

BUSINESS LICENSE APPLICATION

SEE INFORMATION SHEET FOR THE TYPE OF LICENSE FOR WHICH YOU ARE APPLYING FOR ADDITIONAL FORMS REQUIRED

Office of the City Clerk License Division 200 E. Wells St. Room 105, Milwaukee, WI 53202

MILWAUKEE (414) 286-2238 www.milwaukee.gov/license e-mail: license@milwaukee.gov ccl-busapp 12/3/14

			BUSINESS COI	NTACT INFORM	MATION			
n 1	Sole Proprietor	☐ Corpor	ation X LLC	☐ Partners	hip No	onprofit Organization		
	Legal Entity Name (sole	proprietor, par	tnership, LLC or Corpo	ration): Cob	distane	Partners i	LC	
	Business/Trade Name:	Valhal	a wast			4. 11		
Section	Phone: 4/4-73			E-mail:	manag	ser a valhalla	mkc. com	
Sec	Premises Address (include	le city, state, z	ip code): //// N-	old world	1 304 57	ret, mewar	cec 53203	
	Mailing Address:							
		AGENT	/ SOLE PROPRIET	OR / 1 ST PARTI	NER INFORM	MATION		
Section 2	MCUU Jty Home Address (include of	Kenneth	7	whiteh	sh Ba	Date of Birth: VIC	53217	
	Driver's License Number,	/possession	1254-51	06-5	010-	OY State: WI	_	
	Home Phone: NA				Cell Phone I	Provider: □Verizon □A ar □Cricket □Virgin	NT&T ☑1-Mobile □Other	
	Percent % of Ownership					the cheese mont.		
	LIST ALL PI	RSONS WIT	H 20% OR MORE C	WNERSHIP IN	TEREST / AI	DDITIONAL PARTNE	R(S)	
	FULL LEGAL NAME (Last,	First & Middle	Initial):			Date of Birth:		
	Home Address (include city, state, and zip code):							
	Driver's License Number/State ID #:				State:			
m	Home Phone:		Cell Phone:		Cell Phone	Provider:		
	Percent % of Ownership	Interest:		Email:				
Section	FULL LEGAL NAME (Last,	First & Middle	Initial):			Date of Birth:		
Š	Home Address (include city, state, and zip code):							
	Driver's License Number	/State ID #:				State:		
	Home Phone:		Cell Phone		Cell Phone	Provider:		
	Percent % of Ownership		Martin America and Comment and Comment	Email:			mintropolicinos a servicios de la companyo	
	☐ Check if there are additional partners or persons with 20% or more ownership interest. Complete additional sheets as necessary.							
		OCCUPANCY PERMIT STATUS AND SIGNATURE(S)						
	CHECK ONE: An occupancy permit has been obtained has been applied for will be obtained before operating is not needed (will obtain home occupation statement) is not needed-reason:							
	I/we understand that I am, have knowledge of the City non-renewal or revocation, I/we understand that I/we the general public becaus orientation, gender identit uniform or not; and shall in for training or promotion of the undersigned understanthe Common Council. I/we state that this applicate employ of apartier. I/we consider the Agent - only if the	Ordinances cur if I/we violate a shall not willful e of race, color or expression, ot seek such infinithe basis of suids that the filing tion for a licens entify that I am/w	rently regulating the lice ny rule or regulation rela ly refuse to provide the familial status or the fact familial status or the fact familial status or the fact formation as a condition of information. of an application does not elis not made for and be we are the applicant and a Shareholder,	nse applied for her ting to this license services offered un origin or ancestr that a person is no of employment, or ot entitle applicant half of any other p all statements are t	ein, and unders der this license y, age, handica ow or has been a penalize any en s to permits, an erson and that rue and correct.	stand that the license may , or add charges or require p, lawful source of incom a member of the military so ployee or discriminate in d that granting of permits the applicant is not acting	be subject to suspension of deposits not required a see, marital status, sexus ervice, whether dressed the selection of personn as in the sole discretion of as an agent for, or in the selection of the selection	
	. Uso Only	le.	illad:	Applianti				
THIC	e Use Only : Initia or □NA: Last License □N	ew or Renev	riled: val Granted with \square N	Applications: o Issues or \square		Exp Date		
aid:	MPD		Granted		License #		□Note Other Lic	

ccl-side1 6/13/16



Sidewalk Dining Facility Supplemental Application

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

Premis	es Address: //// N aco L	URLO THIRD ST		Aldermanic District #				
Busir	ness Operations							
1.	Check one: Also applying for Foo	Alcohol license(s) #		, / /,				
2. 3.	Sidewalk Dining Facility will operate fr Will any food preparation be done ou If yes, describe:							
4. 5.								
Prop	erty Owner							
Check	Property owner's info Name: Address:	roperty ormation/signature provided below (f	Phone #					
Signa	ture							
Signatu	re of Applicant:							
	this application with the followi Detailed Floor Plan (see page 2 for of Sidewalk Dining Facility Certificate of Business License Application (ccl-bush Business Plan of Operation (ccl-bush *only one copy of these forms is Request To Modify Food Establishm	letailed instructions) f Insurance (ccl-side4) sapp)* slan)* needed if submitting with other lie						
nitials_ Also hol Queue f	se Only: Filed ds/applying for:		Lic #					

ccl-busplan 9/26/16



BUSINESS LICENSE PLAN OF OPERATION

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1. Ty	ype of Business					
Applyin	ig for: Extended Hours (12AM to 5AM) - If a food establishment, check all that apply: Delivery Drive Thru Dining Room					
	Self Service Laundry Massage Establishment Filling Station					
	Other (supplemental application for specific license also required)					
Provide	a detailed description of the type of business you plan on operating:					
Do you	have any experience operating this type of business? No No Yes If yes, explain: Uber Tax foom					
	usiness Operations					
	Proposed Opening Date: 3/1/17					
b.	Is this premise under construction? No X Yes If yes, list estimated completion date: 2/10/17					
c.	Is this a franchise? No Yes					
d.	Is this premises currently licensed? 🖾 No 🗌 Yes If yes, list type of license:					
e.	Is the current licensee operating? X No Yes If no, list date closed:					
f.	Do you have future plans for other businesses, licenses or permits at this location? 🗵 No 🗌 Yes					
	If yes, explain:					
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. Lit	ter & Noise					
a.	How are grounds kept clean? Sweep Pressure Wash Pick Up Litter Other:					
b.	How often will grounds be cleaned? Daily Weekly As Needed Monthly Other:					
c.	Grounds cleaned by: 🗆 Licensee 🔲 Building Owner 🔲 Employees 🔲 Hired Maintenance 🔲 Other:					
	Signs Posted Other:					
e.	Will a sound amplification system be used? No Ves If yes, describe: Stere System					
4. Sn	4. Smoking & Sanitation					
a.	Are there designated outdoor smoking areas? No Wes If yes, describe: outside to sooth					
b.	Number of Garbage Cans: Inside: 4 Locations: ends of Bar, in front, near restractions					
	Outside: / Locations: New smoking area					
	Is a crowd control barrier used? No Yes If yes, describe:					
	How many restrooms are on the premises?					
e.	Name of solid waste contractor: Advanced Disposal Waste Management Other:					

5. Security	/							
a. Are there onsite parking spaces? No Yes If yes, indicate how many? and describe the parking security								
plan:								
b. Is there a loading zone?	Is there a loading zone? V No Yes If yes, describe the loading area security plan:							
	c. Will you have security personnel on premise? No Yes If yes, how many? and answer the following: What are their responsibilities? chelling Pos in bosing his night;							
	Is security equipment used? No Yes If yes, describe Video Survillance							
List their licensing,	List their licensing, certification, or training credentials							
6. Percentage of Sales (must total 100%)								
Alcohol <u>49</u> %	Food%		Secondhand Merchandise		Precious Metals & Gems			
Entertainment%	Cigarettes	%	%		%			
Pawnbroker Activity%	Salvaged Materials% (such as scrap metal)		Personal Services (such as tattoo, body piercing, salon, tailor, tanning, etc.)%		Other% Describe:			
7. Businesses/Licenses	on the Premise	s (check a	all that apply):					
Type 1 ☐ Full Service Restaurant	Cafe/Coffee Shop	☐ Deli or F	ast Food Restaurant	☐ Private	e/Fraternal/Veterans Club			
☐ Night Club	☐ Tavern	☐ Cocktail	Cocktail Lounge		☐ Teen Club			
☐ Banquet Hall	Sports Facility Bowling		Alley					
☐ Hotel/Motel : Number of Flo	Rooming House: Number of Floors:							
Number of Rooms:								
Type 2 Liquor Store Corner Store		☐ Supermarket ☐ Co		Conver	iience Store			
Gas Station	graph Distributor Recyc		Recyclin	ling, Salvage or Towing				
Used Car Dealer	Personal Service Es	rablishment Record		Record	ing Studio			
What other licenses/permits will you hold at this location? (check all that apply)								
Occupancy Permit Cigarette & Tobacco Gas Station Extended Hours Class "B" Tavern Weights & Measures								
Secondhand Dealer Precious Metal & Gem Other:								
8. Legal Capacity (only	y if a Type 1 prer	mises in #	7 above)					
Capacity 99 (Call the	Milwaukee Development	t Center at 414	1-286-8211 if you have qu	uestions.)				

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9. Premises D	escription							
a. Identify all are	Identify all area(s) of the premises that will be used in operating this business (include areas used only for storage): ☑1 st Floor □2 nd Floor □Basement Storage ☑ atio □Beer Garden □Sidewalk Café □Deck □Rooftop							
	Other: Describe:							
	, —————————————————————————————————————							
	e. Describe Premises Structure: Single Story Multi-Story - # of Stories 3 Other:							
Describe Surro	f. Describe Surrounding Area: Commercial Residential Industrial Other:							
g. Building Owne	Business Owner Address: /// N. old word 350 street, mlusure 5323							
			steer, me	ueure s.	3.0.3			
10. Hours of C	peration & Custon	mers						
Will customers be ent	ering the premises? No	Yes						
Day of the Week	Proposed Hours of Operation:		Estimated Number	Potential Age Range	Class B Tavern Applicant Only:			
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	Ilam	10 pm	150	18-90	None			
Monday	Ypm	Zan	250					
Tuesday	ym	Dan	450					
Wednesday	yen	Jan	450					
Thursday	you	Zan	450					
Friday	Ilam	2:30 am	1000		\			
Saturday	llan	2:30 am	1000	1				
An Extended Hours Es piercing, salon, tailor,	tablishment License is require tanning, etc.), recording stud	ed for any convenience stor	e, filling station, persona	l service establish 12:00 a.m. and 5	ment (such as tattoo, body :00 a.m.			
Alcohol Establishment Permitted Hours of Op		am to 9:00 pm Sunday thru am to 2:00 am Sunday thru		30 am Friday & Sa	aturday			
Entertainment Closing Hours: Indoors: Alcohol beverage establishments: Outdoors: All establishments: (unless otherwise approved by			hts: Same as alcohol license hours 1:00 am Sunday thru Thursday, 1:30 am Friday & Saturday 10:00 pm Sunday thru Thursday, 12:00 am Friday & Saturday the Common Council in licensee's plan of operation)					
11. Signature(s)							
Sole Proprietor, Part	ner, Agent, or 20% or mo	re Shareholder	Signature of additiona	l partner or 20%	6 or more Shareholder			

Sidewalk Dining Site Plan Date: 1/10/17 20"-5" Right of Sidewalk Way Dining Area <<5ft>> <<7ft>> EXPOSED BRICK Sidewalk Dining Area Length 24ft Width 7ft EXISTING Total Area 168 sq ft EXIT TO GRADE w/

OPENER

EXISTING

GRADE

100

MAXIMUM OCCUPANCY 99 PERSONS

6" STEP

1'-6" 5"

2 HOUR RATED DRYWALL SEPARATION, SEE SPECIFICATION.

UP STAIRS

2 FIRST FLOOR PLAN

Kenneth James McNulty, Agent for "Cobblestone Partners LLC" DBA Valhalla 1111 N. Old World 3rd Street Milwaukee, WI 53203

<<<<<Length 24ft>>>>>>

Tree & planter 58" x 58"

<<<<<<12ft >>>>>>

Total Width

Seat 2ft

Table

2.5ft