

CITY OF MILWAUKEE OFFICE OF THE CITY CLERK

Wednesday, February 22, 2017

COMMITTEE MEETING NOTICE

AD 13

NILAND, Mary M, Agent Gingerz Sportz Pub LLC 4171 S 1st Pl

Milwaukee, WI 53207

You are requested to attend a hearing which is to be held in Common Council Chamber, Third Floor, City Hall on:

Wednesday, March 01, 2017 at 08:45 AM

Regarding:

Your Class B Tavern, Food Dealer, and Public Entertainment Premises License Applications Requesting Bands, Karaoke, Jukebox, and 1 Amusement Machine as agent for "Gingerz Sportz Pub LLC" for "Gingerz Sportz Pub and Grill" at 3915 S Howell Av.

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

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

JIM OWCZARSKI, CITY CLERK

BY: _____

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. www.milwaukee.gov/license
Phone: (414) 286-2238 Fax: (414) 286-3057 Email Address: License@milwaukee.gov

Date:01-30-17 Officer: P.O. Josh Dummann

City of Milwaukee Police Department 90-5-1.5 Crime Prevention Survey Tavern Inspection

Name of Premise: Address: Phone:	Gingerz 3915 S. Howell 414-482-9700	Av.	
Owner: Owner address: City State Zip: Owner Phone: Owner email:	Niland, Mary M 4171 S. 1 st Milwaukee, WI 414-364-6297 mary.niland@gi		n
Licensee/Agent: Home Address: City State Zip: Phone: Email:	Niland, Mary M	•	
Preferred contact: Ma	ry Niland		
Location currently of	en: 🔲 Y	es 🛭 no	
Projected open date:	March 1, 2017	,	
Day's open: S I	и □т □w □ты	ı □F □SA ⊠AL	L
Hours of Operation:	Sun: 3PM - 2A Mon: 3PM - 2A Tue: 3PM - 2A Wed: 3PM - 2A Thu: 3PM - 2A Fri: 3PM - 2A Sat: 3PM - 2A	M M M M M	24 hours □Y □N
Premise Type:	⊠Tavern/Bar □Restaurant □Other:		

Licenses currently neid:		
Alcohol:	☐Yes ☐No Class:	#:
Tobacco:	Yes No	#:
Food:	Yes No	#:
Occupancy:	Yes No	#:
Other:		
	☐Yes ☐No Type:	#:
Other:	☐Yes ☐No Type:	#:
Who is your alcohol distribu	ntor? Possibly Miller/Beach	nwood
Exterior Survey:		
	- 1i1 0 Myz - C	lv r
1. Is the area around the	e location clean? Yes	JNo
2. What surrounds the I	location? (Check all the app	oly)
a. Park		
b. School		
c. Youth Cer	ıter	
d. Church		
e. Tavern(s)	If so, how many	
f. Residentia		
g. Other busi		91
h. Other:Libr		
11. Mother: Libr	ary	
3. Can you see from the	outside of the location into	o the interior ⊠Yes ∐No
4. Can you see the emp	loyees inside of the location	n from the outside Yes No
Are exterior window	s free of signage Yes	No
6. Is there a bus stop?	Yes No	
7. Is there a bus shelter	? Yes No N/A	
Street parking XYes	No.	
9. Is there a parking lot	Ves DNo	
10 Is the parking lot clar	an? Yes No N/A	
11 Is the parking lot cies	III A res No No NA	
12 W-1-4 D 11: Tr	l lit? ⊠Yes □No □N/A	
12. Valet Parking Yes	. ⊠No	
a. Will this lot h	ave a guard? Yes No	N/A
b. Will this lot h	ave cameras? Nes No	o N/A
Are there areas where	a person could conceal the	emselves MVos MNo
14. Is there exterior light	ing? XYes No Does	it appears to be adequate Yes No
15. Exterior Payphone?	☐Yes ⊠No	res []No
	ng Signs posted? Yes	1 _{N1}
17. Are there exterior sec	urity comores Ny Ny	INO
18 Are the address much	urity cameras Yes No	How Many: 6
Exterior Comments:	ers prominently displayed	and easy to see ⊠Yes □No
Exterior Comments:		
Camera Survey:		
19. Does this location hav	ve security cameras? Yes	sNo
20. Are they in working o	order? ⊠Yes □No	
21. What format are the c	ameras?	
a. Color	⊠Yes □No	

b. Digital ⊠Yes □No
c. VCR Yes No
d. Recorded Yes No
22. How long is footage stored for later viewing: 6 days on average
23. Are there exterior cameras Yes No How many: 6
24. Are there interior cameras ☐ Yes ☐ No How many: 11
25. Do all employees know how to retrieve recorded digital images/footage? ☐ Yes ☒ No
26. Cameras located in parking lot ⊠Yes ☐No ☐N/A How many4
Camera Survey Comments: Manager and owner will have acess to retrieve video only.
•
Interior Survey:
27. What is the planned/posted capacity 180
28. What is the minimum number of employees that will be on premise 2
29. Is the storeowner willing to be a standing complainant regarding loitering?
a. If yes have them fill out the standing complaint form and give them two of the
commercial signs ☐ Yes ☒ No
30. Is the interior of the location neat and clean? ☐ Yes ☐ No
31. Does an interior camera face the entrance/exit?
32. Are emergency and non-emergency numbers posted near the phone? Yes No
33. Does the owner know how to contact their police district directly? Yes No
a. Did you provide a district contact guide to the owner? Yes No
Interior Comments:
Security
34. How many security personnel are going to be employed:
35. How will they be deployed: Interior Exterior N/A
36. What days will they be deployed Mon Tue Wed Thu Fri Sat Sun ALL
37. Will the security be managed by business or contracted
38. Will they be armed \(\sum \text{Yes} \sum \text{No} \sum \text{N/A} \)
39. What type of security measures will be used: N/A
Wanding/metal detector
ID Scanner
☐ Dress Code Standard dress code
Cover Charge
Age restriction 21
Other
40. When at capacity, how will the overflow crowd be managed? have staff manage line outside.
41. Will a guard monitor the overflow crowd at all times? ☐ Yes ☒No Security Comments:
a contrary were with the contrary of the contr

ADDITIONAL COMMENTS/RECOMMENDATIONS:

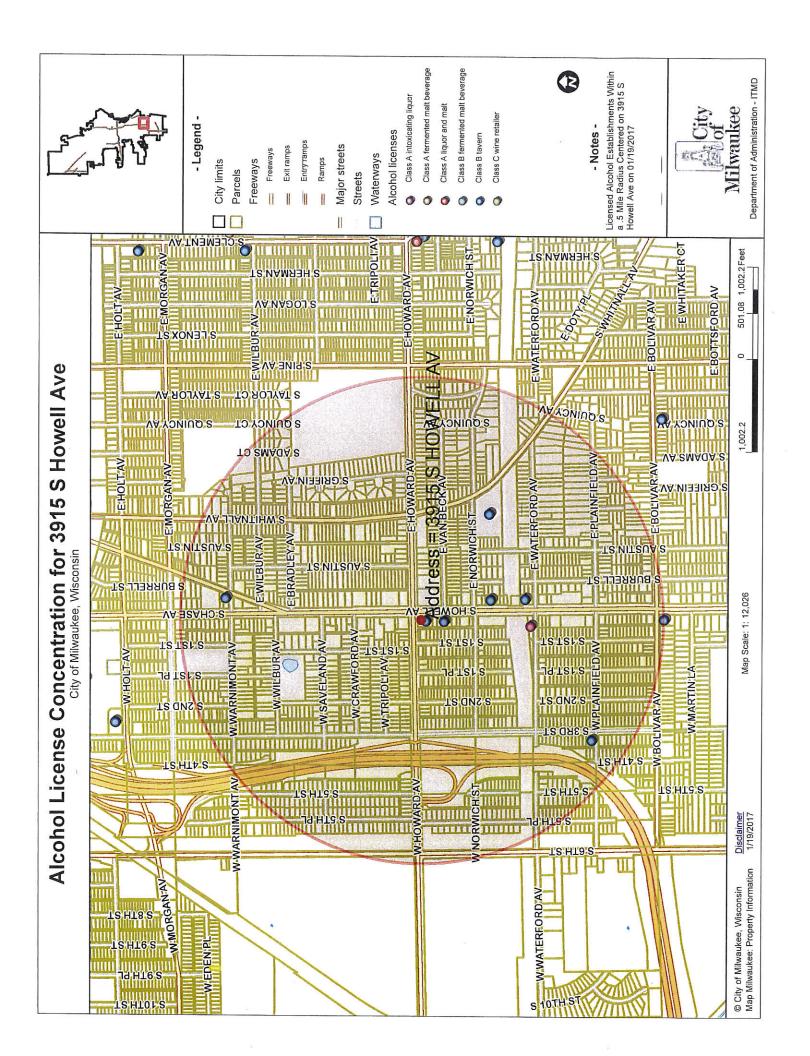
This report is written by P.O. Joshua Dummann assigned to District Six, Early Power Shift.

On Monday, January 30, 2017 I met with NILAND, Mary M. at 3915 S. Howell Av. This location is currently Rookies Bar. NILAND stated she is in the process of purchasing the property from the current owner (Randall J. Bibas) and will be keeping the location a tavern named Gingerz. It will be a sports bar themed tavern and will host UFC fight nights, and NFL Sunday Football. NILAND stated most of the interior will stay as is with the addition of more TV's for sports viewing.

NILAND stated the projected grand opening will be March 1st. She plans to have the tavern open seven days a week from 3:00PM to 2:00AM. They plan on being open 11:30AM to 2:00AM in the future after creating a lunch staff and menu. She projected this happeing approximatly three months from the grand opening.

The tavern has a total of seventeen working digital cameras. Six of the cameras are located on the exterior of the building. Four of the six face the parking lot located on the southside of the building. There is a total of eleveen in the interior of the tavern. The tavern has a large open space with a large bar counter and numerous tables. I observed a full kitchen and supply closet on the north end of the tavern space. NALAND escorted me to the basement where the cooler and supply shelving and inventory is located. I also observed a safe which was bolted to the wall in the basement.

NILAND was asked if she would be employing or contractiong security. NILAND stated she has no plans to hire security personel, but is open to hiring security personal for special events or holidays events.



Licensed Alcohol Establishments	icensed Alcohol Establishments Within a .5 Mile Radius Centered on 3915 S Howell Ave on 01/19/2017	3915 S Howell Ave on 01/19/2	017			Total
License Summary:						
Class A Retailer's Intoxicating Liquor License	uor License					1
Class B Tavern License						7
						Grand Total = 8
Legal entity	Trade name	Licensee	License type name	Total capacity	Total capacity Room capacity	Expiration date
AVENUE WINE'& LIQUOR, INC	AVENUE WINE & LIQUOR	MICHAEL J BUGALSKI, Agt	Class A Retailer's Intoxicating Liquor License			6/30/2017
Dale and Carrie, LLC	Dale Z's	Dale J Zbieranek, Agt	Class B Tavern License	79	i and a second	12/17/2017
LIQEN CORPORATION	COPPER KITCHEN RESTAURANT	XHEVIT ZEQIRI, Agt	Class B Tavern License	80		7/23/2017
PACKY'S PUB, LLC	Campbells Irish Pub	PATRICK G CAMPBELL, Agt	Class B Tavern License	06		4/10/2017
PLAINFIELD PUB, LLC	PLAINFIELD PUB	DEBRA A SEIBEL, Agt	Class B Tavern License	74		2/10/2017
ROOKIES OF MILWAUKEE, INC	ROOKIES SPORTS CLUB	RANDALL J GIBAS, Agt	Class B Tavern License	180		11/27/2017
Sokolowski Enterprize LLC	Jerseys Pub & Grill	TODD G SOKOLOWSKI, Agt	Class B Tavern License	180		2/6/2017
ST VERONICA CONGREGATION	ST VERONICA CONGREGATION	Mary Jo Hallfeld, Agt	Class B Tavern License			5/3/2017

Wednesday, February 22, 2017



Licenses Committee Notice of Hearing

MELINDA GIBAS RANDALL GIBAS 3915 S Howell Ave Milwaukee, WI 53207

Date:

3/1/2017

Time:

08:45 AM

Location: Common Council Chamber, Third Floor, City Hall

The Licenses Committee will consider the following license application:

Class B Tavern, Food Dealer, and Public Entertainment Premises License Applications Requesting Bands. Karaoke, Jukebox, and 1 Amusement Machine NILAND, Mary M, Agent Gingerz Sportz Pub and Grill at 3915 S Howell Av

Please note this application may be recommended for denial based on fitness of the location due to concentration of alcohol beverage outlets in the area. If the application is denied for this reason, no other application for an alcohol beverage license for this location shall be recommended for approval by the Licenses Committee within three years of the date of denial unless the applicant has demonstrated a change of circumstances since the prior denial.

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



Wednesday, February 22, 2017



Licenses Committee Notice of Hearing

Mary N Niland 3915 S Howell Ave Milwaukee, WI 53207

Date:

3/1/2017

Time:

08:45 AM

Location: Common Council Chamber, Third Floor, City Hall

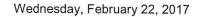
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If you have any questions, please call (414) 286-2238.









Notice of Public Hearing

NILAND, Mary M, Agent
Gingerz Sportz Pub and Grill at 3915 S Howell Av
Class B Tavern, Food Dealer, and Public Entertainment Premises License Applications
Requesting Bands, Karaoke, Jukebox, and 1 Amusement Machine

Wednesday, March 01, 2017 at 8:45 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 3/1/2017 at 8:45 AM, in Common Council Chamber, 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 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 AND ZIP CODE
CURRENT OCCUPANT		MILWAUKEE, WI 53207-4302
CURRENT OCCUPANT		MILWAUKEE, WI 53207-3834
CURRENT OCCUPANT	3903 S 1ST ST	MILWAUKEE, WI 53207-4301
CURRENT OCCUPANT	3952 S 1ST ST	MILWAUKEE, WI 53207-4301
CURRENT OCCUPANT	3948A S 1ST ST	MILWAUKEE, WI 53207-4302
CURRENT OCCUPANT	107 E VAN BECK AVE	MILWAUKEE, WI 53207-4451
CURRENT OCCUPANT	118A W HOWARD AVE	MILWAUKEE, WI 53207-3835
CURRENT OCCUPANT	3901 S 1ST ST	MILWAUKEE, WI 53207-3835
CURRENT OCCUPANT	107A E VAN BECK AVE	MILWAUKEE, WI 53207-4301
CURRENT OCCUPANT	3925 S 1ST ST	MILWAUKEE, WI 53207-4431
CURRENT OCCUPANT	3933 S 1ST ST	MILWAUKEE, WI 53207-4301
CURRENT OCCUPANT	3937 S 1ST ST	MILWAUKEE, WI 53207-4301
CURRENT OCCUPANT	3954 S HOWELL AVE 2	MILWAUKEE, WI 53207-4478
CURRENT OCCUPANT	3950A S HOWELL AVE	MILWAUKEE, WI 53207-4467
CURRENT OCCUPANT	3942 S 1ST ST	MILWAUKEE, WI 53207-4302
CURRENT OCCUPANT	3936 S 1ST ST	MILWAUKEE, WI 53207-4302
CURRENT OCCUPANT	3914 S 1ST ST	MILWAUKEE, WI 53207-4302
CURRENT OCCUPANT	3858 S 1ST ST	MILWAUKEE, WI 53207-3825
CURRENT OCCUPANT	3954 S 1ST ST	MILWAUKEE, WI 53207-4302
CURRENT OCCUPANT	3933A S 1ST ST	MILWAUKEE, WI 53207-4301
CURRENT OCCUPANT	3937A S 1ST ST	MILWAUKEE, WI 53207-4301
CURRENT OCCUPANT	3943 S 1ST ST	MILWAUKEE, WI 53207-4301
CURRENT OCCUPANT	3915 S HOWELL AVE	MILWAUKEE, WI 53207-4421
CURRENT OCCUPANT	114 W HOWARD AVE	MILWAUKEE, WI 53207-3835
CURRENT OCCUPANT	132 W HOWARD AVE	MILWAUKEE, WI 53207-3835
CURRENT OCCUPANT	3954 S HOWELL AVE 1	MILWAUKEE, WI 53207-4478
CURRENT OCCUPANT	3936A S 1ST ST	MILWAUKEE, WI 53207-4302
CURRENT OCCUPANT	3915 S 1ST ST	MILWAUKEE, WI 53207-4301
CURRENT OCCUPANT	3925A S 1ST ST	MILWAUKEE, WI 53207-4301
CURRENT OCCUPANT	3911 S 1ST ST	MILWAUKEE, WI 53207-4301
CURRENT OCCUPANT	3932 S 1ST ST	MILWAUKEE, WI 53207-4302
CURRENT OCCUPANT	3922 S 1ST ST	MILWAUKEE, WI 53207-4302
CURRENT OCCUPANT	3948 S 1ST ST	MILWAUKEE, WI 53207-4302
CURRENT OCCUPANT	3926 S 1ST ST	MILWAUKEE, WI 53207-4302
CURRENT OCCUPANT	3906 S 1ST ST	MILWAUKEE, WI 53207-4302
CURRENT OCCUPANT	124 W HOWARD AVE	MILWAUKEE, WI 53207-3835
CURRENT OCCUPANT	3911A S 1ST ST	MILWAUKEE, WI 53207-4301
CURRENT OCCUPANT	3955 S HOWELL AVE	MILWAUKEE, WI 53207-4421

Total Records: 39

Radius: 250.0 feet and Center of Circle: 3915 S Howell 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: <u>license@milwaukee.gov</u>

1.	Type of Business
Apply	ying 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)
Provi	ide a detailed description of the type of business you plan on operating: SPORTS PUB { (18,144)
Do yo	ou have any experience operating this type of business? No X Yes If yes, explain: Current RESTAURAUT MANAGER A
2.	Business Operations MADERS.
a.	Proposed Opening Date: 3-1-17
b.	Is this premise under construction? 💢 No 🔲 Yes If yes, list estimated completion date:
c.	Is this a franchise? X No Yes
d.	Is this premises currently licensed? No X Yes If yes, list type of license: CLASS B TAVEN
е.	Is the current licensee operating? No X Yes If no, list date closed:
f.	Do you have future plans for other businesses, licenses or permits at this location? \(\sumsymbol{\text{No}}\) No \(\sumsymbol{\text{X}}\) Yes
	If yes, explain: 100d 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:
3. Li	itter & Noise
a.	How are grounds kept clean? 💢 Sweep 🗌 Pressure Wash 💢 Pick Up Litter 🖫 Other: 🛧 S NEEDED
b.	How often will grounds be cleaned? 図Daily □Weekly □As Needed □Monthly 図Other: △S ルモモルモロ
c.	Grounds cleaned by: XLicensee Building Owner Employees Hired Maintenance Other:
d.	How are noise issues prevented and/or addressed? Security Manager approaches customer(s) Call Police
	Signs Posted Dother: by employees
е.	Will a sound amplification system be used? X No Yes If yes, describe:
4. Si	moking & Sanitation
a.	Are there designated outdoor smoking areas? No X Yes If yes, describe:
b.	Number of Garbage Cans: Inside: 8 Locations: Bathrooms, Bar-Kitchen
	Outside: 4 Locations: Patio BEERGARDEN
c.	Is a crowd control barrier used? No Yes If yes, describe:
d.	How many restrooms are on the premises? 2
e.	Name of solid waste contractor: Advanced Disposal Waste Management Other:

5. Security					
a. Are there onsite parking plan:	Are there onsite parking spaces? No X Yes If yes, indicate how many? H and describe the parking security plan: CAMEAS) + ighting Outside + inside				
	- I I				
c. Will you have security personnel on premise? X No Yes If yes, how many? and answer the following:					
What are their responsibilities?					
Is security equipn	Is security equipment used? No Yes If yes, describe				
List their licensing	g, certification, or trainin	ng credentials	s		
d. Will there be security cameras? \(\sum \) No \(\text{No to the security cameras} \) No \(\text{No to the security cameras} \) No \(\text{No to the security} \) Searches/identification checks be done upon entry? \(\text{No to the security} \) Yes If yes, describe					
6. Percentage of Sales					
Alcohol 70 %	Food 3	O_%	Secondhand Merchand	ise	Precious Metals & Gems
Entertainment%	Cigarettes	%	%		%
Pawnbroker Activity%	Salvaged Materials (such as scrap metal)	%	Personal Services (such body piercing, salon, tai tanning, etc.)	lor,	Other% Describe:
7. Businesses/Licenses on the Premises (check all that apply):					
Type 1					
Full Service Restaurant	Cafe/Coffee Shop		ast Food Restaurant		/Fraternal/Veterans Club
X Night Club	Tavern Cocktail Lounge Teen Club		lub		
Banquet Hall	Sports Facility Bowling Alley				
Hotel/Motel: Number of Floors: Rooming House: Number of Floors:					
Type 2	ooms:	-	Number of Ro	oms:	
Liquor Store	Corner Store	Superma	rket	☐ Conveni	ience Store
Gas Station	☐ Corner Store ☐ Supermarket ☐ Convenience Store ☐ Amusement/Phonograph Distributor ☐ Recycling, Salvage or Towing				
Used Car Dealer					
What other licenses/permits will you hold at this location? (check all that apply)					
Occupancy Permit 🔲	Cigarette & Tobacco Ga	as Station E	xtended Hours 🔀 Class "	B" Tavern	Weights & Measures
	Precious Metal & Gem				
8. Legal Capacity (only if a Type 1 premises in #7 above)					
Capacity 80 (Call the	e Milwaukee Development	t Center at 414	-286-8211 if you have que	estions.)	

9. Premises [Description					
a. Identify all are	ea(s) of the premises that will 2 nd Floor M Basement Stor	l be used in operating this bu	usiness (include areas use	ed only for storag	ge):	
X Other: Desc	cribe: Fenced in	Patio	en Elsidewak care E	Deck Divogitor	1	
b. Describe Loca	tion: Major Thoroughfare	Secondary Street C	ther:			
c. Nearest Major	r Cross Street:	ird AVE				
d. Describe Build	ling: 💢 Free Standing Buildi	ng 🔲 Strip Mall 🔲 Other	:	101 -	r is only used for busi	
e. Describe Prem	nises Structure: Single Sto	ory Multi-Story - # of Sto	ories <u> </u>	: 15+ Floor	r is only used for	
f. Describe Surro	ounding Area: Commercia	al Residential Indust	rial Other:	0	busi	
g. Building Owne Business Owne	er Address: 3915	S Hoper	Phone Number: 41	4-364-6	297	
0. Hours of C	Operation & Custon	mers				
Vill customers be ent	ering the premises? No	Yes				
Day of the Week Open Time (include a.m. or p.m.)		s of Operation:	Estimated Number	Potential Age Range of Customers	Class B Tavern Applicant Only: Age Restriction (If none, write 'None')	
		Close Time (include a.m. or p.m.)	of Customers expected each day			
Sunday	10Am	1-30Am	150	21+	None	
Monday	11Am	2Am	100	21+	1	
Tuesday	liam	dam	100	21+		
Wednesday	lian	2Am	100	21+		
Thursday	liam	2Am	150	21+		
Friday	11Am	2.30 Am	200	21+		
Saturday	11 Am	2.30 Am	250	21+		
n Extended Hours Est	tablishment License is require	ed for any convenience store	filling station personal	service establish	ment (such as tattoo, body	
cohol Establishment	tanning, etc.), recording stud	am to 9:00 pm Sunday thru	CONSTRUCTION OF STRUCTURE	12:00 a.m. and 5	:00 a.m.	
ermitted Hours of Op	eration: Class B: 6:00	am to 2:00 am Sunday thru		0 am Friday & Sa	nturday	
tertainment Closing	Non Outdoors: All e	hol beverage establishments -alcohol establishments: stablishments: ess otherwise approved by th	1:00 am Sunday thru 10:00 pm Sunday thr	Thursday, 1:30 a	am Friday & Saturday 00 am Friday & Saturday	
1. Signature(and plant of the	F 44.01/	
Ma	$(\Lambda \cdot)$					
ole Proprietor, Part	per, Agent, or 20% or mor	e Shareholder	ignature 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 PLAN OF OPERATION

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: (TINGER2 SPORTS PUB LLC				
Premise Address: 3915 S. HONELL AVE				
Proximity of Premises to Church, School, Daycare Center or Hospital				
Is there at least 300 feet between the building and any church, school, daycare center or hospital? Yes 🗌 No				
"Service Bar Only" Designation				
If applying for Class B or C license, are you applying for "Service Bar Only"? 💢 No 🗌 Yes				
Service Bar Only means customers cannot sit at the bar. Alcohol is served to 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? ☒ No ☐ Yes If yes, list name and address:				
b) Will the agent, a partner or the individual licensee be conducting the day-to-day operations of the business? No X 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? 💢 No 🗌 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?				
No Yes If yes, list name and address:				
Proof of Ownership, Lease, or Offer to Purchase (new & transfer applicants only)				
Submit proof of ownership, lease, or offer to purchase the building with this application.				
A lease or office to purchase must: a) Be in the same legal entity name as that apply for the license				
 Reflect the same address as the premises address on this application Reflect current dates and 				
d) Be signed by the lessor/seller and lessee/buyer				
Property Information (new & transfer applicants only)				
a) Do you own or lease the building? 💆 Own 🖫 Lease				
b) Who owns the fixtures (for example, coolers, etc.)? ROOKIES SPORTS CLUB				
c) Are you purchasing the stock and/or fixtures? No XYes If yes, amount paid \$ 35,000.00				
d) Total amount paid for business \$				
e) Total amount paid for goodwill of the business \$_NA				
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? No Yes				

Lea	se Information (new & transfer applicants who are leasing the premises only)			
a)	Date lease begins 3/1/17 Ends 3/1/2037			
b)	Monthly rental \$			
c)	Do you have an option to renew the lease? No Yes			
d)	Does your lease allow for assignment to another party without the consent of the owner? No Yes			
e)	For what length of time have you been guaranteed occupancy (number of years)?			
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? No Yes If yes, explain			
g)	The Late of the La			
	If yes, explain			
Cha	ange of Agent Applicants Only			
Hav	ve there been any changes to the floor plan since the last application was submitted? 🔀 No 🗌 Yes			
	no, a new floor plan is not required. If yes, submit a new floor plan and explain the change(s):			
Not	tarized Signatures of Applicants			
SUBS	CRIBED AND SWORN TO BEFORE ME January , 20 17 Way (Grand			
	Sole Proprietor, Parther, 20% or more Shareholder, or Agent – only if there are no 20% or more shareholders			
(Clerk)	(Notary Public) mw			
MyCo	ommission Expires Additional partner or 20% or more shareholder			
	ommission Expires Additional partner or 20% or more shareholder ary Seal must be affixed.			
	- Alpuc ! E			
	The consequence of the consequen			
	Note: All information contained in this application is subject to approve by the Common Council.			
	Note: All information contained in this application is subject to approve 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 premise applicants must submit the following:			
	Proof of ownership, lease or offer to purchase the building Detailed floor plan If a restaurant, copy of the menu			
1				



PUBLIC ENTERTAINMENT PREMISES LICENSE SUPPLEMENTAL APPLICATION

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

TYPES OF ENTERTAINMENT	CHECK ALL THAT APPLY		Jaketigov
	2011年2月1日日日日 - 1900年日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日		
Instrumental Musicians	⊠ Bands	☐ Battle of the Bands	Comedy Acts
Disc Jockey	Magic Shows	Poetry Readings	☐ Dancing by Performers
X Jukebox	Wrestling	Patron Contests	Patrons Dancing
Adult Entertainment/	X Karaoke	☐ Bowling Alley	Pool Tables
Strippers/Erotic Dance	_	How many?	
Motion Pictures	Amusement Machines –	Concerts	Theatrical Performances
How many?	How many?	Approx. # per year?	Approx. # per year?
Other:			
Entertainment Indoor Hours:	Alcohol beverage establishment: s	ame as alcohol license hours.	
Entertainment Outdoor Closing Ho	Non-alcohol establishment:10:30a purs: 10:00pm Sunday-Thursday; 12:00a	m to 1:00am Sun to Thurs; 1:30am	Fri-Sat
PROMOTERS/SOUND AMPL	IFICATION	and the saturday, diffess officers	wise approved by Common Council.
The state of the s			
	ny of the entertainment? 💢 No 🗌 Ye		
At any time will sound amplificatio	on be used? 🗌 No 💢 Yes If Yes, Desc	ribe:	
		> Plakers	
LEGAL CAPACITY OF PREMIS			
Premises License. If you would like	nent Center at 414-286-8211 with quest	ions.) Legal capacity determines th	ne fee for your Public Entertainment
The state of the s	e to request the license be approved wit ed, this lower capacity will print on your	n a lower capacity than that listed :	ahove indicate the lawer
NOTARIZED SIGNATURES			occupancy Fermit.
I understand that after the license	has been issued, a change to the plan of	operation will require a written re	quest to change and approval from
the Common Council.	PAS		quest to change and approval from
I agree to inform the City Clerk with	nin 10 days of any substantial changes in	the into mation supplied in this ar	nnlication
I understand that I shall not willfully	v refuse to provide the semiler - ss	THE OWNER OF THE PARTY OF THE P	Sprication.
Barrer Public Beeduse of face,	y refuse to provide the services offered color, sex, religion, national origin or an	Cestry age handican suffit saile	
orientation, gender identity or expr dressed in uniform or not: and shall	ression, familial status or the fact that a	person is now or has been a memb	er of the military service, whether
selection of porconnal for training	The seek such information as a condition	on premployment, or penalize and	employee or discriminate in the
I have knowledge of the City Ordina	or promotion on the basis of such inform ances currently regulating public enterta tion, if I violate any rule, law or regulation	THE OC.	
suspension, non-renewal or revocat	tion, if I violate any rule, law or regulation	on of the city of Milwarkee and Sta	cense may be subject to te of Wisconsin
SUBSCRIBED AND SWORN TO BE			3
		1 ^	Λ/-
This 19th day of Janes	,20 17	- M/Cm	Miland
200		Agent/20% or More	Shareholder/Partner
(Clerk/Notary Public)		,	
My Commission Expires	75 CM 25 5014	Additional 20% or N	More Shareholder/Partner
*Notar y Seal must be affixed.		•	- Propological Color State Color (Color Color Co
Office Use Only: Initial	s: Filed:	App :	

Check if only PEP (must be heard w/in 60 days) Granted_____



APPLICATION AMENDMENT

OFFICE OF THE CITY CLERK LICENSE DIVISION 200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202 (414) 286-2238 EMAIL: <u>LICENSE@MILWAUKEE.GOV</u>

Date: 1/23/17

To t	the License Division of the City of Milwaukee:
l, _	, wish to amend my answer(s) on the application for a
	RAR + Food/Phb. enf license at 3915 S. However 4: (premise address, if applicable)
by a	adding or amending the following information (complete only those sections being amended):
1.	Answer to Question(s) # should be:
2.	Agent should be (full legal name): Also complete 3, 4, 5 & 6
3.	Date of birth should be:
4.	Home address should be (include city/state/zip):
5.	Home phone number should be (include area code):
6.	Driver's License Number/State ID Number should be:
7.,	Corporation/LLC name should be (full legal name):
8.	Business name should be:
9.	Business address should be (include city/state/zip):
	Business phone number should be (include area code): Premises address should be:
	Location where vehicle will be parked should be (include city/state/zip):
	Age Distinction should be (for Class B Taverns only): Other: add amylment Markine = 1 (midentee machine)
this Mota My/0	**A notarized signature is required for amendments relating to Alcohol Beverage Establishment, Temporary Public Entertainment Premise, & Temporary Extension Applications
Offic	ce Use Only: Application #: 145733 Date Received/Entered: 1/23/17 Initials:
	Date LC Advised LIU: NS: Health: Initials:



FOOD DEALER LICENSE PLAN OF OPERATION

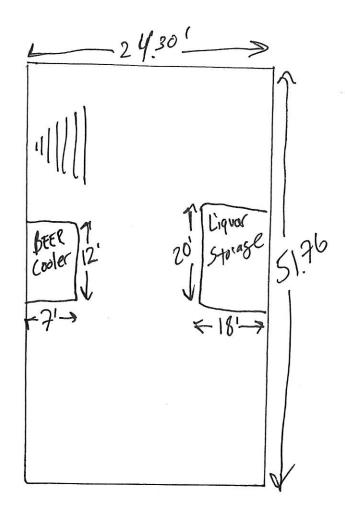
245735

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

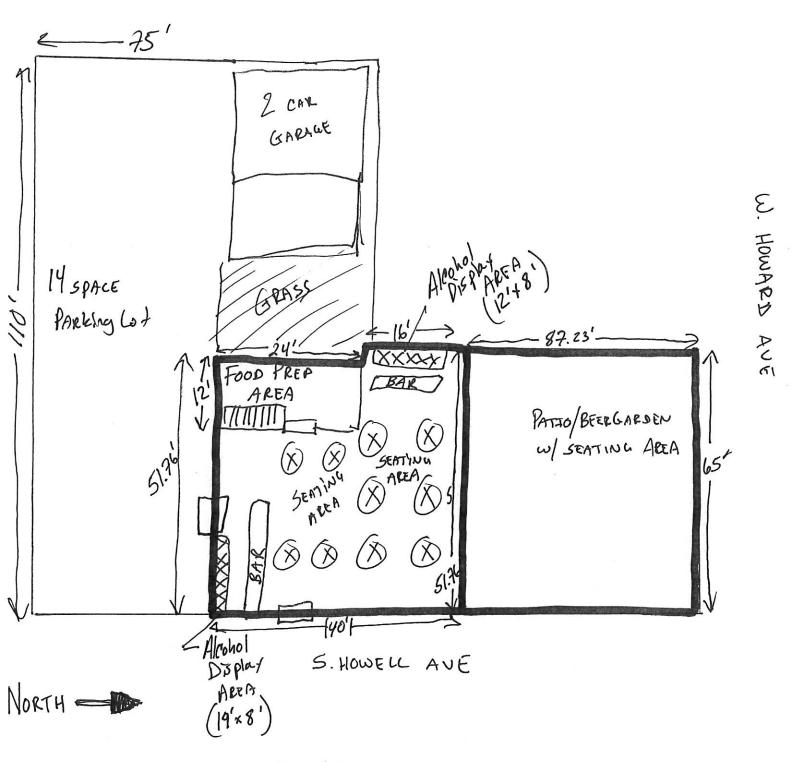
Legal Entity Name: (TINGERZ SPORTZ PUB LLC		
Premises Address: 3915 S HOWELL AVE MILWAUKEE NI 53207		
SECTION 1 TYPE OF BUSINESS		
Type of application (check one):		
Check the type that best describes your business (check only one): See Food Dealer License Information sheet for definitions. Restaurant Retail Establishment If retail, will it be a convenience store? Yes No (less than 5,000 sq ft of retail space, primary business is the sale of basic food items, and in addition sells household products) Community Food Program Bed & Breakfast Base for Food Peddler Base for Temporary/Seasonal Food Stand		
In addition, will any wholesale business be done?		
If yes, what percentage of the business will be wholesale?		
Will retail items be sold? Yes If Yes, indicate percentage of food sales%		
Will restaurant items be sold? \square No* $\cancel{\bowtie}$ Yes If Yes, indicate percentage of food sales 30 %		
* If you checked "25% or More" of the business will be wholesale and answered "No" to restaurant items being sold, do not continue completing this application. A City of Milwaukee License is not required. 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.		
If Yes, check the types of food items: SNACKS & BEVERAGES includes, but is not limited to, ice cream/soft serve, lemonade, snow cones, coffee, espresso, cappuccino, tea, fruit juice, smoothies, candy, dispensed soda, fruit cups, bakery, cookies, popcorn, kettle corn, cotton candy, funnel cakes, fritters, tortilla chips w/ cheese MEALS includes, but is 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		
SECTION 3 HAZARDOUS FOODS		
Will any hazardous food be sold? No X Yes Hazardous foods require temperature control (includes dairy products such as milk, cheese, and ice cream, fish shellfish, meat, poultry)		
If yes, list the types of food items: 15h, ment, poutry, Milk, cheese		

ccl-foodplan 8/1/16

SECTION	8 ALCOHOL BEVERAGES	
Are you applying for an alcohol beverage license?		
☐ No	If No, SKIP to Section 9	
X Yes	If YES, if your food license is approved prior to the alcohol beverage license, when do you want the	
	food license issued? Immediately At the same time as the alcohol license	
SECTION	9 ACKNOWLEDGEMENTS & SIGNATURE	
You must	initial each item confirming your understanding:	
397339	I understand the Health Department must conduct an inspection and advise the License Division of their approval before the license may be issued. 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. I understand the district alderperson will review and either approve or deny my application. If denied, 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. I understand proof of payment for all license fees must be on file in the License Division before the license may be issued. I understand the license must be issued and posted in my establishment prior to opening for business.	
Signature of sole proprietor, partner, agent or 20% shareholder:		
Signature of additional partner(s):		

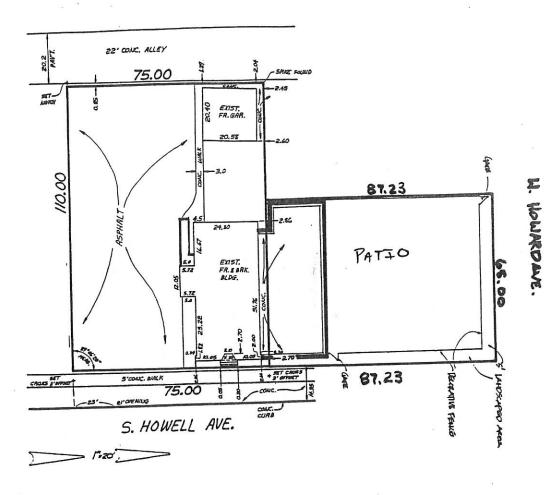


BASEMENT STORAGE



Total Square Feet = 1807

ADDITION TO:



CAPACITY TABLE

Agent: MARY N Niland

for Gingerz SPORTZ Pub LLC

1807 S.F. / 10 S.F. per person = 180 capacity

AGGREGATE EXIT MIDTH:

50" per 100 people (3) Doors @ 36" = 108" 108" = 216 сырысіту

TOILET FIXTURES:

WOMEN'S:
(3) Toilcts @ 30 people = 90 • 2 = 180 capacity
(2) Sinks

MEN'S:
(2) Toilets @ 75 people " 150 * 2 = 300 capacity
(2) Urinals @ 50 people = 100 * 2 = 200 capacity
(2) Sinks

MAXIMUM CAPACITY BASED ON LOWEST OF THE ABOVE CALCULATIONS: 180 PERSONS

Milw.

3915 S. Howell Ave. and GRIC.

1/10/2017

GINGERZ SPORTZ PUB