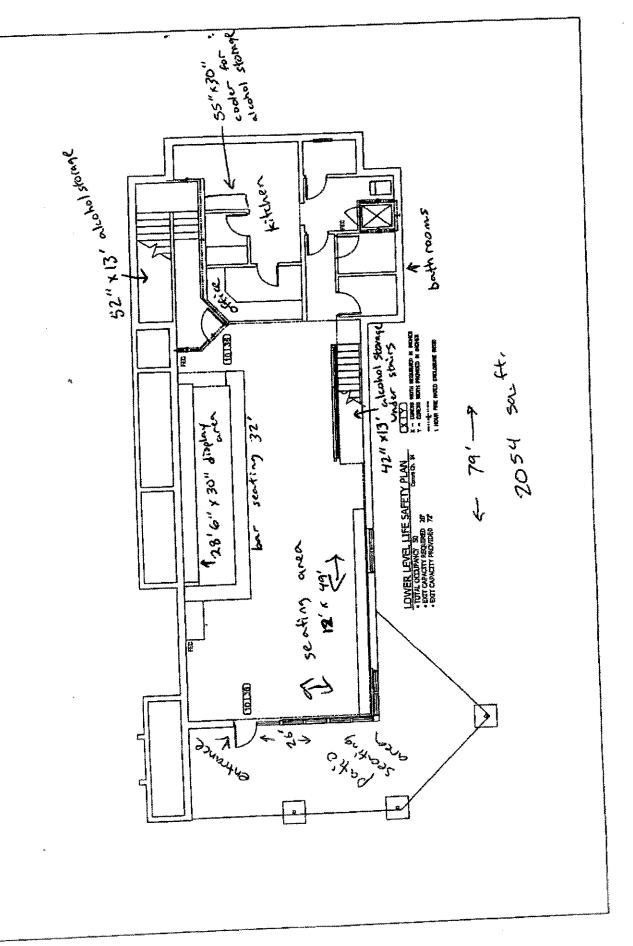
OFFICE OF THE CITY CLERK LICENSE DIVISION
200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202

(414) 286-2238 EMAIL: LICENSE@MILWAUKEE.GOV

Check Type of License Applied for:	
☐ Class A 🔀 Class B 🔲 Class C	
Check Box in this section that applies to your own	nership structure:
☐ Individual ☐ Partnership ☐ Corporation ☐ L	imited Liability Company 🔲 Non Profit
Full Legal Name of Individual, Partner or Agent:	
John Raymond	
List any other names by which you have been known	own on official records:
Com	
Name of Corporation, Limited Liability Company,	Non Profit Organization or Additional Partners:
State where Corporation, Limited Liability Compa	ny or Organization Formed:
Wisconsin	
Year Corporation, Limited Liability Company Forr	ned:
*Please note: No license may be issued to a corporation or	limited liability company that has not registered with the
Wisconsin Department of Financial Institutions. Address of Premises:	Business Telephone Number:
1818 N. Hubbard St.	414-374-8480
Business Mailing Address - if different from addre	ss of premises (include City, State, Zip Code):
Business Internet/E-mail Address:	Business Fax Number:
rootcellar 2 Sbc alobal net	414-374-8490
Property Owner's Name:	
Property Owner's Address (include City, State, Zi	p Code):
1818 N. Hubbard St. upper	1 milwaukel, WI 53212
Are you taking out this application for anyone tha	/
If yes, list name and address:	
Will you be conducting the day-to-day operations	of the business? Yes \[\] No
If no, list name and address:	,
(If applying for a Class B license, the person liste	d above must obtain a Class B Manager's license.)
Does anyone else have money invested or any o	ther interest in this business? 🕍 Yes 🗌 No
If yes, explain: Phil Schmidt Private	investor
Have you made an agreement with anyone to income from the business? ☐ Yes ☐ No	repay any loan or any other payments based upon
If so, list name and address:	

THIS	S SECTION REQUIRED FOR I	NEW APPLICANTS ONLY		
Is your lease verbal or	rXwritten?			
Date lease begins:	Expires:	1		
	Do you have an option		. 🗌 No	
	r the assignment to another par			
☐Yes ☐No		Zeneralis eta		
	ave you been quaranteed occu	inanov?		
In addition to paying mo	For what length of time have you been guaranteed occupancy? In addition to paying monthly rental, will you have to pay anything additional to the owner of the building to guarantee performance of the lease? Yes No If yes, explain:			
Who owns the fixtures (ie	: Coolers (tc.)?			
If you are purchasing the	stock and/or fixtures, what did	you pay for them?		
Total Amount Paid for the	Business: \$			
Have you made arrangen Yes No	dwill of the Business: \$	ousiness, the excess may be cons nt of the personal property to	idered goodwill. axes? 	
If yes, explain:				
HOUR	S OF OPERATION – REQUIR	EN FOR ALL APPLICANTS	•	
Examples:	Current Days and Hours of Operation:	Proposed Day and Hours of Operation:	# of Patrons Expected per day:	
Sunday Open: 8:00 AM	Sunday Open 10:00 AH	347 OPEN 10:00 AH		
Monday Close: 2:00 AM	Honday Close 2100 AM	Man close 2:00 AM	300	
Monday: Closed	Handay Open 11:00 AM Tuesday Close 2:00 AM	Monday apan 11:00AH Tues close 2:00AH	300	
Tues. Open: 9:00 AM	Tuesday Open 11:00AH	Thes open 11:00 AM		
Tues. Close: 9:00 PM	wensoog close 2100 ALM		400	
Wed. Open: 6:00 AM	wersday open 1100 MM	Wens open 11:00 AM		
Thurs. Close: 1:00 AM	Thursday close 2:00 AM	Thus close 2100 AM	600	
Thurs. Open: 6:00 AM	Throday Open 11:00 AM	Thurs open 11:00 AM		
Friday Close: 2:00 AM	Friday Close 2:00 AM		<i>6</i> 00	
Friday Open: 9:00 AM	Friday Open 11:00 AM			
Sat. Close: 2:30 AM	Saturday close 2:30 AH	SAT CLOSE 2130 AL	600	
Saturday Open: Noon	Saturday open 300pH		C~\(\sigma\)	
Sunday Close: 2:30 AM	Sunday Close 2130 MM	Sunday Close 2:30 AM	560	
	Prohibited Hours of		Baumonia de la constanta de la	
	Class A: 9:00 PM to	o 8:00 AM		
	Class B/C: Monday thru Friday	-		
	Class B/C: Saturday thru Sunda	av 2:30 AM - 6:00 AM	•	

Legal Capacity/Occupancy of Premises: Number of Parking Spaces Available on the
(does not include Class A)
Call (414) 286-8211 if you have questions. One handicap (All other is street Parking)
What are your plans to maintain an orderly appearance and operation of the premises with respect to:
Litter: Daily Haintance grand wilding (Enclosed Dayske
Area Enclosed Recyclables)
Noise: Install Breezeway on laver level exit to
redirect sand from lawer residences
What other types of businesses are <u>currently</u> conducted at the premises? (i.e. grocery store,
restaurant, art gallery) Faruers Harket Wy-Sept.
Future Plans for other businesses? Have Conventing
What other types of licenses/permits are currently issued for the premises?
Future Plans for Licenses/Permits? Nove
Is the premise less than 300 feet from any church, school or hospital? Yes No
Detailed Floor Plan**
A detailed floor plan must be included with each alcohol beverage application. The floor plan must be
filed on 8 ½ x 11 inch sized paper. A separate sheet of paper must be filed for each floor included in
the premises description. (A floor plan is required for the basement - even if it is used only for storage)
The floor plan must include:
Area in Square feet and dimensions of the premise
Locations of all entrances and exits to the premise
 Locations of all seating areas, bars, and food preparation areas (Class B and C applicants only)
Locations and dimensions of all alcohol beverage storage and display areas
Locations and dimensions of all outdoor areas available at the premises for the sale or service
of alcohol beverages
 Locations and dimensions of all off-street parking areas available at the premises
Mark the North point and date
Date the floor plan
All applications submitted without the detailed floor plan will be returned. A sample floor plan
is available online at www.milwaukee.gov/license
Subscribed and sworn to before me
this 13 day of October 2005 OTARL
Signature of Individual/Partner/President/Member
Notary Public, State of Wisconsin No. PUBLIC State of Wisconsin
Notary Public, State of Wisconsin My commission expires: 9-21-08 Wisconsin Signature of Partner/Secretary/Member
Warning: Penalty provided for submitting faise statements and affidavits with this application.
(Section 90-5(2), Milwaukee Code of Ordinances.



ZZ Z

