

CITY OF MILWAUKEE OFFICE OF THE CITY CLERK

Wednesday, May 13, 2020

COMMITTEE MEETING NOTICE

AD 07

HARRISON, James J, Agent Tatou Amusement, LLC PO BOX 241244

Milwaukee, WI 53224

You are requested to attend a virtual hearing to be held on:

Friday, May 22, 202 02:00 PM

Regarding:

Your Class B Tavern and Public Entertainment Premises License Applications with Change of Floor Plan Adding Kitchen and Game Room and Food Dealer License Application as agent for "Tatou Amusement, LLC" for "Taste Kitchen and Cocktails" at 3945 N 35th St.

This meeting will be held via GoToMeeting. Please see the enclosed best practices document for further instructions. The access code is https://global.gotomeeting.com/join/570861413. If you wish to call in, please call +1 (669) 224-3412 and use Access Code: 570-861-413.

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 attend this meeting may result in the denial of your license. Individual applicants and partnership applicants must attend or attend by an attorney. The agent or attorney for corporate or limited liability applicants must attend. 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 attend the virtual hearing and are 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 request an interpreter attend the meeting with you, at your expense, so that you can answer questions and participate in your hearing.

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 meeting, please contact the staff assistant, Molly Kuether-Steele at (414) 286-2775 or molly.kuether-steele@milwaukee.gov.

200 E. Wells Street, Room 105, City Hall, Milwaukee, WI 53202. www.milwaukee.gov/license Phone: (414) 286-2238 Fax: (414) 286-3057 Email Address: License@milwaukee.gov

MILWAUKEE POLICE DEPARTMENT LICENSING

CRIMINAL RECORD/ORDINANCE VIOLATION/INCIDENTS SYNOPSIS

DATE:	03/23/20	020
LICENS	E Type.	Foo

No. 308122

New: Application Date: 03/19/2020

RENEWAL:

License Location: 3945 N 35th St

Business Name: Standing Room Only

Licensee/Applicant: HARRISON, James J (Last Name, First Name, MI)

Date of Birth: 01/15/1982

Home Address: 4517 N 76th St

City: Milwaukee

State: WI

Zip Code: 53216

Home Phone:

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

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

1. On 04/26/2016 the applicant was cited in the City of Milwaukee for Licensed Establishment Exceeding Occupy Limit.

Charge:

Licensed Establishment Exceeding Occupy Limit

Finding:

Guilty

Sentence:

Fined \$4,500.00

Date:

02/07/2017

Case:

16047541







Notice of Public Hearing

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HARRISON, James J, Agent
Taste Kitchen and Cocktails at 3945 N 35th St
Class B Tavern and Public Entertainment Premises License Applications with Change of Floor
Plan Adding Kitchen and Game Room and Food Dealer License Application

Friday, May 22, 2020 at 2:00 PM

To whom it may concern:

The above application has been made by the above named applicant(s). This requires approval from the Licenses Committee and the Common Council of the City of Milwaukee. The hearing before the Licenses Committee will take place virtually on 5/22/2020 at 2:00 PM. This is a public hearing. Those wishing to view the proceeding are able to do so via the City Channel – Channel 25 on Spectrum Cable – or on the Internet at http://city.milwaukee.gov/citychannel. Those wishing to provide oral testimony will be asked to do so by phone or internet and are asked to contact the staff assistant, Molly Kuether-Steele at (414) 286-2775 or molly.kuether-steele@milwaukee.gov for necessary information. Please make such requests no later than one business day prior to the start of the meeting. You are not required to attend the hearing, but please see the information below if you would like to provide testimony. Once the Licenses Committee makes its recommendation, this recommendation is forwarded to the full Common Council for approval at its next regularly scheduled hearing.

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

- 1. The license application is scheduled to be heard at the above time. Due to other hearings running longer than scheduled, you may have to wait some time to provide your testimony.
- 2. You must testify as to matters that you have personally experienced or seen. (You cannot provide testimony for your neighbor, parent or anyone else; this is considered hearsay and cannot be considered by the committee.)
- 3. No letters or petitions can be accepted by the committee (unless the person who wrote the letter or the persons who signed the petition are willing to testify).
- 4. Persons opposed to the license application are given the opportunity to testify first; supporters may testify after the opponents have finished.
- 5. When you are called to testify, you will be sworn in and asked to give your name, and address. (If your first and/or last names are uncommon please spell them.)

- 6. You may then provide testimony.
- a. Include only information relating to the above license application.
- b. Include only information you have personally witnessed or seen.
- c. Provide concise and relevant information detailing how this business has affected or may affect the peaceful enjoyment of your neighborhood.
- d. If by the time you have the opportunity to testify, the information you wish to share has already been provided to the committee, you may state that you agree with the previous testimony. Redundant or repetitive testimony will not assist the committee in making its recommendation.
- 7. After giving your testimony, the members of the Licenses Committee and the licensee may ask questions regarding the testimony you have given or other factors relating to the license application.
- 8. Business Competition is not a valid basis for denial or non-renewal of a license.

Please Note: If you have submitted an objection to the above application your objection cannot be considered by the committee unless you personally testify at the hearing.

OCCUPANT	MAIL ADDRESS	CITY, STATE ZIP
CURRENT OCCUPANT	3611 W ROOSEVELT DR	MILWAUKEE, WI 53216
CURRENT OCCUPANT	3950 N 36TH ST	MILWAUKEE, WI 53216
CURRENT OCCUPANT	3950A N 36TH ST	MILWAUKEE, WI 53216
CURRENT OCCUPANT	3934 N 36TH ST	MILWAUKEE, WI 53216
CURRENT OCCUPANT	3902 N 36TH ST	MILWAUKEE, WI 53216
CURRENT OCCUPANT	3925 N 36TH ST	MILWAUKEE, WI 53216
CURRENT OCCUPANT	3603 W ROOSEVELT DR	MILWAUKEE, WI 53216
CURRENT OCCUPANT	3936 N 36TH ST	MILWAUKEE, WI 53216
CURRENT OCCUPANT	3918 N 36TH ST	MILWAUKEE, WI 53216
CURRENT OCCUPANT	3933 N 36TH ST	MILWAUKEE, WI 53216
CURRENT OCCUPANT	3940 N 36TH ST	MILWAUKEE, WI 53216
CURRENT OCCUPANT	3930 N 36TH ST	MILWAUKEE, WI 53216
CURRENT OCCUPANT	3946 N 36TH ST	MILWAUKEE, WI 53216
CURRENT OCCUPANT	3523 W ROOSEVELT DR	MILWAUKEE, WI 53216
CURRENT OCCUPANT	3914 N 36TH ST	MILWAUKEE, WI 53216
CURRENT OCCUPANT	3535 W ROOSEVELT DR	MILWAUKEE, WI 53216
CURRENT OCCUPANT	3527 W ROOSEVELT DR	MILWAUKEE, WI 53216
CURRENT OCCUPANT	3529 W ROOSEVELT DR	MILWAUKEE, WI 53216
CURRENT OCCUPANT	3908 N 36TH ST	MILWAUKEE, WI 53216
CURRENT OCCUPANT	3609 W ROOSEVELT DR	MILWAUKEE, WI 53216
CURRENT OCCUPANT	3946A N 36TH ST	MILWAUKEE, WI 53216
CURRENT OCCUPANT	3902A N 36TH ST	MILWAUKEE, WI 53216
CURRENT OCCUPANT	3922 N 36TH ST	MILWAUKEE, WI 53216
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Total Records: 23

Radius: 250.0 feet and Center of Circle: 3945 N 35th St



Office Use Only:

Application #: PFP 391745 Date:

LC Email: MPD NS HD Initials:

APPLICATION AMENDMENT

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

Date: 3-16-20 To the License Division of the City of Milwaukee: ISOW Rent Tatou Amusment LLC, wish to amend my answer(s) on the application for a by adding or amending the following information (complete only those sections being amended): 1. Answer to Question(s) #_____ should be: ____ Agent should be (full legal name): _____ Also complete 3, 4, 5 & 6 2. 3. Date of birth should be: Home address should be (include city/state/zip): 4. 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): 8. Business name should be: 9. Premises address should be (include city/state/zip): Business phone number should be (include area code): 10. Mailing address should be (include city/state/zip): 11. 12. Email address should be: Recycling/Salvaging/Towing: Location where vehicle will be parked should be (include city/state/zip): _______ Class B Tavern: Age Distinction should be: Other: Changing the Front Room Kitchen that has been used As A Storge Room back to Used As a Kitchen. The brasement Dressing room will be (Check with the License Division before submitting "Other" amendments using this form.)
Made Smaller to be USED top Approved Amusement Machines/Game Room.

N Initials: (CK)

To LC:

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. 7	Type of Business
Apply	ing for:
	Self Service Laundry Massage Establishment Filling Station
	Other (supplemental application for specific license also required)
	de a detailed description of the type of business you plan on operating:
Be	or and Restourant with a Banquet hall providing and boshing Events
	u have any experience operating this type of business? No Yes If yes, explain:
2. E	Business Operations
a.	Proposed Opening Date: 4-1-2020
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? 🖊 No 🗌 Yes If yes, list type of license:
e.	Is the current licensee operating? 🗹 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):
u h.	Are other businesses operating in the same building? No Yes If yes, describe:
3. Li	itter & Noise
a.	How are grounds kept clean? Sweep Pressure Wash Pick Up Litter Other:
b.	How often will grounds be cleaned? Daily Weekly As Needed Monthly Other: Nighty Acks Close.
c.	Grounds cleaned by: Licensee Building Owner Employees Hired Maintenance Other:
d.	How are noise issues prevented and/or addressed?
	✓Signs Posted Other:
e.	Will a sound amplification system be used? \(\subseteq No \(\overline{\overline{N}} \) Yes If yes, describe: \(\overline{P} \) Audio \(\overline{P}, \overline{A}, \(\overline{System} \)
4. S	moking & Sanitation Entry outside, 7 Future
~ a.	Are there designated outdoor smoking areas? No Yes If yes, describe: Font Enter Side Building Pati
b.	Number of Garbage Cans: Inside: 5 Locations: Common Areas, Restroyas, BAR HARA
	Outside: 2 Locations: Front Door, Parking LOT
c.	Is a crowd control barrier used? \(\subseteq No \subseteq Yes \) If yes, describe: \(\subseteq No \subseteq Rable \) Fenceing with metal Bars
d.	How many restrooms are on the premises?4
e.	Name of solid waste contractor: Advanced Disposal Waste Management ZOther:

5. Security					
a. Are there onsite parking spaces? No Yes If yes, how many? 28 and describe the parking security					
plan: Cameras, Sec	rity quards pat	bus lon	controling trace	ic	
b. Is there a loading zone?	☐ No ☑ Yes If yes, o	describe the l	oading area security plan	Rene	of the building
Security, Lightin	y and CAMERAS			- 1	and tallah
c. Will you have security pe	ersonnel on premise?] No ☑Ye	s If yes, how many? 64	BASED	nd answer the following:
l s			Hy of premises o		^
l .			escribe Metal det		A -
			State License	,	
d. Will there be security car				cations:	Interior Areas
Front Door F					-
The state of the s			No 🖊 Yes If yes, describe	e	<u> </u>
6. Percentage of Sales	1 .		50		
Alcohol 59 %	Food . 3-5	5%	Secondhand Merchandise		Precious Metals & Gems
Entertainment <u>25</u> %	Cigarettes	%	%		%
	Salvaged Materials	%	% Personal Services (such as tattoo,		Other%
Pawnbroker Activity%	(such as scrap metal)		body piercing, salon, tailor, tanning, etc.)	Contract Con	Describe:
7. Businesses/Licenses	on the Premise	s (check a	all that apply):		- Tar 17 A
Type 1	□ c-t-/c-ff sh	□ p-1: r		¬	/Control National Club
Full Service Restaurant	☐ Cafe/Coffee Shop		_		/Fraternal/Veterans Club
Night Club	☐ Tavern	Cocktail		🚺 Teen Cl	ub
Banquet Hall	Sports Facility	Bowling			
Hotel/Motel: Number of Flo	oors:		Rooming House: Number of Floors: Number of Rooms:		
Type 2	ions		Number of Room	S	
Liquor Store	Corner Store	Superma	irket	Conveni	ience Store
Gas Station	Amusement/Phonog	Amusement/Phonograph Distributor		Recycling, Salvage or Towing	
☐ Used Car Dealer ☐ Personal Service Estab		necordi		ng Studio	
What other licenses/permits will	(such as tattoo business, hair salon, tailor, etc.)				
What other licenses/permits will you hold at this location? (check all that apply) ☐ Occupancy Permit ☐ Cigarette & Tobacco ☐ Gas Station ☐ Extended Hours ☐ Class "B" Tavern ☐ Weights & Measures					
Secondhand Dealer Precious Metal & Gem Other: 8. Legal Capacity (only if a Type 1 premises in #7 above)					
4.0		,			
Capacity $\frac{\mathcal{A} \cdot \mathcal{B} \cdot \mathcal{D}}{\mathcal{A} \cdot \mathcal{B} \cdot \mathcal{D}}$ (Call the Milwaukee Development Center at 414-286-8211 if you have questions.)					

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	25 34.5				
9. Premises D	Description		er de la companya de		
a. 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 □Patio □Beer Garden □Sidewalk Café □Deck □Rooftop					
. ☑ Other: Desc	DOther: Describe: BACKHAIL, Basement GAMEroom, Basement Dressing Proom				
b. Describe Locat	tion: 🇖 Major Thoroughfare	Secondary Street O	ther:		
c. Nearest Major	Cross Street: CAPITO	Drive		·	
d. Describe Build	ing: 📝 Free Standing Buildi	ng Strip Mall Other	:		
	ises Structure: 🏿 Single Sto				
f. Describe Surro	ounding Area: 🗹 Commercia	al 🔲 Residential 🗾 Indust	rial 🗌 Other:		
g. Building Owne	er Name: M.A. Gho	14585	Phone Number: (41)	4) 839-91	67
Business Own	er Address: 7225 N	7.11PAY 37			
10. Hours of C	Operation & Custo	mers		ACCES TO STATE OF THE STATE OF	
Will customers be ent	tering the premises? No	✓ Yes			
Day of the Week	Proposed Hour	s of Operation:	Estimated Number of Customers	Potential Age Range	Class B Tavern Applicant Only: Age Restriction (If none, write 'None')
bay or the mean	Open Time (include a.m. or p.m.)	Close Time (include a.m. or p.m.)	expected each day	of Customers	
Sunday	Dam	2:00 Am	100-160	17-60	None
Monday	JAM	2'00 Am			
Tuesday	Jam	2:00 Am			.\
Wednesday	JAM	2:00 Am			
Thursday	7 Am	2:00 pm			
Friday	7 AM	1230 Am	_		
Saturday	nam	2:30 Am		4	
	tablishment License is requir tanning, etc.), recording stud				
Alcohol Establishment Permitted Hours of Op		am to 9:00 pm Sunday thru am to 2:00 am Sunday thru	AND) am Friday & Sat	turday
Entertainment Outdo		Opm Sunday-Thursday; 12:00 tablished by the Common Co			
11. Signature	(s)	7			
0	A				
- bomes	/ Jornson	Agent			
(If there are no 20	orietor, Partner, or 20% or mo 0% or more shareholders, print name/title and sign)	ore Sharefiolder	Signature of additional pa	artner or 20% or	more shareholder

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



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 Icense@milwaukee.gov www.milwaukee.gov/license

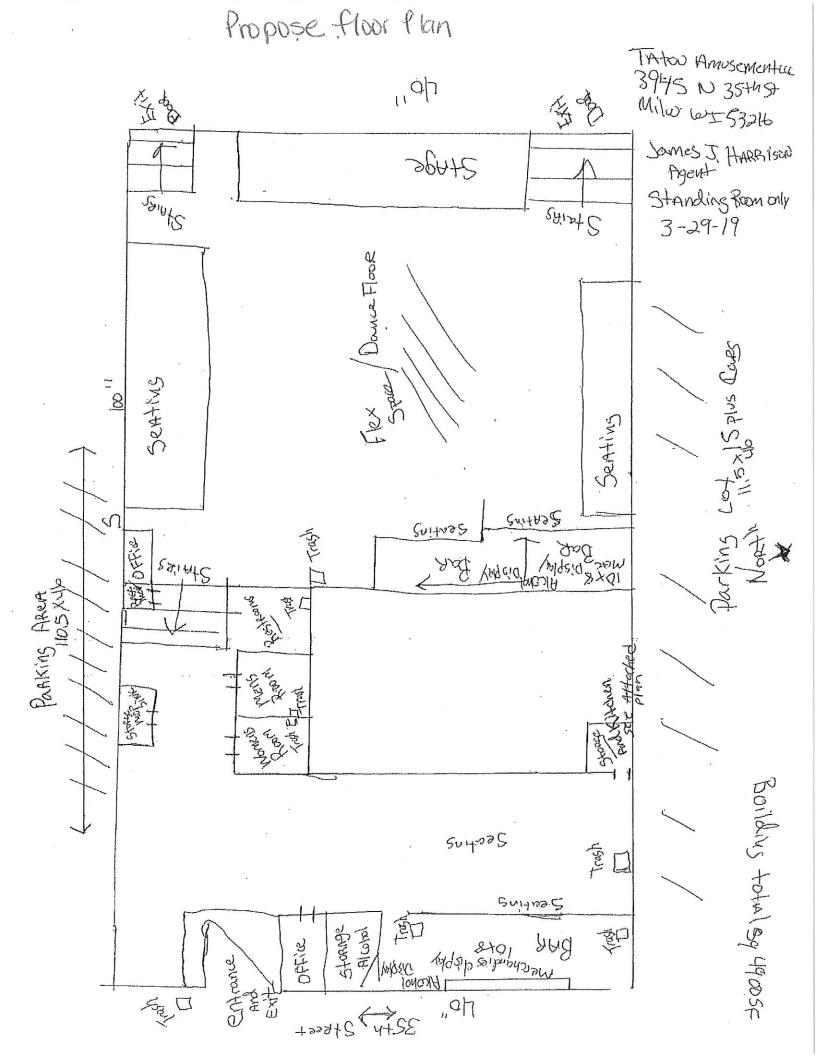
Legal Entity Name: TAtou Amusement UC/D.B.A TASTE Kitchen and Cock	Jak.
Premises Address: 3945 N. 35th Street Milwackee WI 53	
SECTION 1 TYPE OF BUSINESS	
What will be the majority of your food sales? (check one)	
Restaurant Items (meals): MEALS include, but are not limited to, chicken, ribs, sandwiches, 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.	
Retail Items (snacks and beverages): RETAIL items include, but are not limited to, ice cream/soft serve, lemonade, snow cones, coffee, espresso, cappuccino, tea, fruit juice, smoothies, candy, dispensed soda, fruit cups, bakery, cookies, kettle corn, cotton candy, funnel cakes, fritters, tortilla chips w/ cheese.	
Will it be a convenience store? Yes No A convenience store contains less than 5,000 square feet of retail space and has, as its primary business, the sale of basic food items and in addition, sells household products or is a filling station that sells basic food items and household products.	
☐ Bed & Breakfast ☐ Micro Market	
All Applicants: Submit a menu or a list of food items that will be sold.	
Will any wholesale business be done? 🗹 No 🔲 Yes If yes, what percentage of food sales will be wholesale?	
Less than 25%	
☐ 25% or More AND: ☐ Restaurant items (meals) will be sold – Complete this application and also contact DATCP.	
NO restaurant items (meals) will be sold - Do NOT complete this application. 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.	
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: \(\) \	1900

ccl-foodplan 2/28/19

	SECTION 4 DETAILS OF OPERATION			
	Will you have seating on site for dining?	No 🖊 Yes		
	Will you be doing any catering?	No 🗹 Yes		
	Will you be doing any delivery?	No 🖊 Yes		
	Will you have outdoor activities?	No Yes - Check all that apply: Bar Cooking/Grilling Dining		
	Will you have a drive thru window?	No Yes - Are hours different from inside? No Yes		
		If Yes, provide drive thru hours:		
ر	Will scales or barcode scanners be used?	No Yes - You must also apply for a Weights & Measures License.		
	SECTION 5 ADDITIONAL SITES			
	Where will food be prepared and/or sold?			
8	At a single site At multiple sites:	How many?(for example, a hotel with several dining rooms or bars)		
	If multiple sites, attach a Food Dealer Additiona	al Site Addendum (ccl-foodadd) for each additional site.		
	SECTION 6 CONSTRUCTION OR CHA	NGES		
	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 Renovation or remodeling		
		Construction changes to existing building		
1.0	Provide a brief description of the changes:			
	Start date:			
	Name, Address & Phone Number of Architect:			
	Name, Address & Phone Number of Contractor:			
	SECTION 7 ALCOHOL BEVERAGES			
	Are you applying for an alcohol beverage license	e?		
	□ No If No, SKIP to Section 9	,		
	Yes If YES, if your food license is appro	oved prior to the alcohol license, when do you want the food license issued?		
	Immediately At the same	e time as the alcohol license		
	SECTION 8 ACKNOWLEDGEMENTS 8	& SIGNATURE		
	You must initial each item confirming your unde	erstanding:		
	a.w			
	l 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 Ser	rvices must advise the License Division of their approval before the license may		
		n will review and either support or object to my application. If he/she objects, I		
	1 4	pear before the Licenses Committee. The Licenses Committee will then make a puncil. The Common Council must grant the license before it may be issued.		
	I understand proof of payment for al	Il license fees must be on file in the License Division before the license may be		
	issued and 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.			
	Signature of Sole Proprietor, Partner, or 20% Sh	nareholder: Mast Navour Agent		
	Signature of Additional Partner:	<u> </u>		

Menu Items For Taste Kitchen and Cocktails 3945 N. 35th Street Milwaukee WI, 53216

- *Fish
- *Pork chops
- *Chicken Wings
- *Burgers
- *Polish
- *Fries
- *Nachos
- *Pizza
- *Tacos
- *Sandwiches/Breakfast sandwiches



	Propose floor Plain	TAtou Amusement LLC 3945 N 35th Milwarkee, WI 5326 Agent James Harrison Taste Kitchew and Cortails
	Minis Sund Cooks	
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