



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

Tuesday, April 13, 2021

**COMMITTEE MEETING NOTICE**

AD 06

Matthew C Stolzenburg  
Black Dawn Tattoo  
3701 E Munkwitz Av


Cudahy, WI 53110

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

**Tuesday, April 20, 2021 at 10:55 AM**

**Regarding:** Your Tattoo and Body Piercing License Application for "Black Dawn Tattoo" at 424 E LOCUST 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/743087573>. If you wish to call in, please call +1 (646) 749-3122 and use Access Code: 743-087-573.

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.

**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

**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).**

To the Licenses Committee of the Common Council

I hope this letter reaches you safely. I am writing this appeal to request a business license approval for my tattoo studio, named Black Dawn Tattoo. We hope to receive permission and the blessing of the community we would be occupying, the neighborhood of Harambee, in Milwaukee, Wisconsin. As stated by the Alderwoman, Milele Coggs, in our phone meeting on April 12<sup>th</sup>, 2021, giving the community the opportunity to voice their opinions on the presence of Black Dawn Tattoo is fair and important, because we value what they have to say. We would love to show the community that we are a benefit, not a liability, to them. We mean nothing but the best, and want to serve others and treat them with the utmost respect; we hope to bring beautiful art, and hope to build fellowship with the community - one that we respect and treasure.

Thank you for your consideration. Attached below is a few references that will confirm our level of skill and experience within the tattoo industry. We are actively involved in the community, having collaborated on various murals throughout the city, participated in neighborhood cleanups, and organized multiple charity events to support local community initiatives, such as the Milwaukee Litterbugs, BLM, the Hunger Task Force, and numerous people in need. Please feel free to reach out to any of those listed below.

- Jack Daily, of the Milwaukee Litterbugs: (262) 552-9695
- Chris Burke, tattooer and mural artist of Ghost Light Tattoo and Sanctuary Tattoo: (414) 418-9666
- Jesse Flores, Serenity Ink: (414) 712-3323
- Ben Murrane, of Goodland Tattoo: (262) 949-0279
- AJ Pehowski, of Riverwest Tattoo: (262) 672-8558
- Ruben Alcantar, of Black Rabbit Tattoo Collective: (414) 458-3864
- Jen Love, of Honeywattle Tattoo: (414) 793-5734





Tuesday, April 13, 2021



# Notice of Public Hearing

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notice

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STOLZENBURG, Matthew C  
Black Dawn Tattoo at 424 E LOCUST St  
Tattoo and Body Piercing License Application

**Tuesday, April 20, 2021 at 10:55 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 4/20/2021 at 10:55 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](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	2934 N BUFFUM ST	MILWAUKEE, WI 53212
CURRENT OCCUPANT	2936A N HOLTON ST	MILWAUKEE, WI 53212
CURRENT OCCUPANT	2940 N BUFFUM ST	MILWAUKEE, WI 53212
CURRENT OCCUPANT	523A E LOCUST ST	MILWAUKEE, WI 53212
CURRENT OCCUPANT	2907 N HOLTON ST 1	MILWAUKEE, WI 53212
CURRENT OCCUPANT	428 E LOCUST ST 2	MILWAUKEE, WI 53212
CURRENT OCCUPANT	520 E LOCUST ST	MILWAUKEE, WI 53212
CURRENT OCCUPANT	2916 N HOLTON ST	MILWAUKEE, WI 53212
CURRENT OCCUPANT	2917 N BOOTH ST	MILWAUKEE, WI 53212
CURRENT OCCUPANT	2924 N HOLTON ST	MILWAUKEE, WI 53212
CURRENT OCCUPANT	2929 N HOLTON ST	MILWAUKEE, WI 53212
CURRENT OCCUPANT	2856A N HOLTON ST	MILWAUKEE, WI 53212
CURRENT OCCUPANT	517 E LOCUST ST	MILWAUKEE, WI 53212
CURRENT OCCUPANT	2932 N BUFFUM ST	MILWAUKEE, WI 53212
CURRENT OCCUPANT	523 E LOCUST ST	MILWAUKEE, WI 53212
CURRENT OCCUPANT	410 E LOCUST ST	MILWAUKEE, WI 53212
CURRENT OCCUPANT	2919 N BOOTH ST	MILWAUKEE, WI 53212
CURRENT OCCUPANT	2928 N BUFFUM ST	MILWAUKEE, WI 53212
CURRENT OCCUPANT	507 E LOCUST ST	MILWAUKEE, WI 53212
CURRENT OCCUPANT	2946 N BUFFUM ST	MILWAUKEE, WI 53212
CURRENT OCCUPANT	2948 N BUFFUM ST	MILWAUKEE, WI 53212
CURRENT OCCUPANT	2944 N HOLTON ST	MILWAUKEE, WI 53212
CURRENT OCCUPANT	418 E LOCUST ST	MILWAUKEE, WI 53212
CURRENT OCCUPANT	422 E LOCUST ST	MILWAUKEE, WI 53212
CURRENT OCCUPANT	2907 N HOLTON ST 2	MILWAUKEE, WI 53212
CURRENT OCCUPANT	508 E LOCUST ST	MILWAUKEE, WI 53212
CURRENT OCCUPANT	2918 N HOLTON ST	MILWAUKEE, WI 53212
CURRENT OCCUPANT	2928A N BUFFUM ST	MILWAUKEE, WI 53212
CURRENT OCCUPANT	2927 N BOOTH ST	MILWAUKEE, WI 53212
CURRENT OCCUPANT	2945 N HOLTON ST	MILWAUKEE, WI 53212
CURRENT OCCUPANT	408 E LOCUST ST	MILWAUKEE, WI 53212
CURRENT OCCUPANT	416A E LOCUST ST	MILWAUKEE, WI 53212
CURRENT OCCUPANT	510 E LOCUST ST	MILWAUKEE, WI 53212
CURRENT OCCUPANT	516 E LOCUST ST	MILWAUKEE, WI 53212
CURRENT OCCUPANT	2927A N BOOTH ST	MILWAUKEE, WI 53212
CURRENT OCCUPANT	330A E LOCUST ST	MILWAUKEE, WI 53212
CURRENT OCCUPANT	507A E LOCUST ST	MILWAUKEE, WI 53212
CURRENT OCCUPANT	2932A N HOLTON ST	MILWAUKEE, WI 53212
CURRENT OCCUPANT	2932 N HOLTON ST	MILWAUKEE, WI 53212
CURRENT OCCUPANT	2940 N HOLTON ST	MILWAUKEE, WI 53212
CURRENT OCCUPANT	506 E LOCUST ST	MILWAUKEE, WI 53212
CURRENT OCCUPANT	2920 N BUFFUM ST	MILWAUKEE, WI 53212
CURRENT OCCUPANT	330 E LOCUST ST	MILWAUKEE, WI 53212
CURRENT OCCUPANT	2856 N HOLTON ST	MILWAUKEE, WI 53212
CURRENT OCCUPANT	511A E LOCUST ST	MILWAUKEE, WI 53212
CURRENT OCCUPANT	416 E LOCUST ST	MILWAUKEE, WI 53212

CURRENT OCCUPANT	512 E LOCUST ST	MILWAUKEE, WI 53212
CURRENT OCCUPANT	2915 N BOOTH ST	MILWAUKEE, WI 53212
CURRENT OCCUPANT	2936 N HOLTON ST	MILWAUKEE, WI 53212
CURRENT OCCUPANT	2943 N HOLTON ST	MILWAUKEE, WI 53212
CURRENT OCCUPANT	2946 N HOLTON ST	MILWAUKEE, WI 53212
CURRENT OCCUPANT	2907 N HOLTON ST 4	MILWAUKEE, WI 53212
CURRENT OCCUPANT	2923 N BOOTH ST	MILWAUKEE, WI 53212
CURRENT OCCUPANT	2908 N BUFFUM ST	MILWAUKEE, WI 53212
CURRENT OCCUPANT	2931 N BOOTH ST	MILWAUKEE, WI 53212
CURRENT OCCUPANT	2942 N BUFFUM ST	MILWAUKEE, WI 53212
CURRENT OCCUPANT	2939 N HOLTON ST	MILWAUKEE, WI 53212
CURRENT OCCUPANT	2942 N HOLTON ST	MILWAUKEE, WI 53212
CURRENT OCCUPANT	2907 N HOLTON ST 3	MILWAUKEE, WI 53212
CURRENT OCCUPANT	428 E LOCUST ST 1	MILWAUKEE, WI 53212
CURRENT OCCUPANT	522 E LOCUST ST	MILWAUKEE, WI 53212
CURRENT OCCUPANT	2922 N BUFFUM ST	MILWAUKEE, WI 53212
CURRENT OCCUPANT	511 E LOCUST ST	MILWAUKEE, WI 53212

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Total Records: 63

Radius: 250.0 feet and Center of Circle: 424 E Locust St



### BUSINESS LICENSE PLAN OF OPERATION

last updated 6/17/2021

Office of the City Clerk License Division  
200 S. Wells St. Room 205, Milwaukee, WI 53202  
(414) 255-2738 www.milwaukee.gov/licensing email address: licensing@milwaukee.gov

#### 1. Type of Business

- Applying for:  Extended Hours (12AM to 5AM) - if a food establishment, check all that apply.  Delivery  Drive Thru  Dining Room  
 Self Service Laundry  Massage Establishment  Filling Station  
 Other (supplemental application for specific license also required)

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

appointment only tattooing establishment

Do you have any experience operating this type of business?  No  Yes If yes, explain tattooing for 11 years

#### 2. Business Operations

- a. Proposed Opening Date: March 19
- b. Is this project under construction?  No  Yes If yes, list estimated completion date: \_\_\_\_\_
- c. Is this a renovation?  No  Yes
- d. Is this premises currently licensed?  No  Yes If yes, list type of license: \_\_\_\_\_
- e. Is the license license operating?  No  Yes If not, list date closed: \_\_\_\_\_
- f. Do you have future plans for other businesses, licenses or permits at this location?  No  Yes  
If yes, explain: Health department permit
- g. Have you previously held an Extended Hours license in Milwaukee?  No  Yes  
If yes, list address(es): \_\_\_\_\_
- h. Are other businesses operating in the same building?  No  Yes if yes, describe: \_\_\_\_\_

#### 3. 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:  Janitor  Building Owner  Employees  Third Maintenance  Other: \_\_\_\_\_
- d. How are noise issues prevented and/or addressed?  Security  Manager approaches customer(s)  Call Police  
 Signs Posted  Other: \_\_\_\_\_
- e. Will a sound amplification system be used?  No  Yes If yes, describe: \_\_\_\_\_

#### 4. Smoking & Sanitation

- a. Are there designated outdoor smoking areas?  No  Yes If yes, describe: 15' from entrance
- b. Number of Garbage Cans: Inside 3 locations: work station / Bathroom / Back room  
Outside 1 location:  dumpster in alley on Halton
- c. Is a trash control barrier used?  No  Yes If yes, describe: \_\_\_\_\_
- d. How many restrooms are on the premises? 1
- 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: Street parking
- b. Is there a loading zone?  No  Yes. If yes, describe the loading area security plan: \_\_\_\_\_
- c. Will you have security personnel on premises?  No  Yes. If yes, how many? \_\_\_\_\_ AND answer the following:  
 What are their responsibilities? \_\_\_\_\_  
 Is security equipment used?  No  Yes. If yes, describe \_\_\_\_\_  
 and their licensing, certification, or training credentials: \_\_\_\_\_
- d. Will there be security cameras?  No  Yes. If yes, how many? 2 and list locations: outside of establishment South wall, inside establishment North wall
- e. Will searches/identification checks be done upon entry?  No  Yes. If yes, describe \_\_\_\_\_

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

Alcohol _____ %	Food _____ %	Tobacco and Merchandise _____ %	Prevalent Metals & Gems _____ %
Entertainment _____ %	Cigarettes _____ %	Personal Services (such as tattoos, body piercing, hair, tanning, etc.) <u>100</u> %	Other _____ % (describe: _____)
Recreational Activity _____ %	Salvaged Materials (such as scrap metal) _____ %		

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

- Type 1**
- Full Service Restaurant  Deli/Coffee Shop  Deli or Fast Food Restaurant  Private/Traveller/Veterans Club
- Night Club  Tavern  Cellular Lounge  Tents Club
- Foreign Mail  Sports Facility  Bowling Alley
- Hotel/Motel: Number of Floors \_\_\_\_\_  Rooming House: Number of Floors \_\_\_\_\_  
 Number of Rooms \_\_\_\_\_ Number of Rooms \_\_\_\_\_

- Type 2**
- Liquor Store  Grocery Store  Supermarket  Commerce Store
- Gas Station  Advertisement/Photography Distributor  Recycling, Salvage or Towing
- Used Car Dealer  Personal Service Establishments (such as tattoo business, hair salon, tanning, etc.)  Recording Studio

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

- Liquor License  Cigarette & Tobacco  Gas Station  Extended Hours  Class "B" Tavern  Weights & Measures
- Merchandise Dealer  Prevalent Metals & Gems  Other \_\_\_\_\_

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

Capacity \_\_\_\_\_ [Call the Licensing Development Center at 416-336-8111 if you have questions.]



### TATTOO & BODY PIERCING ESTABLISHMENT SUPPLEMENTAL APPLICATION

Office of the City Clerk License Division  
300 E. Wells St. Room 308, Milwaukee, WI 53203  
(414) 224-2935 e-mail address: [licensing@milwaukee.gov](mailto:licensing@milwaukee.gov) [www.milwaukee.gov/licensing](http://www.milwaukee.gov/licensing)

replaces 1/01/11

Legal Entity Name: Matthew C. Stolzenburg

Physical Address: 424 E. Locust St. Milwaukee WI 53212

SERVICES OFFERED (check all that apply)

TATTOO SERVICES		PIERCING SERVICES	
<input checked="" type="checkbox"/> Tattoo	<input type="checkbox"/> Other Body Art:	<input type="checkbox"/> Body Piercing	<input type="checkbox"/> Ear Piercing
<input type="checkbox"/> Tattoo Removal	<input type="checkbox"/> Branding	<input type="checkbox"/> Microdermabrasion	<input type="checkbox"/> Other
<input type="checkbox"/> Permanent Makeup	<input type="checkbox"/> Subdermal Implants		
<input type="checkbox"/> Microblading	<input type="checkbox"/> Branding		
	<input type="checkbox"/> Other:		

Will an ultrasonic device for equipment cleaning be onsite?  Yes  No

Describe the hand washing method used in procedure area(s): Handwashing sink within eyesight of any procedure area

Number of Employees: 1 Number of Tattooists: 1 Number of Body Piercers: 0 Number of Procedure Stations: 1

1 Sole Proprietor

**ACKNOWLEDGEMENT & SIGNATURES**

I/we will not operate the business until the license has been issued and posted in the establishment.

Matthew C. Stolzenburg  
Signature of Sole Proprietor, Partner, Agent or 10% or More Owner of a Corporation

\_\_\_\_\_  
Signature of Additional Partner(s)

**Supporting Documentation**

The following documents should be available onsite for the inspector:

APPLICANT Check only those items you are submitting with this application.	FOR HEALTH DEPARTMENT USE ONLY					
	Reviewed			Approved		
<input checked="" type="checkbox"/> Floor Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Equipment List	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> List of all finished materials	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Lighting Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Waste Disposal Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Insect & Rodent Control Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Standard Operating Procedures	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Infection Prevention & Control Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Copies of Practitioner Licenses	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Facility Documents	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Copy of Initial Spore Reports	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

**Office Use Only**

Filed	Initials	Application #	Fee
MPO	CC	MS	NS
		Granted	License #



