

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

Monday, May 11, 2020

### **COMMITTEE MEETING NOTICE**

AD 02

YU, Ying, Agent LAUGHINGCRABWI INC. 2917 Broken Woods DR Coralville, IA 52241

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

Friday, May 22, 2020 at 10:00 AM



Regarding:

Your Class B Tayern and Food Dealer License Applications as agent for "LAUGHINGCRABWI INC." for "Laughing Crab" at 5712 W CAPITOL DR.

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

Proof of warrant satisfaction or payment of fines must be submitted at the hearing on the warrants or unpaid fines: 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.



### CITY OF MILWAUKEE OFFICE OF THE CITY CLERK

Monday, May 11, 2020

### COMMITTEE MEETING NOTICE

AD 02

YU, Ying, Agent LAUGHINGCRABWI INC. 532 South Park St 2FL Madison, WI 53715

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

### Friday, May 22, 2020 at 10:00 AM

Regarding:

Your Class B Tavern and Food Dealer License Applications as agent for "LAUGHINGCRABWI INC." for "Laughing Crab" at 5712 W CAPITOL DR.

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.

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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.

Date: 3/2/2020

Officer: Bowie Buchner

### City of Milwaukee Police Department

### 90-5-1.5 Crime Prevention Survey

### **Tavern Inspection**

Name of Premise: Laughing Crab

Address: 5712 W Capitol Dr

Phone: None at time of inspection

Owner: Ying Yu

Owner address: 4361 E Tesch Av

City State Zip: Greenfield WI 53220

Owner Phone: 262-203-0096

Owner email: yingyu555@hotmail.com

Licensee/Agent: Ying Yu

Home Address: 4361 E Tesch Av

City State Zip: Greefield, WI 53220

Phone: 262-203-0096

Email: yingyu555@hotmail.com

Preferred contact: Ying Yu

Location currently op	en:	□YES ⊠NO		
Projected open date:	4/1/20	20		
			•	
Day's open: ☐S ☐M	1 🗆 T 🗆	lW □Th □F □SA ⊠ALL		
Hours of Operation:	Sun:	12:00pm – 10:00pm	24 hours □Y □N	*
gui Sui	Mon:	11:00am - 10:00pm		
	Tue:	11:00am – 10:00pm		
	Wed:	11:00am – 10:00pm		
	Thu:	11:00am – 10:00pm		
	Fri:	11:00am – 11:00pm		
	Sat:	11:00am – 11:00pm		
ÿ		,		
Premise Type:	□Tav	ern/Bar		
	⊠Res	taurant		
	□Oth	er: Click here to enter text.	*	* 2
Licenses currently he	ld:			
Alcohol:		⊠Yes □No Class:B #: BTAVI	N 305352	*
Tobacco:		□Yes □No #:Click here to en	ter text.	
Food:		⊠Yes □No #: FREST 305353	3	
Extended Hou	ırs:	□Yes □No #: Click here to e	enter text.	
Secondhand [	Dealer:	☐Yes ☐No Type:Click here t	o enter text. #: Click he	ere to enter text.

		Other: $\Box$ Yes $\Box$ No Type:Click here to enter text. #: Click here to enter text.
		Other:   Yes  No Type:Click here to enter text. #: Click here to enter text.
Ex	teri	or Survey:
	1.	Is the area around the location clean? ⊠Yes □No
	2.	What surrounds the location? (Check all the apply)
		a. $\square$ Park
		b. □School
		c.   Youth Center
		d. $\square$ Church
		e.   Tavern(s) If so, how many Click here to enter text.
		f.   Residential
		g.   Other businesses
		h.   Other: Click here to enter text.
	3.	Can you see from the outside of the location into the interior $\square$ Yes $\boxtimes$ No
	4.	Can you see the employees inside of the location from the outside $\square$ Yes $\boxtimes$ No
	5.	Are exterior windows free of signage ⊠Yes □No
	6.	Is there a parking lot ⊠Yes □No
	7.	Is the parking lot clean? ⊠Yes □No
	8.	Off-Street parking □Yes ⊠No
	9.	Is the parking lot well lit? ⊠Yes □No
	10	. Valet Parking □Yes ⊠No
	*	a. Will this lot have a guard? □Yes ⊠No
		b. Will this lot have cameras? □Yes ⊠No

	11. Are there areas where a person could conceal themselves $\square$ Yes $\boxtimes$ No
	12. Is there exterior lighting? $ ext{ }  ext$
	13. Exterior Payphone? □Yes ⊠No
	14. Are there No Loitering Signs posted? $\square$ Yes $\square$ No
	15. Are there exterior security cameras $oxtimes$ Yes $oxtimes$ No How Many: 2
	16. Are the address numbers prominently displayed and easy to see $oxtimes$ Yes $oxtimes$ No
Ca	mera Survey:
	17. Does this location have security cameras? $oximes$ Yes $oximes$ No
	18. Are they in working order? □Yes ⊠No
	19. What format are the cameras?
	a. Color ⊠Yes □No
	b. Digital ⊠Yes □No
	c. Recorded ⊠Yes □No
ï	20. How long is footage stored for later viewing: Unknown at time of inspection
	21. Are there exterior cameras ⊠Yes □No How many: 2
	22. Are there interior cameras ⊠Yes □No How many: 6
	23. Do all employees know how to retrieve recorded digital images/footage? $\square$ Yes $\boxtimes$ No
	24. Cameras located in parking lot $\square$ Yes $\boxtimes$ No How many Click here to enter text.

### **Interior Survey:**

25. What is the planned capacity 130 maximum	
26. What is the minimum number of employees that will be on premise 6	
27. Is the storeowner willing to be a standing complainant regarding loitering	g? □Yes □No
a. If yes have them fill out the standing complaint form and give the commercial signs □Yes □No	m two of the
28. Is the interior of the location neat and clean?	□Yes ⊠No
29. Does an interior camera face the entrance/exit?	⊠Yes □No
30. Is there a lockable area that separates employees from customers?	□Yes ⊠No
31. Are emergency and non-emergency numbers posted near the phone?	□Yes ⊠No
32. 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

### **Security**

33. How many security personnel are going to be employed: 0
34. How ill they be deployed: Interior Click here to enter text. Exterior Click here to enter text.
35. What days will they be deployed $\square$ Mon $\square$ Tue $\square$ Wed $\square$ Thu $\square$ Fri $\square$ Sat $\square$ Sun
36. Will the security be managed by business $\square$ or contracted $\square$
37. Will they be armed □Yes □No
38. What type of security measures to be used:
☐ Wanding/metal detector Click here to enter text.
☐ ID Scanner Click here to enter text.
☐ Dress Code Click here to enter text.
☐ Cover Charge Click here to enter text.
☐ Age restriction Click here to enter text.
☐ Other Click here to enter text.
ADDITIONAL COMMENTS/RECOMMENDATIONS:
At the time of this inspection the location was not open and was currently under
construction. The blinds where closed on the windows, preventing anyone from being able to
see from the outside fo the location into the interior. However, when opened you are able to
see inside from outside the building.
Regarding the security cameras, they were purchased, but not installed at the time of the
inspection. The purchased system will keep video until the storage is full, at which time it will

begin to record over the oldest video. However, the owner was not sure how long that would be.

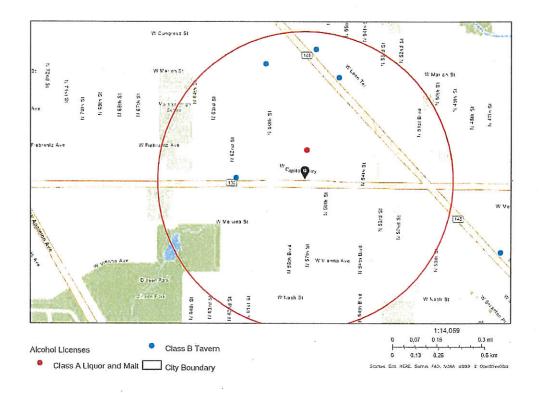
Lastly, regarding security guards, the owner did not plan to hire any for this location specifically. However, this location is in the midtown shopping center and the shopping center does have private security that they contract to drive around the shopping center.



### 5712 W Capitol Dr, Milwaukee, WI, 53216

Area: 21,862,585.85 ft2

Jan 17 2020 10:15:15 Central Standard Time



### Summary

Name	Count	Area(ft²)	Length(mi)
Alcohol Licenses	5		

### Alcohol Licenses

#	Legal Entity	Trade Name	Licensee	Address	License Type Name	Total Capacity	Expiration Date	Count
1	5700 Court LLC	Court MVP Sports Bar + Grill	Otis D Moore, Agt	5700 W FOND DU LAC AV	Class B Tavern License	99	5/7/2020, 7:00 PM	1
2	Mega Marts, LLC	Pick N Save #6365	PRINCESS Y THOMAS, Agt	5700 W Capitol DR	Class A Malt & Class A Liquor License		11/12/2020, 6:00 PM	1
3	Club 4323, LLC	Genes Supper Club	JAMES T ROBINSON, JR, Agt	4323 N 60th ST	Class B Tavern License	160	3/1/2020, 6:00 PM	1
4	DALE'S	DALE'S	DALE L MIDDLEMAN, SP	6132 W CAPITOL DR	Class B Tavern License	80	6/29/2020, 7:00 PM	1
5	Comfort Zone Banquet Facilities LLC	Comfort Zone Banquet Facilities	TRINA ECKFORD, Agt	5526 W Fond Du Lac AV	Class B Tavern License	200	3/25/2020, 7:00 PM	1

Establishments within a 0.5 miles radius centered on area of interest.



### Licenses Committee Notice of Hearing

MID MILK IMPROVEMENTS LLC 580 WHITE PLAINS Rd TARRYTOWN, NY 10591

The Licenses Committee will consider the following license application:

Class B Tavern and Food Dealer License Applications YU, Ying, Agent Laughing Crab at 5712 W CAPITOL DR

Date:

5/22/2020

Time:

10:00 AM

Location: The hearing before the Licenses Committee will take place virtually on Friday, May 22, 2020. 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.

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.





### Licenses Committee Notice of Hearing

**DLC Management Corp** 565 TatterRd Elmsford, NY 10523

The Licenses Committee will consider the following license application:

Class B Tavern and Food Dealer License Applications YU, Ying, Agent Laughing Crab at 5712 W CAPITOL DR

Date:

5/22/2020

Time:

10:00 AM

Location: The hearing before the Licenses Committee will take place virtually on

Friday, May 22, 2020. This is a public hearing. Those wishing to view the

proceeding are able to do so via the City Channel – Channel 25 on

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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.

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.









### Notice of Public Hearing

blank notice

YU, Ying, Agent
Laughing Crab at 5712 W CAPITOL DR
Class B Tavern and Food Dealer License Applications

### Friday, May 22, 2020 at 10:00 AM

To whom it may concern:

The above application has been made by the above named applicant(s). This requires approval from the Licenses Committee and the Common Council of the City of Milwaukee. The hearing before the Licenses Committee will take place virtually on 5/22/2020 at 10:00 AM. 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	5715 W CAPITOL DR 3	MILWAUKEE, WI 53216
CURRENT OCCUPANT	5625 W CAPITOL DR	MILWAUKEE, WI 53216
CURRENT OCCUPANT	5615 W CAPITOL DR 1	MILWAUKEE, WI 53216
CURRENT OCCUPANT	5605 W CAPITOL DR 4	MILWAUKEE, WI 53216
CURRENT OCCUPANT	5703 W CAPITOL DR 1	MILWAUKEE, WI 53216
<b>CURRENT OCCUPANT</b>	5619 W CAPITOL DR	MILWAUKEE, WI 53216
<b>CURRENT OCCUPANT</b>	5605 W CAPITOL DR 3	MILWAUKEE, WI 53216
CURRENT OCCUPANT	5729 W CAPITOL DR 1	MILWAUKEE, WI 53216
CURRENT OCCUPANT	5715 W CAPITOL DR 1	MILWAUKEE, WI 53216
CURRENT OCCUPANT	5703 W CAPITOL DR 3	MILWAUKEE, WI 53216
CURRENT OCCUPANT	5635 W CAPITOL DR 1	MILWAUKEE, WI 53216
CURRENT OCCUPANT	5615 W CAPITOL DR 2	MILWAUKEE, WI 53216
CURRENT OCCUPANT	5729 W CAPITOL DR 4	MILWAUKEE, WI 53216
CURRENT OCCUPANT	5703 W CAPITOL DR 4	MILWAUKEE, WI 53216
CURRENT OCCUPANT	5703 W CAPITOL DR 2	MILWAUKEE, WI 53216
CURRENT OCCUPANT	5635 W CAPITOL DR 3	MILWAUKEE, WI 53216
CURRENT OCCUPANT	5617 W CAPITOL DR	MILWAUKEE, WI 53216
CURRENT OCCUPANT	5729 W CAPITOL DR 2	MILWAUKEE, WI 53216
CURRENT OCCUPANT	5715 W CAPITOL DR 2	MILWAUKEE, WI 53216
CURRENT OCCUPANT	5715 W CAPITOL DR 4	MILWAUKEE, WI 53216
CURRENT OCCUPANT	5721 W CAPITOL DR 1	MILWAUKEE, WI 53216
CURRENT OCCUPANT	5631 W CAPITOL DR	MILWAUKEE, WI 53216
CURRENT OCCUPANT	5615 W CAPITOL DR 4	MILWAUKEE, WI 53216
CURRENT OCCUPANT	5729 W CAPITOL DR 3	MILWAUKEE, WI 53216
CURRENT OCCUPANT	5721 W CAPITOL DR 4	MILWAUKEE, WI 53216
CURRENT OCCUPANT	5721 W CAPITOL DR 2	MILWAUKEE, WI 53216
CURRENT OCCUPANT	5635 W CAPITOL DR 2	MILWAUKEE, WI 53216
CURRENT OCCUPANT	5623 W CAPITOL DR	MILWAUKEE, WI 53216
CURRENT OCCUPANT	5721 W CAPITOL DR 3	MILWAUKEE, WI 53216
CURRENT OCCUPANT	5635 W CAPITOL DR 4	MILWAUKEE, WI 53216
CURRENT OCCUPANT	5615 W CAPITOL DR 3	MILWAUKEE, WI 53216
CURRENT OCCUPANT	5605 W CAPITOL DR 2	MILWAUKEE, WI 53216
CURRENT OCCUPANT	5605 W CAPITOL DR 1	MILWAUKEE, WI 53216

Total Records: 33

Radius: 250.0 feet and Center of Circle: 5712 W Capitol Dr

### ccl-busplan 3/15/18



### **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. Ty	pe of Business
Applying	g for:     Extended Hours (12AM to 5AM) - If a food establishment, check all that apply:   Delivery   Drive Thru   Drive Th
9.40	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:
<u>Co</u>	rjun Scapod Restaurant Serve Food and Alcohoj Beverage
Do you l	Tjun Scafood Restaurant Serve Food and Alcohoj Beverage have any experience operating this type of business? I No X Yes If yes, explain: I have a same type of Restaur. In shreveport Louisiana.
2. Bi	usiness Operations
a. F	Proposed Opening Date: April 157 2020
b. I	Is this premise under construction? \( \sum \) No \( \sum \) Yes If yes, list estimated completion date: \( \textit{March 157 2020} \).
c. I	Is this a franchise? 💆 No 🔲 Yes
d. I	Is this premises currently licensed? 💆 No 🗌 Yes If yes, list type of license:
e. I	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. 1	Have you previously held an Extended Hours License in Milwaukee? 🗖 No 🗌 Yes
	If yes, list address(es):
h. <i>A</i>	Are other businesses operating in the same building? No Yes If yes, describe:
OR ARTHROUP BEING	ter & Noise
	How are grounds kept clean? Sweep Pressure Wash Pick Up Litter Other:
b. F	How often will grounds be cleaned? Daily Weekly As Needed Monthly Other:
c. 6	Grounds cleaned by: Licensee Building Owner Employees Hired Maintenance Other:
d. F	How are noise issues prevented and/or addressed? Security Manager approaches customer(s) Call Police
	Signs Posted Other:
e. V	Will a sound amplification system be used? 🛱 No 🗌 Yes If yes, describe:
4. Sm	oking & Sanitation
a. <i>I</i>	Are there designated outdoor smoking areas? 💢 No 🗌 Yes If yes, describe:
b. N	Number of Garbage Cans: Inside: 5 Locations: Bar, Servers' Station, Kitchen Aveq
	Outside: 1 Locations: By, Front Door
c. I	s a crowd control barrier used? 🖒 No 🗌 Yes 💮 If yes, describe:
	How many restrooms are on the premises? $2$
	Name of solid waste contractor: Advanced Disposal Waste Management Other:

5. Security				
a. Are there onsite parking	spaces? No XYes	If yes, how	many? and desc	ribe the parking security
plan: This Shop	ing Center h	ous the	er own Security	Guards
b. Is there a loading zone?	The state of the s			
<u>everywhere</u> in	the shopping	3 Center	^	
c. Will you have security pe	rsonnel on premise? 5	☑ No ☐ Ye	s If yes, how many?	and answer the following:
Is security equipm	ent used? No 🗌 Y	Yes If yes, de	escribe	
	, certification, or trainin			
d. Will there be security car	neras? 🗌 No 🗖 Yes	If yes, how	many? and list location	ns: Front door, BackDoor
(ashier, Station	. Dining Area	a. Kit	Echen.	
e. Will searches/identificati	on checks be done upor	n entry? 🔀 i	No Yes If yes, describe	
6. Percentage of Sales	(must total 1009	%)		
Alcohol%	Food	75%	Secondhand Merchandise	Precious Metals & Gems
Entertainment%	Cigarettes	%	%	%
	Salvaged Materials	%	Personal Services (such as tattoo	Other%
Pawnbroker Activity				
7. Businesses/Licenses	on the Premise	s (check a	all that apply):	
Type 1		Пр.:		. /F
Full Service Restaurant	Cafe/Coffee Shop			ate/Fraternal/Veterans Club
☐ Night Club	☐ Tavern	☐ Cocktail	_	n Club
Banquet Hall	Sports Facility	☐ Bowling		
Hotel/Motel: Number of Flo	Marie and a second a second and	☐ Rooming	House: Number of Floors:	Y .
	ooms:		Number of Rooms:	
Liquor Store	☐ Corner Store	Superma	rket Conv	venience Store
Gas Station	Amusement/Phonog	raph Distribut	or Recy	cling, Salvage or Towing
Used Car Dealer	Personal Service Est		n, tailor, etc.)	ording Studio
What other licenses/permits will y	you hold at this location? (	check all that	apply)	2
Occupancy Permit C	igarette & Tobacco Ga	s Station E	xtended Hours Class "B" Taverr	Weights & Measures
1.	Precious Metal & Gem			
8. Legal Capacity (only	y if a Type 1 pren	nises in #	7 above)	
Capacity (Call the	. Milwaukee Development	: Center at 414	-286-8211 if you have questions.)	

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SEPRÉBLOS PODES MANGEMENTANA HAR SONO	Color Datis States Happener C.C. Hear S. Sure Ca.		THE WILL WORK WORK WORK WITH WITH THE WATER WORK WORK WITH THE WORK WORK WORK WORK WORK WORK WORK WORK	Contract Contract Action Contractor	
9. Premises D	escription				
a. Identify all are	a(s) of the premises that will 2 <sup>nd</sup> Floor Basement Stor	be used in operating this bu	siness (include areas use en □Sidewalk Café □I	d only for storage	<u>e</u> ):
☐Other: Desc					
b. Describe Locat	ion: Major Thoroughfare	Secondary Street O	ther:		
c. Nearest Major	Cross Street: Wost	Capito Dr a	ed both St	reet	
d. Describe Build	ing:   Free Standing Building:	ng Strip Mall 🕍 Other	: Single Build	ling with	TWO Destauran
	ises Structure: Single Sto				
f. Describe Surro	unding Area: Commercia	al Residential Industr	rial Other:		190
g. Building Owne	r Name: DLC Mana	gement Corp.	Phone Number: 919	4-631-	-3131
Business Owne	er Address: 565 7	tatter Rd, b	Imsterd, NY,	10523	
10. Hours of C	peration & Custo	mers		State of Participation (September 1997)	
Will customers be ent	ering the premises? No	Yes			
	Proposed Hour	s of Operation:	Estimated Number of Customers expected each day	Potential Age Range of Customers	Class B Tavern Applicant Only: Age Restriction (If none, write 'None')
Day of the Week	Open Time (include a.m. or p.m.)	Close Time (include a.m. or p.m.)			
Sunday	12:00 pm	10:00 PM	150	5-65	None
Monday	11:00 AM	10:00 PM	[00	5-65	
Tuesday	11:00 AM	10=00 Pm	100	5-65	
Wednesday	11:00 AM	[0=00 PM	100	5-65	*
Thursday	11200 AM	10>00 pm	100	5-65	
Friday	11=00 AM	11200 Pm	200	5-65	
Saturday	12:00 PM	(1=00 pm	200	5-65	
	tablishment License is requir tanning, etc.), recording stud				
Alcohol Establishment Permitted Hours of Op		am to 9:00 pm Sunday thru S am to 2:00 am Sunday thru T		0 am Friday & Sat	urday
Entertainment Outdoo		Opm Sunday-Thursday; 12:00 ablished by the Common Co			
11. Signature(	<b>s)</b>				
N	2 Yrag y	u president			·
(If there are no 20	rietor, Partner, or 20% or mo 1% or more shareholders, -print name/title and sign)	ore Share holder	Signature of additional pa	artner or 20% or i	more shareholder



### 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 www.milwaukee.gov/license

Legal Entity Name: Laughing Crabwi, We
Premise Address: 57/2 W Capital Dr Milwaufee W2 53216
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 Yes
"Service Bar Only" Designation
If applying for Class B or C license, are you applying for "Service Bar Only"? No 🔲 Yes
Service Bar Only means customers cannot sit at the bar. Alcohol is served to employees who serve patrons seated at tables. No stools, chairs or other articles of furniture shall be placed at the service bar for patrons to sit upon.
Business Information
a) Are you taking out this application for anyone that may not be eligible for a license? No Yes
If yes, list their name and address:
If no, list the name and address of the person(s) who will:/
Class B Applicants: If the agent, a partner or the individual licensee will not be conducting the day-to-day operations of the business,
the person(s) listed above must obtain a Class B Managers license. c) Does anyone else have money invested or any other interest in this business? No Yes
If yes, explain:
d) Have you made an agreement with anyone to repay any loan or any other payments based upon income from the business?  No  Yes If yes, list name and address:
Proof of Ownership, Lease, or Offer to Purchase (New & Transfer Applicants Only)
Submit proof of ownership, lease, or offer to purchase the building with this application.
A lease or offer 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.)?
c) Are you purchasing the stock and/or fixtures? You Yes If yes, amount paid \$
d) Total amount paid for business \$O
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? X No Yes

Lease Information (New & Transfer Applicants who are leasing the premises only)
a) Date lease begins 12/10/2019 Ends 4/30/2025
b) Monthly rental \$ 6882.67
c) Do you have an option to renew the lease? No Y-Yes
d) Does your lease allow for assignment to another party without the consent of the owner? \(\sum_i\) No \(\sum_i\) Yes
e) For what length of time have you been guaranteed occupancy (number of years)?
f) In addition to paying the monthly rental, will you have to pay anything additional to the owner of the building to guarantee performance of the lease? No Yes If yes, explain
g) Does the present owner or occupancy object to the granting of your license? 💢 No 🗌 Yes
If yes, explain
Change of Agent Applicants Only
Have there been any changes to the floor plan since the last application was submitted?   No Yes  If no, a new floor plan is not required. If yes, submit a new floor plan and explain the change(s): ON Two changes
First is the dine in Area different tables and chair's Location
Second is the different equipment cender the Hood.
Signature
Signature of Sole Proprietor, Partner or 20% or More Shareholder
(If no 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.  Contact the License Division for information on how to request changes.
New and transfer of premises 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



### **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:	Caughi	ngcron	ibw).	INC			
Premises Address:	5712	$\overline{W}$	Capite	1 Dr	Milwoufee	WZ	53216
SECTION 1 T	YPE OF BUSIN	IESS	L				
	s (meals): but are not limit se and meat, Fre	ted to, ch	nicken, ribs, sa		asted corn, baked potatoe etables/fruit, cooked chees		
tea, fruit juice, s fritters, tortilla c Will it be a c A convenien	clude, but are no emoothies, cand chips w/ cheese onvenience stor nce store contain d items and in	ot limited ly, dispens re?   re?   ins less t	sed soda, frui Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	t cups, baker uare feet of	emonade, snow cones, cof y, cookies, kettle corn, cott retail space and has, as i s or is a filling station tha	on candy, fu	ousiness, the sale
Bed & Breakfast Micro Market  All Applicants: Subm	it a menu or a li	ist of food	d items that w	ill be sold.			
Will any wholesale bu		5. X NO	o 🗌 Yes	If yes, what p	ercentage of food sales wi	ll be wholesa	ale?
200 AND	taurant items (n				pplication and also contact		only.
SECTION 2 F	OOD PROCESS	SING					
Will any food process	*	☐ No	7	haliba a			
extracting, fermentin					ating, stuffing, packing, bot ackaging.	tling, grilling	, canning,
SECTION 3 F	OOD REQUIRI	NG TEM	PERATURE (	CONTROL	The state of the s		
Will any food that red (includes dairy produ					Yes sh, meat, poultry)		
If yes, list the types o	f food items:	Milk	L. Jee	e crea	rm		
E)							

ccl-foodplan 2/28/19

SECTION 4 DETAILS OF OPERA	ATION	
Will you have seating on site for dining?	No ☐ Yes	
Will you be doing any catering?	X 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:	
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?	1?	
At a single site At multiple sit	ites: How many?(for example, a hotel with several dining rooms or bars)	
If multiple sites, attach a Food Dealer Add	ditional Site Addendum (ccl-foodadd) for each additional site.	
SECTION 6 CONSTRUCTION OR	R CHANGES	
Are you planning any construction, remod	deling 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 Equipment changes only	
Provide a brief description of the changes		ua
Start date:	Jan 15th the Hood.	
Name, Address & Phone Number of Archi	9	
Name, Address & Fhore Number of Archi	meet.	
Name, Address & Phone Number of Contr		
SECTION 7 ALCOHOL BEVERAG	September 11 Tark Country and Country	
Are you applying for an alcohol beverage	license?	
☐ No If No, SKIP to Section 8		9
	s approved prior to the alcohol license, when do you want the food license issued?	
Immediately   At the	e same time as the alcohol license	
SECTION 8 ACKNOWLEDGEME	ENTS & SIGNATURE	
You must initial each item confirming you	ur understanding:	
. 火ツ I understand the Health Depart	rtment must conduct an inspection and advise the License Division of their approval	
before the license may be issue	ued.	
	occupancy permit from the Department of Neighborhood Services and an inspection . bod Services must advise the License Division of their approval before the license may	
be issued.	*	
	person will review and either support or object to my application. If he/she objects, I to appear before the Licenses Committee. The Licenses Committee will then make a	
	mon Council. The Common Council must grant the license before it may be issued.	
I understand proof of payment	at for all license fees must be on file in the License Division before the license may be	
	e issued and posted in my establishment prior to opening for business. siness until the license has been issued and posted in the establishment.	
	1/2/	
Signature of Sole Proprietor, Partner, or 2	20% Snarenolder:	
Signature of Additional Partner:		

### Appetizers

(12)9.993.99 6.99 3.99 4.99 5.99 Chicken wings (6)5.99 ( (regular,BBQ,cajun,lemon pepper,buffalo) White wine mussel Sweet potato fries Fried cheese stick Chicken wings Crab Rangoon Onion Ring Edamame

(6)9.5 (12)17.5 \*Raw oyster

## Soub/Salard

6.99 1.99 2.99 4.99 New England clam chowder Seafood Gumbo W. Rice House salard Coleslaw

## Sandwiches

Served with fries and coleslaw

	1
2000	,
	7

### PRICING AND AVAILABILITY SUBJECT TO CHANGE WARRING

SEAFOODS, SHELLFISH OR EGGS MAY INCREASE YOUR RISK OF FOOD-BORNE LLNESS, ESPECIALLY IF YOU HAVE CERTAIN ALLERGY AND MEDICAL CONDITIONS CONSUMPTION OF RAW OYSTERS OR UNDERCOOKED MEATS, POULTRIES, EASE INFORM YOUR SERVERIF YOU HAVE ANY CONDITIONS.



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## Fried baske

ALL basket come with fries

12.99 11.99 11.99 9.99 ried baby shrimp ried Calamari(15) Chicken tender(4) Soft shell crab(2) ried shrimp(10) -ried oyster(10) ried catfish(6)



### Sides

(1/2LB)5.99 (1LB)9.99 1.5 2.99 2.99 Extra condiments (Garlic Butter, BBQ,Buffalo) 0.5 Corn on the cob(3) POTATO(3) Steam rice

# get your hands dirty

Come With corn ,potato sausage

STEP1:Choose Your Seafood

BLUE CRAB (SEASONAL)

SHRIMP(NO HEAD) SNOW CRAB LEGS

CRAWFISH (SEASONAL)

SHRIMP(HEAD ON)

CLAMS

**GREEN MUSSEL** 

**BLACK MUSSEL** 

KING CRAB LEGS

LOBSTER TAIL

**DUNGENESS CRAB LEGS** 

STEP2:Choose Your Seasoning CAJUN/GARLIC BUTTER/LEMON PEPPER HOUSE SPECIAL/OLD BAY/PLAIN

STEP3:Choose Your Spicy Level MILD/MEDIUM/HOT/EXTRA HOT

### Create your own seafood combo

(MIN 2 items come with corn&potato&sausage) Choose any 1/2LB

Green mussel Black mussel Clams

Shrimp(no head) Shrimp(head on) Snow crab legs Blue crab Sausage crawfish

# KIDS' MENU(DRINKS INCLUDED)

6.99 Choice of fries or coleslaw or corn or potato or steam rice

Chicken nuggets Chicken tenders Cheese sticks Fish sticks

# Combo Specials

w.2corns+2potatoes+2eggs

\$25	1LB	1LB
•	*shrimp (No Head)	*crawfish

\$45 \$25	1LB 1/2LB 1LB 1/2LB 1LB 1/2LB	\$35
	*snow crab leg *shrimp (No Head) *crawfish	2

\$31.99	1/2LB 1/2LB 1/2LB
	*king crad leg *shrimp (No Head) *sausage

# Family Platter \$89 W.4corns+4potatoes+4eggs

	)
Snow Crab Legs	1LB
Lobster Tails	1LB
Crawfish	1LB
Shrimp(No Head)	1LB
Black Mussels	1LE
Crawfish Platter	
3lb Crawfish	\$25
W.1corn+1potato+1egg	
5lb Crawfish	\$45
W.2corn+2potatoes+2eggs	

# LunchMen

0 0

9 9

0 . Mon-Fri:11:00am to 3:00pm

## Boiled Seafood

Come W. Corn potato sausage

Ξ.	L1. SHRIMP(NO HEAD)	11.00
L2. §	SNOW CRAB LEGS	12.00
<b>L</b> 3	CRAWFISH	7.00

	2	
	O O	
2	SHRIMP(HEAD ON)	
וופו וא בעום פי	RIMP	DI A MO
5	꼸	5
?	4-	Ц

10.00 7.00

LO. ULAIMO	L6 GREEN MUSSELS	L7. BLACK MUSSELS

8.00

13.00	18.00
<ol> <li>CRAWFISH &amp; SHRIMP (NO HEAD)</li> </ol>	9 SNOW CRAB LEG & SHRIMP(NO HEAD)
	_

1/2LB 1/2LB 6 OZ

\*snow crab leg \*shrimp (No Head) \*lobster tail

# FRIED BASKETS

11.00		10.00	nders
LUNCH FRIED BASKET A	4 pcs shrimp& 2 pcs catfish	LUNCH FRIED BASKET B	4 PCs chicken wings & 2 pcs Chichen Tenders

LO

An 18% Service Charge Will be Added for parties of 7 or more

