

CITY OF MILWAUKEE OFFICE OF THE CITY CLERK

Thursday, April 29, 2021

COMMITTEE MEETING NOTICE

AD 06

LATHERIN, JR, Thomas, Agent SATURNLTJR, LLC 2685 WARDEN Ct

Aurora, IL 60504

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

Tuesday, May 11, 2021 at 10:30 AM

Regarding:

Your Extended Hours Establishments and Food Pooler License Applications Requesting to be Open 24 Hours as agent for "SATURNLTJR, LLC" for "Mc Sold's" at 420 E 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/820945093. If you wish to call in, please call ± 1 (646) 749-3122 and use Access Code: 820-945-093.

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





Notice of Public Hearing

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> LATHERIN, JR, Thomas, Agent Mc Donald's at 420 E CAPITOL DR

Extended Hours Establishments and Food Dealer License Applications Requesting to be Open 24

Hours

Tuesday, May 11, 2021 at 10:30 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 10:30 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 CURRENT OCCUPANT 4117 N RICHARDS ST MILWAUKEE, WI 53212

4135 N RICHARDS ST MILWAUKEE, WI 53212

blank

notice

Total Records: 2

Radius: 1000.0 feet and Center of Circle: 420 E Capitol Dr

ccl-busplan 5/12/2020

MILWAUKEE

BUSINESS LICENSE PLAN OF OPERATION

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

| 1. Type of Business | | | | | | | |
|---------------------|--|--|--|--|--|--|--|
| Applyir | 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 | e a detailed description of the type of business you plan on operating: | | | | | | |
| <u>Mc3</u> | Donald's Restourant (420 E. Capital Drive Milwaykoe, W1 53212) | | | | | | |
| Do you | whave any experience operating this type of business? No Yes If yes, explain: \warkadfor McD for 29 years | | | | | | |
| 2. B | usiness Operations \ | | | | | | |
| a. | Proposed Opening Date: 13/3/30 | | | | | | |
| b. | Is this premise under construction? Vo No Yes If yes, list estimated completion date: | | | | | | |
| c. | is this a franchise? \(\text{No \(\text{Yes} \) | | | | | | |
| d. | Is this premises currently licensed? No Yes If yes, list type of license: Food Dealer License | | | | | | |
| e. | Is the current licensee operating? No Wes 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: The restaurant is projected to have the laday updated in 2021. | | | | | | |
| 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? VNo Ves 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. | Are there designated outdoor smoking areas? No Yes If yes, describe: | | | | | | |
| b. | Number of Garbage Cans: Inside: 5 Locations: at entrances and near restroms | | | | | | |
| | Outside: On parking lot | | | | | | |
| c. | Is a crowd control barrier used? No Yes If yes, describe: | | | | | | |
| d. | d. How many restrooms are on the premises? | | | | | | |
| e. | Name of solid waste contractor: Advanced Disposal Waste Management Other: | | | | | | |

| | | | • | · · · · · · · · · | | |
|--|--|------------------------|--|-------------------|------------------------------|--|
| 5. Security | | | <u> </u> | | | |
| a. Are there onsite parking spaces? No Yes If yes, how many? 30-35 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 pe | | | | | | |
| | | | | | | |
| Is security equipm | ent used? No No | Yes If yes, do | escribe | | | |
| | , certification, or trainin | | | | | |
| d. Will there be security car located through | neras? No Myes | If yes, how & Merin | many? <u>SL</u> and list or and exterior | locations: | Limeros are boilding. | |
| e. Will searches/identificati | | | | | ه ا | |
| 6. Percentage of Sales | (must total 1009 | %) | | | - | |
| Alcohol% | Food _10 | M_% | Secondhand Merchandi | Se Se | Precious Metals & Gems | |
| Entertainment% | Cigarettes | % | % | | % | |
| Pawnbroker Activity% | Salvaged Materials | % | Personal Services (such | • | Other% | |
| rawindokei Activity | (such as scrap metal) | | body piercing, salon, tail tanning, etc.) | | Describe: | |
| 7. Businesses/Licenses | s on the Premise | s (check | all that apply): | | | |
| Type 1 | | | | | | |
| Full Service Restaurant | Cafe/Coffee Shop | ✓ Deli or F | ast Food Restaurant | Private | e/Fraternal/Veterans Club | |
| ☐ Night Club | Tavern | Cocktail | Lounge | Teen C | llub | |
| Banquet Hall | ☐ Banquet Hall ☐ Sports Facility ☐ Bowling Alley | | | | | |
| ☐ Hotel/Motel: Number of Flo | oors: | Roomin | g House: Number of Flo | ors: | | |
| | ooms: | | Number of Roo | oms: | | |
| Type 2 Liquor Store | Corner Store | Superma | arket | Conven | nience Store | |
| Gas Station | Amusement/Phonog | graph Distribut | | | Recycling, Salvage or Towing | |
| Used Car Dealer Personal Service Establishmen (such as tattoo business, hair si | | | 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: | | | | | | |
| 8. Legal Capacity (onl | y if a Type 1 prer | mises in # | †7 above) | | | |
| | | | | | | |
| Capacity (Call th | e iviliwaukee Developmeni | t center at 41 | 4-286-8211 if you have que | estions.) | | |

| 9. Premises D | Description | | | | | | | | |
|--|--|--------------------------------------|-----------------------------------|------------------------|---|--|--|--|--|
| a. Identify all area(s) of the premises that will be used in operating this business (include areas used only for storage): □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□ | | | | | | | | | |
| □Other: Desc | □Other: Describe: | | | | | | | | |
| b. Describe Locat | The state of the s | | | | | | | | |
| c. Nearest Major | c. Nearest Major Cross Street: North Holton Street | | | | | | | | |
| d. Describe Build | d. Describe Building: VFree Standing Building Strip Mail Other: | | | | | | | | |
| e. Describe Prem | ises Structure: Single Sto | ry Multi-Story - # of Sto | ories Other | * | | | | | |
| f. Describe Surro | ounding Area: 🔽 Commercia | al 🗌 Residential 🔲 Indust | rial 🗌 Other: | | | | | | |
| g. Building Owne | r Name: | | Phone Number: | | | | | | |
| | r Address: | | | | | | | | |
| 10. Hours of C | peration & Custon | mers | | | | | | | |
| Will customers be ent | ering the premises? No | Yes | | | | | | | |
| Day of the Mark | Proposed Hour | s of Operation: | Estimated Number | Potential Age Range | Class B Tavern Applicant Only: | | | | |
| Day of the Week | Open Time (include a.m. or p.m.) | Close Time (include a.m. or p.m.) | of Customers expected each day | of Customers | Applicant Only: Age Restriction (If none, write 'None') | | | | |
| Sunday | 24hrs | | 1900 | All Ages | none | | | | |
| Monday | 24 hrs | | 1900 | All Ages | None | | | | |
| Tuesday O4 hrs 1300 A | | | | All Hoges | vene | | | | |
| Wednesday | 24 hrs | | 1900 | 1411 Ages | none | | | | |
| Thursday | | | | | | | | | |
| Friday | 27HHG | | 1900 | All Ages | none | | | | |
| Saturday | 24hrs | | 1.900 | All Ages | none | | | | |
| 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) | | | | | | | | | |
| LatherinThoma | | 11 | | | | | | | |
| 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) | | | | | | | | | |

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



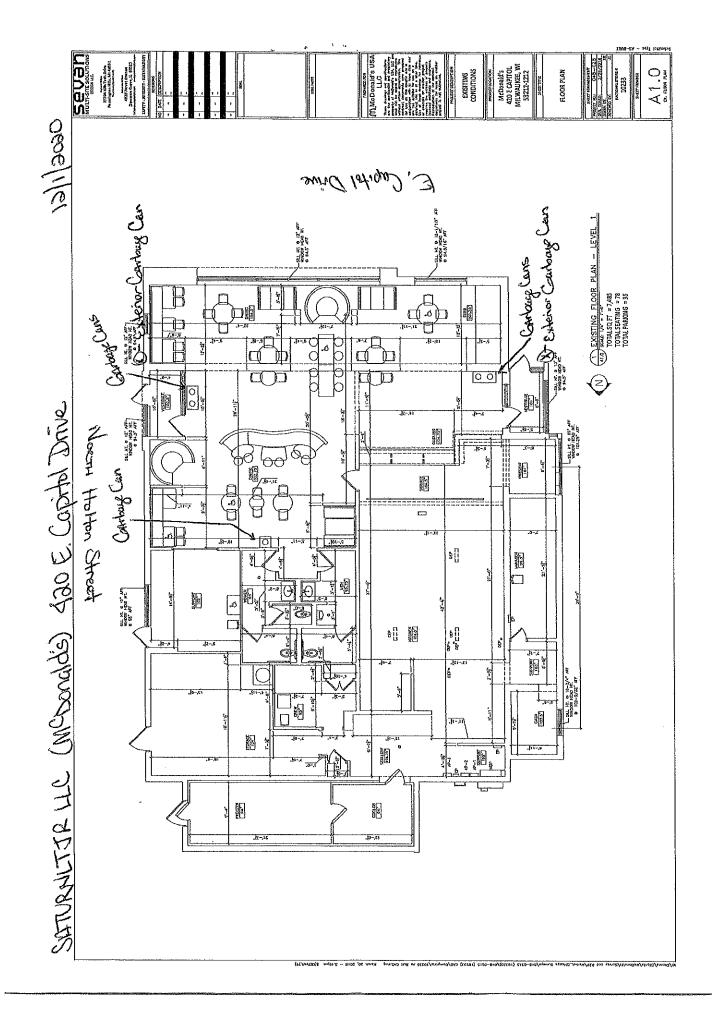
FOOD DEALER LICENSE PLAN OF OPERATION

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

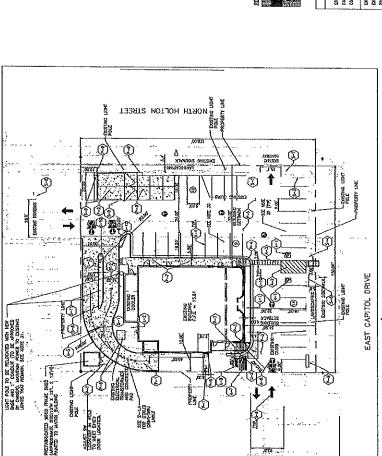
| Legal Entity Name: SMT CONITTO IIO |
|--|
| LEGALLINICY WAIHE. OH IDKNLIJK LLC |
| Premises Address: 420 E. Capitol Drive Milwaukee, W1 53212 |
| SECTION 1 TYPE OF BUSINESS |
| What will be the majority of your food sales? (check one) |
| Restaurant items (meals): MEALS include, but are not limited to, chicken, ribs, sandwiches, roasted corn, baked potatoes, hot dogs, brats, tacos, nachos w/ cheese and meat, French fries, cooked or deep fried vegetables/fruit, cooked cheese curds, corn dogs, egg rolls, salads. |
| Retail Items (snacks and beverages): RETAIL Items include, but are not limited to, ice cream/soft serve, lemonade, snow cones, coffee, espresso, cappuccino, tea, fruit juice, smoothies, candy, dispensed soda, fruit cups, bakery, cookies, kettle corn, cotton candy, funnel cakes, fritters, tortila chips w/ cheese. |
| Will it be a convenience store? Yes No A convenience store contains less than 5,000 square feet of retail space and has, as its primary business, the sale of basic food items and in addition, sells household products or is a filling station that sells basic food items and household products. |
| ☐ Bed & Breakfast ☐ Micro Market |
| All Applicants: Submit a menu or a list of food items that will be sold. |
| Will any wholesale business be done? No Yes If yes, what percentage of food sales will be wholesale? |
| Less than 25% |
| 25% or More AND: Restaurant items (meals) will be sold – Complete this application and also contact DATCP. |
| NO restaurant items (meals) will be sold - Do NOT complete this application. Contact DATCP only. |
| SECTION 2 FOOD PROCESSING |
| Will any food processing be done? No Yes |
| Processing is defined as assembling, grinding, cutting, mixing, baking, coating, stuffing, packing, bottling, grilling, canning, extracting, fermenting, distilling, pickling, freezing, drylng, smoking, or packaging. |
| SECTION 3 FOOD REQUIRING TEMPERATURE CONTROL |
| Will any food that requires temperature control be sold? No Ves (includes dairy products such as milk, cheese, and ice cream, fish, shellfish, meat, poultry) If yes, list the types of food items: Milk, Cheese, Ice Cream, meat, fish, poultry |

ccl-foodplan 2/28/19

| SECTION 4 DETAILS OF OPERATI | ON | | | | | |
|---|-------------|---|--|--|--|--|
| Will you have seating on site for dining? | □No | V 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: Ahrs | | | | |
| 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 site | s: How n | nany?(for example, a hotel with several dining rooms or bars) | | | | |
| If multiple sites, attach a Food Dealer Addit | ional Site | Addendum (ccl-foodadd) for each additional site. | | | | |
| SECTION 6 CONSTRUCTION OR C | CHANGE | 5 | | | | |
| Are you planning any construction, remode | ling or eq | uipment changes? | | | | |
| No If No, SKIP to Section 8 | | / | | | | |
| Yes If Yes, check all that apply: | ☐ New | construction of a building Renovation or remodeling | | | | |
| | Const | ruction changes to existing building | | | | |
| Provide a brief description of the changes: | T. | his restaurant is projected for a looby | | | | |
| Start date: | (o | model in 2021. | | | | |
| Name, Address & Phone Number of Archite | A 1 | cDomild's Corp. | | | | |
| | | | | | | |
| Name, Address & Phone Number of Contra | ctor: 🚺 | indecicled | | | | |
| | | | | | | |
| SECTION 7 ALCOHOL BEVERAGE | S | | | | | |
| Are you applying for an alcohol beverage lic | ense? | | | | | |
| No If No, SKIP to Section 8 | | | | | | |
| Yes If YES, if your food Ilcense is a | pproved p | rior to the alcohol license, when do you want the food license issued? | | | | |
| Immediately At the s | | | | | | |
| SECTION 8 ACKNOWLEDGEMEN | TS & SIG | NATURE | | | | |
| You must initial each item confirming your | understan | ding: | | | | |
| Junderstand the Health Departs | nent must | conduct an inspection and advise the License Division of their approval | | | | |
| before the license may be issued | i. | | | | | |
| 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. | | | | | | |
| 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. | | | | | | |
| 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. | | | | | | |
| I will not operate my food busine | ess until t | ne license has been asued and posted in the establishment. | | | | |
| Signature of Sole Proprietor, Partner, or 20% Shareholder: | | | | | | |
| Signature of Additional Partner: | | <i>y</i> | | | | |
| | | | | | | |



SATURALITAR ILL (NGDONGIDS) GOD E. Capital Drive



| SEPURIT, PRINCE, SPECIFICATIONS FOR THE E-3 TH | - 2' ASHADE BOOKR COURSE THE E-J SHOW TO SHADE BOOKR COURSE THE WASON STRAWN | Companies and the second secon | | | | | DIGSER'S HOTLINE TOLL FREE (800)242-6 | KNON WHAT'S BELOW | | | } | 20 10 0 20 40 |
|--|---|--|--|------------------------|---|--|--|--|--|-----------------------------------|--|---------------------|
| MINE — DETRIC COUSTS ACTREAD BACE | SITE DATA | STREET LOCKERS, 4.D.C. OMFILE, DIPAC, MUSHARET, NY SENIO ELONGOLI SEE, ARRY 28,500 CHETT, OR 0,405 A.C. CLORENT ENING: LEZ, LOCAL RANGES IGERRA | DESTRICT TOTAL PRINCES SHALES TO PRINCES CONTROL SHALES TO PRINCES CONTROL SHALES TO PRINCES CONTROL PRINCES CONTROL SHALES TO PRINCES OF PRINCES CONTROL PRIN | CONCRETE PAVING SPECS. | JECU P.S.L. WIN FORM MICH. — LET WIN. 400 18s. DY CENTRY OF COUNT OF CHARDS APPROVED — AND PRESENTS FROM FOLKEN TO COUNT OF CHARDS APPROVED EDUNAL DIT. DOSACE WIE SHALL BE AT MARKETINGER FALL | REDUINDED DEGLE | COMMING SCHOOL TO CHAIR AND | -ACCEPTABL AN CONTOUT 184-24, -HAY JOINTONE SIE OF 1 1/2" -MAX SILUIP OF 3"-4" | HOUSET MANGEN RESPONSE THE ALONG THE RESURST A NOT COMPANION THE ANGLES WAS CHARLES WITH A THE CHARLES OF MEDICAL HEAT WHILE WAS THE CHARLES OF MEDICAL THE CHARLES OF THE CHA | EUL DEPTH CONCRETE SPECIFICATIONS | A NOTICE OF THE WAS RECUES! | THEM SHOWS (S OZ.) |
| · . · | | | | PROPOSED UNDSCAPING | A BUCK, MICK COSTNO | | - | | | | | |
| 9 | | NG 1104T | | PRIPOSED SIGNS | (C_2) COD & DRAKE-THRU DANDY, SEL SO-12 | C-> DESTING LICOGRADOS SICIA TO ROUNIS | (**) MATO SON RT-0 INDECES PARTIES. (**) MATO SON RT-0 INDECES PARTIES. (**) MATO SON RT-0. * RT-10 ALK VAN (**) ACCESSEL HANCE PARTIES. SEE (**) MATO SON RT-0 ALK VAN (**) MATO SON RT-0 ALK VAN (**) MATO SON RT-0. | (A-2) SEENAL DRING-WAYE TO WAY (A-2) | $\langle -z \rangle$ define them then the series $\langle -z \rangle$ | () miles (see so-11) | CITY DODGE CANON DATE DATE DATE DATE DATE DATE DATE DATE | (-12) ME-SELL BOARD |

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S" CURB POURD WITH SONDUMIC BARS

COUCRETE SIDEMLX TEAST APPRA 10" 2 24" 038



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19. THE COMPACTOR RECURRINGNES FOR ALL PIL LIATERAL PROPER PROFES SALED ANTHERE OR JECONALO'S CORPERADOR (ASTM P-6). LUTUCHINE SUPPLIER KOTE, LIGHT FOR AMERICAI FLAG ELUKHATON TO BE LOCKED ON BALDING HEN THE RANG WILLY REDUNED.

PROFILED SUFFICE AFF SERVICE AFF. DUCT 21. THE COLUMN CHIEFLES AFF STORMER TO CONSTRUCTIVE AFF. THE MOST SERVICED AFF. TO CONSTRUCTIVE AFF. TO CONSTRUCTIVE AFF. THE MOST SERVICED AFF. BASIS FOR PLOMILIS ARE IN THE ODUBAL CONTRACTOR. MICHOR BILLIS ARE IN CHICKS.

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FINSH WALK AND CURB DENOTONS SAKE DE 6° ADDRE THISH PAYSADIG.

24. STABLEZ AND GRASS ALL SLOPES TO PRINCE BROSSON, AND SON OR HERO-SEID SLOPES OVER 21 LIVILES STREET MSC STATIS STREET WAS SEGULIAR. SEE GROOMS PLAN.

ALL LARGEDRY MADS, SMIL RE ENGINE BOAGE TO 6" BOAR 25. GENERAL COMMUNICATION TO PROMODE 27 WEER MOLES THRIS COME OF ALL MANUES AND EDITOR. THIS IN COMMUNICAL LANGEDRY, O, or 60 OF DAY STILL LANGEDRY ESLE NATO AND SA AND PRINCES SYSTEMS AND ENTRY TO COMMUNICATION. LOT LISTONE CHANGET FROMES TO CONFIDENTIFF THE SORES IT. ALL DARBOTONS AND THE TAXE OF CUPRE.

27. DDARWOOR TO LOE IDPOCHANC SERVEY IN CONASSICTION WITH THE SIZE PLAN FOR LOCADDE AND SIZE OF DISTING FEATURES.

29. CONTINUODA SANLI HISTALI, DAPYY COMBATI NA LIGHTI POLLIS FOR FIGURE IV CAUDA CARLES AND TO TAKAN ENLICEURE FOR FIGURE TAKAN EXPRECTION POPICE. 28. COMPACTION TO POTOCHE EXISTING OVERHEAD POWER CABLES AS ROTABLES OF PARAMETER CONCERNICAL.

31. CONTRACTOR SYREE YEARY SOR, CONDUCTORS IN THE FIELD AND CODOCIONAL LISER POLE FOLHWANDOW WITH SEQUENCY LEMPAC SYSTEMS, NC. (STRUE FRIEDHAN AT 1—200—544—404.8).

THE CO. CONFIGURED SOIL CONFIDENCE WITH THE CO. THE CONFIGURATION OF THE CONFIDENCE 13. SEE SIE BEWLS SO-1.1 FOR LOT STRIPMS WITHSHAMER AND SPECIFICATIONS. 12, EEF MENY BANKO DEUM, SHEEDS (59-1.0 & 50-1,2) FOR CONDUE STIES, VERRY BOARD LOCKSMIS AND ANDLES WITH PROJECT MANGEL

T-YLIMINTERNATIONAL

McDONALD'S CORPORATION

11.11 HERONALES DAYS, DAY ENDON 12.12

McDONALD'S RESTAURANT SITE PLAN

OTLINE 3)242-8511 110W YOU DIG

> ZASPHALT QUANTITIES ISSUME 15D SY OF FULL DEPTH PATCHING. TO BE CONFIDENCE IN THE FIGUR AND APPROVED BY THE OWNER, (150 SY ING BETS SUBSTIMENT) LPANEMENT CORECT HANG NOT BEEN TAKEN, COASTING PANEMENT SECTIONS BASED ON EXCENSE PLANE PROVIDED BY MICHOALIESS.

(A-) JEANS FROM SER SA-1.1

(A-) S-5 * 10.04* STOP BHIS

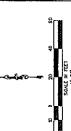
(A-) TONE-THAN* * VARGON* SE SA-1.1

(A-) THINK YOU, SE SA-1.1

(A-) DESTITION ASSON SE SS-1.1

35 SE

4,000 PS CONCRETE WITH PRESENCE SPE SID-1,1 4,000 PSI CONCRETE TREFRESH



602505.50 SEX

C-3.0 AS NOTED SITE





APPLICATION AMENDMENT

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

| Date | :5/3/21 | | | | | | |
|-------|--|---|--|--|--|--|--|
| To th | ne License Division of the City of Milwaukee: | | | | | | |
| l, | Latherin Thomas Jr, wish (full legal name) | to amend my answer(s) on the application for a | | | | | |
| | Occupancy license at420 E. Capitol Dr (type of license) | rive Milwaukee, WI 53212_: premises address, if applicable) | | | | | |
| by a | dding or amending the following information (complete o | only those sections being amended): | | | | | |
| 1. | Answer to Question(s) # should be: | | | | | | |
| 2. | Agent should be (full legal name): | Also complete 3, 4, 5 & 6 | | | | | |
| 3. | Date of birth should be: | _ | | | | | |
| 4. | Home address should be (include city/state/zip): | | | | | | |
| 5. | Phone number should be (include area code): | | | | | | |
| 6. | Driver's License Number/State ID Number should be: | | | | | | |
| 7. | Corporation/LLC name should be (full legal name): | | | | | | |
| 8. | Business name should be: | | | | | | |
| 9. | Premises address should be (include city/state/zip): | | | | | | |
| 10. | Business phone number should be (include area code): | | | | | | |
| 11. | Mailing address should be (include city/state/zip): | | | | | | |
| 12. | Email address should be: | | | | | | |
| 13. | Recycling/Salvaging/Towing: Location where vehicle wi | ill be parked should be (include city/state/zip): | | | | | |
| 14. | Class B Tavern: Age Distinction should be: | | | | | | |
| 15. | | | | | | | |
| | hours) (Check with the License Division before submitting "Other" amendments using this form.) | | | | | | |
| | • | | | | | | |
| | | 0.01 | | | | | |
| | | Lather Um . | | | | | |
| | Signatu | re of Lidensee (Individual Partner, or Agent of Corp/LLC) | | | | | |
| | | | | | | | |
| Offic | e Use Only: Application #: Date: | Initials: To LC: | | | | | |
| | LC Email: MPD NS HD Init | tials: | | | | | |