

#### CITY OF MILWAUKEE OFFICE OF THE CITY CLERK

Thursday, December 13, 2018

#### COMMITTEE MEETING NOTICE

AD 06

DICKERSON, Patrice, Agent Lounge 340, LLC 5954 N 117th St Milwaukee, WI 53225

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

#### Tuesday, December 18, 2018 at 08:45 AM

Regarding:

Your Class B Tavern, Food Dealer, and Public Entertainment Premises License Applications Requesting Instrumental Musicians, Bands, Disc Jockey, Jukebox, Karaoke, Poetry Readings, Comedy Acts, Patrons Dancing, 4 Amusement Machines, and 1 Pool Table as agent for "Lounge 340, LLC" for "Lounge 340, LLC" at 340 W Reservoir 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.

warrants or unpaid fines:

Notice for applicants with 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 - (414) 286-2025.

JIM OWCZARSKI, CITY CLERK

Jessica Celella

License Division Manager

Date:10/15/2018 Officer: M. DRISCOLL

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

Name of Premise: Address: Phone:	Lounge 340 W. 414-26	Reser	voir Av		•	
Owner: Owner address: City State Zip: Owner Phone: Owner email:	414-53	I. 117 <sup>th</sup> ikee W 4-4086	St I 53225			
Licensee/Agent: Home Address: City State Zip: Phone: Email:	Patrice Dickerson (same as above)					
Preferred contact: Pat	rice Dic	kerson	or Karı	nesha L	ewis-Ta	ylor 414-687-1479
Location currently op	en:		YES	$\boxtimes$	NO	
Projected open date:	12/15/20	018				
Day's open: S	M 🖂 T 🛭	⊠w ⊵	Th 🛛	F⊠SA		
Hours of Operation:	Sun: Mon: Tue: Wed: Thu: Fri: Sat:	11:00 2:00 r 2:00 r 2:00 r 2:00 r 2:00 r 8:00 a	om om om om om		.*	24 hours □Y □N
Premise Type:	Res	vern/Ba stauran ser: Ser	t	za/nacl	nos and	catered food

•				*
Licenses currently he			·	ι,
Alcohol:	∐Yes ⊠No Class:	#:		
Tobacco:	∐Yes ⊠No	#:		
Food:	∐Yes ⊠No	#:		
Occupancy:	□Yes ⊠No	#:	*	
Other:	Yes No Type:	#:		
Other:	Yes No Type:	#:		
Exterior Survey:	1 1 1 1 1 0 NTxx I	— ъ r		•
	und the location clean? Yes [			,
	ds the location? (Check all the a	pply)		
a. Par	k ·			
b. Sch	ool			
c. You	uth Center			
d. 🛱 Chi	ırch			
	vern(s) If so, how many			
	sidential			
	ner businesses			
<u> </u>				
h, UOth		uta tha intanian	Myor Mino	
3. Can you see f	rom the outside of the location i	nto the interior	MIES LINO	
4. Can you see the	he employees inside of the locat	ion from the ot	itside M i es Mino	
	vindows free of signage ⊠Yes [	]INO	•	
6. Is there a bus	stop? Yes No			
7. Is there a bus	shelter? □Yes ⊠No □N/A		•	- a
8. Street parking	g⊠Yes □No			
	xing lot □Yes ⊠No		•	
10. Is the parking	lot clean? Yes No N/A			
11 Is the parking	lot well lit? ☐Yes ☐No ☒N/	A	·	
12. Valet Parking				
12. Valet Larking	his lot have a guard? Yes	No MN/A		
b. Will ti	his lot have cameras? Yes	110 MINA	Vog DNo	
13. Are there area	as where a person could conceal	themselves 🖂	1 - 1	. Data
	or lighting? ⊠Yes □No. Do	es it appears to	be adequate [] Yes	3 TINO
<ol><li>15. Exterior Payp</li></ol>				
16. Are there No	Loitering Signs posted? Yes	⊠No	•	
17. Are there exte	erior security cameras XYes 🗌	No How Many	y: 3	
18. Are the addre	ss numbers prominently display	ed and easy to	see ∐Yes ⊠No	
Exterior Comments:	Lighting will have to be assesse	d at night	•	
Exterior Comments:	ss numbers prominently display Lighting will have to be assesse	d at night	see Tics Mino	
Camera Survey:				
19. Does this loca	ation have security cameras? 🛛	Yes No		•
	orking order? Yes No	<u> </u>		
	are the cameras?			
a. Color b. Digita	☐Yes ☐No			

d. Recorded Yes No  22. How long is footage stored for later viewing: 30 days  23. Are there exterior cameras Yes No How many: 3  24. Are there interior cameras Yes No How many: 5  25. Do all employees know how to retrieve recorded digital images/footage? Yes No  26. Cameras located in parking lot Yes No No N/A How many  Camera Survey Comments: Camera locations had wiring to area, but have not been completely installed.
Interior Survey:
27. What is the planned/posted capacity 77
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? Yes No
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?
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: Still under construction.
Security
34. How many security personnel are going to be employed: 2 N/A
35. How will they be deployed: Interior 1 Exterior1 □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 Yes No N/A
39. What type of security measures will be used: N/A
☐ Wanding/metal detector ☐ ID Scanner
Dress Code  No hats, and appropriate clothing required
Cover Charge
Age restriction Over 30 only
Other
40. When at capacity, how will the overflow crowd be managed? Security will turn away
prior to arriving
41. Will a guard monitor the overflow crowd at all times? Yes No
Security Comments: Contracting with Wisconsin Security Intel LLC. Planning on armed guard
outside and unarmed guard inside.

#### ADDITIONAL COMMENTS/RECOMMENDATIONS:

I was able to see where the cameras were going to be placed, but due to being under construction they were not fully installed and active. The interior is still being remodeled. I suggested that Officers return when its closer to being complete.

Sentence:

Date:

Case:

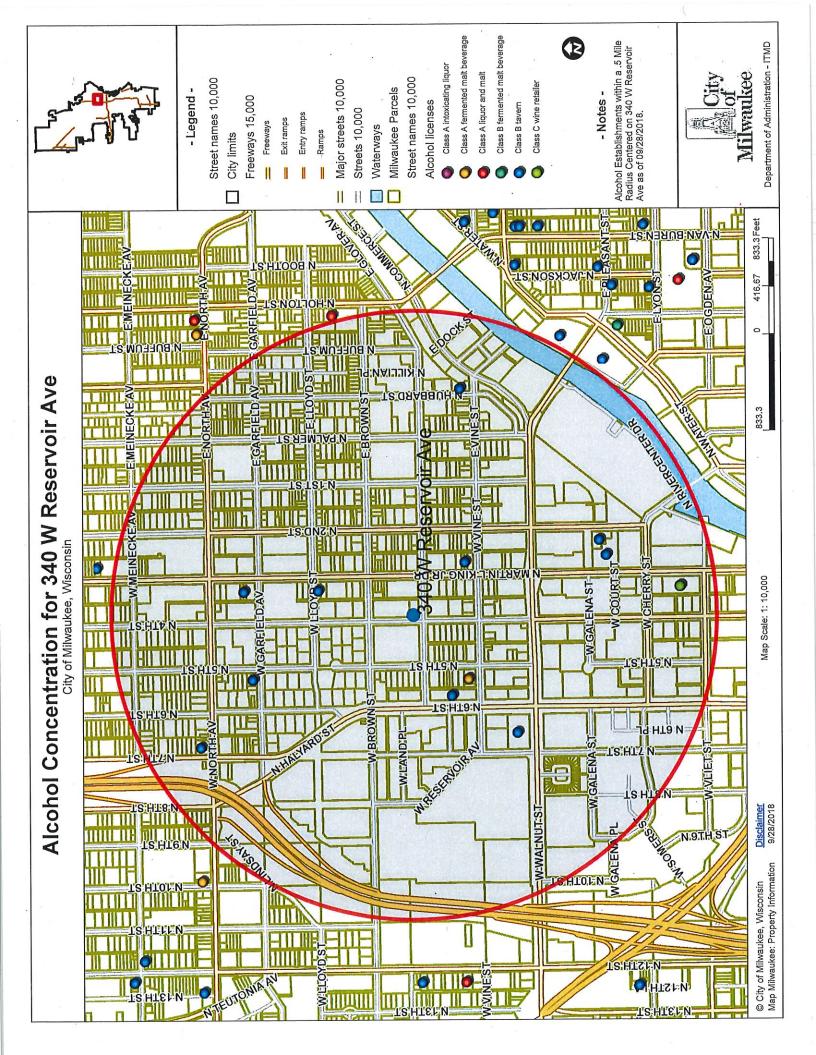
fine 05/18/09

24709C

# MILWAUKEE POLICE DEPARTMENT LICENSING

## CRIMINAL RECORD/ORDINANCE VIOLATION/INCIDENTS SYNOPSIS

DATE: 10/01 LICENSE TYPE NEW: X RENEWAL: X	:: Class B Tavern		No. 281561 Application Date:	09/28/18
	ation: 340 W. Reservior Averame: Lounge 340	nue		
Licensee/Ap	plicant: Dickerson, Patrice (Last Name, First Name, MI) 1: 03/27/1979			
Home Addre City: Milwau Home Phone		State: WI	<b>Zip Code:</b> 53225	
This report is Days.	written by Police Officer Cors	itan D. COURT,	, assigned to the Lice	nse Investigation Unit,
The Milwauk	ee Police Department's invest	igation regardin	g this application rev	ealed the following:
	/23/09 Kamesha C. LEWIS (5 Theft.	0% Shareholde	r) was cited in the Cit	ty of Wauwatosa for
Charge: Finding:	Retail Theft Guilty			



License Summary  Class A Fermented Malt Beverage Retailer's License Class B Fermented Malt Beverage Retailer's License							
Class & Fermented Malt E						Total	
Class A Fermented Malt E					-		
Class B Fermented Malt E	everage Retailer's License						ш
F 4	everage Retailer's License		and the sale of th		The state of the s		н -
Class B lavern License			e e e e e e e e e e e e e e e e e e e				10
Class C Wine Retailer's License	ense		- The state of the			Additional	
Grand Total							13
l egal entity	Trade name	Licensee	License type name	Total capacity	Room capacity	Address	Expiration date
Penny Sayer 110	Penny Saver	Navef M Azzam, Agt	Class A Fermented Mait Beverage Retailer's License	ı		510 W VINE ST	11/20/18
Urhan Reets Inc	Urban Beets Cafe & Juicery	Dawn M Balistreri, Agt	Class B Fermented Malt Beverage Retailer's License			1401 N Martin L King Jr DR	8/1/19
D & S Food Services Inc.	Suite 414	Judith A Schieffer, Agt	Class B Tavern License	135		1543 N 2nd ST 4TH FLOOR	10/10/18
Triple OT Sports Bar LLC	Triple OT Sports Bar LLC	DeAndre P Perkins, Agt	Class B Tavern License	99		1806 N MARTIN L KING JR DR	4/9/19
View MKE LLC	View MKE	Andrew M Ruggeri, Agt	Class B Tavern License			1818 N Hubbard ST	6/19/19
Mai Bar LLC	Mai Bar	Kevin D Perkins, Agt	Class B Tavern License			1840 N 6th ST	3/29/19
	And the second s				inside assembly=99 patio=21		
On The Bayou Jor	On The Bayou	Janice L Johnson. Agt	Class B Tavern License	181		2053 N Martin L King Jr DR	2/4/19
The Brown Bottle, LLC	The Brown Bottle	Samuel H Denny, Agt				221 W Galena ST	4/21/19
Our Sports Bar Inc	Skybox Sports Bar	Toi Lisa Mark, Agt	Class B Tavern License	300		2213 N Martin L King Jr DR	1/17/19
Garfields 502 LLC	Garfields 502	JEWEL CURRIE, AKT		160		502 W GARFIELD AV	7/15/19
PRINCE HALL DOFRS CLUB		Anthony Trotter Sr. Agt	Class B Tavern License	300		600 W WALNUT ST	7/4/19
PNC lovestment limited		Jeffery L Henderson, Agt	Class B Tavern License			634 W North AV	11/5/18
Triban Boote inc	Hithan Roots Cafe & litinary	Dawn M Balistreri, Aet	Class C Wine Retailer's License			1401 N Martin L King Jr DR	. 8/1/19
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Thursday, December 13, 2018



## Licenses Committee Notice of Hearing

**RALPH FLEEGE** 3336 W COLDSPRING Rd GREENFIELD, WI 53221

Date:

12/18/2018

Time:

08:45 AM

Location: Common Council Chambers, 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 Instrumental Musicians, Bands, Disc Jockey, Jukebox, Karaoke, Poetry Readings, Comedy Acts, Patrons Dancing, 4 Amusement Machines, and 1 Pool Table DICKERSON, Patrice, Agent Lounge 340, LLC at 340 W Reservoir 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.



Thursday, December 13, 2018



# Licenses Committee Notice of Hearing

RALPH FLEEGE 3506 W National Ave Milwaukee, WI 53215

Date:

12/18/2018

Time:

08:45 AM

Location: Common Council Chambers, 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 Instrumental Musicians, Bands, Disc Jockey, Jukebox, Karaoke, Poetry Readings, Comedy Acts, Patrons Dancing, 4 Amusement Machines, and 1 Pool Table DICKERSON, Patrice, Agent Lounge 340, LLC at 340 W Reservoir 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.



ccl-busplan 12/14/17



#### **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						
Applying for xtended 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: Class B Towern 4 Lounge Hockas						
Do you have any experience operating this type of business? \( \sum \text{No \texts Yes} \) If yes, explain: \( \left( \text{ader5h_1P}, \text{Munagertal}, \text{Nygan12a/har} \)						
2. Business Operations Customer Service, 4 priden Sami						
a. Proposed Opening Date: 100 Member 1, 2018						
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 Yes If yes, list type of license:						
e. Is the current licensee operating? No Yes If no, list date-closed:						
Do you have future plans for other businesses, licenses or permits at this location? X 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:						
S. Litter & Moise in the great transfer at the control of the cont						
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: Alicensee Building Owner Employees Alired Maintenance Other:						
d. How are noise issues prevented and/or addressed? 🗡 Security 🔲 Manager approaches customer(s) 🔲 Call Police						
Signs Posted Other:						
e. Will a sound amplification system be used? 🗡 No 🗌 Yes If yes, describe:						
4. Smoking & Sanitation						
a. Are there designated outdoor smoking areas? No Yes If yes, describe:						
b. Number of Garbage Cans: Inside: 4015 Locations: Behind the bar, DNE in lach restroom? Front of four of blod, DNE in front of blog four of blog fo						
Outside: O Locations: 4 in the rear of blog, are intront of blog Box						
c. Is a crowd control barrier used? \( \overline{\sqrt{N}} \overli						
d. How many restrooms are on the premises?						
e. Name of solid waste contractor: Advanced Disposal Waste Management Other:						

5. Se	ecurity							
a.	Are there o	nsite parking s	spaces? No 🔲 '	es If yes, indi	cate how many?	and	describe the parking security	
b.	b. Is there a loading zone? No Yes If yes, describe the loading area security plan:							
c. Will you have security personnel on premise? \( \text{No XYes If yes, how many? } \( \text{2} \) and answer the following:  What are their responsibilities? \( \text{IDPOTECT PEODLE WILLPOPERTY INC. \( \text{ALTA PATINGS EMPLOYEES } \)								
Is security equipment used? \( \sum No X Yes If yes, describe MCM OF CLOSS, & CANTY WILLIAMS, TANKING								
List their licensing, certification, or training credentials Schny Charles Schny Charles								
The first of the step and include the								
d. Will there be security cameras? \( \) No \( \) Yes \( \) If yes, where? \( \) \( \) \( \) \( \) Yes \( \) If yes, where? \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \(								
6. P	er este da la 16 Pris A 17 Se la Cale da Sala de 17 Pia		(must total 10		140 K1 143 II yes, desc	ille DCJ		
Alcoho	ōl 🧳	LOO %	Food	20%	Secondhand Merchand	ico	Precious Metals & Gems	
	- Addition	10			%	126		
/Entert	ainment ,	/ <u>/</u> %	Cigarettes	%			10	
Pawnb	oroker Activity	y <u>O</u> %	Salvaged Materials _ (such as scrap metal	•	Personal Services (such body piercing, salon, tai tanning, etc.)		Other 11 % Describe: 1946/5/CAIDS	
7. B	usinesse	s/Licenses	on the Premi	ses (check	all that apply):			
Type :	<b>1</b> ull Service Re	staurant	☐ Cafe/Coffee Shop	Deli or l	Fast Food Restaurant	☐ Private	:/Fraternal/Veterans Club	
□N	light Club		Tavern	Cocktai	l Lounge	Teen C	lub	
□В	anquet Hall		Sports Facility	Bowling	g Alley			
□н	iotel/Motel :	Number of Flo	oors:	Roomin	ng House: Number of Flo	oors:		
		Number of Ro	oms:		Number of Ro	oms:		
Type 2							damas Chaus	
	iquor Store		Corner Store	Superm		_	ilence Store	
∐ G	ias Station		Amusement/Pho	nograph Distribu	tor	Recyclin	ng, Salvage or Towing	
□u	ised Car Deale	er	Personal Service (such as tattoo b		on, tailor, etc.)	Record	ing Studio	
What	t other license	es/permits will y	you hold at this location	n? (check all that	apply)			
	Occupat	ncy Permit 🔀 🤇	igarette & Tob <b>acco</b> [	Gas Station 🔲	Extended Hours Class '	"B" Tavern	Weights & Measures	
	Second	nand Dealer 🔲	Precious Metal & Gem	Other:				
8. L	egal Cap	acity (only	y if a Type 1 pr	emises in t	‡7 above)			
Capaci	ity <u>77</u>	(Call the	Milwaukee Developm	ent Center at 41	4-286-8211 if you have qu	iestions.)		

9. Premises Description							
a. Identify all area(s) of the premises that will be used in operating this business (include areas used only for storage):							
1 <sup>st</sup> Floor □2 <sup>nd</sup> Floor . <b>®</b> asement St <b>orage</b> □Patio □Beer Garden □Sidewalk Café □Deck □Rooftop							
Other: Describe:							
b. Describe Location: Major Thoroughfare Secondary Street Other:							
c. Nearest Major Cross Street: Martin Luther King Drive							
d. Describe Building: Free Standing Building Strip Mall Other:							
e. Describe Premises Structure: Single Story Multi-Story - # of Stories Other:  f. Describe Surrounding Area: Residential Industrial Other:							
g Building Owner Name: KNION + Flee AC/ Phone Number: 414-645-3056							
Business Owner Address: 3500 W, MAXIMA AVENUE WIL 53215							
10. Hours of Operation & Customers							
Willi customers be entering the premises?  No X Yes							
	Proposed Hour	s of Operation:	Estimated Number	Potential	Class B Tavern		
Day of the Week			of Customers	Age Range of	Applicant Only: Age Restriction		
	Open Time (include a.m. or p.m.)	Close Time (include a.m. or p.m.)	expected each day	Customers	(If none, write 'None')		
Sunday	6:00Am	2:00am	50-65	25-75	Age 85 VDP		
Monday	10:00 am	2:00am	50-65	25-45	Adi 25VIP		
Tuesday	6:00 am	2:00am	50-65	25-75	Agr 254 Pi		
Wednesday	10:00am	2:00am	50-65	25-45	AN 26 V UP		
Thursday	le:00am	2:00am	50-65	25-45	PO 25×UP		
Friday	6:00am	2:30am	60-77	25-75	Mar 2514 UP		
Saturday	10:00am	2:30am	60-77	25-45	Hyr 25 VM		
An Extended Hours Establishment License is required for any convenience store, filling station, personal service establishment (such as tattoo, body piercing, salon, tailor, tanning, etc.), recording studio or restaurant which is open between the hours of 12:00 a.m. and 5:00 a.m.							
Alcohol Establishments Class A: 8:00 am to 9:00 pm Sunday thru Saturday  Permitted Hours of Operation: Class B: 6:00 am to 2:00 am Sunday thru Thursday, 6:00 am to 2:30 am Friday & Saturday							
Entertainment Outdoo	or Closing Hours: 10:00	Opm Sunday-Thursday; 12:00 ablished by the Common Co	am Friday & Saturday; u uncil in its approval of th	nless a different t e licensee's plan	time, either earlier or later, of operation.		
11. Şignature(	s)		, n				
2 Water	· ·	C	Kanled				
Signature of Sole Prop	rietor, Partner, or 20% or mo	ore Shareholder	Signature of additional p	artner or 20% or	more shareholder		
(If there are no 20	)% or more shareholders, -print name/title and sign)		-	$\cup$			



## ALCOHOL BEVERAGE & PUBLIC ENTERTAINMENT PREMISES SUPPLEMENTAL APPLICATION

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 <u>www.milwaukee.gov/license</u>

Legal Entity Name: Louige 340 LbC						
Premise Address: 3HD W. RESERVOIT AVENUE, Milwaukee, WI 53212						
Proximity of Premises to Church, School, Daycare Center or Hospital						
Is the building within 300 feet of any church, school, daycare center or hospital? No VI Yes						
"Service Bar Only" Designation						
If applying for Class B or C license, are you applying for "Service Bar Only"?						
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?						
If yes, list their name and address:						
b) Will the agent, a partner or the individual licensee be conducting the day-to-day operations of the business?  No V Yes  If no, list the name and address of the person(s) who will:						
If no, list the hame and address of the personal with with						
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? V No 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?						
V 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						
b) Reflect the same address as the premises address on this application						
c) 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?						
b) Who owns the fixtures (for example, coolers, etc.)? <u>UWNER ROLLENGTHEEGE</u>						
c) Are you purchasing the stock and/or fixtures? Who Yes If yes, amount paid \$						
d) Total amount paid for business \$						
e) Total amount paid for goodwill of the business \$						
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? 1 No Yes						

Leas	se Information (New & Transfer Applicants who are leasing the premises only)
a)	Date lease begins [0] 1 2018 Ends 09 30 2020
b)	Monthly rental \$ 1,000,00
c)	Do you have an option to renew the lease? No V 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 V Yes If yes, explain
g)	Does the present owner or occupancy object to the granting of your license? V No Yes
	If yes, explain
Cha	nge of Agent Applicants Only
Hav	e there been any changes to the floor plan since the last application was submitted? 🕡 No 🗌 Yes
	o, a new floor plan is not required. If yes, submit a new floor plan and explain the change(s):
Not	arized Signatures of Applicants
	CRIBED AND SWORN TO BEFORE ME
This	day of September 20 Sole Proprietor, Partner, 20% or more Shareholder, or
	Agent – only if there are no 20% or more shareholders
(Clerk/	Notary Public) PUBLIC A TO
Му Сс	ommission Expres 3 19-2020-1975 Additional partner pr 20% or more shareholder
*Nota	ry Seal muss be affixed.
	- dimine
	Note: All information contained in this application is subject to approval 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



## 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>

PREMISES ADDRESS: 340	W RECEIVOIT	Avenue	
TYPES OF ENTERTAINMENT (C	HECK ALL THAT APPLY)		
Instrumental Musicians	Battle of the Bands	Dancing by Performers	Amusement Machines How many?
Bands \	Comedy Acts	Adult Entertainment/ Strippers/Erotic Dance	Concerts Approx. # per year?
Bowling Alley How many?	Disc Jockey	Wresting	Theatrical Performances Approx. # per year?
Pool Tables How many?	Magic Shows	Patron Contests	Jukebox
Motion Pictures (movies by admission) - How many?	Poetry Readings .	Patrons Dancing .	Karaoke .
Other:			
Entertainment Outdoor Closing Hours:	10:00pm Sunday-Thursday; 12:00a Is established by the Common Cou	nm Friday & Saturday; unless a different tim ncil in its approval of the licensee's plan of c	e, either earlier or later, operation.
PROMOTERS/SOUND AMPLIFI	CATION		
Will promoters ever be used for any o	f the entertainment? No	Yes If Yes, Describe:	
At any time will sound amplification b	e used? No 🗌 Yes If Yes, De	escribe:	
LEGAL CAPACITY OF PREMISES			
Promises License If you would like to	request the license be approved	nestions.) Legal capacity determines the with a lower capacity than that listed four license and override the capacity li	above, indicate the lower capacity
ACKNOWLEDGEMENT/SIGNAT			,
orientation, gender identity or expres dressed in uniform or not; and shall n selection of personnel for training or	m the City Clerk within 10 days of efuse to provide the services offer flor, sex, religion, national origin o sion, familial status or the fact the ot seek such information as a con promotion on the basis of such in	any substantial changes in the inform red under this license, or add charges or ancestry, age, handicap, lawful sourd at a person is now or has been a memi dition of employment, or penalize any formation.	ation supplied in this application. or require deposits not required of ce of income, marital status, sexual ber of the military service, whether v employee or discriminate in the
I have knowledge of the City Ordinand suspension, non-renewal or revocation and the City Ordinand suspension, non-renewal or revocation and the City Ordinand suspension of the City Ordinand	on, lif I violate any rule, law or regulation of the law of	tertainment, and understand that the ilation of the city of Milwaukee and St	license may be subject to ate of Wisconsin.
		,	
Office Use Only:			

Only PEP? No Yes If Yes, Queue to MPD and Email Mgrs/Team Lead (must be heard w/in 60 days)



#### **APPLICATION AMENDMENT**

Office of the City Clerk License Division 200 E. Wells Street, Room 105, Milwaukee, WI 53202 (414) 286-2238

ADU

Date: 12/13/18

To the License Division of the City of Milwaukee:	DICKERSON  Wish to amend my answer(s) on the application for a
(full legal name)	a seal of
(full legal name) and Public Entert	ainment 340 W Kegervoir, Milw. W
	premises address, if applicable) 5321,
by adding or amending the following information (complete	only those sections being amended):
L. 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. 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):	
3. Business name should be:	•
Premises address should be (include city/state/zip):	
10. Business phone number should be (include area code):	
11. Mailing address should be (include city/state/zip):	
	·
12. Email address should be:	
13. Recycling/Salvaging/Towing: Location where vehicle w	ill be parked should be (include city/state/zip):
	,
14. Class B Tayern: Age Distinction should þe:	from one amusement game
15. Other: Kequesting Change	from one arrusement game
Sustains to four a	aming SUSTEMS
(Check with the License Division before submitting "Other" amendment	
( ) , <i>A</i>	- that the fall
(Signatu	uro of Licondo (Individual Partner) or Agent of Corn/UCV
γsignatt	re of Licensee (Individual, Partner) or Agent of Corp/LLC)
M11 Km 10	11010
Office Use Only: Application #: 00   100   Date: 0	113 18 Initials: 10 LC:
	itials:



### FOOD DEALER LICENSE PLAN OF OPERATION

OFFICE OF THE CITY CLERK, LICENSE DIVISION
CITY HALL, 200 E. WELLS ST, ROOM 105, MILWAUKEE, WI 53202
(414) 286-2238 • <u>license@milwaukee.gov</u> • <u>www.milwaukee.gov/license</u>

Ī	
	Legal Entity Name: Lounge 340 LLC
	Premises Address: 3HD W KESEVVOIT AVE MIWAUKEE, WI 63212
	SECTION 1 TYPE OF BUSINESS
	Type of application (check one): taking over a currently operating business  Anticipated opening date?
	Check the type that best describes your business (check only one):  See Food Dealer License Information sheet for definitions.
	Restaurant Bed & Breakfast  Retail Establishment Base for Food Peddler
	If retail, will it be a convenience store? Yes No Base for Temporary/Seasonal Food Stand
	(Convenience Stores have less than 5,000 sq ft of retail space, primary business is the sale of basic food items, and in addition sells household products)
	,
	In addition, will any wholesale business be done? Yes No
	If yes, what percentage of the business will be wholesale?   Less than 25%   25% or More (Contact DATCP)*
	Will retail items be sold? Yes If Yes, indicate percentage of food sales
	Will restaurant items be sold? No* Yes If Yes, indicate percentage of food sales
	* 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.
	Jf 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 FOOD REQUIRING TEMPERATURE CONTROL
	Will any food that requires temperature control be sold?
	(includes dairy products such as milk, cheese, and ice cream, fish, shellfish, meat, poultry)
	If yes, list the types of food items: TTDT all S. F127a , Det Herry File L.

ccl-foodplan 8/1/17

SECTION 4 SHARED KITCHEN				
Will you be sharing kitchen space with another operator?				
No If No, SKIP to Section 5				
Yes If Yes, check one:				
☐ I will rent space from another operator ("Shared Kitchen Agreement" is required)				
l will rent space to another operator (peddler/caterer)				
SECTION 5 DETAILS OF OPERATION				
Answer the following questions:				
Will you have seating on site for dining?				
Will you be doing any catering?				
Will you be doing any delivery?   Will you be doing any delivery?   No ☐ Yes				
A				
Will you have a drive thru window?   ✓ No   ✓ Yes				
If Yes to drive thru, are hours different from inside?				
If Yes, provide drive thru hours:				
Will any scales or barcode scanners be used?				
If Yes, a Weights & Measures application must be completed and a license obtained.				
SECTION 6 ADDITIONAL SITES				
Where will food be prepared and/or sold?				
X At a single site				
At multiple sites (for example, a hotel with several dining rooms or bars) How many?				
If multiple sites, attach a Food Dealer Additional Site Addendum (ccl-foodadd) for each additional site.				
in multiple sites, attach a robu bealer Additional site Addendam (col robudda) for each additional site.				
SECTION 7 CONSTRUCTION OR CHANGES				
Are you planning any construction, remodeling or equipment changes?				
No If No, SKIP to Section 8				
Yes If Yes, check all that apply:				
New construction of a building				
Construction changes to an existing building				
Renovation or remodeling				
Equipment changes only (installation or replacement)				
Provide a brief description of the changes:				
Start date:				
Name, Address & Phone Number of Architect:				
Name, Address & Figure Namber of Aventeed				
Name, Address & Phone Number of Contractor:				
Name, Address & Filore Number of Contractor.				

SECTION 8	ALCOHOL BEVERAGES
Are you ap	olying for an alcohol beverage license?
□ No	If No, SKIP to Section 9
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 i	nitial each item confirming your understanding:
KL	I understand the Health Department must conduct an inspection and advise the License Division of their approval
Kı	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
l KL	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
1 KL	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
1	issued.
TL.	I understand the license must be issued and posted in my establishment prior to opening for business.
KI	Lwill not operate my food business until the license has been issued and posted in the establishment.
· ·	1010/
Signature	of sole proprietor, partner, agent or 20% shareholder:
Signature (	of additional partner(s):

## LOUNGE 340 MENU

Popcorn \$1.00

Chips \$1.00

Pickles \$1.00

Beef Jerky \$2.00

Bottled Water \$1.00

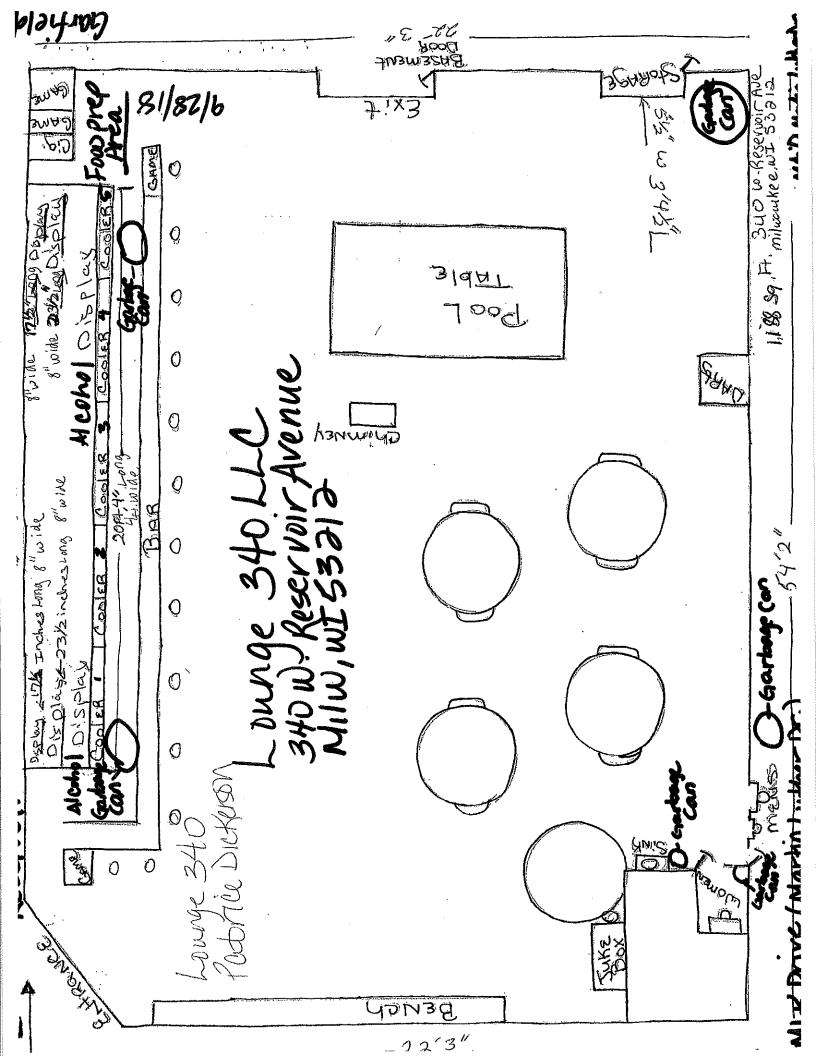
Hot dogs \$3.00

Polish \$4.00

Brat \$4.00

Pizza Slice \$3.00

Whole Pizza \$15.00





## CITY OF MILWAUKEE OFFICE OF THE CITY CLERK

Wednesday, December 12, 2018

#### COMMITTEE MEETING NOTICE

AD 14

D'ACQUISTO, Patricia A, Agent Franks Power Plant BV LLC 2800 S KINNICKINNIC Av Milwaukee, WI 53207

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

#### Tuesday, December 18, 2018 at 08:45 AM

Regarding:

Your Class B Tavern, Public Entertainment Premises, Food Dealer, and Sidewalk Dining License Applications Requesting Instrumental Musicians, Jukebox, Bands, Karaoke, and 10 Amusement Machines as agent for "Franks Power Plant BV LLC" for "Franks Power Plant Bay View" at 2800 S KINNICKINNIC 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

Jessica Celella

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



## CITY OF MILWAUKEE OFFICE OF THE CITY CLERK

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JIM OWCZARSKI, CITY CLERK

BY:

Jessica Celella

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

Date:12/11/18 Officer: Felix, C

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

Name of Premise: Address: Phone:	Frank's Power Plant 2800 S. Kinnickinnic AV. 414-483-3644				
Owner: Owner address: City State Zip: Owner Phone: Owner email:	D Acquisto, Patricia A 4270 S. Nicholson Av. Franklin, WI 414-217-8005 Naturelove4242@yahoo.com				
Licensee/Agent: Home Address: City State Zip: Phone: Email:	SAME				
Preferred contact: SA	ME				
Location currently op	en: YES 🔀	NO			
Projected open date: 1	FEB 2019				
Day's open: S	M _T _W _Th _F _SA	⊠ALL			
Hours of Operation:	Sun: 9A-2A Mon: 9A-2A Tue: 9A-2A Wed: 9A-2A Thu: 9A-2A Fri: 9A-2;30A Sat: 9A-2;30A	24 hours TY N			
Premise Type:	∑Tavern/Bar □Restaurant □Other:				

Licenses currently				
Alcohol:	∐Yes ⊠	No Class:	#:	
Tobacco:	☐Yes 🔀 🗆	No	#:	
Food:	☐Yes 🔯	No .	#:	
Occupancy:	Yes 🕅	No	#:	•
Other:		No Type:	#:	•
Other:		No Type:	#:	
Othor.	[ 1 co [ ]	(10 1)po.	,,,	
Tertonion Comezon				
Exterior Survey:		anna Elvar Elvia		•
	around the location cle			
	unds the location? (Cl	neck all the apply)	,	
a. 🔯 P				
=	chool			
	Youth Center			
d. <u>⊠</u> C	Church			
е. 🔲 Т	Cavern(s) If so, how m	ıany	•	
f. 🛛 R	Residential			
g. 🔯0	Other businesses			
- ===	Other:	,		
3. Can you see	e from the outside of	the location into th	ne interior XYe <u>s N</u> o	
4. Can you see	e the employees insid	e of the location fi	rom the outside Yes	No
	r windows free of sign			<del></del>
	us stop? ∐Yes ⊠No			
	us shelter? $\square$ Yes $\boxtimes$			
	ing Yes No	T.		
	arking lot ⊠Yes □N			
	ng lot clean? ⊠Yes [			
	ng lot well lit? ⊠Yes	3NoN/A		
	ng ∐Yes ⊠No			
a. Wil	l this lot have a guard	l? ∐Yes ⊠No L	_N/A	
b. Wil	l this lot have camera	s?∐Yes ⊠No [	N/A	
13. Are there a	reas where a person c	ould conceal them	ıselves ⊠Yes ∐No	
14. Is there ext	erior lighting? 🛛 Ye	s No. Does it a	appears to be adequate	YesNo
15. Exterior Pa		Yes ⊠No	•	
16. Are there N	No Loitering Signs po	sted? □Yes ⊠N	lo	
17. Are there e	xterior security came	ras Yes No I	How Many:	
18. Are the ado	lress numbers promin	ently displayed ar	nd easy to see ⊠Yes [	No
Exterior Comment		J	, <u></u>	•
DAIOHOI COMMICIN				
Comovo Suviori				
Camera Survey:	ocation have security	camerac? TVes	$\sum N_0$	
19. Does this r	versamina and and V		Z7140	
	working order?	C2 MIAO		
	at are the cameras?	īnt.		
a. Col		No .		
b. Dig	· · · · · · · · · · · · · · · · · · ·	]No		
c. VC	R   Yes	No		

d. Recorded Yes No
22. How long is footage stored for later viewing:
23. Are there exterior cameras Yes No How many:
24. Are there interior cameras Yes No How many:
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 many
Camera Survey Comments:
Interior Survey:
27. What is the planned/posted capacity 80
28. What is the minimum number of employees that will be on premise 1
29. Is the storeowner willing to be a standing complainant regarding loitering? Yes No
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?
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 ☐Yes ☐No ☑N/A
39. What type of security measures will be used: ⊠N/A
Wanding/metal detector
☐ ID Scanner
Dress Code
Cover Charge
Age restriction 21 years
Other
40. When at capacity, how will the overflow crowd be managed? Wait outside
41. Will a guard monitor the overflow crowd at all times? ⊠Yes ☐No
Security Comments:

#### ADDITIONAL COMMENTS/RECOMMENDATIONS:

The business is close at this time and is housed in a mix use building, with a five bedroom apartment in the upper. The applicant is working on the interior and plans to open the front half of the business first where the bar is located, and then work on the rear interior area as the business is operating. The licensee stated, her plans are to have a total of six working cameras installed in the interior and exterior of the business. The rear area will house a DJ booth and

possibly an area for live bands. The rear parking lot will become a patio area for customers to go smoke. Security will be someone she hires at a later date when there are planned events at the business. This was the end of the inspection.

# MILWAUKEE POLICE DEPARTMENT LICENSE INVESTIGATION UNIT

## CRIMINAL RECORD/ORDINANCE VIOLATION/INCIDENTS SYNOPSIS

DATE: 09/08/2017 LICENSE TYPE: BTAVN

No. 261679

NEW:

A ... IT ... 41 ---

RENEWAL: X

Application Date: 09/08/2017

**Expiration Date:** 

License Location: 2800 S Kinnickinnic Avenue

Aldermanic District: 14

Business Name: Chucks On K K

Licensee/Applicant: Cottreau, Rebecca A.

(Last Name, First Name, MI)

Date of Birth: 06/18/1971

Male:

Female:

Home Address: 4519 South Burrell Street

City: Milwaukee

State: Wi

Zip Code: 53207

Home Phone: (414) 483-9181

This report is written by Police Officer Gilbert Gwinn, assigned to the License Investigation Unit, Days.

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

#### The following applies to corporate officer Rebecca A Meer:

1. On 03/08/12 at 12:03 am, Meer received a citation for Underage Attempt/Procure Alcohol at 2800 S KK Avenue.

Charge:

Underage Attempt/Procure Alcohol

Finding:

Dismissed w/o prejudice

Date:

05/02/13

Case:

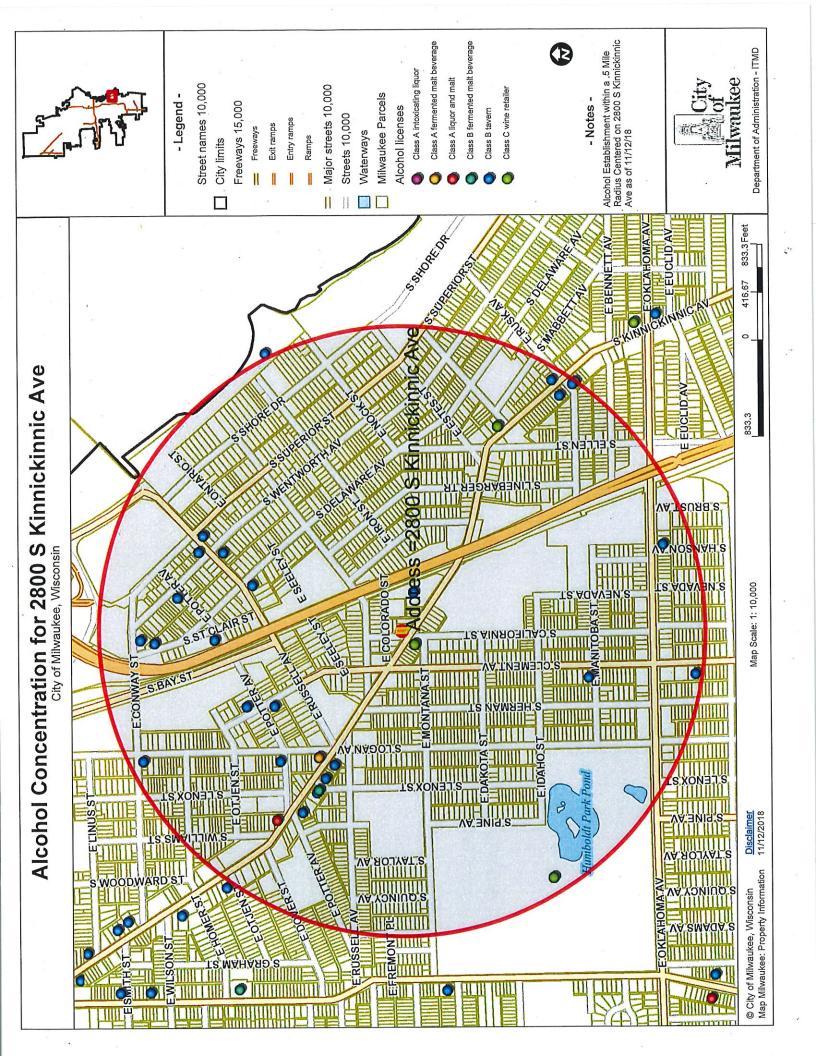
12042049

Item # 1 previously reported, disposition now added on 09/10/13

2. On 04/15/2015 a 20 year old Milwaukee police aide, working in conjunction with Milwaukee police, was able to purchase two Miller High Life beers from the bartender at Franks Power Plant (2800 South Kinnickinnic Avenue). The bartender was informed about the Respect 21 Program.

On 05/30/2015 Milwaukee police responded to a battery complaint at 333 East Lincoln
Avenue. The victim told police she was watching a band at Frank's Power Plant (2800 South
Kinnickinnic Avenue) when she was hit in the head with a beer bottle thrown into the crowd by
a member of the band. She stated that she received an injury that required 5 stitches to close.
Officers also spoke to the lead singer of the band who stated he did not throw anything into the
crowd but did "bless the crowd" with beer. Milwaukee police incident report #151500146 filed.

PREVIOUS PREMISE



License Summary  Class A Fermented Malt Beverage Retailer's License  Class A Malt & Class A Liquor License  Class A Retailer's Intoxicating Liquor License  Class A Retailer's Intoxicating Liquor License				Total
Class A Fermented Malt Beverage Retailer's License Class A Malt & Class A Liquor License Class A Retailer's Intoxicating Liquor License				
Class A Fermented Malt Beverage Retailer's License Class A Malt & Class A Liquor License Class A Retailer's Intoxicating Liquor License				
Class A Malt & Class A Liquor License Class A Retailer's Intoxicating Liquor License Class A Retailer's Intoxicating Liquor License				
Class A Retailer's Intoxicating Liquor License				4 +
ALL - D. F		The state of the s		1 5
Class 8 remensed wast beverage negalical a procine				7.0
Class B Tavern License				
Class C Wine Retailer's License			Crowd Total	35
			ם פונם וסופו	
		Washington and the state of the	Total Andrews	Expiration date
Legal entity Trade name		License type name	Total capacity Audiess	01/10/8
BAY VIEW QUICK MART, LLC		Class A Fermented Malt Beverage Retailer's License	2020 SIMINICAINING AV	0/20/0
SIEGEL LIQUOR, INC	AMARIIT S VIRK, Agt	Class A Malt & Class A Liquor License	2632 S KINNIC AV	2/2/2/
ART 11C	YASSER JABER, Agt	Class A Retailer's Intoxicating Liquor License	2690 S KINNICKINNIC AV	3/27/12
	Thitichai Rukchon, Agt	Class B Fermented Malt Beverage Retailer's License	2663 S Kinnickinnic AV	9/26/19
יאי מטרים	MARISA D LANGE, Agt	Class B Fermented Malt Beverage Retailer's License	2797 S KINNICKINNIC AV	5/23/19
	Matthew J McClutchy, Agt	Class B Fermented Malt Beverage Retailer's License	2920 S Kinnickinnic AV	7/20/19
	Rick A Michalski. Agt	Class B Fermented Malt Beverage Retailer's License	60 3000 S Howell AV	6/28/19
חוופה ורר	Brent A Runcich, SP	Class B Tavern License	63 1051 E POTTER AV	10/31/19
	GENE M MCKIERNAN APT	Class B Tavern License	77 1100 E POTTER AV	9/26/19
LANDLUBBERS, INC	TICIA D DE MADINIC ACT	Class B Tayern license	160 1211 E CONWAY ST	11/4/19
	ANNE CONCHANENBING AST		1441 E RUSSELL AV	9/22/19
ARKET, LLC	Creohen Toll Bed Agt		99 1503 E OKLAHOMA AV	1/2/18
	Detricing Conduction Act	Class B Taylero License	25 2414 S ST CLAIR ST	5/18/19
THREE BROTHERS RESTAURANT LLC	rational value of Age	Class Distant Logical	86 2457 S Wentworth AV	5/11/19
	WILLIAM J SEIDEL, ABT	Closs B Tayon Librates	80 2461 S St Clair ST	9/18/19
perty Corporation	Casey Croint, Age	Class D. swerr License	80 2496 S WENTWORTH AV	7/28/19
	ENCJ DECAS, 35	Class D. saveri sacrification	75 2501 S DELAWARE AV	6/29/19
	ROINALD A ZELLEN, ABL	Class B Sweet I meeting	150 2501 S SUPERIOR ST	5/17/19
	JOSEPH P DEAN, ABL	Class D Tayer I meeting	80 2599 \$ 10GAN AV	9/24/19
	WILLIAM J SEIDEL, ABT.	Clear of Taylor Lineary	49 2543 SKINNICKINNIC AV	5/3/19
Honeypie Cafe & Bakeshop, Inc	VALERI A LUCKS, Agt		2559 SKINNICKINIC AV	10/14/19
BCT5 LLC			2671-2675 CKINNICKINNIC AV	9/14/19
Bumstead Provisions LLC Crafty Cow/Hot Head Fried Chicken	David I Eichler, Agt	Class B laveli Licelise	48 2591 S Kimickinnic AV	3/31/19
	MARK V NIELSEN, ABT	Class D Javel II Declase	80 2800 S KINNICKINNIC AV	11/11/18
		Class B lavern License	2026 CVININICKININIC AV	6/17/19
CODS COOPERATIVE		Class B Lavern License	AD JOSEPH CONTROL OCT	PL/74/12
SONS OF ANDER LLC	JASON J ANDERSON, Agt	Class B Tavern License	LZU ZSOS S MINICHINISC AV	7/13/10
PAIM TAVERN, LLC	BRUNO JOHNSON, Agt	Class B Tavern License	80 Z989 S KINNICKINNIC AV	01/0/0
F10 RESTAURANTS, INC	FRANK L TENUTA, Agt	Class 8 Tavern License	60 Z995 S CLEMEN AV	7/0/7
Patton Legacy II 11 C Belli's Bistro & Spirits	Charmice L Dodson, Agt	Class B Tavern License	3001 S KINNICKINNIC AV	KT/97/7
	THERESA M BROWN, Agt	Class B Tavern License	50 3143 S CLEMENT AV	ST/87/9
CRANK'S NEWPORT LIC	FRANCIS C CREED, Agt	Class B Tavern License	80 939 E CONWAY ST	5/18/19
	Thitichai Rukchon, Agt	Class C Wine Retailer's License	2663 S Kinnickinnic AV	9/26/19
JNI BUILD	MARISA D LANGE, Agt	Class C Wine Retailer's License	2797 S KINNICKINNIC AV	5/23/3
	Matthew J McClutchy, Agt	Class C Wine Retailer's License	2920 S Kinnickinnic AV	ET/07//
prises LLC	Rick A Michalski, Agt	Class C Wine Retailer's License	3000 5 Howell AV	EL/87/9

Wednesday, December 12, 2018



## Licenses Committee Notice of Hearing

WICKERT PROPERTIES LLC 3423 S KINNICKINNIC Av Milwaukee, WI 53207

Date:

12/18/2018

Time:

08:45 AM

Location: Common Council Chambers, Third Floor, City Hall

The Licenses Committee will consider the following license application:

Class B Tavern, Public Entertainment Premises, Food Dealer, and Sidewalk Dining License Applications Requesting Instrumental Musicians, Jukebox, Bands, Karaoke, and 10 Amusement Machines D'ACQUISTO, Patricia A, Agent Franks Power Plant Bay View at 2800 S KINNICKINNIC 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.



#### ccl-busplan 3/15/18

# MILWAUKEE

#### **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. T	ype of Business
Applyii	ng 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)
_	e a detailed description of the type of business you plan on operating:
	DR E RESTURANT & PUBLIC EntertoiNMENT
100000000000000000000000000000000000000	I have any experience operating this type of business? No Mes Yes If yes, explain: Had a boe with x hosbard
2. B	usiness Operations
a.	Proposed Opening Date: Feb 300
b.	Is this premise under construction? No Yes If yes, list estimated completion date:
c.	Is this a franchise? No Yes
d.	Is this premises currently licensed? \( \sum \text{No} \text{ No}  Yes If yes, list type of license: \( \text{CIAS B Travelon, PEP, FREST, SD
e.	Is the current licensee operating?  \( \sum \) Yes If no, list date closed:
f.	Do you have future plans for other businesses, licenses or permits at this location? \( \subseteq No \times Yes \)
	If yes, explain: PRAKING lot into A PARO : Food hood
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? X 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?
c.	Grounds cleaned by: Licensee Building Owner Employees Hired Maintenance Other:
d.	How are noise issues prevented and/or addressed? Security Manager approaches customer(s) Call Police
	☑Signs Posted ☐Other:
e.	Will a sound amplification system be used? No X Yes If yes, describe: When Bands Play
4. Sı	moking & Sanitation
a.	Are there designated outdoor smoking areas? No X-Yes If yes, describe: Tables on Sice of Building
b.	Number of Garbage Cans: Inside: 8 Locations: 2 in botheom 2 behind Boe of Kitchen loutside Both
	Outside: 3 Locations: 2 in box of building low sine of Builty
c.	Is a crowd control barrier used? X No Yes If yes, describe:
d.	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 s		If yes, how	many? $\Box$ a	nd describe	e the parking security	
plan: <u>CAMEUAS</u>	· lights					
b. Is there a loading zone?	No Yes If yes, d	escribe the l	oading area security pla	an:	:	
c. Will you have security per	rsonnel on premise? 🏻	No Ye	If yes, how many?_	aı	nd answer the following:	
	oonsibilities?	•	_			
Is security equipme	ent used? 🗌 No 💢 Y	es If yes, de	escribe <u>Cameus</u>			
	certification, or training					
d. Will there be security can	neras? No Yes	If yes, how	many? and list	locations:	OUtside building?	
2 inside	,					
e. Will searches/identification			No X Yes If yes, descr	ibe <u>ASKin</u>	y for 3c	
6. Percentage of Sales		6)			1	
Alcohol <u>50</u> %	Food 3	%	Secondhand Merchandi	se	Precious Metals & Gems	
Entertainment <u>/ &amp;</u> %	Cigarettes	2_%	%		% ·	
- 1 1	Salvaged Materials	%	Personal Services (such		Other%	
Pawnbroker Activity%	(such as scrap metal)	body piercing, salon, tailor, tanning, etc.)%			Describe:	
7. Businesses/Licenses	on the Premises	s (check a	all that apply):			
Type 1  Full Service Restaurant	Cafe/Coffee Shop	□ Deli or E	ast Food Restaurant	☐ Private	/Fraternal/Veterans Club	
	☐ Cale/Colleg Shop	Cocktail		☐ Teen C	•	
☐ Night Club	_`				100	
Banquet Hall	Sports Facility	Bowling				
Hotel/Motel: Number of Flo	•	∐ Rooming	g House: Number of Flo Number of Ro			
Number of Ro	01115.		Number of No.	O.11.5.		
Liquor Store	Corner Store	Superma	ırket	Conver	ience Store	
Gas Station	Amusement/Phonog	raph Distribut	or	Recycli	ng, Salvage or Towing	
Used Car Dealer	Personal Service Est (such as tattoo busir		n, tailor, etc.)	Record	ing Studio	
What other licenses/permits will	you hold at this location? (	(check all that	apply)			
Occupancy Permit	Cigarette & Tobacco Ga	s Station 🔲	extended Hours Class "	′B" Tavern [	Weights & Measures	
Secondhand Dealer Precious Metal & Gem Other:						
8. Legal Capacity (only	8. Legal Capacity (only if a Type 1 premises in #7 above)					
Capacity (Call the	e Milwaukee Development	t Center at 414	4-286-8211 if you have qu	estions.)		

0 Decesion 5	occeintion				
9. Premises D					
a. Identify all area(s) of the premises that will be used in operating this business (include areas used only for storage):  図1 <sup>st</sup> Floor □2 <sup>nd</sup> Floor 図Basement Storage 日Patio □Beer Garden □Sidewalk Café □Deck □Rooftop					
☐Other: Describe:					
b. Describe Location: Major Thoroughfare Secondary Street Other:					
c. Nearest Major Cross Street:					
d. Describe Building: 🖫 Free Standing Building 🗌 Strip Mall 📗 Other:					
e. Describe Premises Structure: Single Story Multi-Story - # of Stories Other:					
f. Describe Surrounding Area: Commercial Residential Industrial Other:					
	g. Building Owner Name: FRANCIS Wicker Phone Number: 414 524-9250				
Business Owne	er Address:				
10. Hours of C	peration & Custor	ners			
Will customers be ent	ering the premises?   No	Yes			
	Proposed Hours of Operation:		Estimated Number	Potential	Class B Tavern
Day of the Week			of Customers	Age Range of	Applicant Only: Age Restriction
	Open Time	Close Time	expected each day	Customers	(If none, write 'None')
(include a.m. or p.m.) (include a.m. or p.m.)					. 0
Sunday	1 Am	2 Au	30	0-100	Nout
Monday // Am		2+1	30	0-100	NOWE
Tuesday	11 pm	2 ~~	30	0-100	NowE
Wednesday	11 pm	2 pm	30	0-100	NONE
Thursday	11 pm	2 Am	30	0-100	NowE
Friday	llam	2:30,2	60	D- (W	MONE
Saturday	11 pm	2:30 am	60	0-100	None
An Extended Hours Es piercing, salon, tailor,	tablishment License is requir tanning, etc.), recording stud	ed for any convenience stor dio or restaurant which is op	e, filling station, persona en between the hours of	l service establish 12:00 a.m. and 5	ment (such as tattoo, body :00 a.m.
Alcohol Establishment Permitted Hours of O		am to 9:00 pm Sunday thru am to 2:00 am Sunday thru	Saturday Thursday, 6:00 am to 2:3	0 am Friday & Sa	turday
Entertainment Outdo	or Closing Hours: 10:0 Is es	Opm Sunday-Thursday; 12:00 tablished by the Common Co	Dam Friday & Saturday; u ouncil in its approval of th	inless a different i ne licensee's plan	time, either earlier or later, of operation.
11. Signature(s)					
( LA	- EVILLE				
	orietor, Partner, or 20% or w	ore Shareholder	Signature of additional p	oartner or 20% or	more shareholder
	0% or more shareholders, r-print name/title and sign)	•			

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



## ALCOHOL BEVERAGE & PUBLIC ENTERTAINMENT PREMISES SUPPLEMENTAL APPLICATION

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 <u>www.milwaukee.gov/license</u>

Legal	Entity Name: FRANKS POWER PLANT BU LLC
Premi	se Address: 2800 So. Kinnic Kinnic Aug.
Prox	mity of Premises to Church, School, Daycare Center or Hospital
Is the	building within 300 feet of any church, school, daycare center or hospital? No 🔼 Yes
"Serv	rice Bar Only" Designation
	lying for Class B or C license, are you applying for "Service Bar Only"? No Yes
Servi No st	e Bar Only means customers cannot sit at the bar. Alcohol is served to employees who serve patrons seated at tables. ools, chairs or other articles of furniture shall be placed at the service bar for patrons to sit upon.
Busi	ess Information
-	Are you taking out this application for anyone that may not be eligible for a license? No Yes
	f yes, list their name and address:
رد.	f 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, he person(s) listed above must obtain a Class B Managers license.  Does anyone else have money invested or any other interest in this business? No Yes
	f yes, explain:
	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:
Proc	f of Ownership, Lease, or Offer to Purchase (New & Transfer Applicants Only)
	nit proof of ownership, lease, or offer to purchase the building with this application.
A lea a)	se or office to purchase must: Be in the same legal entity name as that apply for the license
b)	Reflect the same address as the premises address on this application
1 -,	Reflect current dates and Be signed by the lessor/seller and lessee/buyer
Prop	erty Information (New & Transfer Applicants Only)
a)	Do you own or lease the building? Town Lease
b)	Who owns the fixtures (for example, coolers, etc.)? FRANKS POWER PLOT BY LLC
c)	Are you purchasing the stock and/or fixtures? $\square$ No $\square$ Yes If yes, amount paid $\frac{5.000}{\square}$
d)	Total amount paid for business \$ 325.000
e)	Total amount paid for goodwill of the business \$60.000
	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

a)	Date lease begins Ends				
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  For what length of time have you been guaranteed occupancy (number of years)?				
e)					
f)	In addition to paying the monthly rental, will you have to pay anything additional to the owner of the building to guarantee perform of the lease?   No  Yes If yes, explain				
g)	Does the present owner or occupancy object to the granting of your license? $\square$ No $\square$ Yes				
	If yes, explain				
Cha	nge of Agent Applicants Only				
Sigi	nature				
Sigi	nature				
Sig	nature				
Sig	nature				
Signa	ture of Sole Proprietor, Partner or 20% or More Shereholder				
Signa					
Signa	ture of Sole Proprietor, Partner or 20% or More Shereholder				
Signa	ture of Sole Proprietor, Partner or 20% or More Shareholder 20% or more Shareholder, Corporate Officer - print name/title and sign)				
Signa	ure of Sole Proprietor, Partner or 20% or More Shareholder 20% or more Shareholder, Corporate Officer - print name/title and sign)  Note: All information contained in this application is subject to approval by the Common Council.				
Signa	ure of Sole Proprietor, Partner or 20% or More Shareholder  20% or more Shareholder, Corporate Officer - print name/title and sign)  Note: All information contained in this application is subject to approval by the Common Council.  Deviating from approved plan of operation will subject licensee to citations, and/or suspension or non-renewal of the license.				
Signa	ure of Sole Proprietor, Partner or 20% or More Shareholder 20% or more Shareholder, Corporate Officer - print name/title and sign)  Note: All information contained in this application is subject to approval by the Common Council.				
Signa	Note: All information contained in this application is subject to approval 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.				
Signa	ure of Sole Proprietor, Partner or 20% or More Shareholder  20% or more Shareholder, Corporate Officer - print name/title and sign)  Note: All information contained in this application is subject to approval by the Common Council.  Deviating from approved plan of operation will subject licensee to citations, and/or suspension or non-renewal of the license.				
Signa	Note: All information contained in this application is subject to approval 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:				



Filed:\_\_

\_\_\_\_\_ App :\_\_\_

Only PEP? No Yes If Yes, Queue to MPD and Email Mgrs/Team Lead (must be heard w/in 60 days)

## 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>

PREMISES ADDRESS:	800 So Kinna Ki	mic Alt Millerates	(ex 5370)
TYPES OF ENTERTAINMENT (CH	proprogramme and the control of the		
Instrumental Musicians	Battle of the Bands	Dancing by Performers	Amusement Machines How many?
₩.Bands	Comedy Acts	Adult Entertainment/ Strippers/Erotic Dance	Concerts  Approx. # per year?
Bowling Alley How many?	Disc Jockey	Wresting	Theatrical Performances Approx. # per year?
Pool Tables How many?	Magic Shows	Patron Contests	Jukebox
Motion Pictures (movies by admission) - How many?	Poetry Readings	Patrons Dancing	Karaoke
Other:			
Entertainment Outdoor Closing Hours:		Friday & Saturday; unless a different time I in its approval of the licensee's plan of o	
PROMOTERS/SOUND AMPLIFIC	ATION		
Will promoters ever be used for any of	the entertainment? No 🔼 Ye	es If Yes, Describe Postues	
At any time will sound amplification be	used? No X Yes If Yes, Desc	cribe: Sound system	
LEGAL CAPACITY OF PREMISES			
(Call the Development Premises License. If you would like to here: If approved, tl	request the license be approved wi	itions.) Legal capacity determines the th a lower capacity than that listed a license and override the capacity lis	bove, indicate the lower capacity
ACKNOWLEDGEMENT/SIGNAT	tarian a seria de la como como como como como como como com		
I understand that after the license has the Common Council. I agree to inform I understand that I shall not willfully re the general public because of race, colorientation, gender identity or express dressed in uniform or not; and shall not selection of personnel for training or public library in the common suspension, non-renewal or revocation Signature of Sole Proprietor, Partner of (If no 20% or more Shareholder, Corporation).	n the City Clerk within 10 days of ar fuse to provide the services offered or, sex, religion, national origin or a ion, familial status or the fact that at seek such information as a condit romotion on the basis of such information as a condit information on the basis of such information in the basis of such information on the basis of such information in the basis of such information.	ny substantial changes in the informal under this license, or add charges of incestry, age, handicap, lawful source a person is now or has been a membrion of employment, or penalize any ormation.  Itainment, and understand that the liction of the city of Milwaukee and Star	tion supplied in this application.  r require deposits not required of e of income, marital status, sexual er of the military service, whether employee or discriminate in the cense may be subject to
Office Use Only:			



### FOOD DEALER LICENSE PLAN OF OPERATION

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: FRANKS Joseph Janta LC
Premises Address: 2800 Sp. Kinnic Kinnic AVE
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  Convenience Stores have less than 5,000 sq ft of retail space, primary business is the sale of basic food items, and in addition sells household products)  In addition, will any wholesale business be done? Yes No
If yes, what percentage of the business will be wholesale?
Will retail items be sold? X No Yes If Yes, indicate percentage of food sales%
Will restaurant items be sold? No* X Yes If Yes, indicate percentage of food sales%
* 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 FOOD REQUIRING TEMPERATURE CONTROL
Will any food that requires temperature control be sold? No Yes (includes dairy products such as milk, cheese, and ice cream, fish, shellfish, meat, poultry)  If yes, list the types of food items: Hot dogs 4. Fues

ccl-foodplan 8/1/17

SECTION 4	SHARED KITCHEN				-	•
Will you be sharin	g kitchen space with another operator?					
No No	If No, SKIP to Section 5					`
☐ Yes	If Yes, check one:					
	I will rent space from another operator	("Shared	Kitchen A	greement" i	s required)	
	I will rent space to another operator (peddle	er/caterer)				
SECTION 5	DETAILS OF OPERATION		·			
Answer the follow	ring questions:					
Will you	have seating on site for dining?		☐ No	入 Yes		
Will you	be doing any catering?		∏ Nο	☐ Yes		
Will you	be doing any delivery?		∏ No	Yes		•
Will you	have outdoor activities?		☐ No	Yes		
If Yes	to outdoor activities, check all that apply:	Bar	Cook	ing/Grilling	Dining	
Will you	have a drive thru window?		Z No	☐ Yes		
If Yes	to drive thru, are hours different from inside?		☐ No	Yes		
If Yes	, provide drive thru hours:				-	
Will any	scales or barcode scanners be used?		No.	Yes		
If Yes	, a Weights & Measures application must be com	pleted and	a license	obtained.		
SECTION 6	ADDITIONAL SITES		,,,,,,			
where will lood i	pe prepared and/or sold?					
At a single si	te					
At multiple s	ites (for example, a hotel with several dining roor	ns or bars)		How many	\3·	<del></del>
If multiple si	tes, attach a Food Dealer Additional Site Addendu	ım (ccl-foo	dadd) for	each additio	nal site.	
SECTION 7	CONSTRUCTION OR CHANGES					
Are you planning	any construction, remodeling or equipment chan	ges?				
	o, SKIP to Section 8	_				
	es, check all that apply:					
1 4	New construction of a building					
_	Construction changes to an existing building					
	Renovation or remodeling					
7.		nent)	•			
1 /	Equipment changes only (installation or replacem ief description of the changes: <u>しんいしん</u> し		200 C	ust in	a he	od_
	ier description of the changes: 1000 10	10-	1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Start date:	8019			d	•	
Name, Address 8	Phone Number of Architect:					
,	Darle's	<u> </u>	الم ما ا	=		
Name, Address 8	Phone Number of Contractor: BALDS		Vagt			·····
	414	ODO)	- 389	ч	· · · · · · · · · · · · · · · · · · ·	

ccl-foodplan 8/1/17

SECTION 8	8 ALCOHOL BEVERAGES
Are you ap	plying for an alcohol beverage license?
☐ No	If No, SKIP to Section 9
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 S	9 ACKNOWLEDGEMENTS & SIGNATURE
You must i	initial each item confirming your understanding:
DE D	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.  I will not operate my food business until the license has been issued and posted in the establishment.  of sole proprietor, partner, agent or 20% shareholder:
Signature	of additional partner(s):





### **Sidewalk Dining Facility Supplemental Application**

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

Business Name: FRANKS FOWER PLANT	Aldermanic District #			
Premises Address: 2800 So. Vinnickinnic Mis.				
Business Operations				
Check one:				
I/we currently hold Food/Alcohol license(s) AND	•			
confirm that the Business Plan of Operation on file which was previously sub Alcohol application has not changed, except for the addition of this sidewalk	mitted with the Food and/or dining facility.			
have included a new Business Plan of Operation reflecting requested change	S.			
Sidewalk Dining Facility will operate from: Start Date: to End Date:	100 2019			
Will any food preparation be done outdoors? Yes				
If yes, describe:	——————————————————————————————————————			
Will any sidewalk dining facility improvements be physically attached to public structures? 🔼 No				
If yes, describe:				
Property Owner	•			
Check one: 🔀 Applicant owns the property				
Property owner's information/signature provided below (REQUIRED):				
Name: Phone #				
Address:				
Property Owner's Signature:				
Signature(s)				
12 AM				
Signature of Sole Proprietor, Partner, or 20% or more Shareholder (If there are no 20% or more shareholders, Corporate Officer-print name/title and sign)	or 20% or more shareholder			
·				
Office Use Only:				
Initials Filed App # Lic #	·			
Also holds is applying for: Food Alcohol Perm Ext  Queue All Apps to: Health DNS CC				
Email for Approval to:	•			

KARE I ITAILE Harnischfeger trinnickinnic Ave, NOV 8 2018 Emergency SDEWALK Stage Area Entrance Total. Square Footage = 2025 (45×36) + (45×18)/2 = 2025 5 x 2 display Kitchen BB Cooler Rear Entrance Parking 45' Date: 2800 S. Kinnickinnic Ave. SUBJECT: PAGE OF APPROVED: BY: DATE: DATE: