off:10/11/05

Change of member/SH (dropped)

DATE: 08/01/2005

CITY CLERK'S COPY

GRANT NO: B - 0011204

JODIE R KORNFEHL, AGREC. JK FUN HOLDINGS, LAC

ALD-DIST

ADDRESS:

624 N BROADWAY

FOR

TYPE OF LICENSE:

CLASS "B" TAVERN

04

BTAVN

600.00

C

TOTAL: \$

600.00

FIRST FLOOR & BASEMENT

Marian

CITY OF MILWAUKEE , *ki*

CITY CLERK'S COPY

DATE: 08/01/2005

JODIE R KORNFEHL, AGT JK FUN HOLDINGS, LLC

ADDRESS:

618 624 N BROADWAY

BTAVN ALD-DIST 04

NO: TR - 0011204

FOR

TYPE OF LICENSE:

CBRT

1242

1375.00 +

CIG 15522 100.00 ~

TOTAL: \$

1475.00

CITY OF MILWAUKEE

CITY CLERK'S COPY

DATE: 08/01/2005

JODIE KORNFEHL, AGT

NO: B - 0011590

PBFEE

TYPE OF LICENSE: PUBLICATION FEE

FOR:

BTAVN 11204

ADDRESS:

618 N BROADWAY

TOTAL: \$ 10.00



Office of the City Clerk License Division

Ronald D. Leonhardt City Clerk

Rebecca N. Barron License Division Manager

D B

September 27, 2005

Jodie R. Kornfehl, Agt JK Fun Holdings, LLC 618-624 N. Broadway Milwaukee, WI 53202

Dear Ms. Kornfehl:

On September 13, 2005, the Utilities & License Committee voted to recommend the granting of your renewal application for 618-624 N. Broadway with a warning letter, and with the understanding that you may no longer hold teen events.

This course of action was taken based upon testimony given at your hearing of September 13, 2005. The warning is being given with the expectation that you will take appropriate action to ensure that incidents of this nature do not reoccur.

Sincerely,

Richard G. Pfaff

Assistant Manager License Division

RGP/jw

cc: MPD-LIU

RG Pfaff

File



CITY OF MILWAUKEE OFFICE OF THE CITY CLERK

Wednesday, August 31, 2005

AD 04

COMMITTEE MEETING NOTICE

Jodie R. Kornfehl, Agt. JK Fun Holdings, LLC

You are requested to attend a hearing which is to be held in Room 301-B, Third Floor, City Hall on:

Tuesday, September 13, 2005 at 9:00 AM

Regarding:

Your Class 'B' Tavern and Tavern Amusement Cabaret (Nite Club) renewal applications as agent for "JK Fun Holdings, LLC" for "Jungle" at 618 - 24 N Broadway.

There is a possibility that your application may be denied for the following reasons:

See attached police report.

Neighborhood Objections to: Loitering, littering, parking and traffic congestion, loud music and noise, unruly patrons during and after hours, public urination, and conduct which is detrimental to the health, safety, and welfare of the neighborhood.

Failure to appear at this meeting may result in the denial of your application.

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. You may present witnesses under oath and you may also confront and cross-examine opposing witnesses under oath. 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. If you have difficulty with the English language, you should bring an interpreter with you, at your own 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 Room 205, (City Clerk's Office) or 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.

RONALD D. LEONHARDT, CITY CLERK

Rebecca N. Barron

License Division Manager

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

08/01/2005 DATE OF FILING MÍLWAUKÉE POLICE DEPARTMENT LICENSE REPORT

WARD 11204 NEW RENEWAL X OTHER WAI ADD'L INFO: TRADE NAME CHG - DROPPED MEMB/SH LICENSE NUMBER BTAVN LICENSE TYPE

04

ADDRESS: PARTNER S APPLICANT KORNFEHL, JODIE R

STATE: PHONE: CITY:

CITY: MILWAUKEE

STATE:

PHONE:

ADDRESS:

MAIDEN/OTHER:

PHONE:

STATE: SPOUSE

CILX:

ZIP: DOB:

ZIP: DC

PARTNER2 ADDRESS:

DOB: BUILDING OWNER: STATE: PHONE: 53202 ZID: DOB: BUSINESS: JUNGLE ADDRESS: 618 624 N BROADWAY (414)291-5555 MILWAUKEE

DOES APPLICANT HAVE INTEREST IN ANY OTHER CLASS 'A'/'B'/'C' PREMISES? N Y (Explain) LENGTH OF RESIDENCE AT ABOVE:

JK FUN HOLDINGS, LLC CORPORATION NAME: DATE OF INCORPORATION: STATE OF INCORPORATION:

CORPORATE OFFICERS:

ADDRESS: ADDRESS: NAME:

, , ,

٠,,

CIIX: ZIP: DOB: STATE: CITY:

ZIP: DOB:

STATE: PHONE: OFFICE: PHONE: OFFICE:

NAME: ADDRESS: DFFICE STATE: PHONE: CITY: ZIP: DOB: ADDRESS: CITY: STATE: PHONE: OFFICE NAME:

ZIP: DOB:

ы HAS APPLICANT BEEN DENIED A LICENSE IN THE PAST YEAR: N

* POLICE USE ONLY * * *

* * *

PREVIOUS PREMISES RECORD: N EXPLAIN:

>1

N/A ъ, Z PROOF OF LEASE/OWNERSHIP/OFFER TO BUY: TYPE AND NUMBER: М DOES APPLICANT HOLD ANY OTHER CITY LICENSES:

Ħ CHECKED WITH ID DIVISION: N A-NUMBER:

ADDITIONAL INFORMATION:

INVESTIGATING OFFICER:

300%

AUG

Captain had no additional information regarding this license. District One

DATE:

AUG 09 RECT

MILWAUKEE POLICE DEPARTMENT LICENSE INVESTIGATION UNIT

CRIMINAL RECORD/ORDINANCE VIOLATION/INCIDENTS SYNOPSIS

DATE: AUGUST 2, 2005

LICENSE TYPE: CLASS B TAVERN No. 11204

New: Application Date: 8-1-2005

RENEWAL: X Expiration Date:

License Location: 618 624 N Broadway Aldermanic District: 04

Business Name: Jungle

Licensee/Applicant: Kornfehl, Jodie R

(Last Name, First Name, MI)

Date of Birth: Male: Female: x

Home Address:

City: Milwaukee State: WI Zip Code:

Home Phone:

This report is written by Police Service Specialist Ronald KAYE, assigned to the License Investigation Unit, Days.

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

On 8-15-2004 at 2:10am a Milwaukee police officer was flagged down regarding trouble with a person at 618 N Broadway. An altercation occurred between the bartender Bradley L DesArmo and a patron. The bartender claimed that the patron threw a glass and a candle at him and then stood on the bar. The patron was issued a citation for Disorderly Conduct.

On 12/18/2004 at about 1:10 AM officers responded to the area of 500 N Broadway regarding a shooting. Investigation revealed that two groups for youths, who had been in Da Jungle, 618 N Broadway for an "underage Event". Both groups were removed from the premises because they were flashing gang signs at each other. One group went to a parking lot in the 500 block of N Broadway when the second group appeared. Shots were fired and one person was struck in the shoulder. Incident Report Filed.

On 2-11-2005 at 1:54am Milwaukee police were sent to a fight at 618 N Broadway, The Jungle. A fight had occurred according to witnesses, but they stated it occurred outside and around the corner. The officers observed no fight occurring.



Utilities and Licenses Committee Notice of Hearing

Date:

9/13/2005

Time:

9:00 AM

Location:

City Hall, 200 E. Wells St., Room 301-B, 3rd Floor

The Utilities and Licenses Committee will consider the following license application:

Class 'B' Tavern and Tavern Amusement Cabaret (Nite Club) renewal applicatio Jodie R. Kornfehl, Agt.

Jungle at 618 - 24 N Broadway

If you have any information that you would like the Utilities and Licenses Committee to consider when making its recommendation,

you must appear in person and testify as to matters that you have personally experienced or seen.

The committee cannot accept statements of individuals not personally appearing to give testimony, or any letters, or any petitions.

If you have any questions, please call (414) 286-2238.

ALD. JAMES WITKOWIAK, CHAIRMAN

R

JODIE R KORNFEHL

| RENEWAL ALCOHOL BEVERAGE LICENSE APPLIC | JK FUN HOLDINGS, LLC |
|---|--|
| Submit to municipal clerk. Read instructions on reverse side. For the license period beginning | 618 624 N BROADWAY MILWAUKEE WI 53202 |

| | - Consider the following the following the following $\partial \mathcal{Q}$. The following the following the following $\partial \mathcal{Q}$ | | | |
|---|---|--|------------|-----|
| то | THE GOVERNING BODY of the CITY OF MILWAUKEE, MILWAUKEE COUNTY | \$ | | |
| | ermanic District No. 4 | \$ | | |
| | CK ONE: INDIVIDUAL PARTNERSHIP LIMITED LIABILITY COMPANY Wholesale beer | <u>\$</u> | | |
| OI II. | CORPORATION NONPROFIT ORGANIZATION TO POEC Class A liquor | \$ \$ | | |
| | | \$ | | |
| _ | | \$ | | |
| Cor | nplete A or B. All must complete C. Publication Fee | \$ | | |
| A. | Individual or Partnership: TOTAL FEE | | ()/() |) |
| | Full Name(s) (Last, First and Middle Name) Konfehl, Jodie Renee | Zip Code | | |
| В. | Full Name of Corporation/Nonprofit Organization/Limited Liability Company > JK Fun Holdings UC | | | |
| | Address of Corporation/Limited Liability Company (If different from licensed premises) > 618 14 13 Coadway Milw we | <u>> 3 24(3)</u> | | |
| | All Officer(s), Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company: | | | |
| | Title Name (Inc. Middle Name) Home Address Post Office | & Zip Code | | |
| | Title Name (Inc. Middle Name) Home Address Post Office President/Member Todie Renee Kornehi — | | | |
| | Vice President/Member | | | |
| | Secretary / Member | | | |
| | Transurar/Mombar | | | |
| | Agent Dodie Renee Kornachi | | | |
| | | | | |
| | Directors/Managers | 5555 | | |
| C. | 1. Trade Name Dungle Business Phone Number 414 291 | <u>، رحی در سا در</u> | | |
| | 2. Address of Premises \ (Q18 N Broadway Post Office & Zip Code > 53202 | | | |
| | 3. Is agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? | Yes | 🔀 No | D B |
| | 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. (Alcohol beverages | | | |
| | may be sold and stored only on the premises described.) 15+ +1001 + basement Stora | <u>qe-</u> | | |
| | 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 federal laws, any Wisconsin laws, | ☐ Yes | 4-100 | |
| | any laws of other states, ordinances of any municipality? If yes, complete the reverse side | □ 163 | L.5 140 | |
| | b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or | F1 | | |
| | any other persons affiliated with this license? If yes, complete the reverse side | Yes | ₩ No | |
| | 7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your | | اصداب | gn |
| | last application for this license? DROPPED MEMBER/Showehalder | 🗹 Yes | AW | • |
| | 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? | es السنا | ☐ No | |
| | 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] | Yes | □No | |
| | 10. Does the applicant understand a Special Occupational Tax must be paid to the Federal Bureau of Alcohol, Tobacco and Firearms | | | |
| | | 10 Van | □ No | |
| | before beginning business? [phone (414) 297-3991] | [*] 165 | | |
| | 11. Is the applicant indebted to any wholesaler beyond 15 dayle for hely in 20 days for liquor? | [] Yes | ✓ No | |
| DE/ | D CARELLLIV REFORE SIGNING-Linder nanalty confident by law the anning properties that each of the above questions has been truthfully answered to the | best of the kno | owledge of | |
| READ CAREFULLY BEFORE SIGNING: Under penalty provided by faw, the applicant states 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 rights above sponsibilities conferred by the license(s), if granted will not be assigned to another. (Individual | | | | |
| applicants and each member of a partnership applicant rates sign; corporate officer(s), managers of Limited Liability Companies must sign.) | | | | |
| SU | BSCRIBED AND SWORN TO BEFORE ME RICHARD C TE | | | |
| This | day of (Officer of Corporation/Member/Manager of Limited Liability Compa | ny/Partner/Indiv | vidual) | |
| < | (Officer of Corporation/Member/Manager of Limited Liability Compa (Clerk/Notary Public) (Officer of Corporation/Member/Manager of Limited Liability Compa | | | |
| | (Clerk/Notary Public) (Officer of Corporation/Member/Manager of Limited Liability Company/Partner) | | | |
| | (Cleronolary Police) | · · · · · · · · · · · · · · · · · · · | , | |
| Му | Commission Expires (Additional Partner(s)/Member/Manager of Limited Liability C | ampany If Anvl | | |
| | ************************************** | pariy ii / Nily/ | | |
| | DE COMDIETED BY CLEDK. | and a constitution of the second seco | | |
| | BE COMPLETED BY CLERK: te received and filled with municipal clerk License number issued / Date license granted / Cre | | 205 | |
| " | te received and filled with municipal cierk SEP 2.7 2005 | ′ Z / Zl | 005 | |
| AT-1 | ISa (R. 10-02) | | | |

ccl-124e (4/05)

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 stock, together with the amount of stock and/or proxies held by each such person or persons, must be listed below. NOTE: Penalties for submitting false statements or affidavits are provided in Sec. 90-5(2) of the Milwaukee Code.

Print Legibly or Type

Name of Corporation/LLC JK FUN Holdings LLC

53307 Address of Licensed Premises (Q18 N Bload way Milw

STOCKHOLDERS

(First, Middle & Last) Full Name

(Not business or office) Home Address

City, State, & Zip

Date of Birth

Percentage of Shares Held

Jodie Renee Korzfehl

(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.

Subscribed and sworn to before me this

day of Hugus

Notary Public, State of Wisconsin

A RICHARD C.

12-30-07 My Commission expires:

Signáture of Officer of Corpbration/Member of LLC

Signature of Officer of Corporation/Member of LLC

ccl-124d (6/05)



Plan of Operation Supplement for Retail Alcohol Beverage License Application

Beverage License Application

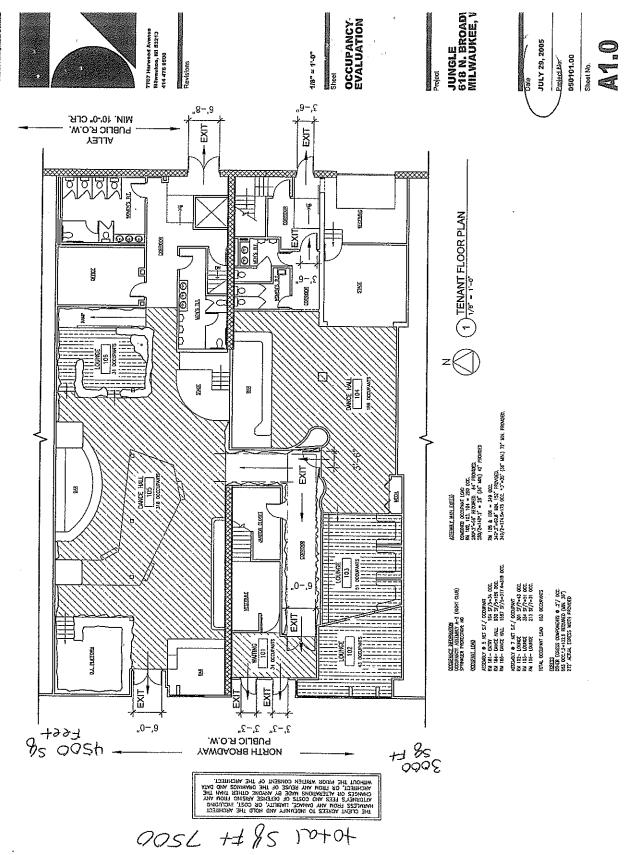
OFFICE OF THE CITY CLERK LICENSE DIVISION
200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202

(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 ownership structure: | | | |
| ☐ Individual ☐ Partnership ☐ Corporation ☐ Limited Liability Company ☐ Non Profit | | | |
| Full Legal Name of Individual, Partner or Agent: | | | |
| Jodie Renee Karphehl | | | |
| List any other names by which you have been known on official records: | | | |
| Name of Corporation, Limited Liability Company, Non Profit Organization or Additional Partners: | | | |
| State where Corporation, Limited Liability Company or Organization Formed: | | | |
| Voor Corporation Limited Liability Company Formed | | | |
| Year Corporation, Limited Liability Company Formed: | | | |
| *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: | | | |
| Business Mailing Address - if different from address of premises (include City, State, Zip Code): | | | |
| Business Maining Address - in different from address of premises (include City, State, Zip Code): | | | |
| Business Internet/E-mail Address: Business Fax Number: นเป 29เ 94 เอร | | | |
| Property Owner's Name: Siegel Gallasher | | | |
| Property Owner's Address (include City, State, Zip Code): | | | |
| 700 N Water milw ws 53202 | | | |
| Are you taking out this application for anyone that may not be eligible for a license? Yes No | | | |
| 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 listed above must obtain a Class B Manager's license.) | | | |
| Does anyone else have money invested or any other interest in this business? Yes | | | |
| If yes, explain: | | | |
| Have you made an agreement with anyone to repay any loan or any other payments based upon income from the business? \square Yes \square No | | | |
| If so, list name and address: | | | |

| THIS SECTION REQUIRED FOR NEW APPLICANTS ONLY | | | | |
|---|--|---|--|--|
| Is your lease 🗌 verbal o | | de contrarenciones de consultación describer | n mandet protestanologie statistice section in the statistic section and the statistic section in the statistic section is a section of the statistic sectio | |
| Date lease begins: | Expires: | official mentions of the control of | | |
| Monthly rental: \$ | Do you have an option | to renew the lease? 🗌 Ye | es 🗌 No | |
| Does your lease allow fo | r the assignment to another par | ty without the consent of th | ne owner? | |
| ☐ Yes ☐ No | n propinski mora, som plakementer, se mærer Ett som mer er kilder i sammer som blever | is vei de el soperja e desidore del sobreda. Prepara de esta el vei se el sobreda de se el sobreda de la secono de la secono de la secono de la secono de l | | |
| 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 (is | e. Coolers, etc.)? | | | |
| If you are purchasing the | stock and/or fixtures, what did | you pay for them? | | |
| Total Amount Paid for the | e Business: \$ | | | |
| Amount Paid for the Goo Goodwill comprises the reputa exceeds the fair market value | dwill of the Business: \$ | existing business. If the price usiness, the excess may be con | you pay for the business sidered goodwill. | |
| Have you made arranger | ments with the seller for paymer | nt of the personal property | taxes? | |
| Yes No | | | | |
| | or occupant object to the grantin | | No No | |
| | | | | |
| HOUR | S OF OPERATION – REQUIR | | -е | |
| Examples: | Current Days and Hours | Proposed Day and Hours of Operation: | # of Patrons Expected per day: | |
| Sunday Open: 8:00 AM Monday Close: 2:00 AM | 9º7630 Am | SAME | 200 | |
| Monday: Closed | 10 ^{p.m} 1:30 Am | | 200 | |
| Tues. Open: 9:00 AM Tues. Close: 9:00 PM | Closed | | | |
| Wed. Open: 6:00 AM Thurs. Close: 1:00 AM | 9pm - 1:30 AM | | 200 | |
| Thurs. Open: 6:00 AM Friday Close: 2:00 AM | 10pm-1:30A.M | | 350 | |
| Friday Open: 9:00 AM Sat. Close: 2:30 AM | 9PM-1:80 A.M | | 350 | |
| Saturday Open: Noon Sunday Close: 2:30 AM | 7pm - 1:00 AM | SAME | 3 <i>50</i> | |
| Prohibited Hours of Operation: Class A: 9:00 PM to 8:00 AM Class B/C: Monday thru Friday 2:00 AM – 6:00 AM Class B/C: Saturday thru Sunday 2:30 AM – 6:00 AM | | | | |

| • | ccl-12 | | |
|--|---|--|--|
| Legal Capacity/Occupancy of Premises: ૩৬니 (does not include Class A) | Number of Parking Spaces Available on the Premises: | | |
| Call (414) 286-8211 if you have questions. | | | |
| What are your plans to maintain an orderly appeara Litter: <u>Thauc an emaploy</u> ee eu | sery night love are open to | | |
| Sweep the Front and alley | of our premises | | |
| Sweep the Front and alley Noise: Thave employees to he lot located on Broadway + Mir | lip see patrons to parking thigan to ensure the noise kept to | | |
| O-WWWWW | | | |
| What other types of businesses are <u>currently</u> condurestaurant, art gallery) Nign+ Club, Donee | cted at the premises? (i.e. grocery store, _ Club, | | |
| Future Plans for other businesses? | | | |
| What other types of licenses/permits are currently is | ssued for the premises? None | | |
| Future Plans for Licenses/Permits? | | | |
| Is the premise less than 300 feet from any church, s | school or hospital? 🗌 Yes 🛂 No | | |
| Detailed F | loor 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 pr | remise | | |
| Locations of all entrances and exits to the pre- | | | |
| | I preparation areas (Class B and C applicants only) | | |
| Locations and dimensions of all alcohol beve | rage 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 | Maor plan will be returned.** A sample floor plan | | |
| is available online at www.milwaukee.goviicense | Significant will be retarmed. A sample hoof plan | | |
| Subscribed and sworn to before me | | | |
| this 15th day of August, 2005 TILLS | Jodie Konfell | | |
| Ral Crie Miss. | Signature of Individual/Partnel/President/Member | | |
| Notary Public, State of Wisconsin | | | |
| My commission expires: 12-30-67 Signature of Partner/Secretary/Member | | | |
| Warning: Penalty provided for submitting false (Section 90-5(2), Milwaul | | | |



a a

North Broadway

618 624 Storage Room/8" Cooler Storage Room Stairs Alley

n h



CITY OF MILWAUKEE RENEWAL ALCOHOL BEVERAGE RELATED LICENSES APPLICATION

| BUSINESS NAME: Longle | | | |
|---|--|--|--|
| BUSINESS ADDRESS: 418 N Broadwa | 4 Miles WF 53202 | | |
| Check the Licenses You Are Applying For: Fees: | Check the Licenses You Are Applying For: Fees: | | |
| ✓ Amusement/Cabaret \$1375.00 \$/3.75 | Cigarette & Tobacco \$100.00 \$ /00 | | |
| ₩ Dance (\$225.00 \$ ph/s | 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 5 GAME MACHINES OR LESS ON THE PREMISES Amusement Game Premises \$50.00 \$ If you OWN the games, list how many | | | |
| Beverage Related Licenses application | AND pay an additional \$20.00 for each | | |
| must be completed. Please contact our | | | |
| office to obtain this application. | AND name of distributor | | |
| Total of Column A: \$ 🛶 | Total of Column B: \$ /০৬ | | |
| | + 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 first applied for herein, and being duly sworn under oath, depose and say that I am the person named above and that all statements have in the foregoing application are true and correct. | | | |
| SUBSCRIBED AND SWORN TO BEFORE BETTHIS | Vacantal/ | | |
| Notary Public, State of Wisconsin My Commission expires 12-30-07 | Print Your Name Other Koen Heart Signature | | |
| OFFICE USE ONLY: INITIALS OLD License# // | 304 FILED 8/1/05 AD# 4 | | |
| TAG(S) # GF | RANTED ISSUED | | |



| RENEWAL ALCOHOL | BEVERAGE RELATED | SUPPLEMENT |
|-----------------|------------------|------------|
|-----------------|------------------|------------|

| | Linals | | | |
|--|--|---|--|---|
| BUSINESS NAME: | JUI 1916 | | | * |
| BUSINESS ADDRESS | | adway | | |
| Chapter 90-35 of the Mile | | | u describe the type | and general nature of |
| entertainment that you wi | | <u> </u> | | |
| CHECK THE LICENSE | | | | |
| | <u>aret</u> — COMPLETE SE ibitions consisting of music, danci | | babaret performances. | |
| Dance - COMPL | ETE SECTION A ONL | Υ | | |
| machines and instrumental n | ses by patrons only. Dancing by processing the parties of parties and parties are the parties are set of the parties are set of the parties are partie | nitted if done by the persons a | nis license also allows the actually engaged in the pla | playing of pre-recorded music ying of the musical instruments. |
| | sic – COMPLETE SE(nental music only, with singing on | | ne actually approad in the | nloving of auch musical |
| instruments. No dancing alle | owed. | the part of and only by perso | ns actually engaged in the | e playing of such musical |
| SECTION A: CHECK T | HE TYPE(S) OF MUSIC | THAT APPLY: | , | |
| Blues | ☑ Dance – R&B | ✓ Jazz | P Reggae | ☐ Polka |
| ☐ Classic R&B | ☐ Easy Listening | ☑ Latin Pop | Techno | ☐ Irish |
| ☑ Classic Rock | ☐ Folk | | ☑ Top 40 | |
| ☐ Contemporary R | &B ☑ Hard Rock | ☑ Modern Rock | ☐ Tropical | r e |
| ☐ Country | ☐ Heavy Metal | New Age | | |
| ☑ Dance – Pop | ☑ Hip – Hop | Rap | | |
| SECTION B: AMUSEM | ENT/CABARET LICENS | SE APPLICANTS ON | ILY - CHECK ALL | THAT APPLY: |
| ☐ Battle of the Bands | Dancing by performer(| s) Description requi | ired Employee C | ave Daneers |
| ☐ Comedy Acts | ☐ Fashion Shows | → Description requi | | |
| ☑ Disc Jockey | ☐ Exotic Dancers/Strippe | rs/ Description requi | ired | |
| ☑ Live Musicians | Adult Entertainment | → | | |
| ☐ Magic Shows | Wrestling— | Description requi | ired | |
| ☐ Poetry Readings 🧭 | Patron Contests | → Description requi | ired | |
| Rapping/Rap Contests | - way for the second | | | |
| Solo Singers/Groups | * 1 | New York | Attach add | itional pages if necessary. |
| If the type of entertainment i | s not listed above, please | describe the type of ent | ertainment you will h | ave: |
| | · · · · · · · · · · · · · · · · · · · | | | 11 |
| | | = 1111111111111111111111111111111111111 | | |
| IF, AFTER THE LICENSE HAS BEEN GRANTED OR ISSUED, YOU WISH TO DEVIATE FROM THE TYPE(S) OF ENTERTAINMENT LISTED ON YOUR CERTIFICATE OF AUTHORIZED ENTERTAINMENT, YOU MUST SUBMIT A "REQUEST TO CHANGE THE PLAN OF OPERATION FOR AN | | | | |
| AMUSEMENT LICENSE". NO CHANGES IN ENTERTAINMENT SHALLITAKE PLACE UNTIL THE REQUEST HAS BEEN APPROVED BY THE COMMON COUNCIL AND A NEW CERTIFICATE OF AUTHORIZED ENTERTAINMENT HAS BEEN ISSUED. | | | | |
| MAY and May | | | | |
| I, (we), the undersigned have a knowledge of the City Ordinances currently regulating these licenses and being duly sworn under oath, depose and say that I am (we are) the person (s) and that all statements made in the foregoing application are true and correct. | | | | |
| true and correct. | | | | |
| subscribed and sworn to before me talls. TILLS Subscribed and sworn to before me talls. TILLS Odie Konnehl Print Your Name | | | | |
| The Toda Name | | | | |
| Notary Public, State of Wisc | | WHIMININ. | Jodie Ko | wall |
| My Commission expires \ | | | Signature | 0 |