

CITY OF MILWAUKEE OFFICE OF THE CITY CLERK

Wednesday, April 28, 2021

COMMITTEE MEETING NOTICE

AD 05

KLER, Baljit S, Agent Appleton Express, Inc 7110 W Lisbon Av

Milwaukee, WI 53222

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

Tuesday, May 11, 2021 at 09:10 AM

Regarding:

Your Public Entertainment Premises License Apport on Requesting 5 Amusement Machines as agent for "Appleton Express" a Wappleton 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/820945093. If you wish to call in, please call https://global.gotomeeting.com/join/820945093. If you wish to call in, please call https://global.gotomeeting.com/join/820945093. If you wish to call in, please call https://global.gotomeeting.com/join/820945093. If you wish to call in, please call https://global.gotomeeting.com/join/820945093.

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.

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



CITY OF MILWAUKEE OFFICE OF THE CITY CLERK

Wednesday, April 28, 2021

COMMITTEE MEETING NOTICE

AD 05

KLER, Baljit S, Agent Appleton Express, Inc 15425 NEUBERRY CT

Brookfield, WI 532005

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

Tuesday, May 11, 2021 at 09:10 AM

Regarding:

Your Public Entertainment Premises License Application Requesting 5 Amusement Machines as agent for "Appleton Express, Inc" for "Appleton Express" at 7646 W Appleton 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/820945093. If you wish to call in, please call https://global.gotomeeting.com/join/820945093. If you wish to call in, please call https://global.gotomeeting.com/join/820945093. If you wish to call in, please call https://global.gotomeeting.com/join/820945093.

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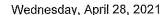
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JIM OWCZARSKI, CITY CLERK

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.







Notice of Public Hearing

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KLER, Baljit S, Agent
Appleton Express at 7646 W Appleton Av
Public Entertainment Premises License Application Requesting 5 Amusement Machines

Tuesday, May 11, 2021 at 9:10 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 5/11/2021 at 9:10 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.
- 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	4248 N 76TH ST 201	MILWAUKEE, WI 53222
CURRENT OCCUPANT	4248 N 76TH ST 203	MILWAUKEE, WI 53222
CURRENT OCCUPANT	4238 N 76TH ST 3	MILWAUKEE, WI 53222
CURRENT OCCUPANT	4248 N 76TH ST 206	MILWAUKEE, WI 53222
CURRENT OCCUPANT	4238 N 76TH ST 4	MILWAUKEE, WI 53222
CURRENT OCCUPANT	4211 N 76TH ST	MILWAUKEE, WI 53222
CURRENT OCCUPANT	4248 N 76TH ST 205	MILWAUKEE, WI 53222
CURRENT OCCUPANT	4238 N 76TH ST 2	MILWAUKEE, WI 53222
CURRENT OCCUPANT	4234A N 76TH ST	MILWAUKEE, WI 53222
CURRENT OCCUPANT	4236 N 76TH ST	MILWAUKEE, WI 53222
CURRENT OCCUPANT	4302A N 76TH ST	MILWAUKEE, WI 53222
CURRENT OCCUPANT	4248 N 76TH ST 204	MILWAUKEE, WI 53222
CURRENT OCCUPANT	4220 N 76TH ST	MILWAUKEE, WI 53222
CURRENT OCCUPANT	4234B N 76TH ST	MILWAUKEE, WI 53222
CURRENT OCCUPANT	4248 N 76TH ST 202	MILWAUKEE, WI 53222
blank	notice	

Total Records: 15

Radius: 250.0 feet and Center of Circle: 7646 W Appleton Ave



BUSINESS LICENSE PLAN OF OPERATION

ccl-busplan 5/12/2020

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

1. T	ype of Business
Applyi	ng for: Extended Hours (12AM to 5AM) - If a food establishment, check all that apply: Delivery Drive Thru Dining Room
	Self Service Laundry Massage Establishment Kirilling Station
	Dother (supplemental application for specific license also required) Public entertainment pre mises
Provid	e a detailed description of the type of business you plan on operating:
(r-store & gas station
Do you	u have any experience operating this type of business? No X Yes If yes, explain: 2.5 years at 7110 w 4 properties Operations
2. E	usiness Operations
a.	Proposed Opening Date: already open
b.	is this premise under construction? [X] No [] Yes If yes, list estimated completion date:
C,	Is this a franchise? No Yes
d.	Is this premises currently licensed? \[\text{No } \text{\text{\$\infty} Yes } \text{ If yes, list type of license: } \[\frac{
e.	Is the current licensee operating? No 🗹 Yes If no, list date closed:
f.	Do you have future plans for other businesses, licenses or permits at this location? 🔀 No 🗌 Yes
	If yes, explain:
Ĝ٠	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, Li	tter & 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: Licensee Building Owner Employees Hired Maintenance Other:
d.	How are noise issues prevented and/or addressed? Security Manager approaches customer(s) Call Police
	Signs Posted Other:
e.	Will a sound amplification system be used? □ No □ Yes If yes, describe:
4. S	moking & Sanitation
a.	A was bloomed and an emplained arroad IX Mod. Vac. If yes, describe:
b.	Number of Garbage Cans: Inside: 4 Locations: inside bathrooms inside to feel disposer, in front are
	Outside: 4 Locations: Next to Fre Visposer, in from faren
c.	Is a crowd control barrier used? No Yes If yes, describe:
d.	How many restrooms are on the premises?
e,	Name of solid waste contractor: Advanced Disposal Waste Management Other: Togo

		•	,			
5. Security						
a. Are there onsite parking	g spaces? No K Yes	If yes, how	many? a	nd describe	the parking	security
plan: employee	all coaches (usto ne	- for any	Prosu	w. 1	Tescale
b. Is there a loading zone?	No Yes If yes, d	lescribe the l	oading area security pla	ın:		
c. Will you have security p	personnel on premise?	 ⊼ No ∏Ye	s If yes, how many?_	an-	d answer the	e following:
· ·	esponsibilities?					
	ment used? No Y					
		- neodentiale				
d. Will there be security of	ameras? No X Yes	If yes, how	many? 8 and list	locations: _	PILA	e and
e. Will searches/identifica	tion checks be done upo	n entry?	No Yes If yes, descr	ibe		
6. Percentage of Sale						•
Alcohol%		0 %	Secondhand Merchandi	se	Precious Me	tals & Gems
Entertainment%	Cigarettes 3	<u>0</u> _%				á
Pawnbroker Activity 0	Salvaged Materials (such as scrap metal)	>%	Personal Services (such body piercing, salon, tai tanning, etc.)	lor.	Other 50 Describe:	Gas & 10HO
7. Businesses/Licens	es on the Premise	s (chéck	all that apply):			
Type 1 Full Service Restaurant	Cafe/Coffee Shop	☐ Deli or i	Fast Food Restaurant	Private/	/Fraternal/Ve	terans Club
Night Club	☐ Tavern	Cocktail	l Lounge	Teen Cl	ub	
	Sports Facility	Bowling				
Banquet Hall : Hotel/Motel: Number of			ig House: Number of Flo	ors:		
	Rooms:	1 10011111	Number of Ro			
Type 2						
Liquor Store	Corner Store	Superm	arket	Conveni	ence Store	
Gas Station	Amusement/Phono	graph Distribu	tor	Recycling, Salvage or Towing		
Used Car Dealer	Personal Service Es (such as tattoo busi		on, tallor, etc.)	Recordi	ng Studio _.	
What other licenses/permits w						
· Occupancy Permit [Scigarette & Tobacco KG	as Station 🔲	Extended Hours Class	"B" Tavern	Weights &	Measures
	Precious Metal & Gem					,
8. Legal Capacity (or	nly if a Type 1 pre	mișes in	#7 above)			
	•			iestions 1		
Capacity(Call	the Milwaukee Developmer	ir ceiret ar 41	14-500-6811 II And Have de	erottoria.)		

9. Premises D	escription		•				
a. Identify all area	(s) of the premises that will be the store (Same of the premises that will be seen to be seen that will be seen to be se	e used in operating this bus ge □Patio □Beer Garder	iness (include areas used n □Sidewalk Café □De	only for storage eck □Rooftop): }		
□Other: Descr	ibe:						
b. Describe Locati	Describe Location: X Major Thoroughfare Secondary Street Other:						
	Cross Street:						
d. Describe Buildi	ng: 🔼 Free Standing Buildin	g 🔲 Strip Mall 🔲 Other:					
	ses Structure: 🔀 Single Sto						
f. Describe Surro	unding Area: 🔼 Commercia	Residential 🔲 Industr	ial 🗌 Other:		247		
g. Building Owner	Name: 7650	1110	Phone Number:	1-3/0-2			
Building Owner	unding Area: A Commercia Name: 7650 r Address: 7110	N LISBA	Ave				
	peration & Custor						
Will customers be ente	ering the premises? No	Yes					
Day of the Week	Proposed Hours		Estimated Number of Customers	Potential Age Range of	Class B Tavern Applicant Only: Age Restriction		
Day of the week	Open Time (include a.m. or p.m.)	Close Time (include a.m. or p.m.)	expected each day	Customers	(If none, write 'None')		
Sunday	5 an	12 am	200	<u> </u>			
Monday	Sam	12 97	200	All			
Tuesday	5 a m	12 am	200	All	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
Wednesday	5 a m	12 97	200	AII	$\longrightarrow \bigwedge$		
Thursday	5 am	12 am	200	AII	/ \		
Friday	5 am	12 97	200	AII			
Saturday	<i>چ</i> م	12 am	297	All			
An Extended Hours Espiercing, salon, tailor,	tanning, etc.), recording stu-	dio or restaurant which is op	en between the nours of	service establish	nment (such as tattoo, body 5:00 a.m.		
Alcohol Establishmen Permitted Hours of O	peration: Class B: 6:00	am to 9:00 pm Sunday thru am to 2:00 am Sunday thru	Thursday, 6:00 am to 2:3				
Entertainment Outdo	or Closing Hours: 10:0	Opm Sunday-Thursday; 12:0 tablished by the Common Co	Oam Friday & Saturday; u ouncil in its approval of th	nless a different le licensee's plan	time, either earlier or later, of operation.		
11. Signature	(s)				·		
bay	it ven		Signature of additional p	artner er 709/ e	r more shareholder		
(If there are no 2	prietor, Partner, or 20% or m 0% or more shareholders, r-print name/title and sign)	ore Shareholder	Signature of additional p	artises of 2070 Of	i more andrenoluei		

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/license

Legal	Entity Name:	Appl	eton	Express	INC			
Prem	ise Address:	7646	W	Appleton	Ave	Milwakee	, WI	5325
Próx	imity of Pre	nises to Ch	urch, Sch	ool, Daycare (Center or F	lospital		
<u> </u>	4.1 . 13 1.1 1.1 1.1 1.1	<u> </u>	:	care center or hospita		Yes		
"Ser	vice Bar Only	v" Designat	ion			N/A	<u>.</u>	
	plying for Class B or			"Service Bar Only"?	No	Yes		
Seni	ire Bar Only means	customers canno	t sit at the bar	. Alcohol is served to laced at the service ba	employees who s ir for patrons to	serve patrons seated sit upon.	l at tables.	
Busi	ness Informa	ation		. '				
a)	Are you taking out	this application for	or anyone that	may not be eligible fo	or a license?	X No ☐ Yes		
-	If ves, list their nan	ne and address:						
b)	Will the agent, a pa	artner or the Indiv	idual licensee	be conducting the day	y-to-day operatio	ons of the business?	∏ Mo IXI	·es
	If no, list the name	and address of the	ne person(s) w	ho will:				
	Class B Applicants:	If the agent, a	partner or the	individual licensee wi	Il not be conduc	ting the day-to-day	operations of t	he business,
	the person(s) listed	d above must obta	ain a Class B M	anagers license.				
c)	Does anyone else l	have money inves የ ሶ የ ስደተነሳ	sted or any oth いんかい	er interest in this busi 7650	ness? ∐ No !~C	X Yes		
11	II AGS' EVICIOUS.			ay any loan or any oth			m the business	
d)	No Yes If	yes, list name ar	id address:					
Proj	nërty Inform	ation (New	& Transf	er Applicants	Only)		· · ·	
				□Own \ Lease				
а)	Do you own or lea			١٦ مرء است				
b)	Who owns the fixt							
c)	Are you purchasin	g the stock and/o	r fixtures?	KNo □Yes If	yes, amount paid	15		
1				. 11 .				
d)	Total amount paid	for business		\$ N/A	-			
d) e)	Total amount paid	for goodwill of th		\$	-			
	Total amount paid	for goodwill of the	and customer	\$	- isting business. iss may be consid	If the price you pay	for the busines	s exceeds the
	Total amount paid Goodwill comprise fair market value o	for goodwill of the sthe reputation of all of the rest o	and customer f the assets of	\$relationships of an ex	ess may be consid	if the price you pay lered goodwill.	for the busines	s exceeds the
e) f)	Total amount paid Goodwill comprise falr market value of Have you made ar	for goodwill of the esthe reputation of all of the rest of rangements with	and customer f the assets of the seller for p	\$relationships of an exthe business, the exce	roperty taxes?	If the price you pay lered goodwill. No X Yes ng the prem	ises only)	
e) f)	Total amount paid Goodwill comprise falr market value of Have you made ar	for goodwill of the set the reputation of all of the rest of the r	and customer f the assets of the seller for p Transfer	\$ relationships of an ex the business, the exce payment of personal p	roperty taxes?	if the price you pay lered goodwill. I No IX Yes ng the prem	ises only)	s exceeds the
e) f)	Total amount paid Goodwill comprise fair market value of Have you made ar se information Date lease begins Monthly rental	for goodwill of the set the reputation of all of the rest or rangements with on (New & 100)	and customer f the assets of the seller for	\$	roperty taxes?	If the price you pay lered goodwill. No X Yes ng the prem	ises only)	
e) f) Lea a) b) c)	Total amount paid Goodwill comprise fair market value of Have you made ar se information Date lease begins Monthly rental Do you have an op	for goodwill of the state of all of the rest of the re	and customer f the assets of the seller for	s relationships of an ex the business, the exce payment of personal p Applicants wh	roperty taxes? [o are leasi	if the price you pay dered goodwill. No X Yes ng the prem	ises only)	
e) f) Lea a) b) c) d)	Total amount paid Goodwill comprise falr market value of Have you made ar se information Date lease begins Monthly rental Do you have an op	for goodwill of the rest of all of the rest of an angements with the rest of t	and customer f the assets of the seller for particles. Transfer 20 Ends 20 Ends 20 Ends 21 Nort to another particles.	s relationships of an exthe business, the exceptayment of personal p Applicants who Yes o Yes party without the cons	roperty taxes? [o are leasi	If the price you pay lered goodwill. No X Yes ng the prem	ises only)	
e) f) Lea a) b) c)	Total amount paid Goodwill comprise falr market value of Have you made ar se information Date lease begins Monthly rental Do you have an op	for goodwill of the rest of all of the rest of an angements with the rest of t	and customer f the assets of the seller for particles. Transfer 20 Ends 20 Ends 20 Ends 21 Nort to another particles.	s relationships of an ex the business, the exce payment of personal p Applicants wh	roperty taxes? [o are leasi	If the price you pay lered goodwill. No X Yes ng the prem	ises only)	

Lea	se Information (Continued)
f) g)	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
Cha	ange of Agent Applicants Only
Ha	we 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):
"'	
_	
Sio	nature
Signi (If no	ature of Sole Proprietor/Partner or 20% or More Shareholder o 20% or more Shareholder, Corporate Officer - print name/title and sign)
I	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



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/license e-mail address: license@milwaukee.gov

PREMISES ADDRESS: 7646 W	Appleton Ave, Milw	aukee, WI 53222	
TYPES OF ENTERTAINMENT, (CF			
Instrumental Musicians	☐ Battle of the Bands	Dancing by Performers	Amusement Machines How many? 5
Bands	Comedy Acts	Adult Entertainment/ Strippers/Erotic Dance	Concerts Approx. # per year?
Bowling Alley How many?	Disc Jockey	Wresting	Theatrical Performances Approx. # per year?
Pool Tables How many?	Magic Shows	Patron Contests	Jukebox
Motion Pictures (movies by admission) - How many?	Poetry Readings	Patrons Dancing	☐ Karaoke
Other:			
Entertainment Outdoor Closing Hours:	10:00pm Sunday-Thursday; 12:00ar Is established by the Common Coun	n Friday & Saturday; unless a different tim cli in its approval of the licensee's plan of c	e, either eorlier or loter, peration.
PROMOTERS/SOUND AMPLIFIC	CATION		
Will promoters ever be used for any of	the entertainment? 🗹 No 🗌 🗅	es If Yes, Describe:	
At any time will sound amplification be	e used? 🗹 No 🗌 Yes If Yes, De	scribe:	
LEGAL CAPACITY OF PREMISES			
(Call the Developmen Premises License. If you would like to here: N/A If approved, t	request the license be approved v	estions.) Legal capacity determines the with a lower capacity than that listed a ur license and override the capacity lis	bove, indicate the lower capacity
ACKNOWLEDGEMENT/SIGNAT			
I understand that after the license has the Common Council. I agree to inform I understand that I shall not willfully re the general public because of race, col orientation, gender identity or express dressed in uniform or not; and shall no selection of personnel for training or p	n the City, Clerk within 10 days of a fuse to provide the services offerd or, sex, religion, national origin or sion, familial status or the fact that at seek such information as a cond promotion on the basis of such info	any substantial changes in the informated under this license, or add charges of ancestry, age, handicap, lawful source a person is now or has been a membition of employment, or penalize any primation.	ation supplied in this application. or require deposits not required of e of income, marital status, sexual her of the military service, whether employee or discriminate in the
I have knowledge of the City Ordinanc suspension, non-renewal or revocation	n, if I violate any rule, law or regula	rtainment, and understand that the li ation of the city of Milwaukee and Sta	icense may be subject to ite of Wisconsin.
DW 100	Cor		
Signature of Sole Proprietor, Partner o (If no 20% or more Shareholder, Corpo		sign)	
Office Use Only: Initials: Filed: Only PEP? No Yes If Yes,	App : Queue to MPD andEma	ll Mgrs/Team Lead (must be heard	l w/in 60 days)

REPRESENTATION 7646

February 3, 2021