

## CITY OF MILWAUKEE OFFICE OF THE CITY CLERK

Friday, February 05, 2016

#### **COMMITTEE MEETING NOTICE**

**AD 11** 

XIONG, La, Agent Aeon Ink, LLC 5013 W Howard Av

Milwaukee, WI 53220

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

#### Monday, February 15, 2016 at 09:45 AM

Regarding:

Your Extended Hours Establishments Application as agent for "Aeon Ink, LLC" for "Aeon Ink" at 5013 W Howard Av.

There is a possibility that your application may be denied for one or more 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.

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.

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

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

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

Limited parking for persons attending meetings in City Hall is available at reduced rates (5 hour limit) at the Milwaukee Center on the southwest corner of East Kilbourn and North Water Street. Parking tickets must be validated in the first floor information booth in City Hall.

PLEASE NOTE: Upon reasonable notice, efforts will be made to accommodate the needs of disabled individuals through sign language interpreters or other auxiliary aids. For additional information or to request this service, contact the Council Services Division ADA Coordinator at (414) 286-2998, Fax - (414) 286-3456, TDD - 1414) 286-2025.

JIIVI OWCZARSKI, CITY CLERK

BY: Jason Schunk

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. <a href="www.milwaukee.gov/license">www.milwaukee.gov/license</a> Phone: (414) 286-2238 Fax: (414) 286-3057 Email Address: License@milwaukee.gov



Friday, February 05, 2016



## Notice of Public Hearing

#### XIONG, La, Agent Aeon Ink at 5013 W Howard Av Extended Hours Establishments Application

#### Monday, February 15, 2016 at 9:45 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 2/15/2016 at 9:45 AM, In Room 301-B, Third Floor, City Hall. If you wish, you may provide testimony at the hearing regarding the request; see below for further information. You are not required to attend the hearing. Once the Licenses Committee makes its recommendation, this recommendation is forwarded to the full Common Council for approval at its next regularly scheduled hearing. Please review the information below and if you have further questions regarding this process, please contact the License Division at (414) 286-2238.

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

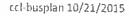
- 1. The license application is scheduled to be heard at the above time. Due to other hearings running longer than scheduled, you may have to wait some time to provide your testimony.
- 2. You must appear in person and testify as to matters that you have personally experienced or seen. (You cannot provide 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 denlal 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.

RESIDENT	MAIL ADDRESS	GITY AND ZIP GODE
<b>CURRENT RESIDENT</b>	3924 S 50TH ST	MILWAUKEE, WI 53220-2771
<b>CURRENT RESIDENT</b>	3943 S 51ST ST	MILWAUKEE, WI 53220-2653
<b>CURRENT RESIDENT</b>	3944 S 51ST ST	MILWAUKEE, WI 53220-2654
<b>CURRENT RESIDENT</b>	3945 S 51ST ST	MILWAUKEE, WI 53220-2653
CURRENT RESIDENT	3951 S 50TH ST	MILWAUKEE, WI 53220-2753
CURRENT RESIDENT	3951 S 51ST ST	MILWAUKEE, WI 53220-2653
CURRENT RESIDENT	3952 S 51ST ST	MILWAUKEE, WI 53220-2654
CURRENT RESIDENT	3952 S 52ND ST	MILWAUKEE, WI 53220-2606
CURRENT RESIDENT		MILWAUKEE, WI 53220-2653
CURRENT RESIDENT		MILWAUKEE, WI 53220-2606
CURRENT RESIDENT	3958 S 51ST ST	MILWAUKEE, WI 53220-2654
CURRENT RESIDENT		MILWAUKEE, WI 53220-2753
CURRENT RESIDENT		MILWAUKEE, WI 53220-2753
CURRENT RESIDENT		MILWAUKEE, WI 53220-2653
CURRENT RESIDENT		MILWAUKEE, WI 53220-2654
CURRENT RESIDENT		MILWAUKEE, WI 53220-2653
	4916 W VAN BECK AVE	MILWAUKEE, WI 53220-2744
	4917 W HOWARD AVE	MILWAUKEE, WI 53220-2002
	4917 W VAN BECK AVE	MILWAUKEE, WI 53220-2743
	4922 W HOWARD AVE	MILWAUKEE, WI 53220-2003
	4922 W NORWICH CT	MILWAUKEE, WI 53220-2720
	4922 W VAN BECK AVE	MILWAUKEE, WI 53220-2744
	4923 W HOWARD AVE	MILWAUKEE, WI 53220-2002
	4923 W VAN BECK AVE	MILWAUKEE, WI 53220-2743
	4928 W NORWICH CT	MILWAUKEE, WI 53220-2720
	4928 W VAN BECK AVE	MILWAUKEE, WI 53220-2744
	4929 W VAN BECK AVE	MILWAUKEE, WI 53220-2743
	4930 W HOWARD AVE	MILWAUKEE, WI 53220-2003
	4931 W HOWARD AVE	MILWAUKEE, WI 53220-2002
	4936 W HOWARD AVE	MILWAUKEE, WI 53220-2003
	4936 W NORWICH CT	MILWAUKEE, WI 53220-2720
	4937 W HOWARD AVE	MILWAUKEE, WI 53220-2002
	4937 W VAN BECK AVE	MILWAUKEE, WI 53220-2743
	5009 W VAN BECK AVE 5100A W HOWARD AVE	MILWAUKEE, WI 53220-2752
COUVEIN! KESIDEM!	STOUR WITHOUTHER AVE	MILWAUKEE, WI 53220-2068

Total Records: 36
Radius: 250.0 feet and Center of Circle: 5013 W Howard AV





# BUSINESS LICENSE PLAN OF OPERATION

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

1. 1	1. Type of Business					
Apply	ing for.					
	Self Service Laundry Rooming House: Number of Units: Hotel/Motel: Number of Units:					
	Massage Establishment Other (supplemental application for specific license also required)					
Provid	de a detailed description of the type of business you plan on operating:					
	Tattoony service					
Do yo	u have any experience operating this type of business? No 🛛 Yes If yes, explain: Opened for Lyeur					
2. E	Business Operations					
a.	Proposed Opening Date: 11 10 15					
b.	Is this premise under construction? 🔀 No 🔲 Yes. If yes, list estimated completion date:					
€.	Is this a franchise? 🗹 No 📋 Yes					
d.	Is this premises currently licensed? No X Yes If yes, list type of license:					
e.	Is the current licensee operating? X No Yes If no, list date closed: 6/30/15					
f.						
	If yes, explain: Reopris the traffoo stop					
g.	g. Have you previously held an Extended Hours License in Milwaukee? 🔲 No 😡 Yes					
	If yes, list address(es): 5013 W. Hound Ave, Milwake, WI 53220					
h.	Are other businesses operating in the same building? 🗵 No 🗌 Yes If yes, describe:					
3. Li	tter & Noise					
a.	How are grounds kept clean? Sweep Pressure Wash Pick Up Litter Other:					
b.	. How often will grounds be cleaned? ZDaily Weekly As Needed Monthly Other:					
c.						
d.						
	Signs Posted Other:					
e.	Will a sound amplification system be used? ☒ No ☐ Yes If yes, describe:					
4. Sı	moking & Sanitation					
f.	Are there designated outdoor smoking areas? No yes If yes, describe: New front entrance					
g.	Number of Garbage Cans: Inside: 4 Locations: Bothroom, tattoo area, computer arec					
	Outside: 1 Locations: Behind the shop					
h.	Is a crowd control barrier used? 🗹 No 🗀 Yes 💮 If yes, describe:					
i.	Describe sanitation facilities (restrooms): ren/Fomale Bathroom					
	Name of solid waste contractor: Advanced Disposal Waste Management Other:					

5. Secui	rity							
1								
l	c. Will you have security personnel on premise? No Yes If yes, how many? What are their responsibilities?							
	Is security equipment used? No Yes If yes, describe							
	List their licensing, certification, or training credentials							
	Will there be security cameras? X No Yes If yes, where?							
	Will searches/identification verification be conducted upon entry? ☑ No ☐ Yes If yes, describe							
6. Percentage of Sales (must total 100%)								
Alcohol	%	Food	<u>%</u>	Secondhand Merchandi	ise	Precious Metals & Gems		
Entertainme	ent%	Cigarettes	%	%		%		
Pawnbroker Activity%		Salvaged Materials%  (such as scrap metal)		Personal Services (such as tattoo, body piercing, salon, tailor, tanning, etc.)		Other% Describe:		
7. Busin	esses/Licenses	on the Premise	s (check a	all that apply):				
Type 1					- 1000v2			
Full Service Restaurant		Cafe/Coffee Shop	Cafe/Coffee Shop Deli or F		Private/Fraternal/Veterans Club			
☐ Night C	lub	☐ Tavern	Cocktail Lounge		Teen Club			
☐ Banque	et Hall	Sports Facility	Bowling Alley					
☐ Hotel/N	Motel – Number of Roo	ms:	Rooming	g House – Number of Room	ms:	_		
Type 2	Store	Corner Store	C) Sunormo			82		
_			Supermarket		Convenience Store			
				Recycling, Salvage or Towing				
Used Ca	Used Car Dealer Personal Service Establishment (such as tattoo business, hair salon, tailor, etc.)							
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 #6 above)								
Capacity (Call the Milwaukee Development Center at 414-286-8211 if you have questions.)								

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9. Premises D	eseription eseription							
d. Identify all area	d. Identify all area(s) of the premises that will be used in operating this business (include areas used only for storage):							
<b>1</b> 1 <sup>st</sup> Floor □	1st Floor □2nd Floor □Basement Storage □Patio □Beer Garden □Sidewalk Café □Deck □Rooftop							
•	Other: Describe:							
e. Describe Locati	Describe Location: 🔀 Major Thoroughfare 🔲 Secondary Street 🔲 Other:							
f. Nearest Major (	Nearest Major Cross Street: 515t & Hound Are							
	Describe Building: Tree Standing Building 💢 Strip Mail 🔲 Other:							
	Guillett Grant Story Individual Story In							
i. Describe Surrou	Inding Area: 🔀 Commerc	cial Residential Indust	rial Other:	A 1/2)				
j. Building Owner	j. Building Owner Name: Kenneth R. Sidello Phone Number: 44-482-7476  Business Owner Address: 4864 South 10th ST Milwayker, WI 53221							
Business Owner	Business Owner Address: 4864 South 10th ST Milwarker, WI 5321							
10. Hours of O	peration & Custo	omers						
Will customers be en	tering the premises?	No Yes						
	Proposed Hours of Operation:		Estimated Number	Potential Age Range	Class B Applicants:			
Day of the Week	Open Time (include a.m. or p.m.)	Close Time (include a.m. or p.m.)	of Customers expected each day	of Customers	Age Restriction (If none, write 'None')			
Sunday	NAM	h:59 pm	<u>ا</u>	18+	18+			
Monday	12 Am	N:Saph	2	18+	18+			
Tuesday	12 Ah	11:59 Am	2	18 +	16+			
Wednesday	12 Ah	11:59Ph	2	16+	16+			
Thursday	1246	11'.59m	2	18+	16+			
Friday	12 AM	11:5916	2	18+	16+			
Saturday	1244	11:5920	2	18+	18+			
Extended Hours Establi piercing, salon, tailor, t	shment License is required anning, etc.), recording st	for any convenience store, fudio or restaurant which is op	illing station, personal ser	vice establishme	nt (such as tattoo, body			
	Closing Hours - If alcohol	beverage establishment, sam ohol establishment 1:00 am S	e as alcohol license hours					
Entertainment Outdoor	Closing Hours - 10:00 pm	Sunday – Thursday; 12:00 am serwise approved by Commor	Friday and Saturday,					
11. Signature(s								
2M	0							
Sole Proprietor, Parti	ner, Agent, or 20% or m	ore Shareholder	Signature of additional	partner or 209	% or more Shareholder			

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