



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

Thursday, January 21, 2021

**COMMITTEE MEETING NOTICE**

AD 01

Tonia R Otis

3535 W VILLARD Av  
Milwaukee, WI 53209

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

**Tuesday, January 26, 2021 at 02:40 PM**

**Regarding:** Your Class B Tavern, Food Dealer, and Public Entertainment Premises License Applications Requesting Instrumental Musicians, Bands, Disc Jockey, Jukebox Karaoke, Poetry Readings, Patron Contests, Comedy Acts, Patrons Dancing, Dancing by Performers, 2 Amusement Machines, 4 Concerts, 1 Pool Table, and Adult Entertainment on Tuesday Nights for "Uptown Bar and Grill" at 3535 W VILLARD Av.

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/778000629>. If you wish to call in, please call +1 (669) 224-3412 and use Access Code: 778-000-629.

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

BY: \_\_\_\_\_

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](mailto:molly.kuether-steele@milwaukee.gov).**

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



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

Thursday, January 21, 2021

**COMMITTEE MEETING NOTICE**

AD 01

Tonia R Otis

7621 N 60th St  
Milwaukee, WI 53223

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**Tuesday, January 26, 2021 at 02:40 PM**

**Regarding:** Your Class B Tavern, Food Dealer, and Public Entertainment Premises License Applications Requesting Instrumental Musicians, Bands, Disc Jockey, Jukebox, Karaoke, Poetry Readings, Patron Contests, Comedy Acts, Patrons Dancing, Dancing by Performers, 2 Amusement Machines, 4 Concerts, 1 Pool Table, and Adult Entertainment on Tuesday Nights for "Uptown Bar and Grill" at 3535 W VILLARD Av.

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Date: 11/12/2020

Officer: Bowie Buchner

City of Milwaukee Police Department

90-5-1.5 Crime Prevention Survey

Tavern Inspection

Name of Premise: Uptown Bar and Grill

Address: 3535 W Villard Av

Phone: none at time of inspection

Owner: Tonia R Otis

Owner address: 7621 N 60<sup>th</sup> St

City State Zip: Milwaukee, WI 53223

Owner Phone: 414-469-8591

Owner email: tcj6498@yahoo.com

Licensee/Agent: Same as above

Home Address: Click here to enter text.

City State Zip: Click here to enter text.

Phone: Click here to enter text.

Email: Click here to enter text.

Preferred contact: Tonia R Otis

Location currently open: ☐YES ☒NO

Projected open date: 12/31/2020

Day's open: ☐S ☐M ☐T ☐W ☐Th ☐F ☐SA ☒ALL

Hours of Operation: Sun: 6:00AM – 2:00AM 24 hours ☐Y ☐N

Mon: 6:00AM – 2:00AM

Tue: 6:00AM – 2:00AM

Wed: 6:00AM – 2:00AM

Thu: 6:00AM – 2:00AM

Fri: 6:00AM – 2:00AM

Sat: 6:00AM – 2:00AM

Premise Type: ☒Tavern/Bar

☐Restaurant

☐Other: Click here to enter text.

Licenses currently held:

Alcohol: ☒Yes ☐No Class:B #: BTAVN 316817

Tobacco: ☐Yes ☐No #:Click here to enter text.

Food: ☒Yes ☐No #: FREST 316822

Extended Hours: ☐Yes ☐No #: Click here to enter text.

Secondhand Dealer: ☐Yes ☐No Type:Click here to enter text. #: Click here to enter text.

Other: ☒Yes ☐No Type:Public Entertainment #: PEP 316819

Other: ☐Yes ☐No Type:Click here to enter text. #: Click here to enter text.

**Exterior Survey:**

1. Is the area around the location clean? ☒Yes ☐No
2. What surrounds the location? (Check all the apply)
  - a. ☐Park
  - b. ☐School
  - c. ☐Youth Center
  - d. ☐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 ☐Yes ☒No
4. Can you see the employees inside of the location from the outside ☐Yes ☒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 ☐Yes ☒No
12. Is there exterior lighting? ☒Yes ☐No. Does it appears to be adequate ☒Yes ☐No
13. Exterior Payphone? ☐Yes ☒No
14. Are there No Loitering Signs posted? ☒Yes ☐No
15. Are there exterior security cameras ☒Yes ☐No How Many: 6
16. Are the address numbers prominently displayed and easy to see ☒Yes ☐No

**Camera Survey:**

17. Does this location have security cameras? ☒Yes ☐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
20. How long is footage stored for later viewing: unsure at time, but she thinks 30 days
21. Are there exterior cameras ☒Yes ☐No How many: 6
22. Are there interior cameras ☒Yes ☐No How many: 2 currently plan to have 4 by open
23. Do all employees know how to retrieve recorded digital images/footage? ☐Yes ☒No
24. Cameras located in parking lot ☒Yes ☐No How many 2

**Interior Survey:**

25. What is the planned capacity 80

26. What is the minimum number of employees that will be on premise 2

27. 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

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: 4

34. How ill they be deployed: Interior 2 Exterior 2

35. What days will they be deployed ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☒ Fri ☒ Sat ☒ Sun

36. Will the security be managed by business ☒ or contracted ☐

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 no sagging pants

☐ Cover Charge Click here to enter text.

☒ Age restriction 25 and up for women and 30 and up for men

☐ Other Click here to enter text.

## ADDITIONAL COMMENTS/RECOMMENDATIONS:

Otis stated that she plans to cross train all her employees as additional security. Also, this location was under construction when this inspection was done so a lot of the answers given are for what they plan once the remodel is completed



# MILWAUKEE POLICE DEPARTMENT

## LICENSING

### CRIMINAL RECORD/ORDINANCE VIOLATION/INCIDENTS SYNOPSIS

**DATE:** 08/23/2019

**LICENSE TYPE:** Class B Tavern

**NEW:** ☐

**RENEWAL:** ☒

**No. 298359**

**Application Date:** 08/22/2018

**License Location:** 3535 West Villard Avenue

**Business Name:** Boston Bar & Grill

**Licensee/Applicant:** Boston, Regina A.  
(Last Name, First Name, MI)

**Date of Birth:** 11/07/1971

**Home Address:** 4465 N. 21<sup>st</sup> Street

**City:** Milwaukee

**State:** WI **Zip Code:** 53209

**Home Phone:** 414-873-2967

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:

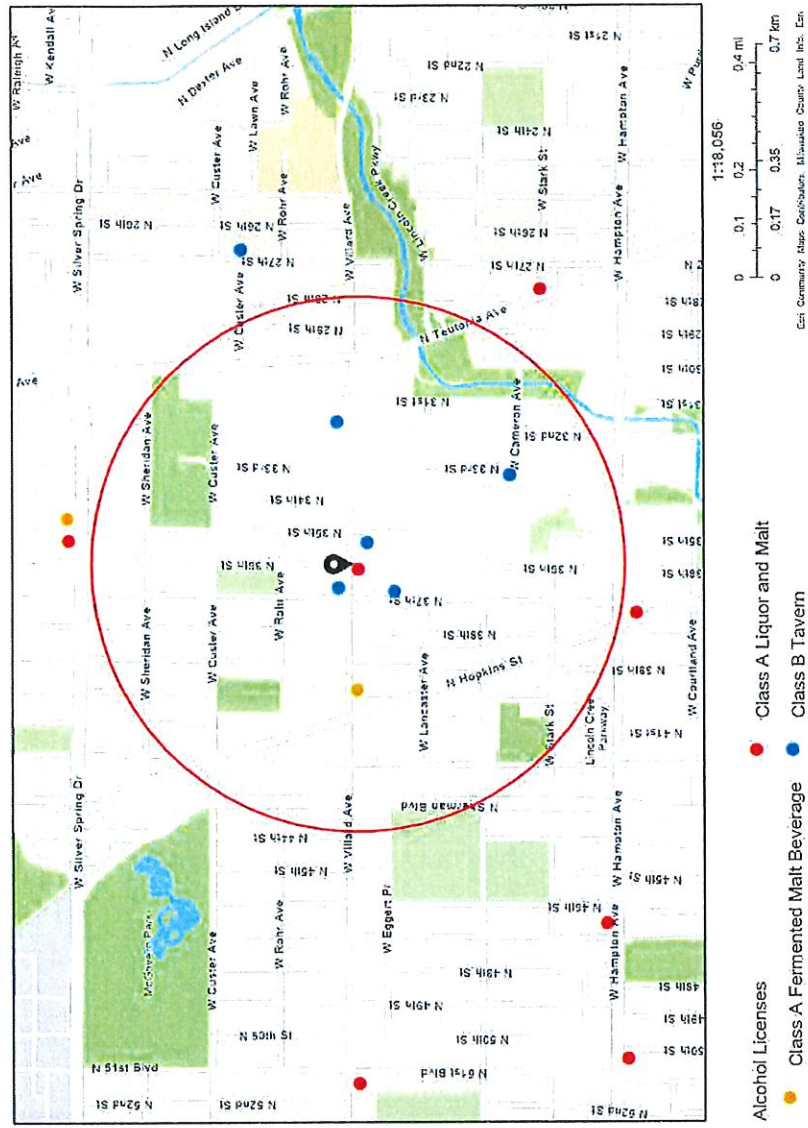
1. On 04/09/2017 Milwaukee police were dispatched to a subject with a gun complaint at 3535 West Villard Avenue. A patron of the business, Charlene Jacobs, told officers an employee of the business, Kevin Murrell, had pulled a gun on her. Officers determined that Jacobs had become unruly and was asked to leave the bar. Murrell had taken Jacobs keys because Jacobs was intoxicated and planned to drive her vehicle home.

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**PREVIOUS PREMISE**

Area : 21,862,585.68 ft<sup>2</sup>

Oct 28 2020 17:37:08 Central Daylight Time



## Summary

Name	Count	Area(ft²)	Length(mi)
Alcohol Licenses	7		

## Alcohol Licenses

#	Legal Entity	Trade Name	Licensee	Address	License Type Name	Total Capacity	Expiration Date	Count
1	TRIPLETT INVESTMENT S, LLC	TopCat's	PAMELA L Triplett-Hicks, Agt	3622 W VILLARD AV	Class B Tavern License	83	7/26/2021, 7:00 PM	1
2	STAR 27 CORPORATIO N	ONE STOP PANTRY	Zohra Ali, Agt	3927 W VILLARD AV	Class A Fermented Malt Beverage Retailer's License		4/9/2021, 7:00 PM	1
3	STNJ Enterprises LLC	Adam's Bar & Grill	Sia Xiong, Agt	3300 W Cameron AV	Class B Tavern License	80	3/27/2021, 7:00 PM	1
4	PEARL LIQUOR, INC	SUNSHINE LIQUOR & DELI	JAGJIT S CHEEMA, Agt	3541 W VILLARD AV	Class A Malt & Class A Liquor License		12/19/2020, 6:00 PM	1
5	BOC Group LLC	Oasis Jazz Bar & Grill	Liza M Blackburn, Agt	3120 W Villard AV	Class B Tavern License	675	12/26/2020, 6:00 PM	1
6	C-NOTE'S SPORTS LOUNGE	C-NOTE'S SPORTS LOUNGE	CEDRIC R HORTON, SP	5138 N 37TH ST	Class B Tavern License	49	12/27/2020, 6:00 PM	1
7	Tomato Patch	Tomato Patch	Judith A Styne, SP	5173 N 35th ST	Class B Tavern License	80	5/25/2021, 7:00 PM	1

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



Thursday, January 21, 2021

## Licenses Committee Notice of Hearing

Regina Boston  
4465 N 21st St  
Milwaukee, WI 53209

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, Patron Contests, Comedy Acts, Patrons Dancing,  
Dancing by Performers, 2 Amusement Machines, 4 Concerts, 1 Pool Table, and  
Adult Entertainment on Tuesday Nights

Tonia R Otis  
Uptown Bar and Grill at 3535 W VILLARD Av

Date: 1/26/2021

Time: 02:40 PM

Location: The hearing before the Licenses Committee will take place virtually on Tuesday, January 26, 2021. 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](mailto: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.



Thursday, January 21, 2021



# Notice of Public Hearing

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notice

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OTIS, Tonia R

Uptown Bar and Grill at 3535 W VILLARD Av

Class B Tavern, Food Dealer, and Public Entertainment Premises License Applications  
Requesting Instrumental Musicians, Bands, Disc Jockey, Jukebox, Karaoke, Poetry Readings,  
Patron Contests, Comedy Acts, Patrons Dancing, Dancing by Performers, 2 Amusement  
Machines, 4 Concerts, 1 Pool Table, and Adult Entertainment on Tuesday Nights

**Tuesday, January 26, 2021 at 2:40 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 1/26/2021 at 2:40 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](mailto: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.

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## 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	3519 W VILLARD AVE	MILWAUKEE, WI 53209
CURRENT OCCUPANT	5185 N 35TH ST 1	MILWAUKEE, WI 53209
CURRENT OCCUPANT	5185 N 35TH ST 5	MILWAUKEE, WI 53209
CURRENT OCCUPANT	3628 W VILLARD AVE	MILWAUKEE, WI 53209
CURRENT OCCUPANT	3616A W VILLARD AVE	MILWAUKEE, WI 53209
CURRENT OCCUPANT	5185 N 35TH ST 6	MILWAUKEE, WI 53209
CURRENT OCCUPANT	5218 N 36TH ST	MILWAUKEE, WI 53209
CURRENT OCCUPANT	3504 W VILLARD AVE LOWR	MILWAUKEE, WI 53209
CURRENT OCCUPANT	3504 W VILLARD AVE UPPR	MILWAUKEE, WI 53209
CURRENT OCCUPANT	3622A W VILLARD AVE	MILWAUKEE, WI 53209
CURRENT OCCUPANT	5204 N 36TH ST	MILWAUKEE, WI 53209
CURRENT OCCUPANT	5185 N 35TH ST 2	MILWAUKEE, WI 53209
CURRENT OCCUPANT	5185 N 35TH ST 3	MILWAUKEE, WI 53209
CURRENT OCCUPANT	3520A W VILLARD AVE	MILWAUKEE, WI 53209
CURRENT OCCUPANT	5224A N 36TH ST	MILWAUKEE, WI 53209
CURRENT OCCUPANT	3624 W VILLARD AVE	MILWAUKEE, WI 53209
CURRENT OCCUPANT	3528 W VILLARD AVE	MILWAUKEE, WI 53209
CURRENT OCCUPANT	3522 W VILLARD AVE	MILWAUKEE, WI 53209
CURRENT OCCUPANT	3518 W VILLARD AVE	MILWAUKEE, WI 53209
CURRENT OCCUPANT	5224 N 36TH ST	MILWAUKEE, WI 53209
CURRENT OCCUPANT	5185 N 35TH ST 4	MILWAUKEE, WI 53209
CURRENT OCCUPANT	5185 N 35TH ST 7	MILWAUKEE, WI 53209
CURRENT OCCUPANT	5175 N 35TH ST	MILWAUKEE, WI 53209
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Total Records: 23

Radius: 250.0 feet and Center of Circle: 3535 W Villard Ave



**BUSINESS LICENSE PLAN OF OPERATION**  
Office of the City Clerk License Division  
200 E. Wells St. Room 309, Milwaukee, WI 53202  
(414) 253-2339 www.milwaukee.gov/permits & motorists

10/10/2019 11:11 AM

**1. Type of Business**

Applying for: ☐ Extended Hours (22A to 530) - if a food establishment, check all that apply: ☐ Delivery ☐ Drive Thru ☐ Dining Room  
☐ Wet Service Laundry ☐ Massage Establishment ☐ Drug Dispensing  
☒ Other (supplemental application for specific license should be required)

Provide a detailed description of the type of business you plan on operating:

Bar And Grill

Do you have any experience operating this type of business? ☐ No ☒ Yes If yes, explain:

**2. Business Operations**

- a. Proposed Opening Date: 11-31-20
- b. Is this premise under construction? ☐ No ☐ Yes If yes, list estimated completion date: \_\_\_\_\_
- c. Is this a franchise? ☒ No ☐ Yes
- d. Is this premise currently licensed? ☐ No ☒ Yes If yes, list type of license: Class A Permit
- e. Is the current license 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: Renovated kitchen to serve food
- g. Have you previously held an Extended Hours license in this area? ☐ No ☒ Yes  
If yes, list address(es): \_\_\_\_\_
- h. Are other businesses operating in the same building? ☒ No ☐ Yes If yes, describe: \_\_\_\_\_

**3. Litter & Noise**

- a. How are grounds kept clean? ☐ Sweep ☐ Pressure Wash ☒ Pick Up Litter ☐ Other \_\_\_\_\_
- b. How often will grounds be cleaned? ☒ Daily ☐ Weekly ☐ As Needed ☐ Monthly ☐ Other \_\_\_\_\_
- c. Grounds cleaned by: ☐ User/owner ☐ 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 ☒ Yes If yes, describe: Small PA system for announcements

**4. Smoking & Sanitation**

- a. Are there designated outdoor smoking areas? ☐ No ☒ Yes If yes, describe: \_\_\_\_\_
- b. Number of Garbage Cans: Inside: 2 Locations: Back of house  
Outside: 1 Locations: Back of house
- c. Is a ground control barrier used? ☒ No ☐ Yes If yes, describe: \_\_\_\_\_
- d. How many restrooms are on the premises? 2
- e. Name of solid waste contractor: ☐ Advanced Disposal ☒ Waste Management ☐ Other \_\_\_\_\_



### 5. Security

- a. Are there onsite parking spaces? ☒ No ☐ Yes If yes, how many? \_\_\_\_\_ and describe the parking security plan: \_\_\_\_\_
- b. Is there a loading zone? ☒ No ☐ Yes If yes, describe the loading area security plan: \_\_\_\_\_
- c. Will you have security personnel on premise? ☐ No ☒ Yes If yes, how many? Not determined yet and answer the following:  
What are their responsibilities? Security Personnel and Police  
Is security equipment used? ☐ No ☐ Yes If yes, describe Not determined yet  
List their licensing, certification, or training credentials Not determined yet
- d. Will there be security cameras? ☐ No ☐ Yes If yes, how many? Not and list locations: Not
- e. Will searches/identification checks be done upon entry? ☐ No ☒ Yes If yes, describe At Doors and Windows

### 6. Percentage of Sales (must total 100%)

Alcohol <u>50</u> %	Food <u>40</u> %	Secondhand Merchandise _____ %	Precious Metals & Gems _____ %
Entertainment <u>10</u> %	Cigarettes _____ %	_____ %	_____ %
Pawnbroker Activity _____ %	Salvaged Materials _____ % (such as scrap metal)	Personal Services (such as tattoo, body piercing, salon, tailor, tanning, etc.) _____ %	Other _____ % Describe: _____

### 7. Businesses/Licenses on the Premises (check all that apply):

#### Type 1

- ☐ Full Service Restaurant ☐ Cafe/Coffee Shop ☐ Deli or Fast Food Restaurant ☐ Private/Fraternal/Veterans Club
- ☐ Night Club ☒ Tavern ☐ Cocktail Lounge ☐ Teen Club
- ☐ Banquet Hall ☐ Sports Facility ☐ Bowling Alley
- ☐ Hotel/Motel: Number of Floors: \_\_\_\_\_ Number of Rooms: \_\_\_\_\_  
Rooming House: Number of Floors: 7 Number of Rooms: 3

#### Type 2

- ☐ Liquor Store ☐ Corner Store ☐ Supermarket ☐ Convenience Store
- ☐ Gas Station ☐ Amusement/Phonograph Distributor ☐ Recycling, Salvage or Towing
- ☐ Used Car Dealer ☐ Personal Service Establishment  
(such as tattoo business, hair salon, tailor, etc.) ☐ Recording Studio

What other licenses/permits will you hold at this location? (check all that apply)

- ☒ Occupancy Permit ☐ Cigarette & Tobacco ☐ Gas Station ☐ Extended Hours ☐ Class "B" Tavern ☐ Weights & Measures
- ☐ Secondhand Dealer ☐ Precious Metal & Gem ☒ Other: Food Dealer

### 8. Legal Capacity (only if a Type 1 premises in #7 above)

Capacity 2500 sq ft (Call the Milwaukee Development Center at 414-286-0211 if you have questions.)



## 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 ☐ Basement Storage ☐ Patio ☐ Beer Garden ☐ Sidewalk Cafe ☐ Deck ☐ Rooftop  
☐ Other: Describe: \_\_\_\_\_
- b. Describe Location: ☐ Major Thoroughfare ☐ Secondary Street ☒ Other: MAIN ROAD (V. 1147.0 AVE)
- c. Nearest Major Cross Street: 36<sup>th</sup> STREET
- d. Describe Building: ☒ Free Standing Building ☐ Strip Mall ☐ Other: \_\_\_\_\_
- e. Describe Premises Structure: ☐ Single Story ☒ Multi-Story - # of Stories 2 ☐ Other: \_\_\_\_\_
- f. Describe Surrounding Area: ☒ Commercial ☒ Residential ☐ Industrial ☐ Other: \_\_\_\_\_
- g. Building Owner Name: REGINA BOSTON Phone Number: 414-795-6620  
 Building Owner Address: 4465 N. 21<sup>st</sup> MILWAUKEE, WI 53209

## 10. Hours of Operation & Customers

Will customers be entering the premises? ☐ No ☒ Yes

Day of the Week	Proposed Hours 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')
	Open Time (include a.m. or p.m.)	Close Time (include a.m. or p.m.)			
Sunday	6 A.M.	2 A.M.	50+	25+UP	21
Monday	6 A.M.	2 A.M.	50+	25+UP	
Tuesday	6 A.M.	2 A.M.	50+	25+UP	
Wednesday	6 A.M.	2 A.M.	50+	25+UP	
Thursday	6 A.M.	2 A.M.	50+	25+UP	
Friday	6 A.M.	2:30 A.M.	100+	25+UP	
Saturday	6 A.M.	2:30 A.M.	100+	25+UP	

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 Outdoor Closing Hours: 10:00pm Sunday-Thursday; 12:00am Friday & Saturday; unless a different time, either earlier or later, is established by the Common Council in its approval of the licensee's plan of operation.

## 11. Signature(s)

Amia R. Otis  
 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)

\_\_\_\_\_  
 Signature of additional partner or 20% or more shareholder

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



ALCOHOL BEVERAGE & PUBLIC ENTERTAINMENT PREMISES  
SUPPLEMENTAL 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/licenses

cel akcpeplan 4/23/10

Legal Entity Name: TONIA R. OTIS

Premise Address: 3535 W. VILARD AVE MILWAUKEE, WI 53209

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: \_\_\_\_\_

b) Will the agent, a partner or the individual licensee be conducting the day-to-day operations of the business? ☐ No ☒ Yes

If no, list the name and address of the person(s) who will: \_\_\_\_\_

Class B Applicants: If the agent, a partner or the individual licensee will not be conducting the day-to-day operations of the business, the person(s) listed above must obtain a Class B Managers license.

c) Does anyone else have money invested or any other interest in this business? ☒ No ☐ Yes

If yes, explain: \_\_\_\_\_

d) Have you made an agreement with anyone to repay any loan or any other payments based upon income from the business? ☒ No ☐ Yes If yes, list name and address: \_\_\_\_\_

**Property Information (New & Transfer Applicants Only)**

a) Do you own or lease the building? ☐ Own ☒ Lease

b) Who owns the fixtures (for example, coolers, etc.)? DDI INC

c) Are you purchasing the stock and/or fixtures? ☒ No ☐ Yes If yes, amount paid \$ \_\_\_\_\_

d) Total amount paid for business \$ 0

e) Total amount paid for goodwill of the business \$ 0

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

**Lease Information (New & Transfer Applicants who are leasing the premises only)**

a) Date lease begins 10-1-20 Ends 12-31-25

b) Monthly rental \$ 2500

c) Do you have an option to renew the lease? ☐ No ☒ Yes

d) Does your lease allow for assignment to another party without the consent of the owner? ☒ No ☐ Yes

e) For what length of time have you been guaranteed occupancy (number of years)? 5 YEARS

Lease Information (Continued)

- 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): \_\_\_\_\_

Signature

Tonia R. Otis, Agent Tonia R. Otis  
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:

- ☐ Detailed floor plan  
☐ If a restaurant, copy of the menu



## FOOD DEALER LICENSE PLAN OF OPERATION

ccl-foodplan 2/28/19

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

Legal Entity Name: <u>UPTOWN BAR AND GRILL</u>	
Premises Address: <u>3535 W. VILLAGE AVE MILWAUKEE, WI 53209</u>	
<b>SECTION 1 TYPE OF BUSINESS</b>	
What will be the majority of your food sales? (check one)	
<input checked="" type="checkbox"/> 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.	
<input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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.	
<input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Micro Market	
All Applicants: Submit a menu or a list of food items that will be sold.	
Will any wholesale business be done? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, what percentage of food sales will be wholesale?	
<input type="checkbox"/> Less than 25%	
<input type="checkbox"/> 25% or More AND: <input type="checkbox"/> Restaurant Items (meals) will be sold – Complete this application and also contact DATCP. <input type="checkbox"/> NO restaurant Items (meals) will be sold - Do NOT complete this application. Contact DATCP only.	
<b>SECTION 2 FOOD PROCESSING</b>	
Will any food processing be done? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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.	
<b>SECTION 3 FOOD REQUIRING TEMPERATURE CONTROL</b>	
Will any food that requires temperature control be sold? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (includes dairy products such as milk, cheese, and ice cream, fish, shellfish, meat, poultry)	
If yes, list the types of food items: _____	

**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: \_\_\_\_\_
- 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?

- ☒ 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 Additional Site Addendum (ccl-foodadd) for each additional site.

**SECTION 6 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 ☒ Renovation or remodeling
- ☐ Construction changes to existing building ☐ Equipment changes only

Provide a brief description of the changes:

JUSTIN NEW HOOD, FLYERS, FLEEZES

Start date:

NDY

Name, Address &amp; Phone Number of Architect:

NDY

Name, Address &amp; Phone Number of Contractor:

NDY**SECTION 7 ALCOHOL BEVERAGES**

Are you applying for an alcohol beverage license?

- ☐ No If No, SKIP to Section 8
- ☒ Yes If YES, if your food license is approved prior to the alcohol license, when do you want the food license issued?
- ☐ Immediately ☒ At the same time as the alcohol license

**SECTION 8 ACKNOWLEDGEMENTS & SIGNATURE**

You must Initial each item confirming your understanding:

TRO

I understand the Health Department must conduct an inspection and advise the License Division of their approval before the license may be issued.

TRO

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.

TRO

I understand the district alderperson will review and either support or object to my application. If he/she objects, 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.

TRO

I understand proof of payment for all 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.

TRO

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% Shareholder:

Lynia R. Davis

Signature of Additional Partner:



# 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 www.milwaukee.gov/licensing e-mail address: licensing@city.milwaukee.gov

**PREMISES ADDRESS:** 3535 W Villard Ave, Milwaukee, WI 53207

**TYPES OF ENTERTAINMENT (CHECK ALL THAT APPLY)**

<input checked="" type="checkbox"/> Instrumental Musicians	<input type="checkbox"/> Battle of the Bands	<input checked="" type="checkbox"/> Dancing by Performers	<input checked="" type="checkbox"/> Amusement Machines How many? 2
<input checked="" type="checkbox"/> Bands	<input checked="" type="checkbox"/> Comedy Acts	<input checked="" type="checkbox"/> Adult Entertainment/ Strippers/Erotic Dance	<input checked="" type="checkbox"/> Concerts Approx. # per year? 4
<input type="checkbox"/> Bowling Alley How many? _____	<input checked="" type="checkbox"/> Disc Jockey	<input type="checkbox"/> Wrestling	<input type="checkbox"/> Theatrical Performances Approx. # per year? _____
<input checked="" type="checkbox"/> Pool Tables How many? 1	<input type="checkbox"/> Magic Shows	<input checked="" type="checkbox"/> Patron Contests	<input checked="" type="checkbox"/> Jukebox
<input type="checkbox"/> Motion Pictures (movies by admission) - How many? _____	<input checked="" type="checkbox"/> Poetry Readings	<input checked="" type="checkbox"/> Patrons Dancing	<input checked="" type="checkbox"/> Karaoke
<input type="checkbox"/> Other: Adult Entertainment on every Tuesday night			

**Entertainment Outdoor Closing Hours:** 10:00pm Sunday-Thursday; 12:00am Friday & Saturday; unless a different time, either earlier or later, is established by the Common Council in its approval of the licensee's plan of operation.

**PROMOTERS/SOUND AMPLIFICATION**

Will promoters ever be used for any of the entertainment? ☒ No ☐ Yes If Yes, Describe: \_\_\_\_\_

At any time will sound amplification be used? ☐ No ☒ Yes If Yes, Describe: speakers

**LEGAL CAPACITY OF PREMISES**

Handup (Call the Development Center at 414-286-8211 with questions.) Legal capacity determines the fee for your Public Entertainment Premises License. If you would like to request the license be approved with a lower capacity than that listed above, indicate the lower capacity here: \_\_\_\_\_ If approved, this lower capacity will print on your license and override the capacity listed on your Occupancy Permit.

**ACKNOWLEDGEMENT/SIGNATURE**

I understand that after the license has been issued, a change to the plan of operation will require a written request to change and approval from the Common Council. I agree to inform the City Clerk within 10 days of any substantial changes in the information supplied in this application. I understand that I shall not willfully refuse to provide the services offered under this license, or add charges or require deposits not required of the general public because of race, color, sex, religion, national origin or ancestry, age, handicap, lawful source of income, marital status, sexual orientation, gender identity or expression, familial status or the fact that a person is now or has been a member of the military service, whether dressed in uniform or not; and shall not seek such information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion on the basis of such information.

I have knowledge of the City Ordinances currently regulating public entertainment, and understand that the license may be subject to suspension, non-renewal or revocation, if I violate any rule, law or regulation of the city of Milwaukee and State of Wisconsin.

Dorina R. Davis  
Signature of Sole Proprietor, Partner or 20% or More Shareholder  
(If no 20% or more Shareholder, Corporate Officer - print name/title and sign)

**Office Use Only:**

Initials: \_\_\_\_\_ Filed: \_\_\_\_\_ App: \_\_\_\_\_

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

OPTOW BAK AND GRILL

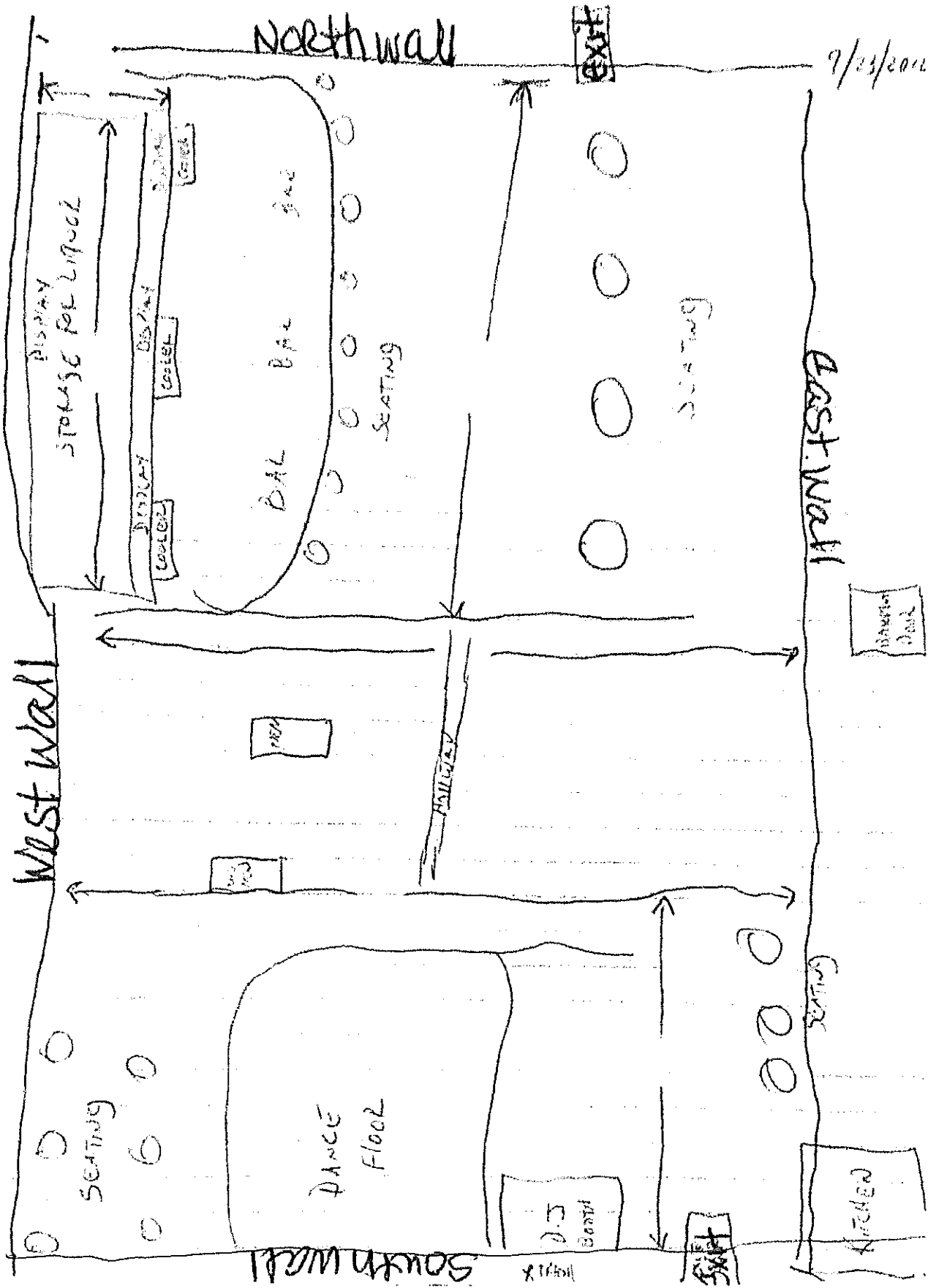
3535 W. Willow Ave

UNITED STATES

Tonia R. OHS

11

9/23/2011

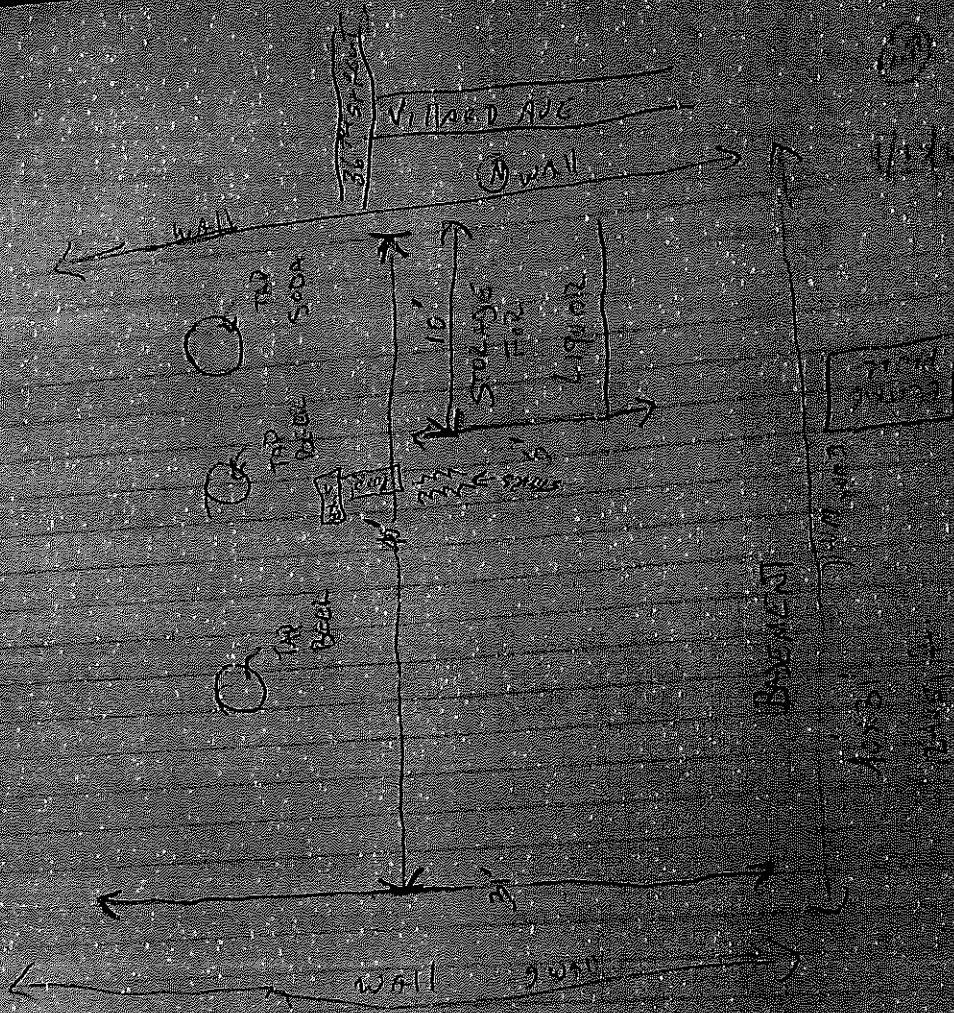




TERRA OTIS

INDUSTRIAL DISTRICT  
2525 W. 11TH AVE

W. WALL



(11)

11/1/10

11/1/10

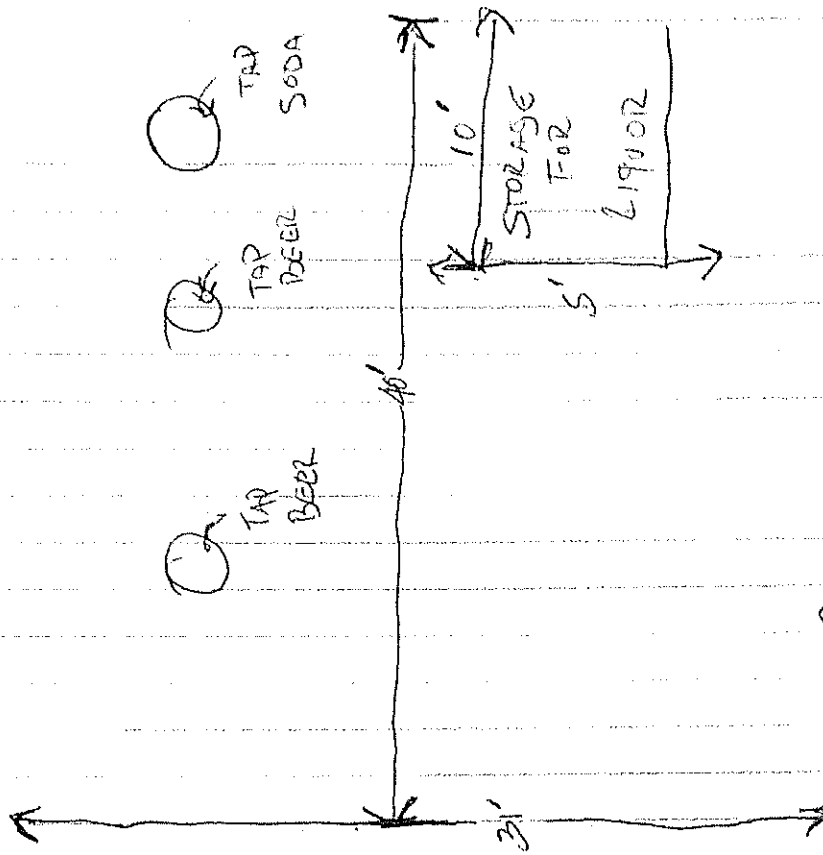
BRICK

20' x 40'

11/1/10



UP TOWN BAR AND GRILL  
3535 W. VILLARD AVE.



BASEMENT

40' x 31'

1240 sq. ft.

ELECTRIC  
PANEL

STORAGE  
FOR

LIGNOR

10'

5'

TAP  
SODA

TAP  
BEER

TAP  
BEER

4/23/2014

W